



Understanding geographical data in the National Suicide and Self- harm Monitoring System

The National Suicide and Self-harm Monitoring System (the System) includes data at national and state levels, as well as more localised areas. This level of information can inform a better understanding of suicide and intentional self-harm in particular areas, supporting communities, governments, organisations and services to respond more effectively.

The suicide death data in this section are based on individuals' usual location of residence, regardless of the geographical area where the suicide death occurred. For privacy and confidentiality reasons, small numbers or rates based on these numbers cannot be publicly reported.

What geographical data are available?

In addition to national and state data, deaths by suicide and hospitalisations for intentional self-harm are available for the following areas.

Regions and local areas

This section provides users with suicide and self-harm data in relation to coded areas based on population density.

Suicide data for local areas are available in the System by Statistical Area 3 and 4 (SA3 and SA4) as coded by the [Australian Bureau of Statistics \(ABS\) Australian Statistical Geography Standard \(ASGS\)](#). Suicide data for these areas are combined into five-year periods. SA4s are a larger area, which allows separate reporting for male and female suicides. Hospital admissions data are presented by financial years for SA3s, sex and broad age groups. These can be found using the [interactive map](#) on the website.

Due to privacy, confidentiality and statistical concerns, data for low population density areas sometimes cannot be publicly reported. This is reported in the System as 'n.p.' or 'not published'. Suicide rates based on small numbers can be highly variable year to year or month to month and should be interpreted with caution.

Primary Health Network areas

This section provides users with suicide and intentional self-harm hospitalisation data in relation to Primary Health Network regions.

Primary Health Networks (PHNs) play an important role in planning and commissioning suicide and self-harm prevention services for their region. There are 31 PHN areas in Australia. Being able to monitor the number and age-standardised rates of suicide deaths in each PHN region enables us to respond to trends in suicide and self-harm at a regional level, and support planning and evaluation of services in the PHN regions.

PHN-specific suicide data are based on ABS Causes of Death data. Yearly Causes of Death data are released 9-10 months following the end of the reference year (for example, data up to the end of 2023 were available in October 2024). This is due to the time taken to undergo coronial processes and investigations to classify suicide deaths. Data on hospitalisations for intentional self-harm require a similar time to process and are available by broad age groups.

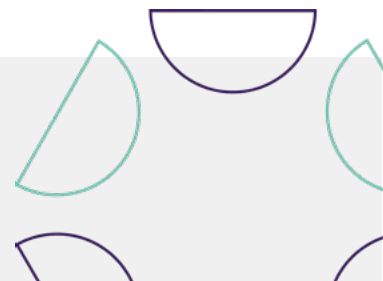
Socioeconomic areas

This section provides users with suicide and self-harm data in relation to socioeconomic areas.

The term "socioeconomic" refers to social and economic characteristics, such as income, education and employment, which can influence people's access to resources.

The System reports suicide deaths and intentional self-harm hospitalisations according to the socioeconomic characteristics of the area in which an individual lived or lives. The Index of Relative Socio-Economic Disadvantage (IRSD), developed by the ABS, is used to measure area-level socioeconomic status. The IRSD captures a range of indicators of disadvantage, including the percentage of people with lower levels of education, people who are unemployed and people employed in lower-skilled jobs.

The socioeconomic status of an area is determined using the [Socio-Economic Indexes for Areas \(SEIFA\)](#), developed by the Australian Bureau of Statistics. Areas are grouped into 'quintiles', ranging from the most disadvantaged (1st quintile) to the least disadvantaged (5th quintile).



Australian Youth Self-Harm Atlas

The System also contains the [Australian Youth Self-Harm Atlas](#), which is in the population groups section. It shows estimates of self-harm and suicidal behaviours in 12–17-year-olds on interactive maps by PHN, SA3 and SA4 areas. These estimates are categorised as 'self-harm (regardless of intent)', 'non-suicidal self-harm', 'suicidal ideation/plans', 'suicide attempt' and 'suicidality'. The maps also present the association between youth self-harm and other risk and protective factors such as youth depression and anxiety, socioeconomic status, and the proportion of young males in the population in each geographical area.

Data for other levels of geography

Specific data required for service planning and delivery may be provided by the Australian Institute of Health and Welfare (AIHW) upon request.

Australian Youth Self-Harm Atlas data are estimates generated as part of a study conducted by the Queensland Institute of Medical Research (QIMR) Berghofer in partnership with Roses in the Ocean. Survey data collected from a representative sample of people were combined with census data using statistical models to generate suicidality and self-harm estimates for geographical areas and communities throughout Australia. Due to this, they may be different from the actual cases of youth self-harm and suicidal thoughts and behaviours in communities.

Where can I find out more information?

For more detailed information and to explore the geographical data in the National Suicide and Self-harm Monitoring System, visit: www.aihw.gov.au/suicide-self-harm-monitoring/geography

