

Understanding geographic 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 allow for a better understanding of suicide and suicidal behaviour in particular areas allowing for communities, governments, organisations and services to respond more quickly and effectively.

The 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 geographic data are available?

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

Remoteness areas

This section provides users with data relating to suicide death and geographical area of residence.

Data regarding deaths by suicide, age-standardised suicide rates, and intentional self-harm hospitalisations (including number, age specific rates and proportion of age group) over a 10-year period are available to view in this section of the System. These data are coded into area of remoteness. Remoteness is defined by relative geographic access to services and measured using the Accessibility/Remoteness

Index of Australia Plus (ARIA+), an official classification used by the Australian Bureau of Statistics (ABS).

The five categories of remoteness are major cities, inner regional, outer regional, remote and very remote. The data for these remoteness categories at a national level are grouped together and presented in the System.

Primary Health Network areas

This section provides users with suicide data in relation to Primary Health Network regions.

Primary Health Networks (PHNs) play an important role in planning and commissioning suicide 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. For this reason, suicide data for PHNs are published for the previous year due to the process required to confirm and publish Australian Causes of Death data. Data on hospitalisations for intentional self-harm require a similar time to process but are available by broad age groups.

Local areas

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

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' Australian Statistical Geography Standard \(ASGS\)](#). Suicide data by SA3 are combined into five-year periods, with hospitalisation data combined into two-year periods. SA4s are a larger area, which allows separate reporting for males and females. These can be found using the interactive map on the website.

Due to privacy, confidentiality and statistical concerns, data for low population density areas are unable to be reported publicly. 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.

Australian Youth Self-Harm Atlas

Australian Youth Self-Harm Atlas also sits within the Geography section of the System. It provides estimates of self-harm and suicidal thoughts and behaviours among young people aged 12 to 17 years, displayed on interactive maps of PHN, SA3 and SA4 areas. The 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 proportion of young males in the population in each geographic area.

It is important to note that data in this section are estimates generated through the Youth Self-Harm Atlas Study conducted by Queensland Institute of Medical Research

(QIMR) Berghofer. Data collected from a sample of people were used to create models and generate estimates for geographic 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.

What data are not available on the System?

Suicide data for other local areas, such as Local Government Areas (LGAs), are not published in the System due to concerns for privacy.

Specific data required for service planning and delivery may be provided by the Australian Institute of Health and Welfare (AIHW) upon request and are held by state-based coroner's courts.

Where can I find out more information?



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