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The Public Health Association of Australia's advocacy to prevent suicide

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In December 2018, the Public Health Association of Australia (PHAA) endorsed its first Suicide Prevention Policy. The purpose of this article is to outline some concerning trends in suicide and suicide inequality, the opportunities to prevent suicide and the role of public health.

Suicide trends

The Australian suicide rate decreased in the period from 1994–1998 (17.8 per 100,000) to 2009–2013 (12.3 per 100,000).[1] However, recent trends have showed a slight increase in the standardised suicide death rate between 2007 (10.6 per 100,000 people) and 2016 (11.7 per 100,000 people).[2] The suicide death rate is now higher than the rate from motor vehicle accident deaths, and suicide is the leading cause of death of young Australians.[3] Population groups most at risk include males (especially the middle-aged and older age group),[4] Aboriginal and Torres Strait Islanders and those of lower socioeconomic status (SES). Suicide is a major cause of premature mortality for Aboriginal and Torres Strait Islander people, with a rate of suicide (23.8 per 100,000) more than twice the Australian national average. Indigenous young people (aged 15–24 years) are particularly vulnerable, with the suicide rate in 2016 almost four times that of non-Indigenous young people. Some groups from culturally and linguistically diverse backgrounds are also at higher risk of suicide, with suicide rates initially associated with country of birth[5] and the experience of detention for asylum seekers.[6] Suicidality has also been associated with the experience of disability in Australian men.[7] Deaths from suicide have recently increased for Australian women; in 2017, the age-standardised suicide rate for females was higher than that of the previous ten years.[14] In addition, deliberate self-harm is a significant issue in Australian society, particularly for young women: the rate of hospitalisation for females due to self-harm was 40% higher than for males from 1999–2000 to 2011–2012.[15]

Is there suicide inequality?

Suicide and suicidality disproportionally affect those who are poor and Aboriginal and Torres Strait Islanders. Suicide is related to unemployment and periods of economic crisis.[16] Research from both Australia and Europe has indicated a recent increase in suicide inequality. In Europe, there were 1.82 more suicides in the lowest SES group than in the highest in the 1990s, and 2.12 more suicides from the lowest to highest group in the 2000s.[8] In Australia, suicide inequality in older males (35–64 years) increased by 29% from 1999–2003 to 2004–2008, associated with an increase in suicide rates in low SES regions.[1] The PHAA is committed to reducing health inequality and has recently updated its health inequity policy.

Framing suicide prevention

Risk factors for suicide are often framed in terms of individual psychological or life experience factors; for example, experience of a mental health condition or a sudden 'crisis' event, previous attempts at suicide, or having a friend or family member who has died by suicide. However, the risk factors for mental health conditions, suicide and suicidality are multifactorial, operate at many levels and may overlap. They may involve individual, relationship/family level, workplace, societal/community, political and economic levels. For example, gender and cultural factors linked to intimate partner violence may contribute to the problem of suicide, as the experience of intimate partner abuse has been linked to suicidality.[9] Perceived racism has also been linked to suicidality, with a mediating role of depression and moderating role of religiosity.[10] Male-dominated industries such as the construction industry have also been linked to higher suicide rates (especially for men),[11] with research showing that those in the most unskilled occupations are most at risk within the construction industry.[12] While economic crises are associated with a spike in the suicide rate,[16] research from Spain showed that this trend is more pronounced for those aged 35 to 54 years and unemployed males.[13] In addition, the link between increasing inequalities and suicide and the trend in suicide inequity is not often part of the discourse on suicide.

What is the opportunity to prevent suicide?

Suicide prevention activity covers a broad range of policy and program activity that may include: limiting access to the means of suicide through legislation and policy; provision of education on mental health and suicide prevention, including in schools, workplaces and across community venues; providing support and transition for those affected by changing workplace conditions and retrenchment; training frontline workers on understanding suicide; provision of timely access to mental health information, support and services; timely community based support for those who have exhibited suicidality or have made a suicide attempt; and postvention support for those bereaved by suicide.

Additionally, suicide prevention strategies should consider the complex way in which individual, relationship/family level, workplace, societal/community, political and economic factors may overlap. Investment in tailored, multi-sectoral and community-level interventions and prevention for populations at high risk of suicide and self-harm is required.

Given the role of inequality in suicide, suicide prevention advocacy should also consider the social determinants of health and policies to reduce health inequities. More research is required on the social determinants of suicide.

Why the PHAA Policy Position Statement is important

The Policy Position Statement makes several important requests. It calls on the Australian Government to support and fully resource national and state and territory suicide prevention and mental health strategies, including those for Aboriginal and Torres Strait Islander people, and to develop specific strategies for high suicide risk groups, including middle-aged men.

Trends for the future include monitoring the increasing suicide inequality in Australia and understanding how socioeconomic inequalities have an impact upon suicide and interact with other issues, including individual, cultural and political/economic factors.

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