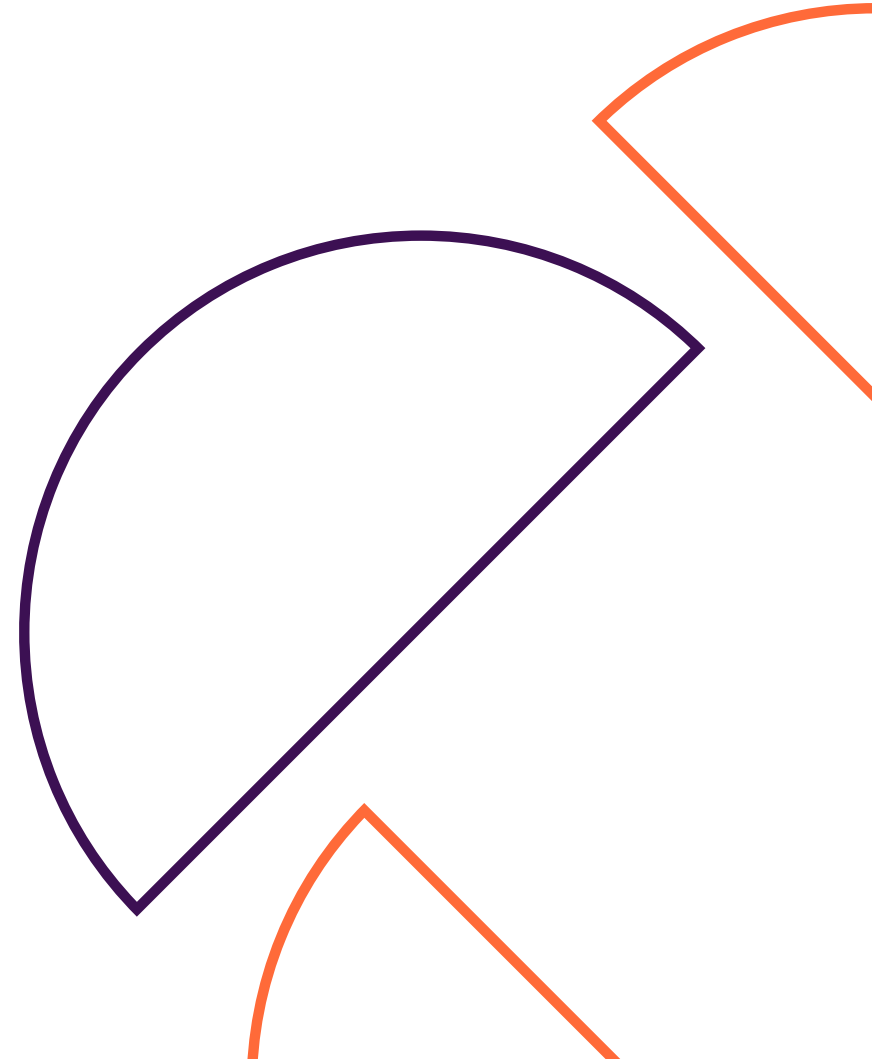


Australian national suicide data 2019

(ABS, 2020)

Released, 23 October 2020



About this summary

- This summary was prepared by the *Mindframe* team at **Everymind** using the Australian Bureau of Statistics (ABS) *Causes of Death (Catalogue No. 3303.0)* data, released 23 October 2020.
- When exploring suicide data, it is important to remember that behind the numbers are individuals, families and communities impacted by suicide in Australia. The reasons individuals take their own life are often complex; there is no single reason why a person attempts or dies by suicide.
- *Mindframe* reminds media and communications professionals accessing this summary to be responsible and accurate when communicating about suicide, as there is a potential risk to vulnerable audiences. Context is therefore important. Resources to support reporting and professional communication are available at www.mindframe.org.au
- A full summary of data can be found on the *Mindframe* website at www.mindframe.org.au/suicide/data-statistics



Notes about using statistics

- ABS advises that care should be taken in comparing 2019 data with:
 - > Previous years, as some data has been subject to quality improvement processes; and
 - > Pre-2006 data, as this data was not subject to the revision process.
- Due to the relatively small population size in some states and territories, even one or two deaths can have a significant impact on state-specific age-standardised suicide rates. Therefore, comparisons across Australia must be done with caution.



Notes about this summary

- This summary represents suicide rates and trends in the 2019 (preliminary) data, trends by age group over time and state variations.
- This release includes 2018 and 2019 preliminary data, 2017 first-revision data and 2016 final data. The second and final revision for 2017 data and the first revision for 2018 data will be released in 2021.



Notes about this summary: Victorian data

- Care needs to be taken when interpreting data derived from Victorian coroner-referred deaths, including suicide (Victorian and national mortality datasets).
- In the first quarter of 2020, the ABS and the Victorian Registry of Births, Deaths and Marriages (RBDM) undertook a joint investigation aimed at identifying death registrations that had not been submitted to the ABS as part of usual processing procedures.
- This investigation identified 2,812 deaths from all causes that had been registered in 2017, 2018 and 2019, but had not previously been provided to the ABS. These deaths were not reported because of an issue associated with the Registry's previous processing system, which was replaced in early 2019.
- The ABS has made a permanent time series adjustment to statistics for suicide deaths. The additional death registrations for 2017 and 2018 have been placed back in their respective registration years.
- This time series change is associated with an administrative processing issue rather than a true change in the prevalence of suicide deaths.



General summary

2019

In 2019, there were **3,318** deaths by suicide with an age-standardised rate of **12.9** per 100,000.

This equates to an average of **9.1*** deaths by suicide in Australia each day.

There were **2,502** male deaths at a age-standardised rate of **19.8** per 100,000.

There were **816** female deaths at an age-standardised rate of **6.3** per 100,000.

2018

In 2018, there were **3,138** deaths by suicide with an age-standardised rate of **12.4** per 100,000.

This equates to an average of **8.6*** deaths by suicide in Australia each day.

There were **2,392** male deaths at a age-standardised rate of **19.2** per 100,000.

There were **746** female deaths at an age-standardised rate of **5.9** per 100,000.

2017

In 2017, there were **3,285** deaths by suicide with an age-standardised rate of **13.2** per 100,000.

This equates to an average of **9*** deaths by suicide in Australia each day.

There were **2,450** male deaths at a age-standardised rate of **20.0** per 100,000.

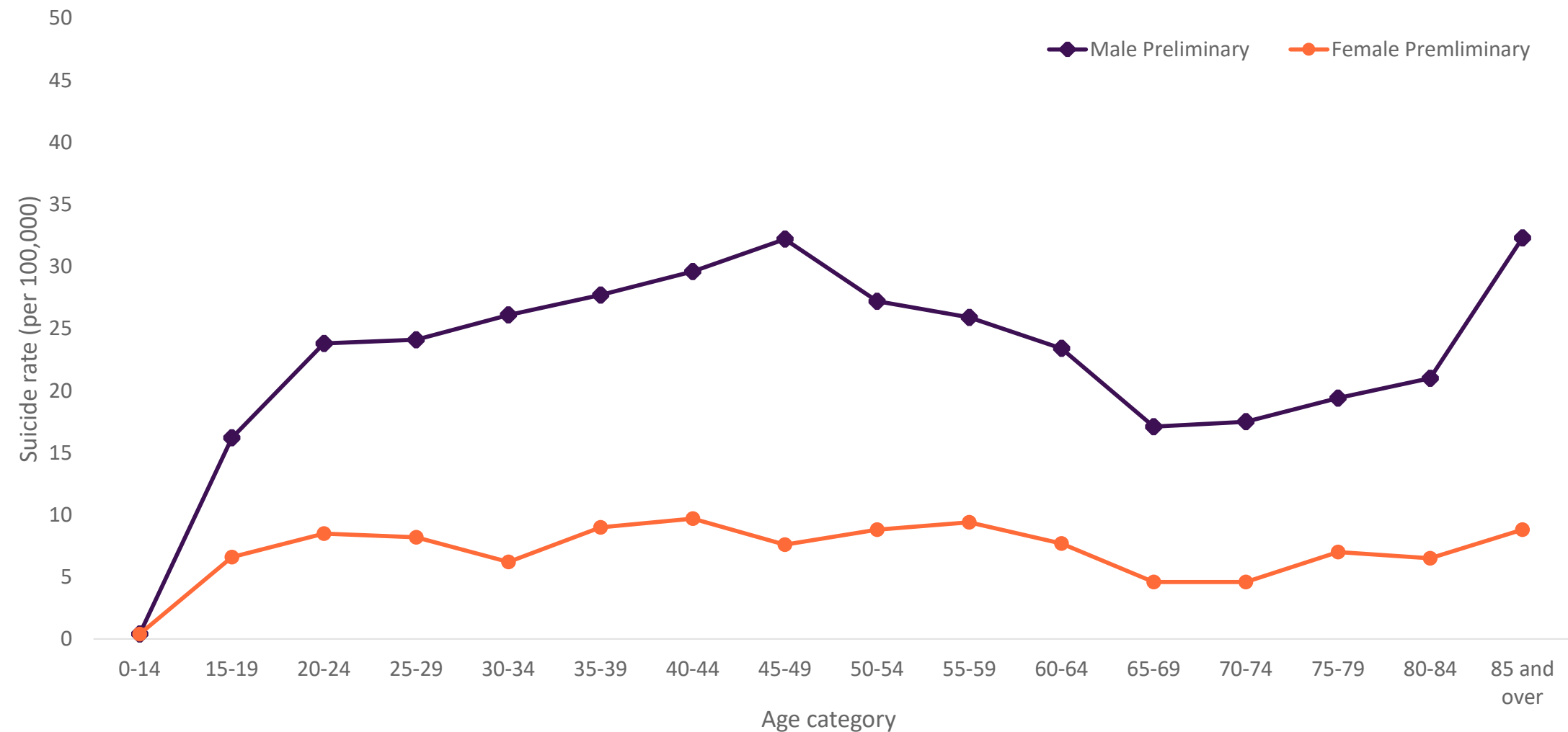
There were **835** female deaths at an age-standardised rate of **6.6** per 100,000.

**This is calculated by Mindframe and we recommend using with caution. ** 2017 data have been subject to revision; 2018 and 2019 data are preliminary.*

**** Please see explanation for impact on Victorian and national mortality data.*



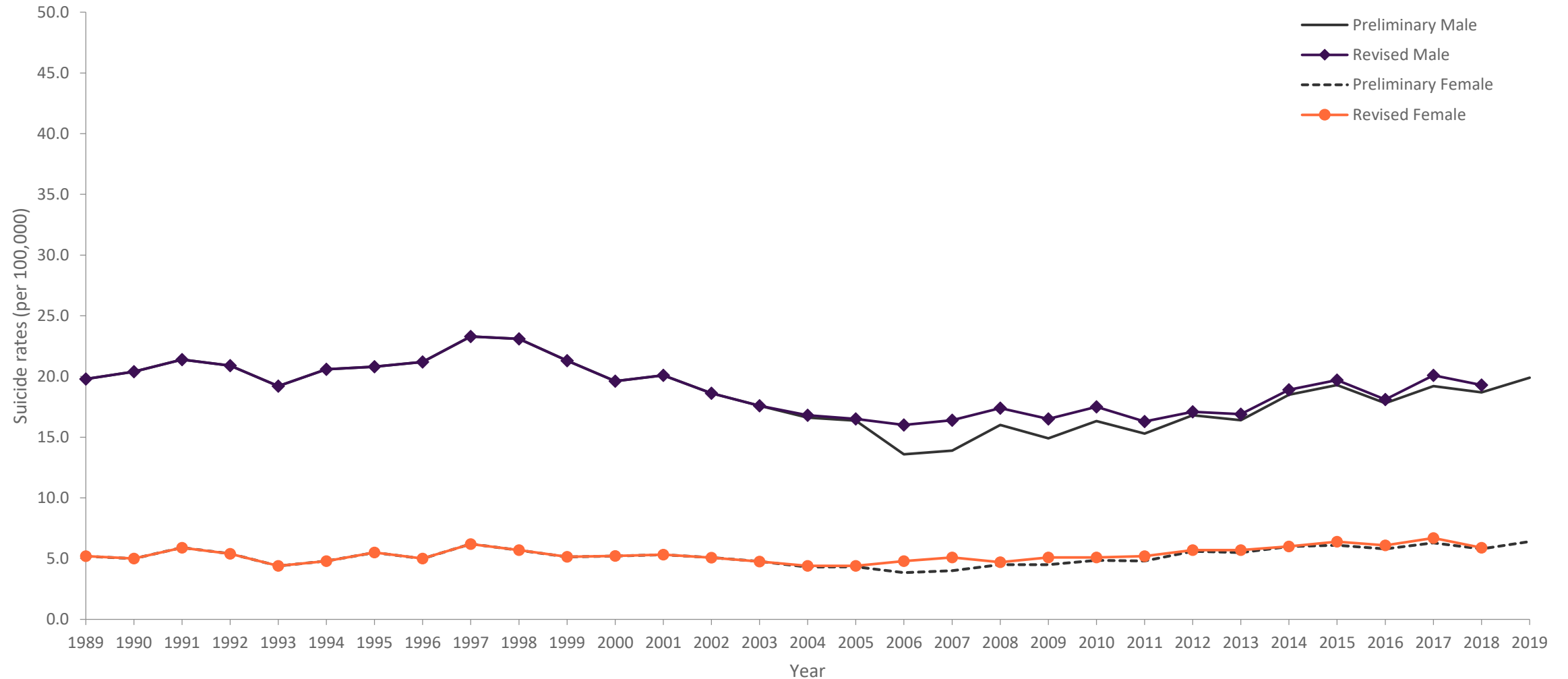
Preliminary age-specific suicide rates (2019)



**Please see explanation for impact on Victorian and national mortality data.*



Age-specific suicide rates (1989-2019)

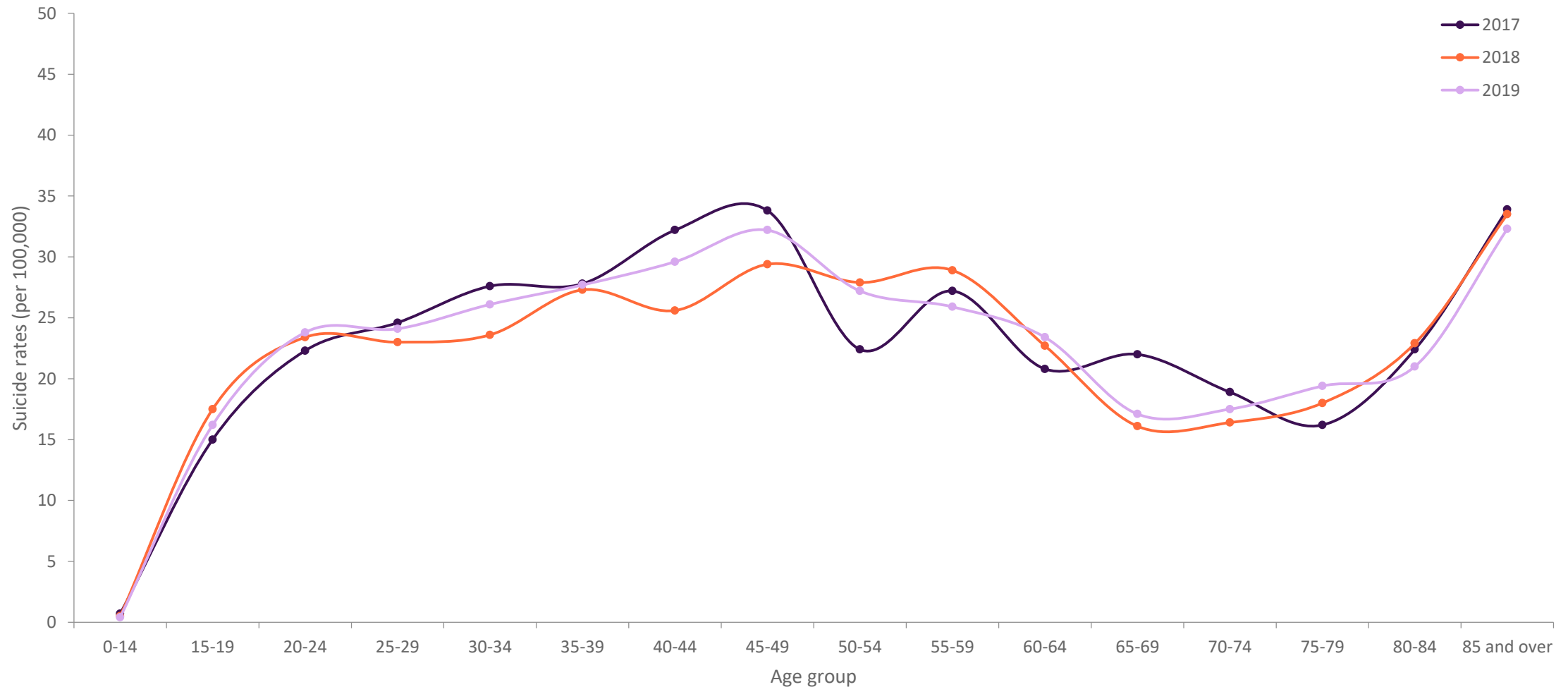


**2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.*



Males (2017-2019)

Age-specific suicide rates

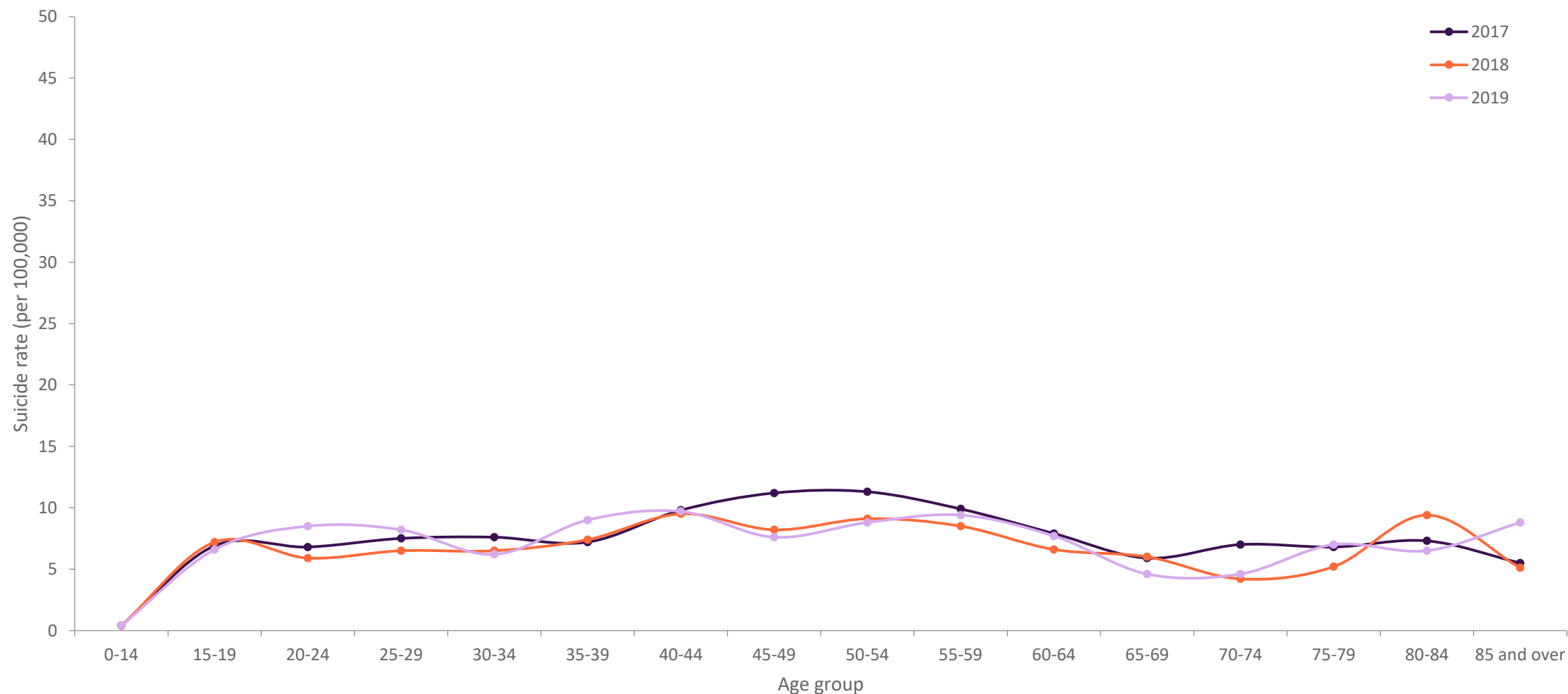


**2017 data have been subject to revision. 2018 and 2019 data are preliminary; ** Please see explanation for impact on Victorian and national mortality data.*



Females (2017-2019)

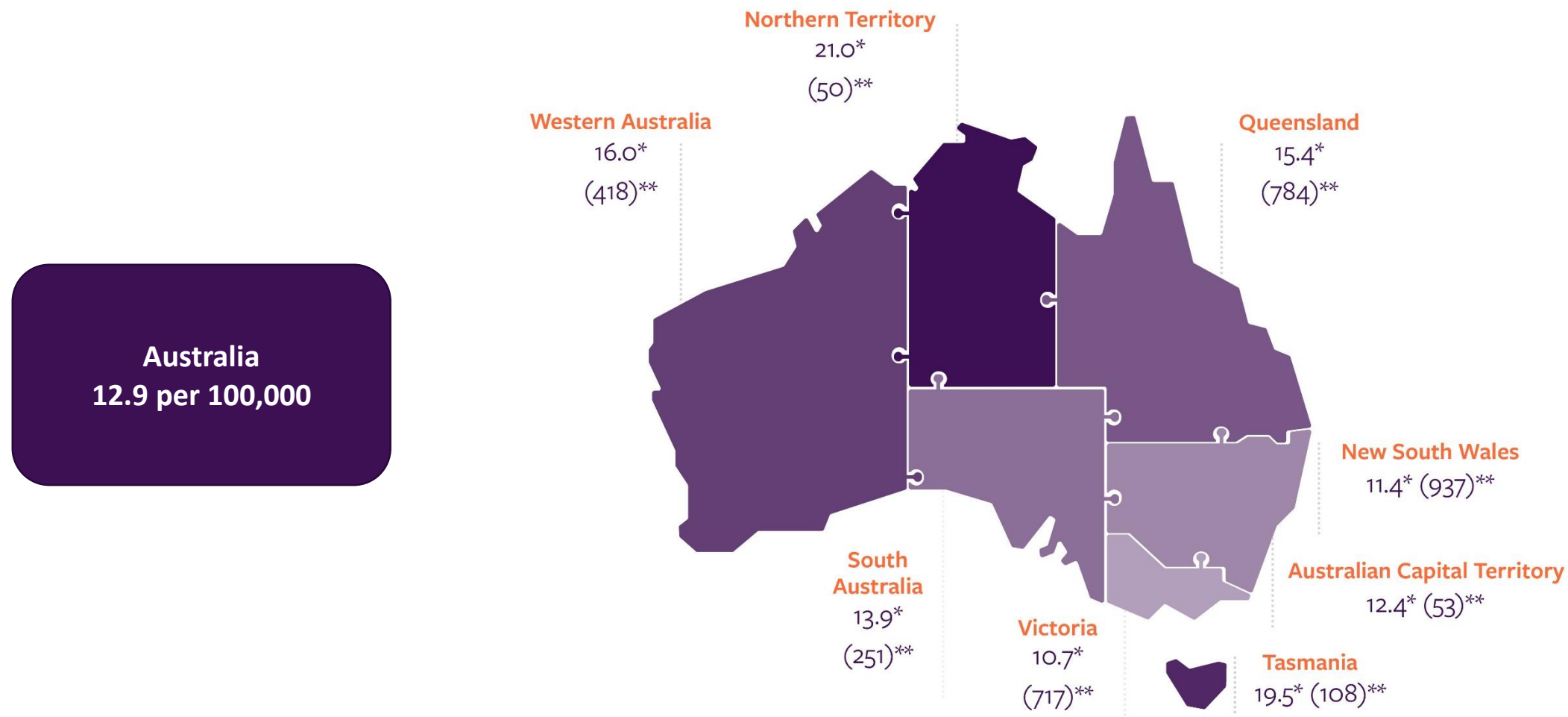
Age-specific suicide rates



**2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.*



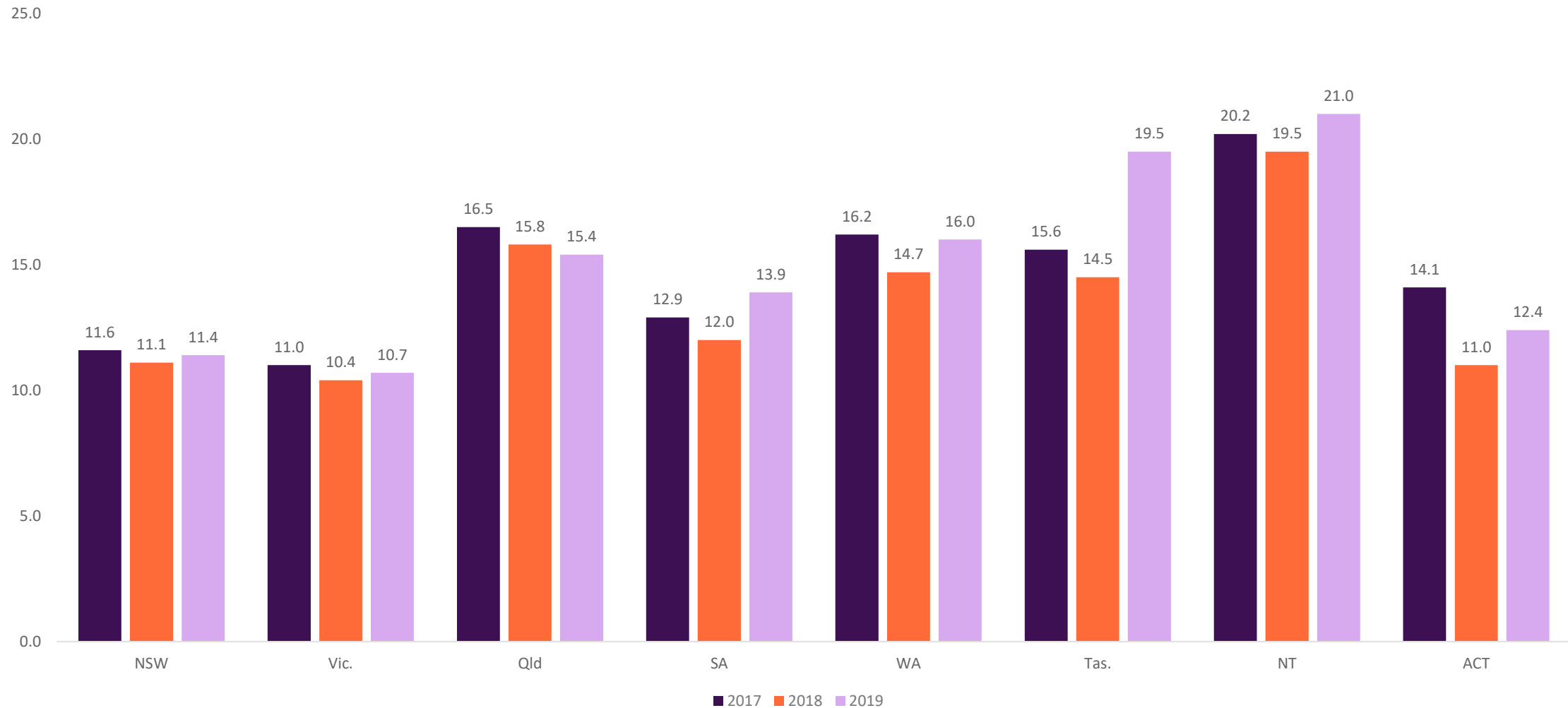
State and territory summary



*Age-standardised rate per 100,000. **Number of deaths. ***Please see explanation for impact on Victorian and national mortality data.



Age-standardised death rate by state and territory (2017-2019)

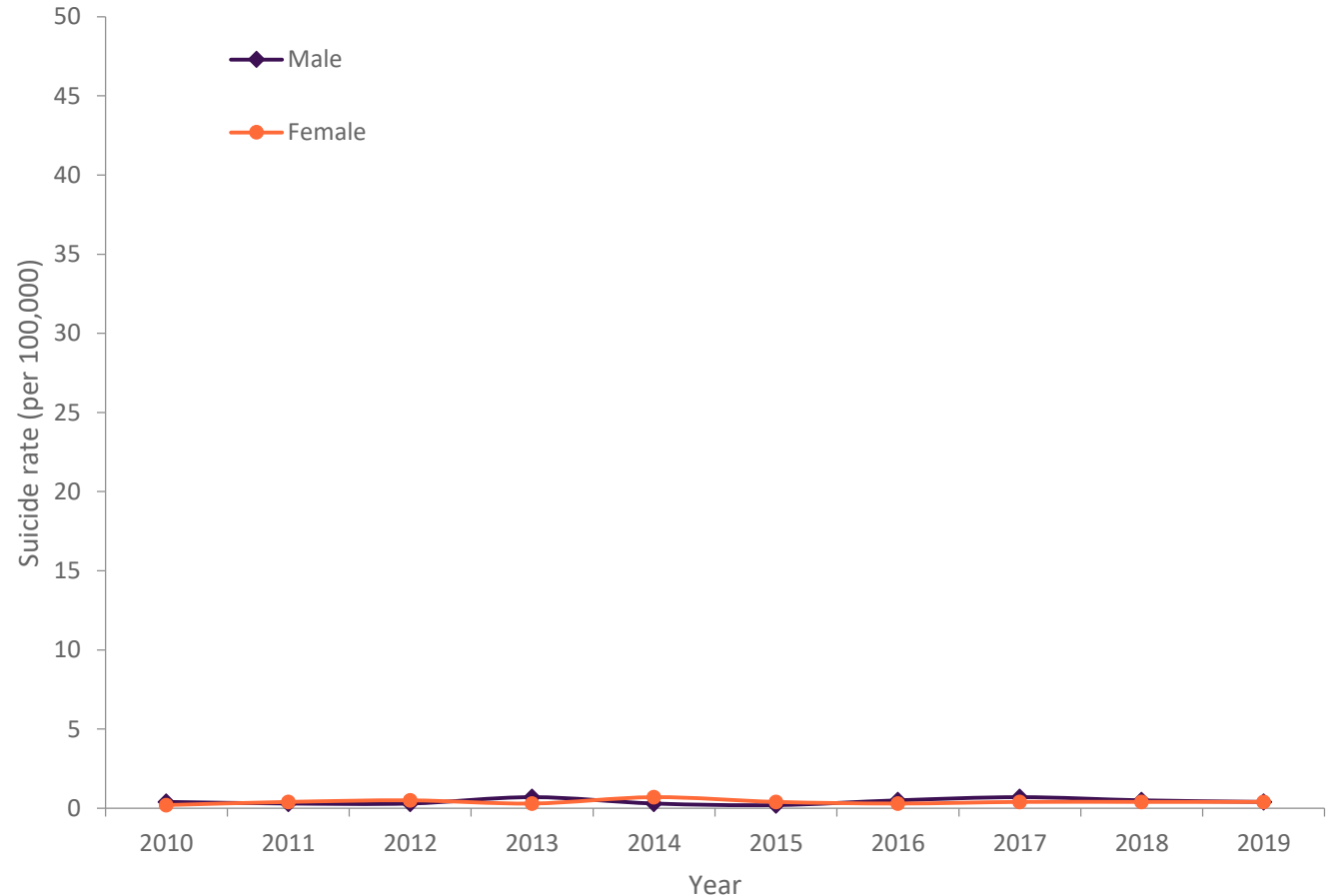


**2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.*



0 – 14 year olds

- Suicide among children (aged 0-14) is rare, with considerably fewer deaths than any other age group.
- There were 19 deaths by suicide amongst youth aged 0-14 years with an age-specific rate of 0.4 per 100,000.
- There were 10 deaths among male youth in this age group at an age-specific rate of 0.4 per 100,000.
- There were 9 deaths among female youth in this age group at an age-specific rate of 0.4 per 100,000.



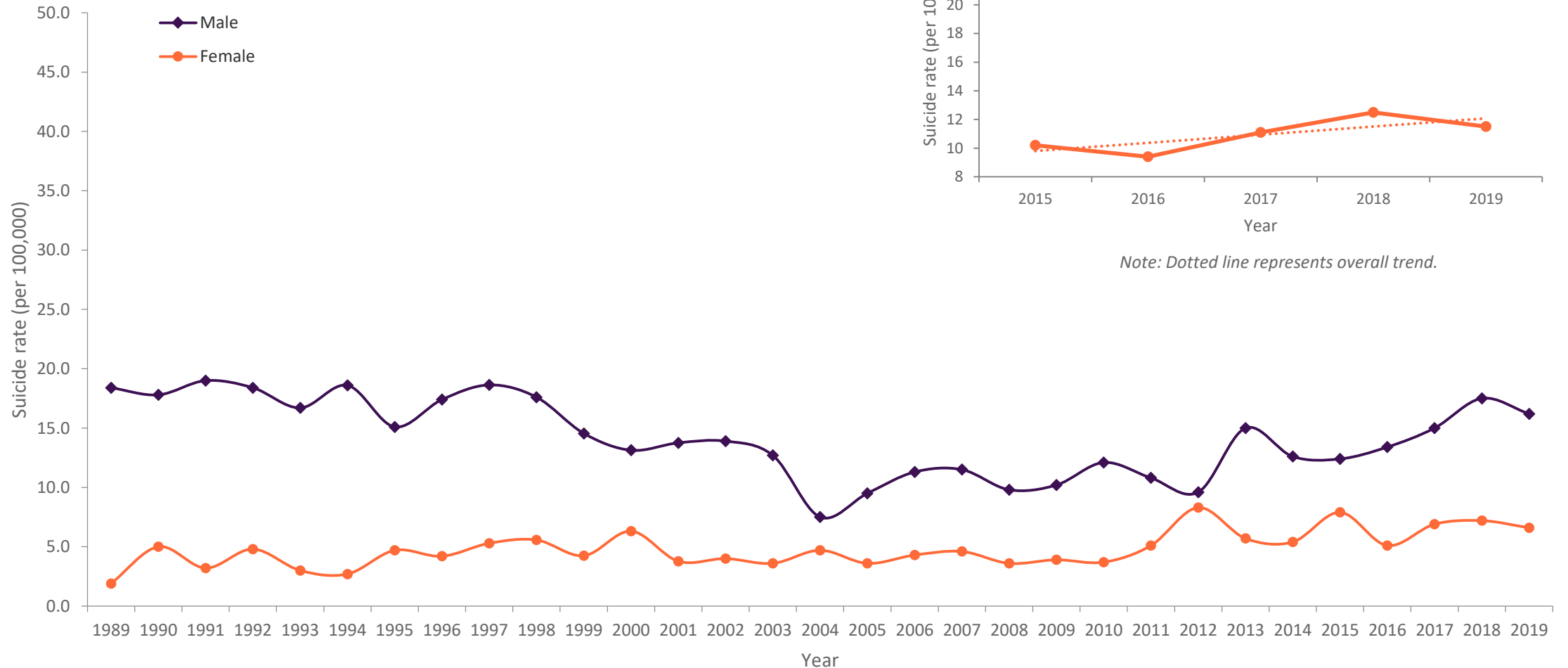
**Prior to 2010, data was not available for this age group. **2017 data have been subject to revision. 2018 and 2019 data are preliminary.*

****Please see explanation for impact on Victorian and national mortality data.*



15 – 19 year olds

Age-specific suicide rates 1989 - 2019

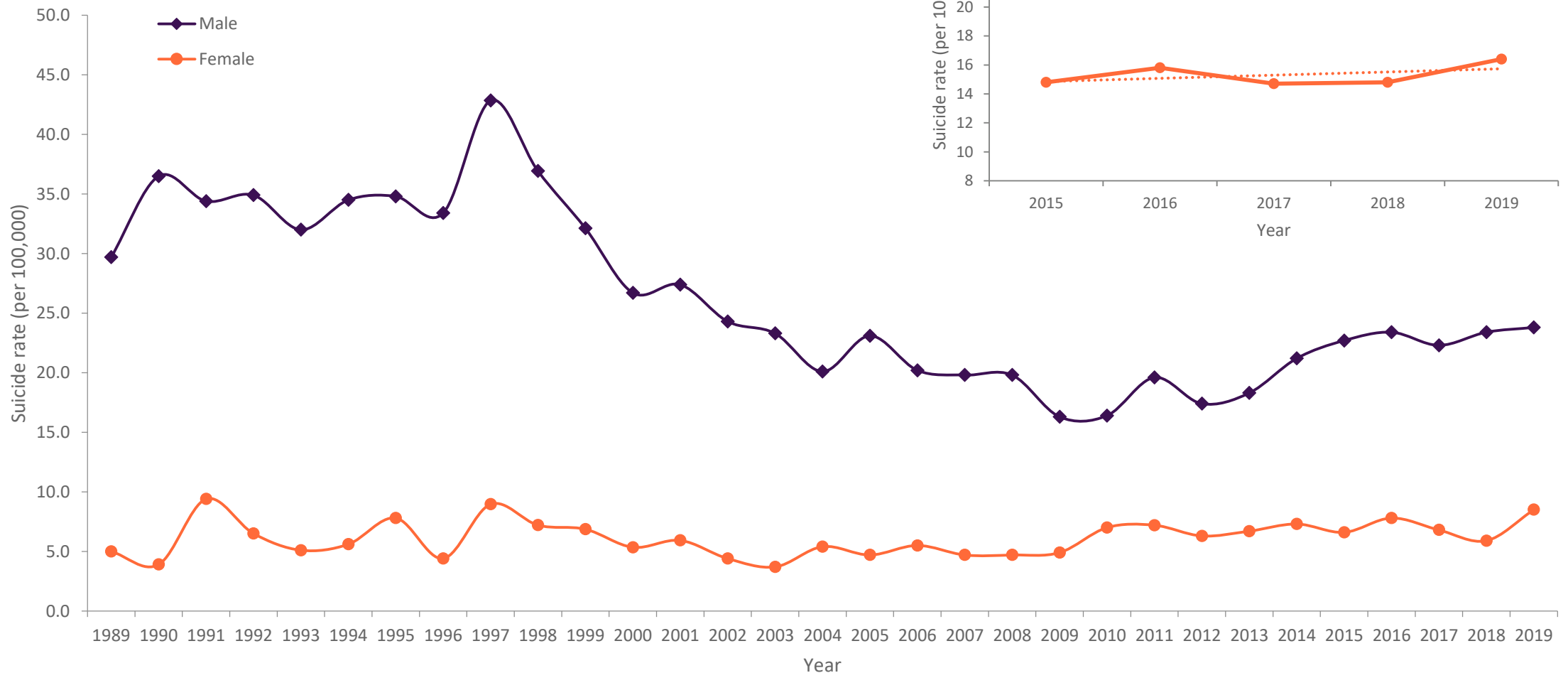


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



20 - 24 year olds

Age-specific suicide rates 1989 - 2019

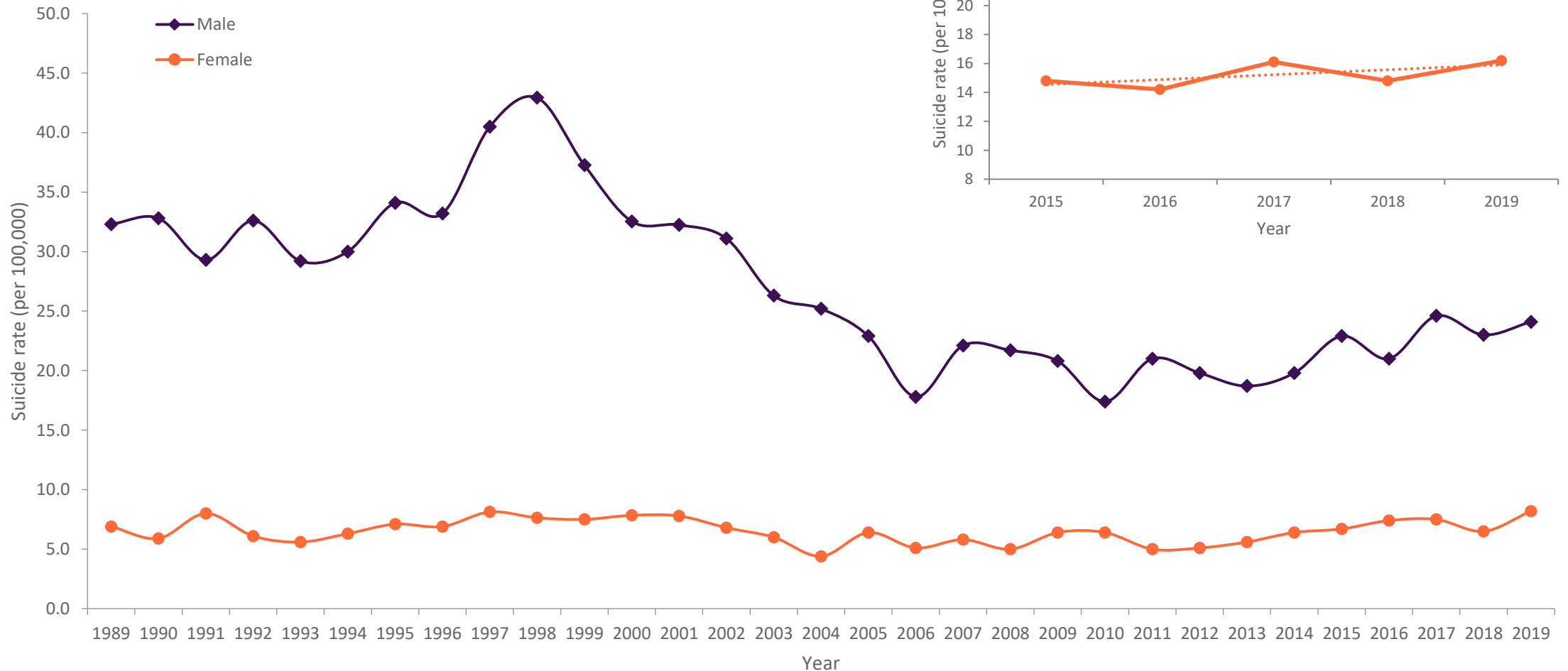


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



25 - 29 year olds

Age-specific suicide rates 1989 - 2019

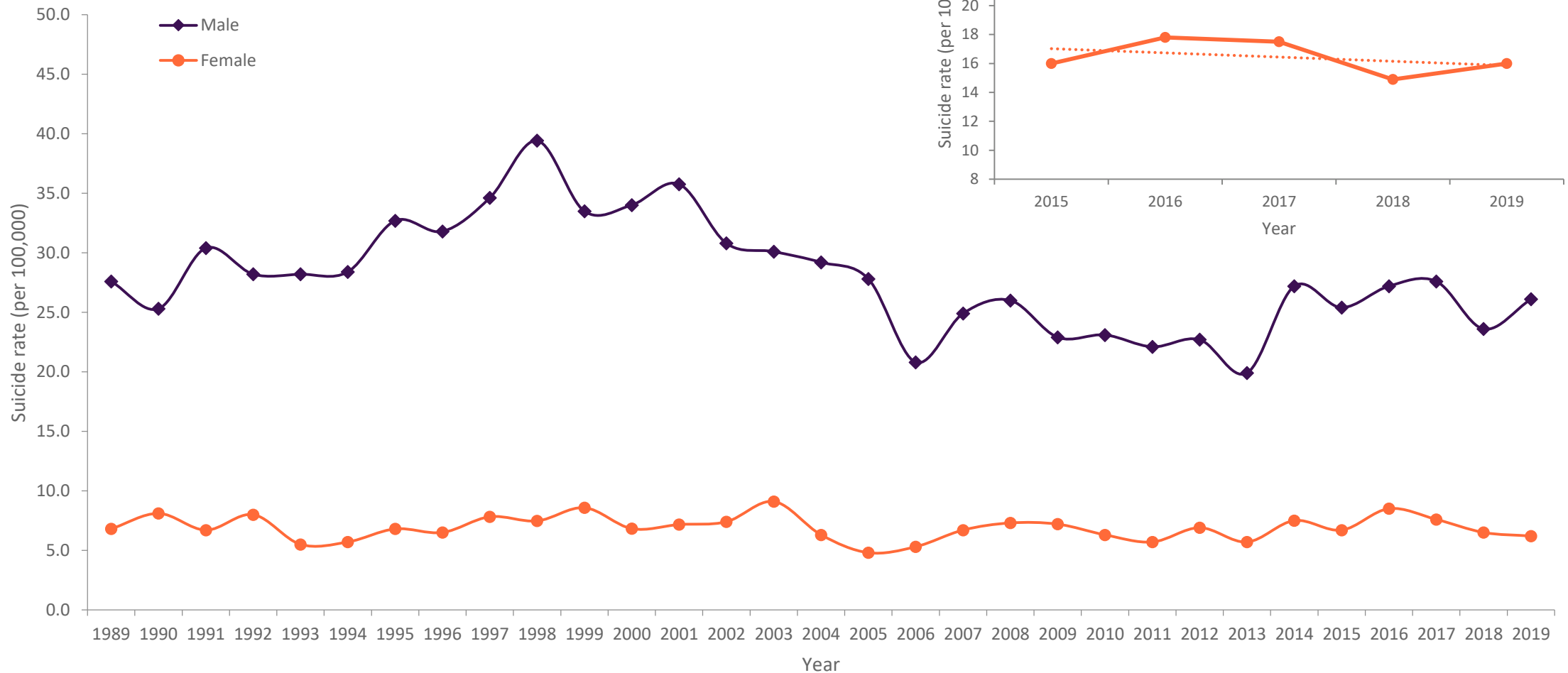


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



30 – 34 year olds

Age-specific suicide rates 1989 - 2019

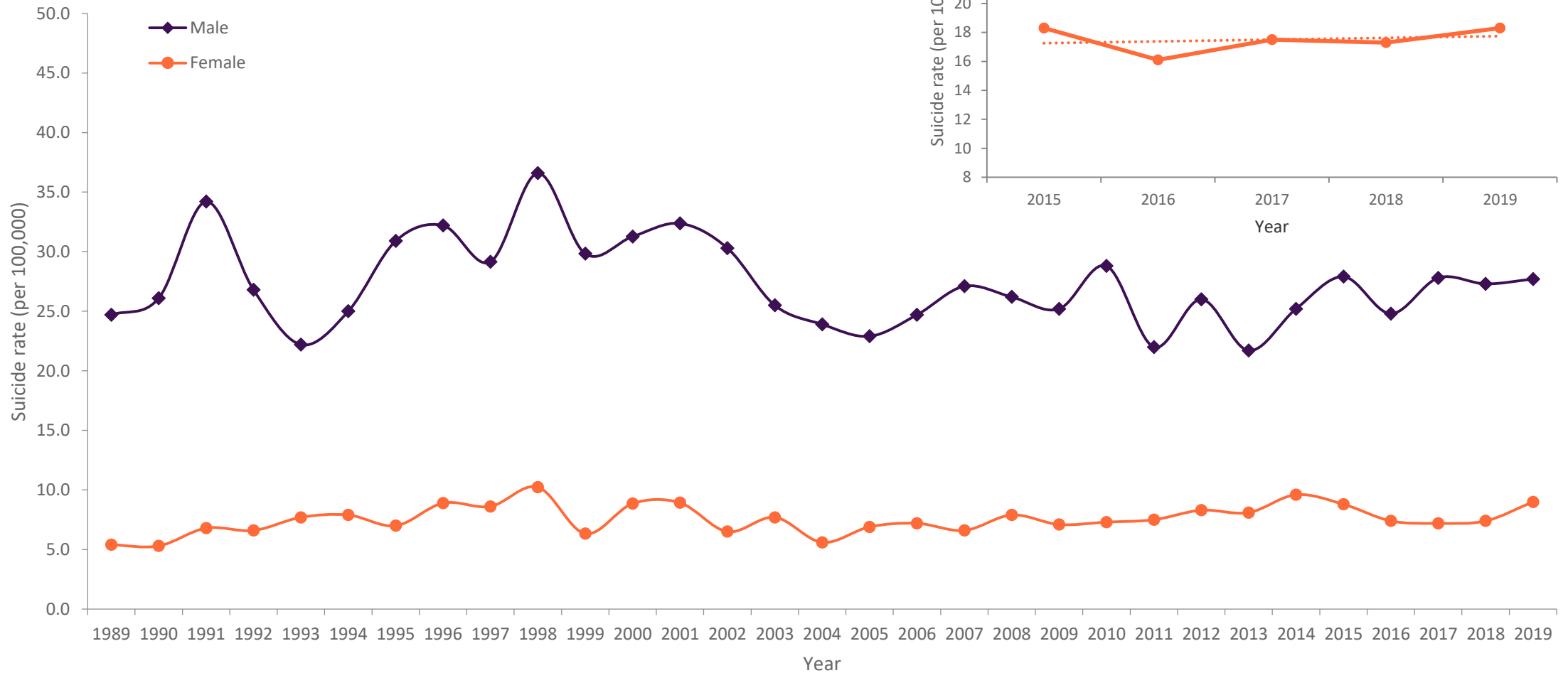


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



35 - 39 year olds

Age-specific suicide rates 1989 - 2019

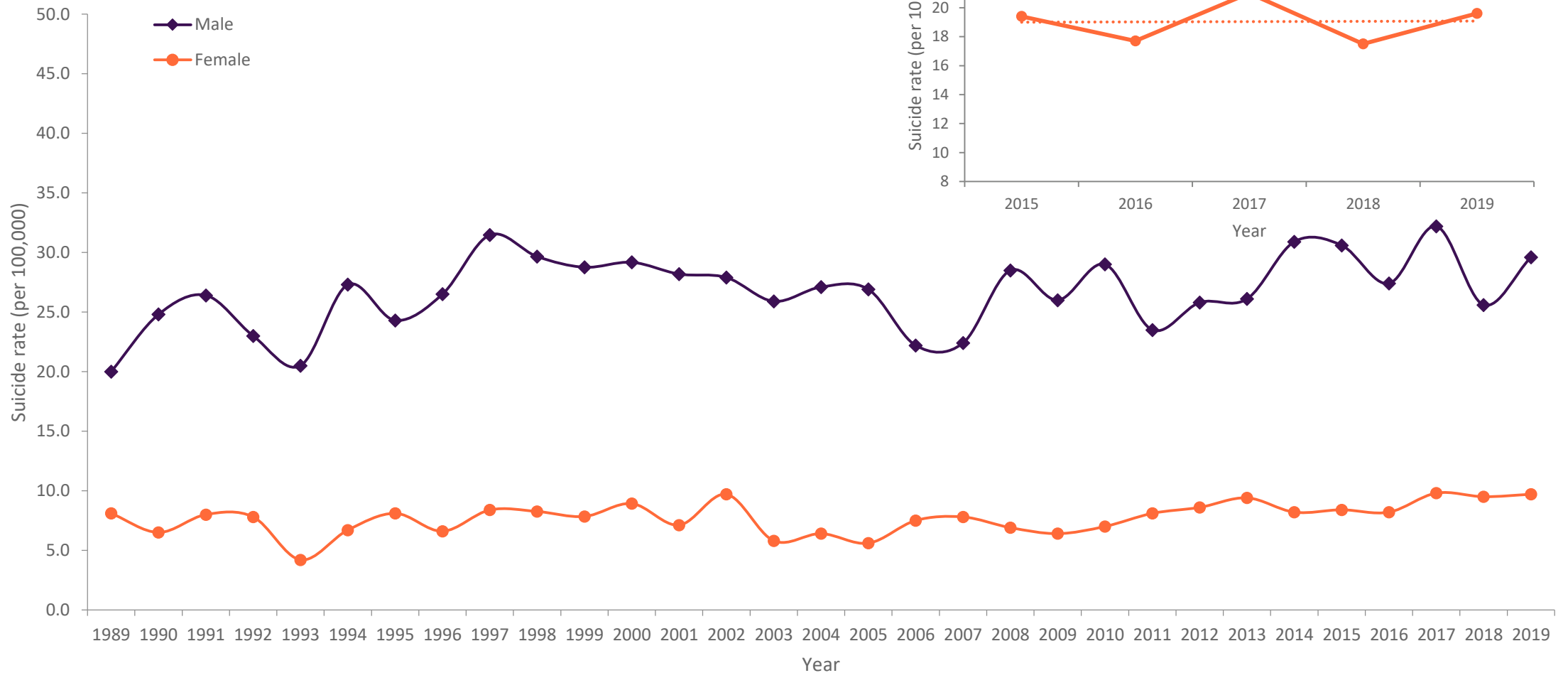


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



40 - 44 year olds

Age-specific suicide rates 1989 - 2019

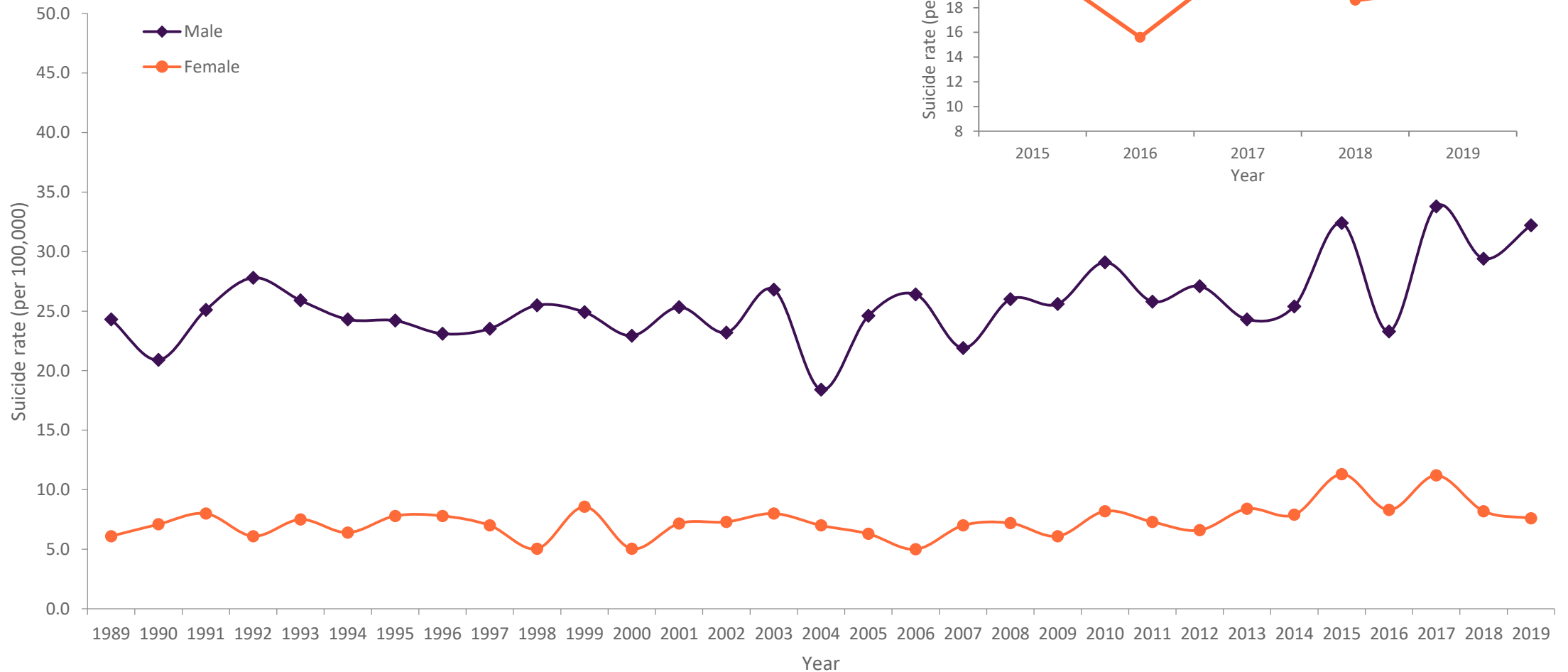


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



45 - 49 year olds

Age-specific suicide rates 1989 - 2019

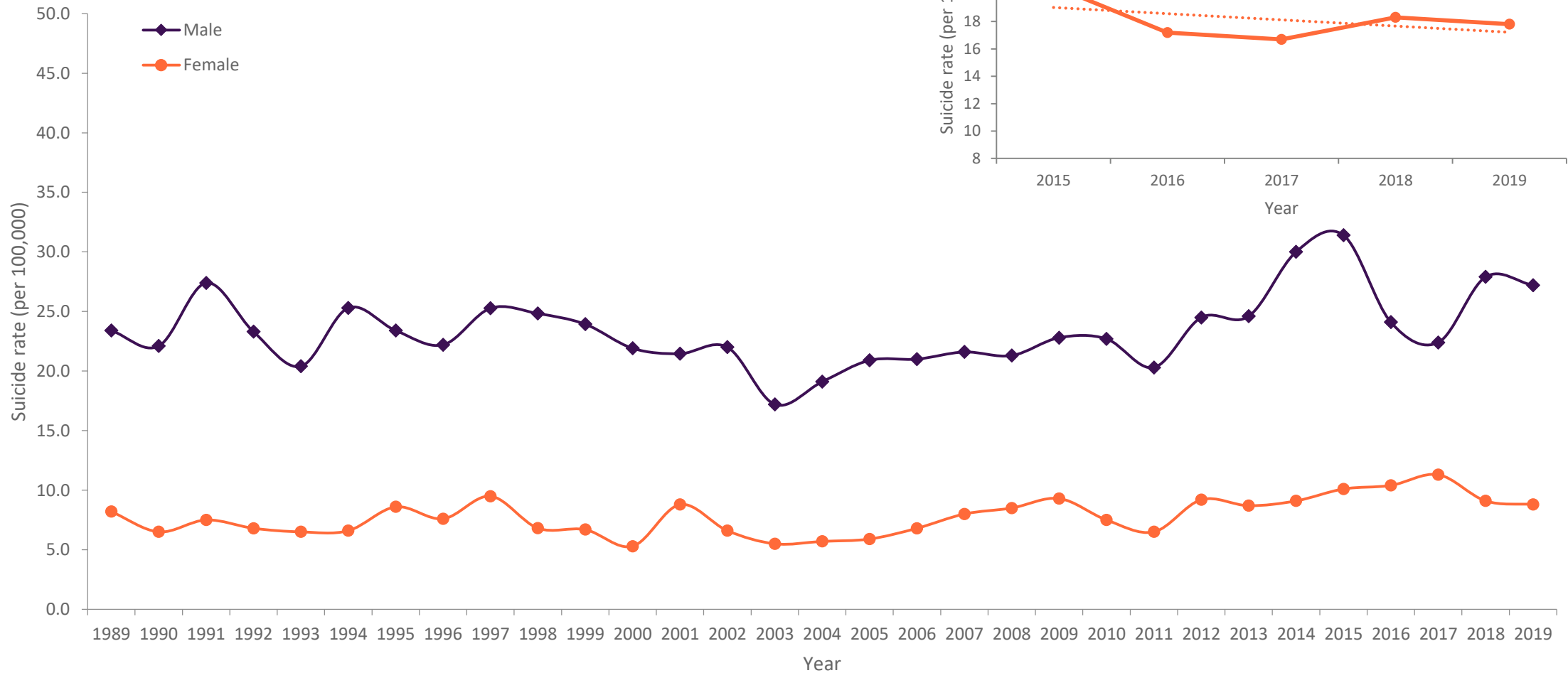


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



50 - 54 year olds

Age-specific suicide rates 1989 - 2019

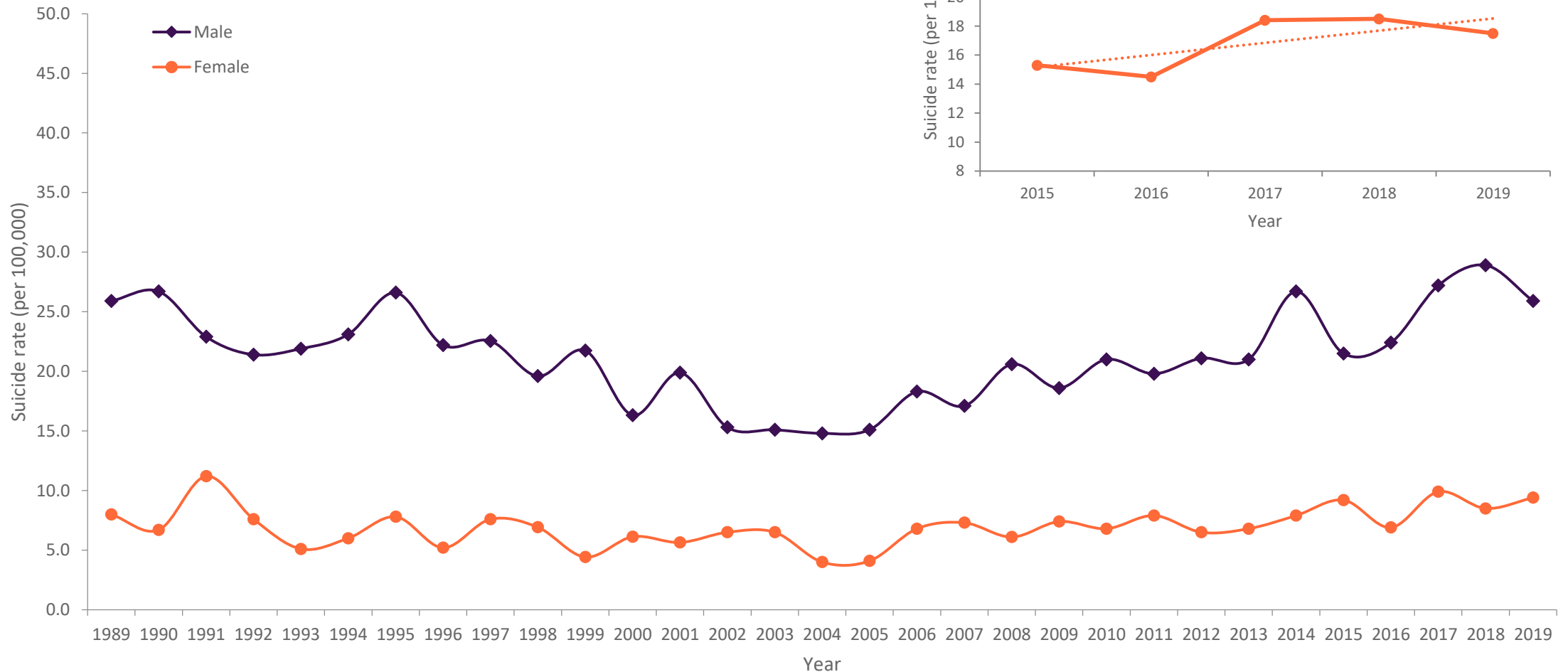


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



55 - 59 year olds

Age-specific suicide rates 1989 - 2019

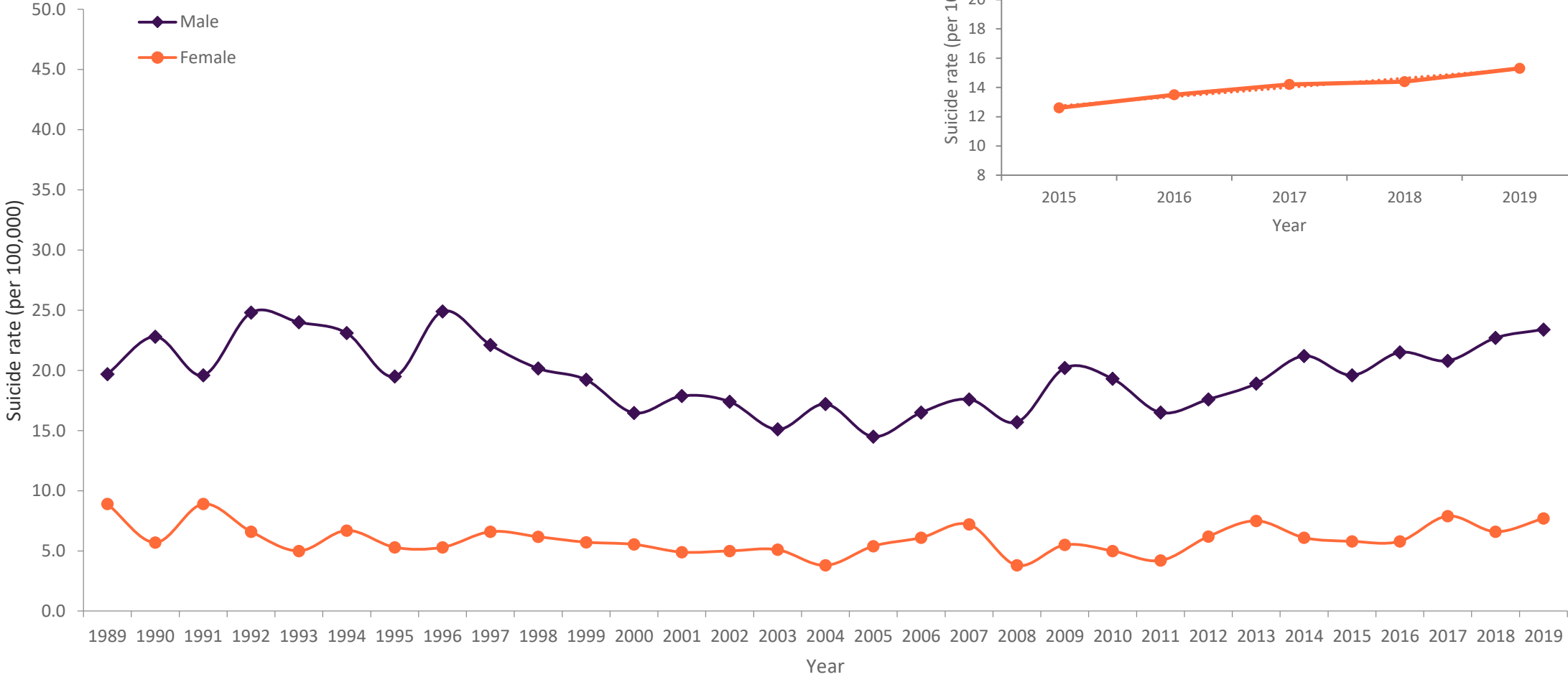


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



60 - 64 year olds

Age-specific suicide rates 1989 - 2019

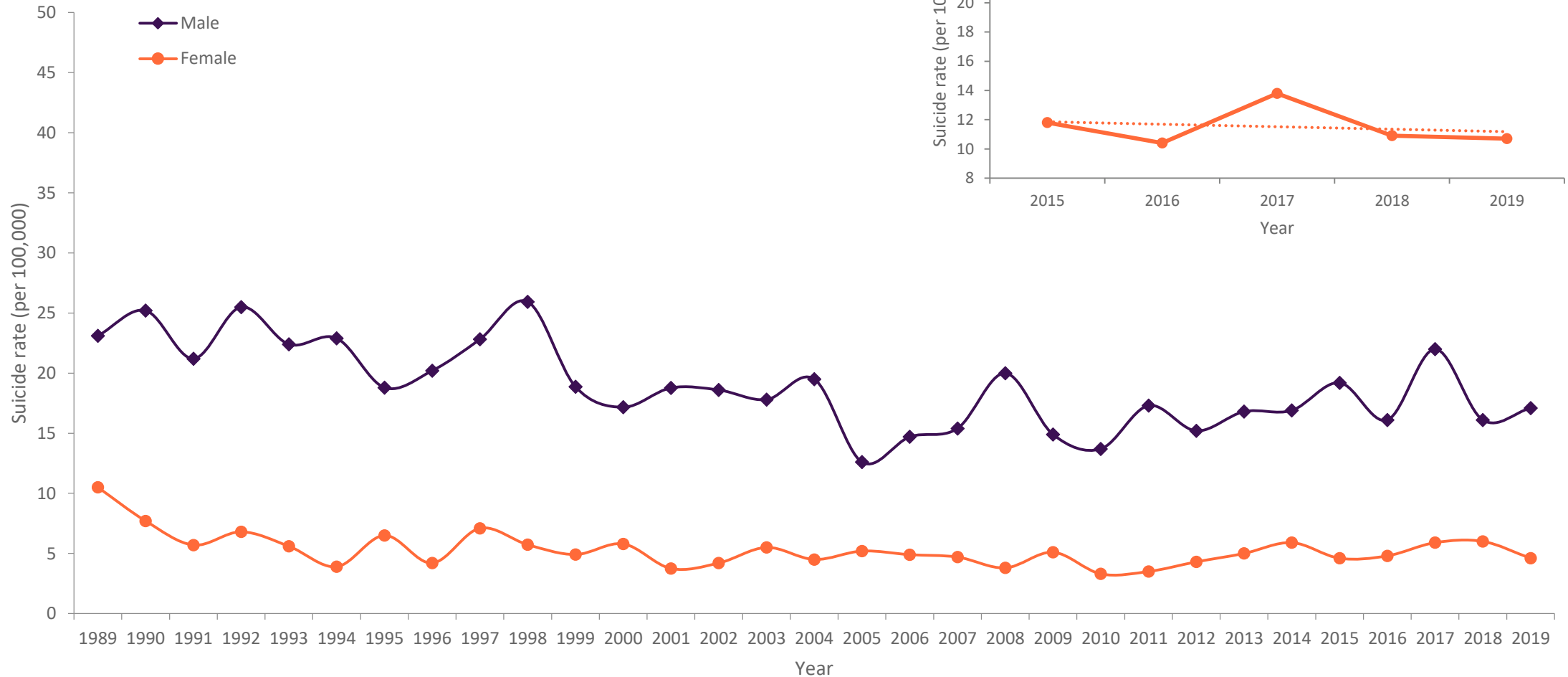


**2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.*



65 - 69 year olds

Age-specific suicide rates 1989 - 2019



*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



70 - 74 year olds

Age-specific suicide rates 1989 - 2019

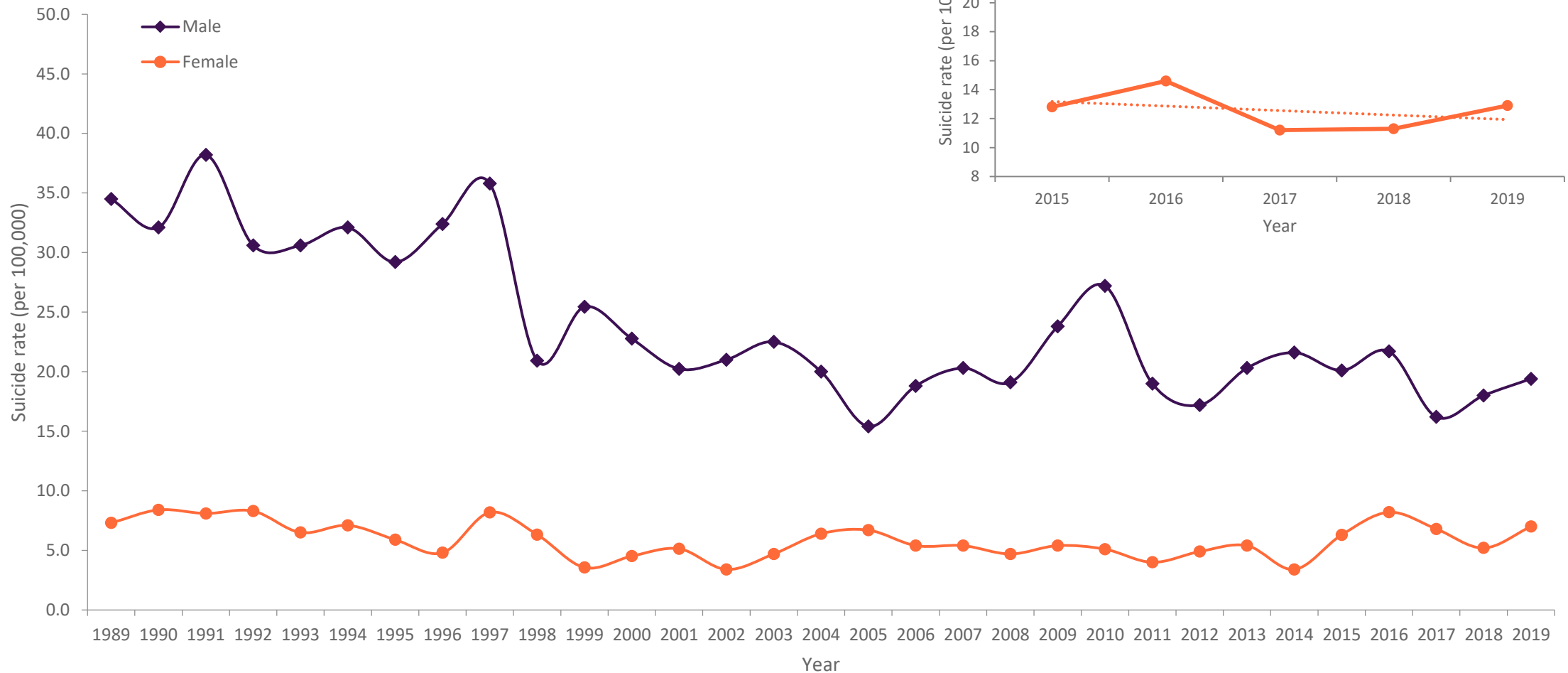


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



75 - 79 year olds

Age-specific suicide rates 1989 - 2019

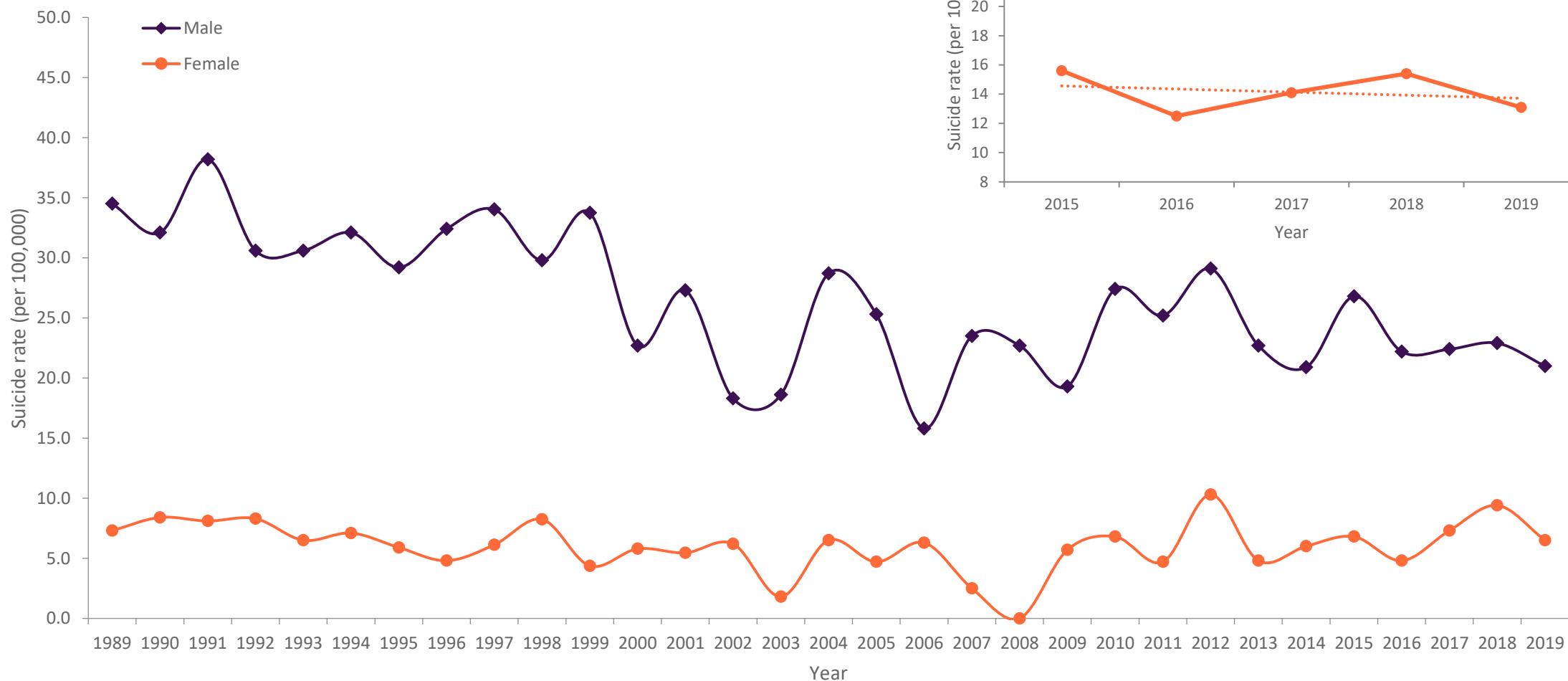


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



80 - 84 year olds

Age-specific suicide rates 1989 - 2019

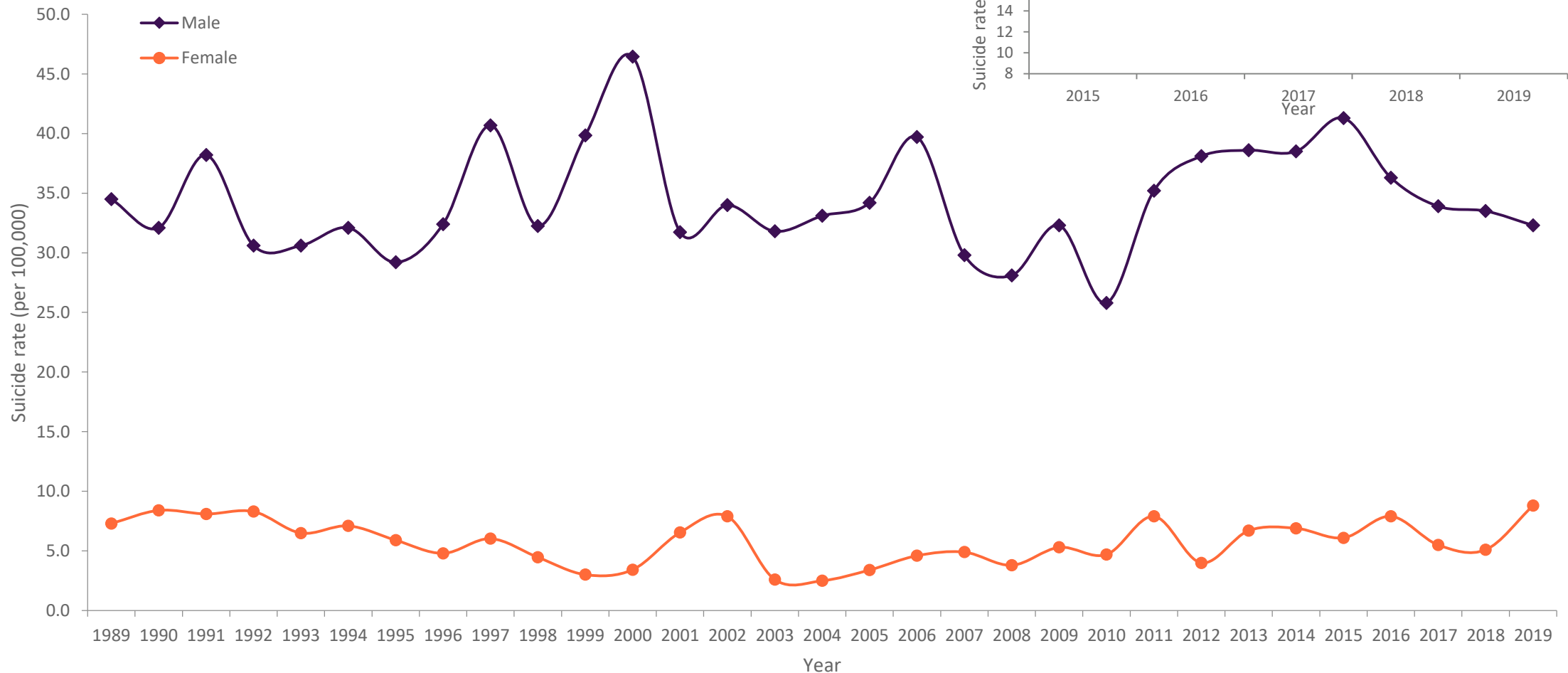


*2017 data have been subject to revision. 2018 and 2019 data are preliminary. **Please see explanation for impact on Victorian and national mortality data.



85+ year olds

Age-specific suicide rates 1989 - 2019



*Statistics available prior to 1997 reported the eldest category as 75 plus. To include this data for illustrative purposes, data here represents 75+ for all data pre 1997.

2017 data have been subject to revision. 2018 and 2019 data are preliminary. *Please see explanation for impact on Victorian and national mortality data.



Associated factors explanation

- Associated factors can include diseases that are part of the chain of events leading to death, psychosocial risk factors and comorbid factors.
- When examining associated factors, it is important to note that not one factor causes a person to die by suicide. Risk factors should therefore not be considered in isolation. Instead they provide an insight into the complex interaction between biological, psychological and psychosocial factors which have contributed to these deaths.
- It is important to note that the capture of information on associated causes of death is reliant on the documentation available for any given death. The associated factors presented here reflect information contained within reports available on National Coronial Information System (NCIS) and does not necessarily reflect all factors associated with all suicide deaths.



Comorbidity explanation

- Where suicide is listed as the primary cause of death, a comorbidity is the presence of one or more diseases or disorders in an individual, as noted by a coroner on a death certificate.
- The list of comorbidities reported may not be exhaustive, as there may not have been other associated factors listed in coroner's reporting for suicide deaths. It is also important to note that the presence of a comorbidity does not indicate a causal association, and that comorbidities are not mutually exclusive categories.
- Comorbidities are heavily influenced by age; e.g. cancer was a common comorbidity in those aged over 65 years (14.6%) despite only having been associated with a small number of overall deaths. Substance use is more commonly identified as a co-occurring factor among younger people (35.3% in those aged 25-44), as is the related finding of drugs and other substances in the blood (26.0% in those aged 25-44).
- It is important to recognise that the presence of one or more of these diseases or disorders in a person's life does not indicate the presence of suicidal behaviour. This context is important, so as to avoid normalising suicide for those with a similar diagnosis.



Comorbidity

- Mood disorders (including depression) was the most common comorbid factor associated with suicide, reported in 40.6% of all suicides.
- The second most common comorbid factor was drug and alcohol use disorders (28.7%).
- Alcohol and other drugs were found in the blood at the time of death in 20.9% of suicide deaths.
- Anxiety and stress-related disorders was associated with 18.4% of suicide deaths.



Psychosocial risk factors related to suicide deaths explanation

- Psychosocial factors are social processes and social structures that can have an interaction with individual thought, behaviour and/or health outcomes.
- When referring to psychosocial risk factors for suicide, it is important to recognise that psychosocial factors do not indicate a causal association and that categories are not mutually exclusive.
- It is important to recognise that the presence of one or more risk factors does not indicate the presence of suicidal behaviour in any one individual. This context is important, so as to avoid normalising suicide for those at increased risk.



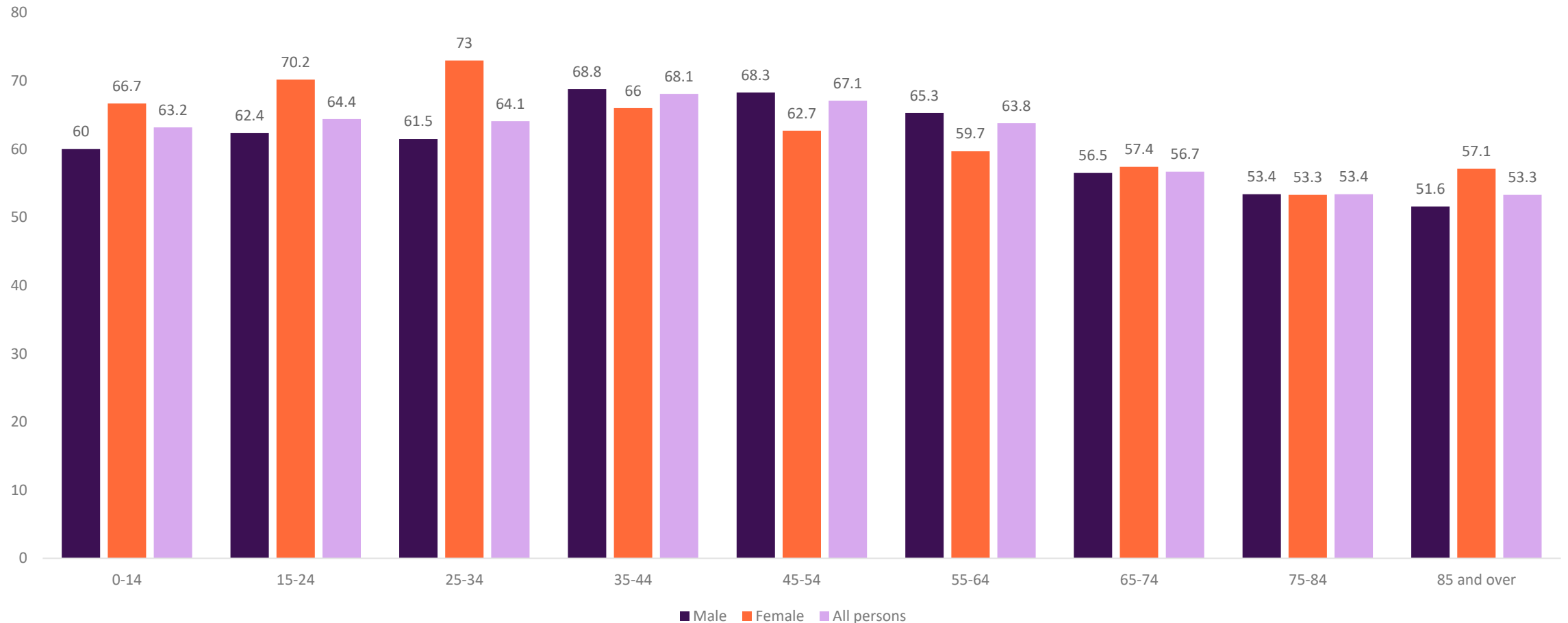
Psychosocial risk factors summary

- In 2019, 2,124 coroner-referred suicide deaths in Australia were found to have one or more associated psychosocial risk factors identified, or approximately 64.0% of all suicide deaths.
- For males and females, the proportion of deaths where a risk factor was identified was similar (63.8% and 64.7% respectively).

	Suicide deaths with at least one psychosocial risk factor	All suicide deaths	% with psychosocial risk factor identified
Males	1,596	2,502	63.8
Females	528	816	64.7
All persons	2,124	3,318	64.0



Proportion of suicide deaths with at least one psychosocial risk factor, by age and gender (2019)



Psychosocial risk factors key findings

- The proportion of suicide deaths with an associated psychosocial risk factor reported was similar across gender and age groups.
- However, the psychosocial risk factors associated with suicide were age dependent and differed throughout the lifespan.
- The most commonly reported risk factor for young people (those under 34 years) was ‘personal history of self-harm’, whereas those over the age of 65 years had a most commonly reported risk factor of ‘limitation of activities due to disability or other chronic health condition’.



Top 3 psychosocial factors associated with suicide for those aged under 25 years, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	74	21.1	Personal history of self-harm	48	36.9
Disruption of family by separation and divorce	56	16.0	Problems in relationship with spouse or partner	29	22.3
Problems in relationship with spouse or partner	42	12.0	Disruption of family by separation and divorce	24	18.5

**Refers to proportion of suicides with one or more associated psychosocial factors*



Top 3 psychosocial factors associated with suicide for those aged 25-34 years, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	88	18.5	Personal history of self-harm	50	36.5
Disruption of family by separation and divorce	78	16.4	Problems in relationship with spouse or partner	21	15.3
Problems in relationship with spouse or partner	81	17.1	Disruption of family by separation and divorce	14	10.2

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Top 3 psychosocial factors associated with suicide for those aged 35-44 years, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Disruption of family by separation and divorce	104	21.7	Personal history of self-harm	47	29.6
Personal history of self-harm	94	19.6	Disruption of family by separation and divorce	28	17.6
Problems in relationship with spouse or partner	80	16.7	Problems in relationship with spouse or partner	26	16.4

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Top 3 psychosocial factors associated with suicide for those aged 45-54 years, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	86	18.3	Personal history of self-harm	41	30.6
Disruption of family by separation and divorce	87	18.5	Disruption of family by separation and divorce	14	10.4
Other problems related to housing and economic circumstances	53	11.3	Disappearance and death of family member	10	7.5

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Top 3 psychosocial factors associated with suicide for those aged 55-64 years, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	62	17.5	Personal history of self-harm	39	30.2
Disruption of family by separation and divorce	49	13.8	Disappearance and death of family member	14	10.9
Other problems related to housing and economic circumstances	42	11.9	Limitation of activities due to disability	3	Np**

**Refers to proportion of suicides with one or more associated psychosocial factors. **Np not available for publication but included in totals.*



Top 3 psychosocial factors associated with suicide for those aged 65 years and older, 2019

Male	Number	Proportion*	Female	Number	Proportion*
Limitation of activities due to disability	72	19.3	Limitation of activities due to disability	29	22.8
Personal history of self-harm	35	9.4	Personal history of self-harm	24	18.9
Disappearance and death of family member	30	8.0	Disappearance and death of family member	13	10.2

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Support services

Adult

Lifeline: [13 11 14](tel:131114)

lifeline.org.au

Suicide Call Back Service: [1300 659 467](tel:1300659467)

suicidecallbackservice.org.au

Beyond Blue: [1300 224 636](tel:1300224636)

beyondblue.org.au/forums

MensLine Australia: [1300 789 978](tel:1300789978)

mensline.org.au

Youth

Kids Helpline: [1800 551 800](tel:1800551800)

kidshelpline.com.au

headspace: [1800 650 890](tel:1800650890)

headspace.org.au

ReachOut: ReachOut.com

Other resources

Head to Health: mental health portal

headtohealth.gov.au

Life in Mind: suicide prevention portal

lifeinmind.org.au

SANE: online forums saneforums.org

Aboriginal and Torres Strait Islander: healthinonet.ecu.edu.au

Lesbian, gay, bisexual, trans, and/or intersex: [1800 184 527](tel:1800184527) qlife.org.au

Culturally and linguistically diverse: embracementalhealth.org.au



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***Mindframe* supports safe media reporting, portrayal and communication about suicide, mental ill-health, alcohol and other drugs.**

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