Life in Mind

AIHW
Australian Institute of Health and Welfare

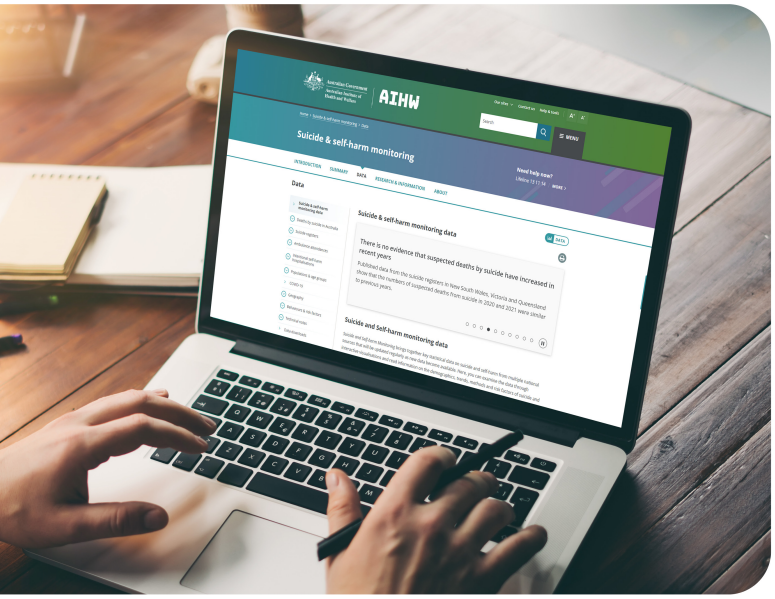
What is the Suicide and Self-harm Monitoring System?

Suicide data provide us with information about trends in suicide deaths, informing targeted suicide prevention strategies.

The National Suicide and Self-harm Monitoring System (the System) was established in 2020 to provide timely and accurate data to assist with suicide prevention and postvention efforts. Using multiple sources, the System brings together key statistical data about suicide and self-harm in Australia that is regularly updated and hosted on the Australian Institute of Health and Welfare (AIHW) Suicide and Self-harm Monitoring website (aihw.gov.au/sshm).

What data can be accessed?

Within the 'Data' section of the site, users can navigate the information within the System using the left-hand menu. These type of data accessible within each section is outlined in this factsheet.



Deaths by suicide in Australia

This section provides users with information about the total number of suicide deaths in Australia each year.

This information is sourced from the Australian Bureau of Statistics' (ABS) annual Causes of Death publication. Yearly Causes of Death data are released 9-10 months following the end of the reference year (for example, deaths data up to the end of 2021 were available in October 2022). This is due to the time taken to undergo coronial processes and investigations to classify suicide deaths. Please note, that some deaths occurring in preceding years may be registered at a later time period due to coronial processes, however, are included in the total deaths data for the corresponding year which may impact correct interpretation of the data.

Key information in this section

- An analysis of national suicide deaths and rates over time.
- Breakdown of age, differences by sex, and birth cohort.
- State and territory level data.
- Prevalence of suicidal behaviours sourced from the 2020–21 National Study of Mental Health and Wellbeing.
- An analysis of patterns of health service use in the last year of life for those who died by suicide.

Suicide registers

This section provides users with information on timely data collected by Australian states and territories.

Most states and territories in Australia have established suicide monitoring systems to collect real-time data and information on suicides. These can be used to assist service providers, policy makers and researchers. New South Wales (NSW), Victoria (Vic) and Queensland (Qld) collect and publicly report data on suicides, and these are included in the System.

Data for NSW and Vic are generally available in the System 1-3 months following the end of the reference month. Qld publish annual reports up to 10 months following the end of the reference year.

Data from state registers are based on initial police reports and information available at the time of referral to the coroner. Each state and territory have different data collection processes, therefore these data are not directly comparable to the ABS Causes of Death data, which are based on final coronial determinations. However, the differences are generally small. Due to the differences in processes and counting rules for identifying suspected suicide deaths in each state and territory, one register cannot be directly compared with another.

Please note, that some delay in publication of suicide data exist across all state and territory systems due to the official processes in which data must be recorded prior to release.

It is important to note that state-based data can appear to vary substantially month to month due to the smaller numbers involved.

Ambulance attendances

Data on suicidal behaviours are compiled through the National Ambulance Surveillance System (NASS). Ambulance attendances for non-fatal self-harm behaviours are coded as suicidal ideation (suicidal thoughts), suicide attempt or self-injury (without suicidal intent) and are reported in the System.

AIHW began receiving ambulance attendance data as 1-month per quarter snapshots from Vic, Tasmania (Tas), the Australian Capital Territory (ACT), and NSW from March 2018, and Qld from March 2020. From January 2021, monthly data have been received and are published quarterly on the site.

Please see the *Understanding hospitalisation and ambulance data in the System* factsheet for more information.

Intentional self-harm hospitalisations

This section provides users with information about hospital admissions following a suicide attempt or self-harm.

Self-harm and suicide are distinct and separate acts, although some people who self-harm are at an increased risk of suicide. Therefore, monitoring intentional self-harm can support our approaches to suicide prevention.

Intentional self-harm (deliberately injuring or hurting oneself, with or without the intention of dying) data are sourced from the National Hospital Morbidity Database (NHMD) which provides information on patients who have been admitted to hospital after a suicide attempt or self-harm.

Hospitalisation data do **not** include presentations to hospital emergency departments relating to suicide attempts or intentional self-harm.

Please see the *Understanding hospitalisation and ambulance data in the System* factsheet for more information.

Populations and age groups

This section provides users with specific information relating to priority groups.

AIHW has provided specific information and analyses of data for some priority groups, including:

- Young people (suicides and intentional self-harm hospitalisations)
- First Nations people (suicides and intentional self-harm hospitalisations)
- Serving and ex-serving Australian Defence Force personnel
- People who use disability services
- LGBTIQ+ Australians.

COVID-19

This section of the System includes a comprehensive summary of a number of data sources to examine the impact of COVID-19 on mental health, psychological distress, suicide and suicidal behaviours in Australia.

Geography

This section allows users to view suicide and self-harm data in relation to geographic location.

The System includes data on suicide deaths and intentional self-harm hospitalisations by geographical categorisations including:

- Remoteness areas (classified as major cities, inner regional, outer regional, remote and very remote)
- Primary Health Network (PHN) areas
- Statistical Level 3 and 4 (SA3 and SA4) areas (these are areas defined by the ABS)
- International estimates of suicide (not directly comparable to Australian data due to data quality and reporting differences in other countries)
- Estimates of self-harm and suicidal behaviours among young people aged 12-17 years by PHN area, SA3 and SA4, from the Australian Youth Self-Harm Atlas study.

Geographic data can allow better understanding of suicide in particular areas and aid or direct the planning of services.

Further information about geographic data available through the System can be found in the *Understanding geographic data in the National Suicide and Self-harm Monitoring System* factsheet.

AIHW does not publish small numbers and rates due to privacy legislation and statistical accuracy requirements. For this reason, more localised areas (for example, SA1s) are unable to be published, and some numbers may be suppressed.

Behaviours and risk factors

This section provides users with information about risk factors for suicide and self-harm.

Analyses included in this section include 'burden of disease' studies, which look at the impact of particular risk factors on suicide and self-harm rates. This type of analysis uses measures such as years of life lost (YLL) or disability adjusted life years (DALY).

Psychosocial risk factors sourced from the ABS Causes of Death dataset are also examined. This includes factors such as a personal history of self-harm, relationship or family disruptions, and financial or legal difficulties.

Analyses examining the likelihood of suicide with particular social and economic circumstances such as level of education, employment status, living situation and socioeconomic status are also included in this section.

It is important to remember that the presence of one or more of these risk factors cannot predict or explain suicide or intentional self-harm as each person's experience is unique.

How can the information be used?

Statistics help to highlight the current level of need, identify priority population groups, determine risk factors for suicide, and monitor progress and trends. Governments and policymakers require data to make informed decisions, respond to the needs of people and communities disproportionately impacted by suicide and demonstrate effectiveness of prevention efforts.

Statistics referencing suicide can also support media and communications and raise community awareness, however care should be taken when communicating about suicide data. **See *Mindframe quick reference guide for communicating safely about suicide and self-harm data* resource.**

Where can I find out more information?

For more detailed information and to explore data in the National Suicide and Self-harm Monitoring System, visit aihw.gov.au/sshm

For an explanation of some common statistical terms refer to the *Statistical terms explained* factsheet