

# Suicide Among Young Australians

The concern to prevent suicide among young Australians is welcome and appropriate. However, in placing the suicide of young people in context we see that the problem is not just a problem for young people, and is not uniquely Australian. DAVID DE VAUS reports that suicide among other groups should not be overshadowed by the attention given to youth suicide.

Recently there has been a good deal of public concern about suicide among young people, with newspapers regularly reporting statistics of one sort or another about the youth suicide rates in Australia. The Commonwealth Government's National Mental Health Strategy has identified youth suicide prevention as a priority area and is investigating possible strategies for further action in this area.

The concern to prevent suicide among young Australians is welcome and appropriate. It is, however, important to keep the rates of youth suicide in perspective, and to see the Australian suicide rates for young people in a context. Unless we do this there is the danger that we misunderstand the dimensions and nature of the problem and thus focus on inappropriate strategies to deal with the issue.

To provide this sense of perspective, following types of questions should be kept in mind: How common is suicide among young people? Is it a growing problem? Is suicide more prevalent among young people than among other age groups? Are some groups of young people more in danger of committing suicide than others? Is suicide among young people a peculiarly Australian problem?

## Changes in Australian Suicide Rates 1982–1994

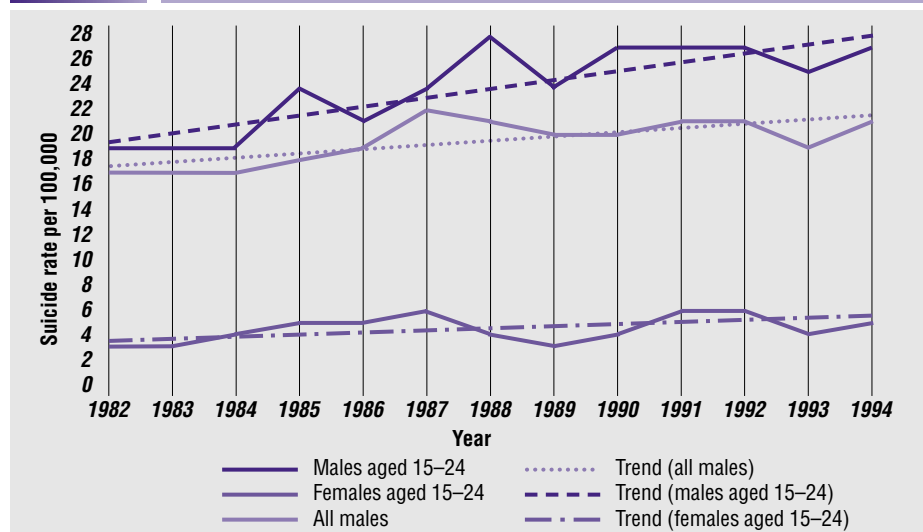
Suicide rates are expressed as the number of completed suicides per 100,000 population. Thus a suicide rate of 27 for males aged 15–24 in 1994 means that for every 100,000 young males, 27 killed themselves in 1994. Care needs to be taken in examining suicide rates over time and between countries as methods of recording and definitions may vary; certainly some deaths that are suicides are not recorded as such, and this may vary with the efficiency of methods of recording official statistics.

### Increase in youth suicide

Figure 1 shows that among young men in particular there has been an increase in the suicide rate from the early 1980s (when the rate was 19) to the mid-1990s (when the rate was 27 in 1994). This represents an increase of 42 per cent over the period. Among young

women, the rate increased by 33 per cent (from three in 1982 to four in 1994). The trend lines (straight lines) in Figure 1 demonstrate the upward trend in suicide for young men and women. The steeper trend line for young males indicates the greater increase is suicides for young men.

Figure 1 Male and female suicide rates for 15–25-year-olds, 1982–1994



# Among Australians

## Age differences in suicide rates

To make sense of the increased trend rate for young men it is necessary to compare this with the changes in suicide rate for men of other ages over the same period. Figure 1 shows that there has been an increased suicide rate overall among men (to which the increase among young males contributes), but that the overall male rate is not increasing at quite the same rate as for young males.

Table 1 provides a detailed picture of the increase in suicide rate among men in

different age groups. Several key points stand out from this table and show that the increase in young men taking their own lives is not restricted to this age group. We need, therefore, to look beyond the experiences of young men to make full sense of this phenomenon.

In particular, Table 1 shows that the increased suicide rate trend is evident for all age groups of men under the age of 54, although it is steepest among younger men, and that the suicide rate among older men aged 55 and over has declined over the

same period. The declining rate of suicide among older men is an important change and deserves further investigation for what it may teach us about suicide among younger groups.

While the suicide rate for young men has increased at a sharper rate than for other males, Table 1 shows that essentially the rate among young men has increased to a rate similar to that of other men under the age of 55. It remains the case that the age groups most prone to suicide remains males aged 25–34 and 75 and over. The increase in the suicide rate for young males should not overshadow the continuing high rates among other age groups. Of course if this trend continues it will pass that of other men, but it remains to be seen whether this will happen.

It is true that the suicide rate of young men is higher than the male suicide rate overall (in 1994 the figures were 27 for young men compared with 21 for all males) and this fact is sometimes pointed to in discussions about the high rate of youth suicide. But the fact that the age specific suicide rates are higher than the total suicide rate applies to all age groups over the age of 15, and reflects the fact that the total suicide rate is calculated on a population base that includes boys under the age of 15 where suicide is a rare phenomenon. This has the effect of deflating the overall suicide rate and making the youth suicide rate appear far higher than among other males.

## Male and female differences

The trend patterns in suicide rates are very different for women and men. Table 2 shows that among women under the age of 45 the suicide rate has changed very little since 1982, and is essentially steady. Among women aged 45 to 75 the suicide rate has almost halved since 1982 – a much sharper rate of decline than among older men, and a pattern that is more evident among younger age groups than among men.

**Table 1** Male suicide rates by age, 1982–94 (per 100,000 population in age group)

	Males							Total
	15–24	25–34	35–44	45–54	55–64	65–74	75+	
1982	19	25	20	22	24	28	40	17
1984	19	24	20	23	24	25	30	17
1986	21	28	24	23	25	27	37	19
1988	28	28	26	24	24	28	40	21
1990	27	29	25	21	25	26	32	20
1992	27	30	25	26	23	27	30	21
1994	27	29	26	25	23	24	32	21

Sources: ABS (1994), and DSH (1996) for 1982–92 data, and ABS customised data for 1994.

**Table 2** Female suicide rates by age, 1982–94 (per 100,000 population in age group)

	Females							Total
	15–24	25–34	35–44	45–54	55–64	65–74	75+	
1982	3	7	8	13	11	10	8	6
1984	4	7	7	11	8	6	6	5
1986	5	6	8	11	8	8	6	6
1988	4	7	7	8	9	7	10	6
1990	4	7	6	7	6	8	8	5
1992	6	7	7	6	7	7	8	5
1994	4	6	7	6	6	5	7	5

Sources: ABS (1994), and DSH (1996) for 1982–92 data, and ABS customised data for 1994.

Regardless of their age, females are far less likely than men to successfully commit suicide. Table 2 shows that for all age groups in each of the years the female suicide rate is far lower than that of similarly aged men. In 1994 the suicide rates for young males (aged 15–24) were almost eight times as high as that for young females.

There is speculation as to the reasons why young males have a higher suicide rate than young females.

One possible explanation is that unemployment has a greater impact on young males. Since the mid-1960s at least, there is certainly a close correlation between the increase in the unemployment rate for young males and the increase in the suicide rate for young males (Morrell et al. 1993). The importance of work to the identity of men may also be related to the concentration of increased suicide for men aged under the age of 55 years.

Another possible explanation is that males are simply more successful than females in their attempts at suicide. Men are more likely than young women to use violent means, such as firearms or strangulation – 62 per cent of successful suicides among young males compared with 37 per cent of young females. Young females are more likely to use poisoning (44 per cent compared with 26 per cent for males), and are therefore more likely to be able to be saved by medical intervention.

This explanation is strengthened by the fact that hospital data from South Australia, Queensland and New South Wales (Table 3) show that the attempted suicide rate for young women aged 15–24 appears to be a little higher than for young males.

#### Urban and rural suicide among young males

Men living in rural areas are more likely to suicide than those in urban areas (Table 4). Remembering that the total suicide rates are deflated by including those under the age of 15, young urban males have considerably lower suicide rates than their rural counterparts. Young rural males have suicide rates 53 per cent higher than young urban males,

whereas rural males overall have a 30 per cent higher suicide rate than urban males.

Not only is the rate of suicide higher among rural young men than among urban young men, but also there has been a much sharper rate of increase among rural young men: for urban young men the rate has increased from 21 in 1986 to 25 in 1992, an increase of less than 20 per cent; for rural young men the rate has increased dramatically from 24 in 1986 to 37.7 in 1992, an increase of 57 per cent (ABS 1994).

The reasons for the rapid increase in the suicide rate of young rural males are not entirely clear. However the link between suicide and high rural youth unemployment is likely to be important. Access to guns by rural males is also likely to contribute to the high rate of successful suicide. Over 50 per cent of suicides by rural males are by guns compared with 23 per cent among urban males.

#### International comparisons

A further way of contextualising suicide rates among young Australians is to compare the Australian patterns with those of other countries. This comparison can have two dimensions: How do the current rates in Australia compare with those of other countries? How do the patterns of change in Australia compare with those of other countries?

Since the rates are so much higher, and the pattern of change most evident for young males, the following analysis is restricted to young males.

Some important patterns are evident when looking at international youth suicide figures (Table 5). While care has to be taken in making such comparisons (because methods of collection, definitions and the like vary between countries), the figures enable us to see if the Australian trends are observable also in other countries.

- By international standards Australia has relatively high youth suicide rates but it is not the highest. Countries such as New Zealand, Norway, Finland, Iceland, Canada and Switzerland have higher rates.

Table 3

**Hospital separation rates (per 100,000 population) related to attempted suicide for males and females aged 15–24**

	Females	Males
<b>New South Wales</b>	140	100
<b>Queensland</b>	102.5	94.0
<b>South Australia</b>	128.8	123.7

Sources: New South Wales – Harrison & Cripps (1994). Queensland and South Australia – ABS (1994).

Table 4

**Suicide rate of young males by urban/rural location by sex, 1992**

	Urban	Rural
<b>15–24 year olds</b>	24.7	37.7
<b>Total</b>	20.0	26.0

Source: ABS (1994)

- The rates in youth suicide reflect considerable change over the years 1981/82–1991/92, but there is no consistent direction across countries in the direction or rate of change.
- Australia is among a number of countries in which the suicide rate among young men is increasing. New Zealand (an increase of 121 per cent), Norway, United Kingdom, Spain and the Netherlands are among countries with increasing rates.
- The male rate has increased by 30 per cent or more in New Zealand, Norway and Spain, Australia, Netherlands and the United Kingdom.
- The rates in the United States, France, Italy and Canada have remained fairly stable.
- The male suicide rates among young men have declined substantially in Switzerland, Denmark, Germany and Japan.
- Although Table 5 does not provide the figures, it is the case that despite very considerable differences in the suicide rates between countries, the male youth suicide rate is always higher than the female youth suicide rate.

So while Australia has relatively high rates of suicide among young men it is not alone in having high rates. Nor is Australia alone in experiencing an increase in suicide rates among young men, and a number of countries are experiencing a sharper increase than is Australia.

Nevertheless, the levels and trends of suicide among young people in Australia are worse than those of many countries, and certainly warrant attention. Careful study of prevention strategies employed in countries with much lower rates than Australia and with a declining trend to Australia would be instructive. (As with all comparative suicide research, it is crucial that international comparisons take into account definitional and recording differences in official statistics since these, rather than prevention programs, may partly explain the differences.)

Table 5

**Changing rates for death by suicide for selected countries, males 15–24 year old, 1981/82–91/92 (per 100,000 population)**

Country	1981–82	1984–85	1987–88	1991–92	% change 1981/82–91/92
<b>New Zealand</b>	17.5	19.6	35.7	38.7	+121
<b>Canada**</b>	na	25.2	26.9	27.7	+10
<b>Norway</b>	19.3	24.0	27.8	27.4	+42
<b>Australia</b>	19.3	24.0	27.8	25.6*	+33
<b>Switzerland</b>	38.2	34.1	26.3	23.1*	-39
<b>USA</b>	19.8	20.5	21.9	22.0	+11
<b>France</b>	15.7	17.0	14.7	15.0	-5
<b>Germany</b>	21.2	19.4	15.8	14.4	-27
<b>Denmark</b>	17.1	17.0	16.5	12.6*	-26
<b>UK</b>	7.0	8.2	12.3	12.2*	+74
<b>Japan</b>	14.7	14.1	10.4	10.2*	-30
<b>Netherlands</b>	5.3	10.6	9.2	9.8	+85
<b>Spain</b>	5.0	5.3	8.4	7.1	+40
<b>Italy</b>	5.3	na	5.1	5.9	+11

Source: WHO (various years)  
\* 1992 figures; \*\* change since 1984–85.

## Summary of Key Patterns

Overall, the following patterns are central when placing the current suicide rates among young men in a statistical context.

- The suicide rate of young men is far higher than that of young women, although this is partly balanced by a higher rate of *attempted* suicide among young women.
- The rate of suicide for young men in Australia has increased over the last decade or so and this has been consistent with an increased rate for men under the age of 55 over the same period.
- The suicide rate of young males has essentially increased to match that of other men under the age of 55.
- The male suicide rate among rural young men is higher than the rate for urban young men, and the rural-urban differential is greater for young men than men in general.
- The suicide rate is increasing at a faster rate for young rural men than for rural men in general.
- The suicide rate of young men is relatively high in Australia compared with other countries, but is not the highest.
- The increase in suicide among young men is not unique to Australia and is not as great as in some other countries. Nevertheless, Australia stands out (together with New Zealand and Norway) as a country having both a high and a substantially growing suicide rate among young men.

## Suicide as a Social Health Problem

Placing the suicide of young people in context shows that the problem is not just a problem for young people, and is not uniquely Australian, and reminds us that suicide among other groups should not be overshadowed by the attention given to youth suicide.

While suicide is typically approached as a mental health problem (Kosky and Goldney 1994), it must also be seen as a social health problem. Although at one level suicide is an intensely personal act, it does not occur independently of a person's place in society. Depression is a leading risk factor in suicide (Garrison et al. 1991), but depression is not an asocial phenomenon. The link between youth suicide and race – the Aboriginal and Torres Strait Islander youth suicide rate is higher than for the general youth population (Queensland Health 1990–92; DSHH 1995) – location (rural versus urban), gender, nationality, and employment status is evidence that suicide is not a randomly distributed event.

Durkheim's (1970 edn) pioneering work on suicide highlighted the importance of the nature and level of a person's integration into the wider society as a fundamental cause of suicide. Writing at a time of great social change and upheaval, Durkheim argued that where a person was weakly attached to society and had a low sense of belonging to groups the chances of what he called 'egoistic' suicide were greatly increased. He also argued that even where people are integrated into groups but the norms, values and rules of those groups are unclear, change quickly or break down, then people in those groups will be more prone to suicide because the normlessness of the groups does not provide a stable basis for people's social identity. This, Durkheim called 'anomic' suicide. Hassan (1996) estimates that about half the suicides are 'anomic' and about half are 'egoistic'.

At the level of prevention, it obviously makes sense to provide targeted prevention programs for those most at risk. However, it is short-sighted for a society to look only to prevention programs and ignore the nature of the wider society in which the personal act of suicide takes place. Contemporary society is often described as being post modern – a society in which commitment to and a sense of belonging to a wider group has given way to rampant individualism, where group membership no longer provides a firm basis on which to construct an identity, and in which rules of behaviour

and a morality of right and wrong have given way to a relativistic aloneness.

As individuals and as a community we need to consider the ways in which we provide opportunities for young people and others to develop a sense of belonging and a sense of meaning in a culture that can, too often, promote individualistic nihilism.

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