

Parent, peer and school connections may help reduce suicide risk for young Australians

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The Australian Institute of Family Studies (AIFS) acknowledges the devastating effects suicide and suicidal behaviours can have on people, their families, carers and kin, and communities. Relatedly, AIFS recognises that each of the numbers reported here represents an individual young person. This snapshot discusses suicidal thoughts and behaviours in adolescence. The report presents data that some people may find distressing. If you or someone you know is experiencing suicidal distress, or is in crisis, please reach out and contact one of the following services:

- In an emergency, call 000.
- Lifeline: lifeline.org.au ph 13 11 14
- Kids Help Line (5–25 years): kidshelpline.com.au ph 1800 55 1800
- MensLine Australia: mensline.org.au ph 1300 789 978
- Suicide Call Back: suicidecallbackservice.org.au ph 1300 659 467
- 13YARN ph 13 92 76

Key findings

This research highlights that, among young Australians, positive relationships with parents and peers and school connections during adolescence are associated with the reduced likelihood of suicidal thoughts and behaviours during early adulthood.

- Around 1 in 7 young people (14%) in this study aged 18–19 years reported having suicidal ideation, plans or attempts.
- A strong sense of school belonging at ages 16–17 is associated with a substantially lower likelihood of suicidal thoughts and behaviours at ages 18–19, equating to around 10 fewer cases per 100 young people overall (9.6% absolute difference).
- School belonging is protective for young people including those in higher risk groups, with reductions in suicidal thoughts and behaviours at ages 18–19 of 9.4% among young people without prior suicidal history and 14.8% among those with a prior history.
- Active participation in school during adolescence is particularly important for young people with prior suicidal thoughts or behaviours, who experience around 18 fewer cases of ideation, plans or attempts per 100 young people at ages 18–19 when participation is high (18.2% absolute difference).
- Strong parental trust, communication and involvement at ages 16–17 are associated with later lower risk, with young people who experience high levels of each being 4%–8% less likely to report suicidal thoughts and behaviours at ages 18–19 overall.
- High quality communication with peers is especially protective for young people with prior suicidal history, where better peer communication is associated with around 14 fewer cases of suicidal thoughts and behaviours per 100 young people at ages 18–19, while differences are minimal for those without prior distress.



Implications for policy and practice

- These findings highlight the importance of strengthening everyday settings (schools) and relationships (parent–young person and peer-to-peer) as core components of suicide prevention policy. In particular, they reinforce that schools are a critical setting for prevention, with evidence highlighting the benefits of sustained investment in making the whole school a place where students feel safe, included and connected.
- At the same time, the stronger protective associations observed for young people with prior suicidal thoughts or behaviours point to the need to make sure everyone gets support at school, and stepping up support for young people at higher risk to maintain school participation and strengthen peer connection, with the school providing coordinated follow-up.
- The results also emphasise the value of early, family-focused prevention, supporting parent–young person relationships before the risk of suicidal thoughts and behaviours escalates.
- Collectively, the evidence supports a cross-portfolio, prevention-focused approach aligned with the National Suicide Prevention Strategy 2025–2035, integrating education, health and family services to reduce risk during the transition from adolescence to young adulthood.

About Growing Up in Australia

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is an ongoing, nationally representative study that follows the lives of children and their families from all over Australia. In 2004, around 5,000 0–1 year olds (B cohort) and 5,000 4–5 year olds (K cohort) and their families were recruited and have been surveyed every 2 years since. With extensive information on children’s physical, socio-emotional, cognitive and behavioural characteristics, development and linked biomarkers, education, health and welfare data, the study has been a unique resource providing evidence for policy makers to identify opportunities for early intervention and prevention strategies.

What do we already know?

One in three Australians aged 14–19 have reported suicidal thoughts or behaviours in the past year (Swami et al., 2025). These include suicidal ideation, plans and attempts. Identifying protective factors associated with suicidal thoughts and behaviours is essential for preventing suicide, which continues to be the leading cause of death among Australians aged 15–24 years (Australian Institute of Health and Welfare [AIHW], 2025).

Research over many decades has identified numerous risk factors associated with suicidal thoughts and behaviours, with the majority focusing on individualised risk factors. This research has looked at factors such as age, gender, mental health, substance use, coping skills, self-destructive behaviours and the experience of physical or emotional pain (Ati et al., 2021; Gili et al., 2019; Grant et al., 2023). From these studies, the most significant individual predictors of suicidal behaviours in youth are having a prior history of suicide attempts (Franklin et al., 2017; Ribeiro et al., 2016) and a mental health condition such as depression, anxiety, emotional pain or other mood disorder (Gili et al., 2019; Grant et al., 2023; Prades-Caballero et al., 2025).

While there has been considerable research to understand individual risk factors associated with youth suicidal behaviours, limited attention has been given to interpersonal, societal and community factors (Prades-Caballero et al., 2025). The focus on individual-level factors can inadvertently frame suicidal behaviours as an isolated personal and psychological issue rather than an outcome shaped by broader relational and community factors. This has so far proven insufficient to address the complexity of suicidal risk in young people (Prades-Caballero et al., 2025).

Evidence of the impact of the primary environments of socialisation for young people – family, school, community and peer groups – has tended to focus on factors negatively associated with the risk of suicidal

behaviours (Arango et al., 2024). In particular, adverse childhood experiences, such as abuse, neglect and household dysfunction, have been shown to have significant negative impacts on mental health and suicidality (Thurston et al., 2023).

Positive interpersonal and community constructs, such as social, family and peer connectedness, have been much less studied. These constructs have been integral to some of the dominant theoretical frameworks of suicide such as the interpersonal theory of suicidal behaviour (IPT; Van Orden et al., 2010), the integrated motivational-volitional model (IMV; O’connor, 2011) and the three-step theory (3ST; Arango et al., 2024; Klonsky & May, 2015; Van Orden et al., 2010). However, only a few studies, including those cited above, have examined the protective role of social, family and peer connectedness in reducing suicidal behaviours in young people. Evidence from recent international studies showed that greater school connectedness was associated with a reduced risk of suicidal thoughts and attempts (Arango et al., 2024; Bakken et al., 2024).

Growing Up in Australia: The Longitudinal Study of Australian Children collected data on suicidal thoughts and behaviours from young people aged 14–15 years in 2014, 16–17 years in 2016 and 18–19 years in 2018. This provides a unique opportunity to address the evidence gaps, particularly in the Australian context, in understanding how connections with family, school and peers may serve as protective influences in a young person’s life. This study builds on previous research from AIFS that explored prevalence, longitudinal trajectories and social determinants of suicidal thoughts and behaviours in young people aged 14–19 years (Daraganova, 2016; Swami et al., 2025).

How will this research build the evidence base?

This study contributes Australian evidence from a nationally representative sample demonstrating that relationships with parents, peers and schools in late adolescence (ages 16–17) have an association with suicidal thoughts and behaviours in emerging adulthood (ages 18–19). In particular, the findings highlight the importance of school belonging during adolescence as a key relational context linked to later mental health outcomes.

The results align with the *National Suicide Prevention Strategy 2025–2035* (National Suicide Prevention Office, 2025), reinforcing the importance of families, carers and kin and highlighting the role of everyday settings – particularly schools – in strengthening social connection and belonging for young people.

This study provides evidence that connections with parents, peers and school can play an important role in the prevention of suicidal thoughts and behaviours among young people, particularly for young people experiencing disconnection and exclusion. This snapshot includes evidence that supports for:

- implementing and evaluating programs that strengthen school belonging, social connectedness and relationships
- working with communities to guide, coordinate and create initiatives that build cultural connection and a sense of belonging among young people
- informing the priorities, design and operation of schoolbased programs to support student wellbeing, engagement and connectedness during adolescence.

Data in focus

Study sample

This snapshot uses data from the LSAC Kinder (K) cohort at Waves 6 ($N = 3,321$), 7 ($N = 2,916$) and 8 ($N = 2,649$), collected in 2014, 2016 and 2018, respectively. Full details of the study sample, measurements, results and study limitations are provided in the supplementary materials.

Suicidal thoughts and behaviours

At age 14–15 years (in 2014), 16–17 years (in 2016) and 18–19 years (in 2018), young people were asked about their experience of suicidal ideation, planning and attempts as part of the computer assisted self-interview:

- Ideation: *During the past 12 months did you ever seriously consider attempting suicide?*
- Planning: *During the past 12 months did you make a plan about how you would attempt suicide?*
- Attempts: *During the past 12 months, how many times did you actually attempt suicide?*

If a participant reported having experienced any of suicide ideation, planning or attempts, they were classified as having suicidal thoughts and behaviours. As reported in the previous snapshot (Swami et al., 2025), suicidal thoughts and behaviours, in most cases, include suicide ideation. Suicide ideation, planning and attempts can happen individually or together.

Detailed descriptions of the experience of suicidal thoughts and behaviours at 14–17 years, and the family, peer and school level factors, parent or caregiver reported gender of the young person, household composition, language background and socio-economic index for areas and remoteness at age 16–17 years are provided in the supplementary materials.

Analysis

We use number (n) and per cent (%) to describe the participant characteristics.

We use logistic regression to examine how suicidal thoughts and behaviours at age 18–19 years were associated with each of parent–adolescent, peer–adolescent and school-related factors at age 16–17 years, while accounting for prior suicidal thoughts and behaviours at ages 14–17 years. We also explore the associations between suicidal thoughts and behaviours at age 18–19 years and each of the parent–adolescent, peer–adolescent and school-related factors at age 16–17 years separately for those with and without prior suicidal history at ages 14–17 years.

We did not adjust for mental health disorders because these lie on the causal pathway between our key variables of interest (family, peers and school level factors) and suicidal thoughts and behaviours. An a priori causal structure, represented using a directed acyclic graph (DAG), is provided in the supplementary materials.

All estimates are adjusted for parent or caregiver reported gender in Wave 1, household composition, language background, SEIFA (Socio-Economic Index for Areas) and area remoteness at age 16–17 years and weighted by key socio-demographic factors. Proportions (weighted marginal probabilities) were estimated using the fitted models (details of the models are in the supplementary materials).

The prevalence of suicidal thoughts and behaviours at 18–19 years

Understanding how common suicidal thoughts and behaviours remain in early adulthood provides essential context for interpreting the protective associations examined in the following sections. Prevalence estimates at age 18–19 years indicate the scale of the issue that family, peer and school connections may help to mitigate.

Around 1 in 7 (14%) participants aged 18–19 years reported suicidal thoughts and behaviours; 16% of young women¹ and 13% of young men. A higher proportion of young people living in single-parent households at 16–17 years reported suicidal thoughts and behaviours (17%) than those living in 2-parent households (13%).

1 Participants' gender was reported by parents or caregivers at age 4–5 years either as 'female' or 'male'.

Young people living in low to middle socio-economic areas at 16–17 years reported suicidal thoughts and behaviours at a higher rate (15%–17%) than those living in the most advantaged socio-economic areas (11%) (supplementary materials Table S1).

These patterns suggest that social and environmental contexts during adolescence remain important influences on suicidal thoughts and behaviours in young adulthood. Among the participants, just over 1 in 5 (22%) reported having suicidal thoughts and behaviours at 14–17 years of age, highlighting the importance of identifying protective factors in mid-adolescence that may reduce risk during the transition to young adulthood.

The following sections examine how connections with parents, peers and school at 16–17 years are associated with these later outcomes, and whether these associations differ for young people with and without prior suicidal history. Summary statistics of suicidal thoughts and behaviours at 18–19 years by connections with parents, peers and school at 16–17 years are provided in Table S2 of the supplementary materials, and connections with parents, peers and school at 16–17 years by prior suicidal history at 14–17 years are provided in Table S3.

Association of parental trust, communication and involvement with suicidal thoughts and behaviours

Young people who reported strong trust and open communication with their parents in mid-adolescence were less likely to experience suicidal thoughts or behaviours in early adulthood. This suggests that supportive parent-adolescent relationships may play an important protective role during the transition from adolescence to young adulthood.

Specifically, young people with high levels of trust and communication with parents at 16–17 years were 4.0% less likely to report suicidal thoughts and behaviours at 18–19 years, when compared to those with low or medium levels of trust and communication (95% CI [0.4, 7.6], p value = 0.031; Figure 1, Tables S4 and S5). Similarly, young people with high parental involvement at age 16–17 were 8.2% less likely to report later suicidal thoughts and behaviours (95% CI [0.4, 16.0], p value = 0.039; Figure 2, Tables S4 and S5).

High parental trust and communication may protect young people without a history of suicidal thoughts and behaviours

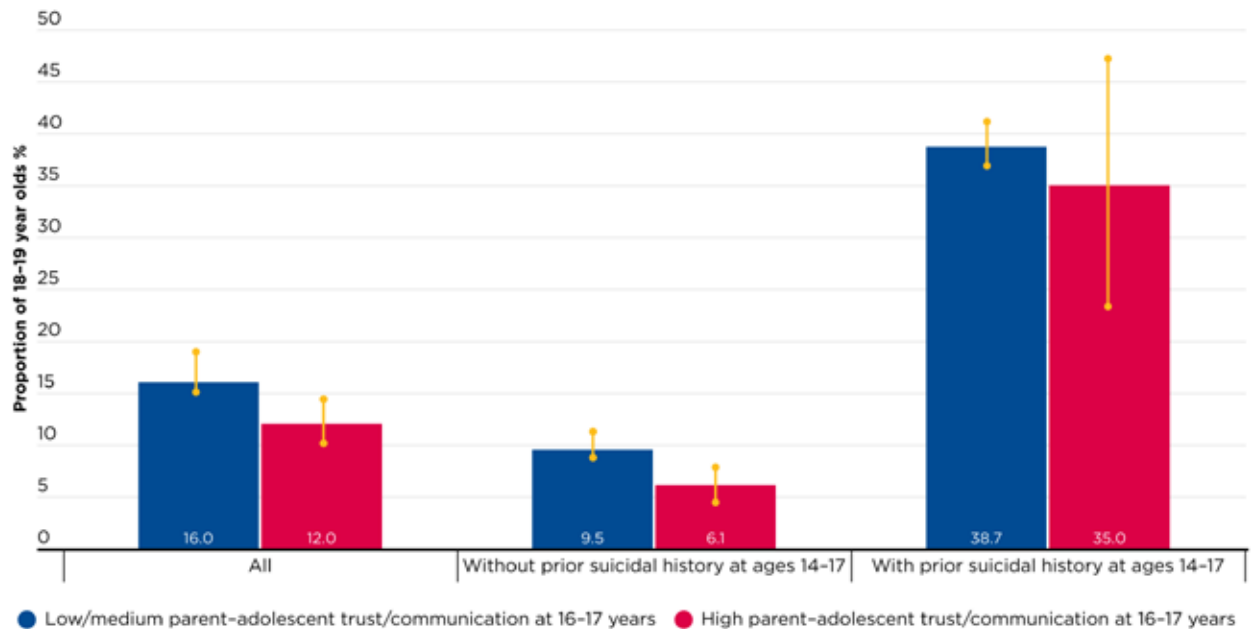
When examined separately by prior suicidal history, the protective association between parental trust and communication was most evident among young people without a history of suicidal thoughts or behaviours in early to mid-adolescence.

Among young people without a prior suicidal history at 14–17 years, those who reported high levels of parental trust and communication at 16–17 years were 3.4% less likely to report later suicidal thoughts and behaviours at 18–19 years than were those with low or medium levels of parental trust and communication (95% CI [0.5, 6.3], p value = 0.023; Figure 1, Tables S4 and S5).

For young people with a prior suicidal history at 14–17 years, those who reported high levels of parental trust and communication at ages 16–17 years were estimated to be 3.7% less likely to report later suicidal thoughts and behaviour at 18–19 years, when compared to those with low or medium levels of parental trust and communication. However, the confidence interval [-9.9, 17.4] is imprecise, spans zero and shows uncertainty in both effect size and direction, so we can't be sure the difference reflects a true protective effect rather than chance (Figure 1, Tables S4 and S5).

These findings suggest that strong parental trust and communication may play a greater protective role before suicidal thoughts and behaviours emerge, underscoring the importance of fostering open and supportive parent-child relationships earlier in adolescence.

Figure 1: Proportion of young people reporting suicidal thoughts and behaviours at 18–19 years by levels of parental trust and communications at 16–17 years



Notes: Figure 1 presents weighted proportions of 18–19 year olds with suicidal thoughts or behaviours, grouped by parental trust and communication at 16–17 years. Results are shown for the full sample (All) and for those with or without a prior suicidal history at 14–17 years. Proportions are adjusted for gender, household composition, language background, SEIFA and area remoteness at age 16–17. Proportions for full sample are also adjusted for prior suicidal history.

Source: LSAC K cohort, Waves 6, 7 and 8

High parental involvement may help prevent future suicidal thoughts and behaviours

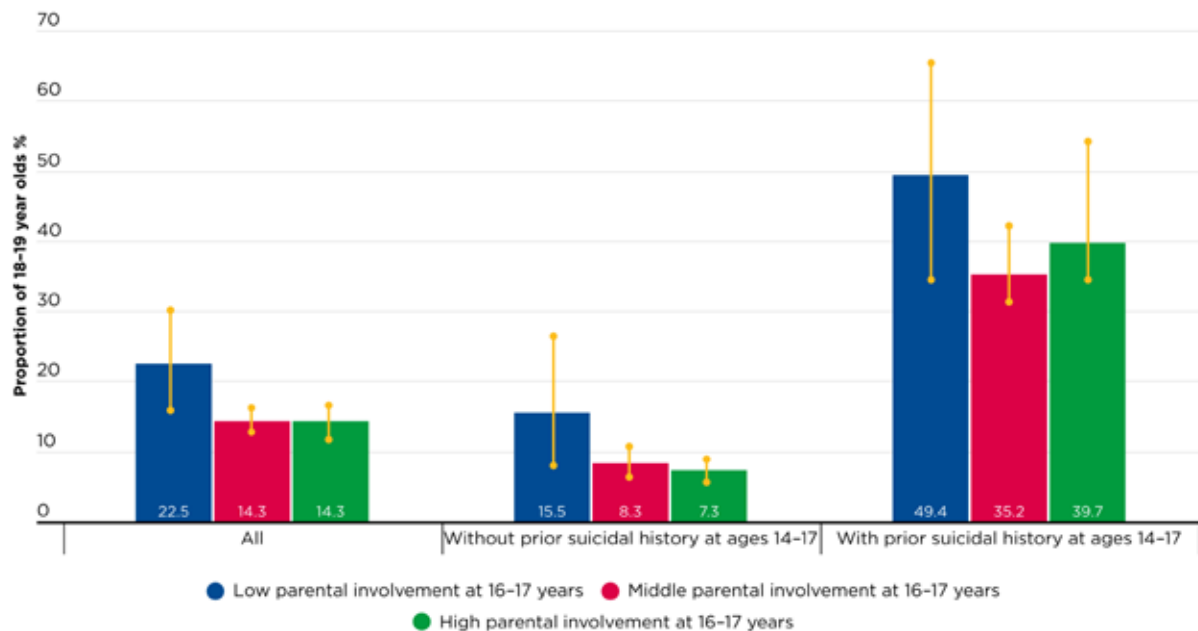
Parental involvement reflects how actively parents participate in their young person's life, such as providing guidance, monitoring activities and offering practical support. This type of involvement may influence young people's wellbeing in ways that differ from trust and communication alone.

Among young people without a prior history of suicidal thoughts and behaviours at 14–17 years, those who reported high parental involvement at 16–17 years were 8.2% (95% CI [1.3, 17.7], p value = 0.091) less likely to report suicidal thoughts and behaviours at 18–19 years, and those reporting moderate involvement were 7.2% less likely, than those with low parental involvement (95% CI [-2.3, 16.7], p value = 0.137; Figure 2, Tables S4 and S5).

Among young people with a prior history of suicidal thoughts and behaviours at 14–17 years, those who reported moderate parental involvement at 16–17 years were 14.3% less likely to report suicidal thoughts and behaviours at 18–19 years of age, when compared to those with low parental involvement (95% CI [-1.8, 30.4], p value = 0.082; Figure 2, Tables S4 and S5). High parental involvement was also associated with a reduced likelihood of later suicidal thoughts and behaviours (9.7%) (95% CI [-7.7, 27.2], p value = 0.274).

Although the estimates for parental involvement did not meet conventional thresholds for statistical significance, the overall pattern consistently points towards lower levels of suicidal thoughts and behaviours among young people who experienced greater parental involvement. This suggests that parental involvement may be an important protective factor across adolescence, particularly when considered alongside other supportive family and social relationships.

Figure 2: Proportion of young people reporting suicidal thoughts and behaviours at 18–19 years by levels of parental involvement at 16–17 years



Notes: Figure 2 presents weighted proportions of 18–19 year olds with suicidal thoughts or behaviors, grouped by parental involvement at 16–17 years. Results are shown for the full sample (All) and for those with or without prior suicidal history at 14–17 years. Proportions are adjusted for gender, household composition, language background, SEIFA and area remoteness at age 16–17. Proportions for full sample are also adjusted for prior suicidal history.

Source: LSAC K cohort, Waves 6, 7 and 8

High communication with friends may protect young people with prior suicidal history

Young people who reported better communication with their friends in mid-adolescence were less likely to experience suicidal thoughts and behaviours in early adulthood. This association was strongest for young people who had already experienced suicidal thoughts or behaviours earlier in adolescence, suggesting that supportive peer relationships may be particularly important for those at higher risk.

Overall, young people with high levels of communication with peers at 16–17 years were 5.5% less likely to report suicidal thoughts and behaviours at 18–19 years than those with low or medium communication (95% CI [0.6, 10.4], p value = 0.026; Figure 3, Tables S4 and S5).

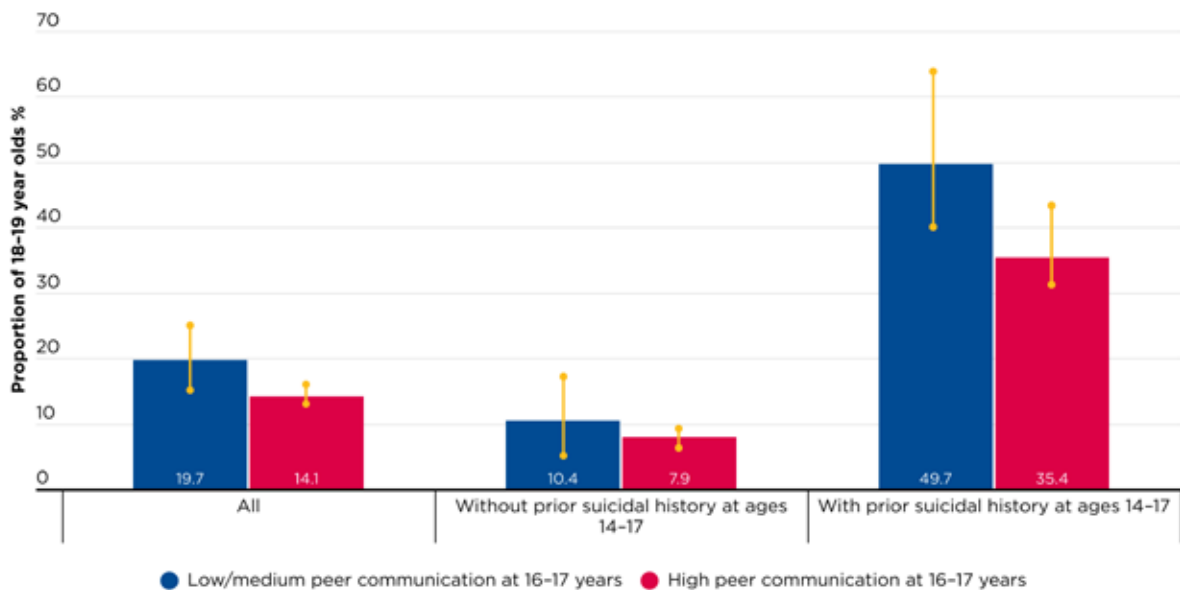
When examined separately by prior suicidal history, the protective association between peer communication and later suicidal thoughts and behaviours was concentrated among young people with a prior history of suicidal thoughts or behaviours. Among this group, those who reported high communication with peers at 16–17 years were 14.3% less likely to have suicidal thoughts and behaviours at 18–19 years, when compared to those with low or medium communication (95% CI [1.7, 26.9], p value = 0.027; Figure 3, Tables S4 and S5).

In contrast, for young people without prior suicidal history, differences in later suicidal thoughts and behaviour by level of peer communication were small and not statistically significant (Figure 3, Table S4). This suggests that strong peer communication may be especially important for young people who have already experienced suicidal distress, rather than acting as a broad protective factor across all adolescents.

The differences in suicidal thoughts and behaviours at 18–19 years by levels of peer trust at 16–17 years were not statistically significant (Tables S4 and S5), indicating that communication with peers – rather than trust alone – may be the more relevant protective dimension in this context.

Taken together, these findings suggest that difficulties in peer communication during adolescence may signal heightened vulnerability among young people with a prior history of suicidal thoughts or behaviours. Conversely, strong and open communication with friends may help buffer ongoing risk during the transition to young adulthood, highlighting the potential value of peer-focused support and intervention for young people with known prior distress.

Figure 3: Proportion of young people experiencing suicidal behaviours at 18–19 years by level of peer communication at 16–17 years



Notes: Figure 3 presents weighted proportions of 18–19 year olds with suicidal thoughts or behaviours, grouped by peer communication at 16–17 years. Results are shown for the full sample (All) and for those with or without such history at 14–17 years. Proportions are adjusted for gender, household composition, language background, SEIFA and area remoteness at age 16–17. Proportions for full sample are also adjusted for prior suicidal history.

Source: LSAC K cohort, Waves 6, 7 and 8

A sense of belonging and school participation are linked to reduced risk of future suicidal thoughts and behaviours

Young people who felt a strong sense of belonging at school in mid-adolescence were substantially less likely to experience suicidal thoughts and behaviours in early adulthood. These findings highlight school as a key setting for suicide prevention, with experiences of inclusion, acceptance and participation during adolescence shaping later mental health outcomes.

Overall, young people who reported high levels of school belonging at 16–17 years were 9.6% less likely to report suicidal thoughts and behaviours at 18–19 years than those with moderate to low levels of belonging (95% CI [4.6, 14.6], p value < 0.001; Figure 4, Tables S4 and S5). Young people with high levels of school participation at age 16–17 were also 5.2% less likely to have suicidal thoughts and behaviours at age 18–19, when compared to those with low or medium levels of participation (95% CI [0.6, 9.8], p value = 0.025; Figure 5, Tables S4 and S5).

These results suggest that feeling connected at school – and being actively involved in school life – may play an important protective role during the transition from adolescence to young adulthood.

A strong sense of belonging at school may help prevent future suicidal thoughts and behaviours

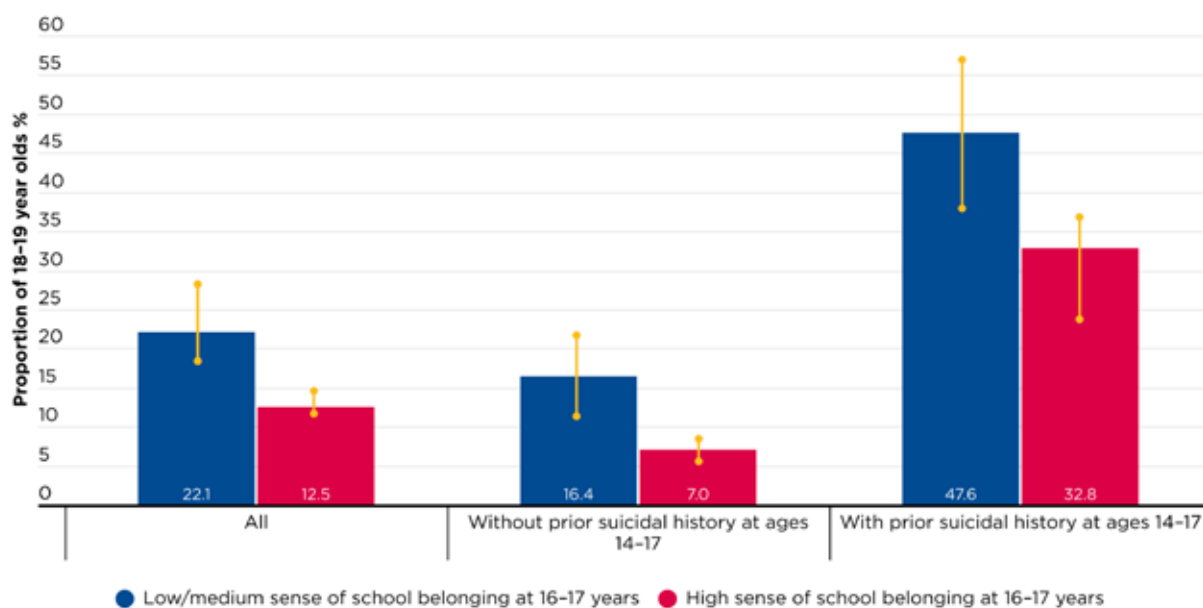
When examined separately by prior suicidal history, a strong sense of school belonging was associated with lower levels of suicidal thoughts and behaviours for both groups, although the size of the association differed.

Among young people without a prior history of suicidal thoughts and behaviours, those who reported a high sense of school belonging at 16–17 years were 9.4% less likely to report suicidal thoughts and behaviours at 18–19 years of age than those with moderate to low levels of belonging (95% CI [3.3, 15.4], p value = 0.003; Figure 4, Tables S4 and S5).

For young people with a prior suicidal history, the association was even stronger. Those reporting a high sense of school belonging at 16–17 years were 14.8% less likely to report suicidal thoughts and behaviours at 18–19 years than those with moderate to lower levels of belonging (95% CI [3.4, 26.2], p value = 0.011; Figure 4, Tables S4 and S5).

These findings indicate that school belonging may function as both a preventive factor for young people who have not previously experienced suicidal distress and a protective factor for those with an existing history, reinforcing its importance as a universal and targeted prevention lever.

Figure 4: Proportion of young people experiencing suicidal behaviours at 18–19 years by levels of sense of school belonging at 16–17 years



Notes: Figure 4 presents weighted proportions of 18–19 year olds with suicidal thoughts or behaviours, grouped by school belonging at 16–17 years. Results are shown for the full sample (All) and for those with or without a history of suicidal thoughts or behaviours at 16–17 years. Proportions are adjusted for gender, household composition, language background, SEIFA and area remoteness at age 16–17. Proportions for full sample are also adjusted for prior suicidal history.

Source: LSAC K cohort, Waves 6, 7 and 8

Participation in school may protect young people with prior suicidal history

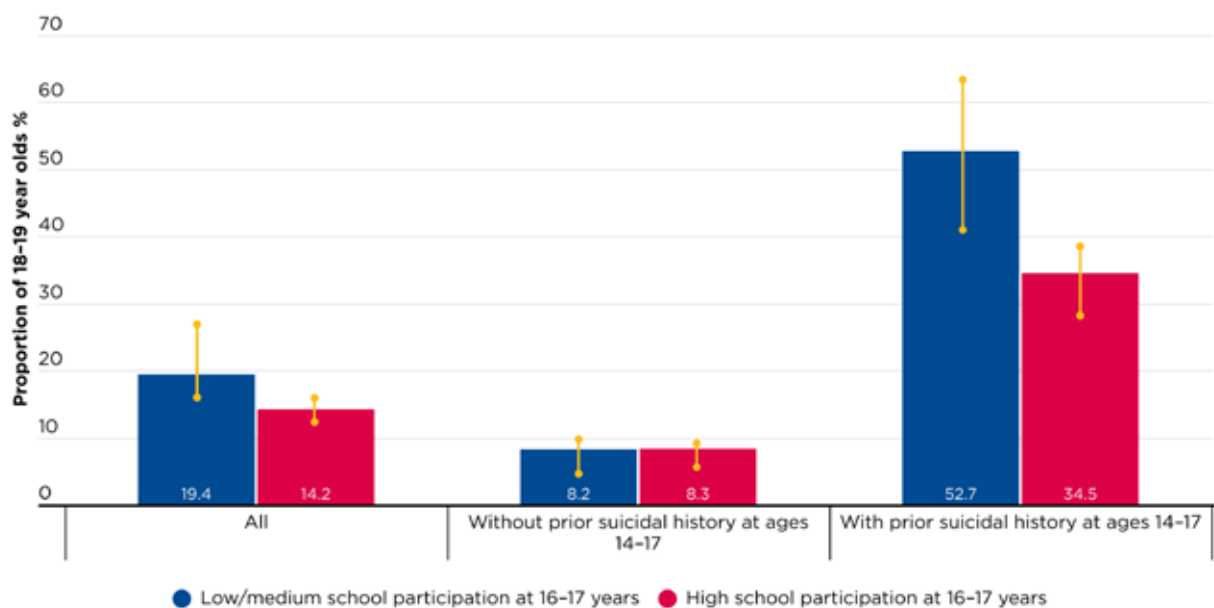
School participation reflects young people's engagement in school activities, including involvement in classes, extracurricular activities and the broader school community.

Among young people with a prior suicidal history, those who reported high levels of school participation at 16–17 years were 18.2% less likely to report suicidal thoughts and behaviours at 18–19 years, when compared to those with low or medium levels of participation (95% CI [6.3, 30.2], p value = 0.003; Figure 5, Tables S4 and S5).

In contrast, among young people without a prior history of suicidal thoughts and behaviours, differences in later suicidal thoughts and behaviours by level of school participation were small and not statistically significant (Figure 5, Tables S4 and S5). This suggests that while school participation may not act as a broad protective factor for all adolescents, it may play a particularly important role for young people who have previously experienced suicidal distress.

Taken together, these findings suggest that maintaining or strengthening engagement with school during mid-adolescence may help buffer ongoing risk among vulnerable young people, highlighting the value of school-based strategies that support participation, inclusion and sustained engagement.

Figure 5: Proportion of young people experiencing suicidal behaviours at 18–19 years by levels of school participation at 16–17 years



Notes: Figure 5 presents weighted proportions of 18–19 year olds with suicidal thoughts or behaviours, grouped by school participation at 16–17 years. Results are shown for the full sample (All) and for those with or without a history of suicidal thoughts or behaviours at 14–17 years. Proportions are adjusted for gender, household composition, language background, SEIFA and area remoteness at age 16–17. Proportions for full sample are also adjusted for prior suicidal history.

Source: LSAC K cohort, Waves 6, 7 and 8

Relevance for policy and practice

This study provides clear evidence that relationships and everyday settings in adolescence – in this case, schools, families and peer networks – can contribute to preventing suicidal thoughts and behaviours as young people transition to adulthood. The findings move beyond identifying risk to demonstrate where preventative and protective action is most likely to have impact and for which groups of young people.

Implications for prevention policy

The results show that school belonging is associated with lower levels of suicidal thoughts and behaviours for young people both with and without prior suicidal history, indicating a strong role for universal prevention.

School participation and peer communication appear especially protective for young people with a prior history of suicidal thoughts or behaviours, highlighting the importance of targeted and sustained supports for those already at elevated risk. Supportive parent–adolescent relationships appear most protective before suicidal thoughts or behaviours emerge, reinforcing the value of early, relationship-focused prevention in mid-adolescence.

Taken together, these findings suggest that effective suicide prevention requires a layered approach that combines:

- universal strategies that strengthen school belonging and inclusion for all students
- targeted strategies that support participation, peer connection and engagement for young people with known prior distress
- early family-focused supports that strengthen parent–child relationships before risk escalates.

Implications for policy alignment and system design

These findings directly support the prevention focus of the *National Mental Health and Suicide Prevention Agreement* and the *National Suicide Prevention Strategy 2025–2035*, which emphasise early intervention, cross-portfolio action and strengthening protective environments for young people. The results reinforce the importance of schools as everyday settings where prevention can be embedded at scale, while also highlighting the need for coordination between education, health and family support systems – particularly for young people with prior suicidal history.

Given the strong protective role of school participation, patterns of absenteeism emerge as a potential early warning signal for suicide risk. Changes in attendance can be identified early within schools and, where appropriate, used to trigger timely support and coordinated responses across education, health and family services.

From a policy perspective, this evidence strengthens the case for:

- sustained investment in systemic and embedded approaches that ensure that every interaction at school – in and out of the classroom – promotes belonging, connection, inclusion and a positive school climate
- mechanisms that support early identification and followup of students with prior suicidal thoughts or behaviours
- policies that enable appropriate information sharing and coordination across education, health and family services to support continuity of care.

Implications for practice

For practice settings, the findings suggest that prevention efforts may be more effective when they incorporate relationships and connection, rather than focusing solely on individual-level risk. School-based programs that strengthen belonging, reduce exclusion and foster supportive teacher–student and peer relationships align closely with the protective factors identified in this study. Evidence-based programs that promote help seeking,

peer support and engagement – such as school-wide mental health initiatives – are likely to contribute to reduced suicidal thoughts and behaviours when implemented consistently and inclusively.

At the same time, the stronger associations observed for young people with prior suicidal history highlight the importance of targeted supports within universal settings. Practices such as mentoring, school-based counselling, supported engagement in learning and extracurricular activities and peer-focused interventions may help buffer ongoing risk for vulnerable young people during the transition to adulthood.

Potential of *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)*

This study explored the factors associated with suicidal thoughts and behaviours during the transition from adolescence to early adulthood. Identified protective factors are central to informing future interventions and programs. Many related and important questions could be addressed with current and future waves of LSAC data:

- Intersectionality: whether experiences differ for different cohorts of children and young people (e.g. young people with disability, Aboriginal and Torres Strait Islander young people, young people from migrant backgrounds, LGBTQ+ young people).
- Effect of early protective factors: how early protective factors (e.g. school belonging, family support) influence suicidal thoughts and behaviour into adulthood.
- Association between health service use, help seeking and suicidal thoughts and behaviours of young people: understanding this association for diverse populations, including LGBTQ+ youth, those living in rural and remote areas and those from migrant backgrounds.
- Role of social media and cyber bullying: as this is increasingly another ‘primary socialising environment’ for young people, what is its effect on suicidal thoughts and behaviours and the mental health of young people.

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Further details

See the Supplementary Materials for technical details of this research, including descriptions of measures, detailed results and bibliography.

About the Growing Up in Australia snapshot series

Growing Up in Australia snapshots are brief and accessible summaries of policy-relevant research findings from *Growing Up in Australia: The Longitudinal Study of Australian Children* (LSAC). For other snapshots in this series see aifs.gov.au/growing-australia/resources/collections/snapshot-series.

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