

Australian Institute of Health and Welfare (AIHW) National Suicide and Self-harm Monitoring System data release

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- Deaths by suicide among people who used disability services between 2013 and 2018
- Updates to behavioural risk factor burden for suicide and self-inflicted injuries
- Impact of suicide among Aboriginal and Torres Strait Islander peoples
- Updated ambulance attendances for suicidal and self-harm behaviours
- Update to psychological distress during COVID-19 pandemic
- Update to suicide registers.

Deaths by suicide among people who used disability services

The National Suicide and Self-harm Monitoring System has been updated to include information about deaths by suicide among people using disability services, sourced from a previously published AIHW report. People living with a disability are considered a priority population for suicide prevention due to high rates of suicide.

This data includes details about deaths for people aged under 65 years who accessed disability specific support services, funded under the National Disability Agreement (NDA), from 1 July 2013 to 30 June 2018. It should be noted that this data is not representative of all deaths of people with disability, but rather those who had access to NDA-funded support services during the five-year study period.

For people who accessed disability services between 1 July 2013 to 30 June 2018:

- The rate of suicide was three times greater than the general population of the same age (33.5 per 100,000 population compared to 11.4 per 100,000).
- Suicide accounted for 5.2% of all deaths and was the fourth leading cause of death for this population. Among the general population, death by suicide accounted for 8.9% of deaths by all causes and was the number one leading cause of death.

‘Primary disability’ is the type of disability which most clearly reflects a person’s experience of disability and causes them the most difficulty in everyday life. It is important to note that people who live with disability can experience multiple types of disability at any point in time.

People using disability services whose primary disability was ‘psychosocial disability’ had substantially higher rates of death by suicide (100.6 per 100,000 population) compared to disability service users with all other primary disabilities and compared to the general population. Psychosocial disability refers to a disability that may arise from a mental health issue.

[View the deaths by suicide among people who used disability services page](#)

Differences between disability service use and the general population

Disability service users

General population



Data sourced from the Australian Institute of Health and Welfare Suicide and Self-harm Monitoring: Deaths by suicide among people who used disability services



Behavioural risk factor burden for suicide and self-inflicted injuries update

The National Suicide and Self-harm Monitoring System's 'Behavioural risk factor burden for suicide and self-inflicted injuries' page has been updated based on the Australian Burden of Disease Study 2022. Data is available for this study from 2003, 2011, 2015, and 2018, with estimates produced for 2019 and 2022. The report estimates the impact of people dying prematurely by suicide and the direct health impacts on individuals living with injury due to self-harm.

'Burden of disease' analysis measures the impact of living with illness or injury and dying prematurely. The method uses a summary measure 'disability-adjusted life years' (DALY) to determine the years of healthy life lost by combining premature death ('years of life lost' [YLL]) with 'years lived with disability' (YLD).

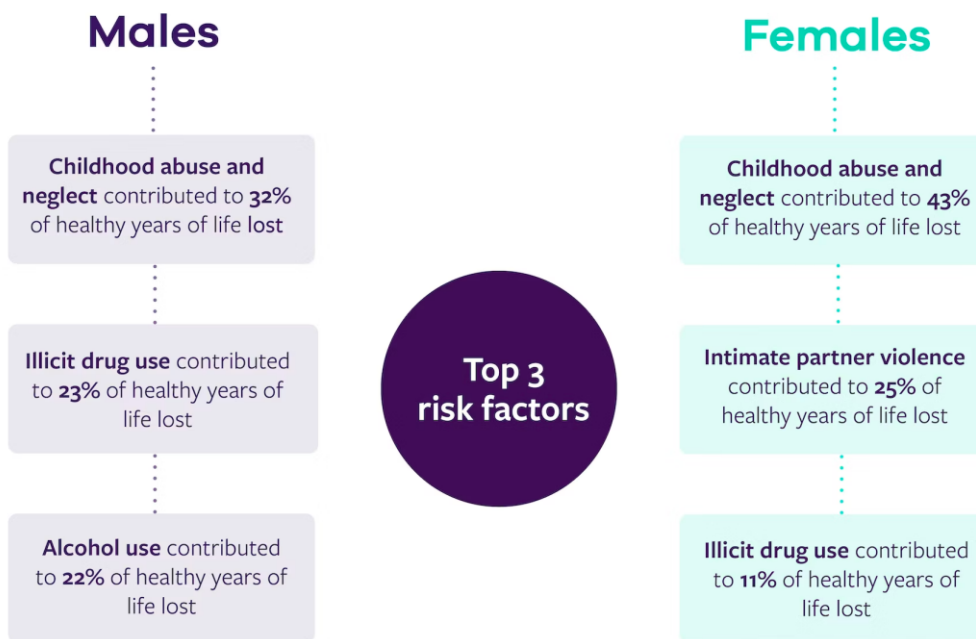
In 2022, suicide and self-inflicted injuries led to a total estimated 159,200 total YLL. This was the second highest impact of any cause of death. Approximately 121,200 YLL were lost to suicide and self-inflicted injuries among men and 38,000 YLL among women.

At an individual level, in 2018, the average YLL per person to suicide and self-inflicted injuries was 42.1 years.

- When examining risk factors, childhood abuse and neglect has consistently contributed to the greatest number of years of healthy life lost due to suicide and self-inflicted injuries throughout the study years for both men and women.

[View the updated behavioural risk factors page](#)

Risk factors contributing to years of healthy life lost due to suicide and self-inflicted injury, 2019



Data sourced from the Australian Institute of Health and Welfare Suicide and Self-harm Monitoring: Behavioural risk factor burden for suicide and self-inflicted injuries



Impact of suicide among Aboriginal and Torres Strait Islander peoples

The National Suicide and Self-harm Monitoring System now includes a new page describing the impact of suicide among Aboriginal and Torres Strait Islander peoples based on AIHW’s Australia’s Burden of Disease study that incorporates data for 2003, 2011 and 2018.

The social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family and community. When viewing this data it is important to recognise the ongoing negative impacts of colonisation, such as disconnection from family and country, and intergenerational trauma, on Aboriginal and Torres Strait Islander peoples’ social and emotional wellbeing.

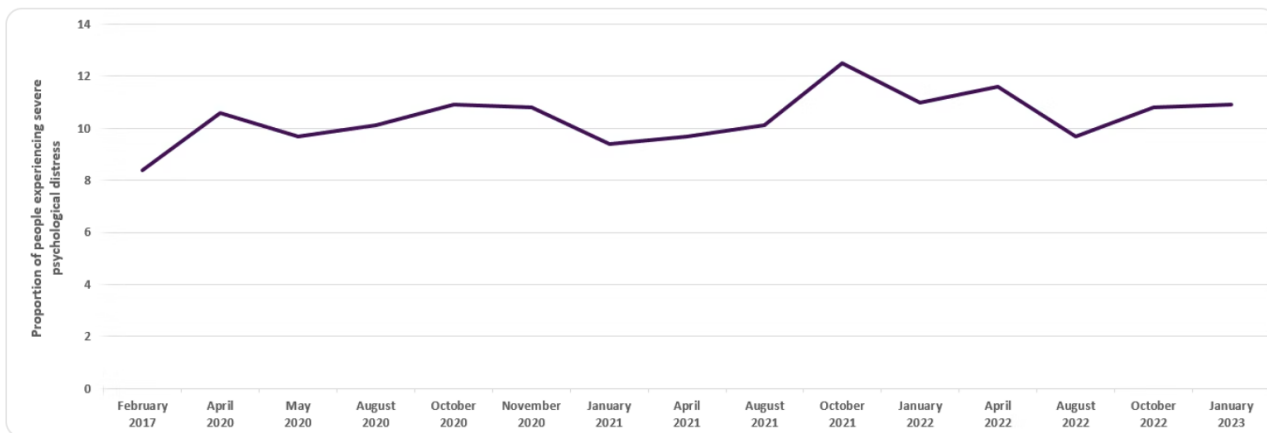
- Among all Aboriginal and Torres Strait Islander people who died by suicide and self-inflicted injuries, an average of 55 YLL were recorded in 2018. This was higher than for non-Aboriginal and Torres Strait Islander people (41 YLL)
- Suicide and self-inflicted injuries were the second leading cause of total years of life lost among Aboriginal and Torres Strait Islander people in 2018, behind coronary heart disease.
- The average YLL due to death by suicide and self-inflicted injuries in 2018 was 55 for Aboriginal and Torres Strait Islander men and 57 for Aboriginal and Torres Strait Islander women.

[View the impact of suicide among Aboriginal and Torres Strait Islander peoples](#)

Psychological distress during COVID-19

The National Suicide and Self-harm Monitoring System’s ‘The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19’ page has been updated to include the latest ANUpoll survey data.

The ANUpoll has collected data on psychological distress using the K6 scale prior to and during the COVID-19 pandemic. Data were collected in February 2017, in selected months throughout 2020, 2021, 2022 and January 2023.



Data sourced from AIHW’s ‘The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19’ based on ANUPoll data (2023)

The proportion of Australians aged over 18 years experiencing ‘severe’ psychological distress (as categorised by K6 score) tended to vary depending on the level of social restrictions in place during the COVID-19 pandemic. For example, the heightened level of psychological distress in April 2020 coincided with the first wave of COVID-19 infections in Australia and the initial lockdown period, while the improvement from April to May 2020 coincided with the loosening of restrictions.

The level of severe psychological distress peaked in October 2021 at 12.5%, declining to 11% in January 2022, and was found to be 10.9% in January 2023. As we move beyond the pandemic it is becoming less clear whether pandemic-related factors or other socioeconomic factors may be responsible for changes in ANUPoll severe psychological distress findings.

It should be noted that despite some increases in the proportion of people experiencing severe psychological distress, there is no evidence to date indicating an increase in suicide deaths in Australia during the pandemic.

Since August 2022, the average level of psychological distress has no longer been significantly higher than the pre-COVID-19 level of February 2017 (11.2%).

[View the updated COVID-19 page](#)

Update to suicide registers

Monthly update to suspected deaths by suicide from state suicide registers for New South Wales to December 2022 and Victoria to January 2023. Queensland data is available to 2021.

[View the data from suicide registers](#)