

## **Mindframe media alert**

### **Australian Bureau of Statistics (ABS) Causes of Death data 2015**

**28 September 2016**  
**please cascade to all media staff**

**The Australian Bureau of Statistics (ABS) has today released its 2015 Causes of Death data - which includes annual national suicide information.**

*Mindframe* will endeavour to update the website - [www.mindframe-media.info](http://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 2015 suicide data presented in the ABS publication are 'preliminary data' and will be subject to a continued revision process. Key preliminary data include:

- In 2015, preliminary data showed 3,027 total suicide deaths (age-specific rate of 12.7 per 100,000); 2,292 males (19.4 per 100,000) and 735 females (6.2 per 100,000). There were 2,864 deaths in 2014 (12.2 per 100,000)
- The highest age-specific suicide rate for males was observed in the 85+ age-group (39.3 per 100,000) with 68 deaths
- However, there were 1,160 suicide deaths in males aged 30-54, with ages 40-54 all recording an age-specific rate of 30.9 per 100,000 – compared to the overall male rate of 19.4 per 100,000
- The lowest age-specific suicide rate for males was in the 0-14 age-group 6 deaths (0.3 per 100,000) and the 15-19 age-group 89 deaths (11.8 per 100,000)
- The highest age-specific suicide rate for females was observed in the 45-49 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 with 8 deaths (0.4 per 100,000), followed by the 65-69, 60-64 and 75-79 age-groups (4.5, 5.4 and 5.4 per 100,000 respectively). The 15-19 female age-group rate rose from 5.3 per 100,000 in 2014 (38 deaths) to 7.8 per 100,000 in 2015 (56 deaths)
- Consistently over the past 10 years, the number of suicide deaths has been approximately three times higher in the male population, than in the female. In 2015, 75.6% of suicide deaths were male
- Of all deaths in 2015, 1.9% was attributed to suicide. 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:

- 2013 (first revision) and both 2014 and 2015 preliminary data. The first revision of 2014 and 2015, and the final revision of 2013 data will be available in early 2017
- Death by suicide for children (0-14 years) is rare in Australia (0.3 per 100,000). Age-specific suicide rates are low for both males (0.3 per 100,000) and females (0.4 per 100,000)
- For those of Aboriginal and Torres Strait Islander descent, there were 152 deaths by suicide (110 male, 42 female), which was the 5<sup>th</sup> most common cause of death. For NSW, Qld, SA, WA and NT, the standardised death rate for Aboriginal and Torres Strait Islander people (25.5 per 100,000) was twice the rate of non-Indigenous people (12.5 per 100,000).

To view the ABS (2016) Causes of Death for 2015 data, please visit: <http://bit.ly/2cBi1E3>

### **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 activities<sup>16</sup>
- 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 support<sup>17</sup>
- Coverage that focuses on personal stories about overcoming suicidal thinking can promote hope and may encourage others to seek help<sup>18</sup>
- Reporting that focuses on suicide as a health and community issue helps to increase community awareness and decrease stigma<sup>19</sup>
- Reports that show the impact that suicide has on individuals and communities can increase understanding about the experiences of those affected by suicide.<sup>20</sup>

## 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 <sup>51</sup>	'successful suicide', 'unsuccessful suicide'	'took their own life', 'ended their own life', 'died by suicide'
Phrases that associate suicide with 'crime' or 'sin' <sup>52</sup>	'committed suicide', 'commit suicide'	'died by suicide', 'took their own life'
Language that glamorises a suicide attempt <sup>53</sup>	'failed suicide', 'suicide bid'	'made an attempt on his life', 'suicide attempt', 'non-fatal attempt'
Phrases that sensationalise suicide <sup>54</sup>	'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](http://www.lifeline.org.au)
- **Suicide Call Back Service** 1300 659 467 [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)
- **MensLine Australia** 1300 789 978 [www.mensline.org.au](http://www.mensline.org.au)
- **beyondblue** 1300 224 636 [www.beyondblue.org.au](http://www.beyondblue.org.au)

### Key national youth support services include:

- **Kids Helpline** 1800 55 1800 [www.kidshelp.com.au](http://www.kidshelp.com.au)
- **headspace** 1800 650 890 [www.headspace.org.au](http://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](http://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 further information or advice, please visit the [Mindframe website](#) or contact:

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