

## 3.13 Self-harm and suicide

### Why this measure is included

Mental health problems affect a young person's quality of life and emotional wellbeing and their capacity to engage in school, community, sport and cultural activities – and eventually the work place. Mental health problems are also a risk factor for self-harm and suicide<sup>188</sup>. Intentional self-harm and suicide are responsible for a significant proportion of mortality and morbidity in young people. In the last decade there has been a greater focus on the development of prevention strategies to reduce suicide morbidity and mortality, particularly in young people.<sup>189</sup>

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

### What is this measure?

Measures available for self-harm and suicide are limited, particularly in relation to children and young people, due to the low numbers involved and the need to protect confidentiality, and due to difficulties in determining intent in the cause of death for suicide.

All data is gathered from the Public Health Division, Department of Health. Data is expressed as rates per 100,000 to preserve confidentiality where numbers are low. Caution should also be used in interpreting trends in data due to the low numbers involved.

Self-harm refers to the deliberate infliction of injury or harm on the body. In the majority of cases it is not intended to be fatal and is not an attempt at suicide.<sup>190</sup> Rates of self-harm increase with age with those aged 15 to 17 years having the highest rates. This measure provides information on hospitalisations due to injury or poisoning in WA of children and young people as a result of intentional self-harm. The age-adjusted rates (AAR) per 100,000 are for young people aged 13 to 17 years as the number of hospitalisations in children younger than 13 years is extremely small. The data does not distinguish between self-harm that is an attempt at suicide and self-harm that is not intended to be fatal.

This measure also includes data on the number of deaths of WA children and young people aged 13 to 17 years due to intentional self-harm, during the period 2005 to 2012.

Research indicates that the vast majority of young people who self-harm do not present for hospital treatment<sup>191</sup> at all and therefore the following data is most likely an underrepresentation of the actual number of young people intentionally self-harming.

**Table 3.40: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2012**

	Number	ASR
13 years	118	49.8
14 years	283	118.7
15 years	417	173.9
16 years	696	288.2
17 years	658	269.8
13 to 17 years	2,172	180.9

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Table 3.41: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by year of age, Western Australia, 2005 to 2012**

	Number						AAR
	13 years	14 years	15 years	16 years	17 years	13 to 17 years	13 to 17 years
2005	20	37	41	83	83	264	177.7
2006	14	23	50	56	73	216	141.0
2007	11	16	48	66	68	209	133.3
2008	11	26	40	55	73	205	127.5
2009	13	37	48	82	82	262	154.6
2010	18	27	50	111	90	296	171.4
2011	12	42	53	91	80	278	159.5
2012	19	75	87	152	109	442	253.8
Total	118	283	417	696	658	2,172	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Table 3.42: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, by Aboriginal status, Western Australia, 2005 to 2012**

	Non-Aboriginal		Aboriginal	
	Number	ASR	Number	ASR
13 years	106	43.9	12	87.5
14 years	259	106.7	24	178.0
15 years	386	157.5	31	234.3
16 years	654	262.0	42	324.4
17 years	608	240.7	50	395.7
13 to 17 years	2,013		159	

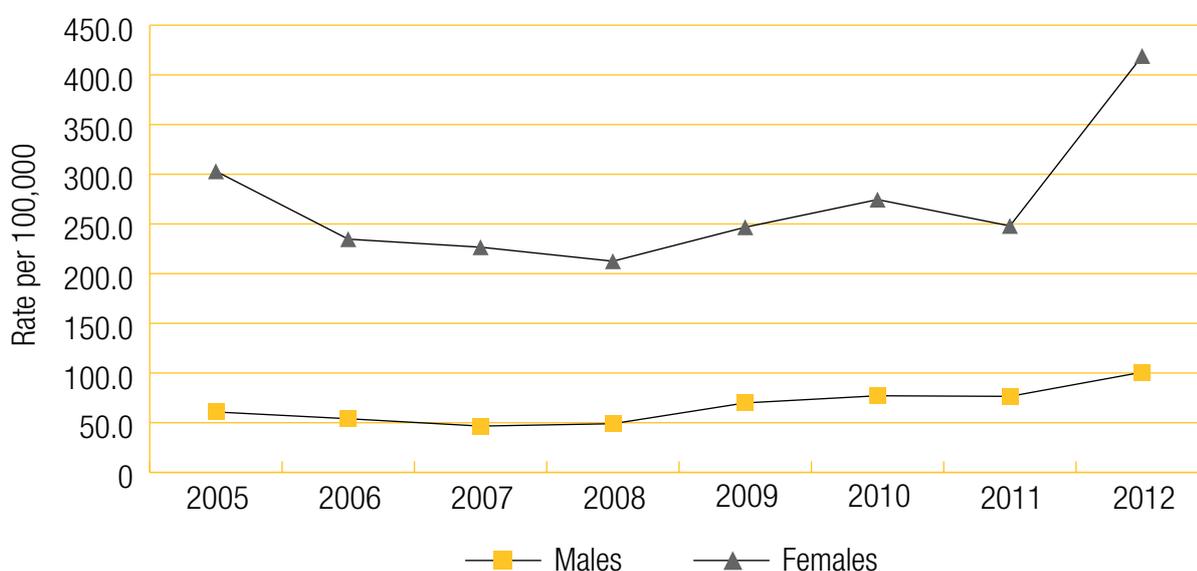
Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Table 3.43: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012**

	Males		Females	
	Number	AAR	Number	AAR
2005	47	60.8	217	303.0
2006	43	54.0	173	234.7
2007	38	46.6	171	226.6
2008	41	49.0	164	212.5
2009	62	69.9	200	246.7
2010	70	77.1	226	274.5
2011	70	76.5	208	248.0
2012	92	100.8	350	419.0
Total	463		1,709	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Figure 3.17: Hospitalisations due to intentional self-harm among young people 13 to 17 years: age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012**



Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Table 3.44: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by remoteness of residence, Western Australia, 2005 to 2012**

	Metropolitan		Regional		Remote	
	Number	AAR	Number	AAR	Number	AAR
2005	187	154.3	47	201.5	17	n/a
2006	148	118.0	34	145.7	21	239.3
2007	151	117.7	33	138.9	9	n/a
2008	151	114.9	35	143.6	12	n/a
2009	188	135.1	35	139.9	17	n/a
2010	213	150.1	38	153.1	26	285.3
2011	195	136.5	38	165.4	27	302.6
2012	326	233.5	69	264.9	36	344.8
Total	1,559		329		165	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

**Table 3.45: Deaths due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2011**

	Number	ASR
13 years*	n/a	n/a
14 years*	n/a	n/a
15 years	11	5.0
16 years	16	7.1
17 years	24	10.6
13 to 17 years	51**	5.0

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished).

\* Information for this age group has been suppressed for confidentiality reasons.

\*\* Only includes the number of deaths for the age group 15 to 17 years.

## Commentary

### Self-harm

Intentional self-harm is the second highest cause of death<sup>192</sup> in young people aged 13 to 17 years and resulted in more than 2,100 hospitalisations of WA young people between 2005 and 2012 (Table 3.40). The age-adjusted rate (AAR) per 100,000 young people aged 13 to 17 years fluctuated between 2005 and 2011 with a low of 127.5 in 2008 and a peak of 253.8 in 2012.

The recent increase is accounted for by both genders: the number of hospitalisations increased by 31.4 per cent for males and by 68.3 per cent for females from 2011 to 2012 (see Table 3.43). Tracking of future years will be required to see if this increase represents a continuing trend rather than a peak in a fluctuating pattern. However, contacts with the Kids Helpline from young people regarding issues with self-harm have shown an upward trend over the last three years with the numbers doubling between 2009 and 2012<sup>193</sup>.

The age-specific rates (ASRs) for hospitalisations from intentional self-harm generally increase with age (Table 3.40) with substantially lower ASRs for those aged 13 years (49.8) compared to those aged 16 and 17 years (288.2 and 269.8 respectively). Young people aged 16 years have the greatest likelihood of hospitalisation due to intentional self-harm (Tables 3.40 and 3.41).

Aboriginal young people aged 13 to 17 years are more likely than non-Aboriginal young people to be hospitalised for intentional self-harm. In 2012, Aboriginal young people had a higher ASR per 100,000 in each individual age group, particularly for those aged 13 years, 14 years and 17 years where the rate was almost twice the rate for non-Aboriginal young people (Table 3.42).

In terms of gender, young women were hospitalised for intentional self-harm at more than four times the rate of young males. In 2012, the AAR per 100,000 females aged 13 to 17 years was 419 compared to a rate of 101 per 100,000 males (Table 3.43). The rate of hospitalisations due to intentional self-harm has increased between 2005 and 2012 with a particularly strong increase between 2011 and 2012 (Figure 3.17).

Young people aged 13 to 17 years who are living in remote areas of WA are more likely to be hospitalised due to intentional self-harm than young people in regional or metropolitan areas. In 2012, the AAR per 100,000 young people 13 to 17 years in remote areas was 344.8 which compares to a rate of 264.9 for young people in regional areas and a rate of 233.5 for young people in metropolitan areas. Reflective of the overall increase in self-harm hospitalisations between 2005 and 2012, all of the areas of residence categories have shown a substantial increase in hospitalisations due to self-harm between 2005 and 2012 (Table 3.44).

## Suicide

Data on deaths from suicide is influenced by a range of factors such as the criteria used for determining cause of death due to uncertainty about suicidal intent, particularly for children and young people. Further to this, the number of suicides in children under the age of 15 years is small and in order to protect confidentiality is not reported on in detail each year. Therefore the data is not reported on annually but rather as aggregated data over several reference years combined.

Despite the low numbers of suicides in children under the age of 15 years, they make up a significant proportion of all deaths in this age group.<sup>194</sup> The data from WA shows that deaths by injury or poisoning from intentional self-harm is the second highest cause of death in children and young people aged 0 to 17 years in the period 2005 to 2011<sup>195</sup>.

The vast majority of these deaths are in young people aged 13 to 17 years and generally the rate increases with age with those aged 17 years having the highest ASR per 100,000 of 10.6 for the period 2005 to 2011 (Table 3.45).

Despite young women having significantly higher rates of hospitalisation for self-harm, young males were much more likely to die as a result of intentional self-harm with a rate of 6.7 per 100,000 compared to a rate of 3.9 per 100,000 young females between 2005 and 2011<sup>196</sup>.



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The rates for deaths as a result of intentional self-harm of Aboriginal young people and young people living in regional areas are not presented because the numbers involved are small and therefore cannot be published in order to protect confidentiality.

## Strategies

### **Mental Health 2020: Making it personal and everybody's business, Government of Western Australia (released 2010)**

The ten-year strategic policy for mental health in Western Australia sets out the State's mental health priority areas for action and provides a framework for addressing these issues over the next decade. The policy is available at [www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms.aspx)

### **Mental Health 2020: Making it personal and everybody's business – Action Plan 2012–13, Government of Western Australia**

The action plan supports and implements the strategic policy and maps what the Mental Health Commission will do in 2012–13 to improve mental health services and is available at [www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms.aspx)

### **Western Australian Suicide Prevention Strategy 2009–2013, Government of Western Australia**

The strategy is aligned to the National Suicide Prevention Strategy and provides a framework for addressing suicide in Western Australia and is available at [www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/WA\\_Suicide\\_Prevention\\_Strategy.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_Suicide_Prevention_Strategy.sflb.ashx)

### **National Mental Health Commission. Strategies and Actions 2012–2015, Commonwealth Government**

This document sets out the strategies and actions to guide the National Mental Health Commission's work for 2012 to 2015 and is available at [www.mentalhealthcommission.gov.au/media/5039/strategicactions\\_2012%20to2015.pdf](http://www.mentalhealthcommission.gov.au/media/5039/strategicactions_2012%20to2015.pdf)

### **The Roadmap for National Mental Health Reform 2012–2022**

This document outlines the direction governments will take over the next 10 years in regard to mental health reform, available at [www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf](http://www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf)

### **National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, May 2013**

The overarching objective of the Strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities.

Further information is available at: [www.healthinonet.ecu.edu.au/key-resources/bibliography?page=1&q=suicide&q\\_exact=&q\\_author=&q\\_keyword=&sorter=year-DESC&health\\_topic\[\]=11&year\\_start=1840&year\\_end=2013&lid=25209](http://www.healthinonet.ecu.edu.au/key-resources/bibliography?page=1&q=suicide&q_exact=&q_author=&q_keyword=&sorter=year-DESC&health_topic[]=11&year_start=1840&year_end=2013&lid=25209)

### **National Mental Health Commission. A Contributing Life: The 2013 National Report Card on Mental Health and Suicide Prevention.**

This is the second report card released by the National Mental Health Commission providing a comprehensive overview of the Commission's recommendations for improving mental health in Australia. The report has a number of accompanying documents including a technical report and is available at [www.mentalhealthcommission.gov.au/media/94321/Report\\_Card\\_2013\\_full.pdf](http://www.mentalhealthcommission.gov.au/media/94321/Report_Card_2013_full.pdf)



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## **Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014, Commonwealth Government**

The plan articulates a whole-of-government approach to mental health based on a population health framework that recognises the complex range of factors that influence mental health and wellbeing. The plan is available at [www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09)

### **Want to know more?**

#### **Data**

The Australian Bureau of Statistics publishes cause of death data and other data specifically on suicide in Australia. Further information is available at [www.abs.gov.au](http://www.abs.gov.au)

Data is also available through the National Mental Health Commission's 2013 National Report Card (see above).

#### **Research, reports and articles**

headspace has a range of research, information sheets and other resources on youth suicide and mental health available through their website [www.headspace.org.au](http://www.headspace.org.au)

The Commonwealth Department of Health publishes a range of articles and other resources on mental health, available at [www.health.gov.au/internet/main/publishing.nsf/Content/publications-Mental+health](http://www.health.gov.au/internet/main/publishing.nsf/Content/publications-Mental+health)

#### **Other information**

Ombudsman of Western Australia (2014) Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people. Available at [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au)

Suicide Prevention Australia (2010) Position Statement: Youth Suicide Prevention. Available at [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)

