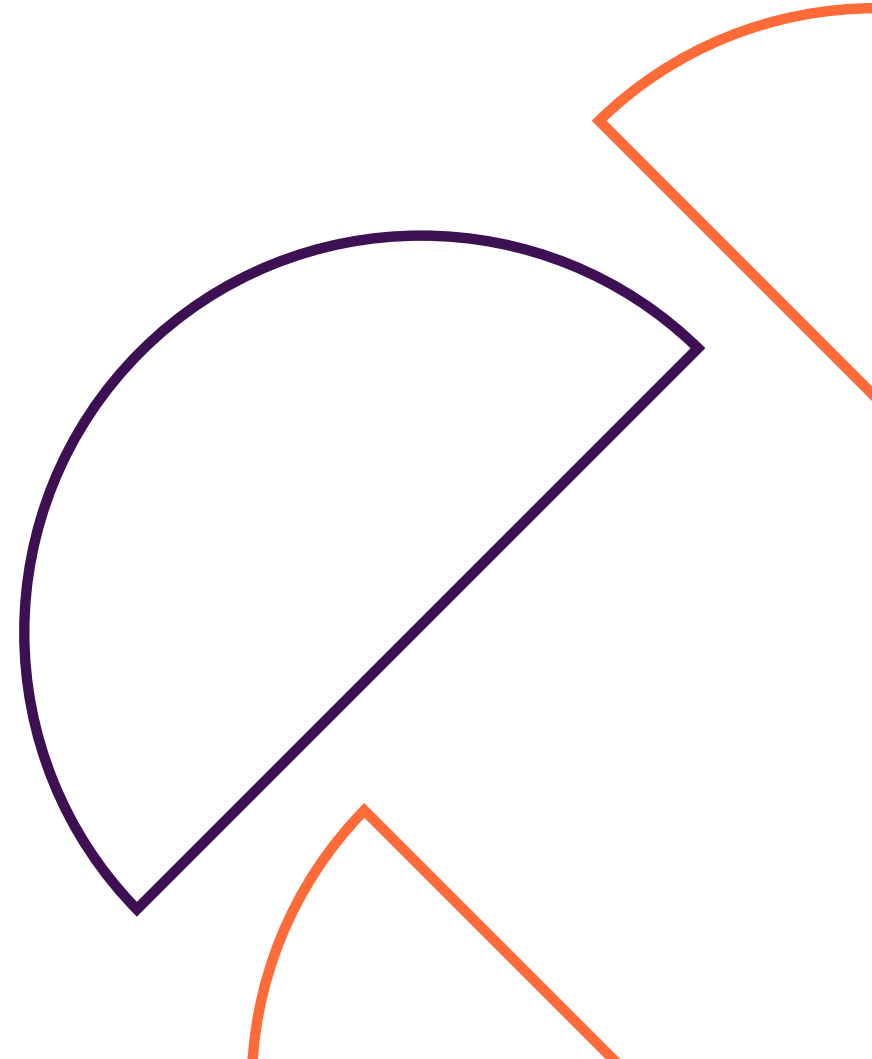


Psychosocial Risk Factors

Coroner-referred suicide deaths

(ABS 2017)

Released 17 July 2019



About this summary

- This summary was prepared by the *Mindframe* team at **Everymind** using the Australian Bureau of Statistics (ABS) *Psychosocial risk factors for coroner-referred deaths in Australia, 2017* data released July 2019.
- 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 often complex. There is no single reason why a person attempts or dies by suicide.
- *Mindframe* reminds media and communication professionals accessing this summary of the need to be responsible and accurate when reporting on or communicating about suicide, as there is a potential risk to vulnerable audiences impacted by despair and no hope. Providing context is therefore important. Resources to support reporting and professional communication are available at <https://mindframe.org.au/>
- A full summary of data can be found on the *Mindframe* website at <https://mindframe.org.au/suicide/data-statistics>
A summary is also available on the *Life in Mind* website at: <https://www.lifeinmindaustralia.com.au/about-suicide/suicide-data/psychosocial-risk-factors-for-coroner-referred-suicide-deaths>




Why does *Mindframe* conduct the analysis?



Due to a long-standing relationship with the ABS and a legacy of 20 years in compiling statistical summaries, *Mindframe* works closely with the ABS to examine, contextualise and distil the data for use by media, stakeholders and government.



Mindframe conducts this analysis each year to ensure that these complex and highly specific figures are interpreted correctly and reported to the public safely.

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Psychosocial risk factors for coroner-referred deaths in Australia 2017

- This is the first year that the ABS have released the *Psychosocial risk factors for coroner-referred deaths in Australia* data.
- The release is the result of a pilot study conducted by the ABS to enhance the national *Causes of Death* dataset (cat. no. 3303.0) with information relating to psychosocial risk factors for deaths referenced to a coroner in 2017. For further context, please see Mindframe's full summary of the ABS Causes of Death suicide data 2017 on the Mindframe website at <https://mindframe.org.au/suicide/data-statistics>. A summary is also available on the Life in Mind website at <https://www.lifeinmindaustralia.com.au/about-suicide/suicide-data>.
- The ABS accessed police, toxicology, pathology and coronial finding reports via the NCIS for review, and factors considered pertinent to an individual's death were coded accordingly.
- Due to the systematic nature of coronial data collection related to cause of death, protective factors are not included in the data. It is important to note that the role they play in an individual's life is extremely pertinent.



Notes about using these statistics





- The ABS advises that care should be taken in reviewing the data as it is preliminary and subject to a revisions process.
- There is no national standard for the collection of data related to the collection of psychosocial factors associated with cause of death. Each State and Territory has its own legislation and processes relating to coroner-certified deaths meaning that the type of information collected and put in the NCIS database differed slightly by jurisdiction.
- For this reason, the ABS advises that care should be taken in comparing the data between states and territories as any differences between jurisdictions may be due to differences in data collection processes rather than the presence or absence of psychosocial factors.
- This summary refers to all suicide deaths with at least one reported psychosocial risk factor registered in a coroner's report in 2017. It is important to recognise that the nature of suicide is complex and there is no single reason why a person attempts or dies by suicide.
- The list of psychosocial factors reported is not exhaustive and there may have been other psychosocial factors associated not listed in coroner's reporting for deaths both with and without associated psychosocial factors reported.




What should media be aware of?



The ABS stats contain complex and highly specific figures and the media are encouraged to use safe and responsible language to report on these to the wider population. Please consider the following points when reporting on the ABS data:

-  Remember that there are people and families behind the data and statistics
-  Make reference to and allow for the validation of grief and loss
-  Keep material within context
-  Include help-seeking services and information when reporting

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Psychosocial risk factors related to suicide deaths

- For the purpose of this summary, the ABS defines psychosocial factors as social processes and social structures which can have an interaction with individual thought, behaviour and/or health outcomes.
- When referring to psychosocial risk factors for suicide, it is important to recognise that psychosocial factors ***do not indicate a causal association*** and that categories are not mutually exclusive.
- It is important to recognise that the presence of one or more risk factors does not indicate the presence of suicidal behaviour in any one individual. This context is important, so as to avoid normalising suicide for those at increased risk.



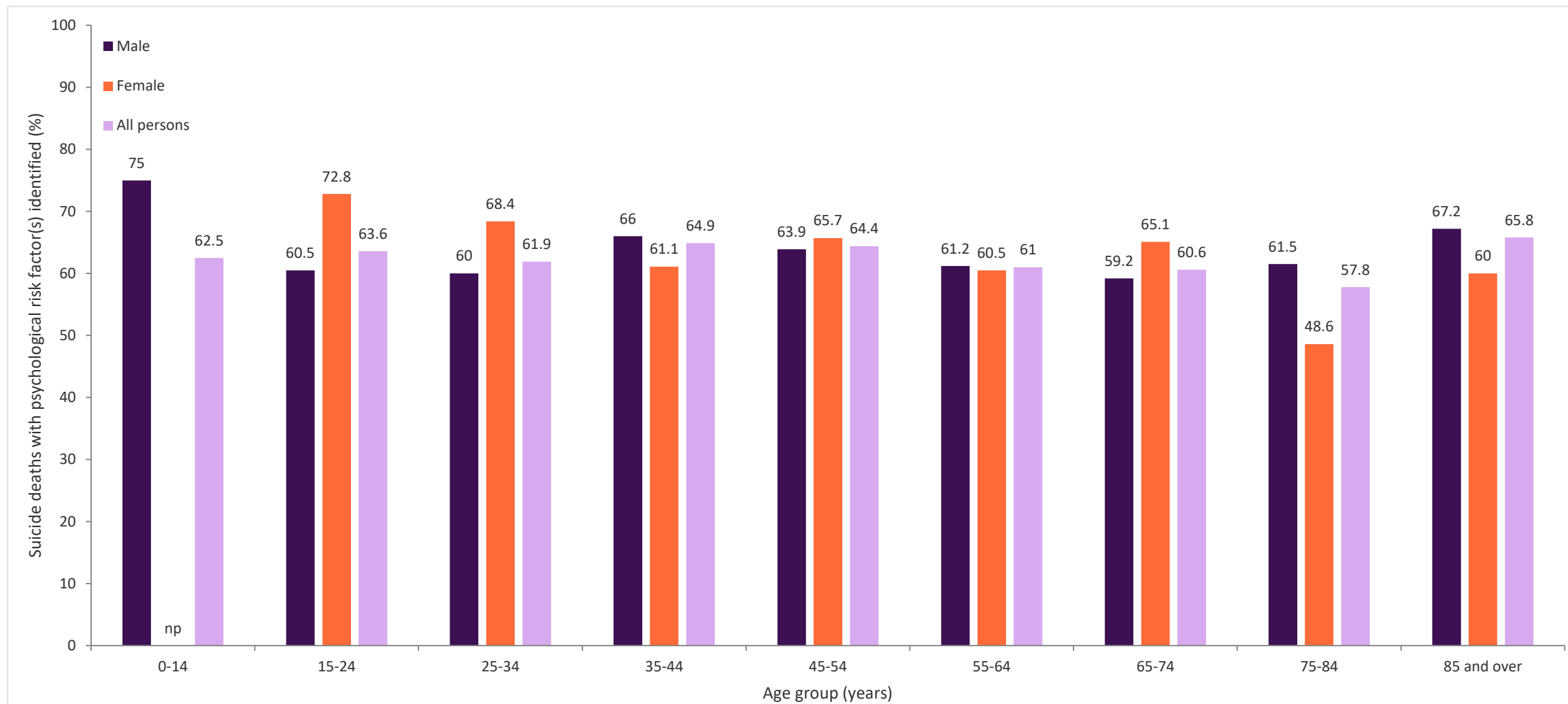
General summary

- In 2017, **1,966** coroner-referred suicide deaths in Australia were found to have one or more associated psychosocial risk factors identified, or approximately **63%** of all suicide deaths.
- For males and females, the proportion of deaths where a risk factor was identified was similar (**62.4%** and **64.2%** respectively).

	Suicide deaths with at least one psychosocial risk factor	All Suicide deaths	% with psychosocial risk factor identified
Males	1,465	2,348	62.4
Females	501	779	64.3
All persons	1,966	3,127	62.9



Proportion of suicide deaths with at least one psychosocial risk factor, by age and gender (2017)



* Np not available for publication but included in totals.



Key findings

- The proportion of suicide deaths with an associated psychosocial risk factors reported was similar across gender and age groups.
- However, the psychosocial risk factors associated with suicide were age dependent and differed throughout the lifespan.
- The most commonly reported risk factor for young people (those under 34 years of age) was 'personal history of self-harm', whereas those over the age of 65 years had a most commonly reported risk factor of 'limitation of activities due to disability or other chronic health condition'.



Top 3 psychosocial factors associated with suicide for those aged under 25 years, 2017

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	64	20.2	Personal history of self-harm	50	45.0
Disruption of family by separation and divorce	44	13.9	Disruption of family by separation and divorce	14	12.6
Problems in relationship with spouse or partner	37	11.7	Bullying	11	9.9

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



Top 3 psychosocial factors associated with suicide for those aged 25 – 34 years

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	99	21.4	Personal history of self-harm	43	32.3
Problems in relationship with spouse or partner	72	15.6	Disruption of family by separation and divorce	23	17.3
Disruption of family by separation and divorce	70	15.1	Problems in relationship with spouse or partner	19	14.3

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



Top 3 psychosocial factors associated with suicide for those aged 35 – 44 years

Male	Number	Proportion*	Female	Number	Proportion*
Disruption of family by separation and divorce	87	19.1	Personal history of self-harm	40	31.7
Personal history of self-harm	86	18.9	Problems in relationship with spouse or partner	13	10.3
Problems in relationship with spouse or partner	64	14.0	Disappearance or death of family member (or primary support group)	13	10.3

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



Top 3 psychosocial factors associated with suicide for those aged 45 – 54 years

Male	Number	Proportion*	Female	Number	Proportion*
Disruption of family by separation and divorce	81	19.1	Personal history of self-harm	59	33.7
Personal history of self-harm	79	18.6	Disruption of family by separation and divorce	27	15.4
Other problems relating to economic circumstances	37	8.7	Disappearance or death of family member (or primary support group)	20	11.4

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



Top 3 psychosocial factors associated with suicide for those aged 55 – 64 years

Male	Number	Proportion*	Female	Number	Proportion*
Personal history of self-harm	47	14.2	Personal history of self-harm	29	24.4
Disruption of family by separation and divorce	37	11.2	Disappearance or death of family member (or primary support group)	13	10.9
Other problems relating to economic circumstances	35	10.6	Limitation of activities due to disability or other chronic health condition	8	6.7

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



Top 3 psychosocial factors associated with suicide for those aged 65 years and older

Male	Number	Proportion*	Female	Number	Proportion*
Limitation of activities due to disability or other chronic health condition	70	19.6	Limitation of activities due to disability or other chronic health condition	22	19.1
Personal history of self-harm	43	12.0	Personal history of self-harm	20	17.4
Disappearance or death of family member (or primary support group)	28	7.8	Disappearance or death of family member (or primary support group)	19	16.5

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





Support services

Adult

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

lifeline.org.au

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

suicidecallbackservice.org.au

Beyond Blue: [1300 224 636](tel:1300224636)

beyondblue.org.au/forums

MensLine Australia: [1300 789 978](tel:1300789978)

mensline.org.au

Youth

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

kidshelpline.com.au

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

headspace.org.au

ReachOut: 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 saneforums.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




Why are the ABS statistics important?



The ABS statistics provide in-depth data and statistical information around suicide related deaths across the country.

It highlights areas, which need further support in terms of suicide prevention and allows the sector to come together and renew its commitment to suicide prevention as individuals, as services, as communities and as governments across Australia.

 Learn more at mindframe.org.au

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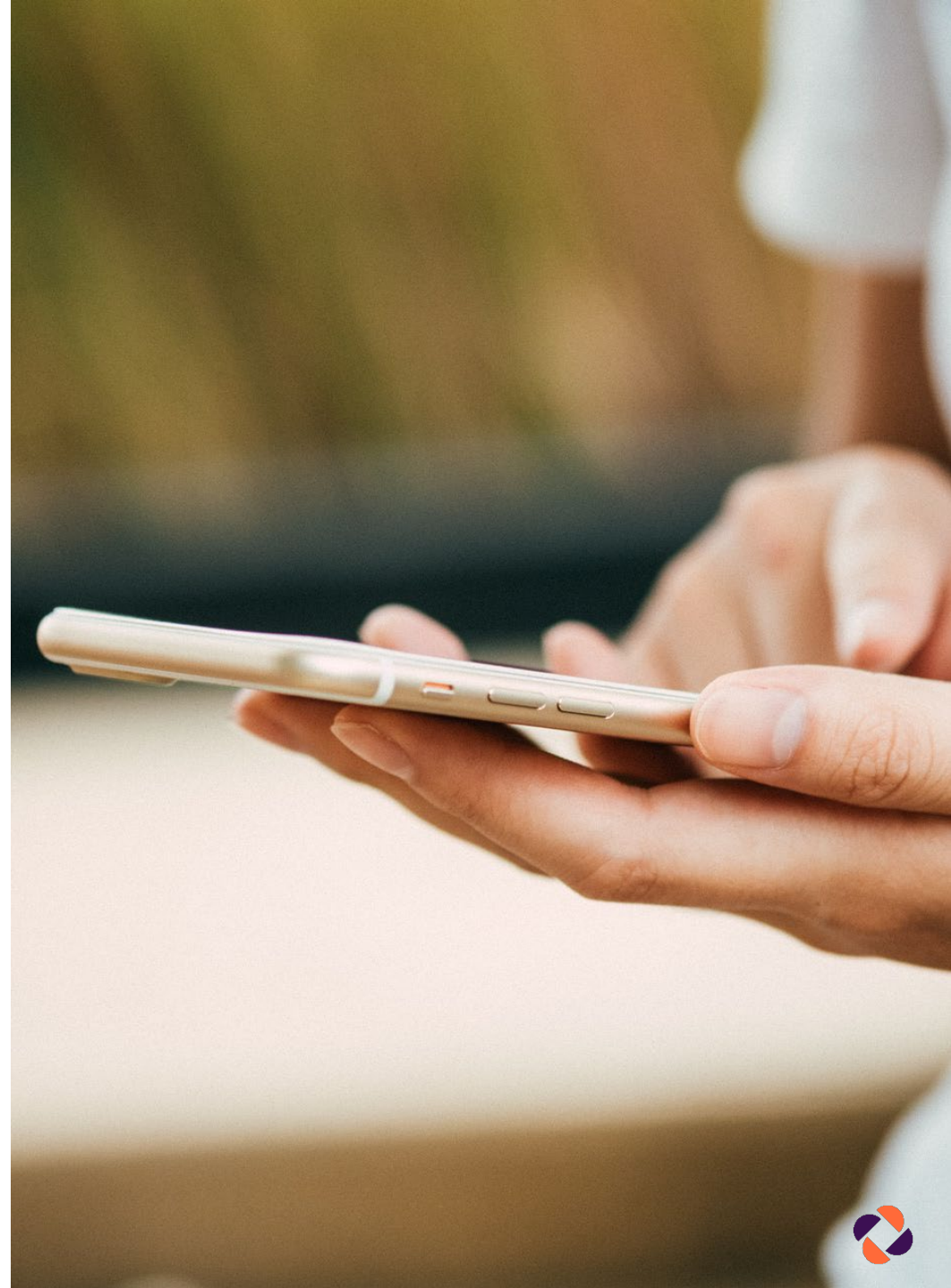


Mindframe

Mindframe supports safe media reporting, portrayal and communication about suicide, mental ill-health and alcohol and other drugs.

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Life in Mind

Life in Mind is a national digital gateway connecting organisations, the sector and communities to current information, programs, resources and research within suicide prevention.

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