

# SUICIDE AND SELF-HARM IN AUSTRALIA

Differentiating and understanding suicide, attempted suicide and non-fatal self-harm in Australia (and beyond): a conceptual map



## SUICIDE DEATHS -

SELF-HARM

MALES 

FEMALES

### RATES

The majority of suicide deaths are of adult men. Males account for at least 75% of suicides in Australia – 2,292 of 3,027 total suicide deaths in 2015.<sup>1</sup>

Suicide is generally considered to be significantly under-reported in Australia (and internationally).<sup>2</sup>

Suicide rates are higher among rural and remote males.<sup>3</sup>

### LETHALITY

Many men who kill themselves do so at their first attempt.<sup>4</sup> Suicide attempts are more lethal in men.<sup>5</sup> This includes choice of methods, how lethally methods are used,<sup>6</sup> and intentionality.<sup>7</sup> Men are more likely to use guns,<sup>8,9</sup> and to use them lethally.<sup>10</sup> Men are more likely to hang themselves.<sup>11,12</sup>

### ALCOHOL AND OTHER DRUGS

For both lethal and non-lethal suicide attempts, men are more likely than women to have alcohol and other drug problems.<sup>13,14</sup>

Alcohol use disorders are very common in suicide,  $^{\rm 15}$  particularly among men.  $^{\rm 16}$ 

Alcohol intoxication increases suicide risk,<sup>17</sup> sometimes by increasing method lethality.<sup>18,19,20</sup>

### **HEALTH CARE**

Men have lower overall rates of contact with the formal health care system, including primary health care<sup>21</sup> and mental health services.<sup>22</sup>

Males are often not well served by health/mental health, welfare, or social services.<sup>23,24</sup>

Contact with mental health services prior to suicide is much less common among men than women.<sup>25</sup>

Many men who suicide have no psychiatric history or known mental disorder.<sup>24</sup>

The duration of the suicidal process is much shorter in men than in women, limiting the opportunities for intervention.<sup>26</sup>

### RATE

## **OVERLAP**

Although there is some overlap between people who attempt suicide and those who complete suicide, these groups are characterised by significant demographic and clinical differences.<sup>27,28</sup>

Although people who intentionally self-harm (including incomplete suicide attempts) have an elevated risk of going on to kill themselves, the majority do not do so.<sup>29,30</sup>

### RATES

The majority of non-fatal self-harm incidents, including suicide attempts, involve women and girls.<sup>31</sup>

Compared with males, a larger proportion of females make a non-fatal suicide attempt.  $^{\mbox{\tiny 32}}$ 

Females have higher rates of reported non-fatal suicidal behaviour,<sup>33</sup> but not as much higher as generally thought.<sup>34</sup> They are more likely to seek help for their injuries,<sup>35</sup> and more likely to be hospitalised.<sup>36</sup>

Females accounted for 63% of hospitalised self-harm cases in Australia in 2010-11 (16,314 female and 9,748 male cases).<sup>37</sup>

### LETHALITY

Intentional self-harm is not necessarily a suicide attempt.<sup>38</sup>

Although females attempt suicide at higher rates, they are more likely to use methods that are less likely to be lethal.<sup>39,40</sup>

Women tend to have higher rates of poisoning and drugoverdoses, which are often not fatal.<sup>41,42</sup>

In Australia, there are almost twice as many hospitalisations due to poisoning for women as there are for men: 13,892 vs 7,124 (2010-2011).<sup>43</sup>

### ALCOHOL AND OTHER DRUGS

Alcohol problems contribute to both lethal and non-lethal suicide attempts by women.  $^{\rm 44,45}$ 

### **HEALTH CARE**

The majority of those who self-harm or attempt but do not complete suicide, and then come in contact with health services, are female.<sup>46,47</sup>

This is particularly the case for hospitalisations related to poisoning.  $^{\mbox{\tiny 48}}$ 

Women are more likely than men to use services for mental health problems.  $^{\rm 49,50}$ 

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