

Mindframe media alert

Australian Bureau of Statistics (ABS) Causes of Death data 2014

8 March 2016

please cascade to all media staff

The Australian Bureau of Statistics (ABS) has today released its 2014 Causes of Death data - which includes annual national suicide information.

The Mindframe website - www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats/_nocache – has a full analysis of the suicide data for media and communications professionals.

Please ensure that reporting is responsible and alerts rather than alarms vulnerable members of the community (See more below).

Snap shot of today's publication:

The 2014 suicide data presented in the ABS publication are 'preliminary data' and will be subject to a continued revision process. Key preliminary data include:

- There were 2,864 deaths by suicide (2,160 males and 704 females)
- While suicide rates are lower than the most recent peak in 1997 (**14.6** per 100,000) they have increased between 2013 (**10.9** per 100,000) and 2014 (**12.0** per 100,000)
- The 2014 age-standardised suicide rate for males was **18.4 per 100,000**, and for females, the age-standardised suicide rate in 2014 was **5.9 per 100,000**, compared to **4.8 per 100,000** in 2010
- The highest rate for males was in those aged 85 years and over (**37.6 per 100,000**) followed by the 40-44 and 50-54 year age groups (**29.9 per 100,000** and **29.2 per 100,000** respectively)
- The lowest age-specific suicide rate for males was in the 0-14 year age group (**0.3 per 100,000**) and the 15-19 year age group with **12.1 per 100,000** compared to **14.9 per 100,000** in 2013)
- The highest age-specific suicide rate for females in 2014 was observed in the 35-39 age group (**9.2 per 100,000**). The lowest age-specific suicide rate for females was observed in the 0-14 age group (**0.7 per 100,000**)
- Suicide accounted for 1.9% of deaths from all causes in 2014. In males 2.8% of all deaths were attributed to suicide, while the rate for females was 0.9%
- Suicide rates in Australia peaked in 1963 (**17.5 per 100,000**), declining to 11.3 per 100,000 in 1984, and climbing back to **14.6 in 1997**. Rates have been lower than this since that year. The age-standardised suicide rate for persons in 2014 was **12.0 per 100,000**

- Aboriginal and Torres Strait Islanders peoples are almost **twice more likely** to die by suicide than non-Indigenous people and there were 143 deaths due to suicide (102 male, 41 female)
- In 2014, suicide accounted for **5.2%** of all Indigenous deaths compared to **1.8%** for non-Indigenous people.

Notes about using the statistics

Also presented in the latest ABS publication are:

- The gap between preliminary and subsequent revisions, has been closing due to ABS receiving information faster from coronial process in each state and territory
- ABS advises that care should be taken in comparing 2014 suicide data with:
 - Previous revisions, as some data have been subject to a quality improvement process
 - Pre-2006 data as the previous years are not subject to the revision process.
- Due to the relatively small numbers of suicides in some states and territories, even one or two deaths can have a significant impact on standardised suicide rates. Thus comparisons across Australia must be done cautiously.

Further information about the ABS Causes of Death data 2014 can be viewed at:

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>

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

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

- **Jaelea Skehan**, Director Hunter Institute of Mental Health
- **Marc Bryant**, Program Manager *Mindframe* National Media Initiative

For interviews, please contact **Brooke Cross**, Senior Communications Officer Hunter Institute of Mental Health on **02 4924 6906; 0414 292 403; Brooke.Cross@hnehealth.nsw.gov.au**

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

Further information

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

- **The *Mindframe* project team**
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