



Suicide at ages 75 years and older, Australia

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Data sources

Australian deaths data and population data were obtained from the Australian Bureau of Statistics (ABS). The deaths data originate with coroners and Registrars of Births, Deaths and Marriages.

Case definitions and classification:

"Deaths" are those registered in the nominated year and jurisdiction.

Cause of death is classified by the ABS according to the International Classification of Diseases (ICD). The 9th revision (ICD9) has been used for death registrations beginning in 1979 [\[1\]](#).

The ICD9 "External Cause" code equivalents of groups presented in this report are:

"Suicide" and "self-injury"	E950-E959
Suicide by poisoning (solid or liquid substance)	E950
Suicide by firearm	E955.0 to E955.4
Suicide by hanging	E953.0
Suicide by motor vehicle exhaust	E952.0
Suicide by cutting or piercing	E956
Other/unspecified suicide	all other codes in range E950 to E959

ICD9 provides a category for deaths which were investigated (eg by a coroner) without determination of whether they were due to accident, suicide or homicide. This "undetermined intent" category (E980 to E989) is sometimes reported with suicide because cases in it may be suicides [\[2\]](#).

Data quality:

Suicide and self-injury are complex concepts, subject to differences of interpretation [\[3\]](#). Key questions are whether all (or nearly all) suicide cases were coded to the categories reported, and whether other types of cases might have been coded to them. There is little direct evidence about the quality of Australian suicide data. Assessments of official

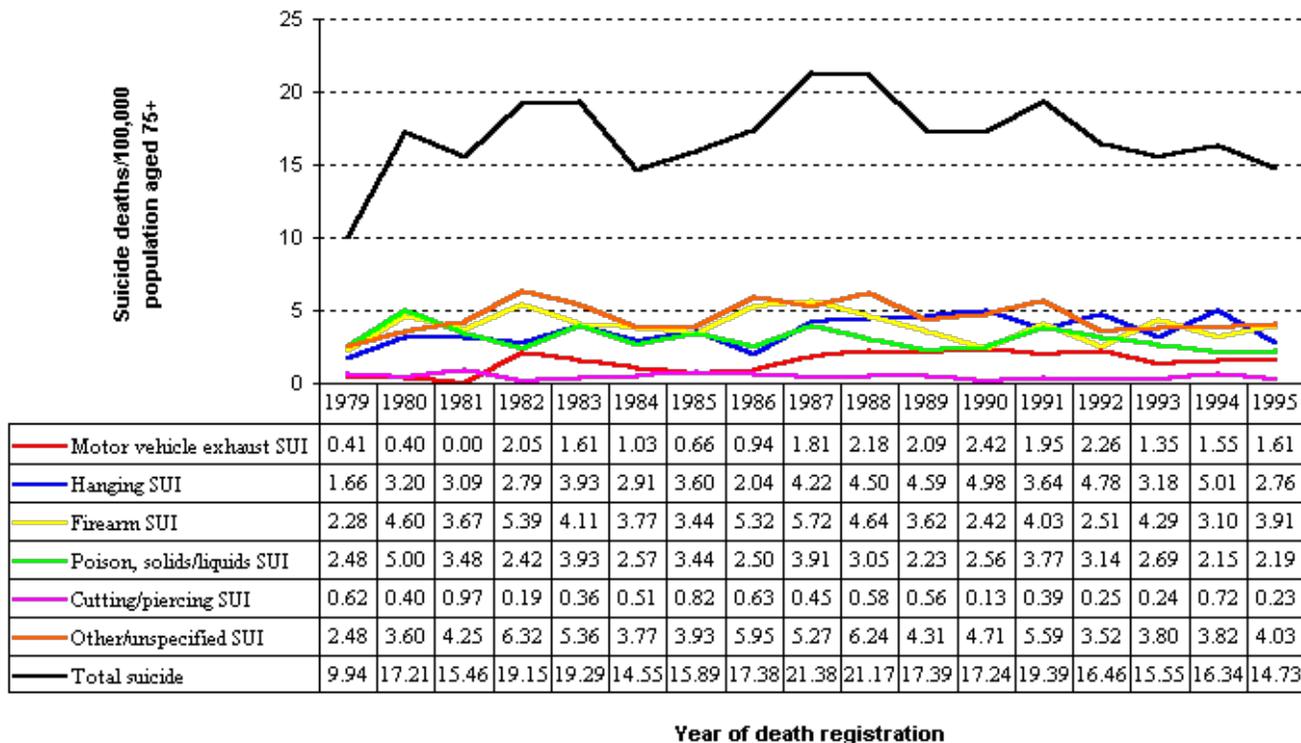
statistics on suicide deaths in several comparable countries conclude that there was a moderate degree of undercounting, and few cases falsely counted as suicide (eg [4], [5], [6]).

Disclaimer:

This is a brief analysis written in response to a specific question from one of the Centre's clients. It uses available data and should not be viewed as a detailed piece of research. The Centre releases this information in the interests of ensuring that work done for one client can inform others. The report must not be quoted or cited without written permission from the Centre.

Figure 1:

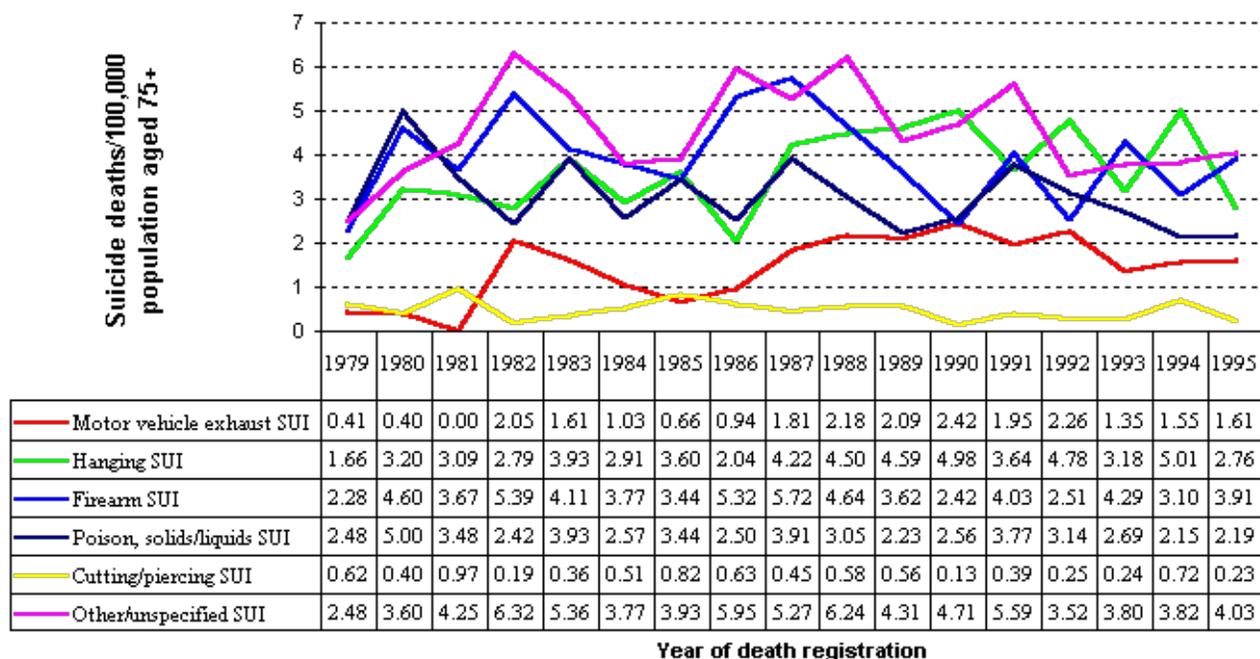
Figure 1. Suicide Australia, persons aged 75 and older, 1979 to 1995: by means of suicide (crude rates)



- No single method predominates for 'persons' suicide in this age group.
- "Total suicide" is the sum of the 6 other categories.

Figure 2

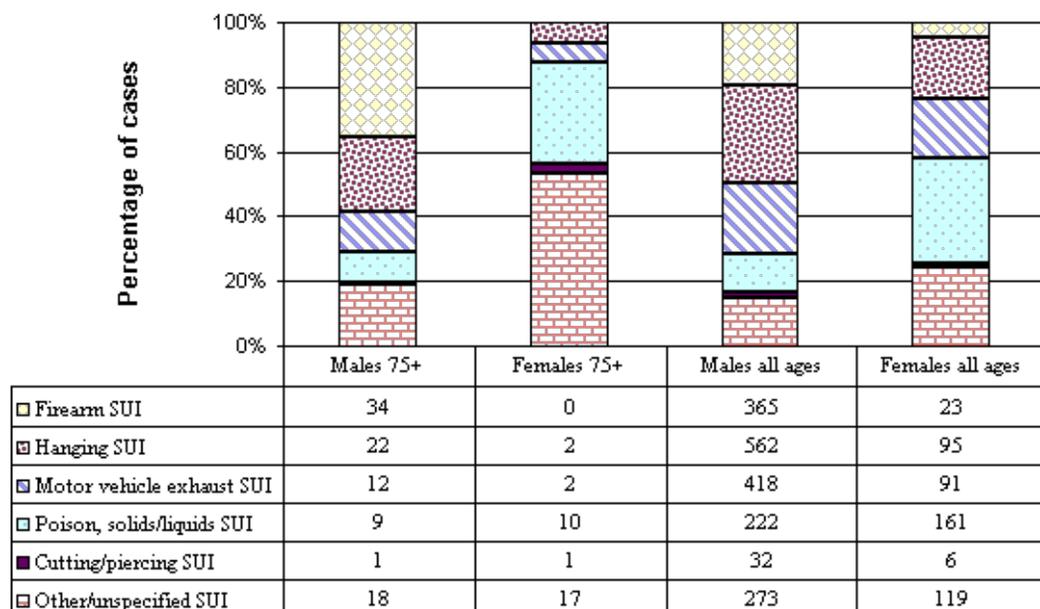
Figure 2. Suicide Australia, persons aged 75 and older, 1979 to 1995: by means of suicide (crude rates)



- The same as Figure 1 except that the 'Total suicide' curve has been omitted to show the method-specific values more clearly.

Figure 3

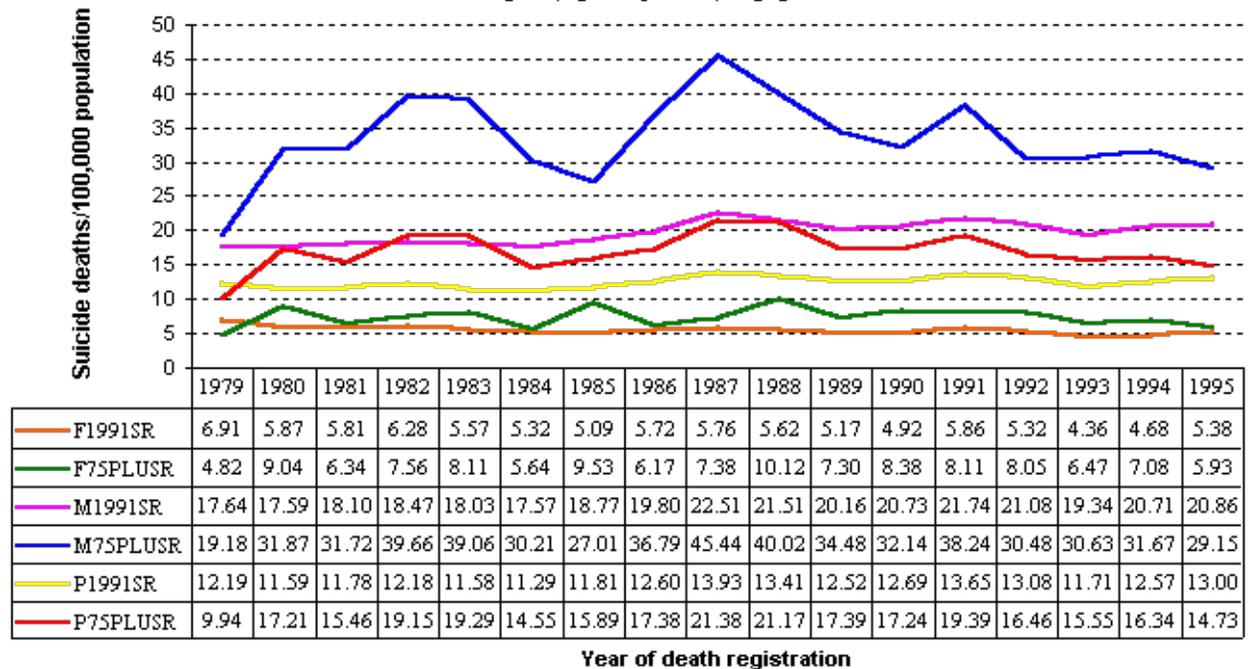
Figure 3. Suicide Australia 1995 ages 75y+ and all ages: counts and proportions of cases by method and gender



- Numbers of suicide deaths in this age group in Australia are quite small. Variation due to the small numbers accounts for much of the year to year fluctuation seen on the previous two charts. This should be taken into account if comparisons are made.
- Male cases (n=96) are much more numerous than female (n=32) overall, though not in certain "method" categories. The male:female ratio is similar to that at all ages.

Figure 4

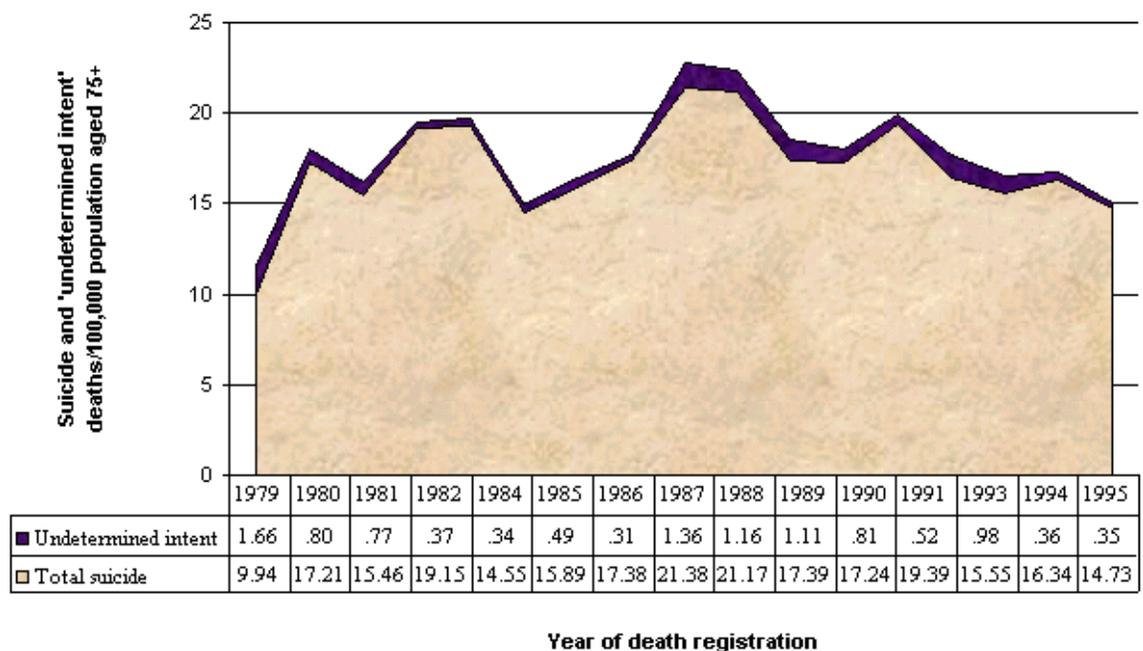
Figure 4. Suicide mortality Australia, 1979 to 1995: ages 75 & older (crude rates) and all ages (age adjusted), by gender



- Rates for females aged 75+ are similar to those at all ages.
- Rates for males aged 75+ are higher than those at all ages. The gap has narrowed in the past decade.

Figure 5

Figure 5. Suicide and 'undetermined intent' mortality Australia: persons aged 75 and older, 1979 to 1995 (crude rates)



- This Figure shows total suicide and 'undetermined intent' rates for persons aged 75+. Few cases are coded as being of 'undetermined intent' in Australia. This category is used more often in some other countries, and this should be taken into consideration if making international comparisons of 'suicide rates'. Relative use of the "undetermined" category may vary by "method".

All charts and tables are based on Australian mortality unit records and population estimates provided by the Australian Bureau of Statistics. Further information about the data sources is provided at the top of this page . Information about the definition and classification of cases and issues of data quality is available [here](#).

Suggested reading:

There is a large and diverse literature on suicide. The following book provides a good overview from an Australian perspective:

Hassan, R. Suicide explained: the Australian experience. Melbourne: Melbourne University Press, 1995.

References

- [1] World Health Organization. *International classification of diseases (1975 revision)*. Geneva: WHO, 1977.
- [2] . Bordeaux S, Harrison J. Injury Mortality Australia, 1994. Issue 13, Australian Injury Prevention Bulletin
- [3] O'Carroll PW, Berman AL, Maris RW, et al. Beyond the Tower of Babel: a nomenclature for suicidology. *Suicide Life Threat Behav* 1996; 26:237-252
- [4] Kleck G. Miscounting suicides. *Suicide Life Threat Behav* 1988; 18: 219-236.
- [5] . O'Carroll PW. A consideration of the validity and reliability of suicide mortality data. *Suicide Life Threat Behav*. 1989; 19: 1-16
- [6] Speechley M, Stavrakis KM. The adequacy of suicide statistics for use in epidemiology and public health. *Can J Public Health* 1991; 82: 38-42.