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Mindframe – ABS Cause of Death data 2017

This *Mindframe* document contains further data from the ABS Causes of Death release 2017 (published 2018) relating to suicide deaths in Australia.

Mindframe Facts and Statistics

This *Mindframe* document contains further data from the Australian Bureau of Statistics, Causes of Death release 2017 (published 2018) relating to suicide deaths in Australia.

This document contains the following information:

- National 2017 suicide data
- Suicide and age
- Suicide and gender
- Children and Youth suicide data
- Suicide by state and territory
- Attempted suicide
- Groups at risk of suicide
- Note about using statistics



National Suicide Data 2017

When exploring suicide data it is important to remember that behind the numbers are people, families and communities impacted by suicide in Australia. The reasons people take their own life are complex and often there is no single reason why a person attempts or dies by suicide.

- Suicide is a prominent public health concern. Over a five year period from 2013 to 2017, the average number of suicide deaths per year was 2,918.
- In 2017, preliminary data showed a total of 3,128 deaths by suicide (age-specific suicide rate 12.7 per 100,000), 2,348 males (19.2 per 100,000) and 780 females (6.3 per 100,000). There were 2,866 deaths in 2016 (11.8 per 100,000) and 3,065 deaths in 2015 (12.9 per 100,000).
- In 2017, preliminary data showed an average of 8.57 deaths by suicide in Australia each day.
- Data shows that the largest increase was in the 45 to 54 aged male group when comparing 2017 to 2016 data, with 424 deaths (age-specific rate 27.2 per 100,000) in 2017 compared to 361 deaths (age-specific rate 23.3 per 100,000).
- There were increases in rates and numbers some states and territories, with the exception of Tasmania, Victoria and South Australia in 2017 when compared to 2016.
 - > Queensland recorded the largest increase in suicide deaths (804 in 2017 compared with 674 in 2016).
 - > Australian Capital Territory recorded the largest percentage increase (107%). 58 people died by suicide in ACT which is an increase on the 28 recorded in 2016.
 - > New South Wales recorded an age-standardised suicide rate 10.9 per 100,000, which is the second lowest state-specific rate of all states and territories. Despite this, 880 people died by suicide in NSW, which was an increase on the 805 recorded in 2016.
- Consistently over the past 10 years, the number of suicide deaths was approximately 3 times higher in males than females. In 2017, 75.1% of people who died by suicide were male.
- Suicide rates increased across many age groups:
 - > For males: The highest age-specific suicide rate in 2017 was observed in the 85+ age group (32.8 per 100,000). This rate was higher than the age-specific suicide rate observed in all other age groups, with the next highest age-specific suicide rates being in the 45-49, 40-44 and 30-34 year age groups (32.1, 30.5 and 26.5 per 100,000 respectively). Those of younger age were associated with the lowest age-specific rates (0-14 year age group: 0.7 per 100,000; 15-19 year age group: 13.9 per 100,000).
 - > For females: The highest age-specific suicide rate in 2017 was observed in the 45-49 age group (11.2 per 100,000), followed by the 50-54, 55-59, and 40-44 age groups (10.4, 8.9 and 8.8 per 100,000 respectively). The lowest age-specific suicide rate for females was observed in the 0-14 age group (0.4 per 100,000) followed by those aged 85 and over (5.2 per 100,000).
- ABS Causes of Death (2017) reported comorbidity for the first time, with approximately 80% of suicides having comorbidities mentioned as associated factors.
 - > Mood disorders (including depression) was the most common comorbid factor associated, reported in 43% of all suicides.
 - > Drug and alcohol use disorders were second highest, mentioned in 29.5%.
 - > Anxiety, the most common mental illness was mentioned in 17.5%.
 - > Comorbidities were heavily influenced by age. For example, heart disease and cancer were common comorbidities in those aged over 85 years (16.9% and 24.7% respectively) despite only having been associated with a small number of overall suicide deaths.



- Suicide rates in Australia peaked in 1963 (17.5 per 100,000), declining to 11.3 per 100,000 in 1984, and climbing back to 14.6 in 1997. Rates have been lower since 1997. The age-specific suicide rate for persons in 2017 was 12.7 per 100,000.
- Of all causes of death, 1.9% was attributed to suicide in 2017. The proportion of total deaths attributed to suicide was higher in males (2.8%) than females (1.0%).
- Using the 'Years of Potential Life Lost' (YPLL) measure, suicide was estimated to account for 81,546 potential years lost in males, 26,579 years in females, and 108,035 potential years of life lost for all persons in 2017.
- For those of Aboriginal and Torres Strait Islander descent in NSW, QLD, SA, WA and NT there were 165 deaths due to suicide (125 male, 40 female), which was the 5th most common cause of death. For NSW, Qld, SA, WA and NT, the standardised death rate for Aboriginal and Torres Strait Islander People (25.5 per 100,000) was approximately twice the rate of non-Indigenous (12.7 per 100,000).

Suicide and Age

- Overall, the age-specific suicide rate in 2017 was highest in men aged 85 or above (32.8 per 100,000), which has been the age group with the highest rate since 2011.
- With the exception of those aged over 85, in 2017 age-specific suicide rates were highest in men in the aged groups 40-49.
- For females, 2017 data showed that the highest age-specific suicide rate was observed in the 45-49 age group (11.2 per 100,000). The age group with the highest age-specific rates tends to vary in females (with the 45-49 age group the third highest in 2016).
- Age-specific suicide rates are lowest in males aged under 20 years of age. The lowest suicide rate in females is among those aged under 15 years. As with highest rates in females, the age with the lowest rate tends to fluctuate, with the second lowest rate in those aged 85 and over in 2017 (which was the seventh lowest in 2016).
- For children (0-14 years), death by suicide is rare in Australia (0.5 per 100,000). Age-specific suicide rates in 2017 are low for both males (0.7 per 100,000) and females (0.4 per 100,000).



The table below provides a comparison of trends in suicide between 1997² (the most recent peak) and 2017¹.

Age groups	Sex	1997		2017	
		No. of deaths	Age-specific rate (/100,000)	No. of deaths	Age-specific rate (/100,000)
15-19	M	122	18.4	106	13.9
	F	33	5.2	50	6.9
20-24	M	295	42.3	195	22.2
	F	60	8.9	53	6.3
25-29	M	294	40.4	222	24.0
	F	59	8.1	66	7.1
30-34	M	246	34.6	241	26.5
	F	56	7.8	67	7.2
35-39	M	215	29.2	213	25.7
	F	64	8.6	55	6.6
40-44	M	216	31.4	243	30.5
	F	58	8.4	71	8.8
45-49	M	153	23.6	259	32.1
	F	45	7.0	94	11.2
50-54	M	141	25.3	165	21.9
	F	51	9.5	81	10.4
55-59	M	98	22.6	195	26.4
	F	32	7.6	68	8.9
60-64	M	81	22.5	135	20.8
	F	24	6.6	51	7.5
65-69	M	77	22.9	124	21.2
	F	25	7.1	33	5.4
70-74	M	69	24.5	82	17.4
	F	22	6.7	30	6.1
75-79*	M	131	36.2	50	15.5
	F	41	7.0	21	5.9
80-84	M	-	-	41	19.5

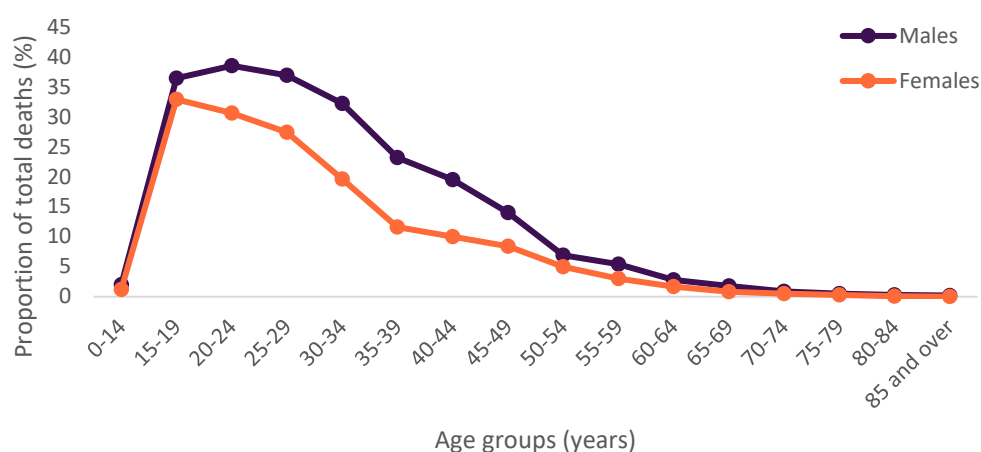


	F	-	-	16	6.2
85+	M	-	-	61	32.8
	F	-	-	16	5.2
Total	M	2,146**	23.3***	2,348	19.2
	F	577**	6.2***	780	6.3

Note: *Statistics available prior to 1997 reported the eldest category as 75 plus. ** Represents the sum of all deaths including ages not stated.
*** Represents the age-specific rate of all deaths including ages not stated.

Suicide and gender

The proportion of deaths attributed to suicide varies greatly among age groups¹ with a much higher percentage of the total causes of death attributed to suicide in younger age groups. This trend reflects the considerably lower number of deaths from other causes in younger people, and the greater proportion of deaths by other causes in older people.



Age groups	Suicide as a percentage of all deaths	
	Males	Females
0-14	2.0	1.2
15-19	36.4	32.9
20-24	38.5	30.6
25-29	36.9	27.4
30-34	32.2	19.6
35-39	23.2	11.6
40-44	19.5	10.0
45-49	14.0	8.4

50-54	6.9	5.0
55-59	5.4	3.0
60-64	2.8	1.7
65-69	1.8	0.8
70-74	0.9	0.5
75-79	0.5	0.3
80-84	0.3	0.1
85+	0.2	0
Total	2.6	0.9

Children and youth

- In 2017, males under the age of 15 had the lowest suicide rate (0.7 per 100,000) of all males, with 16 deaths. Males aged 15-19 years had the second lowest rate (13.9 per 100,000) with 106 suicide deaths. There were 195 males aged 20-24 years (22.2 per 100,000) who died by suicide in 2017.
- In 2017, females aged 0-14 years had the lowest suicide rate (0.4 per 100,000), with 8 deaths. There were also 50 females aged 15-19 years (6.9 per 100,000), and 53 females aged 20 to 24 years (6.3 per 100,000) who died by suicide.
- Considering all causes of death, suicide accounted for 2.0% of deaths among 0-14 year old males, 36.4% of deaths among 15-19 year old males and 38.5% of deaths among 20-24 year old males in 2017.
- Considering all causes of death, suicide accounted for 1.2% of deaths among 0-14 year old females, 32.9% of deaths among 15-19 year old females and 30.6% of deaths among 20-24 year old females in 2017.
- In 2017, the age-specific rate for males aged 15-19 years was 13.9 per 100,000.
- During the mid-1980s, suicide rates for 15-19 year old males rose rapidly and peaked at 21.0 per 100,000 in 1988. During the 1990s, suicide rates for 15-19 year old males fluctuated around 17-19 per 100,000 for this group with a peak of 19.0 per 100,000 in 1991. These rates have gradually declined since the 1990s, having fluctuated between 10-15 per 100,000 within this age group for the past 10 years.
- In 2017, the age-specific rate for females aged 15-19 years was 6.9 per 100,000.
- For females, the suicide rates for females aged 15-19 also fluctuate, with a high in 2012 (8.3 per 100,000) and were lowest in 2008 (3.6 per 100,000).

Suicide by State and Territory

- Combining suicide data over a five-year period provides a more reliable picture of differences across the states and territories due to the relatively small number of suicides in some states and territories in any one year.
- In recent years (2013-2017), the state based age-standardised suicide rates were highest in the Northern Territory (19.3 per 100,000) and Tasmania (15.2 per 100,000), followed by Queensland (15.0 per 100,000), Western Australia (14.7 per 100,000) and South Australia (13.1 per 100,000).
- Age-standardised rates were lowest in Victoria (10.1 per 100,000), New South Wales (10.5 per 100,000), and the Australian Capital Territory (10.5 per 100,000) between 2013 and 2017.

Attempted suicide

- According to hospital data, females are more likely to deliberately injure themselves than males. In the 2009-2010 financial year, 62.4% of those who were hospitalised due to self-harm were female.
- For males and females, the highest rate of deliberate self-harm occurred for those aged from their teens to middle age. In 2009-2010, 71.6% of those who were hospitalised due to self-harm were aged between 15 and 44 years. The age-standardised rates of hospitalised suicide attempts was highest in females (150.6 per 100,000), compared to males (89.5 per 100,000).
- Hospitalisations for intentional self-harm were highest in the 25-44 years age group for both males (49.7% of all attempts) and females (40.5% of all attempts)
- Rates of hospitalised self-harm were much lower among both older men and women 65+ years (4.1%) and children under 14 years (2.3%) than other age groups in 2009-2010. However, the average length of stay in hospital due to self-harm was highest among older age groups i.e. 65+ years.

Groups at risk of suicide

- People with a previous history of attempted suicide are at greatest risk of suicide⁴.
- Mental disorders such as major depression, psychotic illnesses and eating disorders are associated with an increased risk of suicide especially after discharge from hospital or when treatment has been reduced.
- People with alcohol or drug abuse problems have a higher risk of dying by suicide than the general population.
- Males are around three times more likely to die by suicide than females.
- The suicide rate for Aboriginal and or Torres Strait Islander People in 2017 (24.9 per 100,000) is approximately twice as high as non-indigenous people (12.0 per 100,000).

Note about using statistics

1. Caution should be exercised in reporting and interpreting suicide and self-harm information.
2. The reliability of suicide statistics is affected by a number of factors including differences in state-specific reporting methods across Australia, and delays in the post-mortem processing of possible suicides by coroners.
3. The ABS has instituted a significant quality assurance process to improve the quality of coding of deaths data. This process involves updating preliminary statistics for two subsequent years following the initial release, to include ongoing open coronial cases.
4. This is the third year that the preliminary data has been made available approximately six months earlier than previous years. The data shown here represents 2014 (final revision) and both 2015 (first revision) and 2016 and 2017 preliminary data. The first revision of 2016 and final revision of 2015 data will be available in early 2019.
5. ABS advises that care should be taken when comparing suicide data since 2015 with all revised suicide data from 2006-2014, as the quality improvement review process on data pre-2015 has been finalised.
6. Due to the relatively small numbers of suicides in some states and territories, even one or two deaths can have a significant impact on standardised suicide rates. Thus comparisons across Australia must be done cautiously.
7. Data on suicides can be reported in different ways, including: the number of people who died by suicide; the age-standardised suicide rate (e.g. 7 per 100,000 people, this allows for the comparison of groups with different age structures and sizes); and as a percentage of deaths from all causes which were due to suicide.
8. The comparison of international suicide statistics can be very difficult due to differences in procedures for coronial reporting and classifying deaths, definitions, time periods, methods of standardisation and the level of undercounting.



Contact details

For more information on the ABS Causes of Death data please contact the *Mindframe* team:

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Support services

Adult

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

lifeline.org.au

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

suicidecallbackservice.org.au

beyondblue: [1300 24 636](tel:130024636)

beyondblue.org.au

MensLine Australia: [1300 789 987](tel:1300789987)

mensline.org.au

Youth

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

kidshelpline.com.au

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

headspace.org.au

ReachOut: au.reachout.com

Other resources

Head to Health: mental health portal

headtohealth.gov.au

Life in Mind: suicide prevention portal

lifeinmindaustralia.com.au

SANE: online forums sane.org

healthinonet.ecu.edu.au - **Aboriginal and Torres Strait Islander**

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

mhima.org.au - **Culturally and linguistically diverse**



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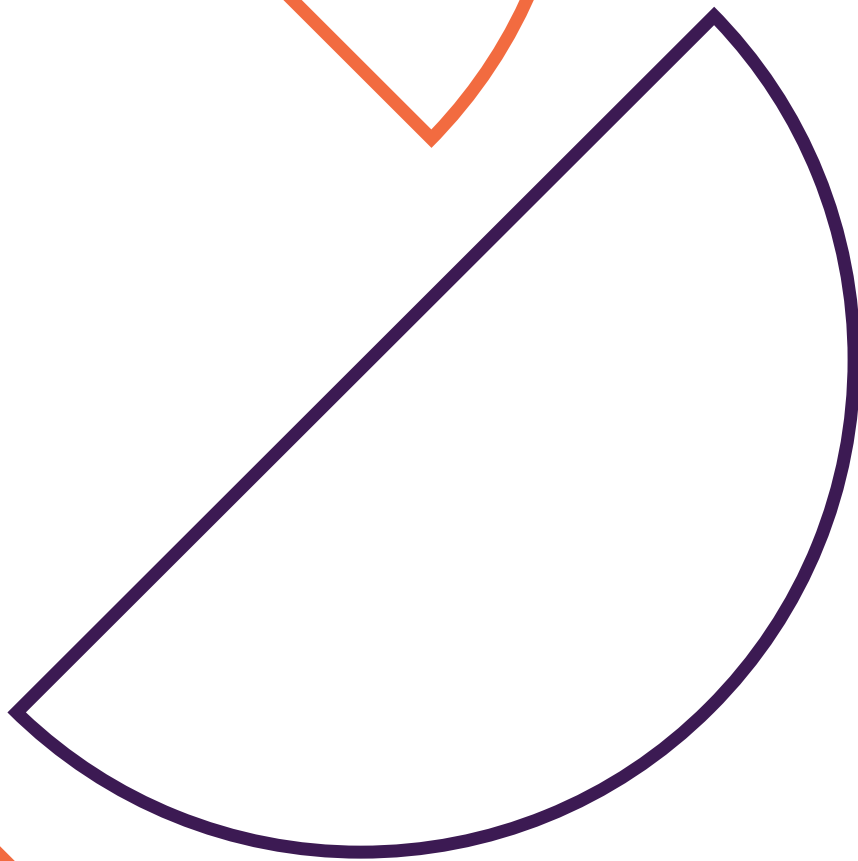
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