

8 SUICIDALITY

8.1 Prevalence in the Australian population

The term suicidality covers suicidal ideation (serious thoughts about taking one's own life), suicide plans and suicide attempts. People who experience suicidal ideation and make suicide plans are at increased risk of suicide attempts, and people who experience all forms of suicidal thoughts and behaviours are at greater risk of completed suicide.

At some point in their lives, 13.3% of Australians aged 16-85 years have experienced suicidal ideation, 4.0% have made suicide plans and 3.3% have attempted suicide (Table 8-1). This is equivalent to over 2.1 million Australians having thought about taking their own life, over 600,000 making a suicide plan and over 500,000 making a suicide attempt during their lifetime.

In the 12 months prior to interview, 2.4% of the total population or just over 380,000 people reported some form of suicidality. Of these, 2.3% or around 370,000 people experienced suicidal ideation, 0.6% or 91,000 made suicide plans and 0.4% or 65,000 made a suicide attempt.

Table 8-1: Prevalence of lifetime and 12-month suicidality

	Lifetime prevalence (%)	12-month prevalence (%)
Suicidal ideation	13.3	2.3
Suicide plans	4.0	0.6
Suicide attempts	3.3	0.4
Any suicidality	13.3	2.4

Note: Any suicidality is lower than the sum as people may have reported more than one type of suicidality in the 12 months.

8.2 Prevalence in different population sub-groups

Some sub-groups of the population are considered to be at greater risk of suicidality compared to others. The 12-month prevalence of suicidal ideation, suicide plans and suicide attempts for sub-groups defined by a range of social and demographic characteristics are presented in Tables 8-2 and 8-3.

8.2.1 Sex and age

The 12-month prevalence of suicidal ideation was higher in females (2.7%) than in males (1.9%). Although there was not a statistically significant difference between the sexes for suicide plans and attempts, both behaviours were slightly higher in females (Table 8-2).

This is in contrast to completed suicides in Australia, with males around four times more likely to die from suicide than females².

² Refer to *Causes of Death, Australia, 2007*, Australian Bureau of Statistics, Canberra, 2009.

Table 8-2: Prevalence of 12-month suicidality by sex

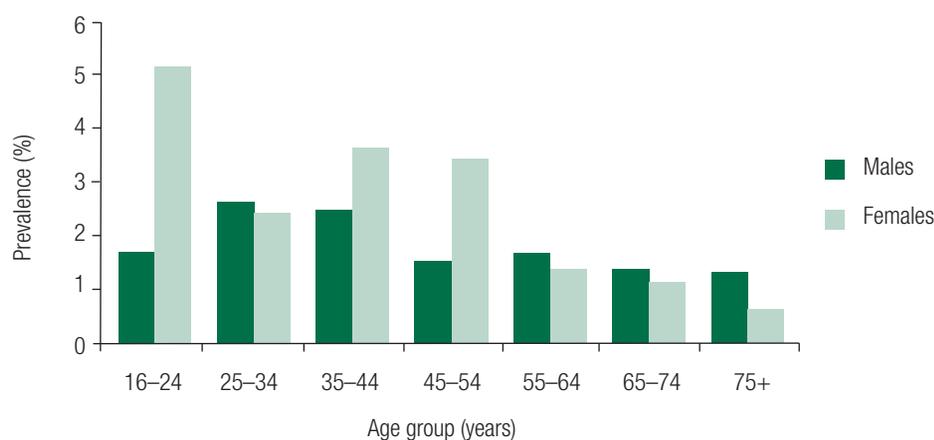
	Male (%)	Female (%)
Suicidal ideation	1.9	2.7
Suicide plans	0.4	0.7
Suicide attempts	0.3	0.5
Any suicidality	1.9	2.8

Note: Any suicidality is lower than the sum as people may have reported more than one type of suicidality.

When suicidality was examined by age, however, further variations between the sexes were apparent (Figure 8-1).

For females, suicidality was highest in those aged 16-24 years (5.1%) and decreased with increasing age, with the exception of females aged 25-34 years, which was lower than for the age groups on either side.

For males, suicidality varied relatively less across age groups. In males aged 25-34 years and 35-44 years the prevalence of suicidality was around 2.5% and across all other age groups it remained close to 1.5%.

Figure 8-1: Prevalence of suicidality by age and sex

8.2.2 Social and demographic characteristics

The prevalence of suicidal ideation was over five times higher in people who were separated, divorced or widowed (5.6%) and three times higher in people who had never married (3.5%) compared to those who were married or in de facto relationships (1.1%). Suicide plans were also three times higher in people who had never married and those who were separated, divorced or widowed (both 0.9%) compared to those who were married or in de-facto relationships (0.3%). Suicide attempts were highest among those who had never married (0.7%).

The prevalence of suicidal ideation, plans and attempts among unemployed people (3.8%, 0.6% and 0.8%, respectively) was twice that found among people in employment (1.6%, 0.3% and 0.3% respectively). However, suicidal ideation, suicide plans and suicide attempts were more commonly reported by people not participating in the labour force (5.1% and 1.6% and 0.9% respectively). Those not in the labour force represented a diverse group of people, which includes students, people in care-giving roles who are not in employment, retired people and those on long-term disability or sickness benefits.

People who did not complete school and people with post-school qualifications were more likely to have made suicide plans in the previous 12 months (0.6% and 0.8% respectively) compared to those with only a school qualification (0.1%). There was no relationship between suicidal ideation and level of education. Suicidal ideation, plans and attempts did not vary by people's country of birth.

Table 8-3: Prevalence of 12-month suicidality by marital status, labour force status, education and country of birth

	Suicidal ideation (%)	Suicide plans (%)	Suicide attempt (%)
Marital status			
Married/De facto	1.1	0.3	0.2
Separated/Divorced/Widowed	5.6	0.9	0.1
Never married	3.5	0.9	0.7
Labour force status			
Employed	1.6	0.3	0.3
Unemployed	3.8	0.6	0.8
Not in the labour force	5.1	1.6	0.9
Education			
Post-school qualification	2.6	0.8	0.4
School qualification only	1.4	0.1	np
Did not complete school	3.2	0.6	np
Country of birth			
Australia	2.5	0.6	0.4
Other English-speaking country	1.6	0.6	0.3
Non-English speaking country	2.0	0.4	0.3

Note: Numbers presented for marital status, labour force status and education are age-standardised.
np Not available for publication.

8.2.3 Suicidality in people with 12-month mental disorders

Suicidality in the previous 12 months was reported by 8.6% of people with a 12-month mental disorder (Table 8-4). This is three and a half times higher than suicidality in the general population.

Although experiences of suicidality are much more common in people with mental disorders, these experiences are not confined solely to this group. The prevalence of suicidality in people without a 12-month mental disorder was 0.8% (Table 8-5).

In terms of specific classes of disorders, the strongest association was between suicidality and affective disorders. Suicidal ideation was around one half times higher for those with affective disorders than for those with substance use disorders and anxiety disorders (16.8% compared to 10.8% and 8.9% respectively). Suicide plans and attempts were two times higher for affective disorders than for substance use disorders, and even higher than in people with anxiety disorders.

Table 8-4: Prevalence of 12-month suicidality by 12-month mental disorder class

	Suicidal ideation (%)	Suicide plan (%)	Suicide attempt (%)	Any suicidality (%)
Affective disorders	16.8	6.0	4.3	17.4
Anxiety disorders	8.9	2.4	2.1	9.1
Substance use disorders	10.8	3.5	3.1	10.9
Any mental disorder	8.3	2.2	np	8.6

Note: Totals are lower than sum of disorders as people may have had more than one class of mental disorder.
np Not available for publication.

8.2.4 Suicidality in people with comorbid 12-month mental disorders

There was a strong association between comorbidity of mental disorders and suicidality, with higher suicidality in people with two or more classes of mental disorders in the previous 12 months (Table 8-5). The same association was found for suicidal ideation and plans.³ Suicidality in people with mental disorders from all three classes was over twice as high among people with disorders from two classes (39.2% compared to 15.7%), nearly eight times higher than among those with mental disorders from a single class (4.8%) and almost 50 times higher than among those without mental disorders (0.8%).

Table 8-5: Prevalence of 12-month suicidality by 12-month mental disorder comorbidity

	Suicidal ideation (%)	Suicide plan (%)	Suicide attempt (%)	Any suicidality (%)
Number of disorders				
No disorders	0.8	0.2	np	0.8
One mental disorder class	4.8	0.5	np	5.1
Two mental disorder classes	15.5	6.6	5.2	15.7
Three mental disorder classes	39.2	14.6	np	39.2

np Not available for publication, but included in totals where applicable.

8.3 Impact of suicidality

8.3.1 Days out of role

On average, people reporting any form of suicidality in the previous 12 months experienced 6.7 days out of role in the 30 days prior to interview (Table 8-6). People who made suicide plans or suicide attempts reported approximately four times more days out of role than the general population (8.2 days and 8.5 days compared to 1.9 days).

³ Data for the association between comorbidity and suicide attempts was not available for publication.

Table 8-6: Days out of role by 12-month suicidality

	Days out of role in the previous 30 days (mean)
Suicidal ideation	6.6
Suicide plans	8.2
Suicide attempts	8.5
Any suicidality	6.7

Note: Any suicidality is lower than the sum as people reporting more than one type of suicidality were more likely to have higher days out of role.

8.3.2 Psychological distress

The proportion of people with each type of suicidality, who reported each of the four levels of psychological distress, as measured by the Kessler 10 scale (K10), is presented in Table 8-7.

Nearly two thirds (64.0%) of people who reported suicidality in the previous 12-months experienced high or very high levels of psychological distress in the 30 days prior to interview. Psychological distress was high to very high for 65.2% of people with suicidal ideation, 71.2% of people who made a suicide plan and 69.6% of those who attempted suicide.

Table 8-7: Proportion of people with each psychological distress (K10) level by type of suicidality

	Low (%)	Moderate (%)	High (%)	Very high (%)
Suicidal ideation	11.8	22.9	38.1	27.1
Suicide plan	10.1	18.7	34.9	36.3
Suicide attempt	np	np	44.7	24.9
Any suicidality	13.1	22.7	37.1	26.9

np Not available for publication, but included in totals where applicable.

8.4 Service use

Over half (58.6%) of people with any form of suicidality used health services for help with their mental health problems in the previous 12 months (Table 8-8).

Over two thirds (68.0%) of people who reported making a suicide plan used services in the past 12 months. This was a much higher level of service use than found in the general population (11.9%) and almost twice the service use found in people with 12-month mental disorders (34.9%).

Nearly three quarters (73.4%) of people who reported making a suicide attempt used services for mental health problems. Conversely, one in four (26.6%) people who made a suicide attempt did not use any services for mental health problems.

Table 8-8: Service use by type of suicidality

	Service use (%)
Suicidal ideation	59.1
Suicide plans	68.0
Suicide attempts	73.4
Any suicidality	58.6

Note: Any suicidality is lower than the sum as people may have reported more than one type of suicidality.

