

Australian national suicide data 2020 (ABS, 2021)

Released 29 September 2021



About this summary

- This summary was prepared by Everymind using the Australian Bureau of Statistics (ABS) *Causes of Death* (*Catalogue No. 3303.0*) data, released 29 September 2021. The data summary was used to support the *Mindframe* team in briefing the media and further dissemination of the data through *Life in Mind*.
- 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.
- Media and communications professionals accessing this summary are reminded to be responsible and accurate
 when communicating about suicide, as there is potential risk to people in the community who may be vulnerable to
 suicide. Context is therefore important. Resources to support reporting and professional communication are
 available at mindframe.org.au/suicide
- A full summary of data can be found on the *Life in Mind* website at <u>lifeinmind.org.au/about-suicide/suicide-data/suicide-facts-and-stats</u>



Notes about using statistics

- ABS advises that care should be taken in comparing 2020 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 2020 (preliminary) data, trends by age group over time and state variations.
- This release includes 2019 and 2020 preliminary data, 2018 first-revision data and 2017 final data. The second and final revision for 2018 data and the first revision for 2019 data will be released in 2022.



General summary

2020

In 2020, there were **3,139** deaths by suicide with an age-standardised rate of **12.1** per 100,000.

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

There were **2,384** male deaths at a age-standardised rate of **18.6** per 100,000.

There were **755** female deaths at an age-standardised rate of **5.8** per 100,000.

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 **3,192** deaths by suicide with an age-standardised rate of **12.6** per 100,000.

This equates to an average of **8.7*** deaths by suicide in Australia each day.

There were **2,432** male deaths at a age-standardised rate of **19.5** per 100,000.

There were **760** female deaths at an age-standardised rate of **6.0** per 100,000.



^{*}This is calculated by Mindframe and we recommend using with caution. ** 2018 data have been subject to revision; 2019 and 2020 data are preliminary.

General summary

- In 2020, there was a decrease of suicide deaths from 3,318 deaths in 2019 (12.9 per 100,000) to 3,139 deaths in 2020 (12.1 per 100,000).
- This is the lowest national suicide rate recorded since 2016.
- The suicide rate for males decreased by 6.1% between 2019 and 2020.
- The suicide rate for females decreased by 7.9% between 2019 and 2020.



^{*} Age-standardised rate per 100,000. ** Number of deaths.



^{*** 2019} preliminary data and 2018 revised data.

General summary

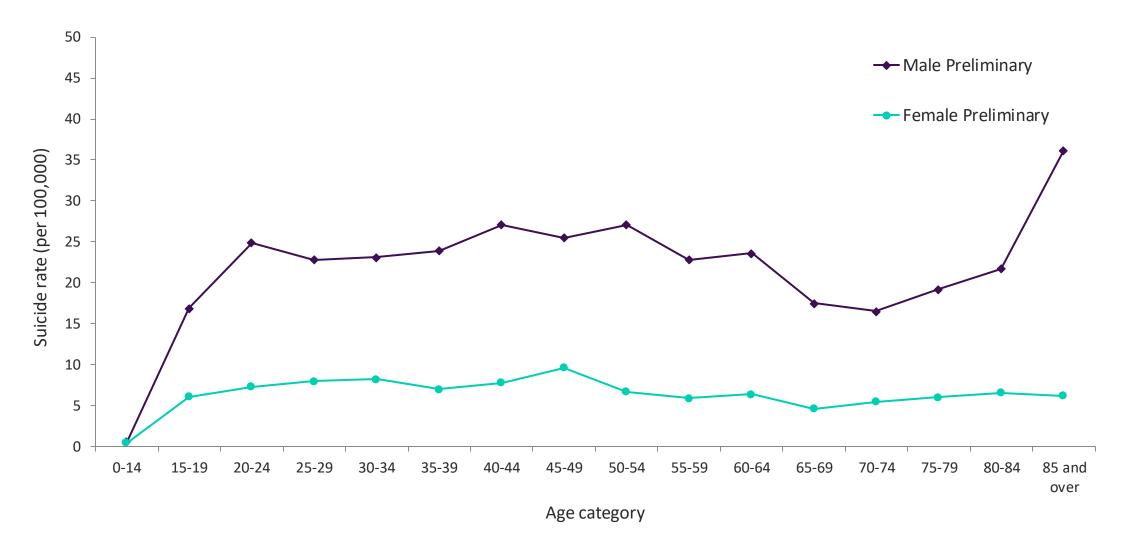
- Young and middle-aged people are more likely to die by suicide, with 83.6% of people under 65 years.
- Men over 85 years had the highest age-specific suicide rate but accounted for the smallest proportion (3.1%) of male suicides. Men aged between 40-54 years accounted for over one quarter (26.7%) of male suicides.
- Women aged between 45-49 years had the highest age-specific suicide rate and accounted for the highest proportion (10.9%) of female suicides.



^{*} Age-specific rate per 100,000. ** Number of deaths.

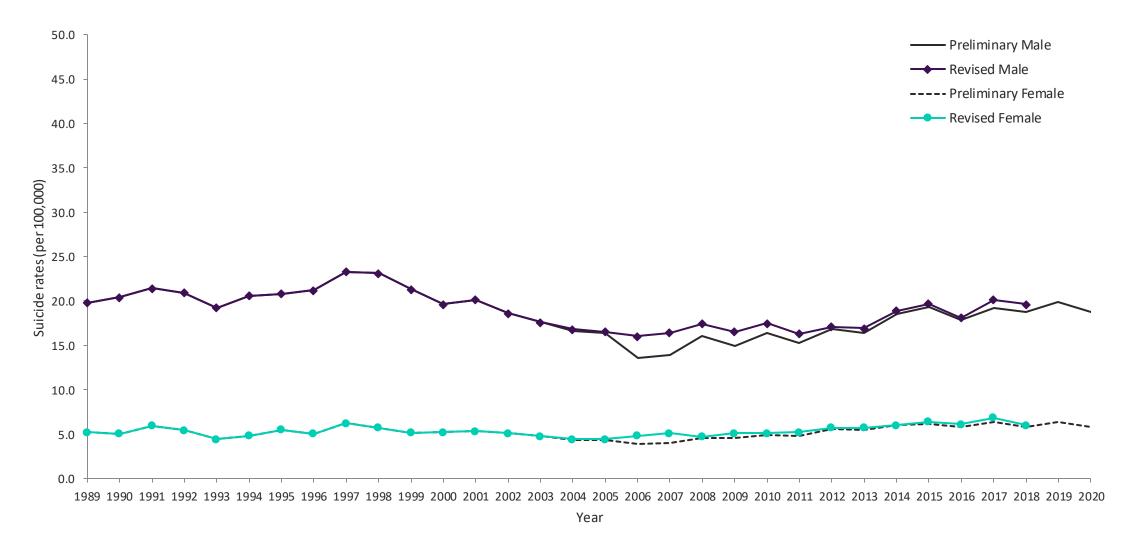


Preliminary age-specific suicide rates (2020)





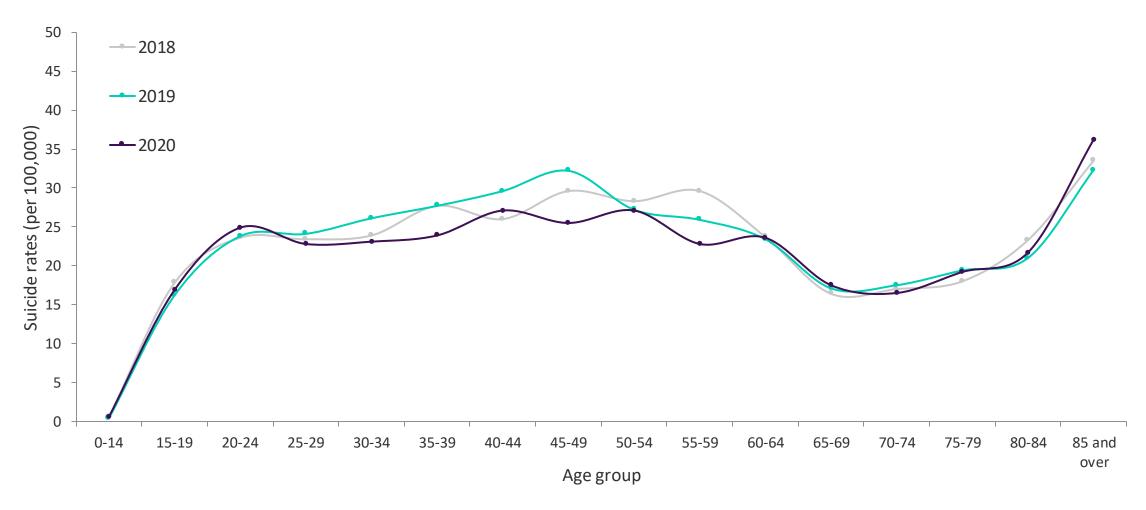
Age-specific suicide rates (1989-2020)





Males (2018-2020)

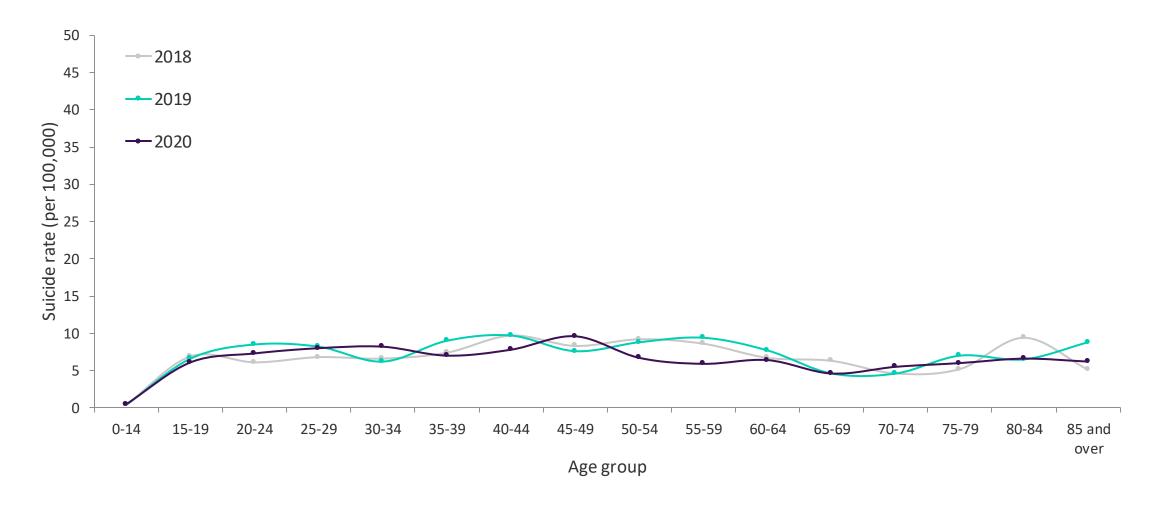
Age-specific suicide rates





Females (2018-2020)

Age-specific suicide rates

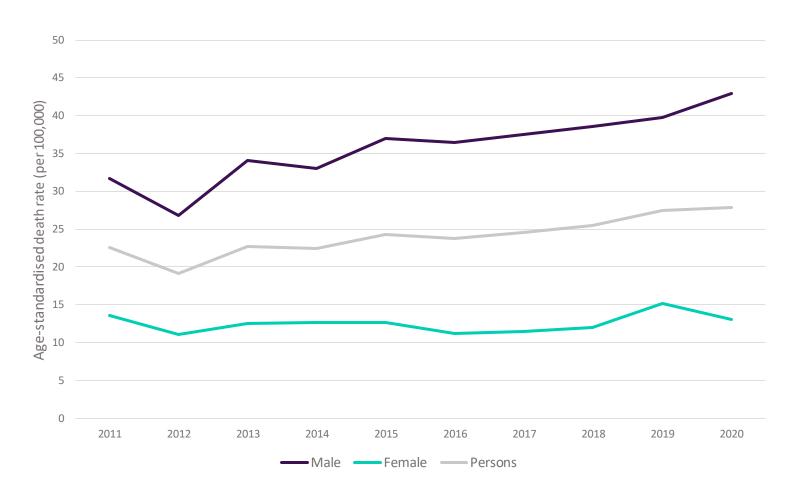




Aboriginal and Torres Strait Islander people: National data

- In 2020, 223 Aboriginal and Torres Strait Islander people died by suicide.
- The median age of death was31.3 years.
- Using data from New South
 Wales, Queensland, Western
 Australia, South Australia and
 Northern Territory, the
 age-standardised suicide rate
 for Aboriginal and Torres Strait
 Islander people was 27.9 per
 100,000.

Note: A more detailed summary of Aboriginal and Torres Strait Islander data is available in a separate report.

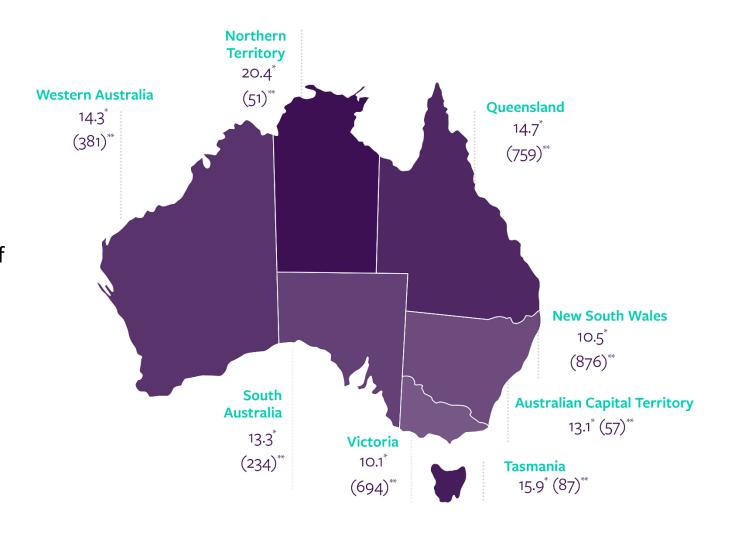


Note: Age-standardised suicide rates are compiled from the jurisdictions of New South Wales, QLD, WA, SA and NT.



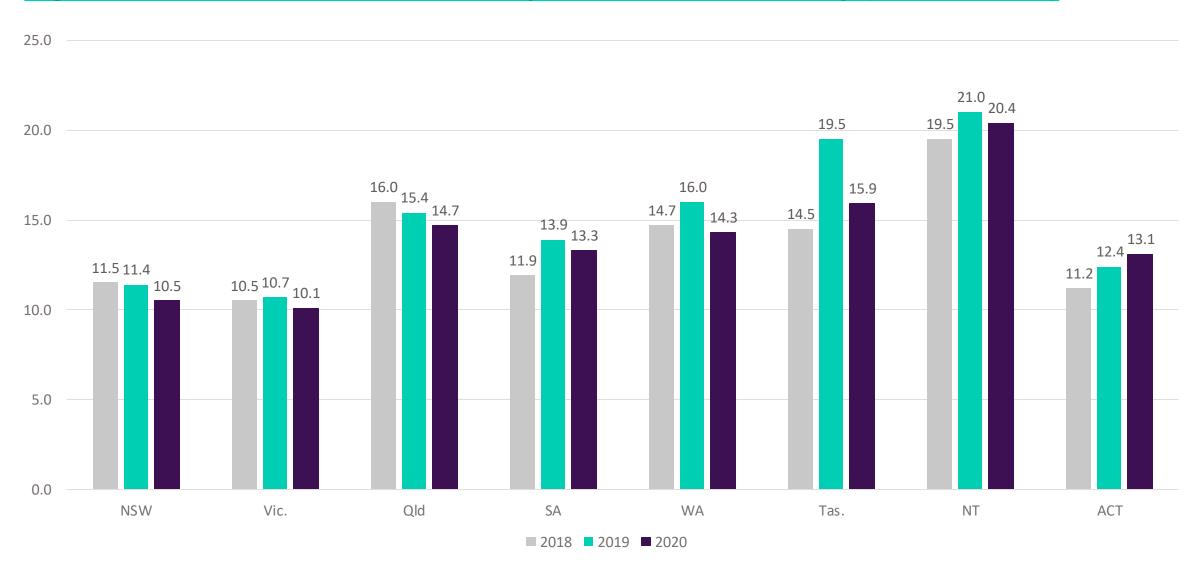
State and territory summary

- All states except Northern Territory and Australian Capital Territory had a decrease in the number of suicide deaths between 2019 and 2020.
- Almost three-quarters of people who died by suicide had a usual residence of New South Wales, Victoria or Queensland.
- The highest number of suicide deaths occurred in New South Wales (876 deaths).
- Northern Territory had the highest rate of suicide (20.4 per 100,000 people).



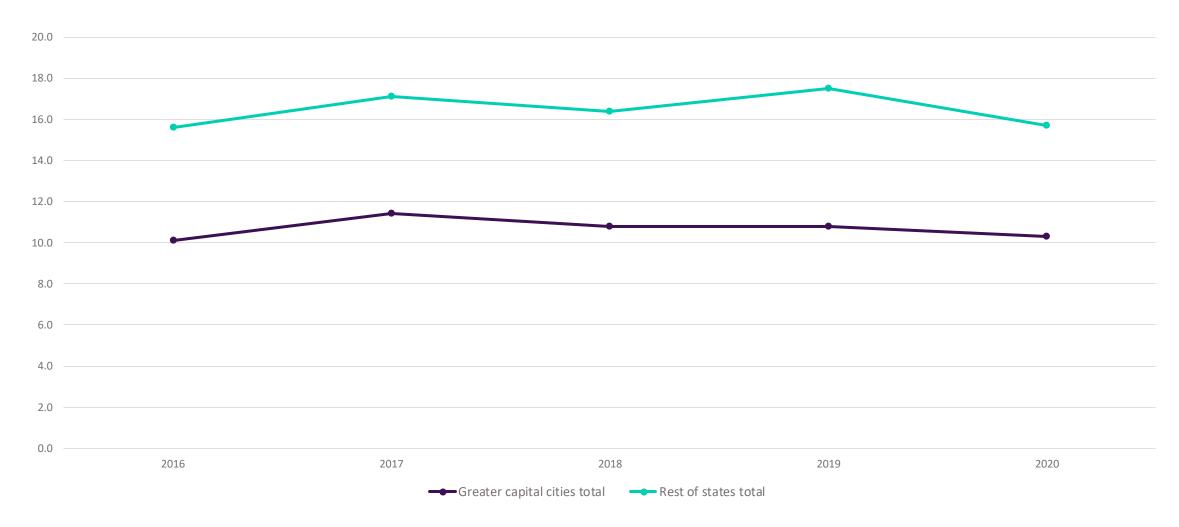


Age-standardised death rate by state and territory (2018-2020)





Greater capital cities total and rest of states total

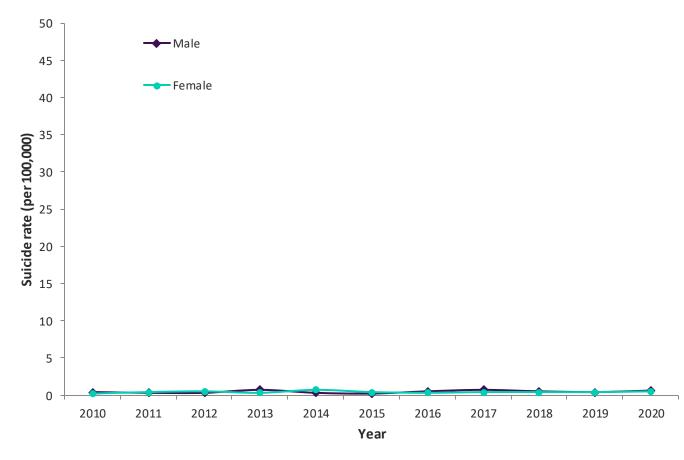






0-14 year olds

- Suicide among children (aged 0-14) is rare, with considerably fewer deaths than any other age group.
- There were **26** deaths by suicide amongst youth aged 0-14 years with an age-specific rate of **0.5** per 100,000.
- There were 15 deaths among male youth in this age group at an age-specific rate of 0.6 per 100,000.
- There were 11 deaths among female youth in this age group at an age-specific rate of 0.5 per 100,000.

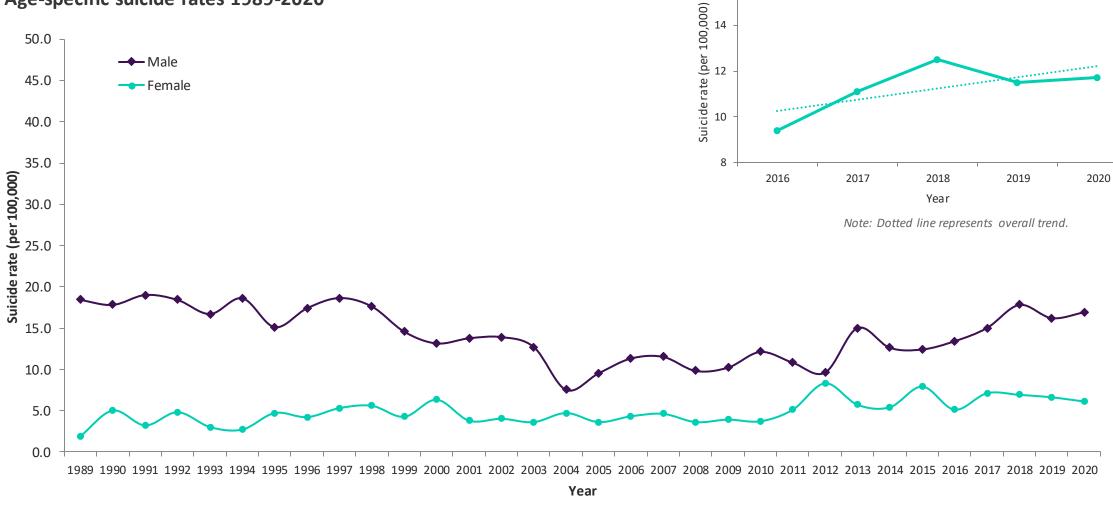




^{*}Prior to 2010, data was not available for this age group. **2018 data have been subject to revision. 2019 and 2020 data are preliminary.

15-19 year olds

Age-specific suicide rates 1989-2020



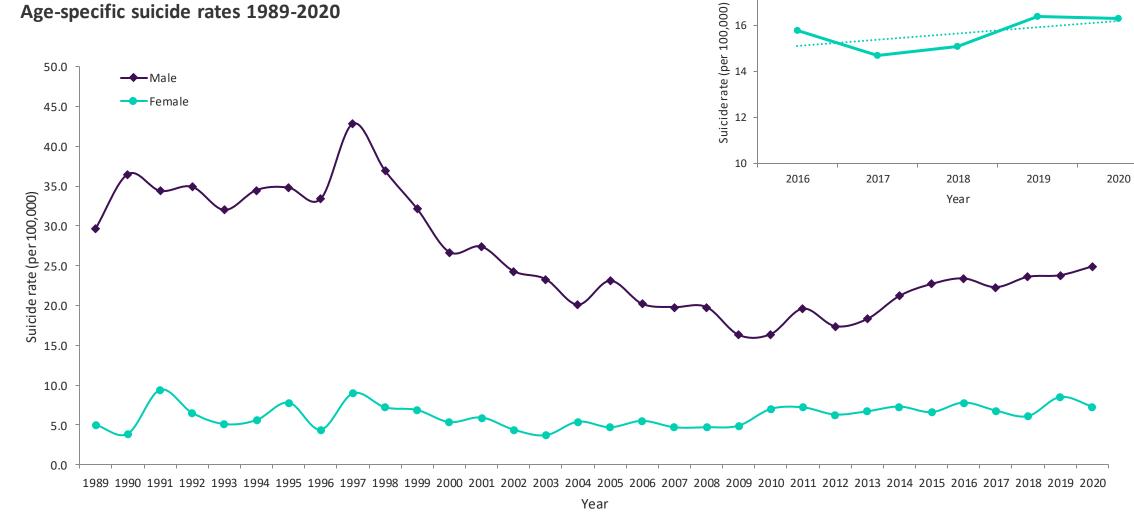
Five year trend (Male and Female combined)

15 – 19 year olds



20-24 year olds

Age-specific suicide rates 1989-2020





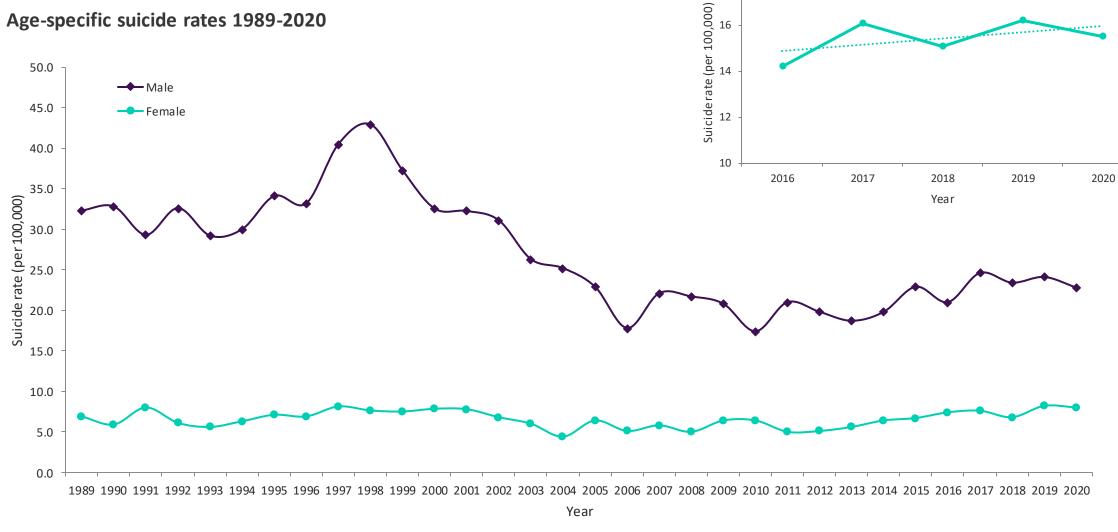


Five year trend (Male and Female combined)

20-24 year olds

25-29 year olds

Age-specific suicide rates 1989-2020



^{*2018} data have been subject to revision. 2019 and 2020 data are preliminary.

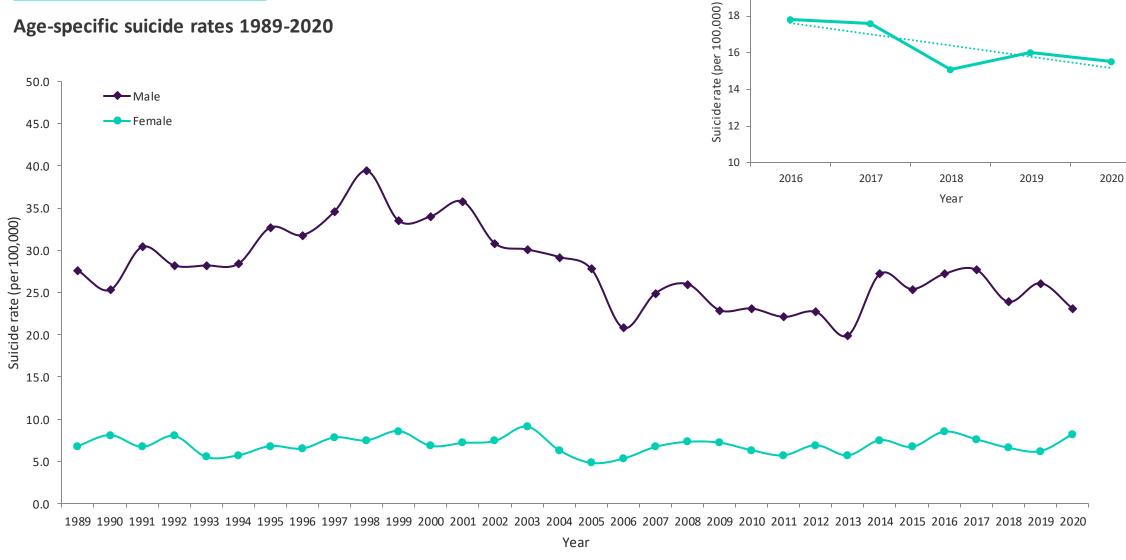


Five year trend (Male and Female combined)

25-29 year olds

30-34 year olds

Age-specific suicide rates 1989-2020





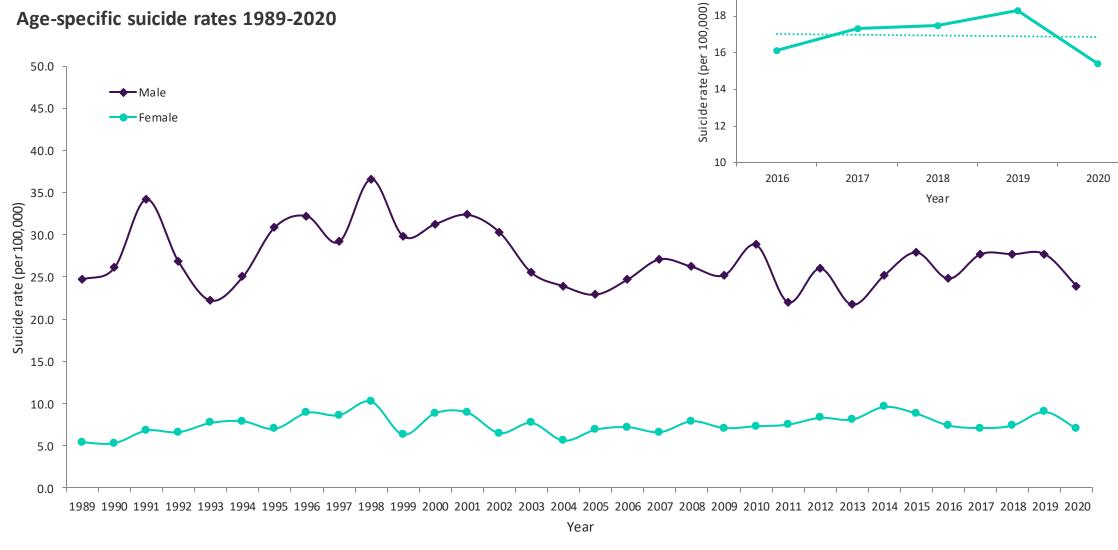


Five year trend (Male and Female combined)

30-34 year olds

35-39 year olds

Age-specific suicide rates 1989-2020



Five year trend (Male and Female combined)

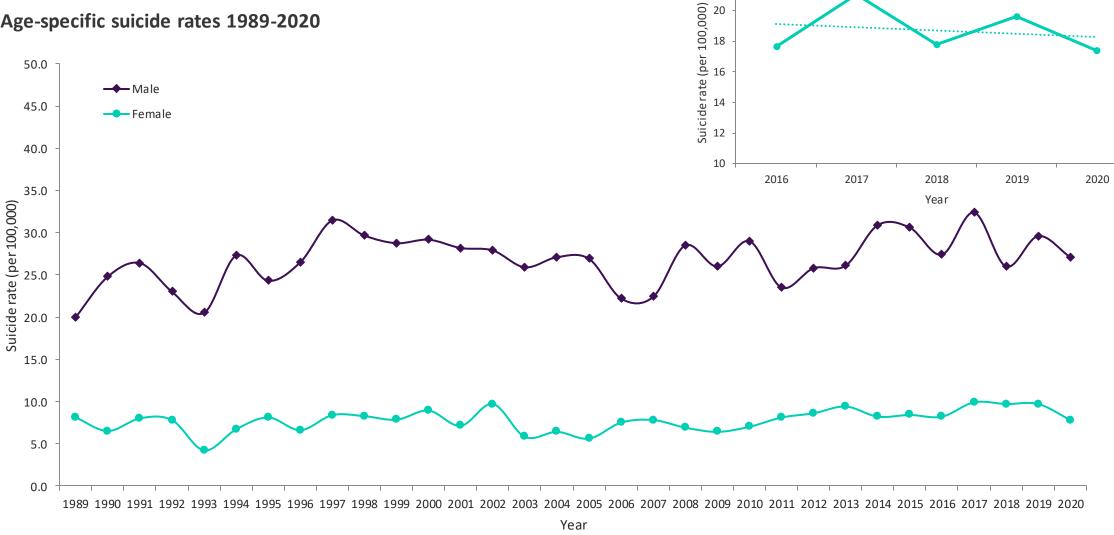
35-39 year olds



^{*2018} data have been subject to revision. 2019 and 2020 data are preliminary.

40-44 year olds

Age-specific suicide rates 1989-2020



Five year trend (Male and Female combined)

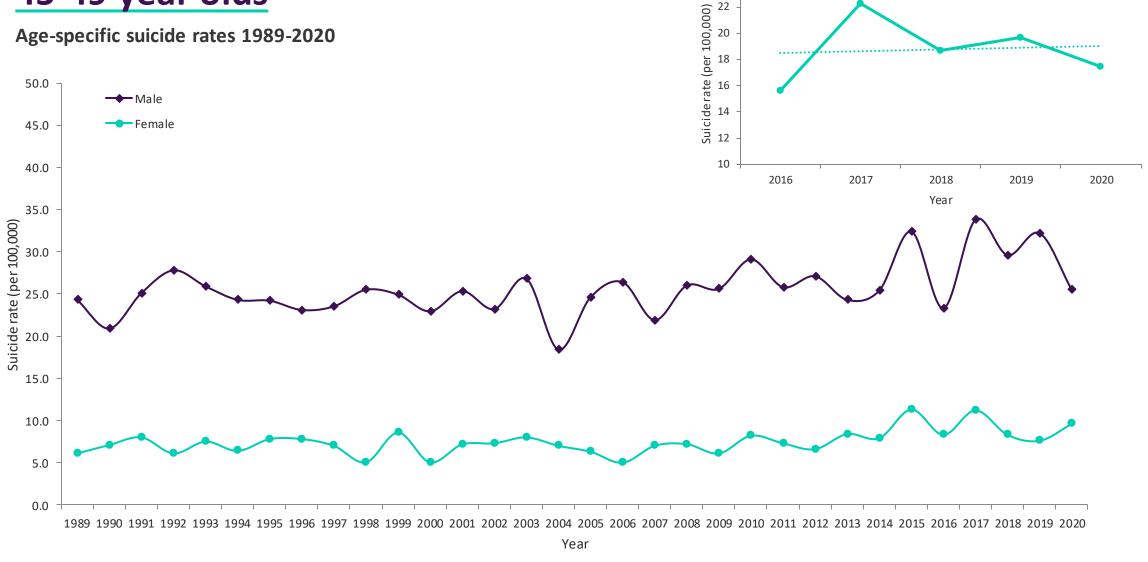
40-44 year olds





45-49 year olds

Age-specific suicide rates 1989-2020



Five year trend (Male and Female combined)

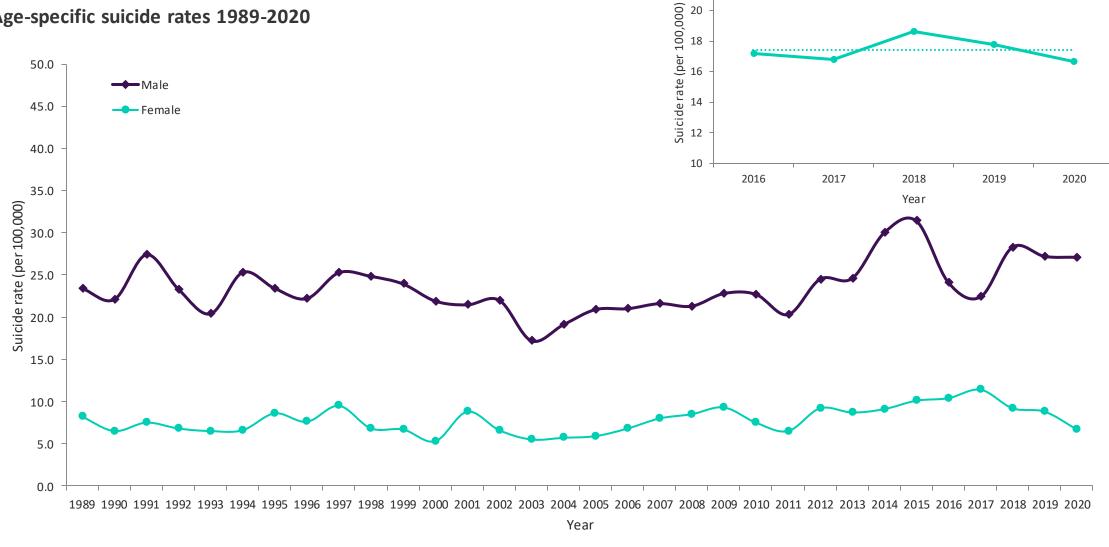
45-49 year olds



^{*2018} data have been subject to revision. 2019 and 2020 data are preliminary.

50-54 year olds

Age-specific suicide rates 1989-2020



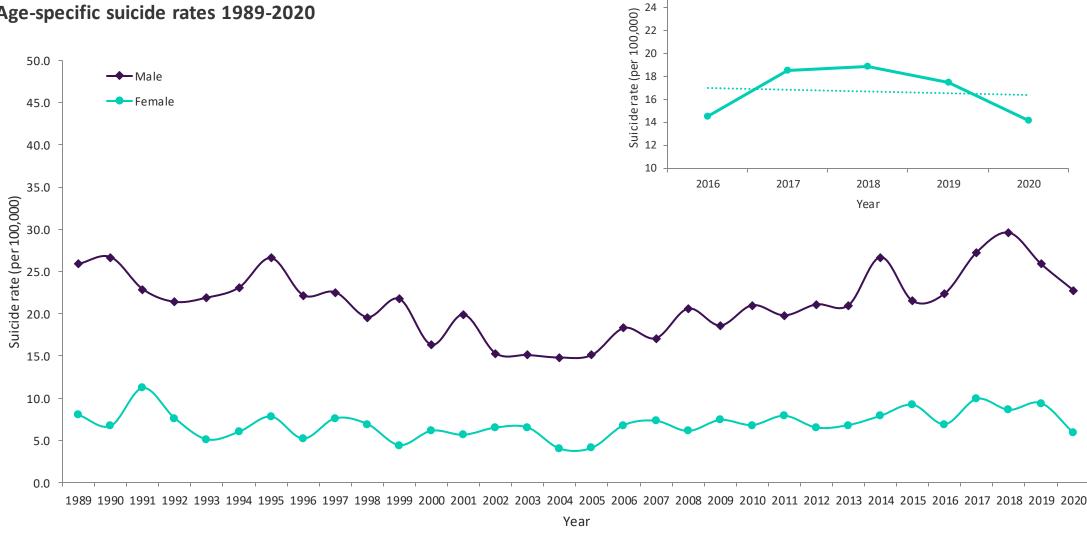
Five year trend (Male and Female combined)

50-54 year olds



55-59 year olds

Age-specific suicide rates 1989-2020



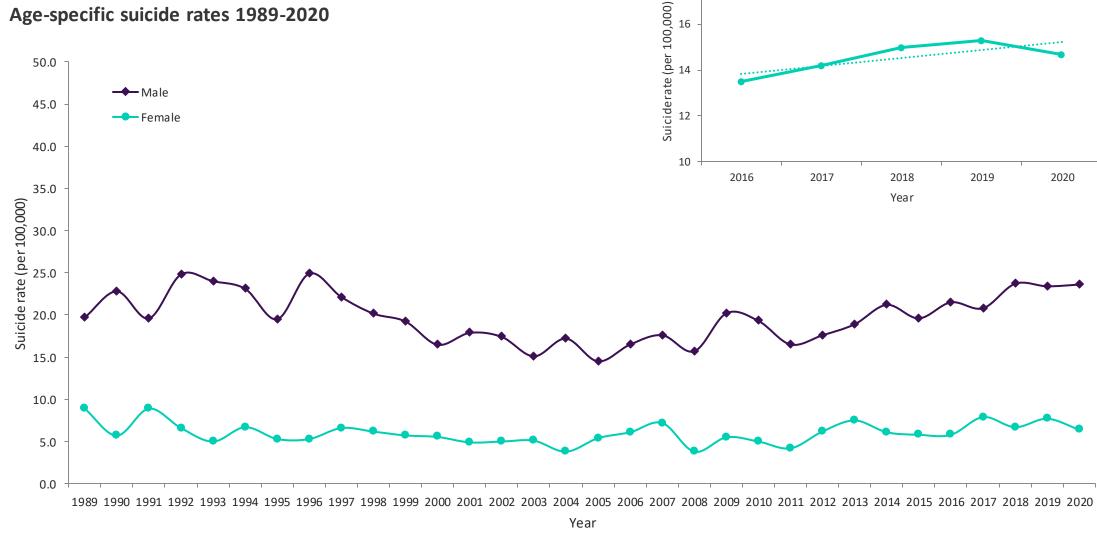
Five year trend (Male and Female combined)

55-59 year olds



60-64 year olds

Age-specific suicide rates 1989-2020



Five year trend (Male and Female combined)

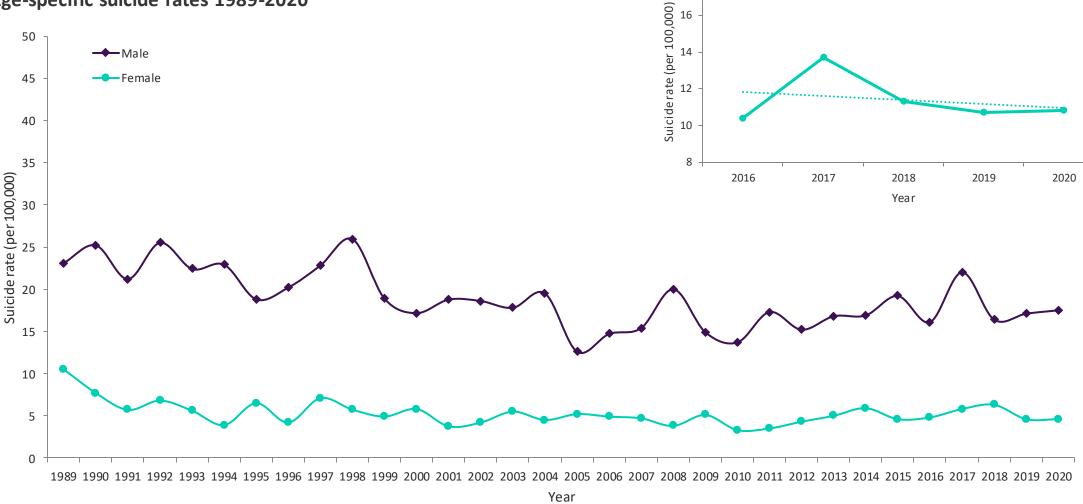
60-64 year olds





65-69 year olds

Age-specific suicide rates 1989-2020



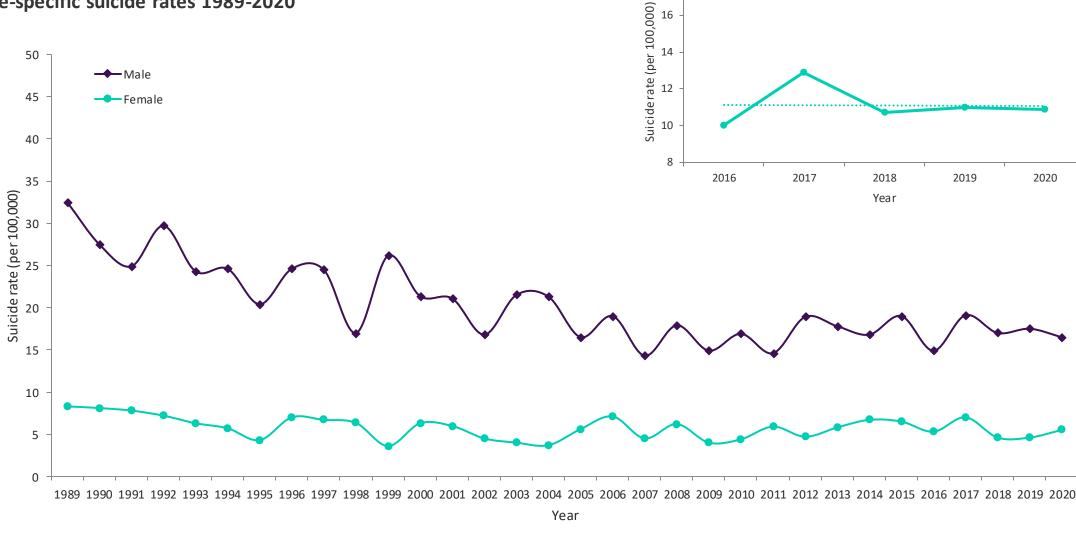
Five year trend (Male and Female combined)

65-69 year olds



70-74 year olds

Age-specific suicide rates 1989-2020



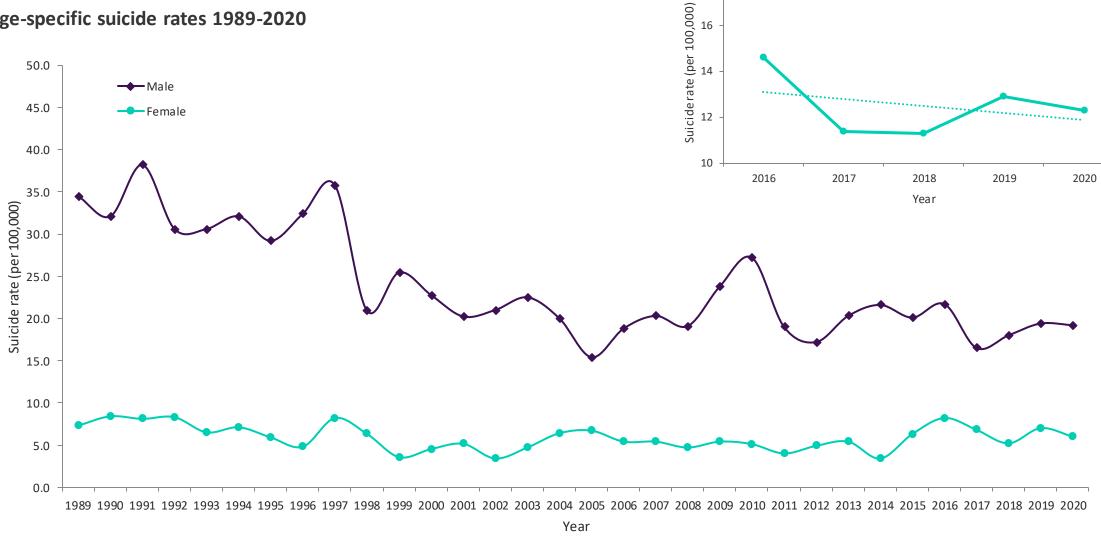
Five year trend (Male and Female combined)

70-74 year olds



75-79 year olds

Age-specific suicide rates 1989-2020



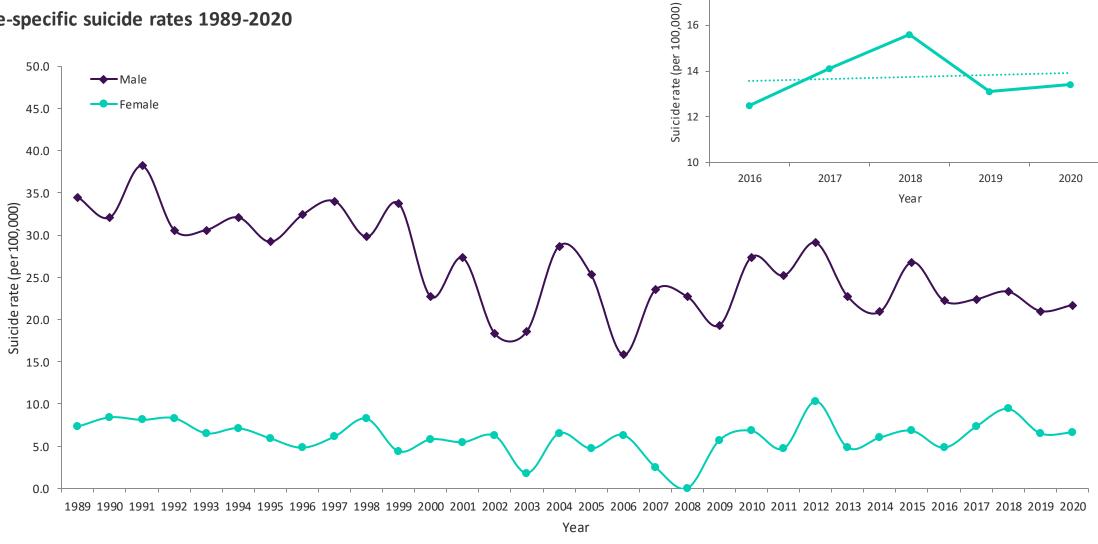
Five year trend (Male and Female combined)

75-79 year olds



80-84 year olds

Age-specific suicide rates 1989-2020



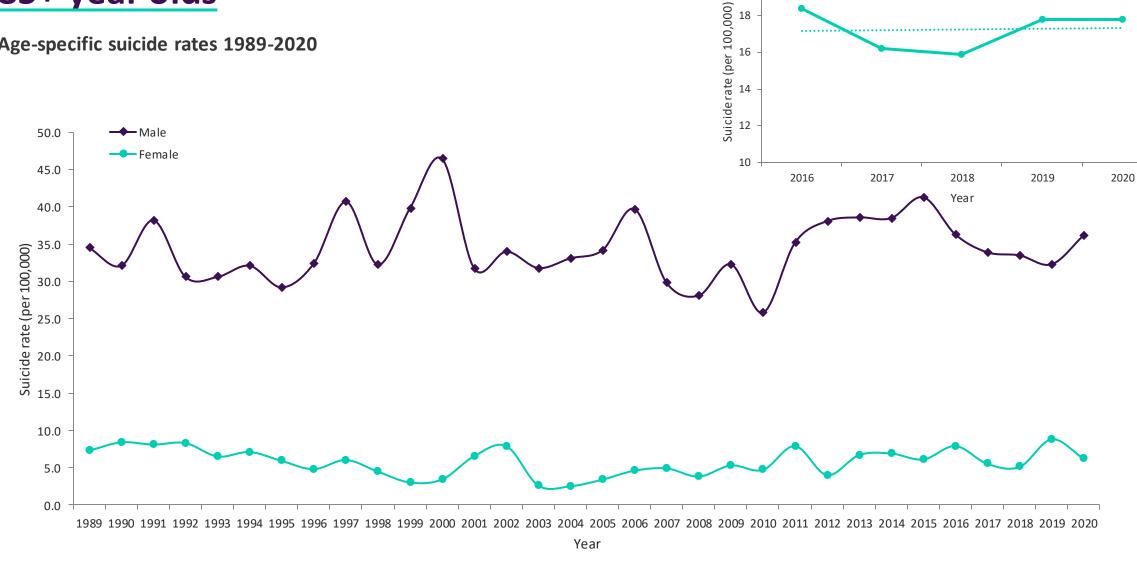
Five year trend (Male and Female combined)

80-84 year olds



85+ year olds

Age-specific suicide rates 1989-2020



^{*}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.



Five year trend (Male and Female combined)

85+ year olds

^{**2018} data have been subject to revision. 2019 and 2020 data are preliminary. *

Associated factors

- Associated factors can include diseases that are part of the chain of events leading to death, including psychosocial
 and other risk factors. In 2020, this also includes issues related to the COVID-19 pandemic.
- When examining associated factors, it is important to note that these factors do not indicate a causal association and that categories are not mutually exclusive. Associated 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.
- 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.
- It is important to recognise that the presence of one or more associated factors 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 risk factor.



Associated factors

- Over 90% of people who died by suicide had at least one risk factor reported, with an average of three to four factors mentioned per person.
- The risk factors for suicide varied by gender and age, with mood disorders (including depression) being the most common for males (38.7%) and females (45.3%), respectively.

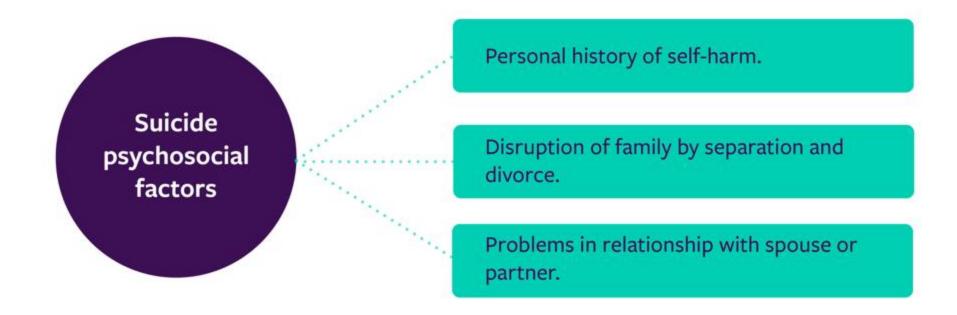
Top five risk factors across all ages in 2020:

- Mood disorders, including depression (40.3%)
- Acute use, and intoxication of, psychoactive substances (29.3%)
- Suicide ideation (23.5%)
- Problems in spousal relationships (23.2%)
- Chronic psychoactive substance use disorders (23.1%).



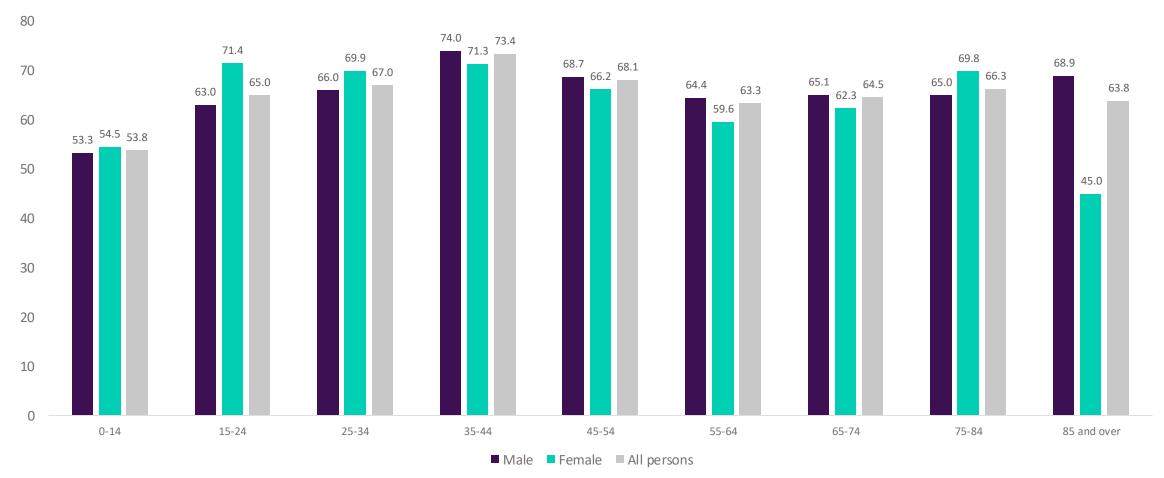
Psychosocial risk factors

- Psychosocial risk factors are social processes and social structures that can have an interaction with individual thought, behaviour and/or health.
- In 2020, approximately 67.1% of all coroner-referred suicide deaths (67.2% for males and 66.9% for females) in Australia were found to have one or more associated psychosocial risk factors identified.
- Psychosocial risk factors associated with suicide were largely age dependent and differed throughout the lifespan.





Proportion of suicide deaths with at least one psychosocial risk factor, by age and gender (2020)





Top three psychosocial factors associated with suicide for those aged under 25 years, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	87	23.9	Personal history of self-harm	47	40.5
Disruption of family by separation and divorce	49	13.5	Disruption of family by separation and divorce	17	14.7
Problems in relationship with spouse or partner	40	11.0	Problems in relationship with spouse or partner Disappearance and death of a family member	13	11.2



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

Top three psychosocial factors associated with suicide for those aged 25-34 years, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	102	23.3	Personal history of self-harm	60	38.5
Disruption of family by separation and divorce	72	16.4	Problems in relationship with spouse or partner	28	17.9
Problems in relationship with spouse or partner	54	12.3	Disruption of family by separation and divorce	22	14.1



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

Top three psychosocial factors associated with suicide for those aged 35-44 years, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	94	21.6	Personal history of self-harm	43	33.3
Disruption of family by separation and divorce	89	20.5	Problems in relationship with spouse or partner	20	15.5
Problems in relationship with spouse or partner	80	18.4	Disruption of family by separation and divorce	15	11.6



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

Top three psychosocial factors associated with suicide for those aged 45-54 years, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	77	18.4	Personal history of self-harm	44	32.4
Disruption of family by separation and divorce	67	16.0	Problems in relationship with spouse or partner	14	10.3
Problems in relationship with spouse or partner	50	12.0	Disappearance and death of family member	14	10.3



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

Top three psychosocial factors associated with suicide for those aged 55-64 years, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self- harm	57	16.9	Personal history of self- harm	28	29.8
Disruption of family by separation and divorce	40	11.9	Other problems related to housing and economic circumstances	9	9.6
Other problems related to housing and economic circumstances	38	11.3	Other specified problems related to primary support group	9	9.6



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

Top three psychosocial factors associated with suicide for those aged 65 years and older, 2020

Male	Number	Proportion*	Female	Number	Proportion*
Limitation of activities due to disability	90	23.0	Limitation of activities due to disability	30	24.2
Disappearance and death of family member	54	13.8	Personal history of self- harm	26	21.0
Personal history of self- harm	49	12.5	Disappearance and death of family member	22	17.7



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

Suicide in the COVID-19 pandemic

- A number of people who died by suicide in 2020 had issues relating to the COVID-19 pandemic mentioned in either a police, pathology or coronial finding report. This information was collected in the National Coronial Information System (NCIS).
- Issues relating to the COVID-19 pandemic included job loss, lack of financial security, family and relationship pressures and not feeling comfortable with accessing health care.
- Three additional ICD-10 codes were also used by the ABS to capture different scenarios where the COVID-19 pandemic was stated to be a risk factor for an individual:
 - F41.8 Other specified anxiety disorder (pandemic related anxiety and stress)
 - Z29.0 Isolation (individual was in isolation or quarantine [hotel or home])
 - Z29.9 prophylactic measure, unspecified (measures put in place through health directives, including closure of business, stay at home measures).



Suicide in the COVID-19 pandemic

While there was a 5.4% reduction in the number of suicides from 2019 to 2020, there were 99 people (3.2%) who had the COVID-19 pandemic mentioned in either a police, pathology or coronial finding report.

For people with issues relating to the COVID-19 pandemic, it did not appear as an isolated risk factor. They had on average five risk factors, including on average three psychosocial risk factors.

For the 99 people who died by suicide with issues relating to the COVID-19:

- 58.6% also had a mood disorder (including depression)
- 52.5% also had problems related to un/employment
- 27.3% also had acute substance use or intoxication
- 25.3% also had problems related to the social environments including social isolation.



Data sources

This summary is based on data derived from the Australian Bureau of Statistics' Causes of Death release on Intentional self-harm.

www.abs.gov.au/statistics/health/causes-death

This data will also form part of the Australian Institute of Health and Welfare's Suicide and Self-harm Monitoring System and should be taken in context with other data sources.

www.aihw.gov.au/suicide-self-harm-monitoring



Support services

Adult

Lifeline: 13 11 14

lifeline.org.au

Suicide Call Back Service: 1300 659 467

suicidecallbackservice.org.au

Beyond Blue: 1300 224 636

beyondblue.org.au/forums

MensLine Australia: 1300 789 978

mensline.org.au

Youth

Kids Helpline: 1800 551 800

kidshelpline.com.au

headspace: 1800 650 890

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: healthinfonet.ecu.edu.au

Lesbian, gay, bisexual, trans, and/or intersex: 1800 184 527 qlife.org.au

Culturally and linguistically diverse: embracementalhealth.org.au











lifeinmind.org.au





Life in Mind is a national gateway connecting Australian suicide prevention services to each other and the community. The platform links policy to practice, communities to help-seeking, and practitioners to best practice, with aim of better supporting the sector and community to respond to, and communicate about suicide and its impacts.

lifeinmind.org.au

