

# Suicide and Self-Harm in Australia: Conceptual Map

Melissa Raven,<sup>1</sup> Anthony Smith,<sup>2</sup> & Jon Jureidini<sup>1</sup>

1 Critical and Ethical Mental Health research group, University of Adelaide

2 Australian Institute of Male Health & Studies

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## SUICIDE DEATHS

### MALES

### FEMALES

## SELF-HARM

### 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,<sup>15</sup> particularly among men.<sup>16</sup>

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>

### 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.<sup>32</sup>

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 drug-overdoses, 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.<sup>44,45</sup>

### 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.<sup>48</sup>

Women are more likely than men to use services for mental health problems.<sup>49,50</sup>

# Suicide and Self-Harm in Australia

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

Anthony Smith, Melissa Raven, & John Ashfield (2017)

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/03/MSP\\_Table\\_Mar17\\_FINAL.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/03/MSP_Table_Mar17_FINAL.pdf)

Male Suicide Prevention Australia (MSPA)

<http://malesuicidepreventionaustralia.com.au/>

Intended audience: health/welfare workers, industry (e.g. life insurance, superannuation industry), and community

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# Important caveats

Many commonly used statistics about suicide, suicide attempts, and self-harm are problematic, for multiple reasons including:

- Suicide, suicide attempts, and self-harm are *significantly under-reported* in Australia (and internationally)
- Inappropriate generalisation from *clinical samples*
- Inappropriate generalisation from *hospitalised cases*
- Inappropriate generalisation *across regions/countries and over time*, decontextualising evidence and ignoring secular differences and trends
- Uncritical reliance on psychological autopsy studies
- Biases in reporting by significant others

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# Suicide, attempted suicide, self-harm

- ▶ Suicide, attempted suicide, and intentional self-harm are related events, but there are important differences
- ▶ *Some* overlap between people who attempt suicide and people who complete suicide
- ▶ But significant demographic/clinical differences, particularly gender differences, between attempters and completers
- ▶ People who self-harm (including suicide attempts) have elevated risk of killing themselves later, but most do not

# Rates of suicide

- ▶ Majority of suicide deaths are of adult men
- ▶ Males account for at least 75% of suicides in Australia – 2,292 / 3,027 total suicide deaths in 2015
- ▶ Suicide rates are higher among rural/remote males
- ▶ Standardised suicide rates are much higher among ATSI people (25.5 / 100,000 versus 12.5 / 100,000 non-ATSI) (ABS 2016)



# Rates of self-harm

- ▶ Majority of non-fatal self-harm incidents, including suicide attempts, involve women and girls
- ▶ Larger proportion of females than males make non-fatal suicide attempts
- ▶ Females have higher rates of reported non-fatal suicidal behaviour – but not as much higher as generally thought
- ▶ Females more likely to seek help for injuries, and more likely to be hospitalised
- ▶ Females accounted for 63% of hospitalised self-harm cases in Australia in 2010–11 (16,314 female and 9,748 male cases)

# Lethality (1)

- ▶ Many men who kill themselves do so at their first attempt
- ▶ Suicide attempts tend to be more lethal in men
- ▶ This includes choice of methods, how lethally methods are used, and intentionality
- ▶ Men are more likely to use guns, and to use them lethally
- ▶ Men are more likely to hang themselves

# Lethality (2)

- ▶ Females attempt suicide at higher rates, but they are more likely to use less lethal methods
- ▶ Women tend to have higher rates of poisoning/drug-overdoses, which are often not fatal
- ▶ Nearly twice as many Australian women as men are hospitalised due to poisoning: 13,892 vs 7,124 (2010–2011)
- ▶ Intentional self-harm is not necessarily a suicide attempt, but lethality can be misjudged

# Alcohol & other drugs

- ▶ For both lethal/non-lethal suicide attempts, men are more likely than women to have AOD problems
- ▶ Alcohol problems are very common in suicide, particularly among men
- ▶ Alcohol problems contribute to both lethal and non-lethal suicide attempts by women
- ▶ Alcohol *intoxication* increases suicide risk, sometimes by increasing method lethality

# Health-care (1)

- ▶ Men have lower overall rates of contact with the health-care system, including primary health care and mental health services
- ▶ Males are often not well served by health/mental health, welfare, or social services
- ▶ Women are more likely than men to use services for mental health problems



# Health-care (2)

- ▶ Most people who self-harm or attempt but do not complete suicide, *then come in contact with health services*, are female
- ▶ Particularly for hospitalisations related to poisoning

# Health-care (3)

- ▶ Contact with mental health services prior to suicide is much less common among men than women
- ▶ Many men who kill themselves have no psychiatric history or known mental disorder
- ▶ The duration of the suicidal process is much shorter in men than women, limiting opportunities for intervention

# Implications for prevention (1)

Broad range of inter-related prevention strategies needed, to address:

- ▶ Suicide
- ▶ Attempted suicide
- ▶ Self-harm
- ▶ Men
- ▶ Women
- ▶ Specific demographic groups

# Implications for prevention (2)

Need to focus on broad range risk factors in addition to depression and anxiety disorders, including:

- ▶ Acute distress
- ▶ Alcohol & other drug problems, including intoxication in the absence of dependence
- ▶ Social determinants of suicide

# Social determinants of suicide


- ▶ Housing adequacy/security, food security
- ▶ Income, employment, education, opportunity
- ▶ Meaningful participation and status in society (including meaningful employment)
- ▶ (Non)discrimination



# Economic crisis and suicide

Greek economic crisis as 'natural experiment' in social determinants of suicide

Antonakakis et al. (2014):

- ▶ 'Suicide rates in Greece and other European countries have been on a **remarkable upward trend** following the **global recession** of 2008 and the **European sovereign debt crisis** of 2009'
  - ▶ '**fiscal austerity, higher unemployment rates, negative economic growth ...** lead to significant increases in overall suicide rates in Greece'
  - ▶ 'numerous empirical studies ... indicate that **recessions** and **rises in unemployment rates** are associated with suicide rates'
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# Implications for health-care services

- ▶ Strategies focusing on increasing mental health treatment are unlikely to engage many high-risk people, particularly men
- ▶ Strategies focusing on increasing mental health treatment after suicide attempts are more likely to engage women than men
- ▶ GPs /PHC services need to consider broad range of risk factors, including social determinants

# Contact details

## Melissa Raven

Critical and Ethical Mental Health research group, University of Adelaide

[melissa.raven@adelaide.edu.au](mailto:melissa.raven@adelaide.edu.au)

## Anthony Smith

[asmith@aimhs.com.au](mailto:asmith@aimhs.com.au)

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