

Six. Every. Day.

We shy away from talking, and writing, about suicide, perhaps from fear we might incite people to take their lives, but this silence has meant we know little about who in Australia is most at risk of killing themselves, writes **Marian Edmunds**.



TWENTY-NINE YEARS AGO THE SISTER OF one of my closest friends took her own life. Lynn was a 30-year-old single mother and worked as a nurses' aide. It was the first time I had encountered the suicide of someone I knew, and I felt shock and grief, but also anger that she had left her children. The younger child, then eight, found her mother. She had hanged herself.

While Lynn's funeral service was taking place I looked after her children at the family's request. I took them to the local pool where they splashed and played.

Every day six Australians will take their own lives. That's one suicide every four hours, yet it remains a taboo subject, not well understood, and rarely written about, perhaps because of the fear that it might encourage more people to kill themselves.

It is a topic that confronts us with truths from our own lives, and those of many people we know.

Yet, because of the lack of reporting on the subject, there are many myths and misconceptions about the extent of suicide in Australia, and the groups among our population that are most likely to kill themselves.

Among the 1800 calls received each day by Lifeline, the 24-hour crisis support line, around 50 are from people at high risk of suicide. While as many as 30 people make a suicide attempt every day, Lifeline also estimates that each day 249 people make a suicide plan, with as many as 1014 people thinking about suicide.

Who are the 2320 or so Australians who, according to the most recent Australian Bureau of Statistics (ABS) figures in 2011, actually take their own lives each year?

In order of likelihood they are: a young Aboriginal man; an isolated elderly man; an agricultural worker male between the ages of 25 and 44; a heavy drinker; a male or female with severe pain and incapacitating illness; a young man who can't see a future for himself or who has unresolved social and emotional problems, especially those linked to alcohol and drugs; and a young Aboriginal woman.

These facts fly in the face of the stereotype that suicide is most prevalent among young rural men.



Illustrations by **Sam Bennett**

Australians most at risk of suicide are males over the age of 85.

Suicide rates in Australia peaked in 1963 with a rate of 17.5 per 100,000; today the rate is 10.2 per 100,000. While ABS figures show that with young adults between the ages of 15 and 44 suicide is a more common cause of death than vehicle accidents, overall those most at risk are, contrary to popular conception, men over the age of 80.

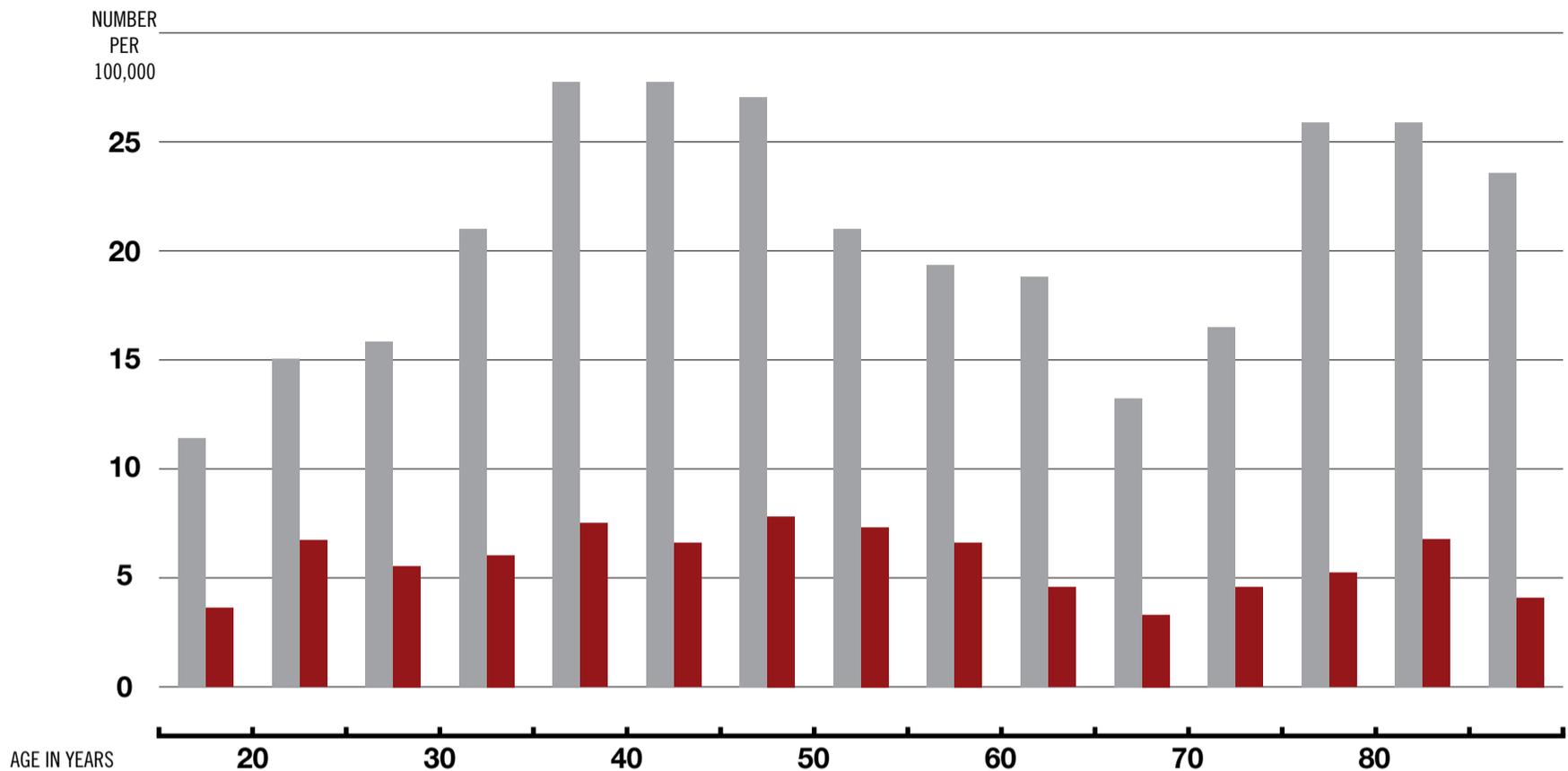
The median age at death for all suicides in 2010 was 43.8 years (both males and females), compared to 81.2 years overall for death from all causes (78.1 years for males and 84.2 years for females).

But those most at risk of suicide are males over the age of 85, at a rate of 32 per 100,000 (females the same age were at 8 per 100,000), followed by those aged between 80 and 84 (24.4 per 100,000).

Men and women: who's dying when

Age-specific suicide rates by sex, 2010

Men Women



For men in the 45-to-49 age group the rate is 24 deaths per 100,000.

But it is the Aboriginal and Torres Strait Islander population that has a shockingly high rate of death by suicide. Between 2001 and 2010, suicide was the leading external cause of death for indigenous Australians. Today, the rate among indigenous Australians is 4.2 per cent of their population, compared with a national rate of 1.6 per cent.

The highest incidence is among men aged between 25 and 29—four times that of non-indigenous men of the same age. In females the age range drops to between 20 and 24 years, and is at a rate five times higher than women in the non-indigenous population.

“The suicide burden falls disproportionately on young Aboriginal and Torres Strait Islander men and women,” says Dr Ian Webster, physician and emeritus professor of Community Medicine and Public Health at the University of New South Wales (UNSW), who is chairman of the Australian Suicide Prevention Advisory Council. “Those aged between 15 and 19 years die by suicide at 4.4 and 5.9 times the rates of other young Australians respectively.”

The high rate of suicide among the indigenous

population marks a rapid change in circumstances for a part of Australian society that had almost no incidence of suicide before the 1960s and 1970s, according to Diego De Leo from the Australian Institute for Suicide Research and Prevention at Griffith University.

“Aboriginal communities were connected and cohesive, honoured their elders and lived with and

The global suicide rate is 16 per 100,000 population.

respected extended families, but now the traditional structures and spontaneous support networks have gone,” he told ASR.

The next group most likely to commit suicide today are isolated elderly Australian males. Among

older people and older men in particular, suicide rates have always been high historically, and are probably the highest now out of all the age groups, Webster told *ASR*. “At a clinical social level, the risks of suicide are related to the level of social isolation that men in particular feel,” he said.

Webster said that although people tend to think of suicide as a problem of young people and mental illness, “It’s about older people thinking about their lives, what is there for them now, and one of the most significant things is what meaning their lives have now.”

Suicide attempts are much more lethal in the elderly than the young, said Webster. Older people

On average,
one person dies
by suicide every
40 seconds
somewhere in
the world.

are more vulnerable if rendered unconscious by an overdose. Aging men also tend to choose far more lethal, violent and deliberate methods for taking their own lives and are therefore less likely to survive, he said.

“In an older person suicide is likely to be much more planned and considered, and would arise not necessarily out of mental illness per se but out of the fact that life has lost its purpose and meaning, and that person feels useless and powerless, and doesn’t want to lose any control over their lives,” Webster told *ASR*. “If they are in pain or they have a disability that’s another reason people may have for making a deliberate choice.”

Unrecognized depression, chronic physical illness, and disability and pain are other factors. “Physicians at hospitals are just as likely as mental health

services to come into contact with elderly people at risk of taking their lives,” he told *ASR*.

The physical illnesses experienced by the elderly are a contributor to suicide, as are financial and retirement issues, problems with accommodation, and bereavement, which, if left unattended, can compound and spiral.

“Elderly men may be evicted because of their difficulties in living in accommodation, of being incontinent, or being troublesome, or they may have mental or visual problems and be unaware of the untidiness of the place in which they are living, and may start hoarding,” said Webster.

The next Australian who is most likely to commit suicide today is a male agricultural worker male between the ages of 25 and 44.

This past winter three farmers in southwest Victoria took their lives within the space of eight weeks, shocking a community that had toughed its way through falling prices and the global financial crisis, floods, droughts and fire. This prompted Garry Smith, an agribusiness accountant in Warrnambool, acting on behalf of the lobby group [Farmer Power](#), to contact Beyond Blue, the organization working to raise awareness of anxiety and depression and to reduce the associated stigma.

Smith didn’t personally know the three farmers who’d killed themselves but said he had witnessed a great deal of desperation in the region, with farmers facing the some of the worst conditions they’d ever had to deal with. They had been encouraged to expand their businesses and go deeper into debt with banks actively encouraging borrowing. Then came the financial crash of 2007, years of drought, the lowest ever autumn rainfall, and falling prices.

“We’ve also had the problem of the banks foreclosing on 35 properties in the region that remain unsold,” said Smith. “Farmers in the local region have had a tough year so we got together with Beyond Blue to see what we could do.”

The result was Farmers’ Night Off. Six hundred people associated with agriculture in the region attended the event. For some, the night was the first time in more than a year they had been away from their farms. The evening gave farmers a meal,

music, games and speakers talking about a range of practical topics. Most of all, it provided farmers with a chance to relax and to connect with people in similar situations. It also connected them with support services, said Smith.

The Farmers' Night Off and networks such as [Farmer Power and Farm Link](#) provide rural support and connections, and encourage farmers to seek help during times of adversity. Further events are planned, including a Christmas event, Farmers' Day Off.

Family violence and breakdowns as a result of a suicide affect rural Australia differently than in urban areas, says Lyn Russell, mayor of Colac Otway Shire. A community health nurse, Russell facilitated a grief support group for family and friends of people who have committed suicide, and has received many referrals from the coroner for farming community families.

The more distant people are from towns, the less likely rural workers are to seek medical help, said Russell, who is looking at how to make help more accessible in the region. Strategies include increasing access to the rural financial counselling service and bank financial advisers, and GPs are asking patients not only about physical symptoms but financial pressures.

Heavy drinkers are the fourth most likely of any Australians to suicide on any day. Men, particularly those who are living by themselves, may drink heavily, increasing the risks of falls and malnourishment.

ACCORDING TO a 2013 World Health Organization report, suicide is among the top 20 leading causes of death worldwide among all ages, with nearly a million people taking their lives every year. One of three leading causes of fatality for those in the 15-to-34 age range is suicide, with males being the highest percentage in Eastern Europe and females in Asia.

However, a recent article co-authored by Diego De Leo and José Manoel Bertolote from the Australian Institute for Suicide Research and Prevention at Griffith University reports there has been a "global reduction in suicide mortality rates" over the

past 20 years. The data is unclear about reasons, although the introduction of suicide prevention programs may have played a part.

The federal Department of Health's National Suicide Prevention Program (NSPP) and the Taking Action to Tackle Suicide package are both aimed at preventing suicide and self harm.

THERE ARE consequences to not talking about suicide. The first and most significant is that because of the stigma attached to suicidal thoughts and their discussion those most in need often simply won't seek or receive the help they so badly require.

"The stigma makes people reticent to seek help,"

Global suicide rates have increased 60% in the past 45 years.

says De Leo. The theme for this year's [World Suicide Prevention Day](#) on 10 September, that De Leo helped to start, was to fight against the stigma.

But even when we know some of an individual's story, we can never know everything. "Suicide can never be pinned down to one cause," says De Leo. Depression, shame, humiliation, loss of respect, financial crisis and relationship breakdowns are dynamic, in that they will vary in significance on a daily basis to any one person.

Economic pressures are also contributing to suicide rates in Australia, as in America and Europe.

"Lifeline has received more than 11,000 calls from Australians in crisis over the age of 45 in relation to personal financial issues since December 2011," Lifeline CEO Jane Hayden told ASR. This equates to 1 per cent of calls received by Lifeline.

According to Webster, a sudden change in circumstances seems to hit people the hardest. “There’s a paradox that those people who are already unemployed during periods of increasing unemployment don’t seem to have increased suicide rates. It’s the people who have been previously employed during periods where unemployment rates increased who are at a higher risk of suicide than other groups.”

Practical support and guidance is often the key to alleviating the stressors that can give rise to suicidal thoughts. Thoughts of suicide can arise when they can’t get assistance, said Linda Wallace, a senior counsellor at Care Financial Counselling Service.

“Women in general have high attempted suicide rates but not of completed suicides,” Webster told *ASR*. How many women think about suicide but can’t go through with it for the sake of their families?

My friend Lynn’s family were first alerted to her condition a week before her death, when she took a combination of medication that put her in hospital. She had not let on how much she was struggling to cope alone, meet house payments and raise her children. In hospital Lynn did not eat, something that went unnoticed until a fellow patient mentioned it to her mother. Then, through her own planning and the system’s failure to read the signs, Lynn was discharged without a psychological assessment. Her death marked a turning point in the lives of her sister and elder daughter, and the daughter who found her all those years ago was diagnosed as bipolar at the age of 33, following a breakdown after the birth of her fourth child. Lynn’s mother never got over her death.

“If you lose someone to suicide in your family, you’ll find an empty space around you,” De Leo told *ASR*. People who have lost relatives and friends to suicide will often feel like they have no one to talk to, or who understands. They may feel like they are to blame. With six Australians every day succeeding in taking their own lives, perhaps it is time to shine a lot more light on this still-taboo and much misunderstood subject. ❖



The Crisis after the Crisis

Suicide rates in the United States and some European countries have risen substantially since the start of the Global Financial Crisis (GFC). In May 2013 the *New York Times* reported that in the US [more people now die](#) from suicide than in car accidents. In 2010 there were 33,687 deaths from motor vehicle crashes and 38,364 suicides, according to the Centers for Disease Control and Prevention’s [May issue](#) of *Morbidity and Mortality Weekly Report*.

Most surprising from the May figures was an increase in the suicide rate among middle-aged Americans: “From 1999 to 2010, the suicide rate among Americans aged 35 to 64 rose by nearly 30 per cent, to 17.6 deaths per 100,000 people, up from 13.7. Among middle-aged men there were 27.3 deaths per 100,000, while for women it



was 8.1 deaths per 100,000,” reported the *New York Times*.

While the newspaper article painted a grim picture, the more heartbreaking story was contained within 966 comments it received. They made confronting reading as they revealed anguish over the loss of loved ones, and the resignation, depression but also stoicism among many who have lost hope of retrieving or rebuilding jobs, homes and savings. The anticipation and the fulfilment of the future towards which they had directed every effort of their education and working lives had been wiped away.

In Greece the economic crisis has profoundly impacted on the rate of suicides as many people face eviction, poverty and the prospect of health care or cover being beyond their means.

Between 2007 and 2011 the Greek suicide rate rose by 43 per cent from 2.8 to 5 people per 100,000, and in 2011 there were 477 deaths—the highest levels in 50 years. While male suicides were still in the majority, the number of women taking their own life doubled in the space of one year.

“The NGO Klimaka announced that many more suicides go undocumented, because they are reported as accidents by relatives anxious to avoid social and religious stigma, and obtain a proper free religious burial,” wrote Stavros Saripanidis, a consultant in Obstetrics and Gynaecology, Private Surgery from Thessaloniki, [in a letter published](#) in

the *British Medical Journal* in October 2013.

“In the meantime, the Greek NHS seems unable to sustain financially psychiatric hospitals and shuts them down.”

In June, Greece’s unemployment reached a new record of 27.9 per cent. An estimated 300,000 are now without health insurance, three times more than 2012, according to Klimaka, which has operated a suicide hotline for several years. In the first half of 2013 a third of the calls came from unemployed people, followed by private-sector employees (13 per cent) and pensioners (10.6 per cent).

LINKS

**Suicide Call Back Service (24 hours)
1300 659 467**

Lifeline (24 hours) 13 11 14

**Kids Help Line (24 hours) 1800 55
1800**

➤ **National Suicide Prevention
Strategy Project**

➤ **Beyond Blue 1300 22 4636**

➤ **Sane 1800 18 7263**

➤ **World Suicide Prevention Day**

➤ **Financial counselling**