

Mindframe media alert

Australian Bureau of Statistics (ABS) Causes of Death data 2016

27 September 2017
please cascade to all media staff

The Australian Bureau of Statistics (ABS) has today released its 2016 Causes of Death data - which includes annual national suicide information.

Mindframe will endeavour to update the website - www.mindframe-media.info - with a full analysis of the suicide data in the next 24 hours. However, the media should note the following information about today's publication:

The 2016 suicide data presented in the ABS publication are 'preliminary data' and will be subject to an annual revision process for the next two years. Key preliminary data include:

- In 2016, preliminary data 2,866 total suicide deaths (age-specific rate 11.8 per 100,000), 2,151 males (17.9 per 100,000) and 715 females (6.2 per 100,000). There were 3,027 deaths in 2015.
- Suicide rates reduced across many age groups, including a moderate reduction in suicide rates for males in the high risk age groups of 35-49 years.
- There were modest increases from 2015 to 2016 in suicide rates for other age groups including males 15-24 years and females 20-34 years.
- There were decreases in rates and numbers across most states and territories in 2016 when compared to 2015. The biggest reduction in number was in Queensland, which has contributed to the overall decrease in the number/rate of Australian suicides in 2016.
- The highest age-specific suicide rate for males was observed in the 85+ age group (34.0 per 100,000) with 61 deaths.
- However, 30 to 55 years recorded 1,026 deaths, with ages 40 to 55 with an average rate of 27.2 per 100,000 – compared to the male average of 17.9 per 100,000. These are a reduction on last year's rates and numbers for this age group.
- The lowest age-specific suicide rate for males was in the 0-14 year age group (0.4 per 100,000) with nine deaths recorded and the 15-19 year age group with 101 deaths recorded (13.4 per 100,000).
- The highest age-specific suicide rate for females was observed in the 50-54 age group 82 deaths (10.4 per 100,000). The lowest age-specific suicide rate for females was observed in the 0-14 age group (0.3 per 100,000) followed by the 65-69, 70-74 and 80-84, age groups (4.1, 5.1 and 5.1 per 100,000 respectively). There was a rise in rate and number for females 20-34 years from 2015 to 2016 with 173 and 203 deaths respectively.
- Consistently over the past 10 years, the number of suicide deaths was approximately 3 times higher in males than females. In 2016, approximately 75% of people who died by suicide were male.
- 1.9% of all deaths were attributed to suicide in 2015. The proportion of total deaths attributed to suicide was higher in males (2.8%) than females (0.9%).

Also presented in the latest ABS publication are:

- 2014 (first revision) and both 2015 and 2016 preliminary data. The first revision of 2015 and final revision of 2014 data will be available in early 2018;
- For those of Aboriginal and Torres Strait Islander descent, there were 162 deaths by suicide (119 male, 43 female), which was the 5th most common cause of death. For NSW, Qld, SA, WA and NT, the standardised death rate for Aboriginal and Torres Strait Islander People (23.8 per 100,000) was more than twice the rate of non-Indigenous (11.4 per 100,000).

To view the ABS 2016 Causes of Death data, please visit:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3302.0Main%20Features12016?opendocument&tabname=Summary&prodno=3302.0&issue=2016&num=&view=>

Mindframe National Media Initiative: additional notes for the media

Suicide is a complex issue and sensationalist or inaccurate reporting of this subject can impact on vulnerable members of the community. The following guidelines should be used in conjunction with [media industry codes](#) of practice for reporting suicide.






HELPFUL WAYS TO PRESENT INFORMATION

Suicide is an important issue of community concern. While there is limited research evidence to support positive outcomes related to media reporting of suicide, it is generally agreed that:

- Media play an important role in reporting about the broader issue of suicide, which includes analysis of policy, practice, research, rates and trends, and other areas of public interest
- Covering suicide sensitively and accurately can challenge public misconceptions and myths, increase community awareness and encourage discussion and prevention activities¹⁶
- It is helpful when the community is informed about the risk factors of suicide, including warning signs, the importance of taking suicidal thoughts seriously and providing information about where people can get support¹⁷
- Coverage that focuses on personal stories about overcoming suicidal thinking can promote hope and may encourage others to seek help¹⁸
- Reporting that focuses on suicide as a health and community issue helps to increase community awareness and decrease stigma¹⁹
- Reports that show the impact that suicide has on individuals and communities can increase understanding about the experiences of those affected by suicide.²⁰

Consider the language you use

Certain ways of describing suicide can alienate members of the community or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems. Some suggestions are provided below.

Issue 	Problematic 	Preferred 
Language that presents suicide as a desired outcome ⁵¹	'successful suicide', 'unsuccessful suicide'	'took their own life', 'ended their own life', 'died by suicide'
Phrases that associate suicide with 'crime' or 'sin' ⁵²	'committed suicide', 'commit suicide'	'died by suicide', 'took their own life'
Language that glamorises a suicide attempt ⁵³	'failed suicide', 'suicide bid'	'made an attempt on his life', 'suicide attempt', 'non-fatal attempt'
Phrases that sensationalise suicide ⁵⁴	'suicide epidemic'	'higher rates', 'increasing rates', 'concerning rates'
Gratuitous use of the term 'suicide' out of context	'suicide mission', 'political suicide', 'suicide pass' (in sport)	refrain from using the term suicide out of context

Help-seeking information

Adding help-seeking information to stories (online, print and broadcast) can provide somewhere for people who may be adversely impacted by the coverage to find professional support.

Key national 24/7 crisis support services include:

- **Lifeline** 13 11 14 www.lifeline.org.au
- **Suicide Call Back Service** 1300 659 467 www.suicidecallbackservice.org.au
- **MensLine Australia** 1300 789 978 www.mensline.org.au
- **beyondblue** 1300 224 636 www.beyondblue.org.au

Key national youth support services include:

- **Kids Helpline** 1800 55 1800 www.kidshelp.com.au
- **headspace** 1800 650 890 www.headspace.org.au

Self-care

Reporting suicide can also impact to the welfare of journalists. To support media professionals *Mindframe*, in consultation with the [DART Centre Asia Pacific](#), has developed journalism self-care resources for media professionals reporting suicide and mental illness. These resources include self-care tips for journalists as well as and advice for editors and line managers, and can be found [here](#).

Story sources and contacts

A list of Communications Managers from national mental health and suicide prevention organisations is available: www.mindframe-media.info/for-media/reporting-suicide/story-sources-and-contacts

The *Mindframe* National Media Initiative can provide media comment or expert advice on media reporting of suicide and/or mental illness. Our spokespeople include:

- **Marc Bryant**, Program Manager *Mindframe* National Media Initiative

For media and interview enquiries, please contact Brooke Cross, Communications Lead, 0414 292 403.

For further information or advice, please visit the [Mindframe website](#) or contact:

- **The *Mindframe* project team**
Tel: 0427 227 503
Email: mindframe@hnehealth.nsw.gov.au
Twitter: @MindframeMedia
- **The SANE Media Centre**
Tel: 03 9682 5933 Mob: 0407 367 215
Email: media@sane.org