Evaluation of emergency treatment and follow-up for deliberate self-harming youth aged 15–24

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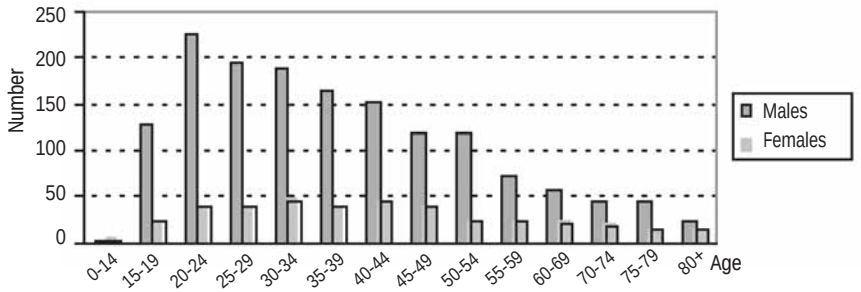
Background

Suicide is a tragic event. It has a profound personal effect on all those associated with the deceased, including family, friends and the community in which they live.

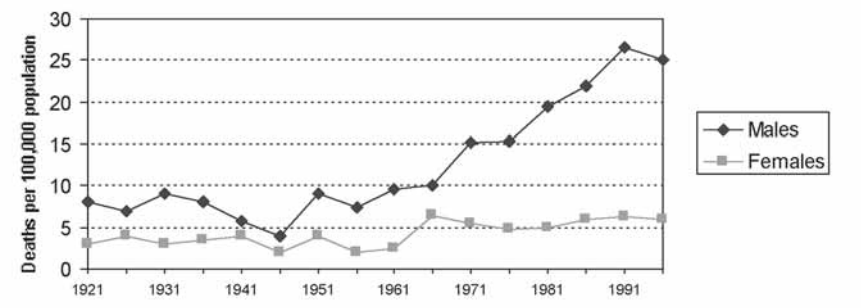
While Australia's overall rate of suicide is comparable to that of other industrialised countries, our rate of youth suicide is high compared to the USA, France, Germany, and the UK. Suicide rates for various age groups in Western Australia are shown in Figure 1. It can be seen that the number of death from suicide peaks in the 20–24-year-old age group and then slowly reduces across the life span.

FIGURE 1: NUMBER OF SUICIDES IN WA BY AGE GROUP (1986–1995)



Suicide statistics for males 15–24 have increased dramatically since the early 1960s. While current rates remain unacceptably high, it appears that the rate of male youth suicide has stabilised somewhat in the 1990s, following a peak in the 1980s. For young females the picture is different. Their suicide rates are much lower than the male rate and it has remained relatively constant over time, aside from a jump in the mid 1960s. See Figure 2.

FIGURE 2: TRENDS IN AUSTRALIAN SUICIDE RATES (YOUTH AGED 15-24)



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Along with South Australia and Queensland, Western Australia has one of the highest rates of youth suicide in the country. Since 1990 WA has averaged 45 deaths per year from youth suicide. Suicide is a major cause of death among young West Australians, second only to motor vehicle accidents. The economic cost of youth suicide in Australia for 1989-90 has been estimated at a minimum of $76 million (health costs plus lost earnings), with WA's share being approximately $7 million.

For each young West Australian who dies from committing suicide, another 18 young persons attempt suicide and are admitted to hospital. This results in 800 young West Australians being admitted to hospital each year after unsuccessfully attempting suicide (Figure 3).

Research in both Australia and overseas has found that a previous episode of deliberate self-harm (DSH) is a significant risk factor for eventual death by suicide. Hence the importance of providing high-quality services to self-harming youth when they first present at hospital emergency departments, and the value of assertively following up these patients after their discharge from hospital.

In May 2000 the Australasian College for Emergency Medicine in conjunction with the Royal Australian and New Zealand College of Psychiatrists jointly issued guidelines for the management of DSH patients by hospital emergency departments.

The WA Auditor-General's study

In February 2001 the WA Office of the Auditor-General (OAG) commenced a performance examination into services for DSH youth aged 15–24. The focus of the examination is on:

- the adequacy of hospital emergency department policies, systems and resources for managing DSH patients aged 15–24;
- the quality of services provided by hospital emergency departments to deliberate self-harming youth;
- the adequacy of post-discharge planning and follow-up services for deliberate self-harming youth (i.e. referral processes, involvement of parents/caregivers, access to community-based services);
- the consumer's perspective on service provision (i.e. youth and their parents/caregivers); and
- WA's success in achieving National as well as State goals and targets in relation to youth suicide.

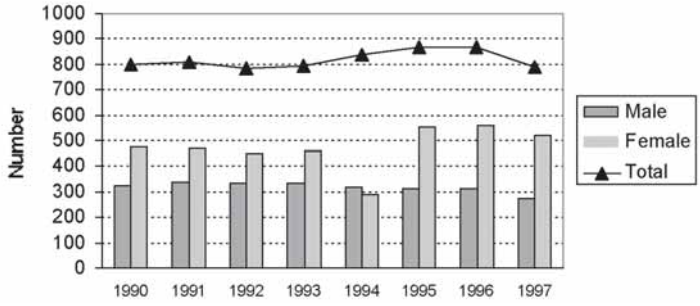
The examination's methodology involves:

- visiting 11 WA metropolitan and country hospitals to review their policies, systems and resources for the management of DSH patients. This includes conducting interviews, analysing documents, and on-site observation;
- using medical experts to audit 220 randomly selected DSH patient files for compliance with relevant medical guidelines;
- surveying staff at several hospitals;
- undertaking mail and telephone surveys of 300 DSH patients (after they have been discharged from hospital);
- interviewing community-based service providers in both metropolitan and country areas;
- conducting focus groups for DSH patients, parents/caregivers, and community-based service providers.

Publication of findings

The study team is currently finalising the data collection phase of the project. When the examination is completed OAG will be issuing its findings in the form of a report to Parliament. This is scheduled to occur in late 2001/early 2002. After tabling in Parliament the report becomes a public document and will be available on OAG's website (**www.audit.wa.gov.au**).

FIGURE 3: WA HOSPITAL ADMISSIONS FOR ATTEMPTED SUICIDE (YOUTH 15-24 YEARS)



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