

# SUICIDE IN New South Wales

**We need to know more**

**The NSW Suicide Data Report**

**NSW  HEALTH**

**Better Health Good Health Care**

© NSW HEALTH DEPARTMENT

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source and no commercial usage or sale. Reproduction for purposes other than those indicated above requires the written permission of Health Public Affairs, NSW Health Department, Locked Mail Bag 961, North Sydney, NSW 2059.

Copyright NSW Health Department 2000

State Health Publication No: (CMH) 990208  
ISBN: 0 7347 3115 9

Contact:  
Centre for Mental Health, Policy Division  
NSW Health Department  
Level 4, 73 Miller Street  
North Sydney NSW 2060  
Ph: (02) 9391 9952

For more information and further copies, please contact:

Better Health Centre - Publications Warehouse  
Locked Mail Bag 5003  
Gladesville 2111  
Ph: (02) 9816 0452  
Fax: (02) 9816 0492

A full copy of this report can be downloaded from the  
NSW HealthWeb/Net site:  
<http://www.health.nsw.gov.au>

August 2000

Reference this report as: Centre for Mental Health, The NSW Suicide Data Report:  
Suicide in NSW - We need to know more. NSW Health Department, Sydney, 2000.

## Foreword

Suicide is a tragedy. It has a profound effect on all associated with the person who dies. Families, friends and indeed, the community as a whole are affected. It is estimated that in NSW, between 60,000 and 90,000 people may show suicidal behaviour and more than 700 people may die from suicide each year. While this is a tragedy in itself, particularly disturbing trends have emerged in the last few decades in the statistics for suicide among young males 15–24 years of age.

The human and economic costs of suicide and suicidal behaviour are great and compounded for young people. While not all suicide can be prevented, appropriate intervention at the right time can prevent many of them. A diversity of social circumstances and psychological factors, such as unemployment, alcohol and drug use, personal histories of physical and/or sexual abuse, family discord and mental health problems, especially depression may lead people to attempt suicide and prevention strategies need to take these factors into account.

Preventing suicide and suicidal behaviour in the NSW community is a high priority for the NSW Government. In June 1999 the NSW Health Department released the “NSW Suicide Prevention Strategy”. The strategy is a part of a whole government response to preventing suicide and suicide related behaviour in NSW.

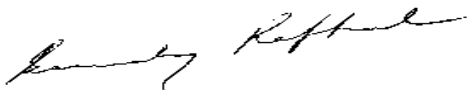
The strategy outlines a whole of government, whole of community approach to suicide prevention, and provides a framework for suicide prevention interventions which aim to:

- strengthen whole communities;
- provide outreach and support for people at higher risk of suicide;
- better target health and other services to suicide prevention;
- build support for people affected by suicide; and
- improve information on suicide prevention.

This report has been produced to accompany the NSW Suicide Prevention Strategy and focuses on the improvement of information on suicide by providing data on suicide-related deaths and behaviours. The report also identifies the gaps in information, deficiencies in data and the weakness of the existing surveillance systems. While not all the factors of potential interest were able to be explored in this report, the information presented will prove to be of considerable value as it will contribute to evaluating suicide prevention policy and program and planning services that more effectively meet the needs of the NSW community.

It is intended that this document will be of use to Area Health Services, professional organisations, health professionals, health consumers and their representative organisation and a range of other users.

We hope that this report will become a valuable and useful resource for all those involved in this challenging area.



Professor Beverley Raphael  
**Director, Centre for Mental Health**



## Table of Contents

<b>Executive summary</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>3</b>
<b>Chapter 1: Suicide in NSW <math>\frac{3}{4}</math> all ages</b> .....	<b>5</b>
1.1 Suicide the overall problem — all ages .....	5
1.2 Suicide deaths — all ages .....	5
1.3 Suicide attempts — all ages.....	5
1.4 Suicide means — all ages .....	5
1.5 Issues for suicide prevention — all ages .....	5
<b>1.1 Suicide the overall problem — all ages</b> .....	<b>7</b>
1.1.1 Suicide — the overall problem.....	8
<b>1.2 Suicide deaths <math>\frac{3}{4}</math> all ages</b> .....	<b>11</b>
1.2.1 Suicide deaths — 1964/65 to 1996/97 all ages .....	12
1.2.2 Suicide deaths — sex and age difference all ages .....	14
1.2.3 Suicide deaths — younger and older men all ages .....	15
1.2.4 Suicide deaths — NSW urban/rural areas all ages.....	16
1.2.5 Suicide deaths — Area Health Service all ages .....	17
1.2.6 Suicide deaths — national comparison all ages .....	19
<b>1.3 Suicide attempts <math>\frac{3}{4}</math> all ages</b> .....	<b>21</b>
1.3.1 Suicide attempts — hospital separations all ages .....	22
1.3.2 Suicide acts — 1996/97 all ages.....	24
<b>1.4 Suicide means <math>\frac{3}{4}</math> all ages</b> .....	<b>25</b>
1.4.1 Means of suicide — attempts and deaths, 1996/97 all ages .....	26
1.4.2 Suicide Means — males all ages .....	28
1.4.3 Suicide Means — females all ages .....	29
1.4.4 Suicide means — metropolitan and outer metropolitan areas all ages .....	30
1.4.5 Suicide means — rural areas all ages .....	31
<b>1.5 Issues for suicide prevention <math>\frac{3}{4}</math> all ages</b> .....	<b>32</b>
<b>Chapter 2: Suicide in NSW <math>\frac{3}{4}</math> Young people 15 to 24 years old</b> .....	<b>33</b>
2.1 Suicide deaths — young people.....	33
2.2 Suicide attempts — young people.....	33
2.3 Suicide means — young people.....	33
2.4 Issues for suicide prevention — young people.....	33
<b>2.1 Suicide deaths <math>\frac{3}{4}</math> young people</b> .....	<b>35</b>
2.1.1 Suicide deaths — 1964/65 to 1996/97 young people.....	36
2.1.2 Suicide acts — 1996/97 young people .....	37
2.1.3 Suicide deaths — NSW urban/rural areas young people.....	38
2.1.4 Suicide deaths — Area Health Service young people.....	39
2.1.5 Suicide deaths — International comparison young people.....	40
<b>2.2 Suicide attempts <math>\frac{3}{4}</math> young people</b> .....	<b>41</b>
2.2.1 Suicide attempts — hospital separations young people.....	42
<b>2.3 Suicide means <math>\frac{3}{4}</math> young people</b> .....	<b>43</b>
2.3.1 Suicide means — attempts and deaths, 1996/97 young people .....	44
2.3.2 Suicide means — males young people .....	46
<b>2.4 Issues for suicide prevention <math>\frac{3}{4}</math> young people</b> .....	<b>48</b>

<b>Chapter 3: Suicide in NSW <math>\frac{3}{4}</math> 65 years and older.....</b>	<b>49</b>
3.1 Suicide deaths — older people.....	49
3.2 Suicide attempts — older people.....	49
3.3 Suicide means — older people.....	49
3.4 Issues for suicide prevention — older people .....	49
<b>3.1 Suicide deaths <math>\frac{3}{4}</math> older people .....</b>	<b>51</b>
3.1.1 Suicide deaths — 1964/65 to 1996/97 older people.....	52
3.1.2 Suicide acts — 1996/97 older people.....	53
3.1.3 Suicide deaths — NSW urban/rural areas older people.....	54
3.1.4 Suicide deaths — Area Health Service older people .....	55
<b>3.2 Suicide attempts <math>\frac{3}{4}</math> older people.....</b>	<b>57</b>
3.2.1 Suicide attempts — hospital separations older people .....	58
<b>3.3 Suicide means <math>\frac{3}{4}</math> older people.....</b>	<b>59</b>
3.3.1 Means of suicide — attempts and deaths, 1996/97 older people.....	60
3.3.2 Suicide means — males older people .....	62
<b>3.4 Issues for suicide prevention <math>\frac{3}{4}</math> older people .....</b>	<b>63</b>
<b>Chapter 4: Suicide in NSW <math>\frac{3}{4}</math> groups at risk .....</b>	<b>65</b>
4.1 Groups at risk of suicide .....	67
4.2 Suicide deaths — migrants .....	68
4.2.1 Suicide deaths — older and younger migrants .....	69
4.3 Aboriginal and Torres Strait Islanders .....	70
4.4 Mental health clients — clients of NSW Mental Health Services .....	71
<b>References.....</b>	<b>73</b>
<b>Appendices.....</b>	<b>77</b>
<b>Appendix 1.....</b>	<b>79</b>
Glossary, Definitions and Notes .....	79
5.1 Suicidal Behaviour .....	79
5.2 Data sources .....	79
5.3 Case definitions and classification .....	79
5.4 ICD codes classifications for means of suicide.....	80
5.5 Confidence intervals.....	80
5.6 Data quality .....	80
5.7 List of NSW Area Health Services .....	81
<b>Appendix 2.....</b>	<b>83</b>
Comments on data on suicide deaths in NSW .....	83
<b>Appendix 3.....</b>	<b>85</b>
Suicide — the overall picture by Area Health Service.....	85
NSW and Area Health Services — in order of presentation.....	85

## Executive summary

- Suicide is a serious problem in NSW and the NSW government has developed a strategy to deal with the issue.<sup>1</sup> On average, more than 700 people die from suicide in NSW each year. Over the next 20 years it is estimated that up to 18,000 people will die from suicide. This will include about 3,000 young people aged 15–24 years.<sup>2</sup>
- More people died from suicide than road injury in NSW. In 1996/97, 814 people in NSW died from suicide compared with 567 people who died from road injury. This is particularly true for men. The male suicide death rate for 1996/97 was 21 suicide deaths per 100,000 compared to 14 road injury deaths per 100,000.
- Of the 814 deaths in NSW that were caused by suicide or self-inflicted injury, 78% were males. Suicide deaths in specific age groups show a heavy male dominance with 81.5% in the younger age group (15–24 years) and 72% in the older age group (65 years and older).
- Overall suicide rates have remained fairly constant since the 1960s, but the patterns of death have changed. Death rates for suicide for young men aged 15–24 years have risen steadily in NSW over the past 15 years, while remaining stable among young women.
- Suicide death rates vary by age. Overall suicide rates among males were highest for young men aged 15–24 and men aged 80 and over. Female deaths were highest among women aged 30 to 39.
- Deaths are only part of the picture; for every suicide death, between 30 and 40 people may attempt suicide. Complete suicide death data exist but little information is available nationally or in NSW on suicide attempts.
- For the period 1996/97, the ratio of hospitalised attempted suicide to suicide death was the lowest in the older population (2:1) compared to people in all ages (8:1) and young people (14:1).
- Suicide rates among men living in rural areas have increased in the past 13 years. The suicide death rate for men living in rural health areas increased by 28.4% from 1984/85 (20.1 per 100,000) to 1996/97 (25.8 per 100,000).
- Hanging has become the leading cause of suicide death in males in the last decade. The suicide death rate by hanging in younger females has also increased.
- Overdose remains the main means of suicide in females.
- Suicide death rates of populations in area health services do not vary significantly from the NSW average.
- National comparison shows that most States and Territories have suicide death rates, which are similar to the national average. The Australian Capital Territory had the lowest and Northern Territory, Queensland and Tasmania had the highest suicide rate in 1995/96.
- The suicide death rate among migrants is significantly higher in persons aged 65 years and older.
- Most people who commit suicide may have a diagnosable mental health problem or disorder.<sup>3</sup>





## Introduction

Suicide is a tragedy. Preventing suicide and suicidal behaviour in the NSW community is a high priority for the NSW Government. Different social circumstances and psychological factors may lead people to attempt suicide and prevention strategies need to take these differences into account.

The NSW suicide prevention strategy titled, *We can all make a difference: NSW Suicide Prevention Strategy*<sup>4</sup> sets out five strategic directions for action in NSW, which are based on the best available scientific evidence:

- involve all the community and strengthen families;
- provide outreach and support for those who are most vulnerable;
- better target health and other services to suicide prevention;
- build support for those affected by a suicide death; and
- improve information on suicide prevention.

To plan and evaluate whether our interventions in suicide prevention are effective, data on suicide need to be available. Reliable and timely information on suicide and suicidal acts is essential for government departments, non-government organisations and community workers to plan suicide prevention programs that meet community needs. Up to date information on local suicide deaths, suicide attempts and suicidal thoughts helps inform a community on what actions it should take.

This report presents data on suicide deaths identified systematically by the State Coroners and the Australian Bureau of Statistics (ABS). Research and survey data indicate that there are more suicide attempts than suicide deaths and that there is a high incidence of previous attempts among those who die from suicide. It is more difficult to get information on attempted suicides because there are no generally accepted reporting procedures or well-accepted definitions. The process of identification of attempted suicide from hospital presentation data is incomplete, because most people who attempt suicide do not present to hospital. Hospital data on attempted suicide also presents reliability problems as a result of coding errors.

The assembling and national reporting of suicide deaths in NSW, and in other States has an 18-month time-lag. There is a general need for information on all aspects of suicidal behaviour in Australia, including suicide attempts, suicidal thoughts, the causes of suicide, high-risk groups and effectiveness of suicide intervention programs.

The overall objective of this report is to provide statistical information about the size of suicide problems in NSW to assist program planners, policy makers, health care providers, key departments and agencies, researchers and community-based groups to identify risks, trends, magnitude and features of suicide-related problems.

The report provides time-series information on the number and rates of suicide deaths and hospital separations for people of all ages and for younger and older people in New South Wales. Rates are also provided by means of suicide, by Area Health Service and by rural and urban region. Some information on risk groups is also provided. Suicide deaths, attempts and means are examined in greater depth in the younger and the older age groups (especially among males) because evidence found in Australian studies<sup>5,6</sup> show that:

- In the last three decades when overall suicide rates were falling, the suicide rate of males 14–25 years more than doubled.
- Comparable rates for females of the same age in the same period showed no significant change.
- Beyond 35 years in females and 45 years in males, and up to 75 years for both sexes, there has been decline in suicide rates in Australia for much of the period.
- Australian suicide rates for those 75 years and older have not declined.

Implications for suicide prevention from the data are highlighted where appropriate in Chapter 1. More specific issues for prevention related to people of all ages, young people, and older people are presented at the end of these chapters.

However, data are only meaningful if they allow us to target where and how we should try to prevent suicide. In this report, an attempt has been made to link the data to implications for suicide prevention. The data are useful in determining where interventions may be made and where the impact of these interventions may be monitored. They will help us to develop policies and protocols, based on evidence, which will allow us to prevent suicide and plan mental health services.

Collaboration and coordination across the range of suicide prevention activity is essential to maximise outcomes. The strategic directions outlined in the NSW Suicide Prevention Strategy<sup>7</sup> provide a useful framework to respond to the implications for suicide prevention raised in this report.



## Chapter 1: Suicide in NSW — all ages

1.1 Suicide the overall problem — all ages

1.2 Suicide deaths — all ages

1.3 Suicide attempts — all ages

1.4 Suicide means — all ages

1.5 Issues for suicide prevention — all ages

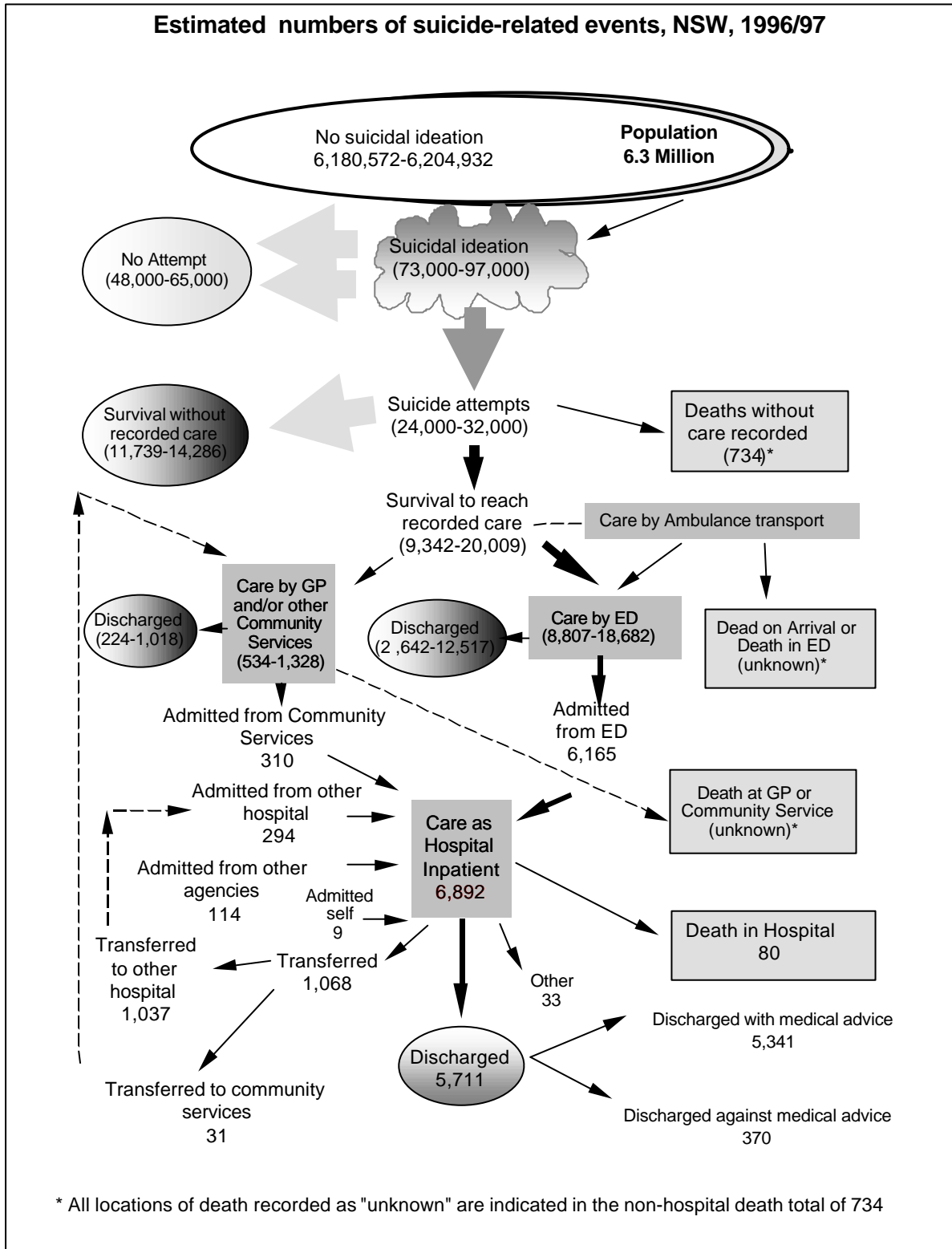
## Introduction

This chapter reviews suicide in NSW from 1964/65 to 1996/97 for all ages. This chapter presents data using information from the Australian Bureau of Statistics Mortality Data, 1964–1997, NSW Inpatient Statistics Collection, 1989/90–1996/97 and data from studies and surveys as relevant.

More information on specific Area Health Service is available in Appendix 3.

## 1.1 Suicide the overall problem — all ages

1.1.1 Suicide — the overall problem



Note: Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

- To estimate the size and scope of the problem of suicide in NSW in 1996/97, the number of people with suicidal behaviour was calculated or estimated where no direct data were available.<sup>8</sup>

#### How many people may have possibly thought of suicide?

- No Statewide data are available. Estimates suggest that between 73,000 and 97,000 of the 6.3 million people in NSW may have thought of suicide. This indicates that about one to two per cent of the NSW population in a given year may think of suicide.

#### How many people might possibly have attempted suicide?

- Assuming one suicide death for every 30 to 40 people who attempt suicide,<sup>9</sup> it is estimated that between 24,000 and 32,000 people in NSW may have attempted suicide.

#### How many people died by suicide?

- In 1996/97, 814 people died of suicide (642 males and 172 females) in NSW. Of these, 80 people died in hospital (53 males and 27 females).
- Only 10% of those who died from suicide had survived long enough to be hospitalised (5% males and 14% females).

#### How many people with suicidal behaviour sought help from health services?

- There is little information on how people reach health services and how people are discharged from care.

#### Health Service referrals for people with suicidal ideation

- Using data from a survey conducted by the Central Coast Mental Health Services, it was estimated that in a given year, about 22,600 people in NSW may present or be referred to mental health services for possible suicidal behaviour. Of these, about 9% will be seen in the Emergency Department.

#### Patients who present to services following a suicide attempt

- An estimated 39% to 63% of people who attempt suicide were treated in the health system.

- Emergency Departments treated most of the people who presented to health services following a suicide attempt (94%).
- General practitioners or other community services treated about 6% of people who presented to health services following a suicide attempt.
- These estimates are different for males and females; with 31% to 50% of males and 45% to 79% of females reaching care. This may be because males use more lethal suicide means. About half of the people who attempted suicide may not have had any contact with health services after their attempt.<sup>10</sup> Any help they may have received must have come from families, friends, local social support systems or others in the community.

#### Issues for suicide prevention:

- The data show that about half of the people who attempted suicide may not have had any contact with health services after their attempt.<sup>11</sup> Programs should be developed to improve the proportion of people that contact health services following a self-defined suicide attempt.
- Evidence suggests that people, who have made a previous suicide attempt, are 15 to 30 times more at risk of dying by suicide than the general population.<sup>12</sup> Emergency Departments should be a major focus for interventions to prevent people making further suicide attempts.<sup>13</sup>
- As all people who attempt suicide are not hospitalised and many are managed in other health settings such as the general practice, emergency departments and community health centres, surveillance of suicide attempts should be improved in these settings. This could be done by surveys of general practice, surveys of other primary health care and improved surveillance of emergency department presentations and ambulance responses.

#### For more information see:

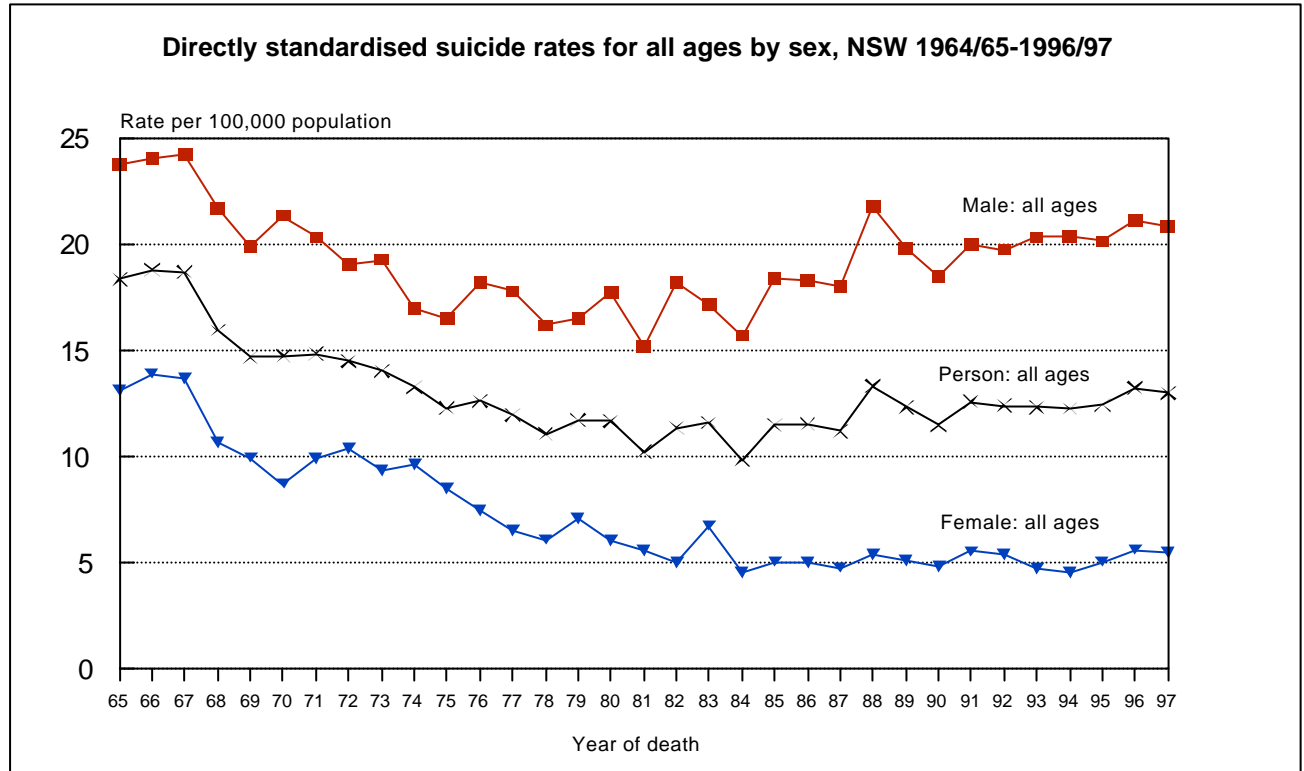
Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin. 1996;7(6):55-63.  
Report on Mental Health Care in Emergency Departments. Centre for Mental Health, NSW Health Department. May 1998. ISBN: 0731340493.



This page is left intentionally blank

## 1.2 Suicide deaths — all ages

## 1.2.1 Suicide deaths — 1964/65 to 1996/97 all ages



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Person	11.4	11.5	11.1	13.3	12.3	11.4	12.6	12.4	12.3	12.2	12.4	13.2	12.9
Male	18.4	18.3	18.0	21.8	19.8	18.5	20.0	19.7	20.3	20.4	20.1	21.2	20.9
Female	5.0	5.0	4.7	5.3	5.1	4.8	5.5	5.3	4.6	4.5	5.0	5.6	5.4

Note: Suicide was classified according to ICD7 (E970–E979), ICD8 (E950–E959), ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In NSW, over a period of 24 years (1973/74 to 1996/97), death rates from suicide have remained relatively stable for both men and women in all age groups.
- More people died from suicide than road injury in NSW. In 1996/97, 814 people (male:642; female:172) in NSW died from suicide compared with 576 people (male:410; female:166) who died from road injury.
- The male suicide death rate for 1996/97 was 20.9 deaths per 100,000 (compared to 13.5 road injury deaths per 100,000).
- In 1996/97, the overall suicide death rate for people living in NSW was 12.9 deaths per 100,000.
- Men in NSW have higher suicide death rates than women across all age groups. The suicide death rate for 1996/97 was almost four-fold higher for males (20.9 deaths per 100,000) compared to females (5.4 deaths per 100,000).

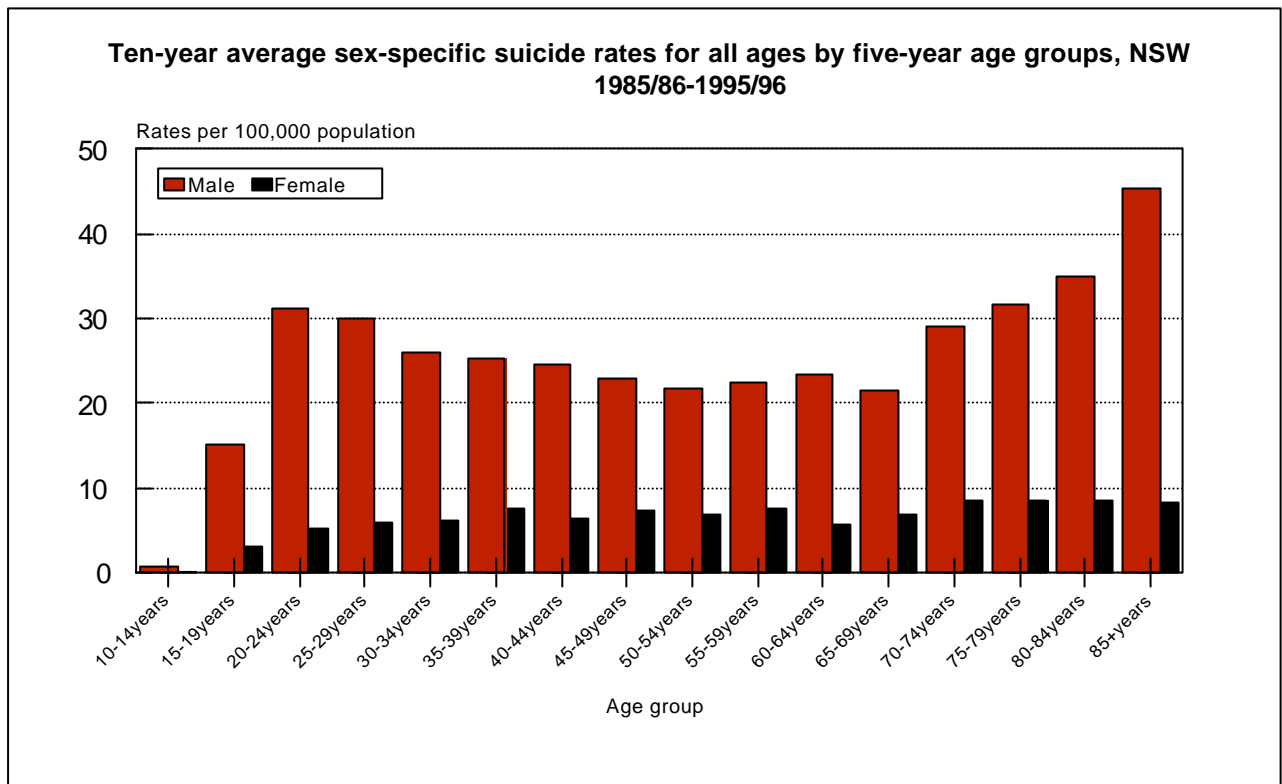
#### *Suicide deaths 1997/98 <sup>3/4</sup>Supplement*

- The ABS released the latest death data for the year 1998 in November 1999. The analysis of the suicide death data for the latest financial year (1997/98) show that standardised suicide death rate has increased by 19% from 1996/97 (12.9 deaths per 100,000) to 1997/98 (15.4 deaths per 100,000).
- In comparison, data on suicide deaths for the calendar year, 1998 show that there has been a decrease in the overall number of suicide deaths in 1998 (Appendix 3). Overall, the number of suicide deaths and standardised suicide death rates were higher in 1997 (n=950; standardised rate=15 per 100,000) than in 1998 (n=797; standardised rate=13 per 100,000). However, the 1998 figures should be treated with some caution as the 1998 calendar year data is incomplete (about 10% of deaths for 1998 is not registered in that year and also contains deaths for 1997).

**Issues for suicide prevention:**

- Suicide deaths are statistically rare and, in small populations, small numbers of suicide deaths may vary considerably from year to year. Even one or two deaths can double the observed suicide rate even though the population risk remains the same. Therefore, annual death rates cannot be used to monitor annual change due to prevention programs at the local level.
- Current Statewide data are not available because ABS death data usually have a lag of 12 months for death reporting. It is therefore not easy to evaluate reported current suicide clusters against ABS data.
- The National Coronial Information System when available will provide more current surveillance data for suicide in NSW.

## 1.2.2 Suicide deaths — sex and age difference all ages



Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996.

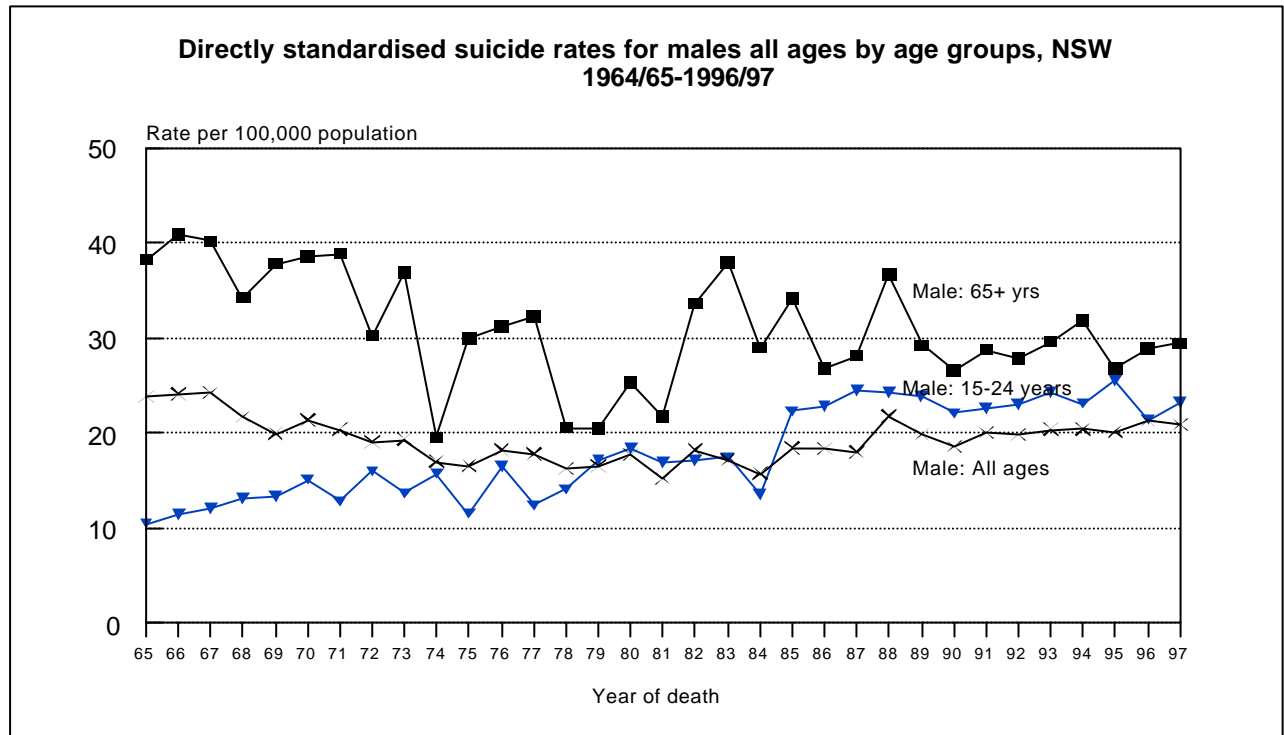
Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Men in NSW have higher suicide death rates than women across all age groups; this probably reflects the use of more lethal means by males.
- While men in NSW have higher suicide death rates than women, suicidal behaviour is an equally serious problem for both women and men. Evidence shows that women are more likely than men to attempt suicide. When suicide deaths are combined with serious suicide attempts resulting in hospitalisation, the difference between men and women becomes smaller.<sup>14</sup>
- Research findings of suicidal ideation show that as many as 20% of men and almost 18% of women in a young adult Australian population (average age 19.6 years; SD 1.04 years) report some degree of suicidal ideation.<sup>15</sup> Similar patterns are observed in adolescents. A survey of 15 to 16 year olds regarding the extent of suicidal ideation in Western Australia found that nearly 17% of boys and 29% of girls reported suicidal thoughts. The corresponding proportions in younger adolescents (aged 12 to 14 years) were 10% and 13% respectively, for boys and girls.<sup>16</sup>
- A much higher rate of suicide death occurs in adolescent males probably as a result of more lethal means used.

**Issues for suicide prevention:**

- Suicide interventions should target both males and females, as they are equally at risk of suicidal behaviour.

## 1.2.3 Suicide deaths — younger and older men all ages



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Young male	22.3	22.8	24.5	24.3	23.8	22.0	22.6	23.0	24.3	23.1	25.6	21.4	23.3
Older male	34.1	26.7	28.1	36.7	29.2	26.6	28.7	27.8	29.6	31.8	26.8	28.9	29.4
All male	18.4	18.3	18.0	21.8	19.8	18.5	20.0	19.7	20.3	20.4	20.1	21.1	20.9

Note: Suicide was classified according to ICD7 (E970–E979), ICD8 (E950–E959), ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 year is the most recent financial year for which complete suicide data are available.

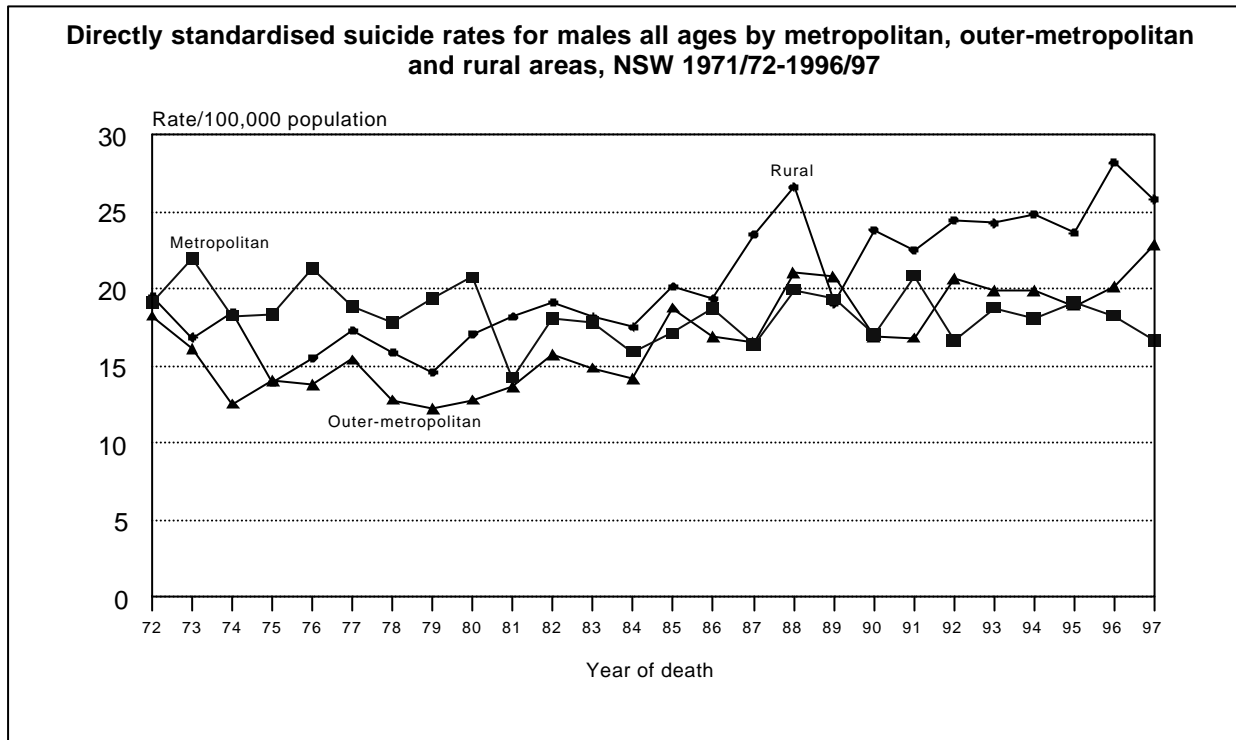
Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Between 1964/65 and 1996/97 suicide death rates were highest among men aged 65 years and older. After 1983/84 suicide death rates among young men aged 15–24 years increased and has remained higher than the all age male rates.
- Men 80 years and older have the highest suicide death rates but comprised a small proportion of about 3% (201/6836) of all suicide deaths during this period.
- Over the period of 33 years between 1964/65 and 1996/97: overall rates of suicide in males declined by 12%; the corresponding rate of decline in males aged 65 years and older was 23%; and in younger males aged 15–24 years, the suicide death rate increased slightly more than two-fold.
- These patterns of suicide death among males in NSW are similar to Australia. Patterns of suicide rates in Australia changed in the 1970s and 1980s. Suicide became less common among middle-aged men and women, but more common among younger and older men.<sup>17,18</sup>

#### Issues for suicide prevention:

- The data clearly shows that younger and older men are at increased risk of suicide.
- Suicide prevention strategies should aim to increase the awareness of suicide risk for younger and older men among professional and other staff in health and community services.

1.2.4 Suicide deaths — NSW urban/rural areas all ages



Areas	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Metropolitan	17.1	18.7	16.4	20.0	19.3	17.1	20.9	16.7	18.8	18.0	19.1	18.3	16.7
Outer metropolitan	18.8	16.9	16.5	21.0	20.8	16.9	16.8	20.6	19.9	19.9	18.9	19.9	22.8
Rural	20.1	19.3	23.5	26.6	19.1	23.8	22.5	24.5	24.3	24.9	23.6	28.2	25.8

Note: Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 financial year is the most recent year for which complete suicide death data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In Australia, suicide rates for men living in rural areas have been consistently higher than for men living in urban areas. In NSW, a similar pattern can be observed since 1981/82 for males in rural Area Health Services.
  - For metropolitan Area Health Services, the male suicide rates in NSW between 1971/72 and 1996/97, notwithstanding some fluctuations in the intervening years, have remained remarkably stable.
  - In the same period suicide rates in outer metropolitan Areas Health Services, increased by almost 27% (18 per 100,000 to 22.8 per 100,000), while rural Health Services, experienced an increase of almost 36% (19 per 100 00 to 25.8 per 100,000).
  - An Australia-wide study of suicide shows that from 1964 to 1993, young male (15–24 years) suicide rates increased in all locations; the rates for metropolitan areas and cities rose 2.5 to 3 fold. In towns the rate rose four-fold. In rural towns with fewer than 4,000 people, it rose more than 12-fold.<sup>19,20</sup>
- X Female suicide death rates were highest in the metropolitan areas but have remained

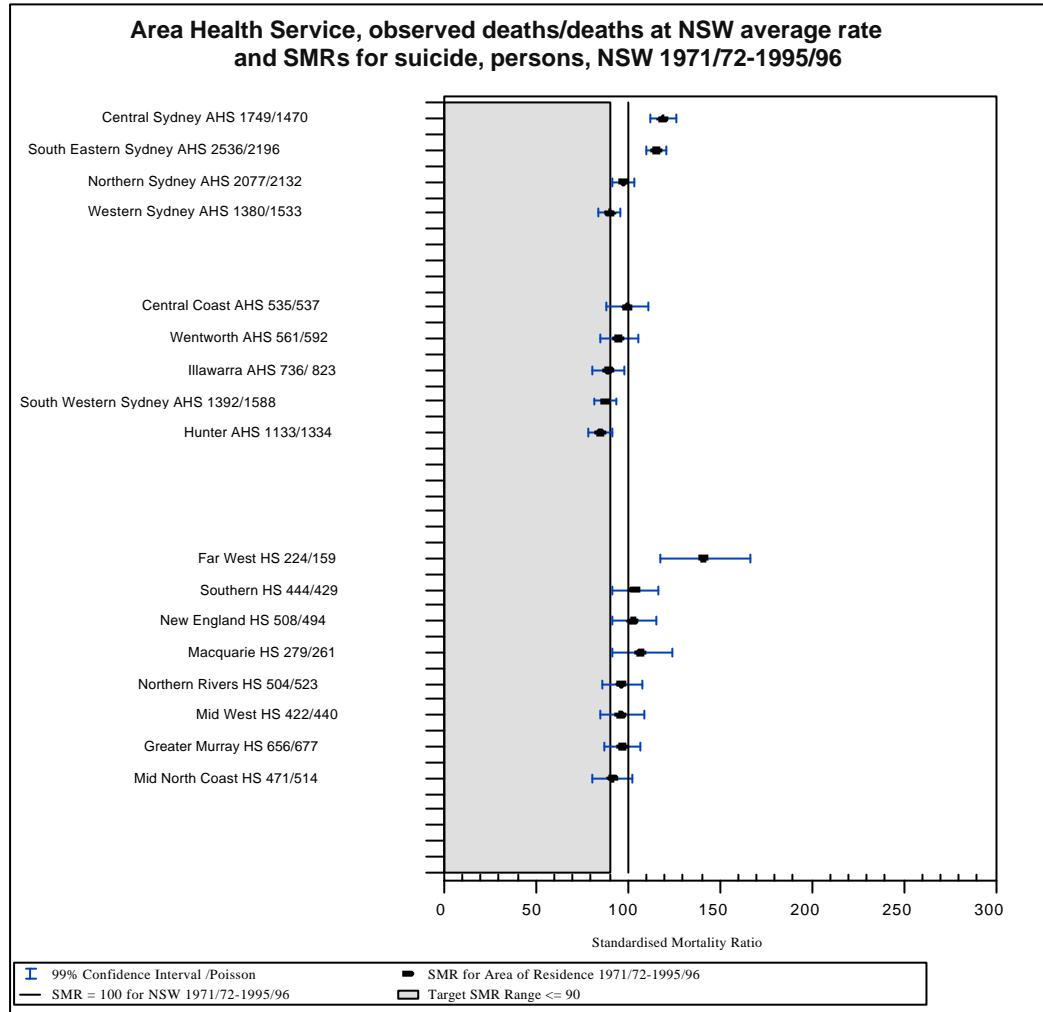
fairly stable in all areas. Other studies in Australia and NSW also show that a corresponding increase in female suicide rates has not occurred.<sup>21,22</sup>

**Issues for suicide prevention:**

- The small populations in rural areas and the resultant small numbers of deaths make it almost impossible to detect other than extreme variations in the annual suicide rate, even more so with sub-population groups.
- In a small population even one or two deaths can double the observed suicide rate. Therefore, annual death rates cannot be used to monitor annual change due to prevention programs.

Metropolitan Area Health Services: NSAHS, CSAHS, SESAHS, WSAHS.  
 Outer-metropolitan Area Health Services: SWSAHS, WAHS, IAHS, HAHS, CCAHS.  
 Rural Health Services: NRHS, MNCHS, NEHS, MHS, MWHS, FWHS, GMHS, SHS.

## 1.2.5 Suicide deaths — Area Health Service all ages



**Note:** Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Indirect Standardised Mortality Ratios (SMRs) for pooled suicide deaths over the period 1971/72 to 1995/96 were estimated by: 1) calculating the age specific pooled suicide mortality rate for NSW; 2) calculating the number of suicide deaths in each AHS using the calculated age specific rate for NSW; and 3) calculating the SMRs, which is the ratio of the number of observed suicide deaths in AHS divided by the suicide deaths and multiplying the result by 100. This sets the NSW average rate to 100, which means that if an AHS has a SMR of 120, the AHS rate is 20% higher than that for NSW as a whole over the same period. The shaded area illustrates the general target range of a reduction of 10% or more in the suicide rate. The number after each AHS are the actual number of deaths and the number at the NSW average rate.

**Source:** ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Overall the pooled suicide Standardised Mortality Ratios (SMRs) for all ages in most Area Health Services for the period 1971/72 to 1995/96 do not vary significantly from the NSW average.
- In contrast Western Sydney, Illawarra South Western Sydney, and Hunter Area Health Services had significantly lower, and Central Sydney, South Eastern Sydney Area Health Services, and Far West Health Service had significantly higher, SMRs than that of the State as a whole.
- The slightly higher SMRs for Central Sydney and South Eastern Sydney represent an average of 25 excess deaths a year in those two Areas compared to three excess deaths a year for Far West Health Service.
- Pooling data in this way reflects long term influences on the suicide rates rather than short-term factors. For example, high pooled rates may reflect chronic risk factors such as socio-economic stresses in inner city areas or isolation and unemployment factors in rural and remote areas.

**For more information see:**

Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1996;7(1-2):1-10.

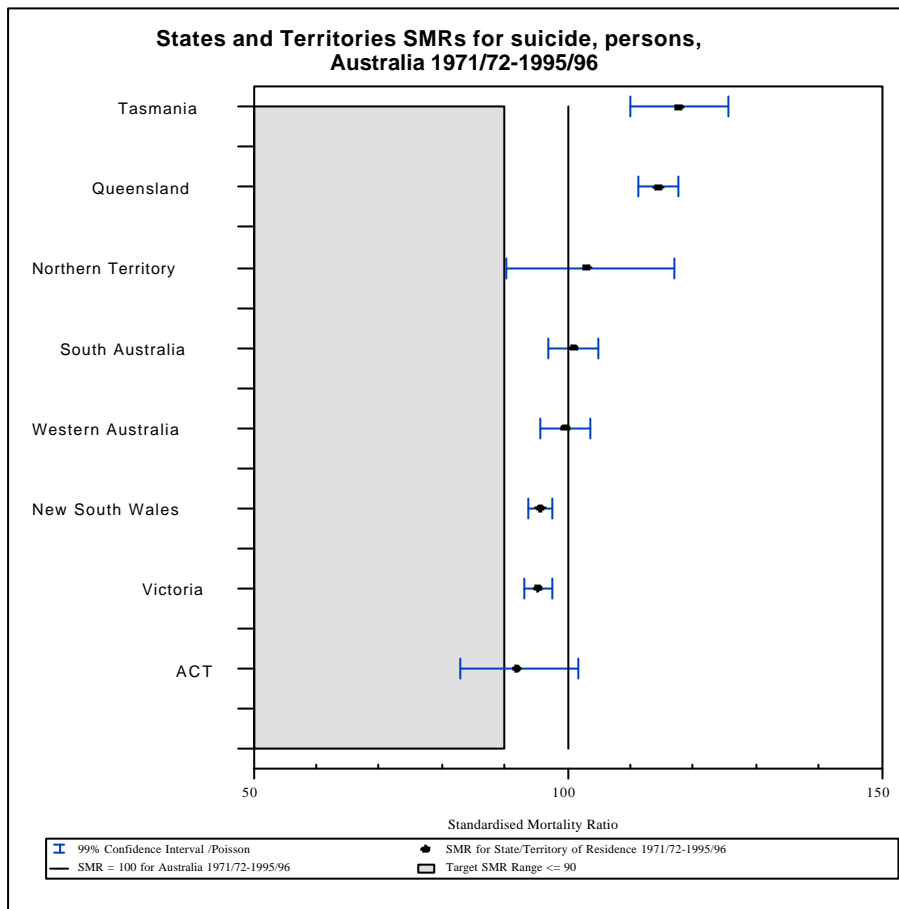
Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1995;6(6):49-52.



**Issues for suicide prevention:**

- Most suicide prevention activities occur at an Area Health Service level where the small populations limit the ability to monitor change. One approach to monitoring rare outcomes in small populations is to pool data over a long period.

## 1.2.6 Suicide deaths — national comparison all ages



Standardised suicide rates for States/Territories 1995/96	Male rate (all ages)	99% CI	Female rate (all ages)	99% CI
New South Wales	21.1	(19.0 to 23.4)	5.6	(4.5 to 6.7)
Victoria	18.0	(15.8 to 20.5)	5.5	(4.1 to 7.2)
Queensland	26.1	(22.9 to 29.5)	5.4	(4.2 to 6.7)
South Australia	20.6	(16.5 to 25.4)	5.1	(3.2 to 7.6)
Western Australia	19.7	(16.0 to 23.9)	4.5	(2.9 to 6.8)
Tasmania	26.0	(18.1 to 36.2)	6.9	(3.2 to 12.6)
Northern Territory	27.5	(15.6 to 44.6)	7.9	(0.0 to 29.9)
Australian Capital Territory	23.4	(13.2 to 37.4)	5.0	(1.6 to 11.8)

Note: Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. Australia population estimates at 31 December each year. Indirect Standardised Mortality Ratios (SMRs) for pooled suicide deaths over the period 1971/72 to 1995/96 were estimated by: 1) calculating the age specific pooled suicide mortality rate for Australia; 2) calculating the number of suicide deaths in each State/Territory using the calculated age specific rate for Australia; and 3) calculating the SMRs, which is the ratio of the number of observed suicide deaths in States/Territories divided by the suicide deaths and multiplying the result by 100. This sets the Australia average rate to 100, which means that if a State/Territory has a SMR of 120, the State/Territory rate is 20% higher than that for Australia as a whole over the same period. The shaded area illustrates the general target range of a reduction of 10% or more in the suicide rate.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Research by the ABS show that Australian States and Territories generally reflect national suicide trends. The standardised suicide rates for Queensland, Tasmania and Northern Territory have consistently been above the national rate for the period 1982–1992.<sup>23</sup>
- Overall, pooled suicide data for the period 1971/72 to 1995/96 for people in all ages, show that ACT had significantly lower, and Queensland and Tasmania had significantly higher SMRs than that of Australia as a whole.
  - The SMRs for the rest of the States/Territories fell within a fairly narrow range around that for Australia as a whole.

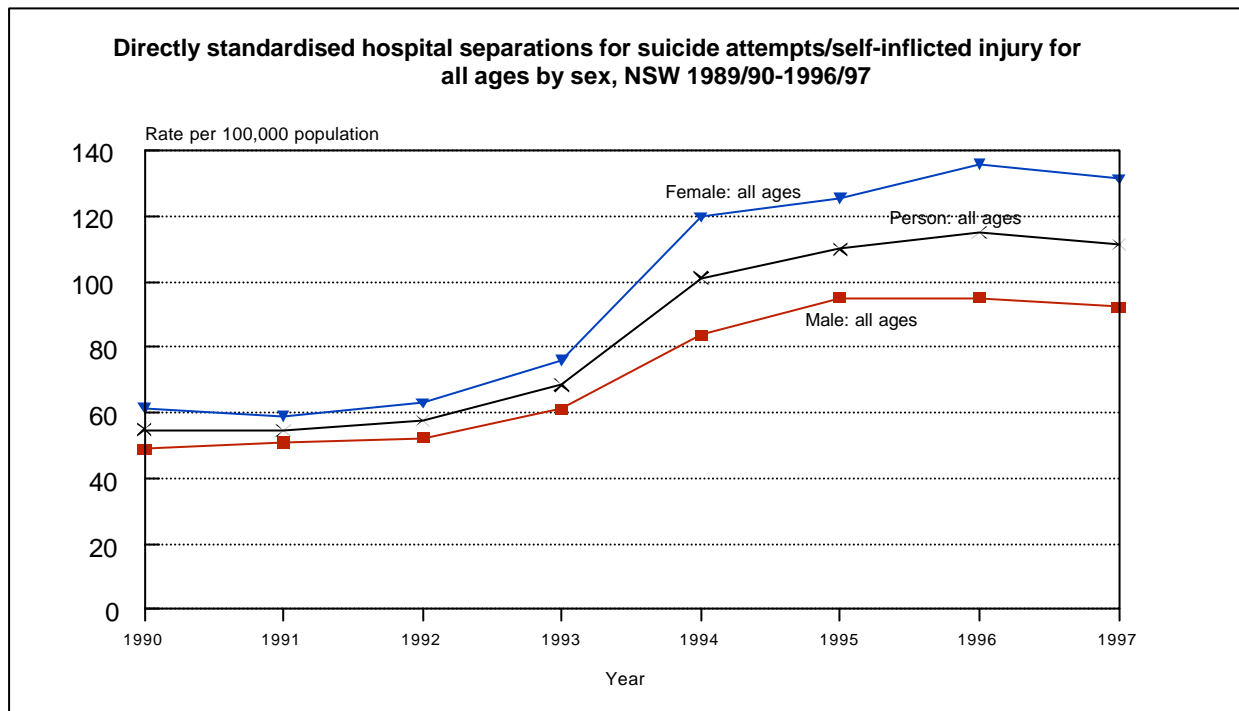
- For the period 1995/96, (see table on page 17) the differences between the standardised suicide mortality rates for States and Territories were not statistically significant.

*SMR for younger and older people  $\frac{3}{4}$  1971/72-1995/96 (graph not shown)*

- For people 15–24 years of age, Tasmania and Queensland had significantly higher, and NSW significantly lower, SMRs than the Australia average.
- The SMRs for people 65 years and older in almost all States and Territories fell within a fairly narrow range around that for Australia. Only Queensland had significantly higher SMR than the Australia average.

## 1.3 Suicide attempts — all ages

## 1.3.1 Suicide attempts — hospital separations all ages



	1990	1991	1992	1993	1994	1995	1996	1997
Person	54.8	54.5	57.5	68.3	101.1	109.8	115.0	111.4
Male	48.9	50.8	52.3	61.1	83.6	95.0	95.0	92.2
Female	61.3	58.8	62.9	75.9	119.6	125.4	135.7	131.3

Note: Attempted suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Hospital separation rates were age-adjusted using the Australian Population at 31 December 1996. Hospital separations in NSW do not include NSW residents treated in other States.

Source: NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In 1996/97, hospital separation following a suicide attempt (111.4 per 100,000) was 8.6 times more common than rate of suicide death (12.9 per 100,000) in people of all ages.
- It is estimated that for every suicide death, 30 to 40 people attempt suicide<sup>24</sup> and 30% to 50% of people who die from suicide have made previous attempts.
- In 1996/97, hospitalised suicide attempts accounted for 7,096 episodes of inpatient care in people of all ages, 4,137 (58%) for females and 2,959 (42%) for males.
- Hospital separation rates as a result of attempted suicide have remained relatively stable from 1989/90 to 1992/93. Separation rates then rose in 1993/94, which marked the beginning of a rapid rise to a new level, which has continued since 1995/96. This rise was more prominent in females than males.
- Separation rate for males increased by 51% from 61.1 per 100,000 in 1992/93 to 92.2 per 100,000 in 1996/97. For females, the rate increased by 73% from 75.9 per 100,000 in 1992/93 to 131.3 per 100,000 in 1996/97.
- In females in 1996/97, hospitalisation following a suicide attempt was highest the 15–24 year age group then declined with increasing age, leveling above age 60. (graph not shown)
- In males in 1996/97, hospitalisation following attempted suicide was highest in the 20 to 29 year age group, then declined with increasing age, leveling out above age 60 before a second peak above age 84. (graph not shown)
- Factors contributing to the increase in separations may include changes in hospital admission policies, and judgements of patient's intent, improved assessment and identification of suicide attempts, greater willingness of patients to reveal the circumstances, or many other factors.

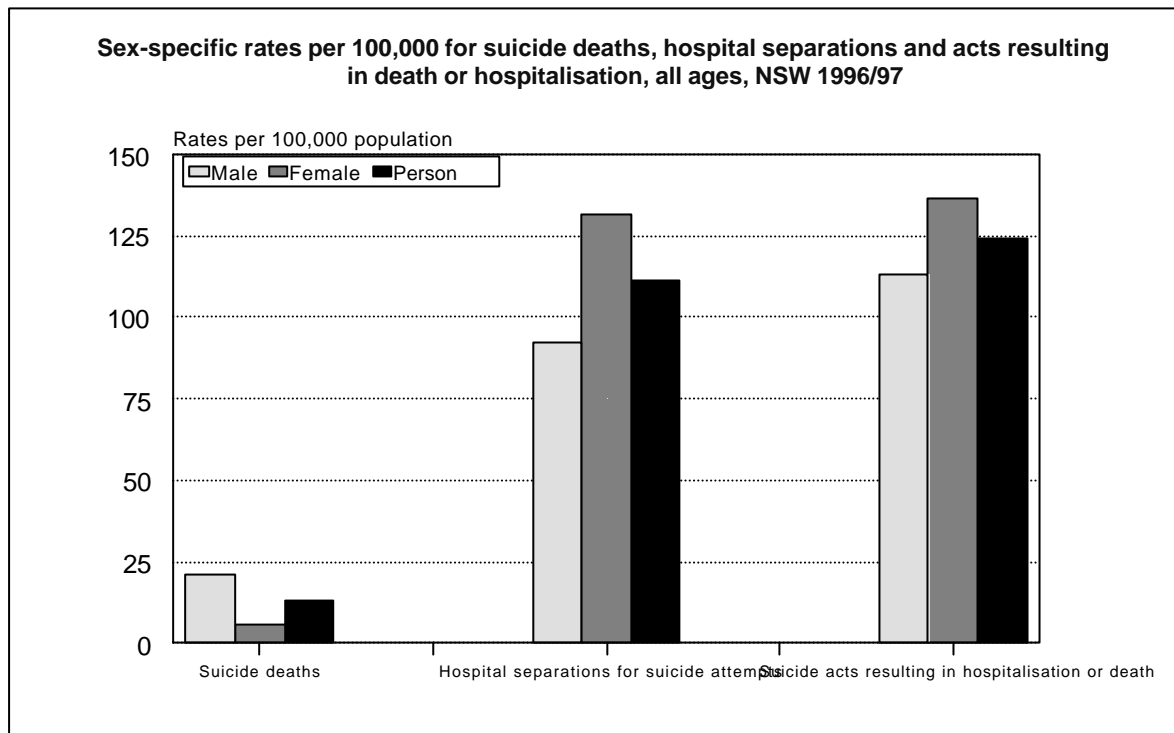
#### Issues for suicide prevention:

- Very little information is available on suicide attempts except on those that result in hospitalisation. Admission policies can have a dramatic effect on observed hospital

separation rates, as also can the availability of mental health consultation liaison services.

- While suicide deaths are officially recorded, suicide attempts are poorly documented.
- Existing literature on the epidemiology of suicide indicates that a suicide attempt is the
- single best clinical indicator for increased suicide risk.
- Reliable and timely information on attempted suicides is imperative from a prevention perspective, as this will provide a more accurate indicator of suicidal behaviour.

## 1.3.2 Suicide acts — 1996/97 all ages



Suicide act	Male	Female	Person
Suicide deaths (and rates)	642 (20.9)	172 (5.4)	814 (12.9)
Hospital separations (and rates)	2849 (92.2)	4049 (131.3)	6898 (111.4)
Suicide acts (and rates)	3491 (113.1)	4221 (136.7)	7712 (124.3)

Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Rates were age-adjusted using the Australian Population at 31 December 1996.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In NSW, in 1996/97, the ratio of attempted suicides resulting in hospitalisation to suicide deaths was 23.5:1 in females and 4.4:1 in males.
- Hospital separations as a result of suicide attempts accounted for 6,898 episodes of inpatient care, 4,049 (59%) for females and 2,849 (41%) for males (92.2 and 131.3 hospital separations for suicide attempts per 100,000 in males and females, respectively).
- For the same period, there were 814 deaths as a result of suicide in NSW, which accounted for 642 deaths in males (79%) and 172 in females (21%) (21 and 5 suicide deaths per 100,000 in males and females, respectively).
- When suicide deaths and suicide attempts resulting in hospitalisation, were combined, the rate of suicidal acts was 1.2-fold higher for females than males (113 per 100,000 males and 136.7 per 100,000 females), for 1996/97. About 7% of those who made a fatal attempt reached hospital before they died (male:5%; female:14%).
- Although females had a 1.4-fold higher rate of hospital separations related to suicide attempts, males had an almost four-fold higher rate of suicide deaths than females. One of the important factors for this difference in male and female suicide death rate is that women and men use different means of attempting suicide.<sup>25</sup>
- These findings are consistent with the findings of a study of attempted suicide in Perth and Adelaide, which reported that the female to male ratio of attempted suicide for both regions, in 1986/87 was 1.4:1.<sup>26</sup>

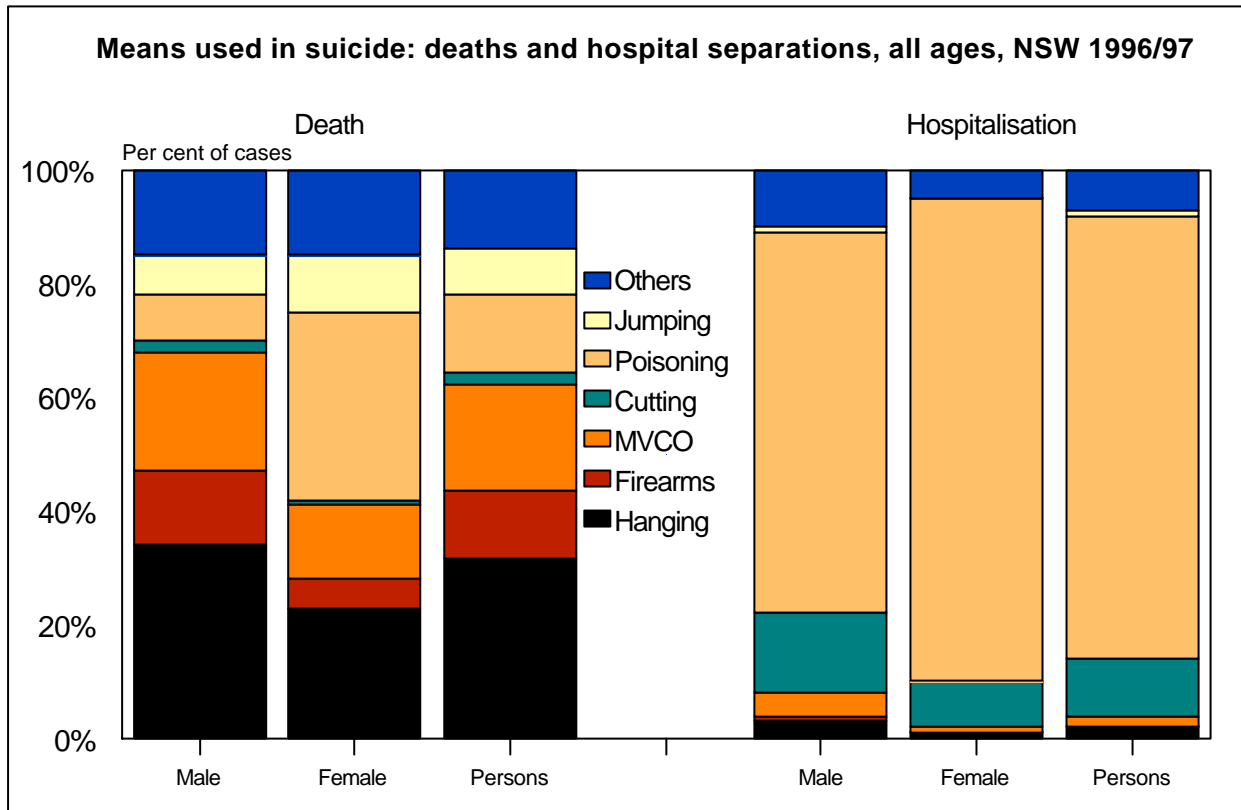
**Issues for suicide prevention:**

- Prevention activities should target both males and females, as the rate of suicide attempts in both sexes is high.
- In general females have higher hospital admission rates of suicide than males. This may be because females mostly use means to suicide, which are less fatal than those used by males.

## 1.4 Suicide means — all ages



1.4.1 Means of suicide — attempts and deaths, 1996/97 all ages



Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Rates were age-adjusted using the Australian Population at 31 December 1996.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

Means male	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
Firearms	107	86	21	10	11	90	20
Hanging	312	219	93	11	82	74	30
MVCO	254	135	119	4	115	55	47
Jumping from heights	85	43	42	3	39	54	49
Others	376	93	285	11	273	28	76
Cutting	415	11	404	5	399	4	97
Poisoning	2050	55	1995	9	1985	3	97
<b>All</b>	<b>3599</b>	<b>642</b>	<b>2959</b>	<b>53</b>	<b>2904</b>	<b>19</b>	<b>82</b>

Means female	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
Firearms	12	9	3	0	3	75	25
Hanging	65	39	26	3	23	65	40
MVCO	50	22	28	0	28	44	56
Jumping from heights	38	18	20	3	17	55	53
Others	220	26	194	4	189	14	88
Poisoning	3600	56	3544	17	3526	2	98
Cutting	324	2	322	0	322	1	99
<b>All</b>	<b>4309</b>	<b>172</b>	<b>4137</b>	<b>27</b>	<b>4108</b>	<b>5</b>	<b>96</b>

- Means used differed greatly between suicide deaths and suicide attempts that resulted in hospitalisation.

### Suicide deaths

- In 1996/97, hanging (all:32%; male:34%; female:23%) was the most frequently used means leading to suicide death in people in NSW.
- Other frequently used means of suicide death in men were poisoning by motor vehicle exhaust gas (MVCO or motor vehicle carbon monoxide) (21%) and firearms (13%). These three means of suicide caused 68% of all suicide deaths in males.
- In female in 1996/97, poisoning by tranquillisers and other psychotropic agents (21%) was the next most frequently used means of suicide death after hanging (32%). Another frequently used means of suicide death was MVCO (13%). These three means of suicide caused 57% of all suicide deaths in females.
- Findings of other Australian and overseas studies, show that women are more likely to use anti-depressant and psychotropic drugs to suicide than men.<sup>27,28</sup>

### Suicide attempts that resulted in hospital admission

- In 1996/97, poisoning by medicinal agents was the cause of hospital admission for 78% of suicide attempts (male:67%; female:86%).
- The major substances for both sexes were tranquilizers and other psychotropic agents which accounted for 55% of all such suicide attempts in females and 56% in males. Analgesics, antipyretics and antirheumatics were the next most common substances (25%) which accounted for 26% of suicide attempts in females and 23% in males.

### Difference in means used

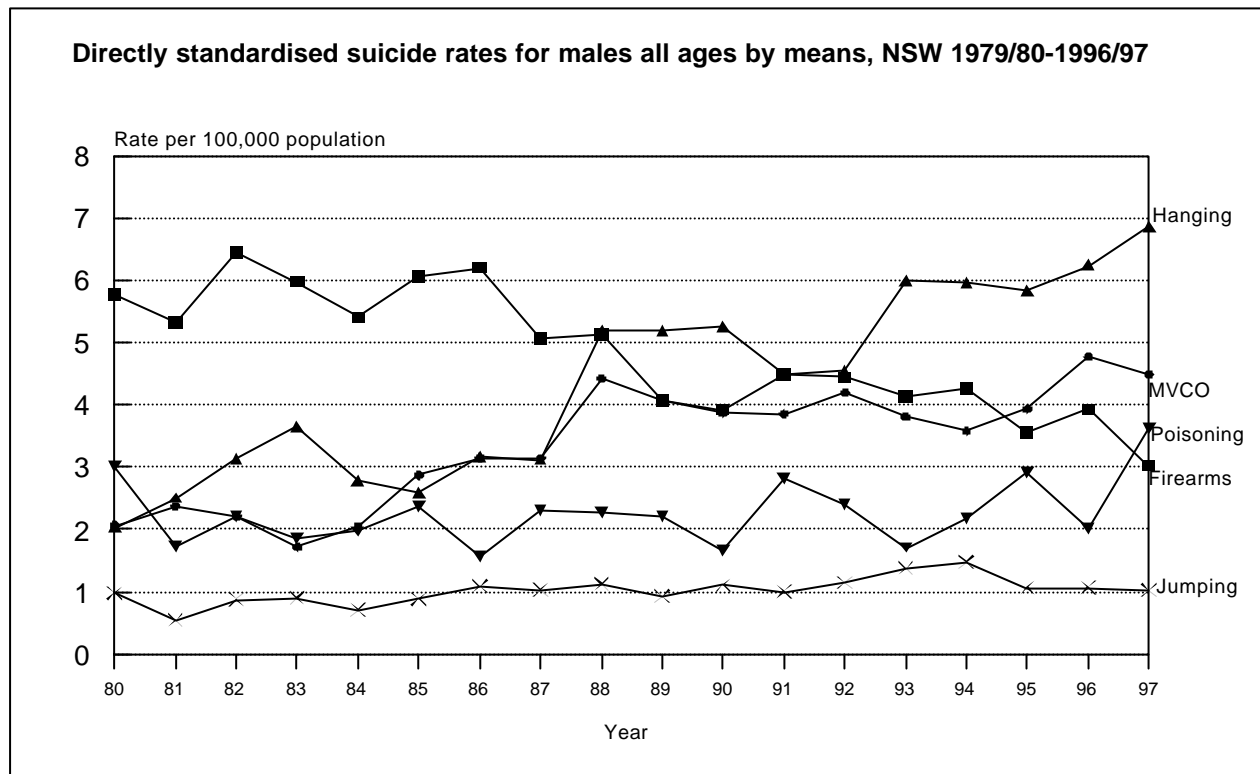
- There is a clear distinction between the fatality rates and the hospitalisation rates of the three most fatal means.
- Hanging, firearms and MVCO were the means used in 10% of all serious attempts that resulted in hospitalisation or death (male:20%; female:3%) and resulted in 60% of the deaths (male:67%; female:30%).
- Poisoning with medicinal agents and self-cutting were used in 81% of the attempts (male:68%; female:91%) and resulted in 17% of the deaths (male:12%; female:36%) in 1996/97.

- These findings are in keeping with studies that have shown that the probability of suicide death varies considerably by the means employed.
- An early study of lethality showed that death occurred in 92% of suicide attempts with a firearm; 78% with carbon monoxide poisoning; 78% with hanging, 67% with drowning and 23% with poisoning with drugs.<sup>29</sup>

### Issues for suicide prevention:

- Few people survive a suicide attempt made with a firearm. Controlling accessibility of firearms remains an important prevention issue, especially in rural areas. Studies from Australia and overseas supports a strong link between firearm availability and firearm suicide.<sup>30,31</sup>
- Detoxification of car exhaust gases by catalytic conversion has had some influence on fatality rates. In Australia there is a need to modify exhaust designs and/ or install carbon monoxide detectors and engine cutouts.<sup>32</sup>
- Little can be done, except in institutional settings, to limit access to means of hanging.<sup>33</sup> By contrast a great deal can be done, and has been done to control toxicity of prescription medicine used in poisoning, including packaging.<sup>34</sup>

## 1.4.2 Suicide Means — males all ages



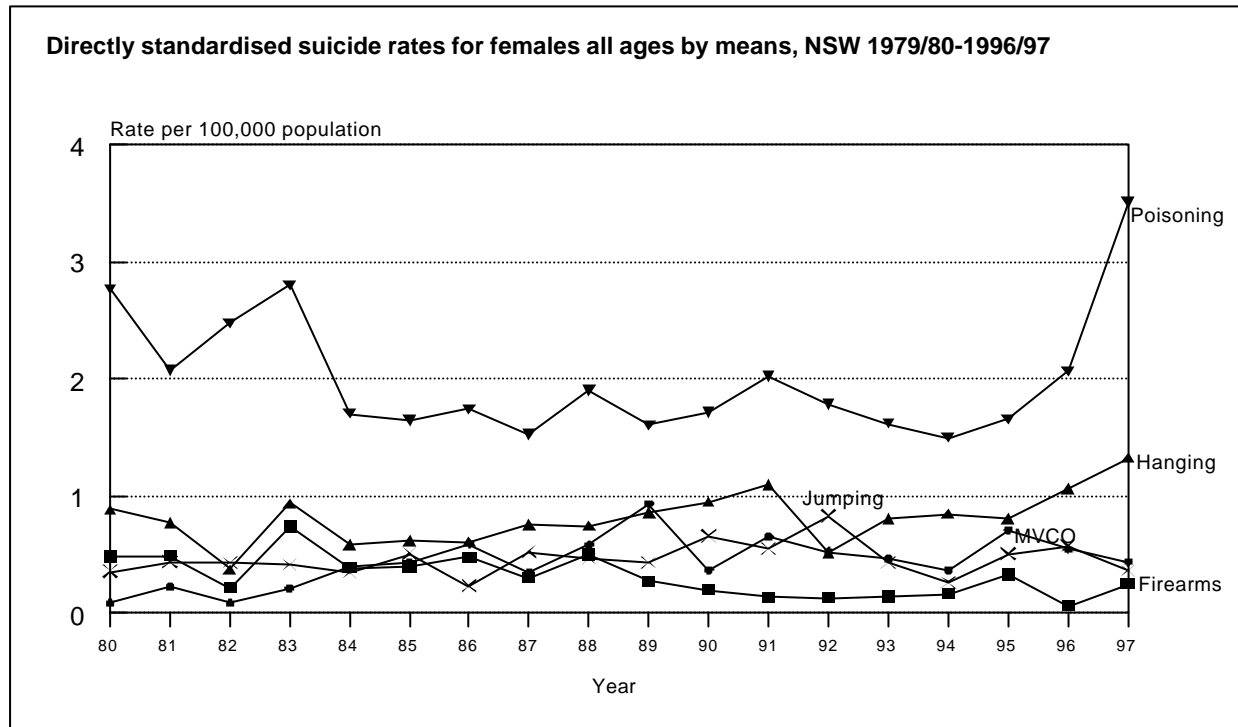
Means	1990	1991	1992	1993	1994	1995	1996	1997
Hanging	5.2	5.3	4.5	4.6	6.0	6.0	6.2	6.9
Firearms	4.1	4.0	4.5	4.4	4.1	4.2	3.9	3.0
MVCO	4.1	3.9	3.9	4.2	3.8	3.6	4.8	4.5
Poisoning	2.2	1.7	2.8	2.4	1.7	2.2	2.0	3.6
Jumping from heights	1.0	1.1	1.0	1.1	1.4	1.5	1.0	1.0

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 financial year is the most recent year for which complete suicide death data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Hanging as a means of suicide has increased in the last 10 years and has become the leading cause of suicide death in males.
- Between 1979/80 and 1987/88 in NSW, firearms were the most frequently used means of suicide in males. After 1987/88, there was an increase in the rate of hanging as the most frequent means. The third most frequently used means of suicide was poisoning by MVCO.
- Among males from 1979/80 to 1996/97, half of all suicides were from firearms (25%) or hanging (24.2%). Poisoning and MVCO were the means used in another 11% and 18% of all suicides, respectively. Jumping caused 5% of suicides.
- In Australia in the last two decades there has been at least a doubling of the male rate of suicide by hanging and MVCO.<sup>35</sup>
- Findings from Australia wide studies show that firearms are the most frequently used means of suicide for young and elderly males especially in rural areas of Australia.<sup>36,37</sup>

## 1.4.3 Suicide Means — females all ages



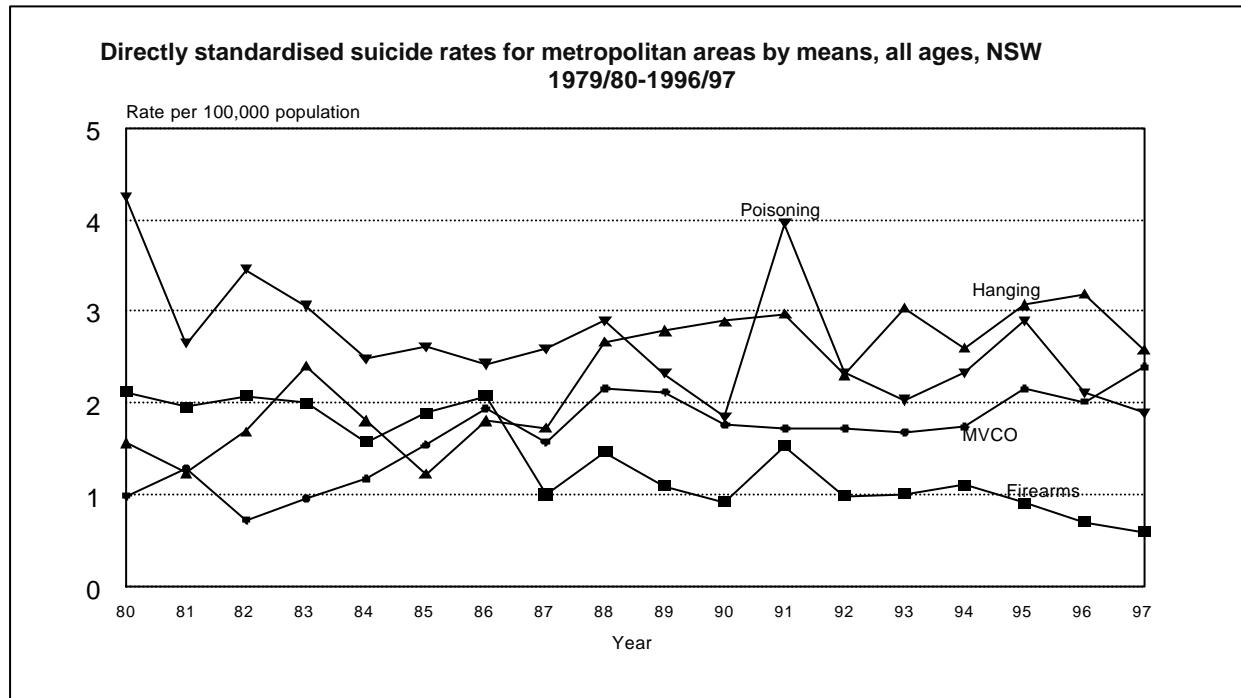
Means	1990	1991	1992	1993	1994	1995	1996	1997
Poisoning	1.6	1.7	2.0	1.8	1.6	1.5	2.1	3.5
Hanging	0.9	1.0	1.1	0.5	0.8	0.8	1.1	1.3
Jumping from heights	0.4	0.7	0.6	0.8	0.4	0.3	0.5	0.4
MVCO	0.9	0.4	0.7	0.5	0.5	0.4	0.5	0.4
Firearms	0.3	0.2	0.1	0.1	0.1	0.2	0.1	0.3

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Over the period from 1979/80 to 1996/97, poisoning by medicinal agents and hanging, have remained the most frequently used means of suicide in women in NSW.
- Rates of female suicide in NSW over the same period, by other means (e.g. jumping, MVCO and firearms) were small and have remained stable with minor fluctuations in the intervening years.
- From 1979/80 to 1996/97, poisoning and hanging in NSW accounted for 37% and 16%, respectively, of all suicides in females in all age groups. Poisoning is also the most frequent means of suicide in young females between the ages of 15 and 24 years; it accounted for slightly less than one-third (32.5%) of all suicides. A slight increase in suicide by hanging was also evident in this age group (21%). (graph not shown)
- These findings are consistent with the findings of other Australian and overseas studies that also show poisoning as the main means of suicide by women.<sup>38,39,40</sup> It is used in 60% of suicide deaths<sup>41</sup> and more young women in NSW die by poisoning than young men.<sup>42</sup>

## 1.4.4 Suicide means — metropolitan and outer metropolitan areas all ages



Means	1990	1991	1992	1993	1994	1995	1996	1997
Poisoning	2.3	1.8	3.9	2.3	2.0	2.3	2.9	1.9
Hanging	2.9	2.9	3.0	2.3	3.0	2.6	3.0	2.6
MVCO	2.1	1.8	1.7	1.7	1.7	1.7	2.2	2.4
Firearms	1.1	0.9	1.5	1.0	1.0	1.1	0.7	0.6

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 is the most recent financial year for which complete suicide data are available.

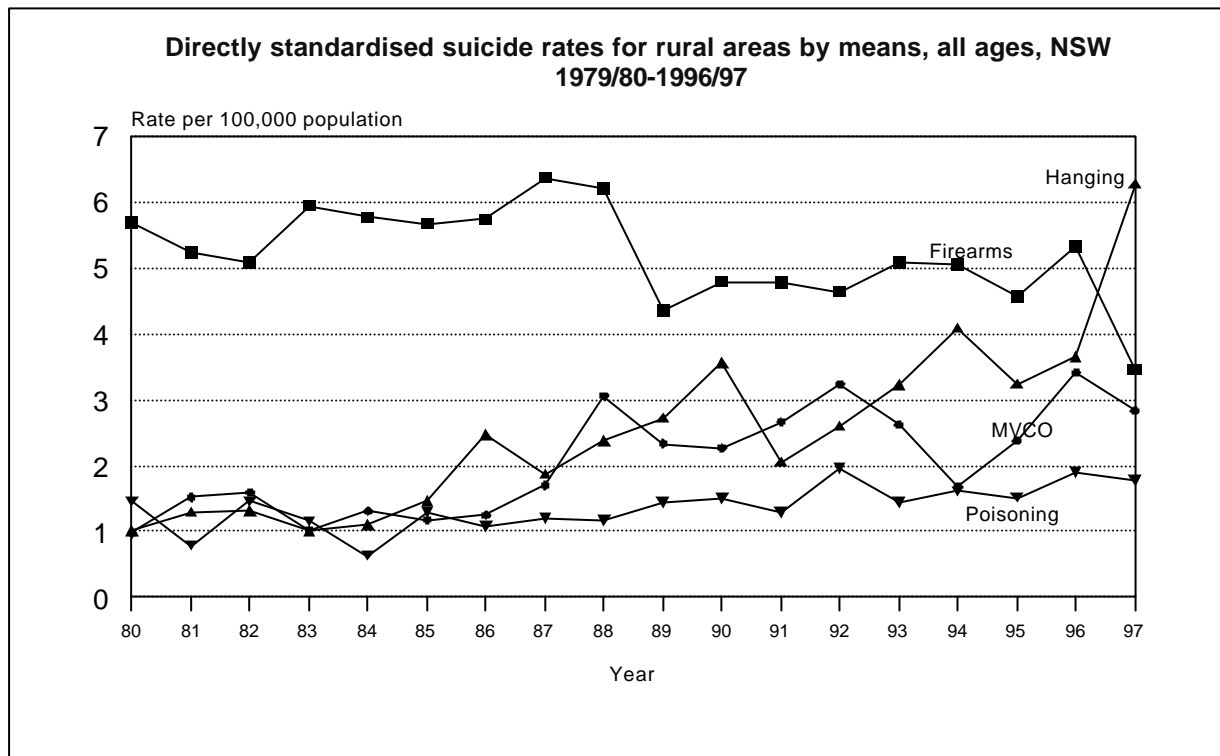
Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Poisoning and hanging were the most frequent means of suicide in metropolitan areas of NSW.
- During the period 1979/80 to 1991/92, in NSW metropolitan areas the most frequent means of suicide was by poisoning. Since 1992/93 suicide by poisoning has decreased slightly and suicide by hanging has increased.
- Use of firearms has shown a rapid decline since 1985/86; but suicide by MVCO has increased.
- Rates of suicide for the period 1996/97 in outer metropolitan areas were: 4.9 for hanging; 2.4 for MVCO; 1.6 for poisoning; and 1.4 for firearms, per 100,000 persons.

#### Outer metropolitan areas (graph not shown)

- In the outer metropolitan areas of NSW, firearms were the main means of suicide in the first half of the period from 1979/80 to 1987/88. After 1987/88, hanging and MVCO have continued to be the most frequently used means of suicide in the outer metropolitan areas of NSW.

## 1.4.5 Suicide means — rural areas all ages



Means	1990	1991	1992	1993	1994	1995	1996	1997
Firearms	4.4	4.8	4.8	4.6	5.1	5.1	5.3	3.5
Hanging	2.7	3.6	2.1	2.6	3.2	4.1	3.7	6.3
MVCO	2.3	2.3	2.7	3.2	2.6	1.7	3.4	2.8
Poisoning	1.4	1.5	1.3	2.0	1.4	1.6	1.9	1.8

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996. 1996/97 is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Firearms were the most frequently used means of suicide in rural areas of NSW.
- Over the period from 1979/80 to 1995/96, in rural areas of NSW, firearms have been and remain the most frequently used means of suicide. Suicides by firearms have declined slightly since 1989/90, followed by a corresponding increase in suicides by hanging and MVCO. For the period 1996/97, the suicide rate by hanging has increased nearly two-fold from the previous years.
- Firearms were also the most frequently used means of suicide in all age groups (15–24 years; 25–64 years; and 65 years and older). Since 1992/93, suicide by hanging has become more frequent. This is especially so in younger age groups. (graph not shown)
- One possible reason suggested for the high suicide rate by firearms in rural areas of NSW and of Australia, as a whole is that firearms are easily accessible.
- It has been estimated that gun ownership is three times higher in rural than in urban areas of Australia,<sup>43</sup> an estimated 60% of households in rural areas of NSW have guns.<sup>44</sup>
- Findings of some studies from Australia and overseas show that higher rates of firearm ownership in a region is associated with higher level of suicide by firearms in those regions.<sup>45,46</sup>

## 1.5 Issues for suicide prevention — all ages

### Issues for suicide prevention:

- The development of prevention programs in communities and schools is essential to promote mental health and wellbeing and address risks associated with suicide. It is important to note that programs focusing on suicide alone may be harmful. They may impact on vulnerable people and potentially increase suicide rates. The focus on resilience appears to have more efficacy, and is more empowering, with less risk of harm involved.<sup>47</sup>
- Suicide prevention strategies should target the major risk factors such as unemployment, mental illness, access to means and substance abuse in high risk groups (younger and older males).
- Most people who attempt suicide may have a diagnosable mental health problem or disorder. Increasing community awareness of mental health problems/disorders and of available services may prevent suicidal behaviour. People should be encouraged to contact services that can provide help such as telephone support services, mental health services, general practitioners or emergency departments. Families, friends, local social support systems and community groups have an important role to play in providing support. Workers in health and other agencies require additional awareness and skills in recognising and responding to people with suicidal behaviours.
- People with suicidal behaviour who access health services should be provided with the best evidence-based assessment, management, discharge and follow-up. This includes a comprehensive face to face psycho-social and psychiatric assessment with suicide risk assessment and assertive follow-up.<sup>48</sup> Enhanced clinical intervention is essential and includes liaison with community carers and services for follow-up, to ensure continuity of care and reduce the risk of repetition.<sup>49</sup>
- Prevention must focus on preventing attempts – as this is in practice the only way to prevent death where the most dangerous means are available and used. However, for those who attempt and survive it is important to continue and sustain successful recovery by providing the best possible treatment and management programs. Problem-solving skills, cognitive behavioural therapy, and interpersonal skills training have been found to be effective.<sup>50,51,52</sup>
- Effective follow-up for people presenting to Health Services with suicidal behaviour is a priority area. An example of an effective follow-up is the **Green Card** system. The provision of a Green Card to people who attend emergency departments following a suicide attempt for the first time has been evaluated to show a significant reduction in deliberate self-harm in this group.<sup>53</sup> The Green Card gives the person immediate access to emergency mental health teams and provides other emergency contact details. In NSW, this card has also been issued to people in contact with mental health services and is part of a comprehensive follow-up plan, which also includes a minimum management plan (assessment within 24 hours of contact, follow-up appointment within a week and a follow-up appointment at one month).

## Chapter 2: Suicide in NSW — Young people 15 to 24 years old

2.1 Suicide deaths — young people

2.2 Suicide attempts — young people

2.3 Suicide means — young people

2.4 Issues for suicide prevention — young people

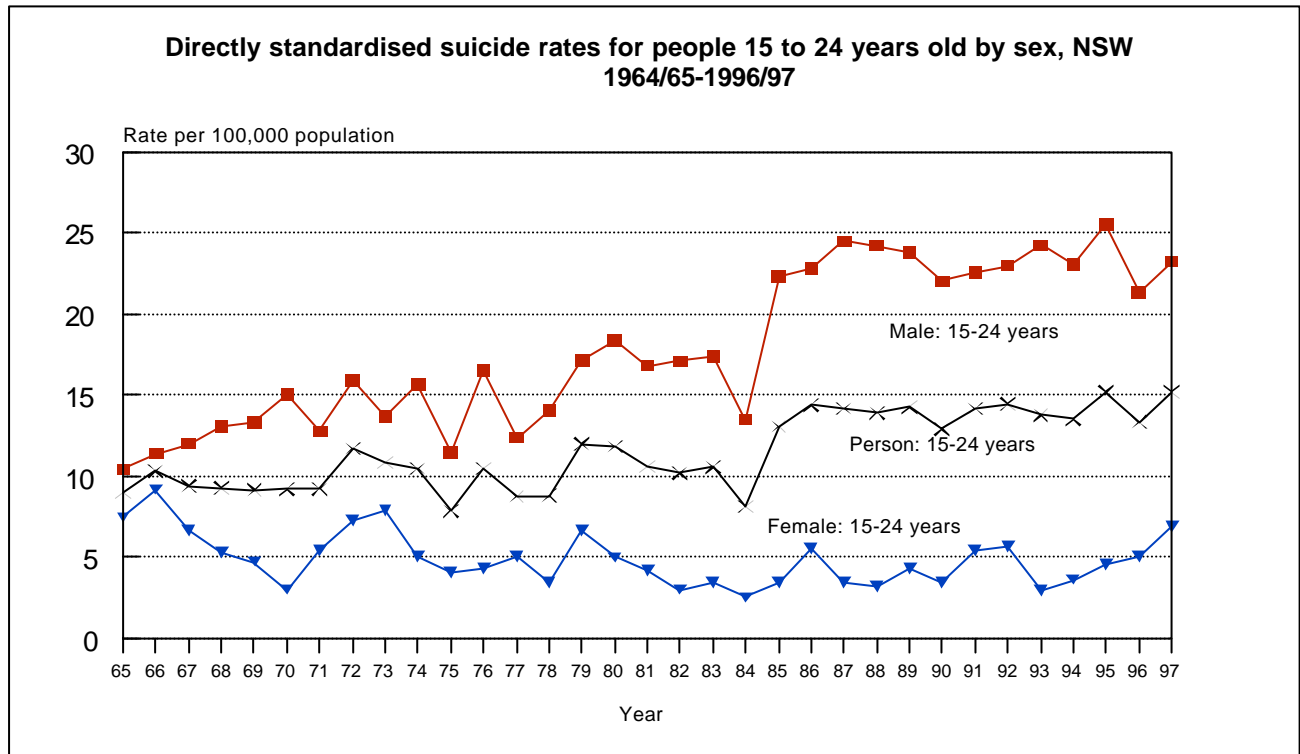


## Introduction

There has been concern about the number of suicide deaths among young people in Australia. In this chapter the term young people includes persons between the ages of 15 and 24 years. Suicide in NSW from 1964/65 to 1995/96 for this group of people is examined. The chapter presents data using information from the Australian Bureau of Statistics Mortality Data, 1964–1997, NSW Inpatient Statistics Collection, 1989/90–1995/96 and data from studies and surveys as relevant.

## 2.1 Suicide deaths — young people

## 2.1.1 Suicide deaths — 1964/65 to 1996/97 young people



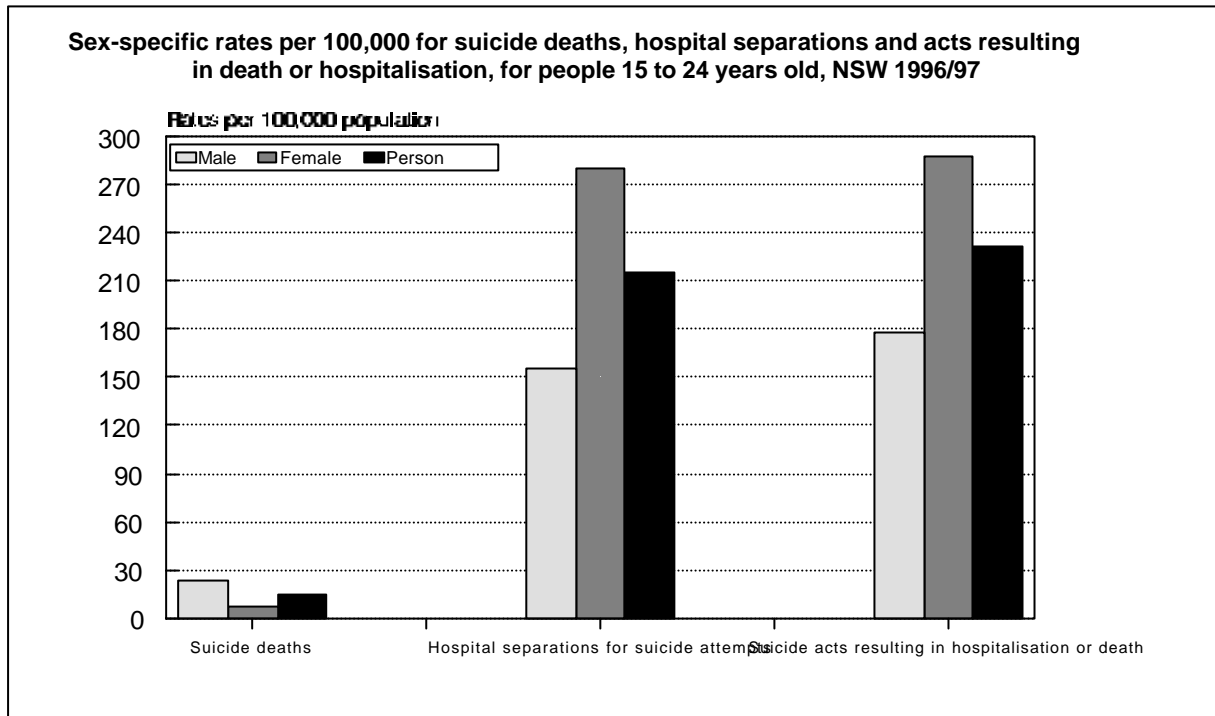
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Person	13.1	14.4	14.2	13.9	14.3	12.9	14.2	14.5	13.8	13.5	15.2	13.3	15.2
Male	22.3	22.8	24.5	24.3	23.8	22.0	22.6	23.0	24.3	23.1	25.6	21.4	23.3
Female	3.5	5.6	3.4	3.2	4.3	3.4	5.4	5.6	2.9	3.6	4.5	5.0	7.0

Note: Suicide was classified according to ICD7 (E970–E979), ICD8 (E950–E959), ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 15-24 year olds. 1996/97 year is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Suicide rates in young males 15-24 years have more than doubled from 1964/65 to 1996/97 and have been higher than the all-age male rates in recent years. Rates for young women have remained at or about the same level.
- Thirty years ago, road injury death rates for young men aged 15–24 years were higher than suicide rates. Road injury deaths dropped sharply from the 1970s, the period when vigorous road safety efforts began.<sup>54</sup>
- The death rate for road injury for people 15–24 years of age in NSW dropped from 72.7 deaths per 100,000 in 1964/65 to 23.7 deaths per 100,000 in 1996/97. By contrast, the suicide death rate increased from 10.5 deaths per 100,000 in 1964/65 to 25.6 per 100,000 in 1994/95. However, in 1996/97 the young male suicide rate dropped to 23.3 per 100,000.
- In 1996/97, the NSW rate for young people 15–24 years of age was 15.2 suicide deaths per 100,000. The rate for young men was slightly more than three times than for young women (23.3 per 100,000 young men compared with 7 per 100,000 young women).
- These findings are consistent with Australia-wide suicide data for males. Suicide in young males aged 15–24 years in Australia has increased nearly four-fold over a period of 34 years, from 6.8 per 100,000 in 1960 to 26 per 100,000 in 1994. In young females the rate increased two-fold, from 2 per 100,000 in 1960 to 4.3 per 100,000 in 1994.<sup>55</sup>
- Suicides in NSW are more likely to occur among young people, who experience high levels of unemployment and those who have mental health problems.<sup>56,57</sup>

## 2.1.2 Suicide acts — 1996/97 young people



Suicide acts	Male	Female	Person
Suicide deaths (and rates)	104 (23.3)	30 (7.0)	134 (15.2)
Hospital separations (and rates)	693 (155.0)	1209 (279.0)	1902 (215.7)
Suicide acts (and rates)	797 (178.3)	1239 (286.0)	2036 (230.9)

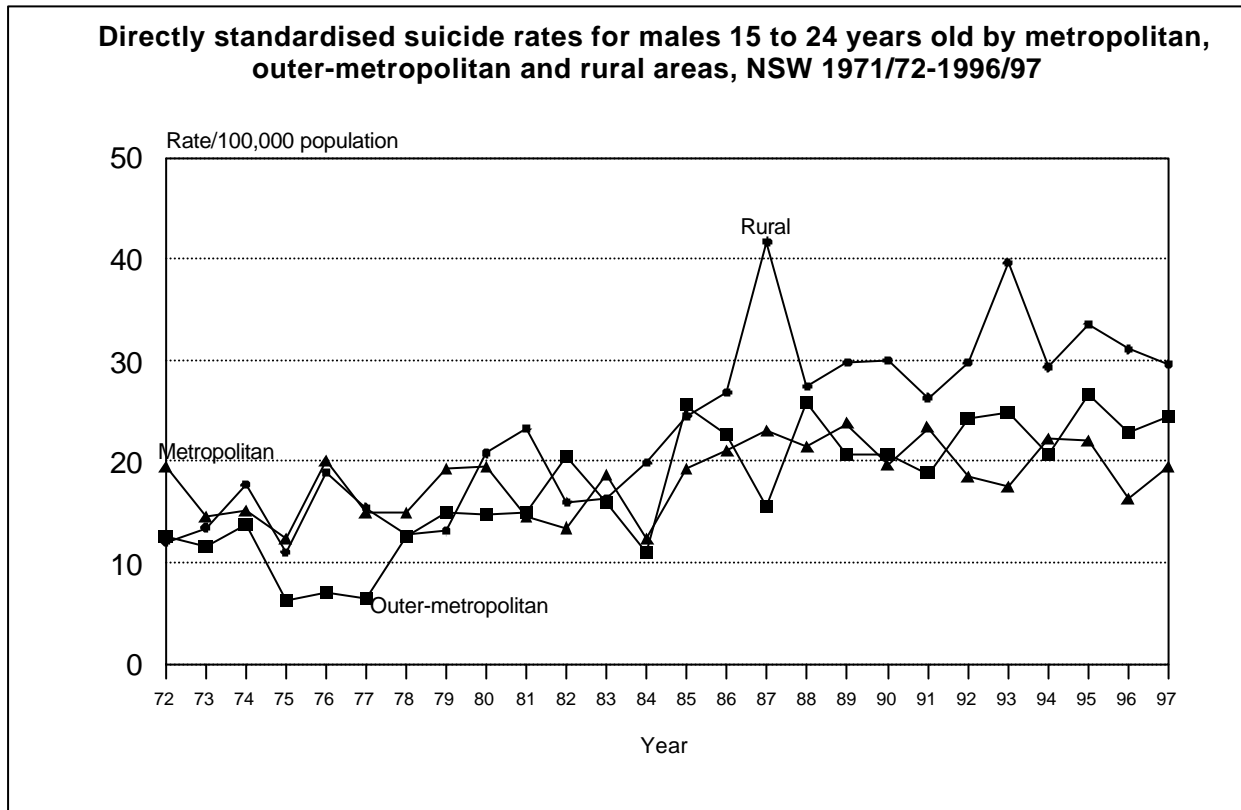
Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Rates were age-adjusted using the Australian Population at 31 December 1996, and are expressed as per 100,000 15-24 year olds.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In 1996/97, there were 134 suicide deaths in young people aged 15–24 years. Of these 78% were males and 22% were females. The suicide death rate for males was more than three times that of females (male:23.3 per 100,000; female:7 per 100,000). This almost certainly reflects the more frequent use of fatal means by males.
- For the same period the rate of hospital separations for young females was nearly twice that of young males (male:155 per 100,000; female:279 per 100,000).
- The ratio of suicide attempts resulting in hospital separations to deaths in 1996/97 among young people was 40.3:1 for females and 6.6:1 for males.
- When suicide deaths were combined with suicide attempts resulting in hospitalisation, the rate of suicidal acts was nearly 61% higher for young women than young men (286.0 per 100,000 compared to 178.3 per 100,000), for 1996/97.
- The current limitations in the recording of suicidal behaviour tend to overshadow the

fact that, while young men in NSW have higher suicide death rates than young women, suicidal behaviour is a very serious problem for both young women and men.<sup>58</sup>

### 2.1.3 Suicide deaths — NSW urban/rural areas young people



Areas	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Metropolitan	19.3	21.1	23.0	21.4	23.7	19.6	23.3	18.5	17.6	22.3	22.0	16.2	19.5
Outer metropolitan	25.5	22.6	15.6	25.8	20.6	20.8	18.8	24.3	24.8	20.8	26.7	22.8	24.4
Rural	24.5	26.8	41.7	27.4	29.8	30.0	26.3	29.8	39.6	29.3	33.5	31.1	29.6

Note: Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996, and are expressed as per 100,000 15-24 year olds. 1996/97 financial year is the most recent year for which complete suicide death data are available.

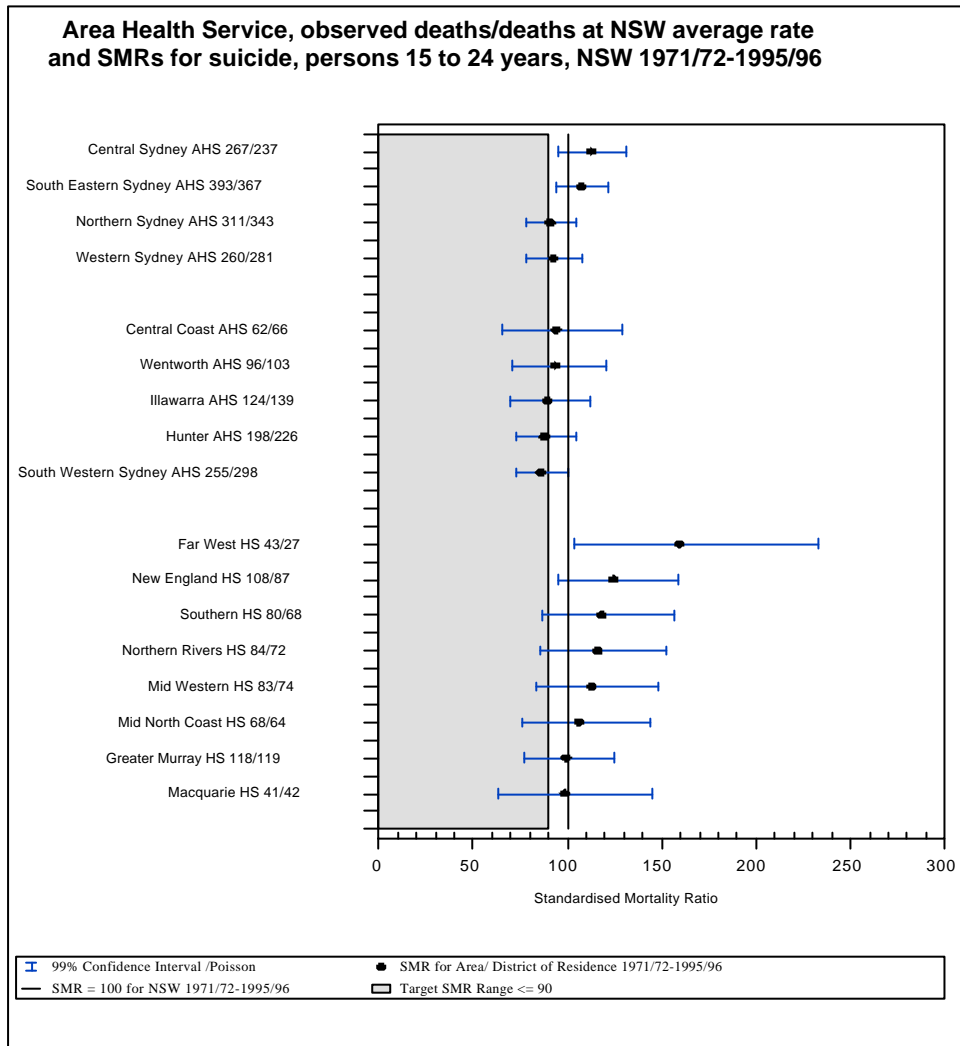
Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In NSW, young men living in rural health areas currently have higher suicide rates than young men living in outer metropolitan and metropolitan areas.
- For the period 1996/97, young males in rural areas experienced 21% and 52% higher rates of suicide respectively, compared to outer metropolitan and metropolitan areas.
- The suicide rates for young males living in rural areas have been consistently higher than non-rural areas since 1984/85 onwards.
- Many studies of suicide Australia-wide and in NSW, have reported similar findings that the suicide death rates for young men living in rural areas of Australia have consistently been higher than for young men living in urban areas.<sup>59</sup>
- In NSW from 1964 to 1988, the suicide death rate for young men aged 15 to 19 years in rural towns more than doubled, while the

same rate in rural municipalities and shires increased five-fold.<sup>60</sup> Further research showed that suicide death rates among young men aged 20 to 24 years in smaller rural communities in NSW also rose substantially from 1964 to 1991.<sup>61</sup> There was no significant change in suicide death rates for young women (15 to 19 years) in rural areas in NSW from 1964 to 1988.<sup>62</sup>

Metropolitan Area Health Services: NSAHS, CSAHS, SESAHS, WSAHS.  
 Outer-metropolitan Area Health Services: SWSAHS, WAHS, IAHS, HAHS, CCAHS.  
 Rural Health Services: NRHS, MNCHS, NEHS, MHS, MWHS, FWHS, GMHS, SHS.

### 2.1.4 Suicide deaths — Area Health Service young people



**Note:** Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Indirect Standardised Mortality Ratios (SMRs) for pooled suicide deaths over the period 1971/72 to 1995/96 were estimated by: 1) calculating the age specific pooled suicide mortality rate for NSW; 2) calculating the number of suicide deaths in each AHS using the calculated age specific rate for NSW; and 3) calculating the SMRs, which is the ratio of the number of observed suicide deaths in AHS divided by the suicide deaths and multiplying the result by 100. This sets the NSW average rate to 100, which means that if an AHS has a SMR of 120, the AHS rate is 20% higher than that for NSW as a whole over the same period. The shaded area illustrates the general target range of a reduction of 10% or more in the suicide rate. The number after each AHS are the actual number of deaths and the number at the NSW average rate.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

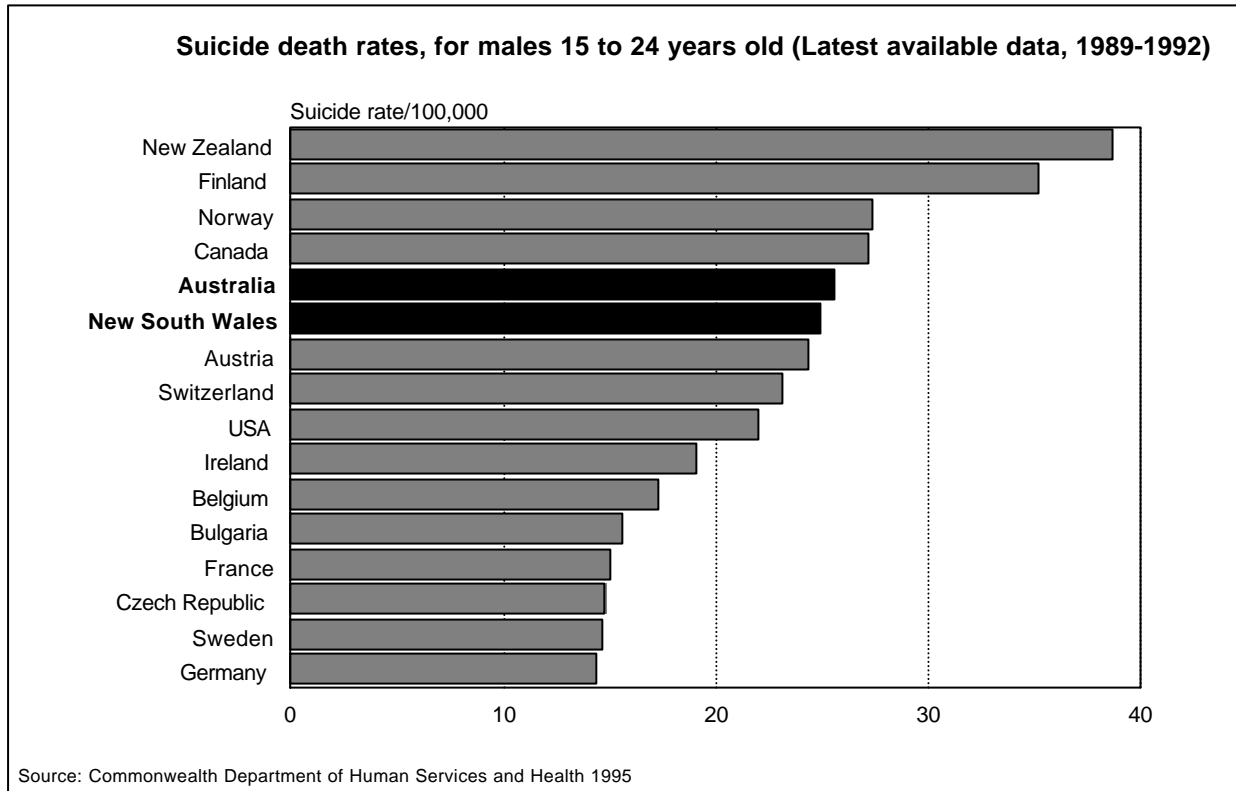
- Overall the pooled suicide rates and Standardised Mortality Ratios (SMRs) for young people in most Area Health Services, except Far West Health Service, do not vary significantly from the NSW average.
- The SMRs for all the rural Area Health Services, except Macquarie and Greater Murray Health Service, is higher than the NSW average. Due to the low number of deaths and small populations in these Areas, none of the Health Services, except Far West Health Service have significantly higher SMR.
- Pooling data in this way reflects long term influences on the suicide rates rather than

short-term factors. For example, high pooled rates may reflect chronic risk factors such as socio-economic stresses in inner city areas or isolation and unemployment factors in rural and remote areas.

**For more information see:**

Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1996;7(1-2):1-10.  
 Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1995;6(6):49-52.

### 2.1.5 Suicide deaths — International comparison young people



Country	Male	Female
New Zealand (1991)	38.7	5.8
Finland (1992)	35.2	8.3
Canada (1991)	27.2	4.0
Norway (1991)	27.4	4.5
<b>Australia (1992)</b>	<b>25.6</b>	<b>5.0</b>
<b>New South Wales (1992)</b>	<b>24.9</b>	<b>3.1</b>
Austria (1992)	24.4	6.1
Switzerland (1992)	23.1	6.3
USA (1990)	22.0	3.9
Ireland (1991)	19.1	1.3
Belgium (1992)	17.3	3.9
Bulgaria (1992)	15.6	4.8
France (1991)	15.0	4.1
Czech Republic (1992)	14.8	2.8
Sweden (1990)	14.7	5.3
Germany (1991)	14.4	3.6

Note: Suicide death rates per 100,000 15-24 year olds. Latest available information, 1990-1992.

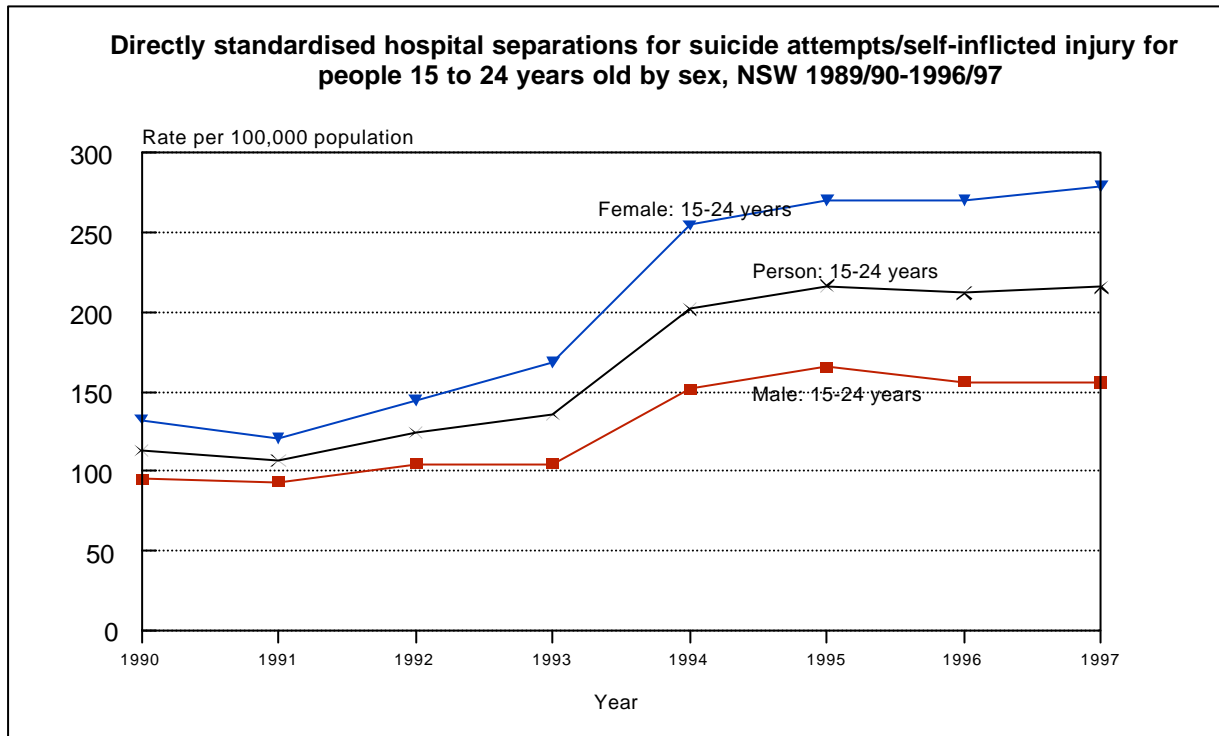
Source: Commonwealth Department of Human Services and Health, 1995. Young people Suicide in Australia: A Background Monograph.

- The suicide rate of young Australian and NSW males is similar to those of several western countries, including Canada and Norway, lower than New Zealand and Finland and higher than most European countries.
- The rise in the young male suicide rate has also been observed in countries such as Canada, USA and New Zealand.<sup>63</sup>
- Death by suicide is a recognised problem in many countries. However, the data need to be treated with caution as cultural values and practices in interpreting and collecting such data differ from country to country.

## 2.2 Suicide attempts — young people



## 2.2.1 Suicide attempts — hospital separations young people



	1990	1991	1992	1993	1994	1995	1996	1997
Person	113	106.3	123.9	135.7	201.8	216.6	211.9	215.7
Male	94.7	93.1	104.4	104.6	151.5	165.4	156.1	155.0
Female	132.2	120.2	144.5	168.4	254.7	270.4	270.5	279.0

Note: Attempted suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Hospital separation rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 15-24 year olds. Hospital separations in NSW do not include NSW residents treated in other States.

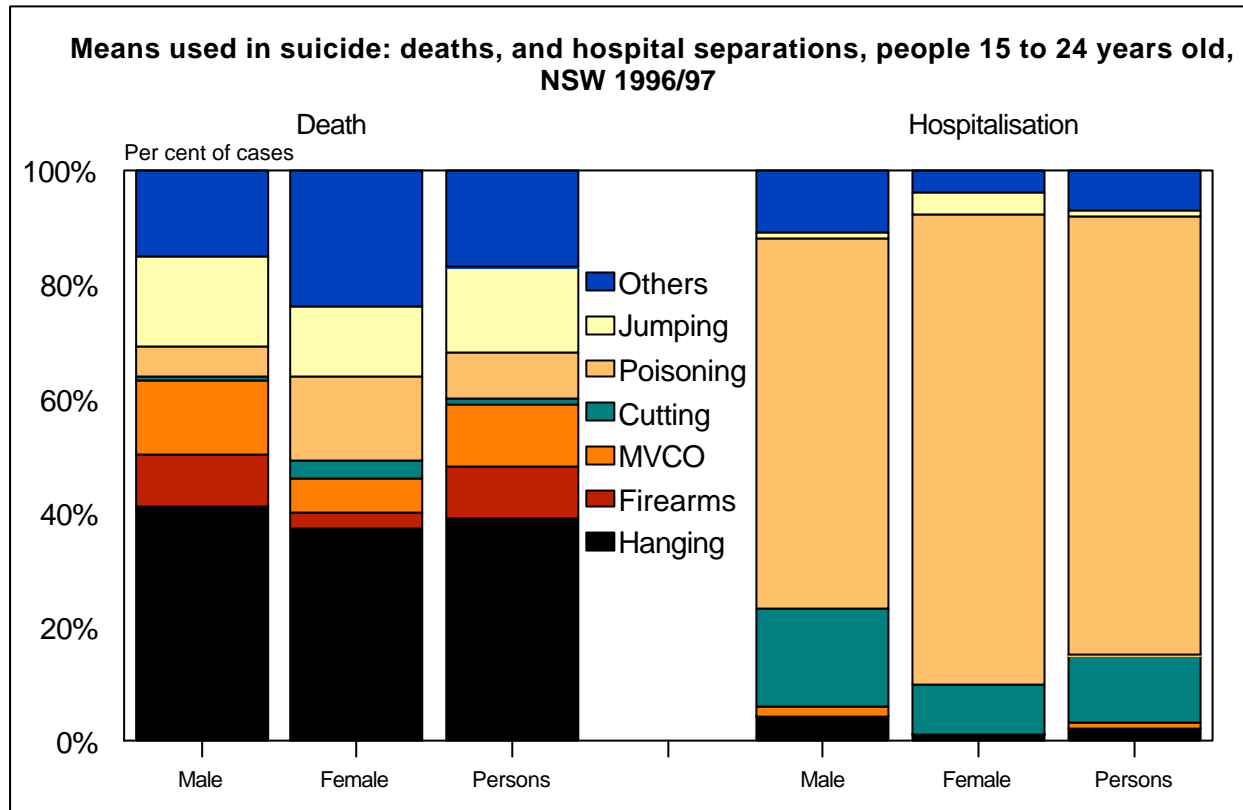
Source: NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In 1996/97, the rate of hospital separation following a suicide attempt (215.7 per 100,000) was 14 times more common than rate of suicide death (15.2 per 100,000) in young people.
- In 1996/97, suicide attempts resulted in 1,959 episodes of inpatient care in young people, 1,237 (63%) for females and 722 (37%) for males.
- Similar to the all-age rates, the rates of inpatient episodes for attempted suicide increased by 48% in young males and 66% in young females in the period 1992/93 to 1996/97. Prior to this, the rates were stable. Factors contributing to this change may include changes in hospital admission policies, judgements of the patient's intent, improved assessment and identification of suicide attempts, greater willingness of patients to reveal the circumstances, or many other factors.
- Most studies show that about 2% to 12% of young people reported at least one suicide

attempt in their lifetime. However, the weight of evidence suggests that most suicide attempts by young people result in no more than minor physical harm.<sup>64</sup> The risk is that the consequences of any attempt may be death, depending on the means used and the circumstances. All attempts are serious for that reason.

## 2.3 Suicide means — young people

### 2.3.1 Suicide means — attempts and deaths, 1996/97 young people



Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 15-24 year olds.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

Means male	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
Firearms	10	9	1	1	0	100	10
Jumping from heights	22	16	6	2	4	82	27
Hanging	76	43	32	2	30	58	42
MVCO	29	14	15	0	15	48	52
Others	95	15	80	1	79	17	84
Cutting	122	1	121	0	121	1	99
Poisoning	473	6	467	0	467	1	99
<b>Total</b>	<b>827</b>	<b>104</b>	<b>722</b>	<b>6</b>	<b>716</b>	<b>13</b>	<b>87</b>

Means female	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
MVCO	3	2	1	0	1	67	33
Hanging	21	11	10	1	9	57	48
Firearms	2	1	1	0	1	50	50
Jumping from heights	9	4	5	0	5	44	56
Others	58	7	51	1	50	14	88
Poisoning	1064	4	1060	1	1060	0.5	99
Cutting	109	1	108	0	108	0.01	99
<b>Total</b>	<b>1266</b>	<b>30</b>	<b>1236</b>	<b>3</b>	<b>1234</b>	<b>3</b>	<b>98</b>

- Means used differed greatly between suicide deaths and suicide attempts that resulted in hospitalisation of young people.

These means resulted in 76% of deaths and 8% of hospitalisations. By contrast poisoning caused 5% of deaths and 80% of hospitalisations.<sup>65</sup>

#### **Suicide deaths**

- In 1996/97, hanging (all:40%; male:41%; female:37%) was the most frequently used means of suicide death in young people in NSW.
- Other frequently used means of suicide death in young men were poisoning by MVCO (14%) and firearms (9%). These three means of suicide caused 64% of all suicide deaths in young males.
- In young females, in 1996/97, hanging (37%) was the most frequently used means of suicide deaths followed by deaths by poisoning by tranquillisers and other psychotropic agents (13%) and jumping (13%). These three means of suicide caused 63% of all suicide deaths in young females.

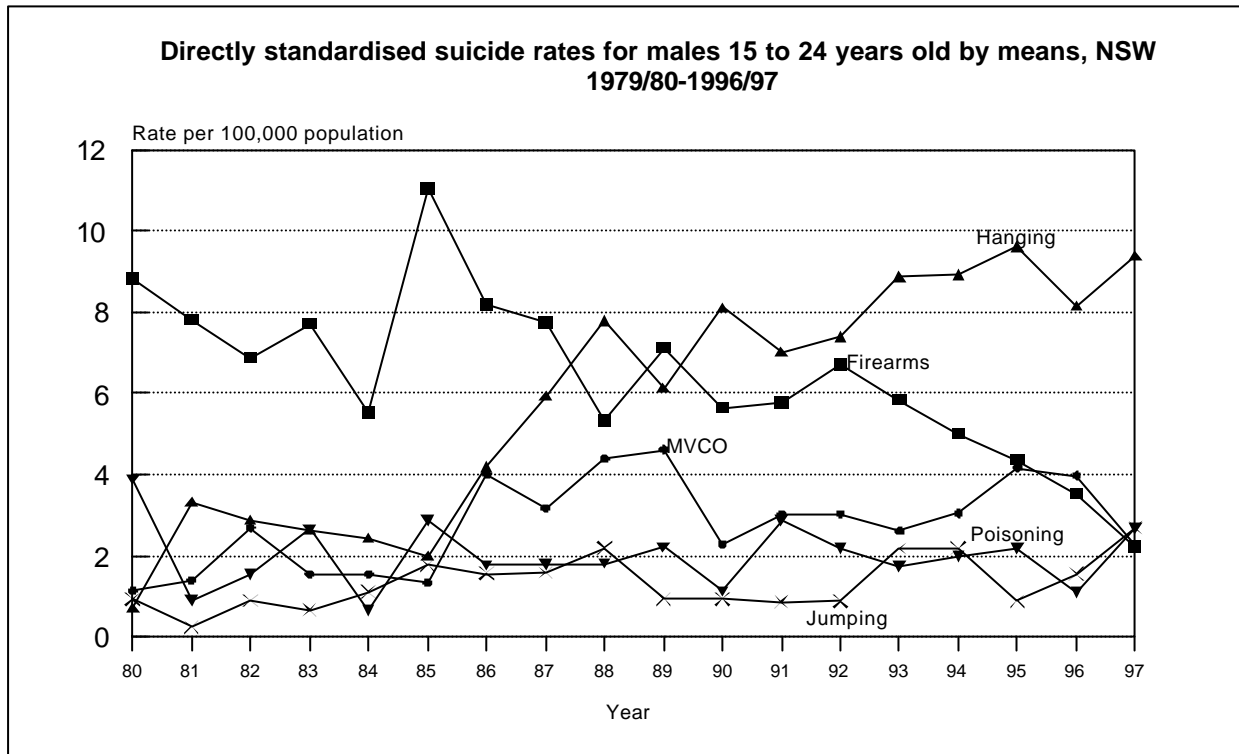
#### **Suicide attempts that resulted in hospital admission**

- In 1996/97 poisoning by medicinal agents was the cause for 78% of suicide attempts in young people resulting in admission to hospital (male:65%; female:86%).
- The major substances for both sexes were tranquillisers and other psychotropic agents (38%), which accounted for 37% of all such suicide attempts in young females and 40% in young males. Analgesics, antipyretics and antirheumatics were the next most common substances (41%), which were used in 44% of suicide attempts by young females and 35% by young males.

#### **Difference in means used**

- There is a clear distinction between the fatality rates and the hospitalisation rates of the three most fatal means in young people.
- Hanging, firearms and MVCO were the means used in 7% of all serious attempts that resulted in hospitalisation of young people (male:14%; female:2%) and resulted in 59% of the deaths (male:63%; female:45%).
- Poisoning with medicinal agents and self-cutting were used in 84% of the attempts (male:72%; female:93%) and resulted in 9% of the deaths (male:6%; female:18%) in young people in 1996/97.
- These findings are consistent with the findings of a study of suicide among young people in Victoria in 1993/94, which showed that the majority of suicide deaths in young people were caused by firearms, hanging and MVCO.

## 2.3.2 Suicide means — males young people



Means	1990	1991	1992	1993	1994	1995	1996	1997
Hanging	6.1	8.1	7.0	7.4	8.9	8.9	8.2	9.4
Firearms	7.1	5.6	5.8	6.7	5.8	5.0	3.5	2.2
MVCO	4.6	2.3	3.0	3.0	2.6	3.0	4.2	2.3
Poisoning	2.2	1.1	2.9	2.2	1.7	2.0	1.1	2.7
Jumping from heights	0.9	0.9	0.8	0.8	2.2	2.2	1.5	2.7

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 15-24 year olds. 1996/97 is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Department of Health.

- In the period from 1979/80 to 1996/97, almost three-quarters (71%) of all suicides in young males were by firearms (30%); hanging (27.4%) and MVCO (13.2%).
- Between 1979/80 and 1987/88, firearms were the most frequently used means of suicide among young males; 40% of all suicides in this group was caused by firearms and 18% by hanging.
- Between 1988/89 and 1996/97 the trend changed to hanging as the most frequently used means; it caused 35% of all suicides; firearms caused 22%.
- The means used by young males have changed substantially in the last 18 years (1979/80 to 1996/97). The rate of suicide death by hanging has increased 13-fold, the rate for MVCO has increased two-fold, while the rate for firearm has dropped four-fold. The changing patterns in means are more prominent in the last 8 to 10 years.
- Suicide death rates by poisoning and jumping have remained low and stable over the period.
- Research in Australia indicates a similar trend to these findings. In 1995 in Australia, the most frequently used means of suicide in men aged 15–24 years were by hanging, firearms and poisoning by MVCO. These accounted for 75% of all suicides in this age group.<sup>66</sup>
- Since the late 1980s in Australia, there has been a slight decrease in the rate of suicide by firearms as the primary means of suicide, and an increase in the rate of suicide by hanging, among young males.<sup>67</sup> Hanging is now the most common means of suicide among young people in most States of Australia.<sup>68</sup>

*Suicide means ¾ young females (graph not shown)*

- Poisoning remained the most frequently used means of suicide in young females in NSW between 1979/80 and 1996/97.
- The rate of suicide death by hanging in young females has increased four-fold since 1991/92.
- Suicide death rates by other means have remained low and stable over the period, with minor fluctuations.

## 2.4 Issues for suicide prevention — young people

### Issues for suicide prevention:

- It is important to strengthen community ability to detect at risk behaviour in young people.
- Mental health services should be made more accessible, acceptable and relevant to young people with a focus on reducing stigma associated with seeking help.
- The majority of adolescents who die from suicide may have a recognisable mental disorder at the time of their death.<sup>69</sup> Depression is an important risk factor of suicidal behaviour and suicide in young people. Several programs have been developed to prevent depression developing in the first place. The focus of these programs has been on children and young people in recognition that the first onset of depressive disorders mostly occur in this age range. Evidence from community and case-control studies has shown that the rate of depression in young people who have made a suicide attempt is higher than in those who have not made such an attempt.<sup>70</sup>
- Depression is often not identified in young people. Training health and welfare workers and general practitioners to recognise early, respond and refer young people with depression is vital. The aim of early intervention is to reduce the impact of depression and promote recovery.
- Substance abuse is a substantial suicide risk in young people. There is an important need for building coordinated links between mental health and alcohol and other drug services.
- A careful assessment of alcohol and drug use must be made in all young people who have made suicide attempts. There are several effective programs to prevent drug and alcohol misuse, ranging from education, to policy and legislation.<sup>71,72</sup>
- Quality drug education in school/ other relevant settings and training for professionals is also imperative as a suicide prevention measure.
- The data show that firearm is an important means of suicide in young males. Reduction in the availability of firearm may help prevent some suicide deaths. An eight year study of survivors of firearms injury in Australia show that people who have intentionally shot themselves, have done so impulsively, are not psychotic and have ready access to firearms. The findings of this study suggest that, had firearm been unavailable, the individual may not have sought out an alternative means of self-harm.<sup>73</sup> Other studies from Australia and overseas also show that there is a strong link between firearm availability and firearm suicides.<sup>74</sup>

## Chapter 3: Suicide in NSW — 65 years and older

3.1 Suicide deaths — older people

3.2 Suicide attempts — older people

3.3 Suicide means — older people

3.4 Issues for suicide prevention — older people

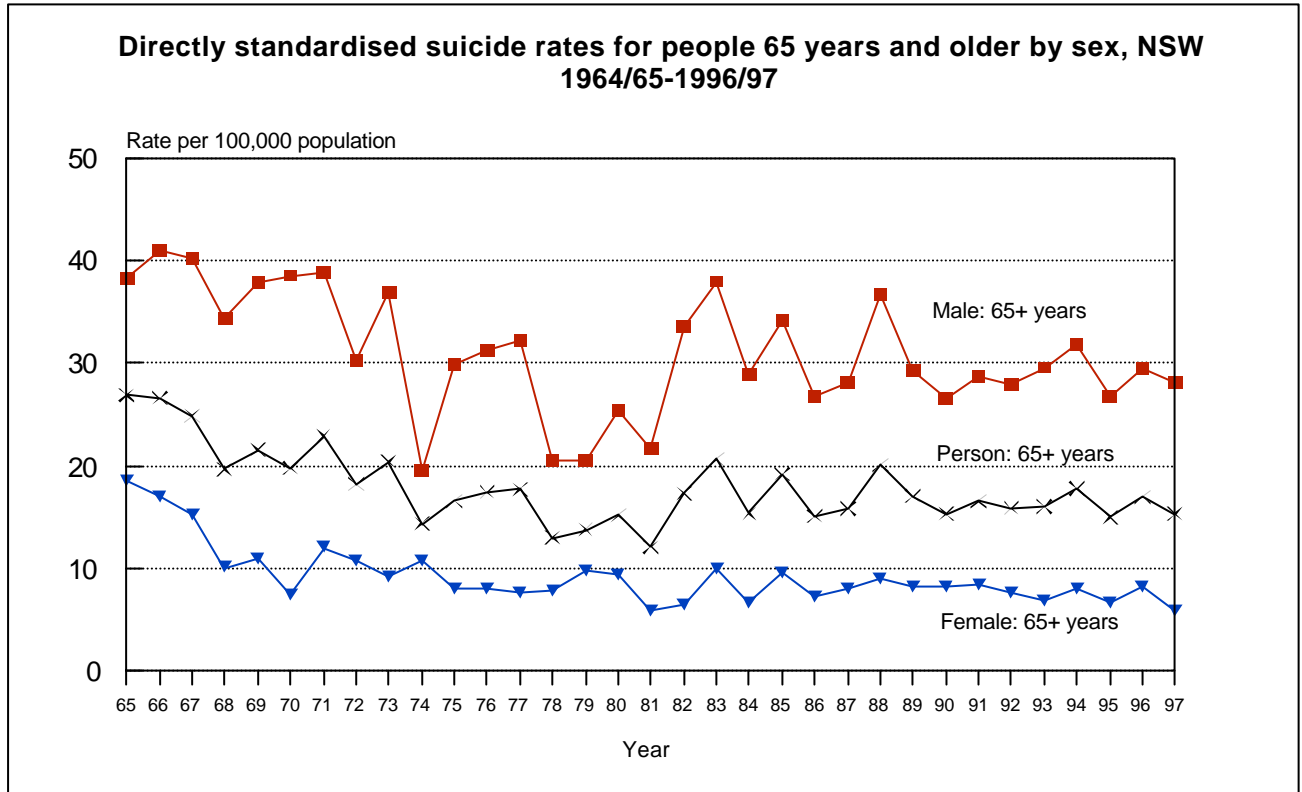


## Introduction

There has been concern about the number of suicide deaths in older people in Australia. In this chapter, older people are defined as people aged 65 years and older. Suicide in NSW from 1964/65 to 1996/97 for this group of people is examined. The chapter presents data using information from the Australian Bureau of Statistics Mortality Data, 1964–1997, NSW Inpatient Statistics Collection, 1989/90–1995/96 and data from studies and surveys as relevant.

### 3.1 Suicide deaths — older people

### 3.1.1 Suicide deaths — 1964/65 to 1996/97 older people



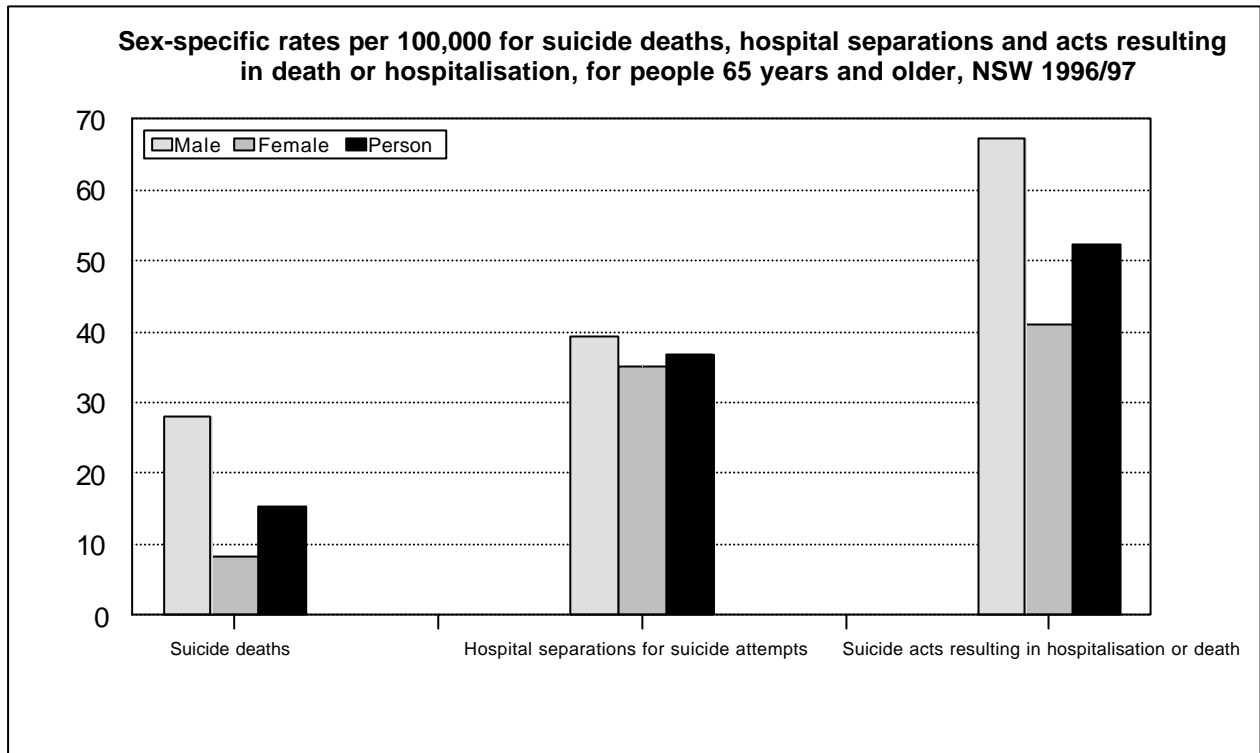
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Person	19.1	15.1	15.8	20.1	17.0	15.3	16.5	15.8	16.0	17.7	15.0	17.0	15.3
Male	34.1	26.7	28.1	36.7	29.2	26.6	28.7	27.8	29.6	31.8	26.8	28.9	29.4
Female	9.5	7.2	8.0	9.0	8.3	8.2	8.4	7.7	6.8	7.9	6.7	8.2	8.1

Note: Suicide was classified according to ICD7 (E970–E979), ICD8 (E950–E959), ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 65 and more year olds. 1996/97 year is the most recent year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- The suicide death rates for people 65 years and older have remained high since 1964/65.
- Suicide death rates have remained higher for older men than the population as a whole, but have been relatively stable since about 1990. The suicide rates for older women have remained at or about the same level as that of the general population.
- In 1996/97, the NSW suicide death rate for older males was 29.4 deaths per 100,000. For older women, the corresponding rate was 8.1 deaths per 100,000.
- Age-specific rates per 100,000 for men in 1996/97 were; 26 for men aged 65–69 years, 25 for men aged 70–74 years, 29 for men aged 75–79 years, 33 for men aged 80–84 years and 34 for men aged 85 years and older.
- The high rates of suicide death for both older females and males in the 1960s, were mostly associated with barbiturate overdose. These declined rapidly once restrictions were imposed<sup>75</sup> which is recognised as a good example of successful prevention by restricting.
- Men older than 85 years had the highest suicide rate of any age group in 1996/97. However, because of the small number in this age group, it represented 1.3% of all male suicide deaths that year.

## 3.1.2 Suicide acts — 1996/97 older people



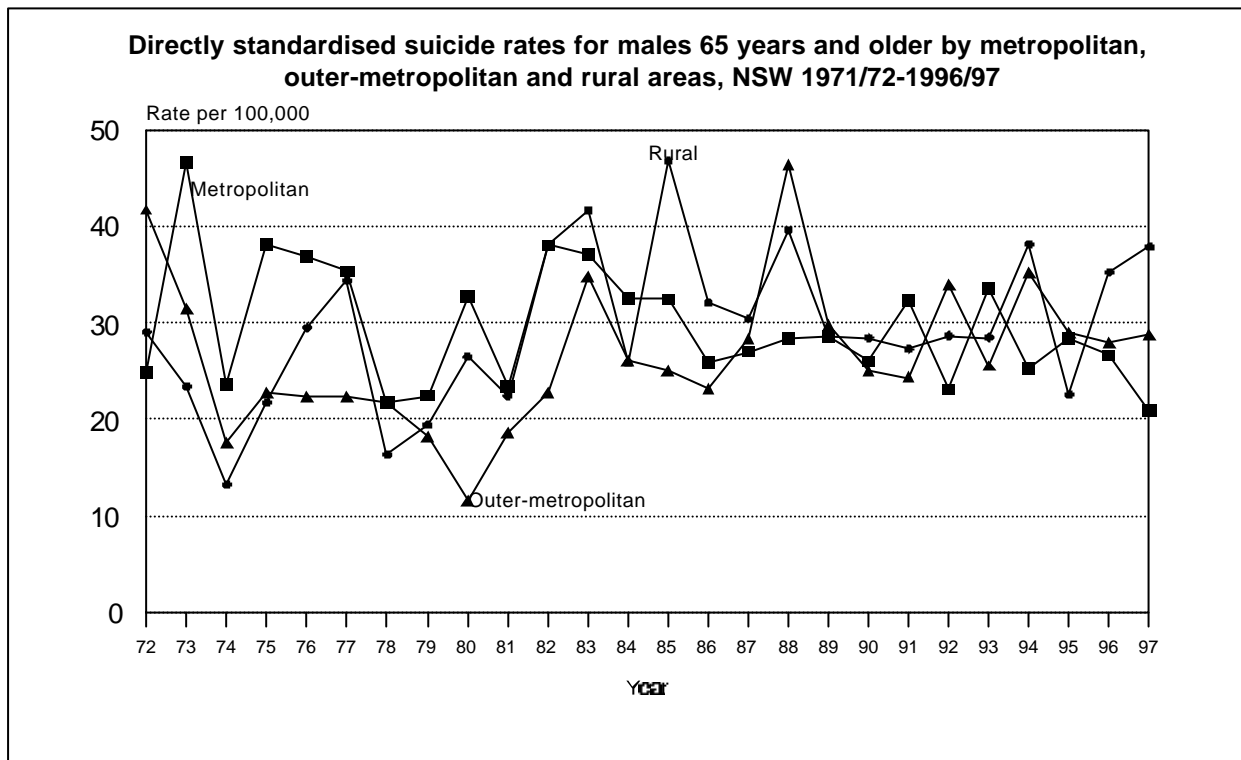
Suicide acts	Male	Female	Person
Suicide deaths (and rates)	95 (29.4)	26 (8.1)	121 (15.3)
Hospital separations (and rates)	132 (39.3)	159 (35.2)	291 (40.0)
Suicide acts (and rates)	227 (68.7)	185 (41.0)	412 (55.3)

Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Death rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 65 and more year olds.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- In 1996/97, there were 121 suicide deaths in people aged 65 years and older. Of these 79% were males and 21% were females. The suicide death rate for males was more than three times that of females (male:29.4 per 100,000; female:8.1 per 100,000). This almost certainly reflects the more frequent use of fatal means by males.
- For the same period, the rate of hospital separations for older males was also higher than older females (male:39.3 per 100,000; female:35.2 per 100,000). This pattern is different from people of all ages and young people.
- The ratio of suicide attempts resulting in hospital separations to deaths among older people in 1996/97 was 6.1:1 for females and 1.3:1 for males.
- Evidence shows that women are just as likely as men to attempt suicide.<sup>76</sup> However, for older people, when suicide deaths were combined with serious suicide attempts resulting in hospitalisation, the rate of suicidal acts was 64% higher for older males than for older females, (68.7 per 100,000 compared to 41 per 100,000) for 1996/97.
- Older people differ in their levels of suicidal behaviour from other age groups. Unlike other age groups, the hospital separations to suicide deaths ratio is lower in older males and females. This may suggest that older people who attempt suicide more often die.

### 3.1.3 Suicide deaths — NSW urban/rural areas older people



Areas	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Metropolitan	32.4	25.9	27.0	28.4	28.6	26.0	32.3	23.1	33.6	25.3	28.3	26.6	20.9
Outer metropolitan	25.0	23.2	28.4	46.3	29.8	25.1	24.3	34.0	25.6	35.2	28.9	27.9	28.8
Rural	46.7	32.1	30.4	39.6	28.7	28.5	27.3	28.7	28.5	38.1	22.5	35.2	37.8

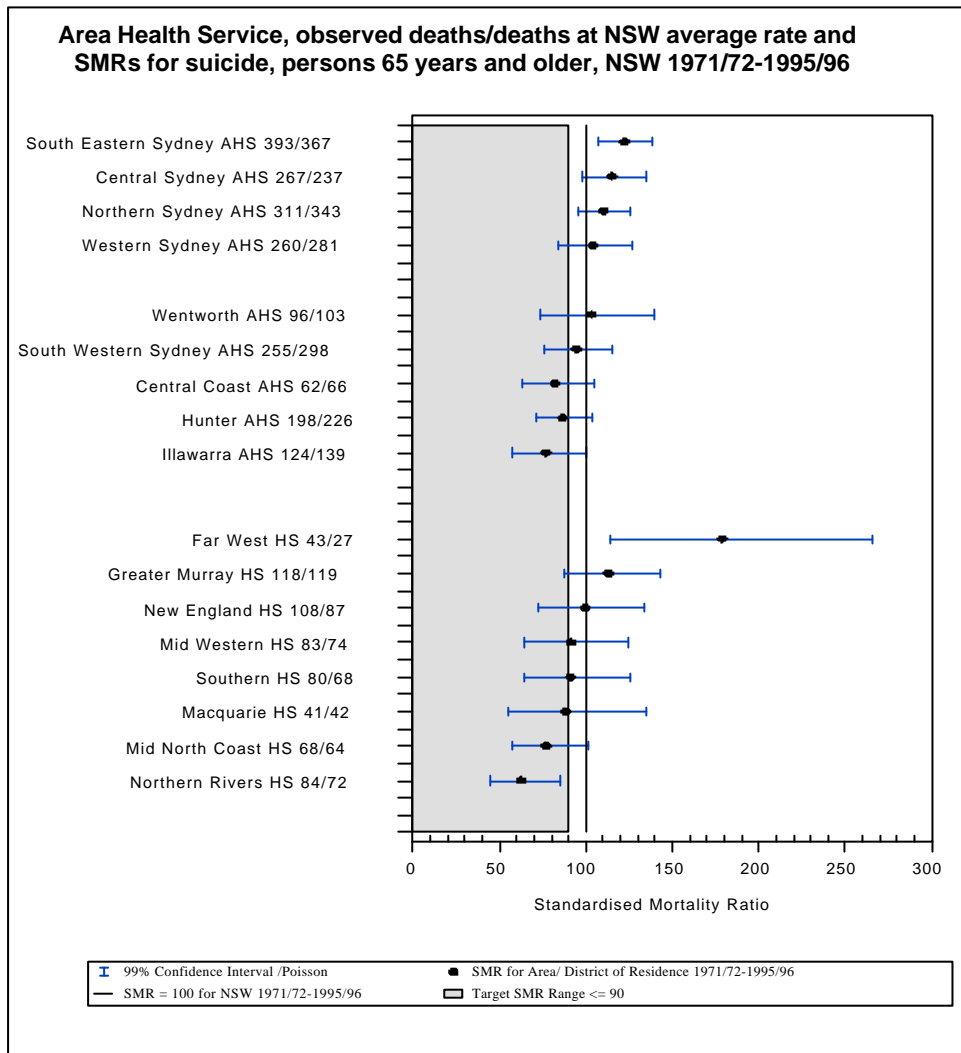
Note: Suicide was classified according to ICD8 (E950–959) and ICD9 (E950–959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 65 and more year olds. 1996/97 financial year is the most recent year for which complete suicide death data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Over the period from 1971/72 to 1996/97 suicide death rates for men 65 years and older have decreased in metropolitan areas and increased in rural areas of NSW.
- In NSW, from 1971/72 to 1981/82, the suicide rates for males 65 years and older were higher in metropolitan areas than in outer metropolitan and rural areas. After 1981/82, rates of suicide in both outer metropolitan and rural areas have increased.
- Over the last two to three decades, in Australia, major increases in male suicide rates in rural areas have been reported.<sup>77,78</sup> This trend is higher for younger than for older males.

Metropolitan Area Health Services: NSAHS, CSAHS, SESAHS, WSAHS.  
 Outer-metropolitan Area Health Services: SWSAHS, WAHS, IAHS, HAHS, CCAHS.  
 Rural Health Services: NRHS, MNCHS, NEHS, MHS, MWHS, FWHS, GMHS, SHS.

## 3.1.4 Suicide deaths — Area Health Service older people



Note: Suicide was classified according to ICD8 (E950–E959) and ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Indirect Standardised Mortality Ratios (SMRs) for pooled suicide deaths over the period 1971/72 to 1995/96 were estimated by: 1) calculating the age specific pooled suicide mortality rate for NSW; 2) calculating the number of suicide deaths in each AHS using the calculated age specific rate for NSW; and 3) calculating the SMRs, which is the ratio of the number of observed suicide deaths in AHS divided by the suicide deaths and multiplying the result by 100. This sets the NSW average rate to 100, which means that if an AHS has a SMR of 120, the AHS rate is 20% higher than that for NSW as a whole over the same period. The shaded area illustrates the general target range of a reduction of 10% or more in the suicide rate. The number after each AHS are the actual number of deaths and the number at the NSW average rate.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Overall the pooled suicide rates and Standardised Mortality Ratios (SMRs) for people 65 years and older in most Area Health Services, except Far West Health Service, do not vary significantly from the NSW average.
- By contrast, South Eastern Sydney Area Health Service and Far West Health Service had significantly higher, and Northern Rivers Health Service had significantly lower SMRs than the State as a whole.
- Pooling data in this way reflects long term influences on the suicide rates rather than short-term factors. For example, high pooled rates may reflect chronic risk factors such as socio-economic stresses in inner city areas or isolation and unemployment factors in rural and remote areas.

**For more information see:**

Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1996;7(No 1-2):1-10.

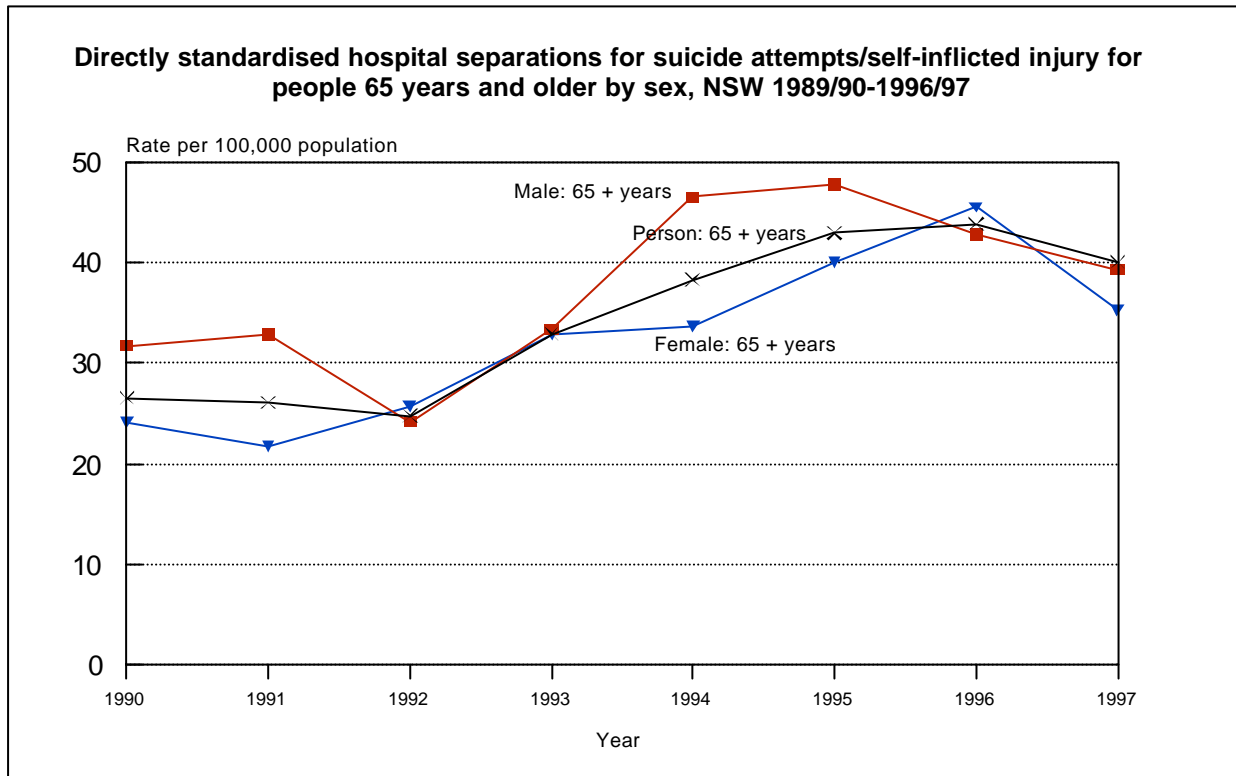
Stewart G, Chipps J, Sayer G. Suicide mortality in NSW: geographic variations. NSW Public Health Bulletin. 1995;6(6):49-52.

This page is left intentionally blank

## 3.2 Suicide attempts — older people



## 3.2.1 Suicide attempts — hospital separations older people



	1990	1991	1992	1993	1994	1995	1996	1997
Person	26.5	26.0	24.7	32.9	38.3	42.9	43.8	40.0
Male	31.7	32.8	24.2	33.4	46.5	47.8	42.8	39.3
Female	24.2	21.8	25.7	32.8	33.7	40.0	45.5	35.2

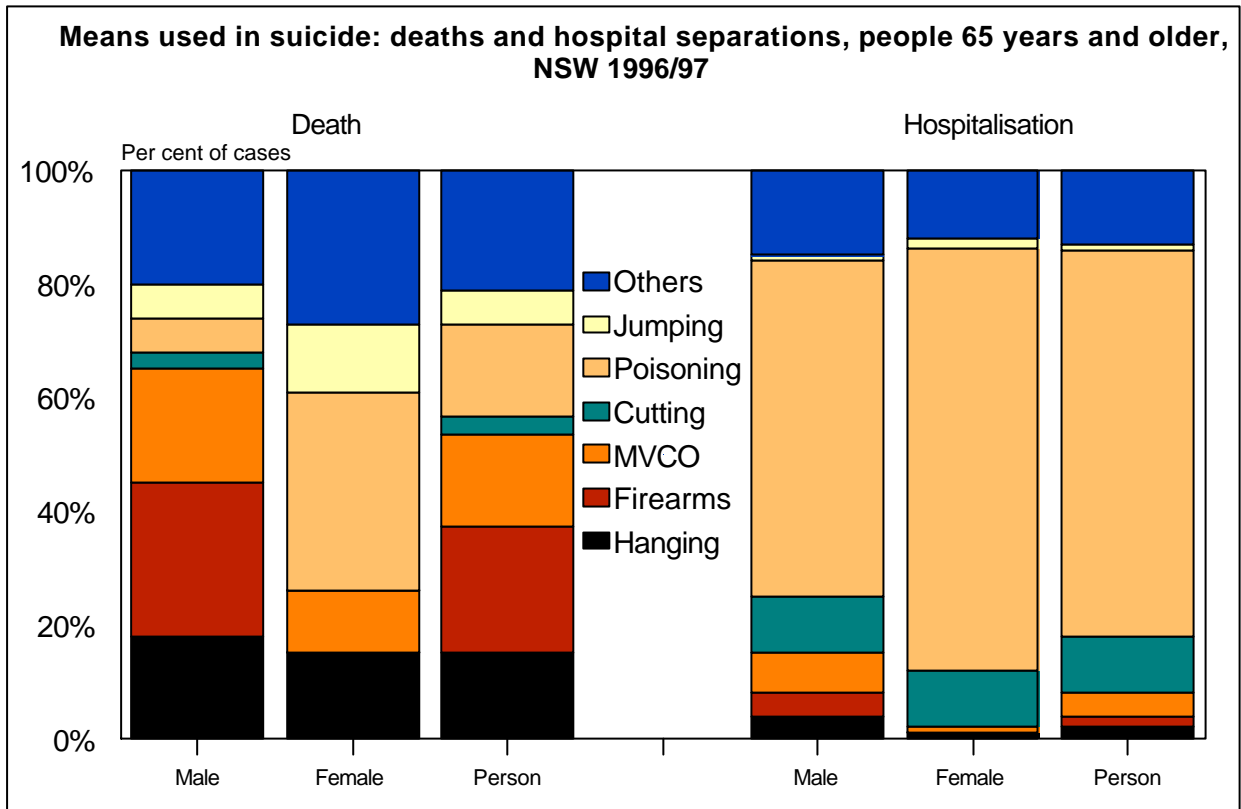
Note: Attempted suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Hospital separation rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 65 and more year olds. Hospital separations in NSW do not include NSW residents treated in other States.

Source: NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

- Hospital separation for suicide attempts is less common in older people than people in other age groups.
- In 1996/97, the rate of hospital separation following a suicide attempt (40 per 100,000) was 2.6 times more common than the rate of suicide death (15.3 per 100,000) in older people.
- In 1996/97, hospital separation following a suicide attempt resulted in 298 episodes of inpatient care for people 65 years and older, 163 (55%) for females and 135 (45%) for males.
- In the period from 1989/90 to 1996/97, the hospital separation rates for people 65 years and older declined slightly in the beginning. After which the rates increased peaking in 1994/95. There is an evidence of another decline after 1995/96.
- Consistent with all-age rates, the rates of inpatient episodes for attempted suicide increased by 18% in older males and 7% in older females in the period from 1992/93 to 1996/97. Factors contributing to this change may include changes in hospital admission policies, and judgements of the patient's intent, improved assessment and identification of suicide attempts, greater willingness of patients to reveal the circumstances, or many other factors.
- Unlike other age groups, for the older age group hospital admission due to suicide attempts was consistently higher in males than females; males, on average accounted for nearly 15% higher rates of suicide-related hospital admissions than females for the period 1989/90 to 1996/97.

### 3.3 Suicide means — older people

### 3.3.1 Means of suicide — attempts and deaths, 1996/97 older people



Note: Suicide and self-inflicted injury were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December. Rates were age-adjusted using the Australian Population at 31 December 1996 and are expressed as per 100,000 65 and more year olds.

Source: ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department.

Means male	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
Firearms	31	26	5	5	0	100	16
Jumping from heights	7	6	1	0	1	86	14
Hanging	22	17	5	0	5	77	23
MVCO	29	19	10	1	9	69	34
Others	38	18	20	4	16	58	53
Cutting	17	3	14	2	12	29	82
Poisoning	86	6	80	3	77	10	93
<b>Total</b>	<b>230</b>	<b>95</b>	<b>135</b>	<b>15</b>	<b>120</b>	<b>48</b>	<b>50</b>

Means female	Attempt	Died without hospitalisation	Hospitalised	Died in hospital	Survived	Fatality rate%	Hospitalisation rate%
Hanging	5	4	1	0	1	80	20
Jumping from heights	6	3	3	1	2	67	50
MVCO	5	3	2	0	2	60	40
Others	26	7	19	1	18	31	73
Poisoning	131	9	122	5	117	11	93
Cutting	16	0	16	0	16	0	100
Firearms	0	0	0	0	0	0	0
<b>Total</b>	<b>189</b>	<b>26</b>	<b>163</b>	<b>7</b>	<b>156</b>	<b>17</b>	<b>86</b>

- Means used differed greatly between suicide deaths and suicide attempts that resulted in hospitalisation of older people.

### **Suicide deaths**

- In 1996/97, firearms were the most frequently used means of suicide death in older males (27%). There were no suicide deaths by firearms in older females. Poisoning by medicinal agents was the most frequent means of suicide death (35%) in older females.
- Other frequently used means of suicide death in older men were poisoning by MVCO (20%) and hanging (18%), which together with firearms (27%) caused 65% of all suicide deaths in males.
- Other frequently used means of suicide death in older women were hanging (15%) and MVCO (12%), which, together with poisoning by tranquillisers and other psychotropic agents (35%), caused 62% of all suicide deaths in females.

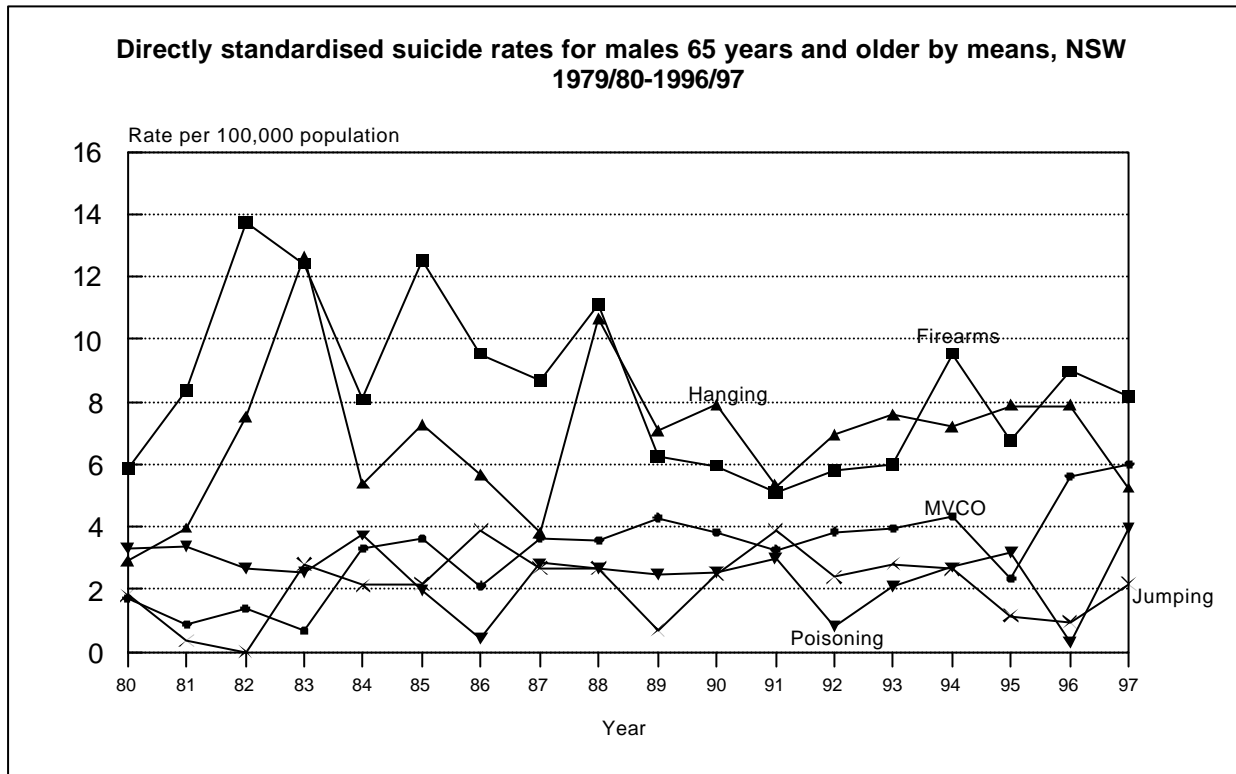
### **Suicide attempts that resulted in hospital admission**

- In 1996/97 poisoning by medicinal agents was the cause for 68% of suicide attempts in older people resulting in admission to hospital (male:59%; female:75%).
- The major substances for both sexes were tranquillisers and other psychotropic agents (67%), which accounted for two-thirds of all such suicide attempts in older females (66.5%) and slightly more than two-thirds in older males (69%). Analgesics, antipyretics and antirheumatics were the next most common substances (11%), which were used in 14% of suicide attempts by older females and 6% by older males.

### **Difference in means used**

- There is a clear distinction between the fatality rates and the hospitalisation rates of the three most fatal means.
- Hanging, firearms and MVCO were the means used in 22% of all serious attempts that resulted in hospitalisation of older people (male:36%; female:5%) and resulted in 25% of the deaths (male:62%; female:21%).
- Poisoning with medicinal agents and self-cutting were means used in 60% of the attempts (male:45%; female:77%) and resulted in 19% of the deaths (male:13%; female:42%) in older people in 1996/97.

### 3.3.2 Suicide means — males older people



Means	1990	1991	1992	1993	1994	1995	1996	1997
Hanging	7.1	7.9	5.3	6.9	7.6	7.2	7.9	5.3
Firearms	6.3	6.0	5.1	5.8	6.0	9.1	6.8	8.2
MVCO	4.3	3.8	3.3	3.8	4.0	4.3	2.3	6.0
Poisoning	2.5	2.5	3.0	1.0	2.1	2.7	3.2	3.9
Jumping from heights	1.0	2.5	3.9	2.4	2.8	2.6	1.2	2.2

Note: Suicide was classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the Australian Population at 31 December 1996, and are expressed as per 100,000 65 and more year olds. 1996/97 is the most recent financial year for which complete suicide data are available.

Source: ABS Mortality Data and population estimates (HOIST), Centre for Mental Health, NSW Department of Health.

- The means of suicide used by older males have not changed substantially over the years from 1979/80 to 1996/97. Hanging and firearms are still the two most common means of suicide in older males, with firearms dominating in the first half of the period and hanging in the second half.
- Poisoning by MVCO is another frequently used means of suicide among older males. Between 1979/80 to 1996/97 suicide rates by MVCO in older males increased almost four-fold. For 1996/97, suicide rate by MVCO poisoning in older males was higher than that for hanging.

*Suicide means ¾ older females (graph not shown)*

- Poisoning remained the most frequently used means of suicide in older females in NSW, from 1979/80 to 1996/97.
- Hanging was the second most frequently used means of suicide. Means of suicide by MVCO and jumping remained low and stable over this period, with minor fluctuations.

### 3.4 Issues for suicide prevention — older people

**Issues for suicide prevention:**

- More older people who attempt suicide die. Older people typically use greater forethought and more lethal means to commit suicide.<sup>79,80</sup> One implication of this is that taking threats of suicide seriously is crucial in the older population. Restricting access to these means (like weapons and drugs) may help reduce suicide in this group.
- Depression is the most common factor in most suicide deaths and attempts and accounts for two-thirds of elderly suicide deaths<sup>81</sup>. Research conducted in many countries in the last three decades has shown that diagnosable mental illness can be noted in at least 90% of the suicide cases and this is also true of the elderly population.<sup>82</sup> Increasing age at suicide death is a significant predictor of the diagnosis of single episode, unipolar major depression. Some of the risk factors that cause depression in the elderly are: family history; substance abuse (particularly alcohol); spousal bereavement; chronic pain; financial distress; physical illness; lack of social support.<sup>83,84</sup> Recognising and treating depression is important in reducing suicide deaths in old age. Since depression and suicide are closely related in the elderly, better management of depression will affect suicide prevention as well.
- General practitioners can play a key role in identifying the depressed elderly. Evidence from studies show that an older person is more likely to visit a general practitioner than a mental health specialist shortly before suicide.<sup>85</sup> The training and education of general practitioners and other primary health care workers (like nurses) is essential to improve their abilities to diagnose suicidal depressions in the elderly.



## Chapter 4: Suicide in NSW — groups at risk

4.1 Suicide — groups at risk

4.2 Suicide deaths — migrants

4.3 Suicide — Aboriginal and Torres Strait Islanders

4.4 Suicide — Mental health clients



## Introduction

There has been concern about the number of suicides in specific groups in Australia. In this chapter various groups at risk of suicide are identified and the literature on suicide in some of these groups is examined in more detail. The chapter presents data using information from studies and surveys as relevant.

## 4.1 Groups at risk of suicide

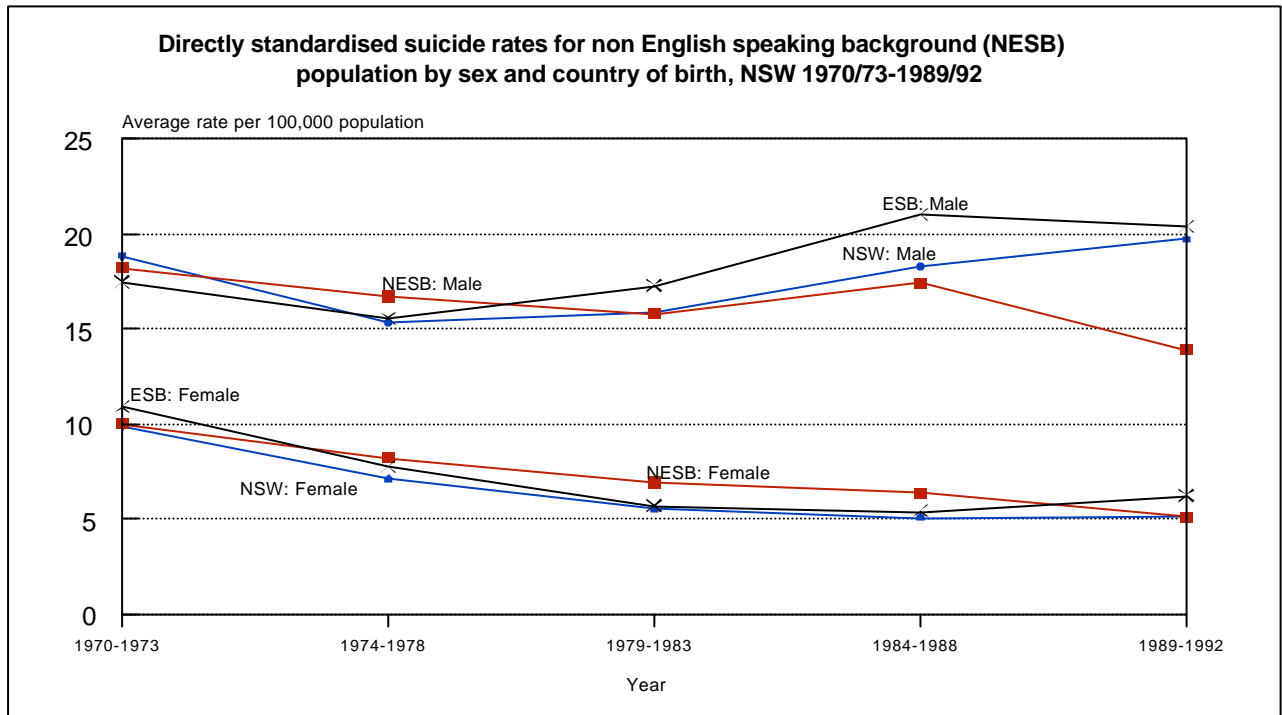
International data and recent Australian experiences highlight several groups at increased risk of suicide. Hassan<sup>86</sup> also noted that suicide rates have fluctuated over the years and that these cycles seem to be related to economic cycles and other social structural change factors. Three categories of suicide risk factors have been identified. Table 1 shows international estimates of suicide risk for high-risk groups related to the three categories of risk factors: individual; family; and peer and community factors including education and work related risk factors.<sup>87</sup>

Table 1. Estimates of background suicide risk factors<sup>88</sup>

<b>Individual risk factors for suicide</b>	
Sex	Males are 3-4 times more likely to die from suicide than females. <sup>89</sup> Males represent between 78% to 81% of all suicides in NSW. <sup>90</sup>
Age	Young and older males are specifically at risk. <sup>91</sup>
Rurality	Suicide rates are higher for young males living in non-urban settings. <sup>92</sup> Suicide rates of 15-24 year old males living in remote Australia are close to twice those of males living in capital cities. <sup>93</sup>
Aboriginality	Suicide rates in Aboriginal males between the ages of 15 and 19 years are 4 times higher than those for non-Aboriginal youth. <sup>94</sup>
Culturally and linguistically diverse backgrounds	There is great diversity in the risk of suicide to immigrants. <sup>95</sup> While immigrants of non-English-speaking backgrounds up to the age of 64 years had rates of suicide lower or similar than the overall community, immigrants aged 65 years and older had significantly higher rates. <sup>96</sup> Higher risks were also found for immigrants from English-speaking countries, Western, Northern and Eastern Europe, the former USSR and Baltic States. <sup>97</sup>
Current or former mental health clients	Current or former mental health clients have a suicide risk 10 times that of the general population. <sup>98,99</sup>
Psychiatric patients in 4 weeks post discharge	Where people have been discharged from a psychiatric facility, the suicide risk in the first four weeks after discharge increases to 100–200 times. <sup>100,101</sup>
Previous suicide attempts	People who have made previous suicide attempts have a 10 to 30-fold risk of suicide. <sup>102</sup>
Hazardous substance use	People who use substances in a hazardous way have a suicide risk 20 times that of the general population. <sup>103</sup>
People with serious physical illness or disability	People who have a serious physical illness or disability are also at higher risk; people who have AIDS have a 36-fold higher risk of suicide. <sup>104</sup>
<b>Family risk factors for youth suicide</b>	
Child sexual abuse	Medically serious suicide attempts were reported four times more commonly in children who have been sexually abused. <sup>105</sup>
Not living with the original family; communication problems with parents	Children who are not living with their original family, <sup>106</sup> and children who have communication problems with parents, carried a two-fold higher risk of suicide. <sup>107</sup>
Stressful life event	Young people experiencing stressful life events such as disciplinary crisis, the loss of a parent, relative or relationship breakup, may experience a six-fold increase in suicide risk. <sup>108</sup>
Relatives of people who have died by suicide	A recent suicide or suicide attempt by a peer or a relative is also associated with a higher risk. <sup>109</sup>
<b>Social, or community and peer risk factors for suicide</b>	
Occupational groups	Certain occupational groups are at higher risk of suicide such as farmers and doctors, which both have a two-fold risk. <sup>110</sup>
Homeless people	People who are homeless or living in refuges have higher rates of mental health problems compared to the general population. <sup>111</sup>
People in custody	People in prisons have a five-fold risk of suicide. <sup>112</sup>
Gay or lesbian young people	Studies of gay and bisexual young people consistently report high attempted suicide rates (lifetime rates of 20 to 50 per cent). <sup>113</sup> There are limitations in these studies, which currently prevent drawing accurate conclusions about the relationship between suicide and sexual orientation. <sup>114</sup>
Unemployed people	People who are unemployed have twice the risk of suicide compared to the general community. <sup>115</sup>
Gun ownership	Having a firearm in the home is associated with a higher likelihood of shooting as the means of suicide. <sup>116</sup>

Estimates are based on best available scientific evidence from several studies

## 4.2 Suicide deaths — migrants



	1970/1973		1974/1978		1979/1983		1984/1988		1989/1992	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
NSW	18.83	9.89	15.34	7.07	15.87	5.5	18.28	5.06	19.71	5.13
ESB	17.46	10.86	15.56	7.71	17.27	5.67	21.00	5.38	20.38	6.21
NESB	18.19	10.01	16.71	8.22	15.77	6.9	17.42	6.34	13.89	5.09

Note: Suicide deaths were classified according to ICD9 (E950–E959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the overall NSW population 1970–1992.

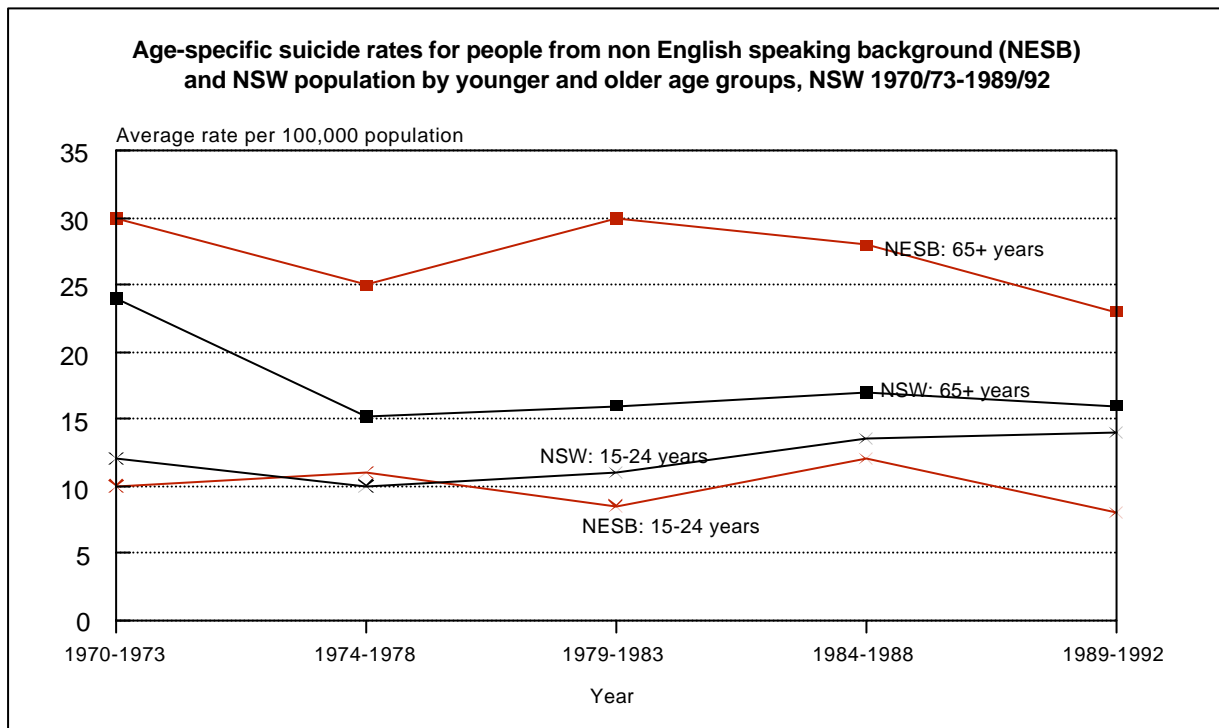
Source: McDonald B and Steele Z. Migrants and Mental Health: an epidemiological analysis. NSW Transcultural Mental Health Centre. 1997; ABS Death Data and Population estimates NSW Health Department.

- There is great diversity in the rate of suicide for migrants.
- Higher risks of suicide were found for males and females from a range of countries, most notably English-speaking countries.
- Older migrants have significantly higher suicide rates.<sup>117</sup>
- Significantly high risks than NSW average were found for males from Finland (283%), Hungary (100%), former Czechoslovakia (93%) and Germany (73%). For females, significantly high risks were found for migrants from Hungary (265%), Austria (181%), former Czechoslovakia (180%), Poland (121%) and Germany (72%).<sup>118</sup>
- Migrants generally have a lower rate of being hospitalised following a suicide attempt.<sup>119</sup>
- In general, suicide rates for immigrant populations tend to be like those in the country of origin.<sup>120</sup>

### Issues for suicide prevention:

- Encourage further research into suicide affecting people from non-English-speaking background (NESB), especially the aged (see next page).
- Improve culturally appropriate services for migrants in high-risk groups.
- Increase the cross-cultural skills of people (such as health and social workers) working with NESB clients at risk of suicide.
- Develop programs of community awareness and education for many NESB groups that take into account the different values and attitudes these communities have towards suicide.

## 4.2.1 Suicide deaths — older and younger migrants



Age groups	1970/1973	1974/1978	1979/1983	1984/1988	1989/1992
NESB 65+	30	25	30	28	23
NSW 65+	24	15	16	17	16
NESB 15-24	10	11	9	12	8
NSW 15-24	12	10	11	14	14

Note: Suicide deaths were classified according to ICD9 (E950–959) external cause codes. NSW population estimates at 31 December each year. Death rates were age-adjusted using the overall NSW population 1970–1992.

Source: McDonald B and Steele Z. Migrants and Mental Health: an epidemiological analysis. NSW Transcultural Mental Health Centre. 1997; ABS Death Data and Population estimates NSW Health Department

- Younger migrants have slightly lower suicide rates than the overall rates for younger people in NSW.
- Migrants aged 65 years and older have significantly higher rates than the overall rates for people 65 years and older in NSW. This increase with age may reflect the socio-cultural factors that migrants bring with them more than a differential impact of migration on the aged<sup>120</sup>, and the countries of origin in the older NESB immigrant population.

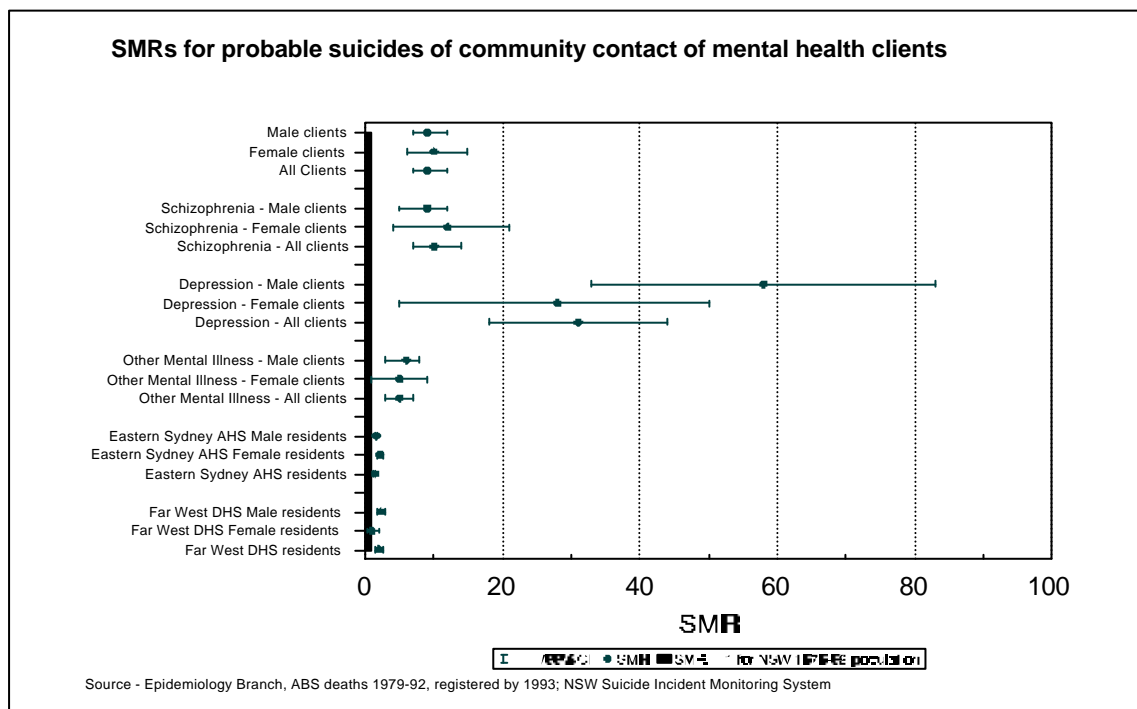
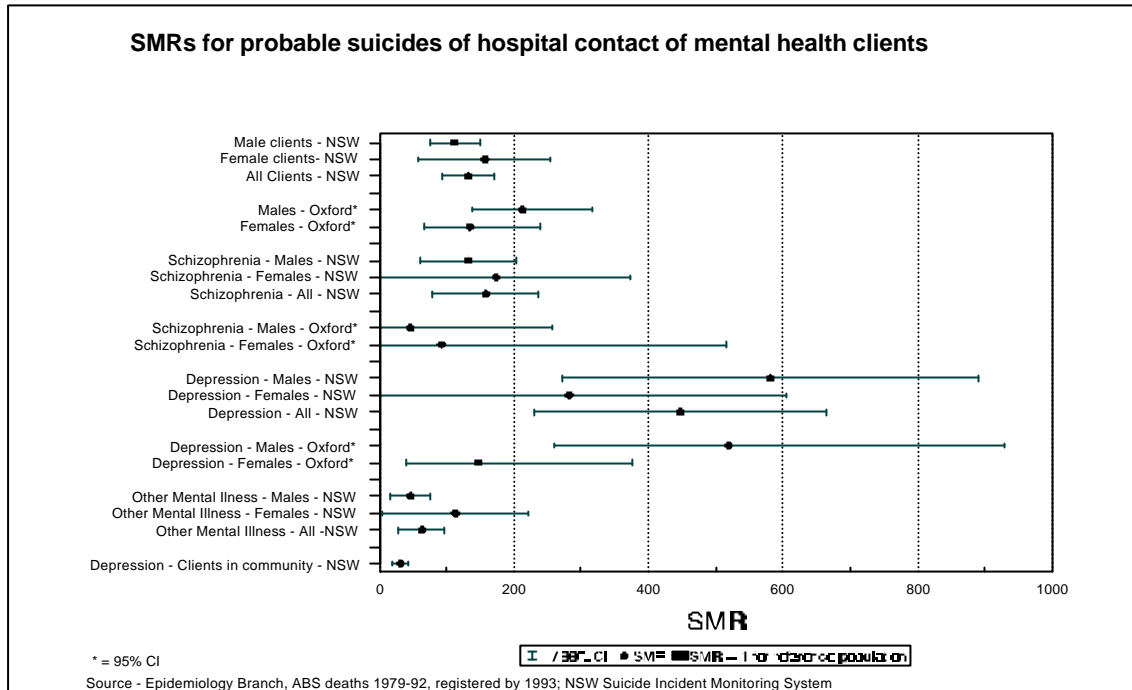
### 4.3 Aboriginal and Torres Strait Islanders

- It is estimated that about 1.8% of the population in NSW is indigenous. The proportion of indigenous population varies across Area Health Services the lowest proportion is in Northern Sydney Area Health Service (0.2%) and the highest in Far West Health Service (14%).
- The quality and availability of health statistics for Australia's indigenous population are not as good as for the whole Australian population. Information on the health status of indigenous people in major data collections including vital statistics (particularly death data), hospital separations and perinatal collections is limited by incomplete identification. For example, in 1994, only the mortality data for Western Australia, South Australia, the Northern Territory and the ACT were estimated to be 90% complete for indigenous deaths. In New South Wales, identification of indigenous deaths was estimated to be only 40% to 60% complete.<sup>121,122</sup>
- The availability of reliable hospital statistics for indigenous people is also limited. The quality of indigenous identification in hospital separations data has not yet been formally assessed, but in New South Wales, Victoria and Tasmania, the proportion of patients identified as 'unknown' greatly exceeds the proportion identified as Indigenous.<sup>123</sup> Substantial under-identification of indigenous status in death and hospital collections is therefore likely to result in underestimation of rate to any health event.
- Taking into consideration the above issues of data deficiency for the indigenous population, death and hospitalisation as a result of suicide in this group have not been assessed in this report.
- However, from the literature, the suicide risk for Aboriginal males 15 to 19 years has been identified as four times that of the general population.<sup>124</sup>
- Where data have been available in South Australia, Western Australia and Northern Territory for 1993–1995, suicide rates for young Aboriginal and non-Aboriginal males showed that young Aboriginal males had higher suicide rates than other young males, and suicide is more sharply concentrated in early adult years for Aboriginal than for non-Aboriginal Australians.<sup>125</sup>

#### Issues for suicide prevention:

- Aboriginal and Torres Strait Islander peoples appear to be experiencing a high and increasing rate of suicide. Rates of suicide among young Aboriginal and Torres Strait Islander peoples are consistently higher and have increased. Culturally sensitive programs and services are required which incorporate the concepts of social, emotional and spiritual well-being and physical health aspects in a holistic context. Connections with the land, community and family are also important.
- For the benefit of such programs to be monitored and demonstrated, it is essential that NSW health data collections greatly improve the level of identification of indigenous people, to the level achieved by other states.

### 4.4 Mental health clients — clients of NSW Mental Health Services



**Note:**

The data in the figures is based on reports of 'probable' client suicides notified to the Centre for Mental Health since 1992 and comparison with published scientific literature.

Evidence from a detailed study linking psychiatric case register and mortality data in Western Australia over 15 years shows that 43 per cent of all people dying by suicide had a recorded contact in the past with mental health services (source: Lawrence D, Holman C, Jablensky A, et al. Suicide rates in psychiatric in-patients: an application of record linkage to mental health research. Australian and New Zealand Journal of Public Health 1999;23:468-70).

The NSW psychiatric case register was closed in 1975 so no similar evidence is available. However, data reported for clients in current contact with NSW services seems to be largely complete, and show the same rates as in WA and overseas.

For more information see: Chipps J, Stewart G, Sayer G. Suicide mortality in NSW: clients of mental health services. NSW Public Health Bulletin 1995;6:75-81.

- NSW mental health clients in community care have much the same suicide risk as mental health clients in systems of care overseas.<sup>126</sup> There is no evidence that mental health clients in NSW are at unusually high risk of suicide in either community care than in inpatient care, but this risk is 10 times that of the general population.<sup>127</sup>
- There is a much higher risk of suicide (about 100 times that of the general population) for mental health clients around the time of discharge from inpatient care, as is the case for recently discharged inpatients studied overseas.<sup>128</sup>
- The elevated risk might be explained by the mixed levels of precaution and supervision for patients around the time of discharge (the peridischarge period) and the risk associated with discharge from hospital. This is a vulnerable time for patients because of perceived loss of support, reduced supervision, possible relapse due to exposure to home circumstances, and the fact that the patient may still not be fully recovered.<sup>129</sup> Not all cases reported by hospitals in NSW were newly discharged inpatients; the reports included people who were on leave or absent without leave as well as discharged inpatients,
- In general, male patients were more at risk than female patients, a finding that is consistent with the results of other studies.<sup>130,131</sup> Although the standardised suicide rate for males was higher than that for females in the 'hospital contact' group, the SMR for females indicates that in the peridischarge period the risk increased more for female patients than for males. The vulnerability of women in this period has been reported in other studies.<sup>132</sup>
- The risk of suicide was greatest for patients with depression, especially during the peridischarge period and this risk is consistent with that reported in overseas studies.<sup>133,134,135,136</sup> This finding underlines the importance of maintaining effective antidepressant therapy, adequate community support and vigilance for early signs of relapse in depression.<sup>137</sup>
- Only about 8% of all persons who committed suicide in NSW had recent contact with mental health services. By contrast, at least 88% of persons who attempted suicide suffered from a diagnosable mental disorder during the period preceding the attempt.<sup>138,139,140</sup> Studies based on case registers have shown that approximately 40% to 50% of persons who commit suicide have at some time been in the care of mental health services.<sup>141</sup>
- These reports, suggest that most people who commit suicide do not come to the attention of mental health services at the most critical time.

#### Issues for suicide prevention:

- The existing NSW protocol for the management of suicide attempts<sup>142</sup> requires facilities to have policies and procedures for the assessment of the risk of suicide in specific settings, such as community health services, accident and emergency departments, general hospital wards and psychiatric inpatient units. These include procedures on how to manage suicidal patients whether they are newly admitted, established patients on leave, or discharged.
- A training program for NSW Health staff has been developed to address the issues identified in these data.

## References

- 1 Suicide: We can all make a difference. NSW suicide prevention strategy, whole of government approach. NSW Health, 1999.
- 2 Suicide: We can all make a difference. NSW suicide prevention strategy, whole of government approach. NSW Health, 1999.
- 3 Chipps J, Stewart G, Sayer G. Suicide Mortality in NSW: clients of mental health services. *NSW Public Health Bulletin*. 1995;6(8):75-81.
- 4 Suicide: We can all make a difference. NSW suicide prevention strategy, whole of government approach. NSW Health, 1999.
- 5 Cantor C, Neulinger K, De Leo D. Australian suicide trends 1964-1997: youth and beyond? *Medical Journal of Australia* 1999;171:137-41.
- 6 Hassan R, Carr J. Changing pattern of suicide in Australia. *Australian and New Zealand Journal of Psychiatry* 1989;23:226-34.
- 7 Suicide: We can all make a difference. NSW suicide prevention strategy, whole of government approach. NSW Health, 1999.
- 8 Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. *NSW Public Health Bulletin* 1996;7(6):55-63.
- 9 National Health and Medical Research Council (NHMRC). *Scope for Prevention in Mental Health*. Canberra: Commonwealth of Australia, 1993.
- 10 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 11 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 12 Gunnell G, Frankel S. Prevention of suicide: aspirations and evidence. *British Medical Journal* 1994;308:1227-33.
- 13 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 14 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 15 Goldney R, Winefield A, Tiggemann M, et al. Suicidal ideation in a young adult population. *Acta Psychiatrica Scandinavia* 1989;79(5):481-9.
- 16 Zuberick S, Silburn S, Garton A, et al. *Western Australian Child Health Survey: Developing Health and Well-being in the Nineties*. Perth, WA: Australian Bureau of Statistics (Catalogue No. 4303.5) & the Institute for Child Health Research, 1995.
- 17 Baume P. Developing a national suicide strategy for Australia. Paper presented at the National Conference on the Public Health Significance of Suicide Prevention Strategies, Public Health Association, Canberra 1994.
- 18 Snowdon J. Suicide rates and methods in different age group: Australian data and perceptions. *International Journal of Geriatric Psychiatry* 1997;12:253-8.
- 19 Dudley M, Kelk N, Florio T, et al. Suicide among young rural Australian 1964-1993: a comparison with metropolitan trends. *Social Psychiatry & Psychiatric Epidemiology* 1997;32:251-60.
- 20 Dudley M, Waters B, Kelk N, et al. Youth suicide in New South Wales: urban-rural trends. *Medical Journal of Australia* 1992;156(2):83-8.
- 21 Dudley M, Kelk N, Florio T, et al. 1997, Op. Cit., pp 251-60.
- 22 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 23 Australian Bureau of Statistics. *Suicides, Australia —1982–1992*. Catalogue no: 3309.0. Canberra: ABS, 1994.
- 24 NHMRC. 1993, Op. Cit.
- 25 Burnley I. Differential and spatial aspects of suicide mortality in New South Wales and Sydney, 1980 to 1991. *Australian Journal of Public Health* 1994;18(3):293-304.
- 26 Davis A, Kosky R. Attempted suicide in Adelaide and Perth: changing rates for males and females, 1971–1987. *Medical Journal of Australia* 1991;154:666-70.
- 27 Batterby M, O'Mahoney J, Beckwith A, et al. Antidepressant deaths by overdose. *Australian and New Zealand Journal of Psychiatry* 1996;30(2):223-8.
- 28 Buckley N, Dawson A, Whyte I, et al. An analysis of age and gender influences on the relative risk for suicide and psychotropic drug self-poisoning. *Acta Psychiatrica Scandinavia* 1996;93(30):168-171.
- 29 Card (1974), cited in: Cantor C, Baume P. Access to methods of suicide: what impact? *Australian and New Zealand Journal of Psychiatry* 1988;32:8-14.
- 30 Cantor C, Slater P. The impact of firearm control legislation on suicide in Queensland: preliminary findings. *Medical Journal of Australia* 1995;162:583-85.
- 31 Brent D, Perper J, Allman C et al. The presence and accessibility of firearms in the homes of adolescent suicides. *Journal of the American Medical Association* 1991;266:2989-95.
- 32 Commonwealth Department of Human Services and Health (CDHSH). *Access to means of suicide by young Australians, a background report prepared by Cantor C, Turrell G, and Baume P*. Australian Institute for Suicide Research and Prevention, Griffith University, September 1996.
- 33 Ohberg A, Lonnqvist J, Sarna S. Trends and availability of suicide methods in Finland: Proposals for restrictive measures. *British Journal of Psychiatry* 1995;166:35-43.
- 34 Buckley N, Whyte I, Dawson A et al. Correlations between prescriptions and drugs taken in self-poisoning: Implications for prescribers and drug regulation. *Medical Journal of Australia* 1995;162: 194-197.
- 35 Snowdon J. 1997, Op. Cit., pp 253-8.
- 36 Snowdon J. 1997, Op. Cit., pp 253-8.
- 37 Dudley M, Kelk N, Florio T, et al. 1997, Op. Cit., pp 251-60.
- 38 Yip P. Suicides in Hong Kong and Australia. *Crisis* 1998;19(1):25-34.
- 39 Commonwealth Department of Human Services and Health (CDHSH). *Youth suicide in Australia: a background monograph*. Canberra: AGPS, 1995.
- 40 McAlpine D, Panser L, Swanson D, et al. Suicide in Olmsted County, Minnesota, 1951 through 1985. *Mayo Clinic Proceedings* 1990;65(1):13-22.
- 41 Australian Bureau of Statistics. *Suicides, Australia —1961–1981*. Catalogue no: 3309.0. Canberra: ABS, 1983.
- 42 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.



- 43 Marsden (1988), cited in: Snowdon J, Harris L. Firearm suicides in Australia. *Medical Journal of Australia* 1992;156:79-83.
- 44 Harding (1981), cited in: Snowdon J, Harris L. Firearm suicides in Australia. *Medical Journal of Australia* 1992;156:79-83.
- 45 Snowdon J, Harris L. Firearm suicides in Australia. *Medical Journal of Australia* 1992;156:79-83.
- 46 Lester D. Changes in the methods used for suicide in 16 countries from 1960–1980. *Acta Psychiatrica Scandinavia* 1990;81:260-1.
- 47 Shaffer D, Garland A, Vieland V, et al. The impact of curriculum-based suicide prevention programs for teenagers. *Journal of American Academy of Child Adolescent Psychiatry* 1991;30:588-96.
- 48 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 49 Silburn S, Zubrick S, Acres J. Evaluation of an intervention to facilitate better hospital and community management of teenage deliberate self-harm admissions in Western Australia, cited in Patton G, Burns J. *Preventive Interventions in Youth Suicide: a risk factor based approach*. Prepared for National Health and Medical Research Council, 1997; pp 1-64.
- 50 Hawton K. Controlled studies of psychosocial intervention following attempted suicide. In N. P. Kreitman SD (Ed). *Current research strategies in suicide and parasuicide*. Oxford University Press, Oxford, 1989.
- 51 Salkovskis P, Atha C, Storer D. Cognitive-behavioural problem solving in the treatment of patients who repeatedly attempt suicide: a controlled trial. *British Journal of Psychiatry* 1990;157:871-76.
- 52 McLeavey B, Daly R, Ludgate J, et al. Interpersonal problem-solving skills training in the treatment of self-poisoning patients. *Suicide and Life-Threatening Behaviors* 1994;24:382-94.
- 53 Morgan H, Jones E, Owen J. Secondary prevention of non-fatal deliberate self-harm: The Green Card Study. *British Journal of Psychiatry* 1993;163:111-12.
- 54 National Injury Surveillance Unit. Young people suicide and self-injury Australia. *Australian Injury Prevention Bulletin* 1997; Issue 15 (Supplement).
- 55 Australian Bureau of Statistics. *Causes of Death Australia*. Catalogue no: 3303.0. Canberra: ABS, 1995.
- 56 Dudley M, Kelk N, Florio T, et al. Coroners' records of rural and non-rural cases of youth suicide in New South Wales. *Australian and New Zealand Journal of Psychiatry* 1998;32:242-51.
- 57 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 58 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 59 Victorian Human Services. *Statistics on Suicide Among Young people in Australia*, (Pamphlet) August 1996.
- 60 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 61 Standing Committee on Social Issues. *Suicide in rural NSW*. Legislative Council, Parliament of New South Wales, 1994.
- 62 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 63 Cantor C, Leenaars A, Lester D, et al. Suicide trends in eight predominantly English speaking countries 1960–1989. *Social Psychiatry & Psychiatric Epidemiology* 1996;31:364-73.
- 64 Beautrais A. Risk factors associated with Suicide and attempted suicides amongst young people, NHMRC, 1998.
- 65 Tiller J, Krupinski J, Burrows G, et al. A prospective study of completed and attempted youth suicides in Victoria. A report from the Coroner's Working Party on Suicide. The University of Melbourne, Department of Psychiatry. March 1997.
- 66 CDHSH. 1995, Op. Cit.
- 67 CDHSH. 1995, Op. Cit.
- 68 Dudley M, Kelk N, Florio T, et al. Suicide among young Australians, 1964–1993: an interstate comparison of metropolitan and rural trends. *Medical Journal of Australia* 1998;169:77-80.
- 69 Kosky R, Goldney R. Youth suicide: a public health problem. *Australian and New Zealand Journal of Psychiatry* 1994;28:186-7.
- 70 National Health and Medical Research Council, 1997, *Clinical Practice Guidelines: Depression in Young People*, AGPS, Canberra, 1997.
- 71 Shaffer D, Phillips I, Enzer, N. *Prevention of mental disorders, alcohol and other drug use in children and adolescents — OSAP Prevention Monograph 2*. US Department of Health and Human Services, Rockville, US, 1989.
- 72 Shaffer D, Garland A, Vieland V, et al. The impact of curriculum-based suicide prevention programs for teenagers. *Journal of American Academy of Child Adolescent Psychiatry* 1991;30:588-96.
- 73 de Moore G, Plew J, Bray K, et al. Survivors of self-inflicted firearm injury. *Medical Journal of Australia* 1994;160(4):421-5.
- 74 Marsden (1988) and Wilson (1983), cited in: Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 75 Baume P, Snowdon J. Managing suicidal behaviour and depression in the elderly. *Suicide Research Bulletin*, Issue 4 Sydney, 1999.
- 76 Sayer G, Stewart G, Chipps J. 1996, Op. Cit., pp 55-63.
- 77 Dudley M, Waters B, Kelk N, et al. 1992, Op. Cit., pp 83-8.
- 78 Dudley M, Kelk N, Florio T, et al. 1997, Op. Cit., pp 251-60.
- 79 Kerkhof A, Visser A, Diekstra R, et al. The prevention of suicide among older people in the Netherlands: interventions in community mental health care. *Crisis* 1991;12:59-72.
- 80 McIntosh J. Suicide prevention in the elderly (Age 65–99). *Suicide and Life-Threatening Behavior* 1995;25:180-92.
- 81 Conwell Y. Management of suicidal behavior in the elderly. *Suicide*. 1997;20(3):667-82.
- 82 Conwell Y. 1997, Op. Cit., pp 667-82.
- 83 Carmelita R, Tobias M, Raymond P, et al. Preventing suicide in older people. *American Family Physician* 1992;45(4):1707-13.
- 84 Osgood N, Brant B, Lipman A. *Suicide among the elderly in long term care facilities*. New York: Greenwood Press, 1991.
- 85 Osgood N, Brant B, Lipman A. 1991, Op. Cit.

- 86 Hassan R. Social factors in suicide in Australia. In Singh B, Judd F. Suicide. Pendle Hill, NSW: 1995. Geigy Psychiatric Symposium Proceedings.
- 87 Patton G, Burns J. Preventive Interventions in Youth Suicide: a risk factor based approach. Prepared for National Health and Medical Research Council, 1997; pp 18.
- 88 Suicide: We can all make a difference. NSW suicide prevention strategy, whole of government approach. NSW Health, 1999.
- 89 Australian Bureau of Statistics Mortality data (HOIST), Centre for Mental Health, NSW Health Department, 1986/87-1996/97.
- 90 Australian Bureau of Statistics Mortality data (HOIST), Centre for Mental Health, NSW Health Department, 1986/87-1996/97.
- 91 Australian Bureau of Statistics Mortality data (HOIST), Centre for Mental Health, NSW Health Department, 1986/87-1996/97.
- 92 Harrison J, Moller J, Bordeaux S. Youth Suicide and Self Injury Australia. Australian Injury Prevention Bulletin, 1997; Australian Injury Surveillance Unit, Issue 15 (Supplement).
- 93 Patton G, Burns J. 1997, Op. Cit., pp18.
- 94 Patton G, Burns J. 1997, Op. Cit., pp18.
- 95 McDonald B, Steel Z. Immigrants and Mental Health. An Epidemiological Analysis. Culture and Mental Health. Current Issues in Transcultural Mental Health, Sydney: 1997 pp xv. Transcultural Mental Health Centre.
- 96 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 97 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 98 Gunnell D, Frankel S. 1994, Op Cit., pp 1227-33.
- 99 Chipps J, Stewart G, Sayer G. 1995, Op. Cit., pp 75-81.
- 100 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 101 Chipps J, Stewart G, Sayer G. 1995, Op. Cit., pp 75-81.
- 102 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33. Note: 'suicide attempts' referred to as 'parasuicide' in this article.
- 103 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 104 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 105 Beautrais A, Joyce P, Mulder R. Risk factors for serious suicide attempts among youth aged 13 through to 24 years. Journal of American Academy of Child and Adolescent Psychiatry 1996;35:1174-82, cited in Patton G, Burns J. 1997, Op. Cit., pp 22.
- 106 Gould M, Fisher P, Parides M, et al. Psychological risk factors of child and adolescent completed suicide. Archives of General Psychiatry 1996;53:1155-62, cited in Patton G, Burns J. 1997, Op. Cit., pp 21. These risks are controlled for mood disorder.
- 107 Patton G, Burns J. 1997, Op. Cit., pp 22.
- 108 Gould M, Fisher P, Parides M, et al. 1996, Op. Cit., cited in Patton G, Burns J. 1997, Op. Cit., p 22. These risks are controlled for mood disorder.
- 109 Patton G, Burns J. 1997, Op. Cit., pp 24.
- 110 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 111 Hodder T, Teesson M, Buhrich N. Down and Out in Sydney: Prevalence of Mental Disorders, Disability and Health Service Use among Homeless People in Inner Sydney. Sydney: 1998. South Eastern Sydney Area Mental Health Service.
- 112 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 113 Bagley C, Tremblay P. In Bagley C, Ramsay R, Eds. 1997. Suicidal behaviours in adolescents and adults: taxonomy, understanding and prevention. Chapter 12. Brookfield, Vermont:1997. Avebury.
- 114 Moscicki E, Muehrer P, Potter L. Introduction to supplementary issue: Research issues in suicide and sexual orientation. Suicide and Life-threatening Behavior 1995;125:1-3.
- 115 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 116 Patton G, Burns J. 1997, Op. Cit., pp 23-24.
- 117 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 118 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 119 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 120 McDonald B, Steel Z. 1997, Op. Cit., pp xv.
- 121 Australian Bureau of Statistics. Deaths, Australia 1994, ABS Catalogue No. 3302.0, Canberra: ABS, 1994.
- 122 Benham D. Estimates of the Aboriginal population: Review of the data sources, Demography Working Paper No. 93/2, Canberra: Australian Bureau of Statistics, 1993.
- 123 Australian Bureau of Statistics. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. ABS, Catalogue No. 4704.0, Canberra:1997. Australian Bureau of Statistics and Australian Institute of Health and Welfare.
- 124 Patton G, Burns J. 1997, Op. Cit., pp 24.
- 125 <http://www.nisu.flinders.edu.au/pubs/bulletin15/bulletin15sup.html>.
- 126 Chipps J, Stewart G, Sayer G. 1995, Op. Cit., pp 75-81.
- 127 Chipps J, Stewart G, Sayer G. 1995, Op. Cit., pp 75-81.
- 128 Chipps J, Stewart G, Sayer G. 1995, Op. Cit., pp 75-81.
- 129 Goldacre M, Seagroatt V, Hawton K. Suicide after discharge from psychiatric inpatient care. Lancet 1993;342: 283-6.
- 130 Goldacre M, Seagroatt V, Hawton K. 1993, Op. Cit., pp 283-6.
- 131 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 132 Evenson R, Wood J, Nutall E, et al. Suicide rates among mental health patients. Acta Psychiatrica Scandinavica 1982;66: 254-64.

- 133 Goldacre M, Seagroatt V, Hawton K. 1993, Op. Cit., pp 283-6.
- 134 Appleby L. Suicide in Psychiatric Patients: Risk and Prevention. *British Journal of Psychiatry* 1992;161:749-58.
- 135 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 136 Evenson C, Wood J, Nutall E, et al. 1982, Op. Cit., pp 254-64.
- 137 Appleby L. 1992, Op. Cit., pp 749-58.
- 138 Henriksson M, Aro H, Heikinnen M, et al. Mental disorders and comorbidity in suicide. *American Journal of Psychiatry* 1993;150(6):935-40.
- 139 Davis A, Schrueder C. The prediction of suicide. *The Medical Journal of Australia* 1990;153:552-4.
- 140 Cheung P. Suicide precautions for psychiatric inpatients: a review. *Australia and New Zealand Journal of Psychiatry* 1992;26:592-8.
- 141 Gunnell D, Frankel S. 1994, Op. Cit., pp 1227-33.
- 142 Circular 98/31: Policy guidelines for the management of patients with possible suicidal behaviour for NSW Health Staff and staff of private health facilities. NSW Health Department 1999.

## Appendices

Appendix 1: Glossary, definitions and notes

Appendix 2: Comments on data on suicide deaths in NSW

Appendix 3: Suicide — the overall picture by Area Health Service



## Appendix 1

### Glossary, Definitions and Notes

#### 5.1 Suicidal Behaviour

Suicidal behaviour includes thinking about suicide, harming oneself or actually taking one's own life. Experts do not agree on definitions of technical terms for suicidal behaviours. In this document, the following terms and definitions are used:

<i>Suicidal ideation:</i>	thoughts about suicidal acts
<i>Suicidal threats:</i>	actions suggesting an intention to die from suicide or to harm oneself
<i>Suicidal act:</i>	self-inflicted, non-accidental injury, including self-poisoning, possibly resulting in death or serious injury
<i>Suicidal behaviour:</i>	suicidal ideation, suicidal threats or suicidal acts
<i>Attempted suicide:</i>	suicidal act causing injury but not death
<i>Suicide:</i>	a suicidal act resulting in death
<i>Suicide prevention:</i>	actions aimed at reducing the rate of death, disability (mortality and morbidity) resulting from suicidal acts and risk factors linked to suicidal acts

#### 5.2 Data sources

Information in this report has been drawn from the ABS Mortality Data, ABS population estimates and the NSW Inpatient Statistics Collection using HOIST (Health Outcomes Information Statistical Toolkit) of the NSW Department of Health. All data have been analysed by financial years to enable the reporting of complete data. Data is represented from 1964/65 to 1996/97. The latest year of completed mortality data is for 1997.

Mortality data is supplied by the ABS by year of registration. Therefore, deaths occurring in the last few weeks of each calendar year (or the last few months for coronial cases) may not be registered until later on in the subsequent year. For example the 1998 mortality data from the ABS does not include deaths occurring in 1998 but those registered in 1998. This accounts for about 10% under-reporting for that year (Appendix 3).

#### 5.3 Case definitions and classification

"Deaths" are those registered in the nominated year and jurisdiction. "Hospital separation" is the end of an episode as a hospital inpatient (e.g. by discharge, transfer or death).

Cause of death is classified by the ABS according to the International Classification of Diseases (ICD). The 9th revision (ICD9) has been used for death registrations beginning in 1979. A Clinical Modification of this classification, ICD9-CM, was used for the hospital cases in this report. (Relevant categories are the same in both)

Closest equivalent categories were used for deaths data coded according to earlier editions of the ICD.

All deaths and hospital separations identified as 'suicide or self-inflicted injury' are coded under one of the following eleven ICD codes:

- E950-E959 suicide and self-inflicted injury (all means)
- E950 Suicide and self-inflicted poisoning by solid or liquid substances
- E951 Suicide and self-inflicted poisoning by gases in domestic use
- E952 Suicide and self-inflicted poisoning by other gases and vapors
- E953 Suicide and self-inflicted injury by hanging, strangulation and suffocation
- E954 Suicide and self-inflicted injury by submersion [drowning]
- E955 Suicide and self-inflicted injury by firearms and explosives

E956 Suicide and self-inflicted injury by cutting and piercing instrument  
 E957 Suicide and self-inflicted injuries by jumping from high place  
 E958 Suicide and self-inflicted injury by other and unspecified means  
 E959 Late effects of self-inflicted injury

## 5.4 ICD codes classifications for means of suicide

Means of suicide deaths and hospital separations by poisoning, motor vehicle exhaust gas, hanging, jumping from high places, firearms and cutting were identified by the following ICD codes:

### *Poisoning*

E950.0 Analgesics, antipyretics and antirheumatics  
 E950.1 Barbiturates  
 E950.2 Other sedatives and hypnotics  
 E950.3 Tranquilizers and other psychotropic agents  
 E950.4 Other specified drugs and medicinal substances  
 E950.5 Unspecified drug or medicinal substance  
 E950.6 Agricultural and horticultural chemical, pharmaceutical preparations other than plant foods and fertilizers  
 E950.9 Other and unspecified solid and liquid substances

### *Motor vehicle exhaust gas*

E952.0 Motor vehicle exhaust gas

### *Hanging*

E953.0 Hanging

### *Jumping from high places*

E957 Suicide and self-inflicted injury by jumping from high places

### *Firearms*

E955 Suicide and self-inflicted injury by firearms and explosives

### *Cutting*

E956 Suicide and self-inflicted injury by cutting and piercing instrument

## 5.5 Confidence intervals

All deaths are supposed to be registered, so sampling errors do not apply to these data. However, the periods used to group the cases are arbitrary. Use of another can result in different rates. Where case numbers are small, the effect of chance variation on rates can be large. Confidence intervals (99%, based on a Poisson assumption about the number of cases in a period) have been placed around rates as a guide to the size of this variation. Chance variation alone would be expected to lead to a rate outside the interval only once in 20 occasions.<sup>54</sup>

## 5.6 Data quality

The definitions of suicide and self-injury are complex and can be interpreted in different ways. There is little direct evidence about the quality of Australian suicide data.<sup>54</sup> Assessments of official statistics on suicide deaths in several comparable countries conclude that there was a moderate degree of under-counting and few cases falsely counted as suicide.<sup>54</sup> Identification of Aboriginal and Torres Strait Islander people in population, death and hospital data is known to be imperfect.<sup>54</sup> Identification of deaths is probably relatively good in Western Australia, South Australia and the Northern Territory.

International data are derived from reports by national agencies to the WHO. Few formal studies of the comparability of international suicide data have been reported.<sup>54</sup>

## 5.7 List of NSW Area Health Services

### ***Metropolitan Area Health services***

Northern Sydney Area Health Service (NSAHS)  
Central Sydney Area Health Service (CSAHS)  
South Eastern Sydney Area Health Service (SESAHS)  
Western Sydney Area Health Service (WSAHS)

### ***Outer-metropolitan Area Health Services***

South Western Sydney Area Health Service (SWSAHS)  
Wentworth Area Health Service (WAHS)  
Illawarra Area Health Service (IAHS)  
Hunter Area Health Service (HAHS)  
Central Coast Area Health Service (CCAHS)

### ***Rural Health Services***

Northern Rivers Health Service (NRHS)  
Mid North Coast Health Service (MNCHS)  
New England Health Service (NEHS)  
Macquarie Health Service (MHS)  
Mid Western Health Service (MWHS)  
Far West Health Service (FWHS)  
Greater Murray Health Service (GMHS)  
Southern Health Service (SHS)





## Appendix 2

### Comments on data on suicide deaths in NSW

- Detailed annual suicide death data have been provided so that Area staff can prepare materials as needed.
- The data have been reported by calendar year of death using the Australian Bureau of Statistics mortality and population files.
- All rates have been directly age-standardised to the Australian Population 1996.
- The 1998 death data are incomplete. The data include only deaths that occurred in 1998 and were registered in 1998. Therefore, about 10 per cent of the deaths, which were registered in 1999, are not included in the data.
- The small populations in Area Health Service, and the resultant small numbers of suicide deaths, make it difficult to detect other than extreme variations in the annual suicide rate. This is even more so in situations where sub-populations such as people aged 65 and over are monitored. The numbers of suicide deaths vary considerably from year to year and even one or two deaths can change the observed suicide rate by a very large amount. Annual suicide rates are therefore not useful as outcome indicators for suicide prevention programs at local Area Health Service levels.
- To determine unusual variation, or whether an Area's suicide rate differ significantly from the NSW average rate, it is important to judge whether the difference is within the probable range of random variation as indicated by the confidence intervals. Confidence intervals are calculated to estimate the probable range within which the true estimate lies. Wide confidence intervals typically occur for rare events and small populations. Where this is so, even large differences will rarely be "statistically significant".
- The evidence of a local suicide problem does not depend only on local annual data of this kind, but on a number of years of data. Small-area analysis of epidemiological data for periods of less than 10 years will almost always give misleading results for rare outcomes such as suicide deaths.
- An approach to dealing with local suicide data is to combine or pool data over more than one year so that enough "population years" of risk exposure can be accumulated to allow stable estimation of baseline rates.



## Appendix 3

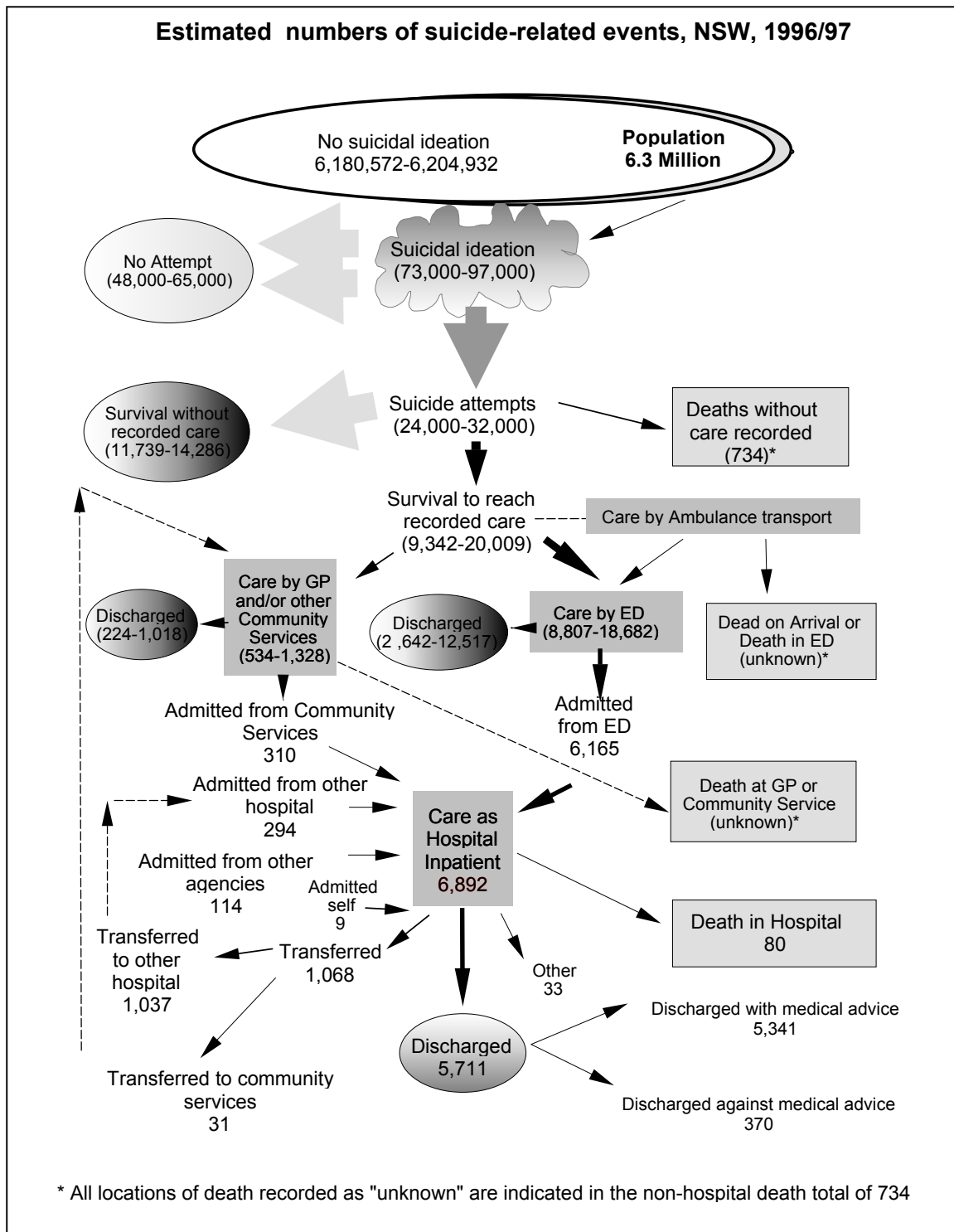
### Suicide — the overall picture by Area Health Service

As the Australian Bureau of Statistics mortality data becomes available for subsequent years, the suicide mortality information presented in the tables in this section will be up-dated annually, by Area Health Services.

### NSW and Area Health Services — in order of presentation

New South Wales  
Central Sydney Area Health Service  
Northern Sydney Area Health Service  
Western Sydney Area Health Service  
South Western Area Health Service  
Wentworth Area Health Service  
Central Coast Area Health Service  
Hunter Area Health Service  
Illawarra Area Health Service  
South Eastern Sydney Area Health Service  
Northern Rivers Health Service  
Mid North Coast Health Service  
New England Health Service  
Macquarie Health Service  
Mid Western Health Service  
Far West Health Service  
Greater Murray Health Service  
Southern Health Service

New South Wales



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December, 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## New South Wales — Suicide Deaths and Directly Standardised Death Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardise Rates per 100,000	LCI	UCI
1973	592	4,841,951	13.2	12	15	1973	395	2,428,519	17.9	16	20	1973	197	2,413,432	8.7	7	10
1974	575	4,893,967	12.6	11	14	1974	363	2,452,372	16.3	14	19	1974	212	2,441,595	9.3	8	11
1975	580	4,932,274	12.6	11	14	1975	393	2,468,001	17.5	15	20	1975	187	2,464,273	8.0	7	10
1976	544	4,959,609	11.7	10	13	1976	399	2,477,025	17.6	15	20	1976	145	2,482,584	6.0	5	7
1977	517	5,001,964	11.1	10	12	1977	365	2,496,082	16.0	14	18	1977	152	2,505,882	6.4	5	8
1978	551	5,053,888	11.3	10	13	1978	385	2,519,841	16.1	14	18	1978	166	2,534,047	6.7	5	8
1979	548	5,111,271	11.1	10	12	1979	396	2,546,912	16.5	14	19	1979	152	2,564,359	6.0	5	7
1980	536	5,171,610	10.9	10	12	1980	399	2,576,662	16.4	14	19	1980	137	2,594,948	5.6	4	7
1981	554	5,235,069	10.9	10	12	1981	425	2,608,343	17.3	15	20	1981	129	2,626,726	5.1	4	6
1982	583	5,303,626	11.3	10	13	1982	427	2,643,552	17.1	15	19	1982	156	2,660,074	5.9	5	7
1983	537	5,352,985	10.3	9	12	1983	400	2,668,075	16.0	14	18	1983	137	2,684,910	5.1	4	6
1984	549	5,402,760	10.3	9	12	1984	413	2,692,099	16.0	14	18	1984	136	2,710,661	5.0	4	6
1985	601	5,464,539	11.1	10	12	1985	474	2,723,269	17.9	16	20	1985	127	2,741,270	4.6	4	6
1986	630	5,531,526	11.5	10	13	1986	488	2,756,990	18.2	16	20	1986	142	2,774,536	5.1	4	6
1987	684	5,616,736	12.2	11	13	1987	557	2,798,066	20.4	18	23	1987	127	2,818,670	4.4	3	6
1988	695	5,707,309	12.2	11	13	1988	544	2,842,852	19.4	17	22	1988	151	2,864,457	5.2	4	6
1989	699	5,776,283	12.1	11	13	1989	561	2,876,807	19.7	18	22	1989	138	2,899,476	4.7	4	6
1990	689	5,834,021	11.8	11	13	1990	538	2,905,892	18.9	17	21	1990	151	2,928,129	5.0	4	6
1991	740	5,898,731	12.5	11	14	1991	575	2,936,262	19.8	18	22	1991	165	2,962,469	5.5	4	7
1992	739	5,962,569	12.3	11	14	1992	599	2,966,511	20.4	18	23	1992	140	2,996,058	4.5	4	6
1993	678	6,004,880	11.2	10	12	1993	535	2,985,865	18.0	16	20	1993	143	3,019,015	4.6	4	6
1994	798	6,060,190	13.1	12	14	1994	655	3,012,102	22.0	20	24	1994	143	3,048,088	4.5	4	6
1995	748	6,126,981	12.1	11	13	1995	572	3,044,428	18.9	17	21	1995	176	3,082,553	5.6	5	7
1996	817	6,204,728	13.1	12	14	1996	656	3,081,044	21.4	19	24	1996	161	3,123,684	5.0	4	6
1997	950	6,272,784	15.1	14	16	1997	732	3,114,709	23.7	21	26	1997	218	3,158,075	6.7	6	8
1998	832	6,333,515	13.1	12	14	1998	677	3,146,345	21.7	20	24	1998	155	3,187,170	4.7	4	6
1999	854	6,396,703	13.2	12	14	1999	681	3,179,227	21.3	19	23	1999	173	3,217,476	5.4	4	7
2000	738	6,462,499	11.2	10	12	2000	593	3,214,172	18.3	16	20	2000	145	3,248,327	4.3	3	5
2001	789	6,521,913	11.7	11	13	2001	622	3,239,483	18.8	17	21	2001	167	3,282,430	4.8	4	6
2002	643	6,578,941	9.6	9	11	2002	509	3,267,743	15.5	14	17	2002	134	3,311,198	3.8	3	5

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## New South Wales — Suicide Deaths and Directly Standardised Death Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	81	819,046	10.0	7	13	1973	57	418,230	13.8	10	19	1973	24	400,816	6.0	3	10
1974	79	827,967	9.6	7	13	1974	60	421,986	14.3	10	20	1974	19	405,981	4.7	2	8
1975	70	831,940	8.5	6	12	1975	57	422,499	13.7	9	19	1975	13	409,441	3.2	1	6
1976	73	838,383	8.8	6	12	1976	53	425,403	12.6	9	18	1976	20	412,980	4.9	3	9
1977	73	853,117	8.7	6	12	1977	57	433,608	13.4	9	19	1977	16	419,509	3.8	2	7
1978	97	865,273	11.4	9	15	1978	71	440,271	16.5	12	22	1978	26	425,002	6.2	4	10
1979	105	879,864	12.1	9	15	1979	77	448,177	17.3	13	23	1979	28	431,687	6.6	4	11
1980	92	886,140	10.5	8	14	1980	81	451,633	18.1	13	24	1980	11	434,507	2.5	1	5
1981	89	891,870	10.0	7	13	1981	74	455,100	16.3	12	22	1981	15	436,770	3.4	2	6
1982	94	895,011	10.4	8	14	1982	79	457,112	17.2	13	23	1982	15	437,899	3.4	2	6
1983	82	889,389	9.1	7	12	1983	69	454,301	15.0	11	20	1983	13	435,088	3.0	1	6
1984	99	887,343	11.0	8	14	1984	84	453,436	18.3	14	24	1984	15	433,907	3.4	2	6
1985	119	888,540	13.3	10	17	1985	96	454,378	20.9	16	27	1985	23	434,162	5.3	3	9
1986	126	892,258	14.1	11	18	1986	108	455,980	23.7	18	30	1986	18	436,278	4.1	2	7
1987	127	906,734	14.1	11	18	1987	114	462,878	24.9	19	32	1987	13	443,856	2.9	1	6
1988	132	915,936	14.6	11	18	1988	114	467,470	24.6	19	31	1988	18	448,466	4.1	2	7
1989	116	915,760	12.9	10	16	1989	103	467,324	22.4	17	29	1989	13	448,436	2.9	1	6
1990	121	915,401	13.4	10	17	1990	99	467,495	21.5	16	28	1990	22	447,906	4.9	3	8
1991	133	914,378	14.6	12	18	1991	103	466,525	22.2	17	28	1991	30	447,853	6.7	4	11
1992	128	911,356	13.9	11	17	1992	114	464,847	24.4	19	31	1992	14	446,509	3.1	1	6
1993	110	904,108	12.0	9	15	1993	96	460,791	20.5	16	27	1993	14	443,317	3.1	1	6
1994	142	898,378	15.6	12	19	1994	124	457,815	26.8	21	34	1994	18	440,563	4.1	2	7
1995	113	893,550	12.3	10	16	1995	90	455,199	19.3	14	25	1995	23	438,351	5.1	3	9
1996	127	886,020	14.2	11	18	1996	107	450,937	23.6	18	30	1996	20	435,083	4.6	2	8
1997	180	880,764	20.3	17	25	1997	150	448,585	33.3	27	41	1997	30	432,179	6.9	4	11
1998	134	880,798	15.2	12	19	1998	115	449,505	25.7	20	32	1998	19	431,293	4.4	2	8
1999	121	884,519	13.7	11	17	1999	90	451,752	20.0	15	26	1999	31	432,767	7.2	4	11
2000	101	892,312	11.3	9	15	2000	82	455,730	18.1	13	24	2000	19	436,582	4.4	2	8
2001	94	891,823	10.6	8	14	2001	77	455,393	17.0	12	23	2001	17	436,430	3.9	2	7
2002	73	897,023	8.2	6	11	2002	58	458,093	12.7	9	18	2002	15	438,930	3.4	2	6

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

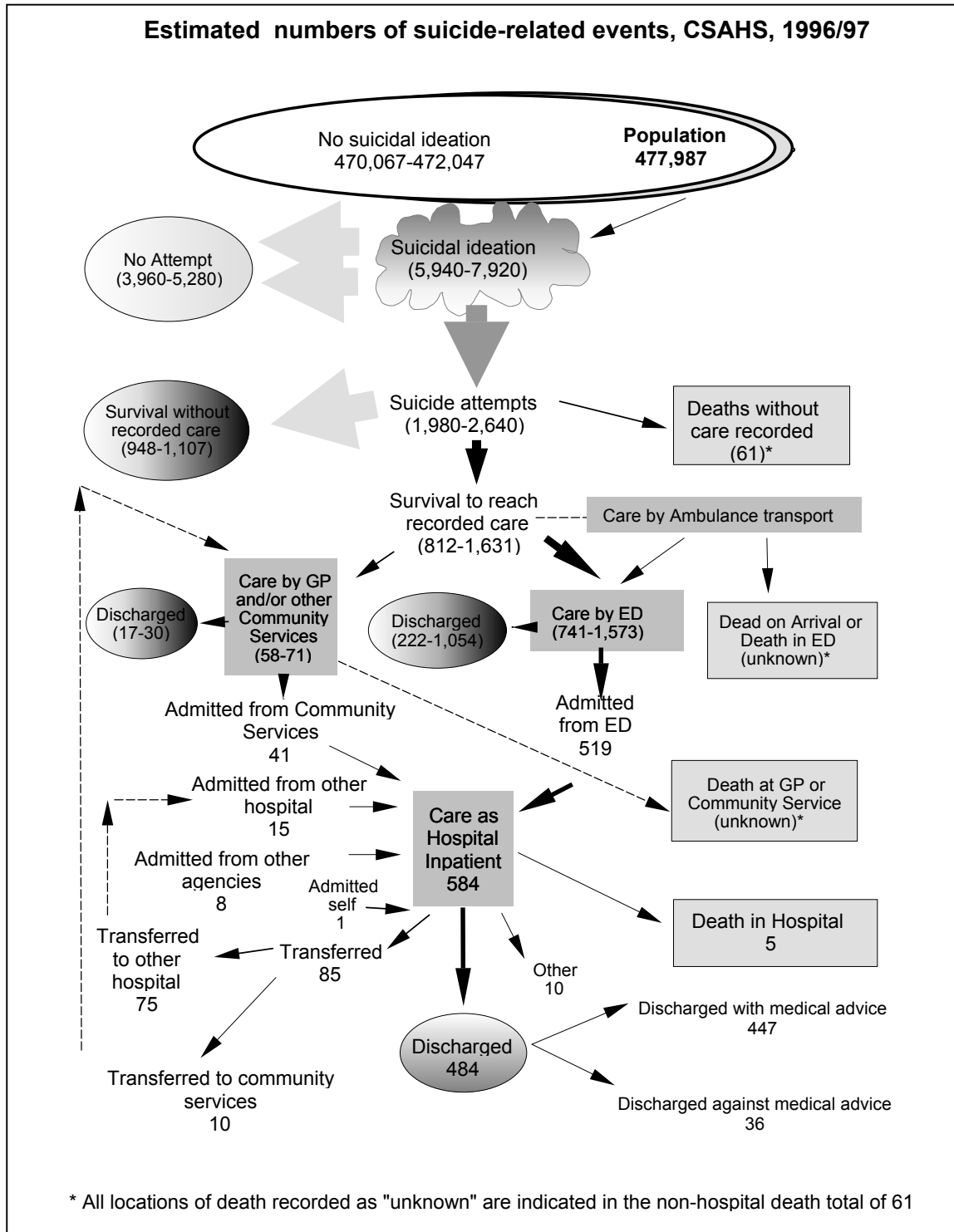
## New South Wales — Suicide Deaths and Directly Standardised Death Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	80	421,367	18.2	13	24	1973	55	173,799	29.4	20	42	1973	25	247,568	10.1	6	16
1974	77	433,262	17.3	12	23	1974	49	178,775	27.7	18	40	1974	28	254,487	10.7	6	17
1975	74	443,577	16.6	12	22	1975	55	182,899	30.2	20	43	1975	19	260,678	7.4	4	13
1976	82	458,633	17.4	13	23	1976	62	188,796	31.3	22	44	1976	20	269,837	7.5	4	13
1977	74	470,303	15.5	11	21	1977	51	193,879	26.2	17	38	1977	23	276,424	8.3	5	14
1978	62	483,948	12.4	9	17	1978	40	199,713	18.9	12	28	1978	22	284,235	7.7	4	13
1979	68	498,760	13.3	9	18	1979	42	206,215	21.6	13	32	1979	26	292,545	8.9	5	14
1980	79	514,036	15.3	11	20	1980	53	213,132	24.8	17	35	1980	26	300,904	8.7	5	14
1981	89	527,829	16.5	12	22	1981	68	219,033	32.3	23	44	1981	21	308,796	6.8	4	12
1982	106	542,678	18.9	14	24	1982	76	225,223	33.2	24	45	1982	30	317,455	9.5	6	15
1983	97	555,606	17.6	13	23	1983	71	230,323	32.4	23	44	1983	26	325,283	8.0	5	13
1984	88	568,792	15.6	12	20	1984	64	235,706	28.5	20	39	1984	24	333,086	7.1	4	12
1985	103	584,352	17.4	13	22	1985	72	242,733	29.2	21	40	1985	31	341,619	9.2	5	14
1986	100	606,709	16.3	12	21	1986	71	252,936	28.7	20	39	1986	29	353,773	8.3	5	13
1987	109	627,398	17.4	13	22	1987	82	262,792	32.7	24	44	1987	27	364,606	7.4	4	12
1988	108	645,627	16.7	13	21	1988	75	271,362	27.9	20	37	1988	33	374,265	8.6	5	13
1989	109	664,601	16.4	13	21	1989	76	280,284	27.6	20	37	1989	33	384,317	8.6	5	13
1990	112	679,387	16.6	13	21	1990	79	287,601	29.0	21	39	1990	33	391,786	8.4	5	13
1991	108	699,633	15.5	12	20	1991	83	297,379	29.0	21	38	1991	25	402,254	6.1	3	10
1992	120	716,684	16.7	13	21	1992	84	305,895	28.5	21	38	1992	36	410,789	8.9	6	13
1993	116	734,242	15.7	12	20	1993	85	314,494	27.1	20	36	1993	31	419,748	7.4	4	12
1994	129	750,776	17.1	13	21	1994	99	322,714	31.5	24	41	1994	30	428,062	6.8	4	11
1995	121	765,326	15.7	12	20	1995	87	330,067	26.8	20	35	1995	34	435,259	7.8	5	12
1996	126	782,191	16.1	13	20	1996	100	338,477	30.0	23	39	1996	26	443,714	5.6	3	9
1997	133	795,837	16.8	13	21	1997	97	345,531	28.3	21	37	1997	36	450,306	8.1	5	12
1998	111	807,187	13.7	11	17	1998	88	351,463	25.5	19	33	1998	23	455,724	5.1	3	9
1999	120	818,275	14.6	11	18	1999	102	357,397	28.6	22	37	1999	18	460,878	4.2	2	8
2000	126	828,704	14.6	11	18	2000	98	362,524	26.7	20	35	2000	28	466,180	5.9	3	9
2001	114	840,347	13.2	10	17	2001	84	368,124	22.8	17	30	2001	30	472,223	6.3	4	10
2002	80	853,660	9.1	7	12	2002	56	375,303	14.9	10	21	2002	24	478,357	4.7	3	8

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



## Central Sydney Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

### Central Sydney Area Health Service — Suicide Deaths and Directly Standardised Death Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	97	504,161	19.5	15	25	1973	66	251,242	27.2	19	37	1973	31	252,919	12.4	7	20
1974	80	498,914	16.0	12	21	1974	48	248,174	19.0	12	27	1974	32	250,740	13.1	8	21
1975	97	492,314	19.3	15	25	1975	68	244,319	28.0	20	38	1975	29	247,996	11.9	7	19
1976	73	484,744	15.2	11	21	1976	53	239,823	22.9	15	32	1976	20	244,921	7.7	4	14
1977	61	478,123	12.5	9	17	1977	42	236,437	17.5	11	26	1977	19	241,686	7.6	4	13
1978	72	472,759	14.7	11	20	1978	55	233,668	23.4	16	33	1978	17	239,091	6.6	3	12
1979	71	468,016	14.6	10	20	1979	58	231,257	24.8	17	35	1979	13	236,759	4.9	2	10
1980	66	463,490	14.2	10	19	1980	46	229,080	19.1	13	28	1980	20	234,410	9.6	5	17
1981	72	459,218	14.9	11	20	1981	58	227,030	24.2	17	34	1981	14	232,188	5.7	2	11
1982	66	460,412	13.0	9	18	1982	48	228,067	19.1	13	28	1982	18	232,345	7.2	3	13
1983	54	459,928	11.3	8	16	1983	37	228,187	16.3	10	25	1983	17	231,741	6.4	3	12
1984	63	459,546	13.4	9	18	1984	46	228,291	19.6	13	29	1984	17	231,255	7.3	3	13
1985	58	460,151	11.8	8	16	1985	45	228,996	18.1	12	26	1985	13	231,155	5.0	2	10
1986	64	458,651	13.3	9	18	1986	51	228,279	20.9	14	30	1986	13	230,371	5.6	2	11
1987	67	461,990	13.7	10	19	1987	53	230,092	21.8	15	31	1987	14	231,898	5.7	2	11
1988	68	465,616	13.4	10	18	1988	50	232,121	20.1	13	29	1988	18	233,496	6.9	3	12
1989	64	463,167	13.1	9	18	1989	48	231,105	20.3	13	29	1989	16	232,062	6.0	3	11
1990	71	460,404	14.2	10	19	1990	49	229,998	19.8	13	28	1990	22	230,406	8.3	4	14
1991	73	459,589	14.9	11	20	1991	54	229,649	22.5	15	32	1991	19	229,940	7.7	4	14
1992	49	460,011	9.8	7	14	1992	39	229,622	15.8	10	24	1992	10	230,389	4.1	2	9
1993	56	457,573	11.1	8	16	1993	43	228,055	17.4	11	26	1993	13	229,518	5.3	2	10
1994	76	460,563	15.0	11	20	1994	64	229,266	25.6	18	35	1994	12	231,297	4.6	2	9
1995	62	468,552	11.9	8	16	1995	46	233,000	17.8	12	26	1995	16	235,553	6.1	3	11
1996	62	475,157	11.9	8	16	1996	47	236,016	18.4	12	27	1996	15	239,141	5.8	3	11
1997	73	480,291	14.1	10	19	1997	54	238,789	21.3	14	30	1997	19	241,502	7.1	4	13
1998	60	484,906	11.4	8	16	1998	46	241,459	17.5	12	25	1998	14	243,448	5.6	2	11
1999	56	488,544	10.4	7	15	1999	46	243,691	17.0	11	25	1999	10	244,853	3.9	1	8
2000	54	492,401	9.9	7	14	2000	39	246,038	14.5	9	22	2000	15	246,363	5.9	3	11
2001	61	496,080	11.5	8	16	2001	50	246,660	19.2	13	27	2001	11	249,420	4.1	2	9
2002	45	499,592	8.3	5	12	2002	36	248,387	13.3	8	20	2002	9	251,205	3.4	1	8

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Central Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	12	87,249	13.0	5	26	1973	7	42,981	15.6	4	38	1973	5	44,268	10.6	2	30
1974	7	85,434	7.5	2	19	1974	4	41,871	8.4	1	26	1974	3	43,563	6.7	1	25
1975	17	83,073	19.2	9	35	1975	15	40,417	35.0	16	66	1975	2	42,656	4.2	0	19
1976	9	80,891	10.6	4	24	1976	5	39,174	12.1	3	34	1976	4	41,717	9.2	2	29
1977	9	80,636	11.4	4	25	1977	5	39,224	13.1	3	37	1977	4	41,412	9.7	2	31
1978	13	80,276	15.8	7	31	1978	10	39,206	24.1	9	52	1978	3	41,071	8.0	1	29
1979	10	80,217	12.1	4	26	1979	6	39,335	15.0	4	39	1979	4	40,882	9.4	2	30
1980	7	79,432	8.3	2	20	1980	6	39,090	14.6	4	38	1980	1	40,341	2.3	0	17
1981	10	78,640	12.6	5	27	1981	8	38,858	20.3	6	47	1981	2	39,782	5.1	0	24
1982	10	78,757	12.0	4	26	1982	8	38,970	19.1	6	44	1982	2	39,786	5.1	0	24
1983	9	78,047	11.6	4	26	1983	6	38,648	15.8	4	41	1983	3	39,398	7.4	1	27
1984	9	77,574	11.7	4	26	1984	8	38,456	20.5	6	48	1984	1	39,119	3.0	0	22
1985	10	77,312	12.5	5	27	1985	10	38,381	25.2	9	54	1985	0	38,931	0.0	.	.
1986	11	76,802	13.5	5	28	1986	9	38,089	22.5	8	50	1986	2	38,713	4.6	0	21
1987	11	77,105	13.0	5	27	1987	11	38,256	26.3	10	55	1987	0	38,849	0.0	.	.
1988	14	76,992	17.6	8	34	1988	11	38,241	27.9	11	58	1988	3	38,751	7.6	1	28
1989	7	75,484	9.2	3	23	1989	5	37,528	13.7	3	39	1989	2	37,956	4.7	0	22
1990	9	74,233	11.8	4	26	1990	5	36,977	13.4	3	38	1990	4	37,256	10.2	2	32
1991	19	73,378	24.2	12	43	1991	13	36,553	34.4	15	68	1991	6	36,825	13.9	4	36
1992	6	72,504	7.5	2	20	1992	4	36,045	9.5	2	30	1992	2	36,459	5.7	0	27
1993	6	71,135	7.1	2	18	1993	6	35,234	14.4	4	37	1993	0	35,901	0.0	.	.
1994	10	70,587	13.0	5	28	1994	10	34,844	26.4	10	57	1994	0	35,742	0.0	.	.
1995	8	70,655	10.6	3	25	1995	6	34,746	15.6	4	41	1995	2	35,909	5.9	0	28
1996	5	69,801	6.0	1	17	1996	5	34,214	12.4	3	35	1996	0	35,587	0.0	.	.
1997	12	69,119	17.5	7	35	1997	9	33,830	26.9	9	60	1997	3	35,289	8.3	1	31
1998	12	68,801	16.4	7	33	1998	7	33,736	17.8	5	44	1998	5	35,065	15.5	3	44
1999	6	68,500	7.4	2	19	1999	5	33,618	12.8	3	36	1999	1	34,882	2.4	0	18
2000	7	68,682	9.7	3	24	2000	5	33,691	12.8	3	36	2000	2	34,991	7.1	0	33
2001	10	67,701	14.2	5	31	2001	9	33,358	25.3	9	57	2001	1	34,344	3.6	0	27
2002	6	67,797	8.6	2	23	2002	4	33,433	11.3	2	36	2002	2	34,364	6.0	0	28

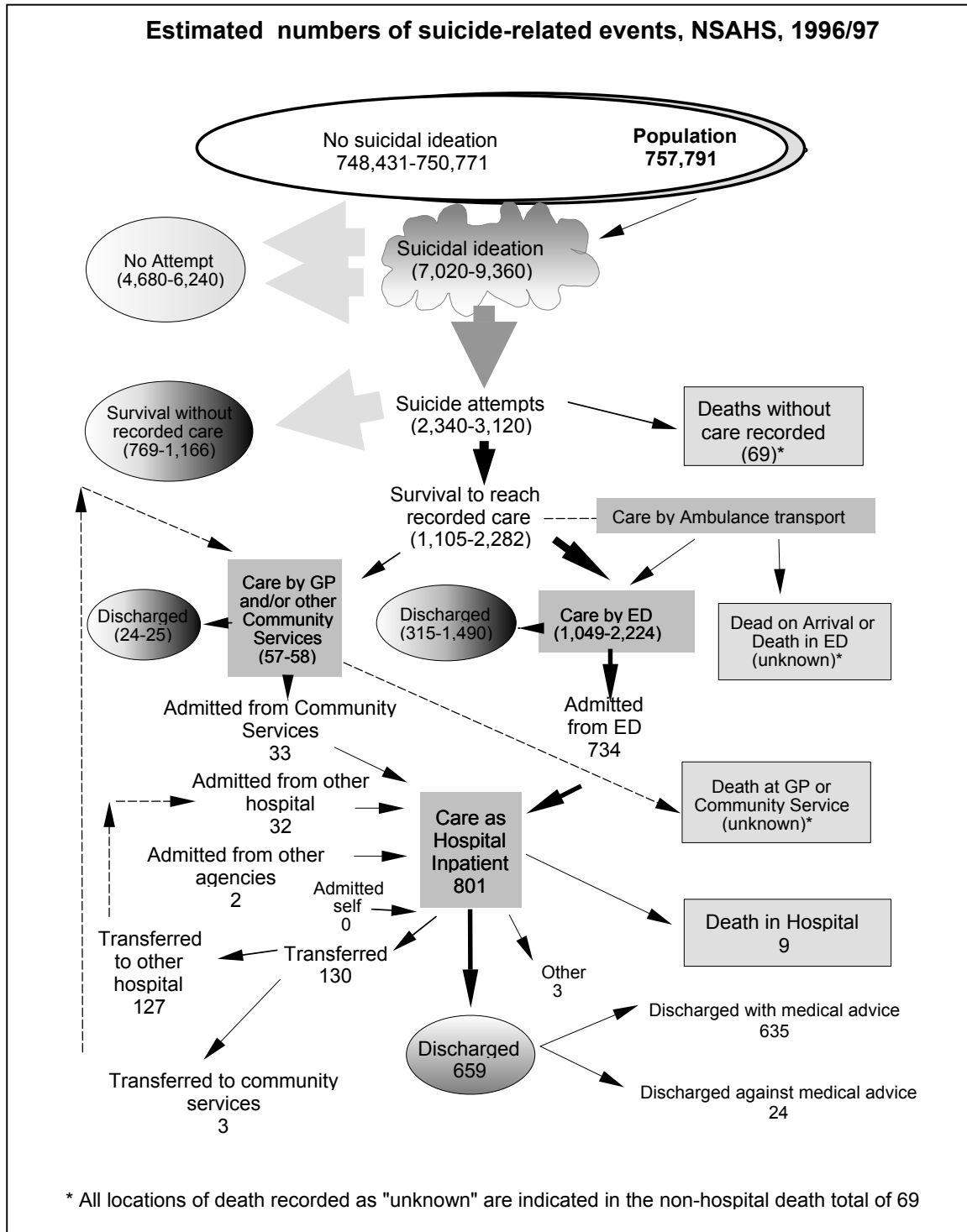
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Central Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	16	54,935	28.9	14	53	1973	11	21,042	51.9	20	108	1973	5	33,892	14.9	3	42
1974	12	55,120	19.8	8	41	1974	7	21,124	27.2	6	70	1974	5	33,996	15.1	3	43
1975	12	55,071	22.0	9	44	1975	10	21,089	49.9	18	108	1975	2	33,983	6.1	0	28
1976	17	55,664	30.7	15	56	1976	12	21,283	53.7	22	109	1976	5	34,381	14.3	3	40
1977	10	55,509	16.2	5	36	1977	6	21,289	25.8	4	73	1977	4	34,220	10.9	2	35
1978	11	55,620	19.9	8	41	1978	8	21,391	40.0	12	94	1978	3	34,229	8.7	1	32
1979	12	55,850	19.6	8	40	1979	10	21,556	43.4	13	98	1979	2	34,295	5.9	0	27
1980	7	56,162	12.3	4	30	1980	5	21,780	22.1	4	63	1980	2	34,382	6.1	0	28
1981	14	56,334	22.9	10	45	1981	10	21,897	37.9	13	84	1981	4	34,437	12.0	2	38
1982	17	56,349	26.5	12	49	1982	11	21,959	38.4	13	84	1982	6	34,391	17.5	4	46
1983	12	56,187	21.6	9	44	1983	7	21,921	31.2	9	77	1983	5	34,265	16.0	3	45
1984	8	56,085	14.1	5	33	1984	4	21,926	20.3	3	65	1984	4	34,159	11.5	2	37
1985	10	56,213	17.9	7	38	1985	3	22,081	12.9	1	47	1985	7	34,132	20.7	6	51
1986	5	56,864	9.3	2	26	1986	4	22,394	18.3	3	58	1986	1	34,470	2.8	0	21
1987	7	57,301	12.5	4	31	1987	5	22,759	22.2	5	63	1987	2	34,542	5.9	0	27
1988	6	57,530	10.1	3	26	1988	3	23,015	15.4	2	57	1988	3	34,515	8.5	1	31
1989	12	57,297	20.7	8	42	1989	6	23,079	28.9	7	76	1989	6	34,219	17.9	4	47
1990	14	56,803	24.5	11	47	1990	6	23,052	27.3	7	72	1990	8	33,751	22.7	7	53
1991	11	56,983	19.2	8	40	1991	9	23,299	38.0	13	84	1991	2	33,684	5.5	0	26
1992	9	57,029	15.8	5	35	1992	7	23,577	30.7	9	75	1992	2	33,452	6.5	0	30
1993	10	56,997	18.0	7	39	1993	8	23,798	33.7	11	79	1993	2	33,199	6.6	0	31
1994	8	57,312	13.2	4	31	1994	6	24,170	24.4	6	64	1994	2	33,141	6.3	0	29
1995	8	58,001	13.9	4	32	1995	6	24,696	24.8	6	65	1995	2	33,305	4.7	0	22
1996	8	58,672	14.1	4	33	1996	7	25,249	27.9	8	69	1996	1	33,423	3.0	0	22
1997	8	59,013	13.4	4	31	1997	5	25,614	19.7	4	56	1997	3	33,400	8.5	1	32
1998	10	59,326	17.0	6	36	1998	10	25,919	38.6	14	83	1998	0	33,407	0.0	.	.
1999	8	59,532	14.4	5	34	1999	5	26,201	19.1	4	54	1999	3	33,331	12.1	1	44
2000	8	59,581	13.3	4	31	2000	7	26,334	27.0	8	66	2000	1	33,247	4.1	0	31
2001	11	60,242	17.7	7	37	2001	7	26,585	26.8	8	66	2001	4	33,657	12.3	2	39
2002	4	60,648	6.9	1	22	2002	4	26,899	15.3	3	48	2002	0	33,749	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Northern Sydney Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Northern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	82	687,342	12.0	9	16	1973	56	332,855	17.4	12	25	1973	26	354,487	7.0	4	11
1974	91	692,491	13.9	10	18	1974	48	335,512	15.8	10	23	1974	43	356,979	12.7	8	19
1975	96	695,656	14.2	11	18	1975	56	336,997	17.0	12	24	1975	40	358,659	11.4	7	17
1976	83	697,772	11.9	9	16	1976	55	337,807	17.1	12	24	1976	28	359,965	7.5	4	12
1977	90	695,815	13.3	10	17	1977	56	336,803	17.3	12	24	1977	34	359,012	9.4	6	14
1978	88	695,191	12.4	9	16	1978	57	336,405	17.3	12	24	1978	31	358,786	8.1	5	13
1979	85	695,333	12.2	9	16	1979	59	336,478	18.1	13	25	1979	26	358,855	7.1	4	12
1980	74	695,863	10.6	8	14	1980	48	336,895	14.6	10	21	1980	26	358,968	7.3	4	12
1981	73	696,822	10.3	7	14	1981	53	337,549	16.6	11	23	1981	20	359,273	4.9	2	9
1982	76	701,161	10.8	8	14	1982	47	340,055	14.5	10	21	1982	29	361,106	7.7	5	12
1983	84	702,924	11.4	8	15	1983	56	341,113	17.1	12	24	1983	28	361,811	7.2	4	12
1984	70	704,838	9.4	7	13	1984	46	342,149	13.2	9	19	1984	24	362,689	6.0	3	10
1985	77	708,294	10.5	8	14	1985	51	344,082	14.6	10	21	1985	26	364,212	6.9	4	11
1986	84	714,374	10.8	8	14	1986	55	347,435	15.4	10	22	1986	29	366,939	6.7	4	11
1987	92	721,774	12.2	9	16	1987	66	350,927	18.8	13	26	1987	26	370,847	6.4	4	11
1988	69	726,899	9.1	7	12	1988	48	353,469	13.1	9	19	1988	21	373,430	5.3	3	9
1989	75	728,280	9.8	7	13	1989	56	354,175	15.1	10	21	1989	19	374,105	4.8	2	9
1990	75	729,088	9.7	7	13	1990	54	354,692	14.9	10	21	1990	21	374,396	5.0	3	9
1991	89	730,750	11.3	8	15	1991	58	355,290	15.9	11	22	1991	31	375,460	7.2	4	11
1992	85	732,541	10.7	8	14	1992	59	356,195	15.7	11	22	1992	26	376,346	6.1	3	10
1993	65	732,460	8.2	6	11	1993	47	356,173	12.5	8	18	1993	18	376,287	4.2	2	8
1994	85	737,235	11.1	8	15	1994	69	358,565	18.8	13	25	1994	16	378,670	4.0	2	7
1995	89	744,380	11.3	8	15	1995	61	362,173	16.0	11	22	1995	28	382,207	6.8	4	11
1996	90	752,950	10.9	8	14	1996	67	366,320	17.0	12	23	1996	23	386,630	5.5	3	9
1997	95	760,265	11.8	9	15	1997	68	370,130	17.6	13	24	1997	27	390,135	6.2	3	10
1998	86	765,955	10.3	8	14	1998	59	373,445	15.0	10	21	1998	27	392,510	5.9	3	10
1999	85	773,559	10.5	8	14	1999	65	377,708	16.6	12	23	1999	20	395,851	4.7	2	8
2000	79	779,690	9.7	7	13	2000	62	381,341	15.9	11	22	2000	17	398,349	3.9	2	7
2001	79	780,046	9.0	7	12	2001	57	380,886	13.8	9	19	2001	22	399,160	4.5	2	8
2002	68	784,131	8.0	6	11	2002	52	383,104	12.7	9	18	2002	16	401,027	3.4	2	6

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Northern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	11	113,871	9.9	4	20	1973	10	57,137	17.9	7	38	1973	1	56,734	1.8	0	13
1974	11	115,035	9.8	4	20	1974	6	57,877	10.6	3	28	1974	5	57,158	9.0	2	25
1975	17	115,531	15.1	7	27	1975	13	58,183	23.0	10	45	1975	4	57,348	7.1	1	22
1976	11	116,362	9.4	4	20	1976	8	58,820	13.6	4	32	1976	3	57,542	5.1	1	19
1977	15	117,261	13.1	6	25	1977	12	59,379	21.0	9	42	1977	3	57,882	5.1	1	19
1978	13	117,784	11.4	5	22	1978	10	59,713	17.2	6	37	1978	3	58,071	5.4	1	20
1979	14	118,633	12.1	5	23	1979	10	60,214	17.1	6	37	1979	4	58,419	7.0	1	22
1980	8	118,362	6.8	2	16	1980	7	60,121	11.7	3	29	1980	1	58,241	1.7	0	13
1981	9	118,040	7.6	3	17	1981	7	60,040	11.6	3	28	1981	2	58,000	3.4	0	16
1982	8	117,874	6.7	2	16	1982	5	59,965	8.3	2	23	1982	3	57,909	5.1	1	19
1983	15	116,544	12.7	6	24	1983	12	59,250	19.9	8	40	1983	3	57,294	5.2	1	19
1984	15	115,684	12.5	6	23	1984	11	58,789	18.1	7	37	1984	4	56,895	6.7	1	21
1985	17	115,232	14.5	7	26	1985	10	58,553	16.7	6	36	1985	7	56,679	12.2	4	30
1986	18	115,354	15.5	8	28	1986	17	58,587	28.9	14	52	1986	1	56,767	1.7	0	13
1987	15	116,981	12.8	6	24	1987	11	59,327	18.6	7	39	1987	4	57,654	6.9	1	22
1988	10	117,504	8.5	3	18	1988	8	59,564	13.4	4	31	1988	2	57,940	3.4	0	16
1989	8	116,715	6.9	2	16	1989	7	59,149	12.0	3	29	1989	1	57,566	1.7	0	13
1990	12	116,097	10.3	4	21	1990	11	58,865	18.7	7	39	1990	1	57,232	1.8	0	13
1991	12	115,422	10.1	4	20	1991	9	58,441	15.2	5	34	1991	3	56,981	5.0	1	18
1992	11	113,743	9.5	4	20	1992	7	57,611	12.1	4	30	1992	4	56,132	6.9	1	22
1993	6	111,577	5.1	1	13	1993	6	56,534	10.2	3	27	1993	0	55,043	0.0	.	.
1994	17	110,029	15.3	7	28	1994	15	55,799	26.6	12	50	1994	2	54,230	3.7	0	17
1995	11	108,664	9.8	4	20	1995	7	55,137	12.4	4	30	1995	4	53,527	7.2	1	23
1996	9	106,885	7.9	3	17	1996	7	54,238	12.2	4	30	1996	2	52,647	3.5	0	16
1997	20	105,932	18.7	10	32	1997	17	53,850	31.3	15	57	1997	3	52,082	5.7	1	21
1998	10	105,704	9.3	3	20	1998	8	53,915	14.8	5	34	1998	2	51,789	3.7	0	17
1999	8	106,268	7.5	2	17	1999	6	54,217	11.0	3	29	1999	2	52,051	3.9	0	18
2000	16	107,030	14.7	7	27	2000	13	54,558	23.6	10	46	2000	3	52,472	5.6	1	21
2001	9	104,375	8.5	3	19	2001	8	53,011	15.0	5	35	2001	1	51,364	1.9	0	14
2002	5	104,498	4.9	1	14	2002	4	53,055	7.6	1	24	2002	1	51,443	2.0	0	15

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991

Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes

LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution

Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

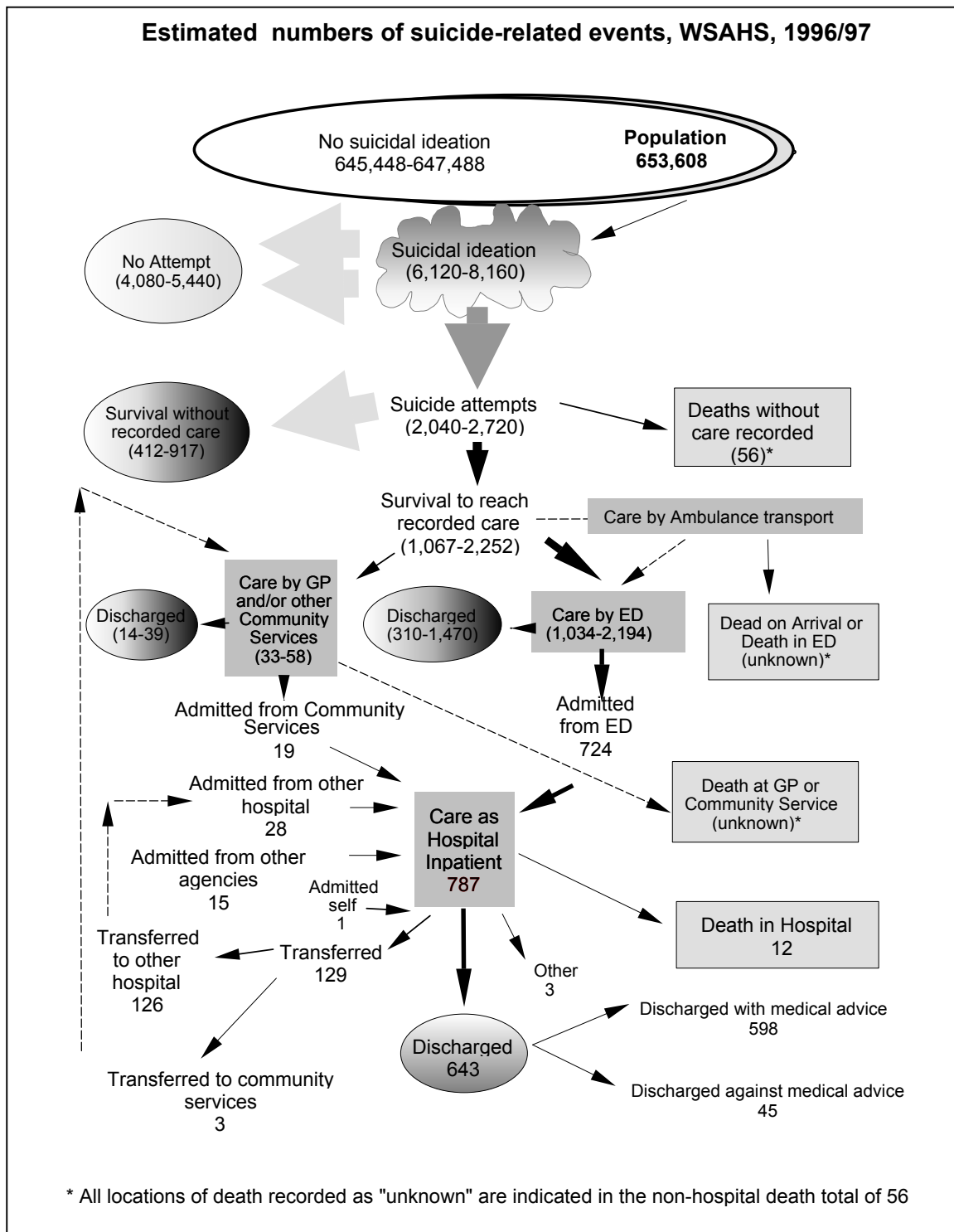
## Northern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	14	70,392	18.4	8	36	1973	8	25,710	25.8	7	62	1973	6	44,682	13.7	3	36
1974	8	72,134	11.1	4	26	1974	5	26,369	22.1	5	63	1974	3	45,765	6.5	1	24
1975	10	73,588	13.8	5	29	1975	4	26,888	13.7	2	43	1975	6	46,700	13.7	3	36
1976	15	75,901	19.8	9	37	1976	9	27,698	33.3	11	74	1976	6	48,203	12.5	3	33
1977	11	76,964	14.4	6	30	1977	3	28,205	10.4	1	38	1977	8	48,759	16.9	5	40
1978	16	78,414	20.4	10	38	1978	10	28,837	33.3	12	72	1978	6	49,577	11.9	3	31
1979	11	80,037	13.4	5	28	1979	6	29,567	23.6	6	62	1979	5	50,470	9.8	2	28
1980	16	81,796	19.6	9	36	1980	9	30,377	30.2	10	68	1980	7	51,419	14.5	4	36
1981	13	83,372	15.4	7	30	1981	10	31,059	33.9	12	73	1981	3	52,313	5.6	0	21
1982	16	84,878	19.4	9	36	1982	10	31,741	32.7	12	70	1982	6	53,137	12.2	3	32
1983	25	86,165	29.2	16	48	1983	18	32,282	58.1	29	104	1983	7	53,883	13.6	4	33
1984	9	87,549	10.2	4	23	1984	6	32,888	19.3	5	51	1984	3	54,661	4.7	0	17
1985	15	89,298	17.5	8	33	1985	11	33,717	31.8	12	66	1985	4	55,581	7.9	1	25
1986	26	92,348	26.6	15	44	1986	12	35,105	33.5	13	69	1986	14	57,243	24.2	11	47
1987	16	94,581	16.2	8	30	1987	11	36,181	32.7	13	68	1987	5	58,400	7.5	2	21
1988	11	96,098	11.6	5	24	1988	6	36,949	15.8	4	41	1988	5	59,149	8.3	2	24
1989	7	97,560	7.2	2	18	1989	6	37,695	15.4	4	40	1989	1	59,865	1.4	0	10
1990	17	98,509	17.1	8	31	1990	10	38,261	26.8	10	57	1990	7	60,248	11.4	3	28
1991	21	100,335	20.4	11	35	1991	13	39,180	34.4	15	68	1991	8	61,155	12.0	4	28
1992	21	101,012	20.8	11	36	1992	12	39,691	30.5	13	61	1992	9	61,321	14.7	5	33
1993	17	101,859	17.2	8	31	1993	9	40,241	22.2	8	49	1993	8	61,618	14.2	4	33
1994	18	102,984	17.5	9	31	1994	14	40,918	34.5	15	66	1994	4	62,066	6.0	1	19
1995	15	103,998	14.1	6	27	1995	9	41,554	21.2	7	47	1995	6	62,444	9.6	2	26
1996	19	105,317	17.7	9	31	1996	15	42,315	35.3	16	66	1996	4	63,002	6.3	1	21
1997	15	105,909	14.7	7	28	1997	9	42,847	21.2	7	47	1997	6	63,062	9.9	2	26
1998	15	106,004	13.2	6	25	1998	9	43,144	20.2	7	45	1998	6	62,860	9.0	2	24
1999	13	106,326	13.3	6	26	1999	10	43,607	23.3	9	50	1999	3	62,719	5.4	0	20
2000	13	106,329	9.6	4	19	2000	9	43,805	18.8	7	42	2000	4	62,524	4.5	0	15
2001	16	107,669	11.9	5	22	2001	9	44,638	17.8	6	40	2001	7	63,031	9.4	2	24
2002	13	108,420	12.4	5	25	2002	8	45,269	17.4	6	40	2002	5	63,151	8.7	1	26

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



## Western Sydney Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	55	485,052	12.9	9	18	1973	33	244,993	14.5	9	22	1973	22	240,059	10.7	6	18
1974	43	495,608	10.6	7	16	1974	29	250,095	14.6	8	25	1974	14	245,513	7.0	3	14
1975	42	504,806	8.9	6	13	1975	24	254,367	9.5	5	16	1975	18	250,439	8.2	4	15
1976	42	512,557	9.2	6	14	1976	29	257,811	13.9	7	23	1976	13	254,746	5.3	2	10
1977	47	517,608	10.8	7	16	1977	29	259,936	13.9	7	23	1977	18	257,672	8.5	4	15
1978	48	523,534	9.9	7	14	1978	28	262,451	11.4	7	18	1978	20	261,083	8.4	4	15
1979	51	529,988	10.5	7	15	1979	34	265,318	14.0	8	22	1979	17	264,670	7.2	3	13
1980	53	536,764	11.0	7	16	1980	40	268,468	16.9	11	25	1980	13	268,296	5.3	2	10
1981	46	543,831	10.0	7	15	1981	34	271,829	15.8	9	25	1981	12	272,002	4.9	2	10
1982	45	549,743	9.2	6	13	1982	31	275,081	13.7	8	22	1982	14	274,662	5.7	2	11
1983	43	553,622	8.7	6	13	1983	34	277,188	16.0	9	26	1983	9	276,434	3.2	1	7
1984	51	557,456	10.6	7	15	1984	36	279,202	16.3	9	26	1984	15	278,254	6.1	3	12
1985	50	562,671	9.7	6	14	1985	42	282,012	17.0	10	26	1985	8	280,659	3.1	1	7
1986	72	571,133	13.5	10	18	1986	51	286,571	20.4	13	30	1986	21	284,562	7.6	4	13
1987	59	579,540	10.9	8	15	1987	45	290,455	16.8	11	25	1987	14	289,085	5.3	2	10
1988	56	591,117	10.1	7	14	1988	45	296,023	16.2	11	24	1988	11	295,094	4.0	2	8
1989	64	596,750	11.2	8	15	1989	53	298,615	18.3	12	26	1989	11	298,135	4.0	2	8
1990	60	601,929	10.2	7	14	1990	45	301,075	15.2	10	22	1990	15	300,854	5.2	2	10
1991	78	608,815	12.8	9	17	1991	64	304,156	21.3	15	29	1991	14	304,659	4.6	2	9
1992	72	618,018	11.7	8	16	1992	61	308,718	20.4	14	29	1992	11	309,300	3.7	1	8
1993	60	622,524	9.9	7	14	1993	44	310,909	14.5	9	21	1993	16	311,615	5.2	2	10
1994	68	627,969	11.0	8	15	1994	49	313,602	16.1	11	23	1994	19	314,367	5.9	3	10
1995	63	636,069	10.2	7	14	1995	45	317,660	15.5	10	23	1995	18	318,409	5.6	3	10
1996	75	645,389	11.7	9	16	1996	61	322,190	19.5	14	27	1996	14	323,199	4.2	2	8
1997	66	654,313	10.3	7	14	1997	55	326,698	17.5	12	25	1997	11	327,615	3.4	1	7
1998	78	665,827	11.9	9	16	1998	65	332,592	19.7	14	27	1998	13	333,235	4.0	2	8
1999	78	677,512	11.4	8	15	1999	67	338,674	19.7	14	27	1999	11	338,838	3.4	1	7
2000	48	689,998	7.0	5	10	2000	38	345,283	11.1	7	17	2000	10	344,715	3.1	1	7
2001	64	694,082	8.8	6	12	2001	51	346,639	14.1	9	20	2001	13	347,443	3.4	1	7
2002	70	702,680	9.8	7	13	2002	58	350,918	16.4	11	23	2002	12	351,762	3.6	1	7

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	6	81,880	7.2	2	19	1973	3	41,322	7.1	1	26	1973	3	40,558	7.3	1	27
1974	5	83,270	6.0	1	17	1974	2	42,108	4.4	0	20	1974	3	41,162	7.4	1	27
1975	3	84,169	3.5	0	13	1975	1	42,579	2.2	0	16	1975	2	41,590	4.8	0	22
1976	6	85,328	7.5	2	20	1976	3	43,302	7.7	1	28	1976	3	42,026	7.3	1	27
1977	6	87,561	6.9	2	18	1977	6	44,485	13.7	3	36	1977	0	43,076	0.0	.	.
1978	7	89,503	8.2	2	20	1978	5	45,490	11.9	3	34	1978	2	44,013	4.6	0	21
1979	17	91,670	19.2	9	35	1979	12	46,602	26.5	11	53	1979	5	45,068	11.7	3	33
1980	10	92,935	11.2	4	24	1980	8	47,232	17.9	6	42	1980	2	45,703	4.4	0	20
1981	9	94,100	10.2	4	23	1981	8	47,850	17.9	6	41	1981	1	46,250	2.3	0	17
1982	7	95,577	7.6	2	19	1982	6	48,840	12.8	3	33	1982	1	46,737	2.2	0	17
1983	8	96,172	8.5	3	20	1983	7	49,340	14.7	4	36	1983	1	46,832	2.1	0	15
1984	4	97,203	4.1	1	13	1984	4	50,079	8.0	1	25	1984	0	47,124	0.0	.	.
1985	11	98,643	11.4	4	24	1985	11	51,047	22.0	9	46	1985	0	47,596	0.0	.	.
1986	18	101,109	18.5	9	33	1986	13	52,513	25.9	11	51	1986	5	48,596	10.4	2	30
1987	14	103,431	14.2	6	27	1987	13	53,515	25.5	11	50	1987	1	49,916	2.2	0	16
1988	11	105,555	10.4	4	22	1988	10	54,457	18.5	7	40	1988	1	51,098	1.8	0	13
1989	14	105,963	13.1	6	25	1989	14	54,516	25.5	11	49	1989	0	51,447	0.0	.	.
1990	9	106,400	8.5	3	19	1990	7	54,638	13.2	4	32	1990	2	51,762	3.7	0	17
1991	22	106,898	20.9	11	35	1991	19	54,699	35.4	18	62	1991	3	52,199	5.8	1	21
1992	16	106,873	14.9	7	27	1992	15	54,630	27.4	13	51	1992	1	52,243	1.9	0	14
1993	11	105,927	10.3	4	21	1993	8	54,054	14.6	5	34	1993	3	51,873	5.7	1	21
1994	17	105,056	16.1	8	29	1994	14	53,557	26.0	12	50	1994	3	51,499	5.8	1	21
1995	10	104,477	9.1	3	20	1995	8	53,197	14.4	5	33	1995	2	51,280	3.7	0	17
1996	20	103,602	19.3	10	34	1996	18	52,653	34.1	17	61	1996	2	50,949	4.1	0	19
1997	12	102,670	11.6	5	23	1997	10	52,172	19.0	7	41	1997	2	50,498	4.1	0	19
1998	18	102,971	17.4	9	31	1998	16	52,424	30.5	14	56	1998	2	50,547	3.9	0	18
1999	9	103,539	8.7	3	19	1999	6	52,766	11.3	3	30	1999	3	50,773	5.9	1	22
2000	6	104,801	5.7	1	15	2000	6	53,385	11.2	3	29	2000	0	51,416	0.0	.	.
2001	6	103,858	5.8	1	15	2001	5	52,939	9.5	2	27	2001	1	50,919	2.0	0	15
2002	5	104,602	4.8	1	14	2002	4	53,349	7.5	1	24	2002	1	51,253	1.9	0	14

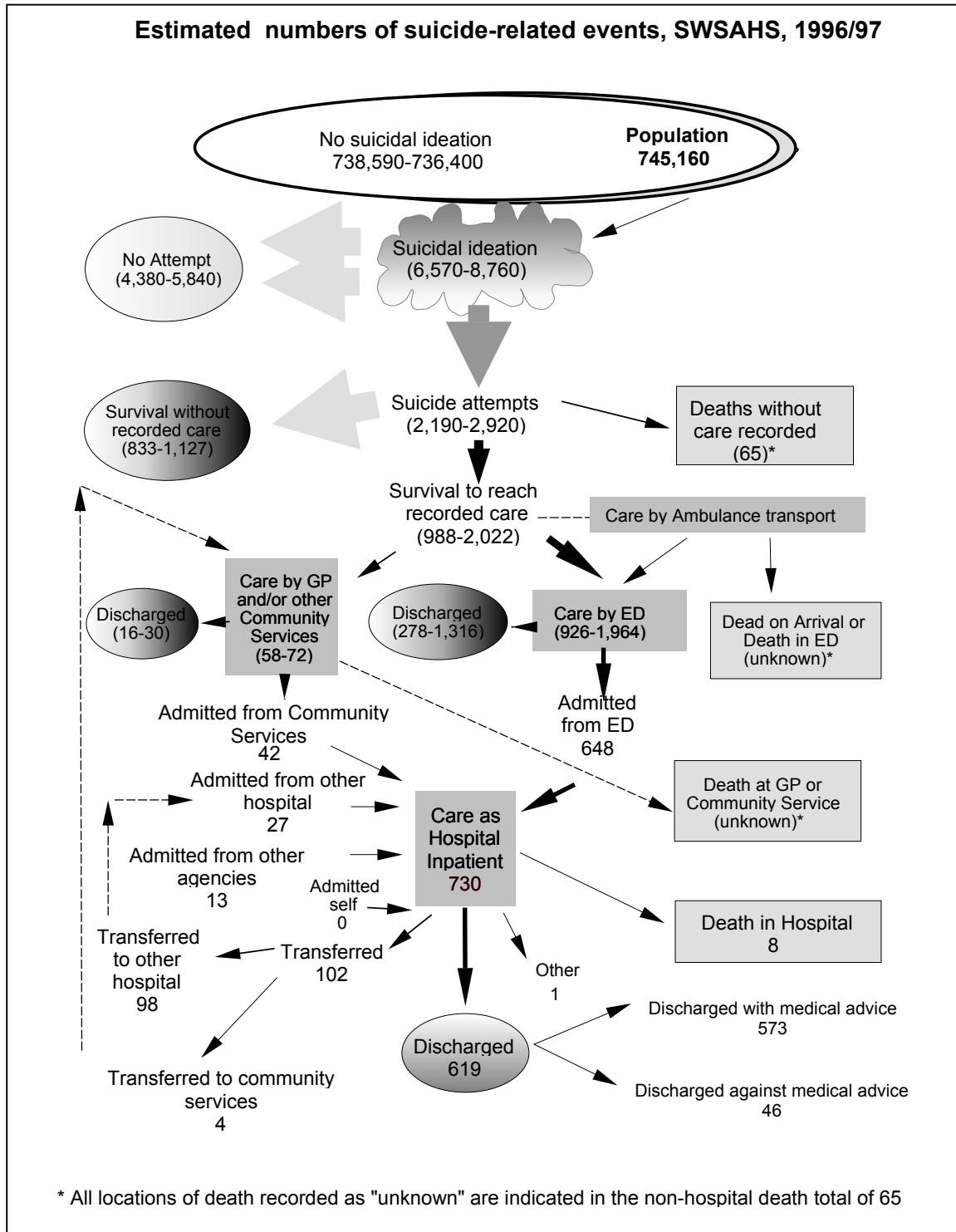
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	3	26,610	11.3	1	41	1973	0	10,592	0.0	.	.	1973	3	16,018	19.0	2	70
1974	8	27,585	25.7	7	62	1974	5	10,956	38.1	2	123	1974	3	16,629	17.8	2	65
1975	1	28,438	3.5	0	26	1975	0	11,251	0.0	.	.	1975	1	17,187	5.9	0	44
1976	5	29,616	13.4	2	41	1976	5	11,663	35.4	3	110	1976	0	17,953	0.0	.	.
1977	4	30,706	13.3	2	42	1977	2	12,155	22.4	-1	111	1977	2	18,551	11.0	1	51
1978	1	31,930	2.8	0	21	1978	0	12,690	0.0	.	.	1978	1	19,240	5.1	0	38
1979	3	33,226	9.7	1	36	1979	1	13,273	12.3	0	91	1979	2	19,953	9.8	1	45
1980	5	34,557	14.3	3	41	1980	4	13,878	25.5	4	82	1980	1	20,679	4.8	0	35
1981	10	35,771	27.8	10	60	1981	8	14,409	53.8	16	127	1981	2	21,362	9.4	0	43
1982	4	37,222	10.6	2	33	1982	3	15,004	25.2	1	99	1982	1	22,218	4.4	0	33
1983	6	38,540	16.7	4	44	1983	6	15,530	48.8	11	132	1983	0	23,010	0.0	.	.
1984	12	39,854	30.0	12	61	1984	7	16,060	51.0	12	130	1984	5	23,794	21.2	5	60
1985	7	41,348	17.2	5	42	1985	4	16,712	31.5	3	104	1985	3	24,636	11.5	1	42
1986	12	43,585	26.9	11	54	1986	9	17,692	52.0	16	120	1986	3	25,893	11.9	1	44
1987	9	45,480	20.6	7	46	1987	5	18,561	29.7	6	86	1987	4	26,919	15.1	3	48
1988	10	47,349	20.8	8	45	1988	7	19,399	32.9	9	81	1988	3	27,950	11.0	1	40
1989	12	48,971	24.1	10	49	1989	7	20,126	32.6	9	80	1989	5	28,845	17.1	4	48
1990	7	50,328	13.5	4	33	1990	4	20,762	17.2	3	54	1990	3	29,566	10.3	1	38
1991	7	52,132	13.0	4	32	1991	7	21,596	29.7	9	73	1991	0	30,536	0.0	.	.
1992	5	53,600	9.8	2	28	1992	3	22,306	19.9	1	75	1992	2	31,294	6.5	0	30
1993	9	54,954	16.4	6	36	1993	4	22,968	16.5	3	52	1993	5	31,986	15.8	3	45
1994	7	56,247	12.7	4	31	1994	4	23,599	17.5	3	56	1994	3	32,648	8.8	1	32
1995	13	57,522	22.4	10	44	1995	10	24,228	42.6	15	93	1995	3	33,294	8.7	1	32
1996	6	58,990	10.4	3	27	1996	4	24,945	17.6	2	57	1996	2	34,045	6.0	0	28
1997	11	60,357	18.6	7	39	1997	10	25,584	38.7	14	83	1997	1	34,773	2.8	0	21
1998	7	61,799	11.4	3	28	1998	5	26,226	17.5	4	50	1998	2	35,573	6.0	0	28
1999	8	63,114	13.0	4	30	1999	7	26,925	25.1	7	62	1999	1	36,189	3.3	0	25
2000	7	64,442	11.0	3	27	2000	5	27,547	17.0	4	48	2000	2	36,895	5.7	0	27
2001	7	65,653	10.0	3	25	2001	4	28,567	13.7	2	43	2001	3	37,086	6.6	1	24
2002	5	67,175	7.3	2	21	2002	4	29,464	14.9	2	47	2002	1	37,711	3.3	0	25

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### South Western Sydney Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

### South Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	59	462,587	14.8	10	21	1973	38	235,623	19.8	12	31	1973	21	226,964	10.3	5	18
1974	41	469,995	10.3	6	15	1974	17	238,985	9.8	4	19	1974	24	231,010	11.5	6	19
1975	50	475,991	11.7	8	17	1975	33	241,479	16.2	9	25	1975	17	234,512	7.4	4	13
1976	40	480,614	9.7	6	15	1976	26	243,202	13.1	7	22	1976	14	237,412	6.5	3	13
1977	36	491,310	8.1	5	12	1977	25	248,161	11.0	6	18	1977	11	243,149	5.2	2	11
1978	45	502,942	10.3	7	15	1978	33	253,574	15.1	9	24	1978	12	249,368	5.4	2	11
1979	32	515,154	6.8	4	11	1979	22	259,346	9.7	5	17	1979	10	255,808	4.0	1	9
1980	46	527,596	9.1	6	13	1980	35	265,342	13.1	8	20	1980	11	262,254	4.7	2	10
1981	56	540,295	11.1	8	16	1981	43	271,539	17.0	11	25	1981	13	268,756	5.3	2	11
1982	51	554,918	9.7	6	14	1982	40	279,075	15.5	10	23	1982	11	275,843	4.1	2	8
1983	41	567,548	8.3	5	12	1983	34	285,497	15.0	8	24	1983	7	282,051	2.8	1	7
1984	54	580,168	9.8	7	14	1984	41	291,830	15.2	9	23	1984	13	288,338	4.8	2	9
1985	63	594,180	11.6	8	16	1985	57	298,983	20.7	14	29	1985	6	295,197	2.5	1	7
1986	56	611,357	9.9	7	14	1986	47	307,891	17.2	11	25	1986	9	303,466	2.9	1	7
1987	69	627,023	11.5	8	16	1987	53	315,574	17.7	12	25	1987	16	311,449	5.4	3	10
1988	78	643,565	13.2	10	18	1988	63	323,821	21.4	15	30	1988	15	319,744	5.4	2	10
1989	70	656,222	11.3	8	15	1989	53	330,094	16.9	11	24	1989	17	326,128	5.7	3	10
1990	54	665,200	8.3	6	12	1990	39	334,596	12.1	8	18	1990	15	330,604	4.7	2	9
1991	50	675,300	7.9	5	11	1991	41	339,441	14.0	9	21	1991	9	335,859	2.7	1	6
1992	68	686,678	10.2	7	14	1992	49	344,765	14.7	10	21	1992	19	341,913	5.7	3	10
1993	65	697,777	9.8	7	13	1993	58	349,901	18.1	12	25	1993	7	347,876	2.0	1	5
1994	74	706,469	10.8	8	15	1994	60	353,863	17.6	12	24	1994	14	352,606	4.0	2	8
1995	71	717,551	10.2	7	14	1995	55	359,087	16.4	11	23	1995	16	358,464	4.4	2	8
1996	72	731,707	10.3	7	14	1996	58	365,686	16.8	12	24	1996	14	366,021	4.0	2	8
1997	116	744,455	15.9	12	20	1997	95	371,902	26.5	20	34	1997	21	372,553	5.9	3	10
1998	75	756,950	10.2	7	14	1998	62	378,070	16.7	12	23	1998	13	378,880	3.7	2	7
1999	91	767,447	12.1	9	16	1999	74	383,299	20.1	14	27	1999	17	384,148	4.4	2	8
2000	78	782,717	10.3	8	14	2000	59	391,262	16.4	11	23	2000	19	391,455	5.0	3	9
2001	76	798,020	9.6	7	13	2001	59	398,504	15.5	11	22	2001	17	399,516	4.1	2	7
2002	59	810,789	7.3	5	10	2002	47	404,804	11.7	8	17	2002	12	405,985	2.9	1	6

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

**South Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds**

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	10	83,203	12.4	5	27	1973	7	43,739	16.5	5	40	1973	3	39,464	7.9	1	29
1974	2	84,692	2.6	0	12	1974	2	44,166	4.9	0	23	1974	0	40,526	0.0	.	.
1975	5	85,683	6.2	1	17	1975	3	44,264	7.0	1	26	1975	2	41,419	5.3	0	25
1976	7	86,955	8.5	2	21	1976	3	44,618	7.0	1	26	1976	4	42,337	10.0	2	31
1977	4	89,789	4.3	1	13	1977	3	46,072	5.9	1	22	1977	1	43,717	2.5	0	19
1978	9	92,300	10.1	3	23	1978	6	47,337	12.8	3	33	1978	3	44,963	7.3	1	27
1979	6	95,059	6.5	2	17	1979	5	48,727	10.5	2	30	1979	1	46,332	2.3	0	17
1980	9	96,895	9.6	3	21	1980	8	49,621	16.7	5	39	1980	1	47,274	2.2	0	16
1981	9	98,660	9.2	3	21	1981	8	50,510	16.0	5	37	1981	1	48,150	2.1	0	16
1982	15	99,956	15.1	7	28	1982	13	51,293	25.5	11	50	1982	2	48,663	4.1	0	19
1983	9	100,305	9.0	3	20	1983	8	51,554	15.5	5	36	1983	1	48,751	2.0	0	15
1984	15	101,070	14.7	7	28	1984	12	52,045	23.0	9	46	1984	3	49,025	6.1	1	22
1985	16	102,220	15.6	7	29	1985	16	52,754	30.3	14	56	1985	0	49,466	0.0	.	.
1986	12	104,184	11.5	5	23	1986	11	53,822	20.5	8	42	1986	1	50,362	2.0	0	15
1987	12	107,646	11.3	5	23	1987	11	55,565	20.2	8	42	1987	1	52,081	1.9	0	14
1988	19	110,508	17.4	9	31	1988	19	57,038	33.7	17	59	1988	0	53,470	0.0	.	.
1989	12	112,009	11.1	5	22	1989	10	57,809	18.1	7	39	1989	2	54,200	3.7	0	17
1990	9	113,024	8.2	3	18	1990	6	58,387	10.8	3	28	1990	3	54,637	5.4	1	20
1991	11	113,950	9.8	4	20	1991	10	58,827	17.5	6	37	1991	1	55,123	1.7	0	13
1992	11	114,405	9.6	4	20	1992	10	58,941	17.0	6	36	1992	1	55,464	1.8	0	13
1993	12	114,778	10.4	4	21	1993	9	58,969	15.3	5	34	1993	3	55,809	5.4	1	20
1994	15	114,728	13.0	6	24	1994	13	58,828	22.0	9	43	1994	2	55,900	3.6	0	17
1995	16	114,918	13.7	6	25	1995	15	58,813	25.2	12	47	1995	1	56,105	1.8	0	14
1996	9	115,111	7.8	3	17	1996	7	58,767	11.9	3	29	1996	2	56,344	3.5	0	16
1997	20	115,486	17.4	9	30	1997	18	59,022	30.7	15	55	1997	2	56,464	3.5	0	16
1998	13	116,576	11.3	5	22	1998	13	59,713	22.0	9	43	1998	0	56,863	0.0	.	.
1999	20	117,606	17.1	9	30	1999	18	60,441	30.0	15	54	1999	2	57,165	3.5	0	16
2000	13	119,815	11.1	5	22	2000	12	61,755	19.8	8	40	2000	1	58,060	1.8	0	13
2001	11	121,513	9.2	4	19	2001	8	62,521	13.0	4	30	2001	3	58,992	5.0	1	18
2002	6	122,948	4.9	1	13	2002	5	63,244	7.9	2	22	2002	1	59,704	1.6	0	12

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

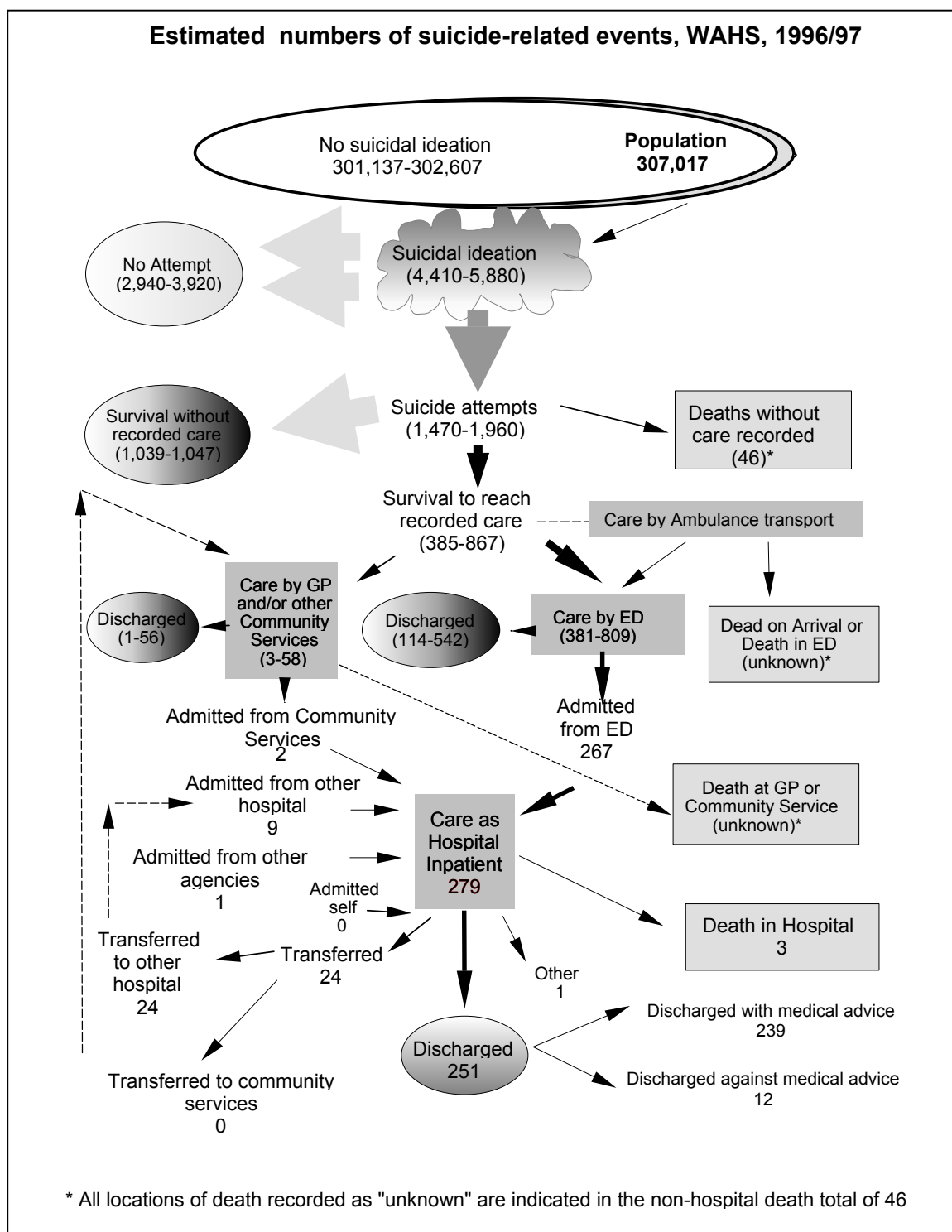
**South Western Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds**

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	4	23,353	16.6	3	52	1973	4	9,648	39.3	6	125	1973	0	13,705	0.0	.	.
1974	4	24,472	17.2	3	54	1974	3	10,131	32.5	3	120	1974	1	14,341	7.5	0	56
1975	3	25,483	11.2	1	41	1975	3	10,554	25.6	3	94	1975	0	14,929	0.0	.	.
1976	4	26,779	15.8	3	50	1976	3	11,087	28.3	3	104	1976	1	15,692	6.7	0	49
1977	3	27,913	9.2	1	34	1977	2	11,595	13.2	1	61	1977	1	16,318	5.7	0	43
1978	5	29,160	16.3	3	46	1978	4	12,147	26.6	4	84	1978	1	17,013	6.0	0	45
1979	4	30,473	12.0	2	38	1979	3	12,739	20.8	2	77	1979	1	17,734	5.2	0	39
1980	3	31,811	9.2	1	34	1980	1	13,351	5.6	0	41	1980	2	18,460	10.7	1	49
1981	4	33,045	11.3	2	36	1981	3	13,899	20.1	2	75	1981	1	19,146	4.9	0	36
1982	4	34,999	11.0	2	35	1982	3	14,756	20.1	2	75	1982	1	20,243	4.6	0	34
1983	7	36,809	20.2	6	50	1983	6	15,537	47.0	11	126	1983	1	21,272	4.5	0	33
1984	5	38,600	13.1	3	37	1984	4	16,314	24.3	3	80	1984	1	22,286	5.0	0	37
1985	8	40,575	19.0	6	44	1985	5	17,220	26.1	5	75	1985	3	23,355	12.9	1	47
1986	6	43,295	14.1	4	37	1986	6	18,499	33.8	8	90	1986	0	24,796	0.0	.	.
1987	5	45,942	11.6	2	33	1987	4	19,677	20.8	3	66	1987	1	26,265	4.2	0	31
1988	12	48,449	26.2	11	53	1988	8	20,778	42.5	11	104	1988	4	27,671	15.2	3	48
1989	11	50,880	20.8	8	43	1989	8	21,839	31.2	10	73	1989	3	29,041	11.1	1	40
1990	4	52,808	7.2	1	23	1990	3	22,696	11.9	1	44	1990	1	30,112	3.4	0	25
1991	6	55,186	12.1	3	32	1991	6	23,770	32.9	7	88	1991	0	31,416	0.0	.	.
1992	7	57,427	11.7	3	29	1992	5	24,808	19.4	4	55	1992	2	32,619	5.9	0	27
1993	11	59,904	18.3	7	38	1993	10	25,934	38.1	14	82	1993	1	33,970	2.8	0	21
1994	7	61,946	11.1	3	27	1994	5	26,876	17.3	4	49	1994	2	35,070	5.4	0	25
1995	11	63,966	16.8	7	35	1995	10	27,828	35.4	13	76	1995	1	36,138	2.5	0	19
1996	13	66,394	20.5	9	40	1996	8	28,940	29.5	9	69	1996	5	37,454	13.7	3	39
1997	10	68,495	14.9	6	32	1997	8	29,850	30.5	9	72	1997	2	38,645	5.4	0	25
1998	5	70,345	7.0	2	20	1998	3	30,657	9.2	1	34	1998	2	39,688	4.7	0	22
1999	11	72,286	15.4	6	32	1999	9	31,532	28.6	10	64	1999	2	40,754	5.1	0	24
2000	14	74,004	18.9	8	36	2000	11	32,297	37.6	14	78	2000	3	41,707	7.5	1	28
2001	12	75,937	16.1	7	32	2001	11	33,408	32.8	13	68	2001	1	42,529	2.8	0	21
2002	3	77,997	4.1	0	15	2002	1	34,488	2.9	0	22	2002	2	43,509	4.6	0	22

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



## Wentworth Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Wentworth Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	12	138,360	10.7	4	22	1973	8	69,794	14.4	5	34	1973	4	68,566	6.7	1	21
1974	9	145,818	7.7	3	17	1974	6	73,476	10.9	2	29	1974	3	72,342	4.7	0	17
1975	10	152,841	8.3	3	18	1975	6	76,898	12.7	2	36	1975	4	75,943	6.0	1	19
1976	14	159,327	9.6	4	19	1976	12	80,011	17.0	7	35	1976	2	79,316	2.3	0	11
1977	13	168,128	10.1	4	20	1977	12	84,353	18.6	7	38	1977	1	83,775	1.9	0	14
1978	18	177,284	12.0	6	21	1978	13	88,849	16.9	7	33	1978	5	88,435	6.9	1	20
1979	13	186,615	8.7	4	17	1979	7	93,461	9.1	2	23	1979	6	93,154	8.6	2	23
1980	21	196,124	12.5	6	22	1980	15	98,219	17.4	8	33	1980	6	97,905	7.6	2	20
1981	14	205,781	7.9	3	15	1981	13	103,090	14.6	6	29	1981	1	102,691	1.6	0	12
1982	13	214,871	6.3	2	13	1982	8	107,671	7.7	2	19	1982	5	107,200	5.3	1	15
1983	26	223,196	13.8	8	23	1983	19	111,826	20.9	10	37	1983	7	111,370	7.1	2	18
1984	25	231,415	11.8	6	19	1984	15	115,902	13.4	6	25	1984	10	115,513	10.3	4	22
1985	28	240,241	13.3	8	22	1985	24	120,323	22.7	12	38	1985	4	119,918	3.8	1	12
1986	14	250,298	5.9	3	11	1986	12	125,383	10.5	4	22	1986	2	124,915	1.3	0	6
1987	19	257,193	8.2	4	15	1987	15	128,657	14.8	6	29	1987	4	128,536	2.8	0	9
1988	24	265,544	10.1	5	17	1988	17	132,715	14.5	7	27	1988	7	132,829	6.1	2	15
1989	33	271,178	13.0	8	20	1989	30	135,407	23.9	14	38	1989	3	135,771	2.2	0	8
1990	28	275,467	10.9	6	18	1990	21	137,465	15.8	8	28	1990	7	138,002	6.2	2	15
1991	28	280,177	10.9	6	18	1991	22	139,649	19.1	10	33	1991	6	140,528	3.9	1	10
1992	30	284,439	11.1	6	18	1992	28	141,703	21.3	12	34	1992	2	142,736	1.4	0	7
1993	40	289,678	15.4	10	23	1993	31	144,261	26.8	15	43	1993	9	145,417	6.0	2	13
1994	44	293,382	16.3	11	24	1994	33	146,042	26.9	16	42	1994	11	147,340	7.4	3	15
1995	42	297,144	14.7	9	22	1995	29	147,873	20.6	12	33	1995	13	149,271	9.0	4	18
1996	40	301,829	14.4	9	21	1996	35	150,113	26.5	16	41	1996	5	151,716	3.4	1	10
1997	51	305,107	17.2	12	25	1997	40	151,654	27.8	18	42	1997	11	153,453	7.1	3	15
1998	29	307,766	10.1	6	16	1998	27	152,930	19.1	11	31	1998	2	154,836	1.4	0	6
1999	42	311,046	13.7	9	20	1999	36	154,490	24.1	15	37	1999	6	156,556	3.9	1	10
2000	37	313,725	11.8	7	18	2000	30	155,838	19.8	12	31	2000	7	157,887	4.2	1	10
2001	51	319,814	15.9	11	23	2001	43	159,014	27.4	18	40	2001	8	160,800	5.1	2	12
2002	22	323,477	6.6	3	11	2002	18	160,831	11.2	5	20	2002	4	162,646	2.1	0	7

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Wentworth Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	22,401	4.5	0	33	1973	0	11,486	0.0	.	.	1973	1	10,915	8.9	0	66
1974	1	23,576	4.2	0	31	1974	1	11,971	8.0	0	59	1974	0	11,605	0.0	.	.
1975	0	24,615	0.0	.	.	1975	0	12,368	0.0	.	.	1975	0	12,247	0.0	.	.
1976	1	25,727	3.8	0	28	1976	1	12,840	7.3	0	54	1976	0	12,887	0.0	.	.
1977	1	27,328	3.8	0	28	1977	1	13,598	7.9	0	59	1977	0	13,730	0.0	.	.
1978	5	28,859	17.7	4	50	1978	5	14,307	37.2	8	105	1978	0	14,552	0.0	.	.
1979	4	30,482	13.1	2	41	1979	3	15,060	19.0	2	70	1979	1	15,422	6.3	0	47
1980	5	31,825	15.7	3	44	1980	5	15,663	32.1	7	91	1980	0	16,162	0.0	.	.
1981	3	33,140	8.8	1	32	1981	3	16,260	18.6	2	68	1981	0	16,880	0.0	.	.
1982	0	34,348	0.0	.	.	1982	0	16,944	0.0	.	.	1982	0	17,404	0.0	.	.
1983	1	35,203	2.7	0	20	1983	1	17,445	5.7	0	42	1983	0	17,758	0.0	.	.
1984	6	36,180	16.4	4	43	1984	5	18,016	27.6	6	78	1984	1	18,164	5.9	0	44
1985	4	37,291	10.5	2	33	1985	4	18,663	21.5	4	68	1985	0	18,628	0.0	.	.
1986	3	38,575	7.9	1	29	1986	3	19,358	16.0	2	59	1986	0	19,217	0.0	.	.
1987	2	40,314	4.8	0	22	1987	1	20,246	4.7	0	35	1987	1	20,068	4.9	0	36
1988	1	42,014	2.2	0	17	1988	1	21,126	4.4	0	33	1988	0	20,888	0.0	.	.
1989	7	43,033	17.6	5	43	1989	5	21,665	25.3	5	72	1989	2	21,368	10.0	1	46
1990	6	43,880	14.1	4	37	1990	5	22,131	23.1	5	66	1990	1	21,749	4.9	0	36
1991	5	44,672	11.8	3	33	1991	4	22,532	18.8	3	59	1991	1	22,140	4.7	0	35
1992	6	45,041	13.4	3	35	1992	5	22,746	22.1	5	63	1992	1	22,295	4.5	0	34
1993	5	45,577	11.0	2	31	1993	5	23,027	21.7	5	61	1993	0	22,550	0.0	.	.
1994	10	45,837	21.7	8	47	1994	5	23,186	21.5	5	61	1994	5	22,651	22.0	5	62
1995	12	46,079	25.9	11	52	1995	9	23,332	38.5	13	86	1995	3	22,747	13.3	1	49
1996	7	46,281	15.1	4	37	1996	6	23,445	25.6	7	67	1996	1	22,836	4.4	0	33
1997	9	46,335	19.8	7	44	1997	6	23,498	26.2	7	68	1997	3	22,837	13.4	2	49
1998	7	46,608	15.5	5	38	1998	7	23,678	30.7	9	75	1998	0	22,930	0.0	.	.
1999	11	47,097	23.9	9	49	1999	8	23,900	34.0	11	79	1999	3	23,197	13.4	2	49
2000	4	47,549	8.4	1	27	2000	2	24,152	8.3	0	39	2000	2	23,397	8.6	0	40
2001	5	47,992	10.3	2	29	2001	4	24,431	16.0	3	50	2001	1	23,561	4.4	0	33
2002	1	48,439	2.1	0	16	2002	1	24,657	4.2	0	31	2002	0	23,782	0.0	.	.

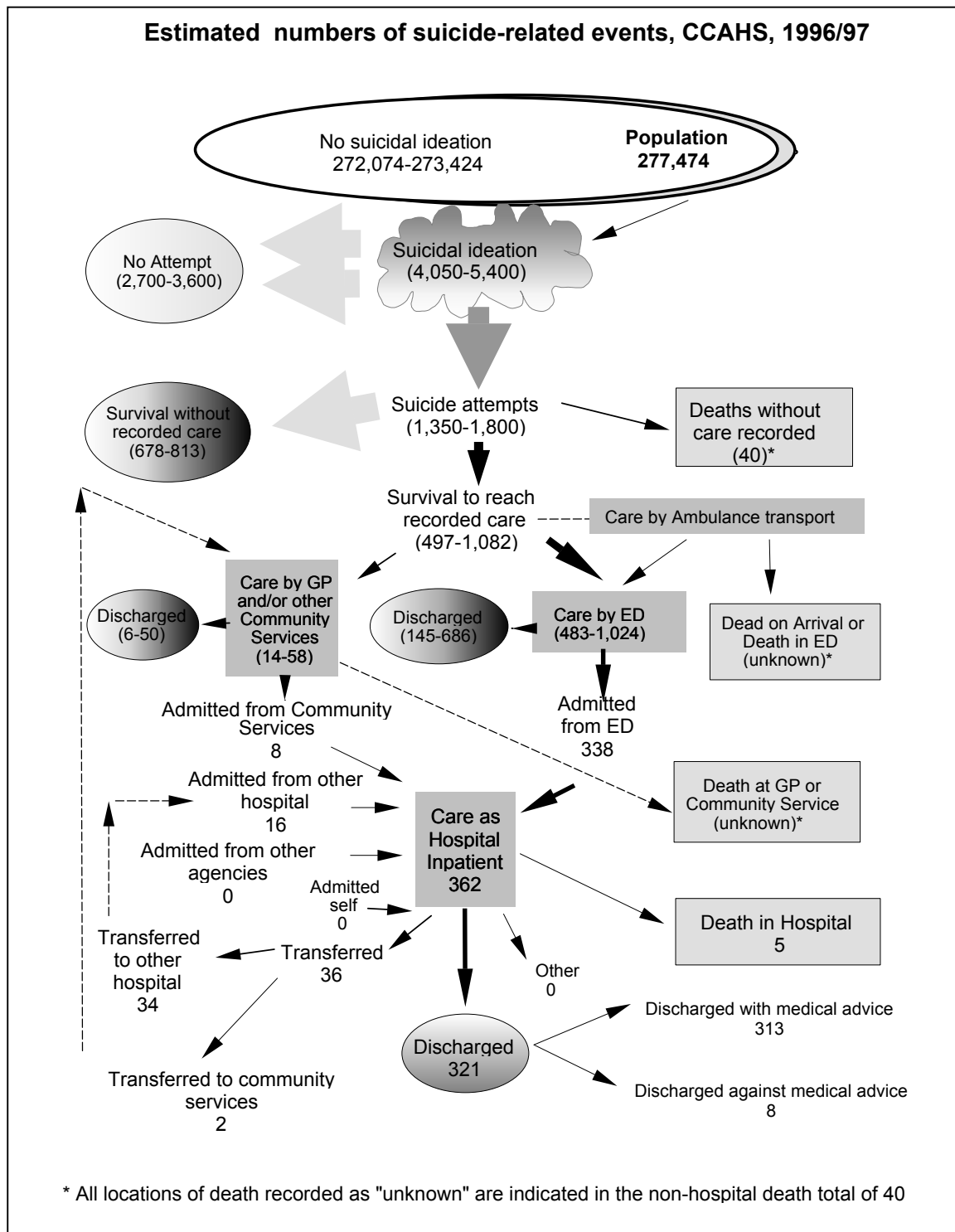
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Wentworth Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	3	10,153	27.0	3	99	1973	1	4,328	19.3	0	144	1973	2	5,825	32.8	2	152
1974	2	10,456	19.1	1	89	1974	1	4,456	25.9	0	192	1974	1	6,000	15.3	0	113
1975	1	10,712	12.4	0	92	1975	1	4,561	42.1	0	313	1975	0	6,151	0.0	.	.
1976	1	11,091	8.2	0	61	1976	1	4,717	18.4	0	137	1976	0	6,374	0.0	.	.
1977	1	11,610	9.2	0	68	1977	1	4,938	22.2	0	165	1977	0	6,672	0.0	.	.
1978	0	12,182	0.0	.	.	1978	0	5,176	0.0	.	.	1978	0	7,006	0.0	.	.
1979	2	12,777	15.4	1	72	1979	1	5,432	20.4	0	152	1979	1	7,345	12.7	0	94
1980	0	13,381	0.0	.	.	1980	0	5,694	0.0	.	.	1980	0	7,687	0.0	.	.
1981	1	13,951	6.8	0	51	1981	1	5,940	15.4	0	114	1981	0	8,011	0.0	.	.
1982	3	14,586	12.8	-1	54	1982	3	6,172	29.1	-3	124	1982	0	8,414	0.0	.	.
1983	2	15,160	12.2	1	57	1983	2	6,374	27.5	1	128	1983	0	8,786	0.0	.	.
1984	1	15,736	5.7	0	42	1984	0	6,585	0.0	.	.	1984	1	9,151	10.1	0	75
1985	3	16,376	19.3	2	71	1985	1	6,837	15.7	0	117	1985	2	9,539	21.7	1	101
1986	1	17,272	6.1	0	46	1986	1	7,201	14.9	0	111	1986	0	10,071	0.0	.	.
1987	1	18,026	6.7	0	49	1987	1	7,534	23.7	0	176	1987	0	10,492	0.0	.	.
1988	3	18,771	15.6	2	57	1988	2	7,853	25.3	1	118	1988	1	10,918	9.3	0	69
1989	2	19,447	9.7	0	45	1989	2	8,142	21.3	1	99	1989	0	11,305	0.0	.	.
1990	2	19,941	10.6	1	49	1990	1	8,360	15.1	0	112	1990	1	11,581	8.5	0	63
1991	5	20,596	24.8	5	70	1991	5	8,656	62.4	13	178	1991	0	11,940	0.0	.	.
1992	4	21,288	18.4	3	58	1992	4	8,981	42.6	7	134	1992	0	12,307	0.0	.	.
1993	9	22,110	41.0	14	91	1993	8	9,365	93.4	29	219	1993	1	12,745	7.3	0	54
1994	10	22,758	44.2	16	95	1994	10	9,675	104.0	38	224	1994	0	13,083	0.0	.	.
1995	3	23,285	12.6	1	46	1995	1	9,931	11.1	0	83	1995	2	13,354	15.6	1	73
1996	8	23,928	33.1	11	77	1996	7	10,243	68.3	20	167	1996	1	13,685	6.9	0	51
1997	4	24,550	17.4	3	55	1997	4	10,503	37.7	6	119	1997	0	14,047	0.0	.	.
1998	2	25,098	7.5	0	35	1998	1	10,716	9.2	0	68	1998	1	14,382	6.7	0	50
1999	4	25,557	15.4	3	49	1999	4	10,944	35.0	6	110	1999	0	14,613	0.0	.	.
2000	3	26,116	10.8	1	39	2000	2	11,187	18.6	1	86	2000	1	14,929	5.7	0	42
2001	3	27,013	11.0	1	40	2001	2	11,767	16.1	1	74	2001	1	15,246	8.3	0	62
2002	0	27,786	0.0	.	.	2002	0	12,183	0.0	.	.	2002	0	15,603	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Central Coast Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

### Central Coast Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	15	105,482	16.2	7	31	1973	6	51,919	12.1	3	33	1973	9	53,563	20.5	7	46
1974	15	112,393	14.0	6	27	1974	11	55,272	22.7	9	48	1974	4	57,121	5.4	1	17
1975	15	118,958	12.1	5	23	1975	12	58,427	20.2	8	42	1975	3	60,531	4.3	0	16
1976	14	125,315	12.0	5	24	1976	9	61,458	15.3	5	35	1976	5	63,857	8.7	1	27
1977	7	133,265	6.9	2	17	1977	5	65,321	9.9	2	28	1977	2	67,944	4.2	0	19
1978	14	141,469	9.9	4	19	1978	10	69,300	14.3	5	31	1978	4	72,169	5.9	1	19
1979	14	149,767	10.9	5	21	1979	10	73,335	17.0	6	37	1979	4	76,432	5.4	1	17
1980	13	158,203	8.0	3	16	1980	9	77,493	11.2	4	25	1980	4	80,710	4.9	0	16
1981	18	166,750	11.4	5	21	1981	12	81,710	15.3	6	31	1981	6	85,040	8.2	2	23
1982	24	173,114	14.5	8	24	1982	18	84,830	22.3	11	40	1982	6	88,284	6.8	2	18
1983	17	178,940	10.1	5	19	1983	14	87,650	17.3	7	34	1983	3	91,290	2.9	0	11
1984	18	184,723	9.5	4	17	1984	15	90,433	16.0	7	31	1984	3	94,290	3.4	0	13
1985	25	190,864	13.4	7	22	1985	20	93,443	22.1	11	39	1985	5	97,421	4.9	1	14
1986	24	198,285	12.2	7	21	1986	20	97,116	21.5	11	38	1986	4	101,169	3.7	1	12
1987	27	206,928	13.4	7	22	1987	22	101,267	23.0	12	39	1987	5	105,661	4.6	1	13
1988	20	218,163	10.1	5	18	1988	15	106,713	15.9	7	30	1988	5	111,450	4.2	1	12
1989	32	227,563	15.0	9	23	1989	25	111,256	24.0	13	40	1989	7	116,307	6.0	2	15
1990	29	234,337	12.6	7	20	1990	23	114,546	20.6	11	35	1990	6	119,791	5.1	1	14
1991	38	239,812	15.8	10	24	1991	25	117,122	21.9	12	36	1991	13	122,690	10.1	4	20
1992	38	246,872	15.9	10	24	1992	31	120,548	27.7	16	44	1992	7	126,324	4.8	1	12
1993	21	252,986	8.7	4	15	1993	18	123,505	15.7	8	28	1993	3	129,481	1.9	0	7
1994	30	258,348	11.8	7	19	1994	24	126,103	20.0	11	33	1994	6	132,245	4.3	1	11
1995	29	264,118	11.4	7	18	1995	23	128,914	18.3	10	31	1995	6	135,204	4.7	1	12
1996	44	270,405	16.8	11	25	1996	36	131,941	28.8	18	44	1996	8	138,464	5.5	2	13
1997	47	276,132	18.6	12	27	1997	37	134,686	30.4	19	46	1997	10	141,446	7.5	3	16
1998	44	280,892	15.6	10	23	1998	36	136,871	26.9	16	41	1998	8	144,021	5.0	2	12
1999	44	286,810	16.8	11	25	1999	30	139,870	23.1	13	37	1999	14	146,940	11.1	5	21
2000	36	292,540	13.4	8	21	2000	30	142,679	23.4	13	37	2000	6	149,861	4.0	1	11
2001	25	298,072	9.4	5	16	2001	23	145,548	17.8	9	30	2001	2	152,524	1.6	0	8
2002	35	303,798	11.9	7	18	2002	22	148,379	16.1	8	28	2002	13	155,419	7.9	3	16

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Central Coast Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	4	13,723	31.4	5	99	1973	2	6,898	32.4	2	150	1973	2	6,825	30.4	2	141
1974	0	14,567	0.0	.	.	1974	0	7,308	0.0	.	.	1974	0	7,259	0.0	.	.
1975	1	15,333	6.1	0	45	1975	1	7,665	11.8	0	88	1975	0	7,668	0.0	.	.
1976	0	16,147	0.0	.	.	1976	0	8,067	0.0	.	.	1976	0	8,080	0.0	.	.
1977	0	17,260	0.0	.	.	1977	0	8,652	0.0	.	.	1977	0	8,608	0.0	.	.
1978	2	18,320	11.0	1	51	1978	2	9,200	21.9	1	102	1978	0	9,120	0.0	.	.
1979	1	19,435	5.4	0	40	1979	0	9,776	0.0	.	.	1979	1	9,659	10.6	0	79
1980	0	20,362	0.0	.	.	1980	0	10,250	0.0	.	.	1980	0	10,112	0.0	.	.
1981	0	21,270	0.0	.	.	1981	0	10,720	0.0	.	.	1981	0	10,550	0.0	.	.
1982	1	21,974	4.6	0	34	1982	1	11,120	9.4	0	70	1982	0	10,854	0.0	.	.
1983	4	22,462	17.8	3	56	1983	4	11,404	35.1	6	111	1983	0	11,058	0.0	.	.
1984	2	23,039	8.8	0	41	1984	2	11,739	17.7	1	82	1984	0	11,300	0.0	.	.
1985	2	23,710	8.7	0	40	1985	2	12,130	17.3	1	80	1985	0	11,580	0.0	.	.
1986	2	24,564	8.2	0	38	1986	2	12,592	16.0	1	74	1986	0	11,972	0.0	.	.
1987	4	25,929	16.3	3	51	1987	4	13,257	32.1	5	101	1987	0	12,672	0.0	.	.
1988	3	27,453	12.3	1	45	1988	3	14,009	24.4	3	89	1988	0	13,444	0.0	.	.
1989	4	28,558	16.0	3	50	1989	3	14,547	23.7	3	87	1989	1	14,011	8.1	0	60
1990	4	29,354	14.7	2	46	1990	2	14,939	15.3	1	71	1990	2	14,415	14.0	1	65
1991	3	29,841	10.5	1	38	1991	3	15,153	20.7	2	76	1991	0	14,688	0.0	.	.
1992	6	30,376	19.8	5	52	1992	5	15,424	33.0	7	94	1992	1	14,952	6.3	0	47
1993	3	30,783	9.9	1	36	1993	3	15,617	19.5	2	72	1993	0	15,166	0.0	.	.
1994	6	31,118	19.3	5	50	1994	6	15,783	38.0	10	99	1994	0	15,335	0.0	.	.
1995	3	31,493	9.3	1	34	1995	3	15,974	18.2	2	67	1995	0	15,519	0.0	.	.
1996	8	31,811	25.4	8	59	1996	7	16,125	43.8	13	107	1996	1	15,686	6.5	0	49
1997	7	32,132	22.1	6	54	1997	6	16,324	37.8	10	99	1997	1	15,808	6.0	0	44
1998	5	32,660	16.2	3	46	1998	5	16,663	31.9	7	90	1998	0	15,997	0.0	.	.
1999	7	33,613	21.3	6	52	1999	3	17,211	19.5	2	71	1999	4	16,402	23.4	4	74
2000	8	34,562	25.3	8	59	2000	6	17,766	36.6	9	96	2000	2	16,796	13.4	1	62
2001	7	35,425	22.4	7	55	2001	6	18,041	38.0	10	99	2001	1	17,384	6.5	0	48
2002	5	36,464	14.2	3	40	2002	4	18,583	23.2	4	73	2002	1	17,881	5.1	0	38

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

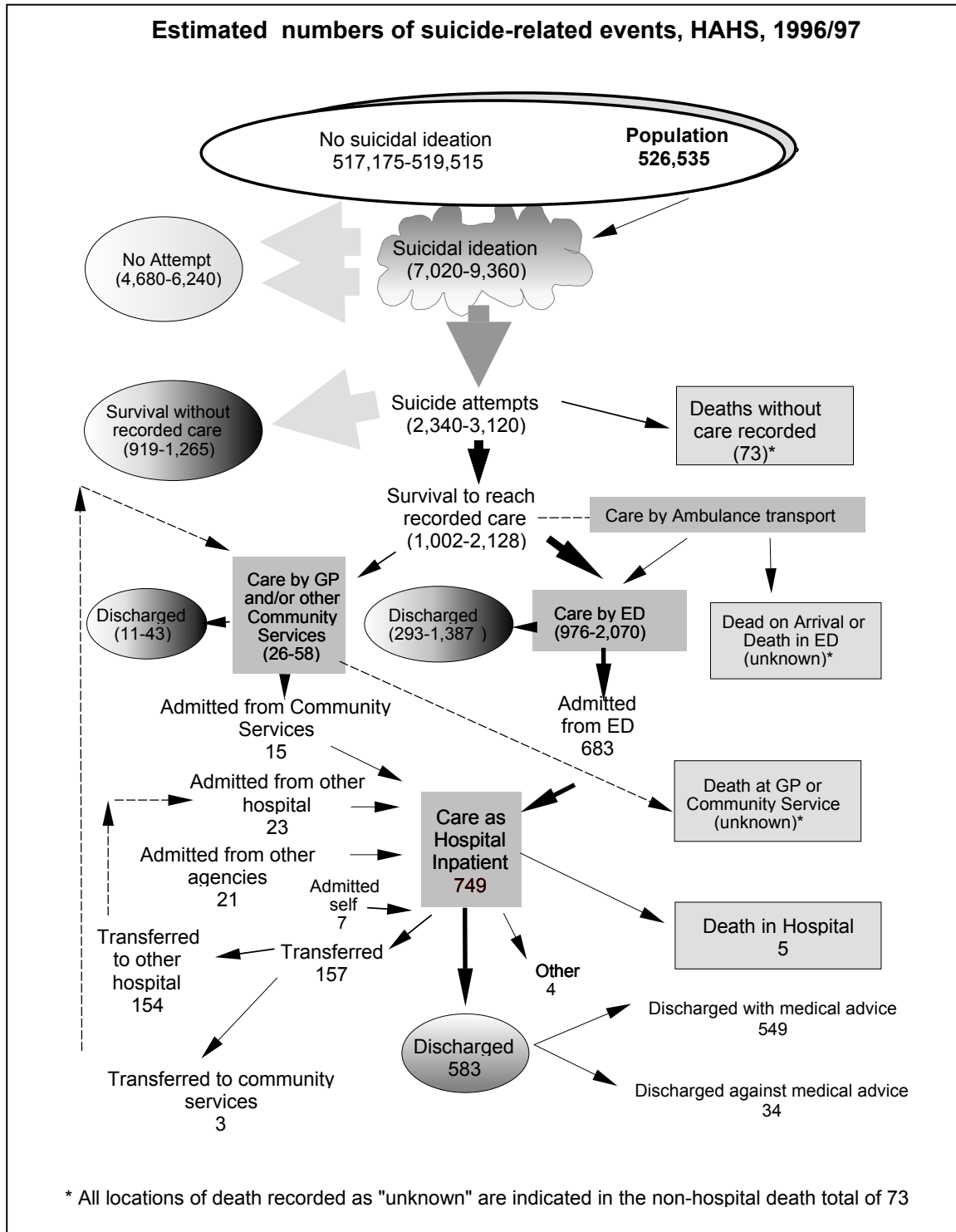
### Central Coast Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	16,979	10.3	1	48	1973	2	8,026	21.3	1	99	1973	0	8,953	0.0	.	.
1974	3	17,975	20.4	2	75	1974	2	8,449	30.1	2	140	1974	1	9,526	12.4	0	92
1975	3	18,876	14.0	2	51	1975	2	8,821	19.2	1	89	1975	1	10,055	9.2	0	68
1976	4	19,988	17.4	3	55	1976	3	9,289	27.4	3	100	1976	1	10,699	8.2	0	61
1977	1	21,269	6.2	0	46	1977	1	9,843	14.8	0	110	1977	0	11,426	0.0	.	.
1978	3	22,623	12.7	1	47	1978	2	10,431	19.3	1	91	1978	1	12,192	7.1	0	53
1979	1	24,038	7.1	0	53	1979	1	11,055	20.8	0	154	1979	0	12,983	0.0	.	.
1980	6	25,457	25.3	6	66	1980	4	11,697	34.6	5	110	1980	2	13,760	17.0	1	79
1981	5	26,800	21.5	4	62	1981	5	12,290	49.7	9	145	1981	0	14,510	0.0	.	.
1982	4	28,086	14.3	2	45	1982	3	12,784	24.6	3	90	1982	1	15,302	5.9	0	44
1983	5	29,252	18.4	4	53	1983	4	13,214	31.0	4	100	1983	1	16,038	7.8	0	58
1984	3	30,417	8.9	1	33	1984	2	13,658	12.6	1	58	1984	1	16,759	5.7	0	43
1985	4	31,700	12.3	2	39	1985	4	14,191	27.1	4	86	1985	0	17,509	0.0	.	.
1986	5	33,540	15.5	3	45	1986	5	14,993	38.8	5	117	1986	0	18,547	0.0	.	.
1987	6	35,215	17.7	4	47	1987	5	15,684	37.2	6	111	1987	1	19,531	5.1	0	38
1988	2	37,137	5.9	0	27	1988	1	16,466	6.1	0	46	1988	1	20,671	5.4	0	40
1989	5	38,888	12.1	3	34	1989	4	17,172	21.5	4	68	1989	1	21,716	4.4	0	32
1990	6	40,050	15.0	4	39	1990	4	17,631	23.0	4	73	1990	2	22,419	8.9	0	41
1991	9	41,279	21.7	8	48	1991	6	18,138	34.3	9	90	1991	3	23,141	12.3	1	45
1992	9	42,680	22.0	8	49	1992	5	18,722	30.8	6	89	1992	4	23,958	17.8	3	56
1993	4	44,124	10.2	2	32	1993	3	19,324	18.6	2	70	1993	1	24,800	3.9	0	29
1994	6	45,277	13.3	3	35	1994	5	19,804	28.3	6	81	1994	1	25,473	3.7	0	28
1995	3	46,301	6.6	1	24	1995	2	20,225	9.7	1	45	1995	1	26,076	4.7	0	35
1996	9	47,463	17.4	6	39	1996	7	20,718	30.9	9	76	1996	2	26,745	7.2	0	33
1997	4	48,535	8.8	1	28	1997	4	21,236	19.1	3	60	1997	0	27,299	0.0	.	.
1998	8	49,274	17.2	5	40	1998	6	21,556	28.8	7	75	1998	2	27,718	9.7	0	45
1999	3	50,119	5.3	1	20	1999	3	21,990	13.2	1	49	1999	0	28,129	0.0	.	.
2000	7	51,023	10.1	2	26	2000	5	22,323	17.4	2	53	2000	2	28,700	5.4	0	25
2001	3	52,252	4.6	1	17	2001	3	22,848	12.6	1	46	2001	0	29,404	0.0	.	.
2002	7	53,286	11.7	3	29	2002	3	23,299	11.4	1	42	2002	4	29,987	12.5	2	40

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



### Hunter Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Hunter Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	27	413,724	7.4	4	12	1973	18	208,156	9.9	5	18	1973	9	205,568	4.7	2	11
1974	38	418,258	9.8	6	15	1974	25	210,191	13.2	7	22	1974	13	208,067	6.4	3	13
1975	24	421,592	6.4	3	11	1975	17	211,511	9.2	4	17	1975	7	210,081	3.8	1	9
1976	33	424,105	8.4	5	13	1976	28	212,345	15.0	9	24	1976	5	211,760	2.2	0	6
1977	32	428,583	8.3	5	13	1977	22	214,638	11.4	6	20	1977	10	213,945	5.4	2	12
1978	17	433,809	3.9	2	7	1978	12	217,301	5.4	2	11	1978	5	216,508	2.4	0	7
1979	32	439,457	7.8	5	12	1979	25	220,222	12.6	7	21	1979	7	219,235	3.1	1	8
1980	34	445,329	7.9	5	12	1980	29	223,350	13.7	8	22	1980	5	221,979	2.1	0	6
1981	41	451,491	9.6	6	14	1981	35	226,650	16.2	10	25	1981	6	224,841	3.0	1	8
1982	45	455,767	10.5	7	15	1982	31	228,626	15.0	9	24	1982	14	227,141	6.2	3	12
1983	48	458,389	10.6	7	15	1983	30	229,660	13.7	8	22	1983	18	228,729	8.1	4	14
1984	52	461,060	11.7	8	17	1984	43	230,665	19.7	13	29	1984	9	230,395	3.6	1	8
1985	38	464,725	8.3	5	12	1985	31	232,268	13.8	8	22	1985	7	232,457	3.2	1	8
1986	41	469,945	9.1	6	13	1986	33	234,589	14.6	9	23	1986	8	235,356	3.5	1	8
1987	43	476,105	8.8	6	13	1987	37	237,597	16.1	10	24	1987	6	238,508	2.4	1	6
1988	64	481,413	13.3	9	18	1988	60	240,256	25.4	18	35	1988	4	241,157	1.7	0	5
1989	58	487,872	11.9	8	17	1989	49	243,495	20.4	14	29	1989	9	244,377	3.8	1	8
1990	53	494,739	10.7	7	15	1990	42	246,983	17.0	11	25	1990	11	247,756	4.4	2	9
1991	69	501,689	13.8	10	19	1991	57	250,345	23.2	16	32	1991	12	251,344	4.7	2	9
1992	54	505,326	10.8	7	15	1992	47	251,954	18.8	12	27	1992	7	253,372	2.7	1	7
1993	59	508,460	11.6	8	16	1993	46	253,271	18.0	12	26	1993	13	255,189	5.2	2	10
1994	62	511,856	12.1	9	17	1994	54	254,758	21.6	15	30	1994	8	257,098	3.1	1	7
1995	60	516,084	11.7	8	16	1995	48	256,669	19.3	13	28	1995	12	259,415	4.7	2	10
1996	83	521,470	16.3	12	22	1996	67	259,073	26.8	19	36	1996	16	262,397	6.3	3	12
1997	95	527,170	18.4	14	24	1997	78	261,935	30.4	22	40	1997	17	265,235	6.7	3	12
1998	81	531,517	15.1	11	20	1998	69	264,108	26.6	19	36	1998	12	267,409	4.3	2	9
1999	60	536,039	10.8	8	15	1999	50	266,337	18.4	12	26	1999	10	269,702	3.4	1	7
2000	79	540,731	14.4	10	19	2000	69	268,769	25.6	18	35	2000	10	271,962	3.2	1	7
2001	88	541,744	16.1	12	21	2001	72	269,197	26.5	19	36	2001	16	272,547	5.8	3	11
2002	68	544,623	12.6	9	17	2002	56	270,615	21.0	14	29	2002	12	274,008	4.2	2	9

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Hunter Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	4	71,640	5.8	1	18	1973	3	37,154	8.5	1	31	1973	1	34,486	2.7	0	20
1974	5	72,381	6.8	1	19	1974	5	37,435	13.2	3	38	1974	0	34,946	0.0	.	.
1975	5	72,698	7.0	1	20	1975	4	37,436	10.7	2	34	1975	1	35,262	3.0	0	23
1976	3	73,242	4.0	0	15	1976	3	37,650	7.8	1	29	1976	0	35,592	0.0	.	.
1977	3	74,627	4.1	0	15	1977	2	38,529	5.2	0	24	1977	1	36,098	3.0	0	22
1978	3	75,756	4.3	0	16	1978	2	39,256	5.5	0	25	1978	1	36,500	3.0	0	22
1979	6	77,090	7.7	2	20	1979	5	40,097	12.4	3	35	1979	1	36,993	2.5	0	19
1980	10	77,693	13.1	5	28	1980	9	40,538	22.5	8	50	1980	1	37,155	2.6	0	19
1981	8	78,240	10.3	3	24	1981	7	40,980	17.1	5	42	1981	1	37,260	2.7	0	20
1982	10	78,127	12.8	5	27	1982	7	40,811	17.2	5	42	1982	3	37,316	8.1	1	29
1983	4	77,256	5.1	1	16	1983	4	40,212	9.8	2	31	1983	0	37,044	0.0	.	.
1984	7	76,706	9.2	3	22	1984	7	39,785	17.7	5	43	1984	0	36,921	0.0	.	.
1985	9	76,447	11.7	4	26	1985	6	39,519	15.0	4	39	1985	3	36,928	8.1	1	30
1986	8	76,539	10.5	3	24	1986	7	39,315	17.8	5	44	1986	1	37,224	2.8	0	20
1987	9	77,333	11.6	4	26	1987	9	39,743	22.6	8	50	1987	0	37,590	0.0	.	.
1988	9	77,461	12.0	4	27	1988	8	39,863	20.6	7	48	1988	1	37,598	2.8	0	21
1989	6	77,280	7.6	2	20	1989	6	39,833	14.8	4	39	1989	0	37,447	0.0	.	.
1990	12	77,283	16.1	7	32	1990	10	39,938	25.8	10	55	1990	2	37,345	5.7	0	26
1991	8	77,091	10.4	3	24	1991	7	39,882	17.5	5	43	1991	1	37,209	2.8	0	21
1992	11	76,707	14.3	6	30	1992	11	39,647	27.8	11	58	1992	0	37,060	0.0	.	.
1993	16	76,122	20.9	10	38	1993	12	39,268	30.1	12	61	1993	4	36,854	10.9	2	34
1994	8	75,549	10.5	3	24	1994	8	38,919	20.4	7	47	1994	0	36,630	0.0	.	.
1995	12	75,033	15.8	7	32	1995	9	38,584	23.1	8	51	1995	3	36,449	8.2	1	30
1996	18	74,391	24.2	12	43	1996	15	38,156	39.1	18	73	1996	3	36,235	8.4	1	31
1997	19	73,980	25.7	13	45	1997	19	38,058	49.8	25	88	1997	0	35,922	0.0	.	.
1998	15	73,926	20.5	9	38	1998	14	38,143	36.9	16	71	1998	1	35,783	2.8	0	21
1999	6	74,100	8.1	2	21	1999	4	38,143	10.4	2	33	1999	2	35,957	5.7	0	27
2000	15	74,824	20.3	9	38	2000	14	38,454	36.7	16	70	2000	1	36,370	2.9	0	21
2001	7	75,157	9.3	3	23	2001	6	38,650	15.5	4	41	2001	1	36,507	2.7	0	20
2002	5	75,574	6.7	1	19	2002	3	38,862	7.8	1	28	2002	2	36,712	5.6	0	26

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Hunter Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	5	36,641	13.4	3	38	1973	3	15,665	17.0	2	62	1973	2	20,976	9.6	0	45
1974	6	37,865	15.1	4	39	1974	3	16,131	18.9	2	70	1974	3	21,734	13.5	2	49
1975	3	38,948	7.7	1	28	1975	2	16,505	13.1	1	61	1975	1	22,443	4.3	0	32
1976	6	40,448	15.5	4	41	1976	5	17,050	31.6	6	90	1976	1	23,398	4.4	0	33
1977	8	41,640	18.3	6	43	1977	6	17,577	30.2	7	79	1977	2	24,063	8.4	0	39
1978	1	43,003	2.1	0	15	1978	0	18,172	0.0	.	.	1978	1	24,831	3.9	0	29
1979	3	44,471	6.8	1	25	1979	3	18,829	17.0	1	64	1979	0	25,642	0.0	.	.
1980	6	45,967	12.3	3	32	1980	5	19,519	23.3	5	66	1980	1	26,448	3.6	0	27
1981	5	47,341	10.2	2	29	1981	4	20,120	19.8	3	64	1981	1	27,221	3.6	0	27
1982	10	48,535	20.5	8	44	1982	7	20,575	34.0	9	84	1982	3	27,960	10.2	1	37
1983	10	49,557	20.0	7	43	1983	5	20,930	28.2	5	82	1983	5	28,627	17.3	4	49
1984	6	50,591	12.3	3	32	1984	5	21,306	23.9	5	68	1984	1	29,285	3.4	0	26
1985	11	51,834	20.9	8	43	1985	10	21,834	43.2	16	93	1985	1	30,000	3.3	0	25
1986	4	53,824	7.4	1	23	1986	3	22,716	13.4	1	49	1986	1	31,108	3.4	0	26
1987	12	55,862	21.0	9	42	1987	11	23,699	47.6	18	100	1987	1	32,163	3.0	0	22
1988	12	57,527	20.6	8	42	1988	12	24,492	47.9	19	97	1988	0	33,035	0.0	.	.
1989	11	59,587	18.3	7	38	1989	10	25,460	38.4	14	83	1989	1	34,127	3.1	0	23
1990	10	61,434	16.2	6	35	1990	8	26,349	27.9	9	65	1990	2	35,085	5.5	0	25
1991	13	63,725	20.3	9	40	1991	11	27,445	39.9	16	83	1991	2	36,280	5.6	0	26
1992	7	65,275	10.8	3	26	1992	6	28,161	20.5	5	53	1992	1	37,114	2.3	0	17
1993	5	67,075	5.9	1	18	1993	4	28,971	10.3	0	36	1993	1	38,104	2.6	0	19
1994	10	68,631	14.4	5	31	1994	9	29,681	30.8	10	69	1994	1	38,950	2.9	0	22
1995	9	70,000	12.7	4	28	1995	8	30,314	30.0	9	70	1995	1	39,686	2.5	0	18
1996	8	71,623	11.2	4	26	1996	6	31,060	22.3	6	59	1996	2	40,563	5.4	0	25
1997	17	72,952	22.9	11	42	1997	14	31,726	43.7	19	84	1997	3	41,226	6.8	1	25
1998	15	73,985	19.5	9	37	1998	13	32,235	42.7	18	84	1998	2	41,750	4.1	0	19
1999	13	74,815	17.5	7	35	1999	9	32,548	27.0	9	60	1999	4	42,267	10.1	2	32
2000	14	75,561	17.5	8	34	2000	11	32,839	31.5	12	65	2000	3	42,722	6.3	1	23
2001	10	76,359	14.1	5	30	2001	8	33,206	25.0	8	58	2001	2	43,153	4.8	0	22
2002	7	77,377	8.2	2	20	2002	5	33,789	14.9	3	42	2002	2	43,588	2.8	0	13

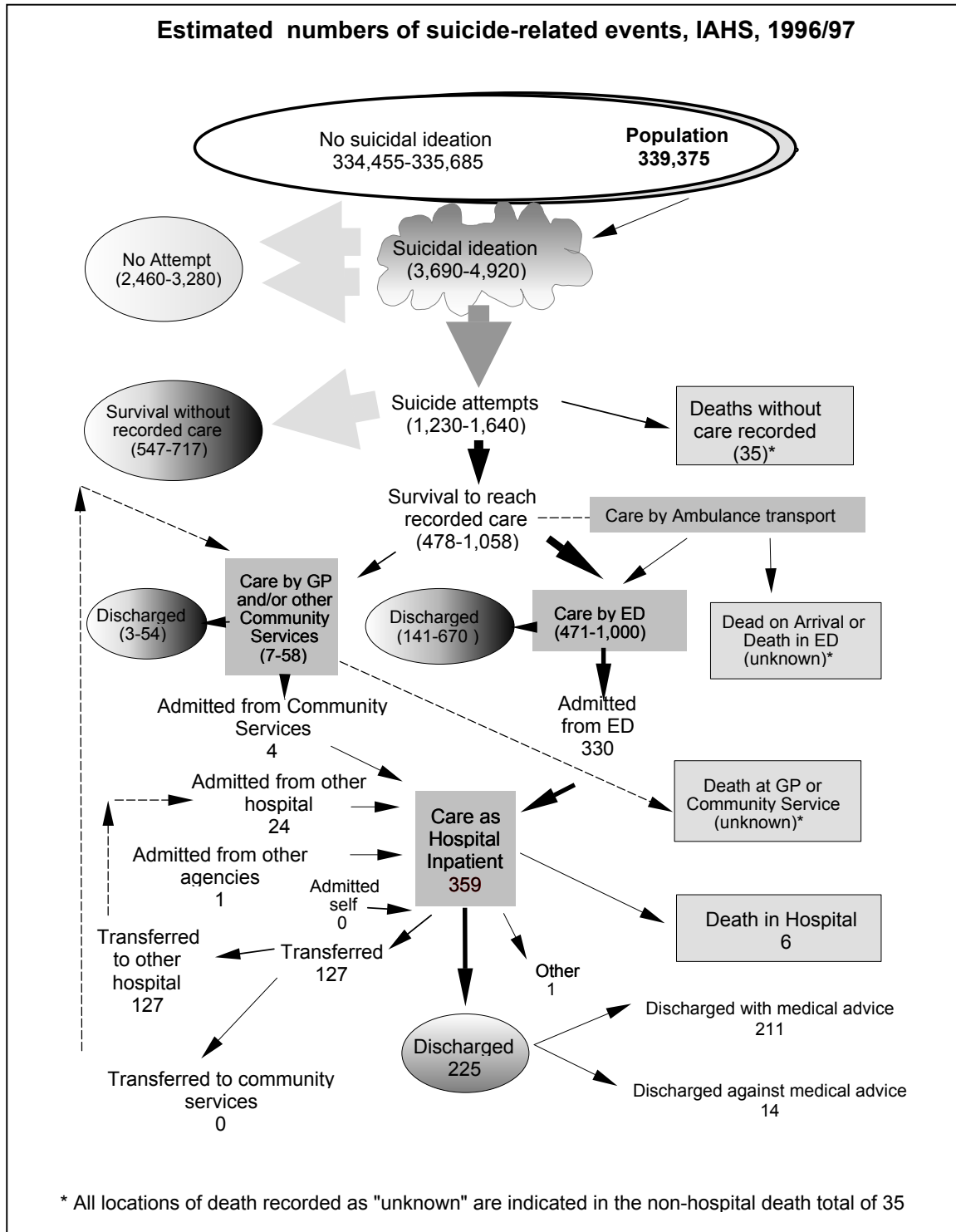
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991

Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes

LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution

Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

**Illawarra Area Health Service**



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Illawarra Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	26	246,523	11.4	6	19	1973	18	127,084	15.6	8	28	1973	8	119,439	7.0	2	16
1974	22	252,109	9.5	5	16	1974	14	129,714	12.3	5	24	1974	8	122,395	7.1	2	17
1975	27	256,991	11.6	7	19	1975	24	131,910	20.6	11	35	1975	3	125,081	2.4	0	9
1976	23	261,168	9.7	5	16	1976	16	133,705	13.4	6	25	1976	7	127,463	6.1	2	15
1977	30	264,275	11.8	7	19	1977	21	135,099	16.2	8	28	1977	9	129,176	7.1	2	16
1978	26	267,865	10.2	6	17	1978	16	136,742	12.9	6	24	1978	10	131,123	7.8	3	17
1979	28	271,792	11.5	7	18	1979	21	138,583	16.9	9	29	1979	7	133,209	5.9	2	15
1980	30	275,827	11.2	7	18	1980	25	140,546	18.7	10	31	1980	5	135,281	3.4	1	10
1981	20	280,027	7.6	4	13	1981	14	142,608	9.9	4	19	1981	6	137,419	5.1	1	13
1982	21	282,507	7.8	4	13	1982	17	143,534	12.9	6	24	1982	4	138,973	3.0	0	9
1983	16	283,991	5.9	3	11	1983	11	143,910	7.7	3	16	1983	5	140,081	4.0	1	11
1984	24	285,504	8.4	5	14	1984	14	144,268	9.4	4	18	1984	10	141,236	7.2	3	15
1985	34	287,646	11.7	7	18	1985	27	144,996	18.4	11	30	1985	7	142,650	4.8	1	12
1986	23	290,676	7.8	4	13	1986	17	146,309	11.2	5	20	1986	6	144,367	4.3	1	11
1987	33	295,873	11.1	7	17	1987	30	148,789	20.3	12	32	1987	3	147,084	1.9	0	7
1988	41	300,617	14.2	9	21	1988	36	151,110	25.5	16	39	1988	5	149,507	3.2	1	9
1989	43	305,847	14.4	9	21	1989	37	153,663	25.1	16	38	1989	6	152,184	3.9	1	10
1990	26	310,842	8.4	5	14	1990	20	156,128	13.3	7	23	1990	6	154,714	3.6	1	9
1991	37	315,396	11.6	7	18	1991	30	158,269	19.1	11	30	1991	7	157,127	4.3	1	11
1992	50	319,802	15.9	11	23	1992	44	160,289	28.1	18	41	1992	6	159,513	3.4	1	9
1993	35	323,258	11.2	7	17	1993	29	161,827	19.2	11	31	1993	6	161,431	3.8	1	10
1994	33	326,701	10.2	6	16	1994	28	163,378	17.5	10	28	1994	5	163,323	3.1	1	9
1995	38	330,450	11.4	7	17	1995	28	165,106	17.2	10	28	1995	10	165,344	5.7	2	12
1996	41	334,812	12.5	8	19	1996	33	167,052	20.2	12	31	1996	8	167,760	4.8	1	11
1997	43	338,330	12.7	8	19	1997	30	168,620	17.9	11	28	1997	13	169,710	7.4	3	15
1998	53	340,879	15.4	10	22	1998	43	169,734	25.4	16	37	1998	10	171,145	5.6	2	12
1999	56	344,362	16.9	12	24	1999	47	171,290	28.8	19	42	1999	9	173,072	5.5	2	12
2000	31	347,914	9.1	5	14	2000	27	172,957	16.1	9	26	2000	4	174,957	2.3	0	7
2001	57	350,246	16.2	11	23	2001	47	174,347	26.8	18	39	2001	10	175,899	5.8	2	13
2002	40	352,950	11.8	7	18	2002	32	175,629	19.1	11	30	2002	8	177,321	4.4	1	10

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

**Illawarra Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds**

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	5	42,142	12.2	3	35	1973	4	22,153	19.0	3	60	1973	1	19,989	4.8	0	35
1974	5	43,429	11.9	3	34	1974	4	22,792	18.1	3	57	1974	1	20,637	5.1	0	38
1975	1	44,462	2.1	0	16	1975	1	23,262	4.0	0	30	1975	0	21,200	0.0	.	.
1976	2	45,636	4.4	0	20	1976	2	23,867	8.4	0	39	1976	0	21,769	0.0	.	.
1977	5	46,662	10.9	2	31	1977	4	24,483	16.4	3	52	1977	1	22,179	4.9	0	36
1978	2	47,533	4.2	0	20	1978	2	25,004	8.0	0	37	1978	0	22,529	0.0	.	.
1979	4	48,531	8.5	1	27	1979	4	25,591	16.2	3	51	1979	0	22,940	0.0	.	.
1980	8	49,063	16.5	5	38	1980	8	25,921	31.3	10	73	1980	0	23,142	0.0	.	.
1981	4	49,560	8.2	1	26	1981	4	26,250	15.5	3	49	1981	0	23,310	0.0	.	.
1982	4	49,049	8.2	1	26	1982	4	25,887	15.5	3	49	1982	0	23,162	0.0	.	.
1983	2	48,078	4.1	0	19	1983	2	25,265	7.8	0	36	1983	0	22,813	0.0	.	.
1984	4	47,315	8.3	1	26	1984	3	24,759	11.7	1	43	1984	1	22,556	4.4	0	33
1985	8	46,728	16.9	5	39	1985	7	24,349	28.4	8	69	1985	1	22,379	4.4	0	33
1986	4	46,397	8.6	1	27	1986	3	24,056	12.4	1	45	1986	1	22,341	4.4	0	33
1987	7	46,888	15.0	4	37	1987	7	24,244	28.9	8	71	1987	0	22,644	0.0	.	.
1988	9	46,982	19.7	7	44	1988	9	24,254	37.8	13	84	1988	0	22,728	0.0	.	.
1989	8	46,842	17.4	6	40	1989	6	24,148	25.3	6	66	1989	2	22,694	8.8	0	41
1990	5	46,745	10.6	2	30	1990	4	24,088	16.6	3	52	1990	1	22,657	4.2	0	31
1991	4	46,465	8.8	1	28	1991	4	23,896	17.0	3	54	1991	0	22,569	0.0	.	.
1992	11	46,640	23.6	9	49	1992	11	24,012	45.8	18	95	1992	0	22,628	0.0	.	.
1993	7	46,641	14.9	4	36	1993	7	24,020	28.9	8	71	1993	0	22,621	0.0	.	.
1994	4	46,634	8.6	1	27	1994	3	24,047	12.6	1	46	1994	1	22,587	4.3	0	32
1995	4	46,625	8.3	1	26	1995	3	24,062	12.1	1	44	1995	1	22,563	4.3	0	32
1996	4	46,517	8.6	1	27	1996	3	24,009	12.4	1	45	1996	1	22,508	4.5	0	34
1997	8	46,562	17.2	6	40	1997	7	24,091	29.1	8	71	1997	1	22,471	4.4	0	33
1998	5	46,392	10.8	2	31	1998	5	24,084	20.8	4	59	1998	0	22,308	0.0	.	.
1999	8	46,689	17.6	6	41	1999	7	24,279	29.5	9	72	1999	1	22,410	4.7	0	35
2000	5	47,203	10.5	2	30	2000	4	24,562	16.3	3	51	2000	1	22,641	4.2	0	31
2001	7	47,815	14.4	4	35	2001	7	24,803	27.7	8	68	2001	0	23,012	0.0	.	.
2002	4	48,102	8.2	1	26	2002	3	24,954	11.9	1	44	2002	1	23,148	4.1	0	31

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

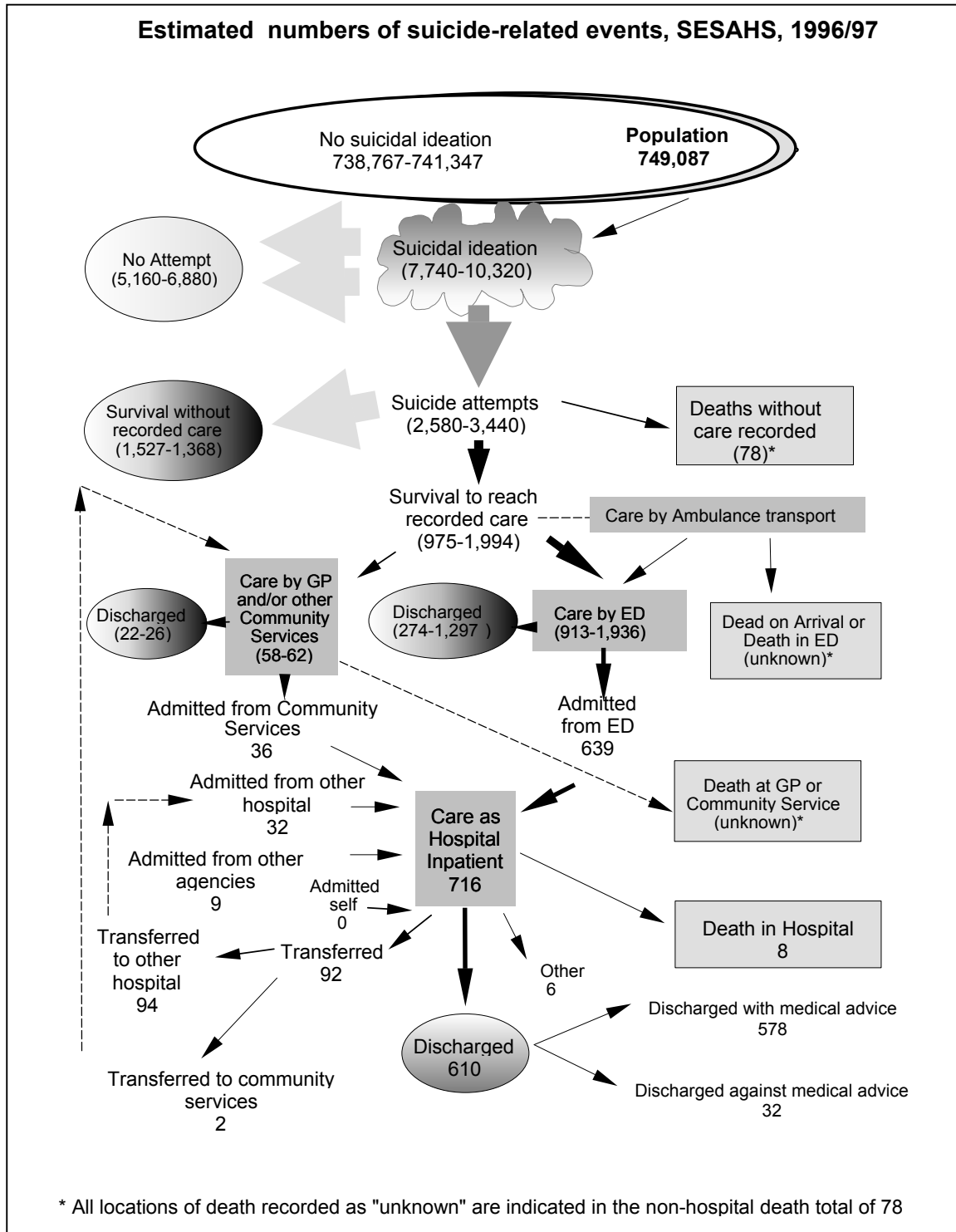
## Illawarra Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	15,644	11.2	1	52	1973	2	7,052	23.5	1	109	1973	0	8,592	0.0	.	.
1974	2	16,507	12.4	0	58	1974	2	7,428	28.4	0	136	1974	0	9,079	0.0	.	.
1975	2	17,304	11.6	0	55	1975	2	7,766	26.6	0	127	1975	0	9,538	0.0	.	.
1976	2	18,276	9.7	0	45	1976	2	8,177	20.2	1	94	1976	0	10,099	0.0	.	.
1977	1	19,387	4.8	0	36	1977	1	8,680	10.2	0	76	1977	0	10,707	0.0	.	.
1978	3	20,565	13.8	1	51	1978	3	9,211	30.2	2	113	1978	0	11,354	0.0	.	.
1979	4	21,805	17.8	3	56	1979	2	9,778	20.6	0	98	1979	2	12,027	16.1	1	74
1980	3	23,036	12.1	1	44	1980	3	10,352	25.9	3	95	1980	0	12,684	0.0	.	.
1981	1	24,197	3.8	0	28	1981	1	10,878	8.2	0	61	1981	0	13,319	0.0	.	.
1982	3	25,384	11.9	1	44	1982	3	11,369	28.9	1	112	1982	0	14,015	0.0	.	.
1983	3	26,463	10.0	1	37	1983	2	11,808	14.1	1	65	1983	1	14,655	6.2	0	46
1984	3	27,530	10.6	1	39	1984	1	12,248	6.8	0	50	1984	2	15,282	13.4	1	62
1985	5	28,719	15.5	3	44	1985	3	12,779	19.8	2	73	1985	2	15,940	12.3	1	57
1986	3	30,283	9.0	1	33	1986	2	13,525	12.5	1	58	1986	1	16,758	5.8	0	43
1987	7	32,035	20.3	6	50	1987	7	14,380	43.2	12	106	1987	0	17,655	0.0	.	.
1988	6	33,593	19.8	5	52	1988	4	15,139	35.1	3	117	1988	2	18,454	11.3	1	53
1989	6	35,365	16.9	4	44	1989	5	15,990	32.2	6	93	1989	1	19,375	5.1	0	38
1990	5	36,936	13.6	3	39	1990	4	16,762	25.0	4	80	1990	1	20,174	5.0	0	37
1991	5	38,662	12.7	3	36	1991	4	17,621	23.7	3	76	1991	1	21,041	4.6	0	34
1992	5	40,316	12.4	3	35	1992	4	18,368	21.9	3	70	1992	1	21,948	4.7	0	35
1993	5	41,995	13.1	3	37	1993	5	19,120	33.6	6	98	1993	0	22,875	0.0	.	.
1994	5	43,490	11.2	2	32	1994	4	19,789	19.8	3	63	1994	1	23,701	4.3	0	32
1995	8	44,803	17.7	6	41	1995	6	20,373	29.5	7	77	1995	2	24,430	7.7	0	36
1996	2	46,292	4.3	0	20	1996	1	21,035	4.1	0	31	1996	1	25,257	4.1	0	31
1997	10	47,650	21.1	8	45	1997	7	21,678	31.0	9	76	1997	3	25,972	11.4	1	42
1998	11	48,800	22.2	9	46	1998	9	22,118	40.0	14	89	1998	2	26,682	7.3	0	34
1999	7	50,054	14.0	4	34	1999	7	22,708	33.6	9	83	1999	0	27,346	0.0	.	.
2000	5	51,157	9.9	2	28	2000	5	23,166	22.8	5	65	2000	0	27,991	0.0	.	.
2001	9	52,033	16.3	6	36	2001	7	23,498	28.9	8	71	2001	2	28,535	6.5	0	30
2002	5	53,181	9.1	2	26	2002	4	23,984	16.4	3	52	2002	1	29,197	2.9	0	22

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



## South Eastern Sydney Area Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

### South Eastern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	112	717,071	15.5	12	20	1973	72	354,546	21.0	15	29	1973	40	362,525	10.6	7	16
1974	114	715,315	15.8	12	20	1974	69	353,427	20.0	14	27	1974	45	361,888	12.6	8	18
1975	122	711,527	16.9	13	21	1975	77	351,126	22.5	16	30	1975	45	360,400	12.2	8	18
1976	115	706,419	16.0	12	20	1976	86	347,960	24.5	18	32	1976	29	358,459	7.7	4	12
1977	99	701,669	14.1	11	18	1977	73	345,539	22.1	16	30	1977	26	356,130	7.2	4	12
1978	111	698,444	15.9	12	20	1978	68	343,865	19.9	14	27	1978	43	354,579	11.4	7	17
1979	106	696,038	14.8	11	19	1979	72	342,687	20.4	15	28	1979	34	353,351	9.1	5	14
1980	78	693,901	11.2	8	15	1980	51	341,795	14.9	10	21	1980	27	352,106	7.5	4	12
1981	79	692,189	10.9	8	15	1981	51	341,161	14.9	10	21	1981	28	351,028	7.8	4	12
1982	104	695,740	14.3	11	18	1982	68	343,478	19.2	14	26	1982	36	352,262	9.4	6	14
1983	93	696,696	12.8	10	17	1983	68	344,367	19.0	14	26	1983	25	352,329	6.7	4	11
1984	77	697,796	10.4	8	14	1984	58	345,225	16.8	12	23	1984	19	352,571	4.9	2	9
1985	81	700,265	10.6	8	14	1985	65	346,920	17.3	12	24	1985	16	353,345	3.9	2	7
1986	93	696,184	12.6	9	16	1986	69	344,897	18.8	13	25	1986	24	351,288	6.3	3	10
1987	108	703,749	14.2	11	18	1987	84	348,509	22.6	17	30	1987	24	355,240	6.1	3	10
1988	95	710,957	12.5	9	16	1988	67	352,076	18.0	13	24	1988	28	358,880	7.0	4	11
1989	105	712,018	13.7	11	18	1989	76	352,587	20.3	15	27	1989	29	359,431	7.6	4	12
1990	116	710,869	15.1	12	19	1990	94	352,101	25.3	19	33	1990	22	358,768	5.7	3	10
1991	102	712,946	13.4	10	17	1991	75	352,895	20.1	15	27	1991	27	360,051	6.9	4	11
1992	110	717,054	14.2	11	18	1992	82	355,144	21.7	16	29	1992	28	361,910	7.0	4	11
1993	85	717,847	10.9	8	14	1993	59	355,812	15.2	11	21	1993	26	362,035	6.5	4	11
1994	121	722,402	15.6	12	20	1994	92	358,537	24.3	18	32	1994	29	363,865	7.3	4	12
1995	109	730,985	13.6	10	17	1995	82	363,363	20.6	15	27	1995	27	367,621	6.7	4	11
1996	79	742,079	10.0	7	13	1996	63	369,144	16.1	11	22	1996	16	372,935	3.8	2	7
1997	113	752,188	13.7	11	17	1997	77	374,423	19.0	14	25	1997	36	377,765	8.5	5	13
1998	107	758,959	12.9	10	17	1998	87	378,446	21.1	16	28	1998	20	380,512	4.8	2	8
1999	104	767,604	12.4	9	16	1999	74	383,347	17.8	13	24	1999	30	384,257	7.6	4	12
2000	79	775,552	9.5	7	13	2000	57	387,938	13.9	10	19	2000	22	387,614	5.2	3	9
2001	71	775,200	8.2	6	11	2001	55	386,408	12.8	9	18	2001	16	388,792	3.5	2	6
2002	65	780,190	7.5	5	10	2002	53	389,000	12.4	8	18	2002	12	391,190	2.6	1	5

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

**South Eastern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds**

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	16	125,277	12.1	6	22	1973	10	62,771	15.2	6	33	1973	6	62,506	9.0	2	24
1974	18	124,083	14.4	7	26	1974	14	62,063	22.5	10	43	1974	4	62,020	6.3	1	20
1975	9	122,105	7.4	3	16	1975	7	60,839	11.5	3	28	1975	2	61,266	3.3	0	15
1976	15	120,426	12.4	6	23	1976	13	59,947	21.7	9	43	1976	2	60,479	3.1	0	15
1977	14	120,765	11.5	5	22	1977	10	60,232	16.3	6	35	1977	4	60,533	6.8	1	21
1978	23	120,869	18.9	10	32	1978	13	60,378	21.5	9	42	1978	10	60,490	16.3	6	35
1979	18	121,392	14.6	7	26	1979	12	60,741	19.6	8	40	1979	6	60,651	9.6	2	25
1980	12	120,832	10.0	4	20	1980	9	60,537	15.1	5	34	1980	3	60,296	4.9	1	18
1981	11	120,250	8.7	3	18	1981	8	60,352	12.7	4	30	1981	3	59,898	4.6	1	17
1982	16	120,292	12.5	6	23	1982	14	60,464	21.5	10	41	1982	2	59,829	3.4	0	16
1983	9	119,068	6.9	2	15	1983	6	59,892	8.8	2	23	1983	3	59,177	4.9	1	18
1984	15	118,230	12.4	6	23	1984	13	59,522	21.6	9	43	1984	2	58,707	3.0	0	14
1985	9	117,711	7.5	3	17	1985	6	59,323	9.9	2	26	1985	3	58,388	5.0	1	18
1986	14	116,157	11.5	5	22	1986	11	58,509	18.1	7	38	1986	3	57,648	4.8	1	17
1987	18	117,829	15.4	8	27	1987	14	59,257	23.8	11	46	1987	4	58,572	6.9	1	22
1988	21	118,779	17.5	9	30	1988	16	59,703	26.7	13	49	1988	5	59,076	8.1	2	23
1989	18	118,079	15.1	7	27	1989	16	59,322	26.4	12	49	1989	2	58,757	3.7	0	17
1990	23	117,407	18.8	10	31	1990	20	59,012	32.4	17	56	1990	3	58,395	5.0	1	18
1991	19	117,299	15.5	8	27	1991	10	58,880	16.4	6	35	1991	9	58,419	14.6	5	33
1992	14	116,487	11.3	5	22	1992	13	58,533	20.9	9	41	1992	1	57,954	1.5	0	11
1993	15	114,853	11.5	5	22	1993	12	57,809	17.8	7	36	1993	3	57,044	5.1	1	19
1994	19	113,648	16.8	8	30	1994	15	57,361	25.5	11	48	1994	4	56,288	8.1	1	26
1995	14	112,816	11.2	5	22	1995	11	57,086	17.7	7	37	1995	3	55,730	4.5	1	17
1996	11	111,540	10.0	4	21	1996	8	56,490	14.6	5	34	1996	3	55,050	5.3	1	20
1997	23	110,419	19.1	10	32	1997	18	55,941	28.9	14	52	1997	5	54,478	9.2	2	26
1998	10	108,415	8.6	3	18	1998	8	55,040	13.8	4	32	1998	2	53,375	3.2	0	15
1999	12	107,354	11.2	5	23	1999	6	54,561	10.2	3	27	1999	6	52,793	12.3	3	32
2000	7	106,934	6.8	2	17	2000	5	54,300	9.7	2	27	2000	2	52,634	3.9	0	18
2001	6	106,542	5.5	1	14	2001	6	54,188	10.8	3	28	2001	0	52,353	0.0	.	.
2002	8	106,373	6.6	2	15	2002	7	54,134	11.3	3	28	2002	1	52,239	1.7	0	12

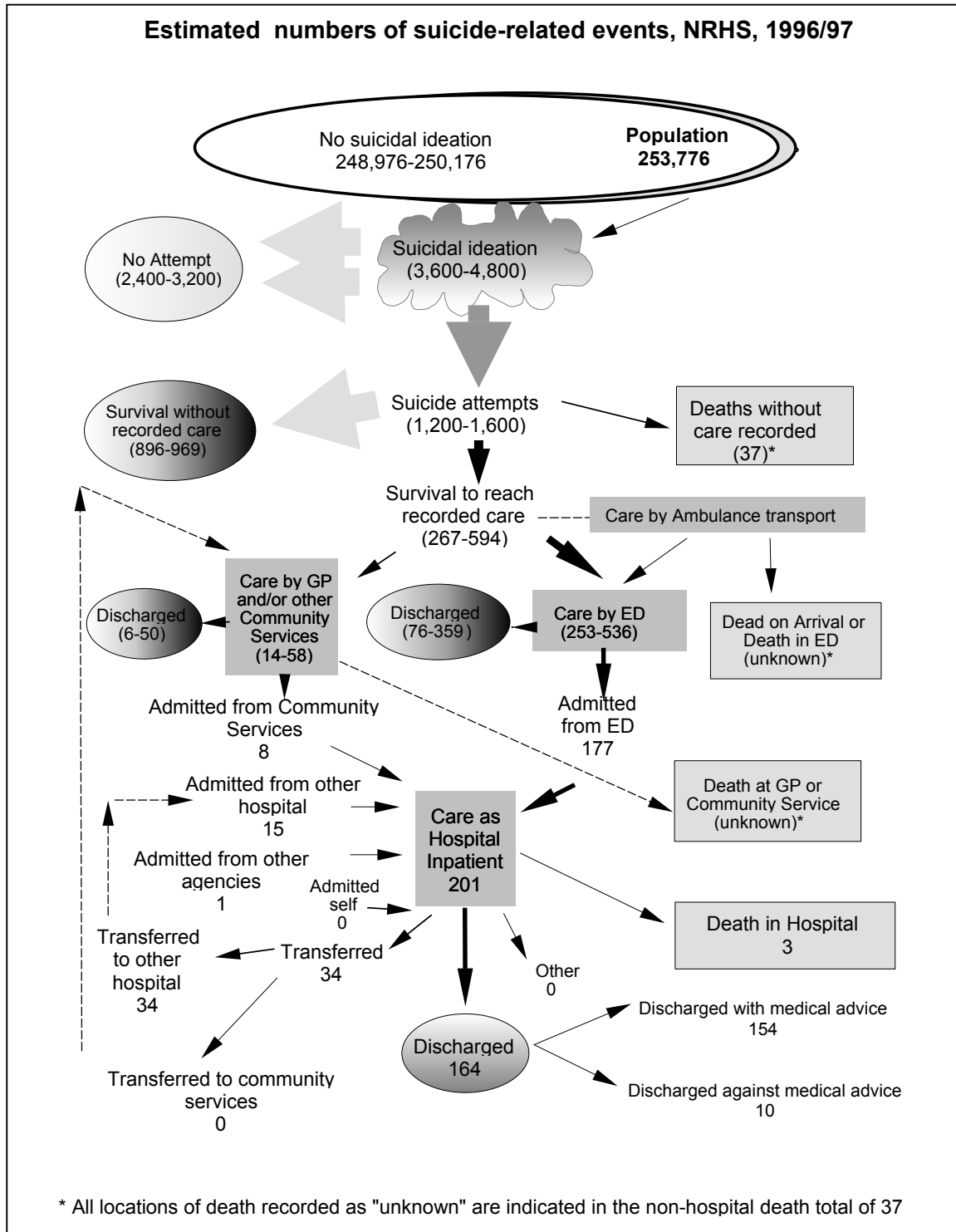
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

**South Eastern Sydney Area Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds**

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	19	72,938	24.4	12	43	1973	14	28,297	45.6	19	90	1973	5	44,642	11.1	2	31
1974	22	74,307	27.8	15	48	1974	15	28,892	50.8	23	96	1974	7	45,415	13.5	3	35
1975	23	75,349	30.5	17	51	1975	16	29,325	53.5	25	100	1975	7	46,023	15.2	4	37
1976	13	77,247	16.7	7	33	1976	10	30,064	30.3	11	65	1976	3	47,183	6.2	1	23
1977	18	78,226	23.2	11	41	1977	14	30,547	49.9	21	98	1977	4	47,679	8.2	1	26
1978	10	79,559	12.3	5	26	1978	2	31,160	5.6	0	26	1978	8	48,399	16.7	5	39
1979	14	81,074	16.7	7	32	1979	6	31,866	17.4	4	46	1979	8	49,207	16.3	5	38
1980	18	82,655	22.0	11	39	1980	10	32,635	29.1	11	63	1980	8	50,020	15.7	5	37
1981	14	84,043	16.7	7	32	1981	9	33,264	31.0	10	71	1981	5	50,779	10.0	2	28
1982	18	85,280	21.1	10	38	1982	8	33,843	24.8	7	59	1982	10	51,436	19.4	7	42
1983	13	86,240	15.1	6	30	1983	8	34,276	23.1	7	54	1983	5	51,965	9.6	2	27
1984	19	87,257	22.1	11	39	1984	14	34,753	43.6	18	85	1984	5	52,504	9.4	2	27
1985	12	88,612	13.1	5	26	1985	9	35,469	22.9	8	51	1985	3	53,143	5.5	1	20
1986	12	90,341	13.1	5	26	1986	7	36,260	18.6	5	46	1986	5	54,081	9.2	2	26
1987	23	92,130	24.4	13	41	1987	15	37,176	39.1	18	74	1987	8	54,954	14.8	5	34
1988	14	93,476	15.0	7	29	1988	7	37,875	19.4	5	48	1988	7	55,601	11.6	3	28
1989	18	94,400	19.0	9	34	1989	11	38,399	30.8	12	65	1989	7	56,000	12.2	3	30
1990	20	94,637	20.9	11	36	1990	15	38,665	42.0	19	80	1990	5	55,972	9.6	2	27
1991	16	96,021	16.6	8	31	1991	11	39,420	28.5	11	59	1991	5	56,601	9.0	2	26
1992	21	96,765	21.5	11	37	1992	13	39,913	33.7	14	66	1992	8	56,852	14.2	4	33
1993	16	97,516	16.4	8	30	1993	8	40,414	19.6	6	45	1993	8	57,102	14.4	5	33
1994	25	98,387	25.0	14	41	1994	15	40,974	38.2	17	72	1994	10	57,414	17.4	6	38
1995	18	99,416	17.5	9	31	1995	9	41,618	21.2	7	47	1995	9	57,798	16.6	6	37
1996	11	100,933	11.0	4	23	1996	8	42,452	18.8	6	44	1996	3	58,481	4.2	0	15
1997	17	101,569	15.8	8	29	1997	9	42,862	20.8	7	46	1997	8	58,706	13.7	4	32
1998	14	101,925	14.1	6	27	1998	12	43,145	28.0	11	56	1998	2	58,780	2.8	0	13
1999	18	102,463	16.6	8	30	1999	16	43,584	36.8	17	68	1999	2	58,879	1.9	0	9
2000	18	102,627	17.7	9	32	2000	11	43,800	24.7	10	51	2000	7	58,827	12.3	3	30
2001	8	103,094	7.5	2	18	2001	4	44,084	9.3	2	30	2001	4	59,010	5.5	1	18
2002	12	103,745	11.5	4	24	2002	8	44,570	18.4	6	43	2002	4	59,175	6.2	1	20

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Northern Rivers Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Northern Rivers Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	7	136,011	5.9	2	15	1973	6	67,925	10.3	2	27	1973	1	68,086	1.4	0	10
1974	17	137,984	13.9	7	25	1974	14	68,873	24.1	11	47	1974	3	69,111	3.5	0	13
1975	8	139,542	6.9	2	16	1975	6	69,583	10.7	2	28	1975	2	69,959	3.8	0	18
1976	10	140,850	8.9	3	19	1976	7	70,130	12.8	4	32	1976	3	70,720	5.1	0	19
1977	11	145,948	7.5	3	16	1977	10	72,658	13.8	5	30	1977	1	73,290	1.5	0	11
1978	6	151,290	4.3	1	11	1978	5	75,312	7.2	1	21	1978	1	75,978	1.6	0	12
1979	8	156,780	5.7	2	13	1979	7	78,030	11.3	3	28	1979	1	78,750	1.0	0	7
1980	17	162,372	11.7	6	21	1980	16	80,859	21.8	10	40	1980	1	81,513	1.6	0	12
1981	22	168,099	12.9	7	22	1981	17	83,758	20.5	10	38	1981	5	84,341	6.3	1	18
1982	12	173,009	7.2	3	15	1982	8	86,196	10.2	3	24	1982	4	86,813	4.5	1	14
1983	16	177,329	10.1	5	19	1983	13	88,303	16.2	7	32	1983	3	89,026	3.9	0	15
1984	19	181,661	11.0	6	19	1984	16	90,396	19.3	9	36	1984	3	91,265	3.8	0	14
1985	18	186,347	9.7	5	17	1985	11	92,709	13.1	5	28	1985	7	93,638	6.7	2	17
1986	26	191,362	13.8	8	22	1986	20	95,191	21.3	11	37	1986	6	96,171	6.3	2	17
1987	36	196,770	18.4	11	28	1987	32	97,931	32.8	20	51	1987	4	98,839	4.3	1	14
1988	25	202,794	13.6	8	22	1988	20	101,007	21.5	11	37	1988	5	101,787	5.8	1	16
1989	23	210,273	11.8	6	20	1989	20	104,797	20.7	11	36	1989	3	105,476	2.9	0	11
1990	32	217,502	15.7	9	24	1990	28	108,494	28.4	16	46	1990	4	109,008	3.9	1	12
1991	30	224,245	13.7	8	22	1991	26	111,879	23.5	13	38	1991	4	112,366	4.2	1	13
1992	22	229,445	10.2	5	17	1992	19	114,330	17.8	9	32	1992	3	115,115	2.8	0	11
1993	25	234,208	10.8	6	18	1993	18	116,572	15.7	8	28	1993	7	117,636	6.2	2	15
1994	41	239,821	18.1	11	27	1994	35	119,235	31.8	19	49	1994	6	120,586	4.3	1	11
1995	30	244,521	13.2	8	21	1995	24	121,452	20.9	11	35	1995	6	123,069	5.8	1	15
1996	49	248,002	21.2	14	31	1996	38	123,026	33.7	21	51	1996	11	124,976	8.8	3	18
1997	41	251,651	17.9	11	27	1997	29	124,719	26.6	15	43	1997	12	126,932	9.7	4	20
1998	53	254,987	22.7	15	32	1998	43	126,312	38.9	25	58	1998	10	128,675	7.1	2	16
1999	38	257,014	15.3	9	23	1999	31	127,211	25.3	15	40	1999	7	129,803	5.8	2	14
2000	50	259,324	18.5	12	27	2000	40	128,387	30.3	19	45	2000	10	130,937	7.4	3	16
2001	40	266,508	15.4	10	23	2001	31	131,922	25.5	15	40	2001	9	134,586	5.7	2	13
2002	31	270,162	11.9	7	19	2002	19	133,688	14.8	7	26	2002	12	136,474	9.0	4	18

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Northern Rivers Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	20,917	5.9	0	44	1973	1	10,559	11.6	0	86	1973	0	10,358	0.0	.	.
1974	4	21,413	21.0	3	67	1974	4	10,815	41.5	7	132	1974	0	10,598	0.0	.	.
1975	0	21,790	0.0	.	.	1975	0	10,995	0.0	.	.	1975	0	10,795	0.0	.	.
1976	2	22,246	10.9	1	50	1976	1	11,240	10.8	0	80	1976	1	11,006	11.0	0	82
1977	1	23,152	3.7	0	27	1977	1	11,690	7.3	0	54	1977	0	11,462	0.0	.	.
1978	2	23,947	9.8	1	45	1978	1	12,077	9.7	0	72	1978	1	11,870	9.8	0	73
1979	2	24,804	9.2	0	43	1979	2	12,495	18.3	1	85	1979	0	12,309	0.0	.	.
1980	4	25,414	17.4	3	55	1980	4	12,783	34.7	6	109	1980	0	12,631	0.0	.	.
1981	3	26,000	12.3	1	45	1981	2	13,070	16.4	1	76	1981	1	12,930	8.2	0	61
1982	4	26,123	15.8	3	50	1982	3	13,158	23.3	3	85	1982	1	12,965	8.1	0	60
1983	0	25,994	0.0	.	.	1983	0	13,107	0.0	.	.	1983	0	12,887	0.0	.	.
1984	2	25,987	7.7	0	36	1984	1	13,122	8.1	0	60	1984	1	12,865	7.4	0	55
1985	4	26,092	15.4	3	49	1985	3	13,198	23.5	3	86	1985	1	12,894	7.3	0	54
1986	7	26,282	24.9	7	61	1986	6	13,276	42.3	11	111	1986	1	13,006	7.0	0	52
1987	5	26,790	18.5	4	53	1987	4	13,588	27.8	4	88	1987	1	13,202	8.7	0	64
1988	4	27,177	17.5	3	55	1988	3	13,845	26.0	3	95	1988	1	13,332	8.8	0	66
1989	4	27,555	14.9	2	48	1989	4	14,101	29.3	5	93	1989	0	13,454	0.0	.	.
1990	5	27,914	17.8	4	51	1990	5	14,358	34.6	7	99	1990	0	13,556	0.0	.	.
1991	2	28,074	8.4	0	39	1991	1	14,486	8.3	0	61	1991	1	13,588	8.6	0	64
1992	5	28,491	19.2	4	55	1992	4	14,721	29.5	5	93	1992	1	13,770	8.3	0	62
1993	3	28,851	11.7	1	43	1993	3	14,921	22.7	3	83	1993	0	13,930	0.0	.	.
1994	5	29,329	18.3	4	52	1994	5	15,195	35.3	8	100	1994	0	14,134	0.0	.	.
1995	7	29,707	24.9	7	61	1995	5	15,414	33.5	7	95	1995	2	14,293	15.6	1	72
1996	8	29,866	27.2	9	63	1996	7	15,505	46.6	13	114	1996	1	14,361	6.2	0	46
1997	6	30,063	20.4	5	54	1997	3	15,626	20.5	2	76	1997	3	14,437	20.2	2	74
1998	11	30,687	37.4	14	78	1998	10	15,980	66.7	24	144	1998	1	14,707	5.8	0	43
1999	5	31,165	18.3	4	52	1999	3	16,234	22.5	3	82	1999	2	14,931	13.8	1	65
2000	6	31,632	18.4	4	48	2000	4	16,450	25.1	4	80	2000	2	15,182	11.2	1	52
2001	6	32,226	18.1	4	47	2001	5	16,735	29.6	6	85	2001	1	15,491	5.6	0	41
2002	1	32,654	3.6	0	27	2002	1	16,971	7.0	0	52	2002	0	15,683	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

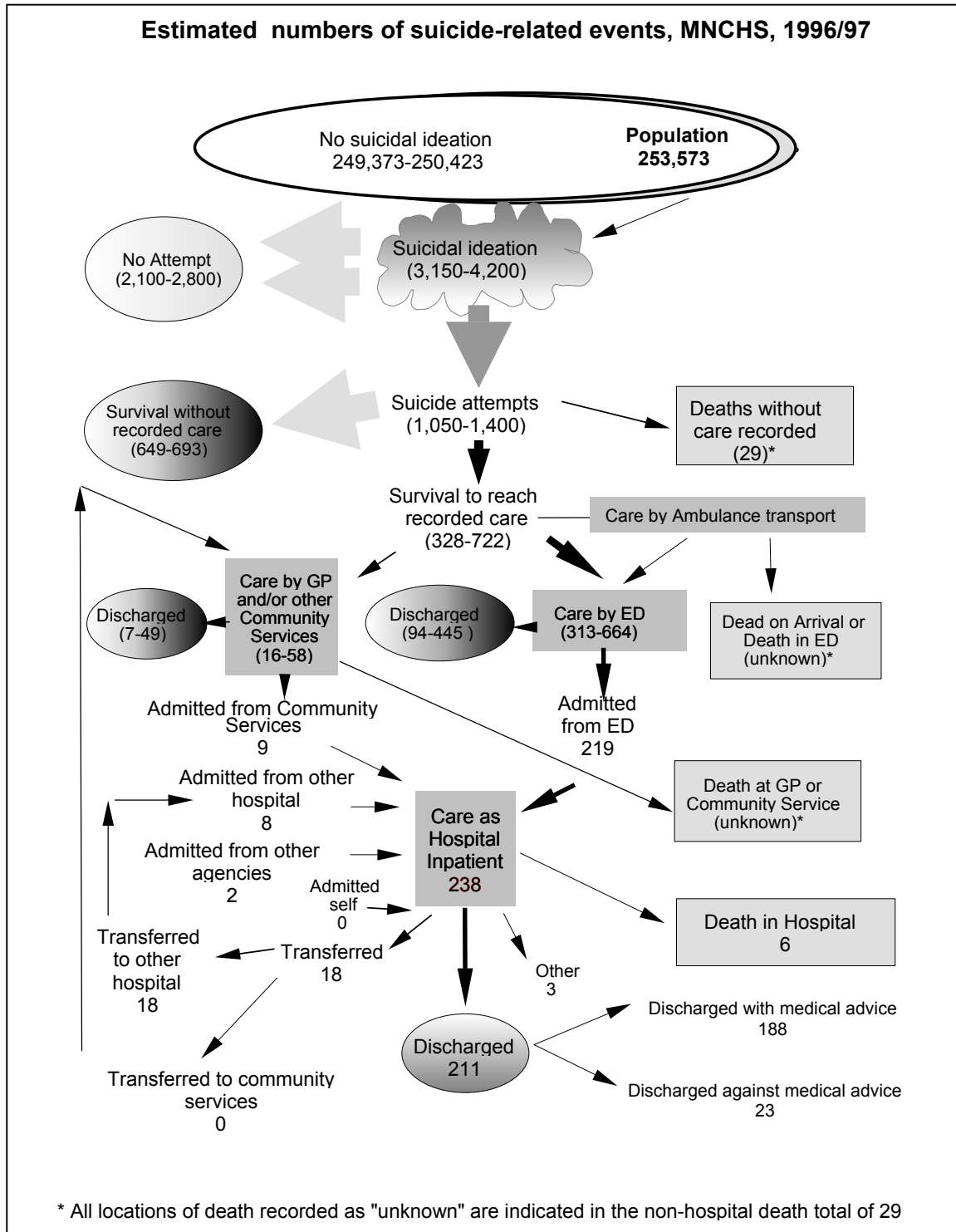
## Northern Rivers Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	15,023	6.3	0	47	1973	0	6,949	0.0	.	.	1973	1	8,074	12.0	0	89
1974	0	15,619	0.0	.	.	1974	0	7,237	0.0	.	.	1974	0	8,382	0.0	.	.
1975	3	16,145	19.2	2	71	1975	3	7,483	45.7	3	175	1975	0	8,662	0.0	.	.
1976	0	16,843	0.0	.	.	1976	0	7,798	0.0	.	.	1976	0	9,045	0.0	.	.
1977	3	17,501	17.5	2	64	1977	3	8,073	38.1	4	141	1977	0	9,428	0.0	.	.
1978	0	18,225	0.0	.	.	1978	0	8,384	0.0	.	.	1978	0	9,841	0.0	.	.
1979	2	19,008	11.6	0	54	1979	2	8,716	31.6	0	153	1979	0	10,292	0.0	.	.
1980	1	19,791	4.4	0	33	1980	1	9,072	9.0	0	67	1980	0	10,719	0.0	.	.
1981	3	20,519	14.6	2	54	1981	2	9,378	28.5	0	139	1981	1	11,141	8.5	0	63
1982	2	21,565	10.0	0	47	1982	1	9,830	14.9	0	111	1982	1	11,735	8.2	0	61
1983	1	22,526	4.0	0	30	1983	1	10,232	8.5	0	63	1983	0	12,294	0.0	.	.
1984	5	23,494	21.8	5	62	1984	5	10,644	52.6	9	154	1984	0	12,850	0.0	.	.
1985	7	24,555	28.6	8	70	1985	4	11,128	39.7	4	131	1985	3	13,427	22.5	3	82
1986	3	25,920	10.8	1	39	1986	3	11,795	22.3	3	82	1986	0	14,125	0.0	.	.
1987	5	27,232	17.7	4	50	1987	5	12,438	37.1	8	105	1987	0	14,794	0.0	.	.
1988	2	28,499	6.9	0	32	1988	2	13,050	15.1	1	70	1988	0	15,449	0.0	.	.
1989	2	30,108	6.3	0	29	1989	1	13,816	6.4	0	47	1989	1	16,292	6.2	0	46
1990	6	31,522	20.2	5	53	1990	5	14,502	44.4	9	127	1990	1	17,020	6.0	0	44
1991	3	33,083	9.3	1	34	1991	3	15,266	20.9	2	77	1991	0	17,817	0.0	.	.
1992	4	34,473	12.0	2	38	1992	3	15,880	20.7	2	76	1992	1	18,593	5.1	0	38
1993	4	35,945	11.1	2	35	1993	4	16,524	24.4	4	77	1993	0	19,421	0.0	.	.
1994	2	37,431	5.4	0	25	1994	1	17,188	6.5	0	49	1994	1	20,243	4.1	0	31
1995	4	38,615	10.5	2	33	1995	4	17,714	22.4	4	71	1995	0	20,901	0.0	.	.
1996	5	39,660	13.4	3	38	1996	5	18,177	27.5	6	78	1996	0	21,483	0.0	.	.
1997	8	40,494	20.5	7	48	1997	6	18,568	31.8	8	83	1997	2	21,926	9.9	0	46
1998	8	41,421	19.0	6	44	1998	4	19,012	23.2	4	74	1998	4	22,409	19.4	3	61
1999	6	42,143	13.8	3	36	1999	6	19,272	31.7	8	83	1999	0	22,871	0.0	.	.
2000	7	42,945	15.5	4	38	2000	6	19,633	29.8	8	78	2000	1	23,312	3.9	0	29
2001	5	43,608	11.1	2	32	2001	4	19,754	20.0	3	63	2001	1	23,854	3.8	0	28
2002	6	44,445	13.9	3	36	2002	5	20,101	25.1	5	72	2002	1	24,344	3.7	0	27

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



### Mid North Coast Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Mid North Coast Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	8	118,286	6.7	2	16	1973	7	59,650	12.1	3	30	1973	1	58,636	1.7	0	12
1974	8	122,133	7.1	2	17	1974	6	61,560	10.8	3	29	1974	2	60,573	3.2	0	15
1975	11	125,675	8.5	3	18	1975	8	63,270	12.7	4	30	1975	3	62,405	4.0	0	15
1976	14	128,952	12.0	5	23	1976	12	64,843	20.7	8	42	1976	2	64,109	3.3	0	16
1977	13	135,249	10.4	4	21	1977	12	67,863	19.8	8	40	1977	1	67,386	1.0	0	8
1978	12	141,730	7.9	3	16	1978	12	70,954	16.4	6	34	1978	0	70,776	0.0	.	.
1979	12	148,329	9.1	4	18	1979	9	74,130	13.9	5	31	1979	3	74,199	4.2	0	16
1980	9	155,053	6.6	2	15	1980	8	77,397	12.8	4	31	1980	1	77,656	1.5	0	11
1981	14	161,889	9.6	4	18	1981	11	80,739	15.3	6	32	1981	3	81,150	3.9	0	15
1982	19	168,187	11.4	6	20	1982	18	83,788	22.7	11	41	1982	1	84,399	0.8	0	6
1983	19	173,918	11.7	6	21	1983	18	86,527	22.4	11	40	1983	1	87,391	1.4	0	11
1984	20	179,637	11.1	6	19	1984	19	89,243	21.2	11	38	1984	1	90,394	1.3	0	10
1985	19	185,696	11.6	6	21	1985	13	92,156	16.5	7	33	1985	6	93,540	7.4	2	19
1986	9	191,884	5.3	2	12	1986	8	95,219	9.3	3	22	1986	1	96,665	1.3	0	10
1987	24	197,162	12.8	7	21	1987	22	97,813	24.2	13	41	1987	2	99,349	2.4	0	11
1988	31	202,917	16.1	10	25	1988	23	100,671	24.5	13	41	1988	8	102,246	8.5	3	20
1989	22	211,563	11.7	6	20	1989	19	104,963	21.0	10	37	1989	3	106,600	2.3	0	9
1990	21	219,373	9.9	5	17	1990	17	108,852	16.6	8	30	1990	4	110,521	3.9	0	13
1991	29	226,110	13.3	8	21	1991	24	112,154	22.5	12	37	1991	5	113,956	4.5	1	13
1992	30	231,647	14.3	8	23	1992	24	114,741	23.8	13	40	1992	6	116,906	4.8	1	13
1993	29	235,563	12.9	7	21	1993	21	116,526	18.6	10	32	1993	8	119,037	7.4	2	17
1994	36	240,591	14.8	9	23	1994	32	118,877	26.7	16	42	1994	4	121,714	3.1	0	10
1995	32	245,222	13.4	8	21	1995	28	121,032	24.2	13	39	1995	4	124,190	3.2	0	11
1996	36	248,333	14.4	9	22	1996	26	122,421	20.1	11	33	1996	10	125,912	8.7	3	20
1997	40	251,334	18.2	11	27	1997	32	123,880	30.5	18	48	1997	8	127,454	6.0	2	14
1998	37	254,602	14.6	9	22	1998	32	125,418	25.3	15	40	1998	5	129,184	4.4	1	13
1999	37	257,548	15.3	9	24	1999	27	126,857	24.0	13	40	1999	10	130,691	7.2	3	16
2000	36	260,432	14.2	9	22	2000	32	128,263	24.5	14	39	2000	4	132,169	4.5	1	14
2001	46	264,454	17.4	11	26	2001	34	130,131	27.1	16	43	2001	12	134,323	8.3	3	17
2002	29	267,493	11.7	6	19	2002	25	131,565	20.8	11	35	2002	4	135,928	2.7	0	9

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Mid North Coast Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	16,809	6.9	0	51	1973	1	8,494	13.7	0	102	1973	0	8,315	0.0	.	.
1974	2	17,463	11.7	1	54	1974	2	8,847	23.1	1	108	1974	0	8,616	0.0	.	.
1975	0	18,018	0.0	.	.	1975	0	9,133	0.0	.	.	1975	0	8,885	0.0	.	.
1976	2	18,642	12.6	1	58	1976	2	9,477	25.2	1	117	1976	0	9,165	0.0	.	.
1977	2	19,642	11.9	1	55	1977	2	9,975	23.7	1	110	1977	0	9,667	0.0	.	.
1978	1	20,567	5.6	0	41	1978	1	10,423	11.1	0	83	1978	0	10,144	0.0	.	.
1979	5	21,538	24.0	5	68	1979	4	10,898	37.2	6	118	1979	1	10,640	10.4	0	78
1980	1	22,306	4.9	0	36	1980	1	11,262	9.7	0	72	1980	0	11,044	0.0	.	.
1981	3	23,040	13.8	2	51	1981	2	11,620	18.3	1	85	1981	1	11,420	9.3	0	69
1982	1	23,413	4.1	0	30	1982	1	11,828	8.0	0	59	1982	0	11,585	0.0	.	.
1983	3	23,562	13.0	1	48	1983	3	11,912	25.7	3	94	1983	0	11,650	0.0	.	.
1984	0	23,814	0.0	.	.	1984	0	12,053	0.0	.	.	1984	0	11,761	0.0	.	.
1985	4	24,175	16.0	3	50	1985	4	12,251	31.5	5	99	1985	0	11,924	0.0	.	.
1986	3	24,611	13.8	2	50	1986	3	12,473	27.2	3	99	1986	0	12,138	0.0	.	.
1987	4	24,905	17.7	3	56	1987	4	12,660	34.8	6	110	1987	0	12,245	0.0	.	.
1988	4	25,087	16.4	3	52	1988	3	12,802	22.7	2	84	1988	1	12,285	9.9	0	73
1989	7	25,436	31.0	9	77	1989	7	13,031	60.8	17	150	1989	0	12,405	0.0	.	.
1990	3	25,665	13.0	1	48	1990	2	13,205	15.8	0	75	1990	1	12,460	10.0	0	74
1991	1	25,594	3.3	0	24	1991	1	13,209	6.3	0	47	1991	0	12,385	0.0	.	.
1992	7	25,917	28.4	8	70	1992	7	13,360	55.2	16	136	1992	0	12,557	0.0	.	.
1993	2	26,069	7.8	0	37	1993	2	13,409	15.3	1	71	1993	0	12,660	0.0	.	.
1994	5	26,389	21.0	4	60	1994	5	13,558	41.1	9	117	1994	0	12,831	0.0	.	.
1995	4	26,669	17.5	3	55	1995	3	13,690	25.9	3	95	1995	1	12,979	8.9	0	66
1996	6	26,755	20.5	5	54	1996	4	13,718	24.7	4	78	1996	2	13,037	15.7	1	73
1997	8	26,749	31.2	10	73	1997	7	13,727	54.9	15	136	1997	1	13,022	6.4	0	47
1998	4	27,326	15.5	2	50	1998	3	14,041	20.8	2	78	1998	1	13,285	9.9	0	73
1999	2	28,044	9.5	0	44	1999	2	14,380	18.5	1	86	1999	0	13,664	0.0	.	.
2000	1	28,688	2.8	0	21	2000	1	14,673	5.5	0	41	2000	0	14,015	0.0	.	.
2001	3	28,946	10.1	1	38	2001	1	14,872	8.7	0	65	2001	2	14,074	11.5	1	53
2002	4	29,342	14.3	2	46	2002	4	15,078	27.8	4	89	2002	0	14,264	0.0	.	.

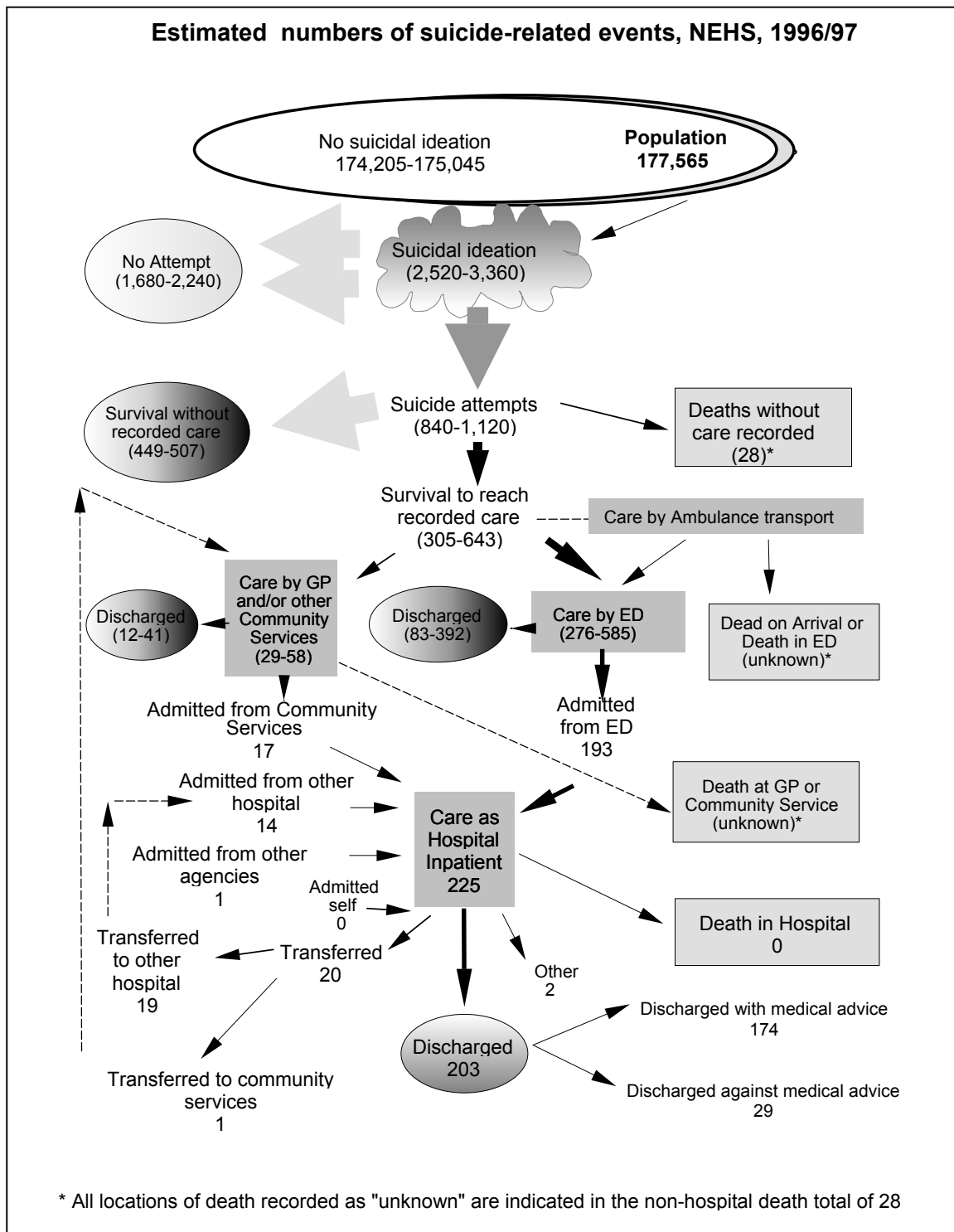
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Mid North Coast Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	12,825	16.6	1	77	1973	1	6,263	21.0	0	156	1973	1	6,562	14.9	0	111
1974	1	13,569	6.1	0	45	1974	1	6,612	11.9	0	88	1974	0	6,957	0.0	.	.
1975	2	14,281	12.3	1	57	1975	2	6,937	23.8	1	111	1975	0	7,344	0.0	.	.
1976	1	15,123	7.8	0	58	1976	1	7,321	17.3	0	128	1976	0	7,802	0.0	.	.
1977	4	16,173	23.9	4	76	1977	4	7,775	48.5	7	155	1977	0	8,398	0.0	.	.
1978	4	17,266	18.4	0	66	1978	4	8,246	41.7	-1	153	1978	0	9,020	0.0	.	.
1979	0	18,415	0.0	.	.	1979	0	8,758	0.0	.	.	1979	0	9,657	0.0	.	.
1980	3	19,560	18.6	2	70	1980	3	9,270	47.5	1	187	1980	0	10,290	0.0	.	.
1981	2	20,649	8.7	0	41	1981	2	9,749	17.9	1	83	1981	0	10,900	0.0	.	.
1982	5	22,001	24.3	5	70	1982	5	10,344	55.9	10	164	1982	0	11,657	0.0	.	.
1983	1	23,248	5.7	0	42	1983	1	10,879	14.3	0	106	1983	0	12,369	0.0	.	.
1984	6	24,502	23.9	6	63	1984	6	11,432	49.6	12	130	1984	0	13,070	0.0	.	.
1985	1	25,851	5.5	0	41	1985	1	12,049	18.3	0	136	1985	0	13,802	0.0	.	.
1986	0	27,426	0.0	.	.	1986	0	12,840	0.0	.	.	1986	0	14,586	0.0	.	.
1987	5	29,015	18.3	4	52	1987	5	13,589	45.0	7	133	1987	0	15,426	0.0	.	.
1988	8	30,538	26.4	8	62	1988	6	14,287	46.6	9	127	1988	2	16,251	12.4	1	57
1989	4	32,624	11.5	2	36	1989	2	15,251	11.6	1	54	1989	2	17,373	11.3	1	52
1990	5	34,436	14.9	3	42	1990	4	16,093	29.1	3	96	1990	1	18,343	5.4	0	40
1991	4	36,319	10.9	2	34	1991	3	16,990	18.1	2	67	1991	1	19,329	5.1	0	38
1992	1	38,048	2.5	0	18	1992	0	17,791	0.0	.	.	1992	1	20,257	4.8	0	36
1993	4	39,648	9.8	2	31	1993	3	18,517	15.5	2	57	1993	1	21,131	4.5	0	34
1994	6	41,269	14.3	4	37	1994	6	19,257	30.4	8	80	1994	0	22,012	0.0	.	.
1995	8	42,655	19.2	6	45	1995	6	19,892	29.1	7	76	1995	2	22,763	9.8	1	45
1996	8	43,812	18.5	6	43	1996	6	20,428	29.6	8	77	1996	2	23,384	7.1	0	33
1997	5	45,093	11.0	2	31	1997	2	21,041	10.0	0	46	1997	3	24,052	12.9	1	47
1998	4	46,334	9.0	1	28	1998	4	21,632	20.6	3	65	1998	0	24,702	0.0	.	.
1999	4	47,353	8.3	1	26	1999	4	22,085	18.5	3	59	1999	0	25,268	0.0	.	.
2000	5	48,436	10.1	2	29	2000	5	22,579	22.6	5	64	2000	0	25,857	0.0	.	.
2001	10	49,095	20.5	7	44	2001	8	22,581	34.3	11	80	2001	2	26,514	9.7	1	45
2002	4	50,207	7.7	1	24	2002	3	23,037	13.1	1	48	2002	1	27,170	3.4	0	25

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## New England Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December, 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## New England Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	19	172,659	12.1	6	21	1973	12	88,406	14.7	6	30	1973	7	84,253	9.3	3	23
1974	23	173,591	15.7	8	26	1974	19	88,710	25.9	12	47	1974	4	84,881	6.2	1	20
1975	15	174,075	10.0	5	19	1975	10	88,739	12.6	5	27	1975	5	85,336	7.1	1	20
1976	13	174,164	7.9	3	16	1976	10	88,547	13.2	4	29	1976	3	85,617	3.4	0	12
1977	21	174,610	13.2	7	23	1977	14	88,541	17.2	8	33	1977	7	86,069	8.9	3	22
1978	12	175,322	7.3	3	15	1978	9	88,682	10.5	4	23	1978	3	86,640	3.8	0	14
1979	14	176,181	8.7	4	17	1979	10	88,923	12.0	4	26	1979	4	87,258	5.3	1	17
1980	15	177,198	9.6	4	18	1980	13	89,263	17.5	7	35	1980	2	87,935	2.0	0	9
1981	16	178,329	10.2	5	19	1981	14	89,698	18.2	8	35	1981	2	88,631	2.9	0	14
1982	20	179,162	11.9	6	21	1982	17	90,095	20.0	10	36	1982	3	89,067	3.5	0	13
1983	15	179,338	8.7	4	16	1983	11	90,106	12.8	5	27	1983	4	89,232	4.6	1	15
1984	16	179,516	9.5	4	18	1984	14	90,103	16.2	7	31	1984	2	89,413	2.4	0	11
1985	21	180,138	12.7	7	22	1985	17	90,365	20.2	10	37	1985	4	89,773	5.0	1	16
1986	22	180,984	13.0	7	22	1986	19	90,836	22.5	11	40	1986	3	90,148	3.6	0	13
1987	28	181,364	16.7	10	27	1987	27	90,942	33.7	19	55	1987	1	90,422	1.3	0	10
1988	22	181,684	12.7	7	21	1988	17	91,070	19.7	10	36	1988	5	90,614	5.8	1	17
1989	25	182,701	14.1	8	23	1989	23	91,525	26.8	15	45	1989	2	91,176	2.1	0	10
1990	24	183,871	13.2	7	22	1990	22	92,078	23.9	13	41	1990	2	91,793	2.5	0	11
1991	20	185,354	11.0	6	19	1991	15	92,728	16.1	7	30	1991	5	92,626	5.2	1	15
1992	26	185,752	14.4	8	23	1992	21	92,826	23.6	12	40	1992	5	92,926	5.7	1	16
1993	33	184,573	17.5	11	27	1993	28	92,125	30.2	17	48	1993	5	92,448	5.8	1	16
1994	19	183,323	10.5	5	18	1994	15	91,395	18.2	8	34	1994	4	91,928	4.0	1	13
1995	21	180,756	11.9	6	20	1995	19	89,996	22.2	11	39	1995	2	90,760	1.9	0	9
1996	35	178,579	20.6	13	31	1996	29	88,787	34.4	20	55	1996	6	89,792	7.2	2	19
1997	25	177,149	15.6	9	26	1997	20	87,886	26.0	13	45	1997	5	89,263	5.3	1	15
1998	25	175,659	15.3	8	25	1998	22	87,223	27.8	15	47	1998	3	88,436	3.4	0	13
1999	31	174,546	18.9	11	30	1999	27	86,682	33.6	19	55	1999	4	87,864	5.1	1	16
2000	21	173,193	12.8	7	22	2000	18	85,991	22.1	11	40	2000	3	87,202	3.6	0	14
2001	30	174,008	16.7	10	27	2001	21	86,315	24.6	13	42	2001	9	87,693	9.5	3	21
2002	25	173,313	14.6	8	24	2002	21	85,950	24.7	13	43	2002	4	87,363	4.2	1	14

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## New England Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	30,105	6.7	0	31	1973	2	15,717	12.8	1	59	1973	0	14,388	0.0	.	.
1974	4	30,647	13.8	2	43	1974	4	15,968	26.2	4	83	1974	0	14,679	0.0	.	.
1975	2	31,005	5.9	0	27	1975	2	16,095	11.4	1	53	1975	0	14,910	0.0	.	.
1976	4	31,466	12.9	2	41	1976	2	16,316	12.4	1	58	1976	2	15,150	13.4	1	62
1977	2	31,592	5.7	0	26	1977	2	16,325	11.0	1	51	1977	0	15,267	0.0	.	.
1978	1	31,611	2.8	0	21	1978	1	16,273	5.6	0	41	1978	0	15,338	0.0	.	.
1979	1	31,670	2.9	0	21	1979	1	16,242	5.7	0	42	1979	0	15,428	0.0	.	.
1980	4	31,445	12.8	2	40	1980	3	16,058	19.2	2	70	1980	1	15,387	5.9	0	44
1981	2	31,200	6.4	0	30	1981	2	15,880	12.6	1	59	1981	0	15,320	0.0	.	.
1982	7	31,085	23.5	7	57	1982	7	15,857	45.6	13	112	1982	0	15,228	0.0	.	.
1983	4	30,684	13.3	2	42	1983	4	15,668	25.9	4	81	1983	0	15,016	0.0	.	.
1984	5	30,421	16.8	4	48	1984	5	15,553	32.7	7	92	1984	0	14,868	0.0	.	.
1985	3	30,286	10.4	1	38	1985	2	15,508	13.4	1	62	1985	1	14,778	7.2	0	53
1986	4	30,267	14.2	2	45	1986	4	15,511	27.5	5	86	1986	0	14,756	0.0	.	.
1987	6	30,239	21.9	6	57	1987	6	15,457	42.5	11	111	1987	0	14,782	0.0	.	.
1988	6	29,976	21.0	5	55	1988	5	15,301	33.7	7	96	1988	1	14,675	7.7	0	57
1989	5	29,646	17.5	4	50	1989	5	15,109	34.2	7	97	1989	0	14,537	0.0	.	.
1990	9	29,352	29.9	10	67	1990	8	14,947	51.2	16	119	1990	1	14,405	7.9	0	58
1991	8	29,002	26.0	8	60	1991	7	14,738	45.1	13	110	1991	1	14,264	6.4	0	48
1992	5	28,419	18.7	4	53	1992	3	14,432	22.0	2	80	1992	2	13,987	15.4	1	71
1993	4	27,567	14.5	2	46	1993	3	13,988	21.2	2	78	1993	1	13,579	7.8	0	58
1994	4	26,674	15.0	3	47	1994	4	13,525	29.6	5	93	1994	0	13,149	0.0	.	.
1995	4	25,608	15.7	3	49	1995	4	12,971	30.9	5	97	1995	0	12,637	0.0	.	.
1996	6	24,553	25.2	6	66	1996	5	12,407	41.0	9	116	1996	1	12,146	9.0	0	67
1997	8	24,168	34.4	11	80	1997	6	12,200	53.0	13	138	1997	2	11,968	14.9	1	69
1998	5	23,964	21.7	5	62	1998	5	12,065	42.9	9	122	1998	0	11,899	0.0	.	.
1999	9	23,815	38.9	13	87	1999	8	11,973	67.7	21	158	1999	1	11,842	9.8	0	73
2000	4	23,770	17.1	3	54	2000	3	11,934	26.5	3	97	2000	1	11,836	7.4	0	55
2001	3	23,593	13.4	1	49	2001	2	11,918	17.0	1	79	2001	1	11,675	9.7	0	72
2002	5	23,455	22.0	5	63	2002	4	11,834	34.2	6	108	2002	1	11,621	9.7	0	72

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

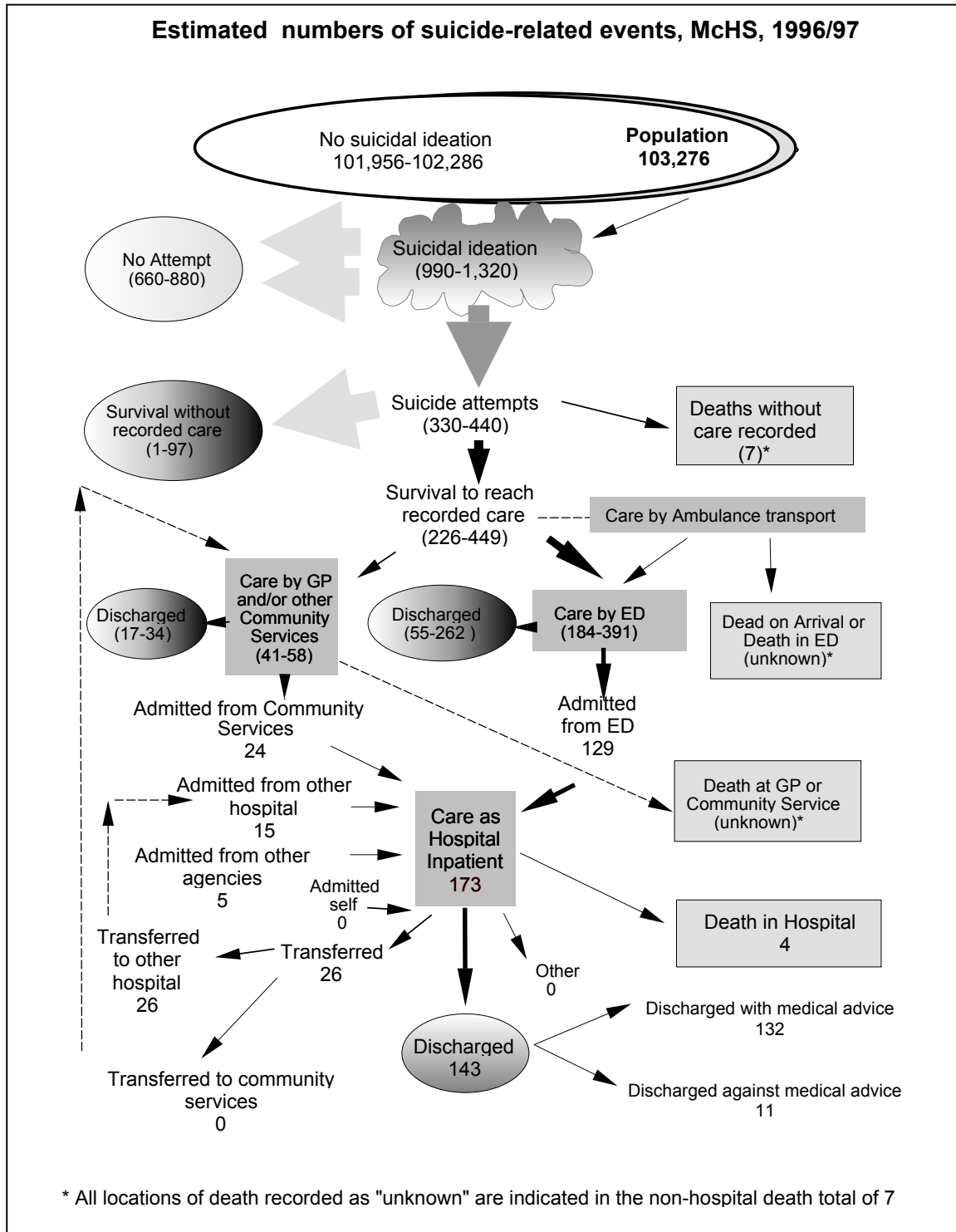
## New England Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ and older

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	0	13,110	0.0	.	.	1973	0	5,929	0.0	.	.	1973	0	7,181	0.0	.	.
1974	4	13,523	32.4	5	103	1974	3	6,112	59.3	5	222	1974	1	7,411	14.5	0	108
1975	1	13,934	7.0	0	52	1975	0	6,293	0.0	.	.	1975	1	7,641	13.3	0	99
1976	2	14,451	14.0	1	66	1976	2	6,518	35.9	0	173	1976	0	7,933	0.0	.	.
1977	1	14,747	6.6	0	49	1977	1	6,604	14.1	0	105	1977	0	8,143	0.0	.	.
1978	0	15,083	0.0	.	.	1978	0	6,709	0.0	.	.	1978	0	8,374	0.0	.	.
1979	2	15,456	11.6	1	54	1979	1	6,831	12.0	0	89	1979	1	8,625	11.2	0	83
1980	2	15,857	13.1	1	61	1980	2	6,978	32.5	1	155	1980	0	8,879	0.0	.	.
1981	3	16,189	18.4	2	68	1981	3	7,078	44.2	4	165	1981	0	9,111	0.0	.	.
1982	1	16,547	6.7	0	50	1982	1	7,205	15.7	0	117	1982	0	9,342	0.0	.	.
1983	2	16,835	11.2	1	52	1983	2	7,281	24.2	1	112	1983	0	9,554	0.0	.	.
1984	3	17,133	18.2	2	67	1984	2	7,375	25.1	1	116	1984	1	9,758	10.1	0	75
1985	4	17,501	22.6	4	71	1985	3	7,513	36.6	4	134	1985	1	9,988	9.8	0	73
1986	1	18,052	6.2	0	46	1986	1	7,756	17.1	0	127	1986	0	10,296	0.0	.	.
1987	4	18,439	22.4	4	71	1987	4	7,918	63.1	10	201	1987	0	10,521	0.0	.	.
1988	4	18,733	20.8	3	66	1988	3	8,045	35.5	4	130	1988	1	10,688	9.4	0	70
1989	5	19,183	26.0	6	74	1989	5	8,236	60.7	13	172	1989	0	10,947	0.0	.	.
1990	1	19,572	4.9	0	36	1990	1	8,402	13.2	0	98	1990	0	11,170	0.0	.	.
1991	2	20,154	9.5	0	44	1991	0	8,648	0.0	.	.	1991	2	11,506	15.8	1	73
1992	7	20,772	33.9	10	83	1992	6	8,942	65.1	17	170	1992	1	11,830	8.7	0	64
1993	6	21,310	27.7	7	72	1993	6	9,192	67.0	17	176	1993	0	12,118	0.0	.	.
1994	5	21,750	21.4	5	61	1994	3	9,405	38.5	4	141	1994	2	12,345	16.5	1	77
1995	2	21,940	7.8	0	36	1995	1	9,512	12.9	0	96	1995	1	12,428	6.6	0	49
1996	9	22,184	41.2	14	92	1996	7	9,644	70.2	20	172	1996	2	12,540	17.7	1	82
1997	5	22,490	21.2	4	60	1997	4	9,848	39.3	7	124	1997	1	12,642	4.6	0	35
1998	6	22,774	27.5	7	72	1998	6	10,076	60.2	15	157	1998	0	12,698	0.0	0	0
1999	7	22,976	30.6	9	75	1999	6	10,201	59.4	15	155	1999	1	12,775	10.0	0	74
2000	3	23,262	14.0	2	51	2000	3	10,354	29.5	3	108	2000	0	12,908	0.0	.	.
2001	4	23,434	16.6	3	53	2001	3	10,388	29.0	3	106	2001	1	13,046	9.8	0	73
2002	3	23,792	12.2	1	45	2002	1	10,554	8.9	0	66	2002	2	13,238	13.3	1	62

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause code  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



## Macquarie Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Macquarie Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	10	86,968	13.1	5	28	1973	9	44,511	23.4	8	52	1973	1	42,457	2.2	0	16
1974	6	87,327	7.8	2	20	1974	6	44,681	15.1	4	39	1974	0	42,646	0.0	.	.
1975	3	87,485	4.2	0	16	1975	2	44,725	6.2	0	30	1975	1	42,760	3.0	0	22
1976	6	87,420	8.3	2	22	1976	5	44,631	14.8	2	44	1976	1	42,789	2.9	0	22
1977	4	88,518	4.8	1	15	1977	4	45,110	9.4	2	30	1977	0	43,408	0.0	.	.
1978	13	89,759	15.7	7	31	1978	9	45,671	21.0	7	47	1978	4	44,088	9.9	2	31
1979	10	91,078	12.2	4	26	1979	8	46,287	18.9	6	44	1979	2	44,791	5.1	0	24
1980	8	92,499	9.7	3	23	1980	6	46,957	13.8	3	36	1980	2	45,542	5.2	0	24
1981	14	93,949	16.0	7	31	1981	9	47,659	19.8	7	44	1981	5	46,290	12.2	3	35
1982	13	94,737	15.1	6	30	1982	12	47,988	27.9	11	56	1982	1	46,749	2.2	0	16
1983	11	95,161	12.9	5	27	1983	11	48,118	26.6	10	56	1983	0	47,043	0.0	.	.
1984	11	95,607	12.3	5	25	1984	10	48,246	23.0	8	50	1984	1	47,361	2.2	0	16
1985	13	96,288	13.9	6	27	1985	12	48,521	27.1	11	55	1985	1	47,767	1.6	0	12
1986	14	96,699	15.5	7	30	1986	12	48,716	27.2	11	55	1986	2	47,983	4.3	0	20
1987	5	97,179	5.6	1	16	1987	3	48,913	6.5	1	24	1987	2	48,266	4.7	0	22
1988	14	97,608	15.1	7	29	1988	11	49,090	23.1	9	48	1988	3	48,518	6.7	1	25
1989	17	98,454	18.3	9	33	1989	16	49,483	34.2	16	63	1989	1	48,971	1.9	0	14
1990	9	99,920	9.6	3	21	1990	8	50,193	16.7	5	39	1990	1	49,727	2.1	0	16
1991	14	101,183	14.4	6	28	1991	12	50,755	24.2	10	49	1991	2	50,428	4.3	0	20
1992	19	102,358	19.6	10	34	1992	17	51,304	34.9	17	63	1992	2	51,054	4.1	0	19
1993	11	102,498	11.1	4	23	1993	10	51,339	20.0	7	43	1993	1	51,159	2.0	0	15
1994	12	102,930	12.2	5	25	1994	11	51,494	23.2	9	48	1994	1	51,436	1.9	0	14
1995	16	102,660	16.1	8	30	1995	12	51,337	25.9	10	52	1995	4	51,323	7.5	1	24
1996	8	102,766	8.5	3	20	1996	8	51,345	18.4	6	43	1996	0	51,421	0.0	.	.
1997	16	102,986	17.5	8	33	1997	14	51,503	31.6	14	61	1997	2	51,483	4.2	0	20
1998	10	102,743	10.6	4	23	1998	7	51,417	15.4	4	38	1998	3	51,326	6.6	1	24
1999	17	103,063	17.2	8	32	1999	16	51,589	36.1	17	67	1999	1	51,474	2.0	0	15
2000	12	102,813	11.6	5	24	2000	8	51,473	15.4	5	37	2000	4	51,340	7.5	1	24
2001	23	103,677	23.0	12	39	2001	12	51,851	22.9	9	47	2001	11	51,826	23.5	9	49
2002	12	103,807	12.1	5	25	2002	9	51,908	17.6	6	40	2002	3	51,899	6.4	0	24

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Macquarie Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	13,463	6.8	0	50	1973	1	6,929	13.2	0	98	1973	0	6,534	0.0	.	.
1974	1	13,712	6.6	0	49	1974	1	7,050	12.9	0	96	1974	0	6,662	0.0	.	.
1975	0	13,880	0.0	.	.	1975	0	7,113	0.0	.	.	1975	0	6,767	0.0	.	.
1976	1	14,088	8.1	0	61	1976	1	7,210	16.0	0	119	1976	0	6,878	0.0	.	.
1977	0	14,448	0.0	.	.	1977	0	7,414	0.0	.	.	1977	0	7,034	0.0	.	.
1978	0	14,747	0.0	.	.	1978	0	7,588	0.0	.	.	1978	0	7,159	0.0	.	.
1979	1	15,085	6.0	0	45	1979	1	7,780	11.6	0	86	1979	0	7,305	0.0	.	.
1980	1	15,276	7.1	0	53	1980	1	7,892	13.8	0	102	1980	0	7,384	0.0	.	.
1981	3	15,450	18.4	2	67	1981	2	8,000	23.6	1	110	1981	1	7,450	12.7	0	94
1982	0	15,370	0.0	.	.	1982	0	7,961	0.0	.	.	1982	0	7,409	0.0	.	.
1983	2	15,152	13.6	1	63	1983	2	7,843	26.5	1	123	1983	0	7,309	0.0	.	.
1984	1	14,997	6.9	0	51	1984	1	7,760	13.4	0	100	1984	0	7,237	0.0	.	.
1985	4	14,906	27.4	5	86	1985	4	7,713	53.3	9	168	1985	0	7,193	0.0	.	.
1986	2	14,827	13.5	1	63	1986	2	7,682	26.2	1	122	1986	0	7,145	0.0	.	.
1987	1	14,768	7.4	0	55	1987	0	7,633	0.0	.	.	1987	1	7,135	15.0	0	112
1988	2	14,584	13.8	1	64	1988	2	7,527	26.9	1	125	1988	0	7,057	0.0	.	.
1989	4	14,370	29.4	5	93	1989	4	7,399	57.7	9	182	1989	0	6,971	0.0	.	.
1990	3	14,267	21.8	2	80	1990	3	7,336	42.6	5	157	1990	0	6,931	0.0	.	.
1991	2	14,077	15.0	1	70	1991	2	7,216	29.7	2	138	1991	0	6,861	0.0	.	.
1992	4	13,912	28.3	5	89	1992	4	7,126	54.9	9	173	1992	0	6,786	0.0	.	.
1993	1	13,606	7.2	0	53	1993	1	6,964	13.9	0	103	1993	0	6,642	0.0	.	.
1994	3	13,332	23.0	3	84	1994	3	6,814	45.6	5	167	1994	0	6,518	0.0	.	.
1995	2	12,982	15.4	1	71	1995	2	6,637	30.2	2	140	1995	0	6,345	0.0	.	.
1996	1	12,614	8.3	0	62	1996	1	6,446	16.6	0	123	1996	0	6,168	0.0	.	.
1997	4	12,399	35.2	6	111	1997	4	6,353	70.3	12	221	1997	0	6,046	0.0	.	.
1998	1	12,331	7.2	0	53	1998	0	6,331	0.0	.	.	1998	1	6,000	15.1	0	112
1999	3	12,447	28.2	3	103	1999	3	6,403	56.0	6	205	1999	0	6,044	0.0	.	.
2000	1	12,388	9.6	0	71	2000	1	6,383	18.8	0	140	2000	0	6,005	0.0	.	.
2001	3	12,450	27.8	3	102	2001	1	6,345	18.3	0	136	2001	2	6,105	37.6	2	174
2002	3	12,490	25.5	3	94	2002	2	6,330	32.1	1	150	2002	1	6,160	18.6	0	138

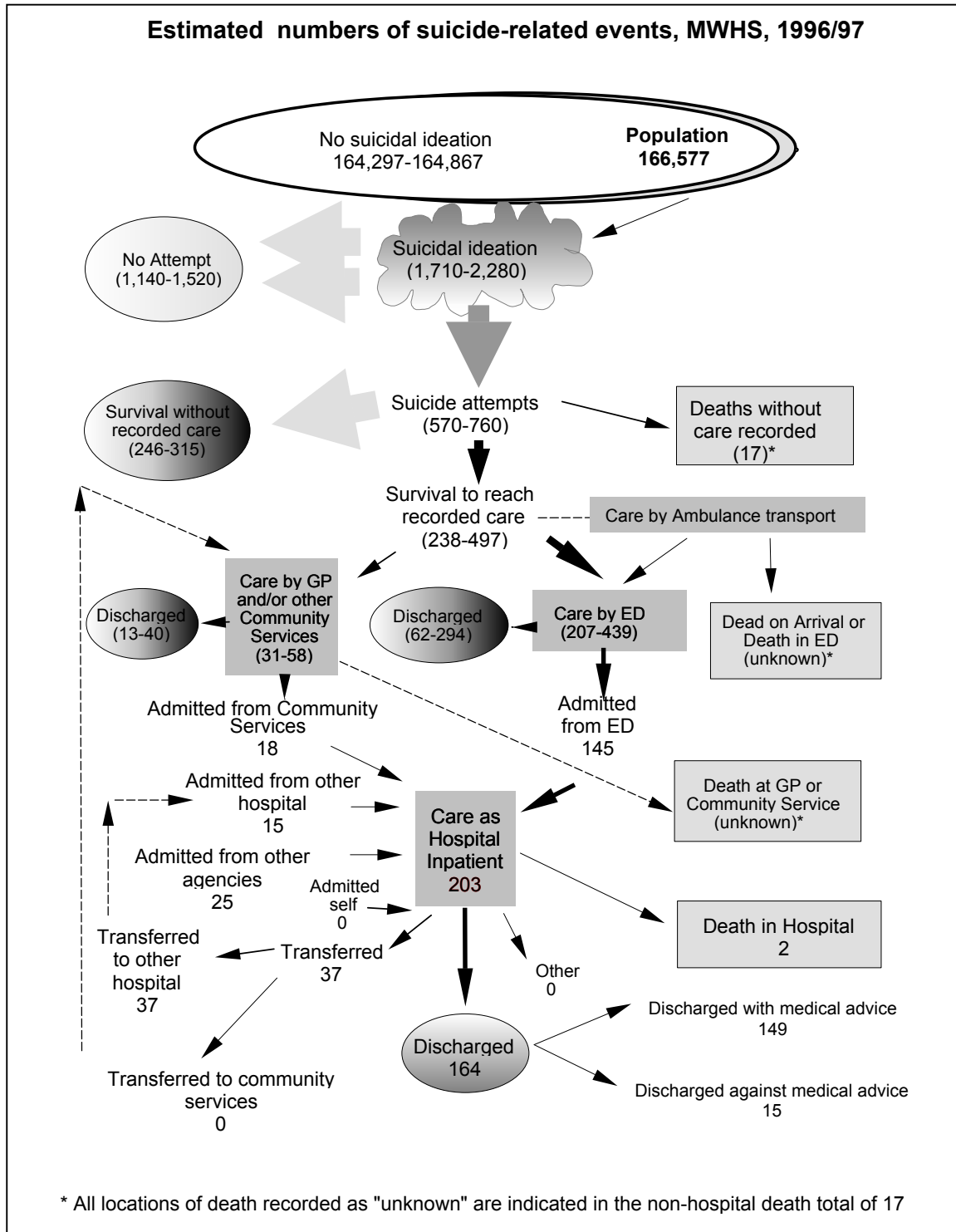
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Macquarie Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	7,045	12.4	0	92	1973	1	3,346	24.2	0	180	1973	0	3,699	0.0	.	.
1974	1	7,261	11.9	0	88	1974	1	3,440	23.4	0	174	1974	0	3,821	0.0	.	.
1975	1	7,466	15.2	0	113	1975	1	3,528	35.3	0	262	1975	0	3,938	0.0	.	.
1976	1	7,739	17.1	0	127	1976	1	3,642	46.0	0	342	1976	0	4,097	0.0	.	.
1977	0	7,910	0.0	.	.	1977	0	3,681	0.0	.	.	1977	0	4,229	0.0	.	.
1978	2	8,105	21.5	1	100	1978	1	3,730	22.1	0	164	1978	1	4,375	20.9	0	155
1979	1	8,316	11.3	0	84	1979	1	3,793	23.6	0	175	1979	0	4,523	0.0	.	.
1980	1	8,544	10.4	0	78	1980	0	3,864	0.0	.	.	1980	1	4,680	20.1	0	149
1981	3	8,729	31.4	4	115	1981	2	3,909	44.9	2	208	1981	1	4,820	19.3	0	143
1982	2	8,938	22.3	1	103	1982	2	3,983	49.4	2	230	1982	0	4,955	0.0	.	.
1983	3	9,107	32.5	3	120	1983	3	4,035	76.7	7	285	1983	0	5,072	0.0	.	.
1984	3	9,289	33.1	4	121	1984	3	4,098	74.7	8	274	1984	0	5,191	0.0	.	.
1985	4	9,517	40.0	7	126	1985	4	4,196	91.3	15	288	1985	0	5,321	0.0	.	.
1986	2	9,669	21.4	1	99	1986	2	4,263	52.2	3	242	1986	0	5,406	0.0	.	.
1987	0	9,883	0.0	.	.	1987	0	4,346	0.0	.	.	1987	0	5,537	0.0	.	.
1988	0	10,054	0.0	.	.	1988	0	4,406	0.0	.	.	1988	0	5,648	0.0	.	.
1989	1	10,302	9.7	0	72	1989	1	4,506	20.0	0	148	1989	0	5,796	0.0	.	.
1990	0	10,562	0.0	.	.	1990	0	4,611	0.0	.	.	1990	0	5,951	0.0	.	.
1991	0	10,898	0.0	.	.	1991	0	4,748	0.0	.	.	1991	0	6,150	0.0	.	.
1992	2	11,280	18.0	1	83	1992	1	4,937	19.7	0	146	1992	1	6,343	17.9	0	133
1993	2	11,594	17.6	1	82	1993	2	5,094	35.2	2	163	1993	0	6,500	0.0	.	.
1994	1	11,901	7.8	0	58	1994	1	5,249	21.4	0	159	1994	0	6,652	0.0	.	.
1995	2	12,045	15.6	1	72	1995	2	5,326	42.8	2	201	1995	0	6,719	0.0	.	.
1996	2	12,254	15.1	1	70	1996	2	5,444	41.3	2	194	1996	0	6,810	0.0	.	.
1997	3	12,580	25.0	3	91	1997	3	5,649	56.7	6	208	1997	0	6,931	0.0	.	.
1998	3	12,886	24.7	3	90	1998	3	5,824	53.8	6	197	1998	0	7,062	0.0	.	.
1999	6	13,154	40.8	10	107	1999	6	5,965	113.9	29	298	1999	0	7,189	0.0	.	.
2000	1	13,349	7.2	0	54	2000	0	6,078	0.0	.	.	2000	1	7,271	14.4	0	107
2001	3	13,477	22.5	2	83	2001	3	6,108	49.6	5	182	2001	0	7,369	0.0	.	.
2002	1	13,749	7.2	0	54	2002	0	6,268	0.0	.	.	2002	1	7,481	13.2	0	98

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Mid Western Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Mid Western Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	14	151,137	10.9	5	21	1973	11	76,981	17.0	6	36	1973	3	74,156	4.9	0	18
1974	15	152,325	10.7	5	20	1974	10	77,443	13.7	5	30	1974	5	74,882	7.7	2	22
1975	12	153,068	8.1	3	17	1975	10	77,637	13.3	5	29	1975	2	75,431	2.7	0	12
1976	19	153,475	14.1	7	25	1976	14	77,630	20.2	9	39	1976	5	75,845	7.5	2	21
1977	11	153,751	8.1	3	17	1977	6	77,680	9.0	2	24	1977	5	76,071	7.7	2	22
1978	17	154,295	11.4	5	21	1978	16	77,863	21.1	10	39	1978	1	76,432	1.8	0	14
1979	11	155,034	6.7	3	14	1979	6	78,161	7.2	2	19	1979	5	76,873	6.1	1	17
1980	19	155,846	14.0	7	25	1980	14	78,537	20.2	9	39	1980	5	77,309	7.6	2	22
1981	17	156,772	11.3	5	21	1981	15	78,981	19.6	9	37	1981	2	77,791	2.5	0	12
1982	16	157,167	10.7	5	20	1982	13	79,149	18.5	8	36	1982	3	78,018	3.8	0	14
1983	14	156,991	9.0	4	17	1983	8	78,998	10.5	3	24	1983	6	77,993	7.5	2	20
1984	9	156,848	6.1	2	14	1984	6	78,839	8.3	2	22	1984	3	78,009	4.0	0	15
1985	14	157,055	9.5	4	18	1985	10	78,885	13.5	5	29	1985	4	78,170	5.5	1	17
1986	19	157,340	12.6	6	22	1986	14	78,957	19.5	8	38	1986	5	78,383	6.6	1	19
1987	21	157,870	14.0	7	24	1987	19	79,219	24.8	13	44	1987	2	78,651	2.7	0	13
1988	20	158,343	13.1	7	23	1988	15	79,467	20.2	9	38	1988	5	78,876	6.0	1	17
1989	10	159,479	6.6	2	14	1989	8	80,048	10.6	3	25	1989	2	79,431	2.6	0	12
1990	20	161,069	12.9	7	22	1990	15	80,873	20.2	9	38	1990	5	80,196	6.5	1	19
1991	22	162,987	14.1	8	24	1991	19	81,822	24.2	12	43	1991	3	81,165	4.0	0	15
1992	15	163,965	9.5	4	18	1992	14	82,288	17.8	8	34	1992	1	81,677	1.2	0	9
1993	24	164,041	15.4	8	25	1993	22	82,294	27.7	15	47	1993	2	81,747	2.7	0	12
1994	27	165,054	16.3	9	26	1994	24	82,788	29.0	16	48	1994	3	82,266	3.1	0	11
1995	18	165,048	10.9	5	19	1995	17	82,774	21.0	10	38	1995	1	82,274	1.1	0	8
1996	26	165,736	16.5	9	27	1996	25	83,098	32.2	18	53	1996	1	82,638	1.1	0	8
1997	25	165,918	16.3	9	27	1997	22	83,249	28.2	15	48	1997	3	82,669	4.2	0	15
1998	24	166,138	15.2	8	25	1998	22	83,519	27.1	14	46	1998	2	82,619	2.8	0	13
1999	24	166,596	15.4	8	26	1999	21	83,769	27.2	14	47	1999	3	82,827	3.8	0	14
2000	26	166,507	15.3	9	25	2000	22	83,697	27.0	14	46	2000	4	82,810	4.3	1	14
2001	16	167,703	9.7	4	18	2001	14	84,197	16.6	6	31	2001	2	83,506	2.7	0	13
2002	19	168,030	12.3	6	22	2002	16	84,367	20.4	9	38	2002	3	83,663	4.1	0	15

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Mid Western Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	25,180	3.6	0	27	1973	1	13,145	6.9	0	51	1973	0	12,035	0.0	.	.
1974	3	25,731	12.2	1	45	1974	2	13,373	15.1	1	70	1974	1	12,358	9.0	0	67
1975	1	26,138	3.5	0	26	1975	1	13,508	6.7	0	50	1975	0	12,630	0.0	.	.
1976	5	26,629	19.4	4	55	1976	5	13,716	37.7	8	107	1976	0	12,913	0.0	.	.
1977	1	26,766	3.3	0	25	1977	0	13,779	0.0	.	.	1977	1	12,987	6.9	0	51
1978	4	26,804	14.3	2	45	1978	4	13,786	27.8	5	88	1978	0	13,018	0.0	.	.
1979	4	26,902	15.0	2	47	1979	2	13,827	15.9	1	74	1979	2	13,075	13.9	1	64
1980	3	26,733	11.0	1	40	1980	3	13,722	21.4	2	79	1980	0	13,011	0.0	.	.
1981	4	26,550	14.7	2	46	1981	4	13,620	28.7	5	90	1981	0	12,930	0.0	.	.
1982	2	26,303	7.6	0	35	1982	2	13,498	14.8	1	69	1982	0	12,805	0.0	.	.
1983	4	25,810	15.8	3	50	1983	2	13,238	15.7	1	73	1983	2	12,572	15.9	1	74
1984	4	25,435	16.1	3	51	1984	2	13,039	16.0	1	74	1984	2	12,396	16.1	1	75
1985	3	25,169	12.6	1	46	1985	1	12,901	8.2	0	61	1985	2	12,268	17.0	1	79
1986	1	24,976	3.7	0	27	1986	1	12,772	7.1	0	53	1986	0	12,204	0.0	.	.
1987	9	25,049	37.6	13	84	1987	9	12,824	73.9	25	165	1987	0	12,225	0.0	.	.
1988	4	24,933	16.3	3	52	1988	3	12,788	24.9	3	92	1988	1	12,145	7.3	0	54
1989	1	24,748	3.5	0	26	1989	1	12,715	6.9	0	51	1989	0	12,033	0.0	.	.
1990	2	24,654	8.2	0	39	1990	1	12,702	9.0	0	67	1990	1	11,952	7.3	0	55
1991	5	24,494	21.1	4	60	1991	4	12,639	31.9	5	101	1991	1	11,855	9.6	0	71
1992	3	24,358	12.0	1	44	1992	3	12,566	23.4	3	86	1992	0	11,792	0.0	.	.
1993	7	24,064	29.5	9	72	1993	7	12,399	57.1	17	140	1993	0	11,665	0.0	.	.
1994	6	23,898	25.2	6	66	1994	6	12,307	48.9	12	128	1994	0	11,591	0.0	.	.
1995	0	23,614	0.0	.	.	1995	0	12,155	0.0	.	.	1995	0	11,459	0.0	.	.
1996	6	23,340	27.1	7	71	1996	6	12,011	52.7	13	138	1996	0	11,329	0.0	.	.
1997	8	23,206	34.8	11	81	1997	7	11,948	58.3	17	143	1997	1	11,258	9.7	0	72
1998	6	23,304	28.0	7	73	1998	6	12,005	54.7	14	143	1998	0	11,299	0.0	.	.
1999	4	23,523	17.2	3	55	1999	3	12,156	24.0	3	88	1999	1	11,367	9.9	0	74
2000	1	23,666	4.8	0	36	2000	1	12,212	9.4	0	70	2000	0	11,454	0.0	.	.
2001	2	23,328	8.7	0	40	2001	2	12,011	16.8	1	79	2001	0	11,317	0.0	.	.
2002	4	23,346	18.2	3	57	2002	3	12,022	26.1	3	96	2002	1	11,324	9.8	0	73

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

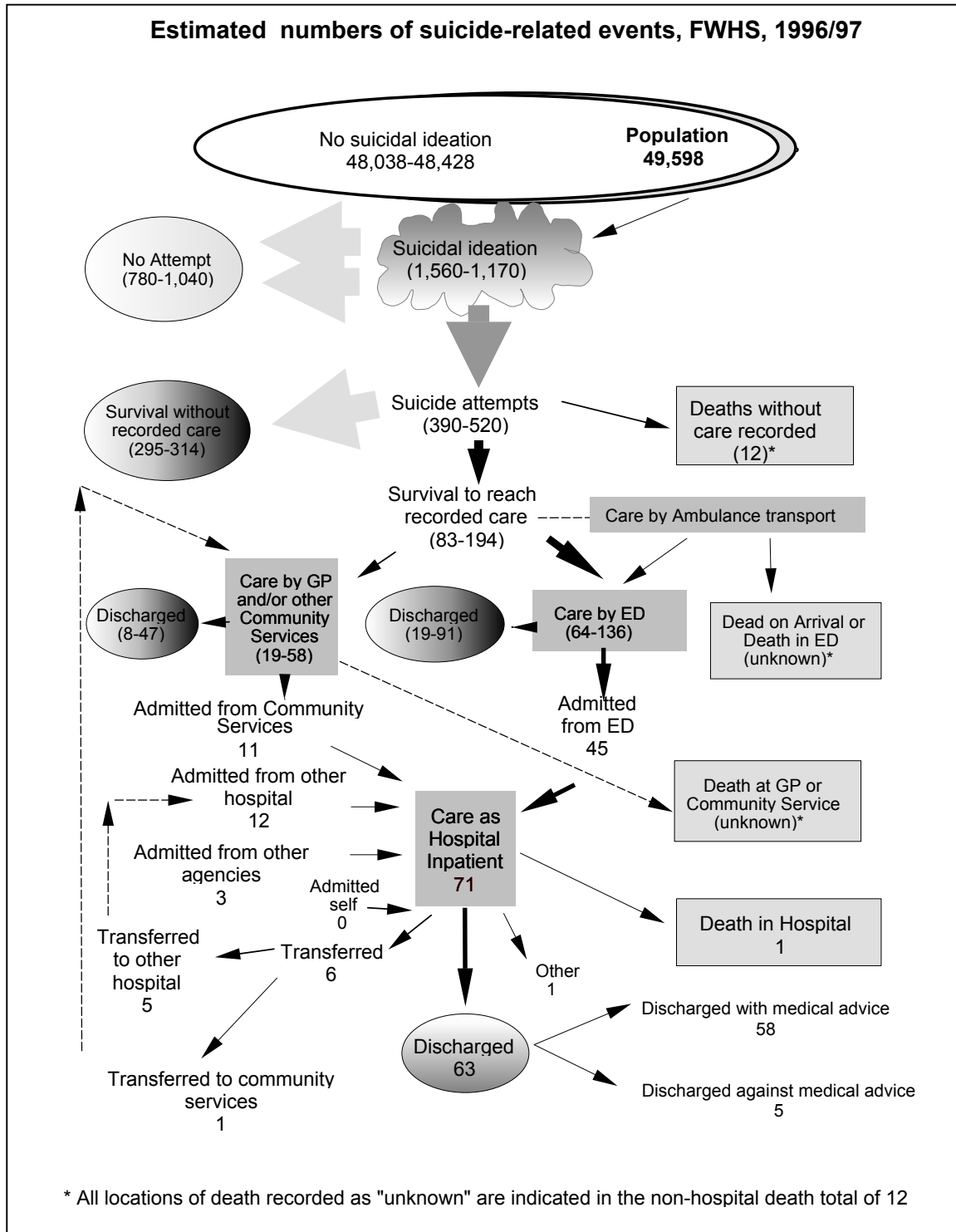
## Mid Western Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	12,882	8.6	0	64	1973	1	5,766	20.3	0	151	1973	0	7,116	0.0	.	.
1974	1	13,211	6.9	0	51	1974	1	5,886	14.2	0	105	1974	0	7,325	0.0	.	.
1975	0	13,499	0.0	.	.	1975	0	5,981	0.0	.	.	1975	0	7,518	0.0	.	.
1976	4	13,921	27.9	5	88	1976	2	6,121	29.2	1	136	1976	2	7,800	25.9	1	120
1977	2	14,239	13.2	1	61	1977	2	6,231	28.4	1	132	1977	0	8,008	0.0	.	.
1978	2	14,617	14.1	1	65	1978	2	6,365	32.1	1	150	1978	0	8,252	0.0	.	.
1979	1	15,039	6.4	0	47	1979	0	6,525	0.0	.	.	1979	1	8,514	11.8	0	88
1980	2	15,461	12.2	1	56	1980	1	6,689	13.3	0	98	1980	1	8,772	11.2	0	83
1981	2	15,842	11.9	1	55	1981	1	6,831	13.1	0	97	1981	1	9,011	10.9	0	81
1982	8	16,081	48.3	15	112	1982	8	6,905	106.8	34	248	1982	0	9,176	0.0	.	.
1983	0	16,269	0.0	.	.	1983	0	6,947	0.0	.	.	1983	0	9,322	0.0	.	.
1984	0	16,462	0.0	.	.	1984	0	6,995	0.0	.	.	1984	0	9,467	0.0	.	.
1985	1	16,731	5.5	0	41	1985	1	7,097	12.5	0	93	1985	0	9,634	0.0	.	.
1986	4	17,161	22.7	4	72	1986	3	7,281	46.5	4	173	1986	1	9,880	9.7	0	72
1987	1	17,515	5.9	0	44	1987	0	7,433	0.0	.	.	1987	1	10,082	10.9	0	81
1988	7	17,775	39.3	11	96	1988	5	7,534	63.3	14	179	1988	2	10,241	17.6	1	82
1989	2	18,192	10.9	1	50	1989	1	7,700	13.0	0	97	1989	1	10,492	10.4	0	78
1990	4	18,580	21.6	4	68	1990	4	7,861	51.7	9	163	1990	0	10,719	0.0	.	.
1991	3	19,154	15.6	2	57	1991	2	8,104	25.5	1	118	1991	1	11,050	10.3	0	77
1992	1	19,593	5.1	0	38	1992	1	8,323	12.7	0	94	1992	0	11,270	0.0	.	.
1993	2	20,023	10.2	1	47	1993	2	8,528	21.9	1	102	1993	0	11,495	0.0	.	.
1994	5	20,471	24.8	5	70	1994	4	8,758	42.2	7	133	1994	1	11,713	7.0	0	52
1995	4	20,672	19.0	3	60	1995	4	8,869	43.8	7	138	1995	0	11,803	0.0	.	.
1996	4	21,019	18.7	3	59	1996	4	9,055	45.3	7	143	1996	0	11,964	0.0	.	.
1997	2	21,362	10.0	1	46	1997	2	9,257	22.0	1	102	1997	0	12,105	0.0	.	.
1998	2	21,535	9.1	0	42	1998	2	9,428	19.4	1	90	1998	0	12,107	0.0	.	.
1999	3	21,745	14.0	2	51	1999	3	9,582	32.5	4	119	1999	0	12,163	0.0	.	.
2000	6	22,006	26.4	7	69	2000	6	9,728	61.5	16	161	2000	0	12,278	0.0	.	.
2001	1	22,311	5.3	0	39	2001	0	9,810	0.0	.	.	2001	1	12,501	10.6	0	79
2002	3	22,682	14.6	2	54	2002	3	9,998	30.6	3	112	2002	0	12,684	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



### Far West Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Far West Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	10	60,299	18.5	7	40	1973	10	31,588	34.4	13	74	1973	0	28,711	0.0	.	.
1974	6	59,711	10.2	3	27	1974	5	31,268	15.0	3	42	1974	1	28,443	5.0	0	37
1975	7	58,948	14.3	4	35	1975	5	30,828	20.3	4	58	1975	2	28,120	6.7	0	31
1976	6	58,036	10.2	2	29	1976	6	30,298	20.2	3	57	1976	0	27,738	0.0	.	.
1977	7	57,677	11.8	3	29	1977	6	30,076	19.9	5	52	1977	1	27,601	3.0	0	23
1978	5	57,396	9.0	2	26	1978	5	29,899	16.7	4	48	1978	0	27,497	0.0	.	.
1979	12	57,201	22.1	9	45	1979	10	29,766	36.0	13	78	1979	2	27,435	6.6	0	30
1980	7	57,022	11.9	3	29	1980	5	29,661	17.4	4	49	1980	2	27,361	6.5	0	30
1981	9	56,877	14.5	5	32	1981	8	29,580	24.2	8	57	1981	1	27,297	3.2	0	24
1982	10	56,392	17.7	6	38	1982	9	29,305	29.7	10	66	1982	1	27,087	4.6	0	34
1983	9	55,691	16.7	6	37	1983	9	28,913	33.1	11	74	1983	0	26,778	0.0	.	.
1984	8	55,017	14.1	4	33	1984	6	28,525	20.1	5	53	1984	2	26,492	8.1	0	38
1985	9	54,462	18.4	6	41	1985	8	28,211	31.9	10	74	1985	1	26,251	4.4	0	33
1986	12	53,706	22.4	9	45	1986	11	27,784	40.8	16	85	1986	1	25,922	3.5	0	26
1987	4	53,417	8.5	1	27	1987	4	27,625	17.5	3	56	1987	0	25,792	0.0	.	.
1988	17	53,243	33.1	16	60	1988	17	27,532	64.4	31	117	1988	0	25,711	0.0	.	.
1989	6	53,118	11.0	3	29	1989	4	27,466	14.2	2	45	1989	2	25,652	8.4	0	39
1990	10	52,833	19.8	7	42	1990	9	27,326	37.0	13	83	1990	1	25,507	3.7	0	27
1991	12	52,850	22.5	9	45	1991	12	27,320	43.0	18	87	1991	0	25,530	0.0	.	.
1992	11	52,604	21.6	8	45	1992	11	27,203	42.8	17	89	1992	0	25,401	0.0	.	.
1993	12	52,249	22.9	9	46	1993	11	27,026	40.5	16	84	1993	1	25,223	4.2	0	31
1994	10	51,423	20.1	7	43	1994	9	26,615	36.6	13	82	1994	1	24,808	3.6	0	27
1995	9	50,442	17.8	6	40	1995	8	26,114	30.4	10	71	1995	1	24,328	3.8	0	28
1996	7	49,972	14.5	4	36	1996	7	25,874	28.5	8	70	1996	0	24,098	0.0	.	.
1997	13	49,389	28.0	12	55	1997	10	25,627	43.6	16	94	1997	3	23,762	13.8	1	51
1998	12	48,925	24.2	10	49	1998	11	25,446	41.7	16	87	1998	1	23,479	4.5	0	34
1999	9	48,454	16.7	6	37	1999	8	25,195	28.5	9	67	1999	1	23,259	3.4	0	26
2000	12	47,563	24.8	10	50	2000	10	24,726	41.2	15	89	2000	2	22,837	7.5	0	35
2001	7	48,227	14.9	4	37	2001	6	24,996	24.3	6	64	2001	1	23,231	4.9	0	37
2002	9	47,949	18.5	6	42	2002	7	24,836	28.4	8	71	2002	2	23,113	9.3	0	45

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Far West Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	1	10,023	10.3	0	77	1973	1	5,315	19.2	0	143	1973	0	4,708	0.0	.	.
1974	1	10,009	9.6	0	71	1974	1	5,312	18.4	0	137	1974	0	4,697	0.0	.	.
1975	0	9,935	0.0	.	.	1975	0	5,269	0.0	.	.	1975	0	4,666	0.0	.	.
1976	2	9,893	21.7	1	100	1976	2	5,255	39.4	2	183	1976	0	4,638	0.0	.	.
1977	2	10,015	21.4	1	99	1977	2	5,308	39.3	2	182	1977	0	4,707	0.0	.	.
1978	1	10,104	10.5	0	78	1978	1	5,343	19.4	0	144	1978	0	4,761	0.0	.	.
1979	2	10,214	20.3	1	94	1979	1	5,385	19.1	0	142	1979	1	4,829	21.7	0	162
1980	3	10,236	29.7	3	109	1980	2	5,384	37.5	2	174	1980	1	4,852	21.0	0	156
1981	4	10,250	38.5	6	121	1981	3	5,380	55.2	6	202	1981	1	4,870	20.2	0	150
1982	3	9,943	29.3	3	107	1982	3	5,218	56.2	6	206	1982	0	4,725	0.0	.	.
1983	1	9,536	10.1	0	75	1983	1	4,998	19.5	0	145	1983	0	4,538	0.0	.	.
1984	1	9,174	10.6	0	79	1984	1	4,803	20.3	0	151	1984	0	4,371	0.0	.	.
1985	2	8,842	22.6	1	105	1985	2	4,626	43.2	2	201	1985	0	4,216	0.0	.	.
1986	4	8,479	47.2	8	149	1986	4	4,434	90.2	15	284	1986	0	4,045	0.0	.	.
1987	0	8,381	0.0	.	.	1987	0	4,379	0.0	.	.	1987	0	4,002	0.0	.	.
1988	4	8,238	48.6	8	153	1988	4	4,302	93.1	16	293	1988	0	3,936	0.0	.	.
1989	0	8,050	0.0	.	.	1989	0	4,203	0.0	.	.	1989	0	3,847	0.0	.	.
1990	0	7,859	0.0	.	.	1990	0	4,107	0.0	.	.	1990	0	3,752	0.0	.	.
1991	2	7,704	27.2	1	126	1991	2	4,019	50.8	3	236	1991	0	3,685	0.0	.	.
1992	2	7,467	25.3	1	117	1992	2	3,897	49.4	3	229	1992	0	3,570	0.0	.	.
1993	3	7,194	39.3	4	144	1993	3	3,754	76.4	9	280	1993	0	3,440	0.0	.	.
1994	3	6,853	43.1	5	158	1994	3	3,584	82.7	9	303	1994	0	3,269	0.0	.	.
1995	1	6,494	16.0	0	119	1995	1	3,395	30.3	0	225	1995	0	3,099	0.0	.	.
1996	1	6,165	16.2	0	121	1996	1	3,226	30.9	0	229	1996	0	2,939	0.0	.	.
1997	2	5,963	33.6	2	156	1997	1	3,132	33.1	0	246	1997	1	2,831	34.2	0	254
1998	1	5,876	18.1	0	135	1998	1	3,083	34.5	0	256	1998	0	2,793	0.0	.	.
1999	0	5,807	0.0	.	.	1999	0	3,063	0.0	.	.	1999	0	2,744	0.0	.	.
2000	0	5,662	0.0	.	.	2000	0	3,004	0.0	.	.	2000	0	2,658	0.0	.	.
2001	1	5,810	18.1	0	134	2001	1	3,098	34.3	0	255	2001	0	2,712	0.0	.	.
2002	1	5,782	18.1	0	134	2002	0	3,079	0.0	.	.	2002	1	2,703	38.1	0	283

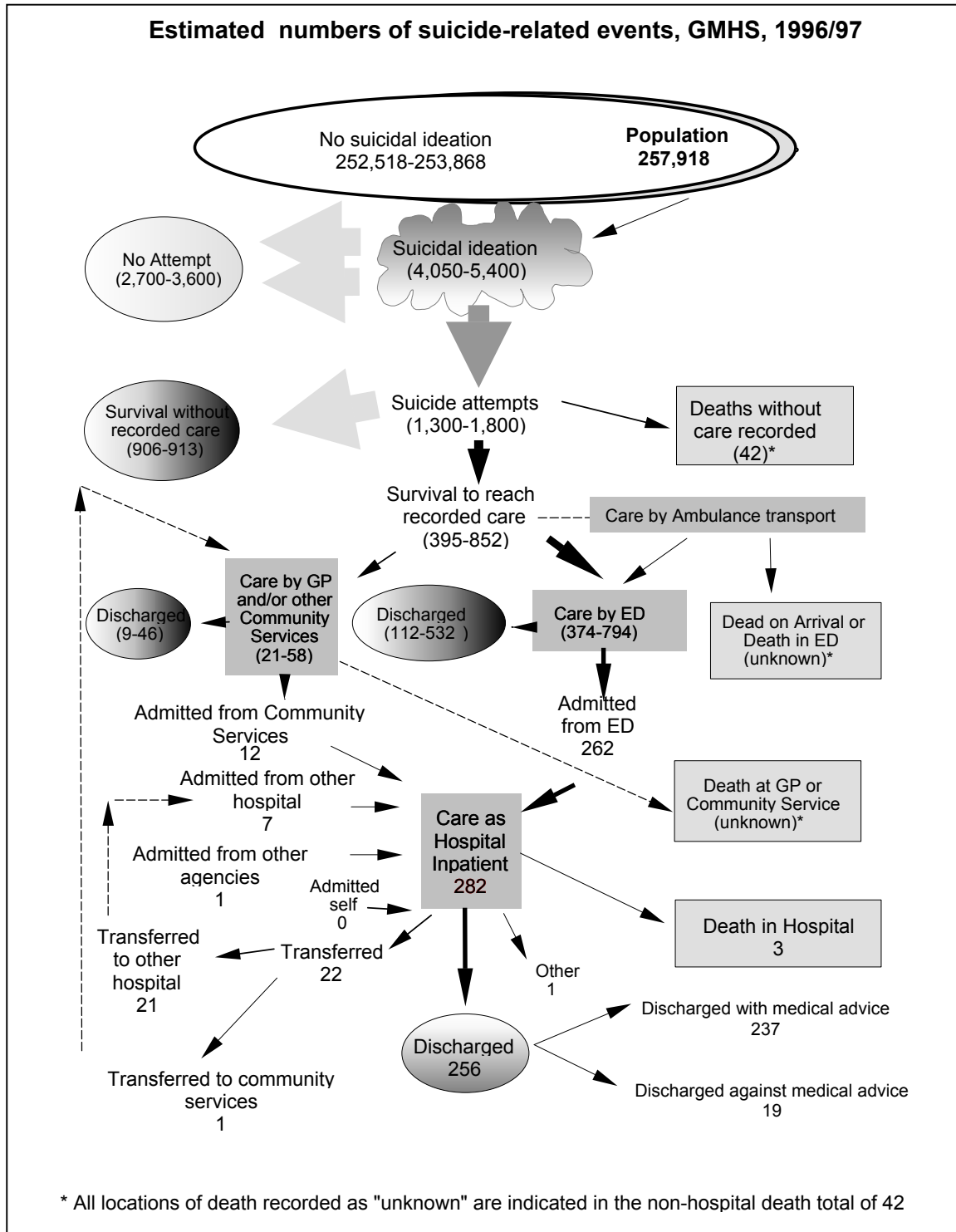
Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Far West Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	4,489	37.1	2	172	1973	2	2,182	69.8	4	324	1973	0	2,307	0.0	.	.
1974	0	4,594	0.0	.	.	1974	0	2,226	0.0	.	.	1974	0	2,368	0.0	.	.
1975	1	4,687	21.0	0	156	1975	1	2,262	40.0	0	297	1975	0	2,425	0.0	.	.
1976	2	4,814	24.1	-8	148	1976	2	2,311	55.4	-19	340	1976	0	2,503	0.0	.	.
1977	1	4,840	16.9	0	126	1977	1	2,294	34.2	0	254	1977	0	2,546	0.0	.	.
1978	0	4,876	0.0	.	.	1978	0	2,276	0.0	.	.	1978	0	2,600	0.0	.	.
1979	1	4,926	19.2	0	143	1979	1	2,270	40.2	0	298	1979	0	2,656	0.0	.	.
1980	1	4,982	17.2	0	128	1980	1	2,267	35.3	0	263	1980	0	2,715	0.0	.	.
1981	0	5,007	0.0	.	.	1981	0	2,250	0.0	.	.	1981	0	2,757	0.0	.	.
1982	0	5,091	0.0	.	.	1982	0	2,272	0.0	.	.	1982	0	2,819	0.0	.	.
1983	2	5,155	38.6	2	180	1983	2	2,282	86.7	4	404	1983	0	2,873	0.0	.	.
1984	1	5,219	17.0	0	126	1984	1	2,297	37.4	0	278	1984	0	2,922	0.0	.	.
1985	2	5,309	36.6	2	170	1985	2	2,330	77.5	4	359	1985	0	2,979	0.0	.	.
1986	3	5,451	52.0	6	190	1986	3	2,388	111.3	13	407	1986	0	3,063	0.0	.	.
1987	1	5,487	20.8	0	155	1987	1	2,414	52.6	0	391	1987	0	3,073	0.0	.	.
1988	2	5,503	35.1	2	163	1988	2	2,425	81.6	4	379	1988	0	3,078	0.0	.	.
1989	2	5,558	34.8	2	162	1989	1	2,454	42.6	0	316	1989	1	3,104	34.5	0	256
1990	4	5,564	71.4	12	225	1990	4	2,463	162.9	26	517	1990	0	3,101	0.0	.	.
1991	1	5,641	16.9	0	126	1991	1	2,507	38.1	0	283	1991	0	3,134	0.0	.	.
1992	3	5,818	50.0	6	183	1992	3	2,600	110.6	12	405	1992	0	3,218	0.0	.	.
1993	2	5,997	32.9	2	153	1993	2	2,697	66.9	3	311	1993	0	3,300	0.0	.	.
1994	3	6,109	49.7	6	182	1994	3	2,762	107.2	11	395	1994	0	3,347	0.0	.	.
1995	3	6,171	47.6	5	174	1995	2	2,806	59.6	3	277	1995	1	3,365	34.0	0	252
1996	1	6,305	17.0	0	126	1996	1	2,883	41.7	0	310	1996	0	3,422	0.0	.	.
1997	2	6,346	32.3	2	150	1997	2	2,905	80.9	4	375	1997	0	3,441	0.0	.	.
1998	0	6,332	0.0	.	.	1998	0	2,915	0.0	.	.	1998	0	3,417	0.0	.	.
1999	1	6,348	17.1	0	127	1999	1	2,928	32.1	0	238	1999	0	3,420	0.0	.	.
2000	4	6,407	61.2	10	193	2000	2	2,971	58.6	3	272	2000	2	3,436	66.4	3	310
2001	1	6,357	16.0	0	119	2001	1	2,942	35.5	0	263	2001	0	3,415	0.0	.	.
2002	2	6,379	28.9	1	134	2002	2	2,947	66.8	3	312	2002	0	3,432	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Greater Murray Health Service



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

### Greater Murray Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	22	229,810	10.9	6	19	1973	16	118,159	16.3	8	30	1973	6	111,651	5.5	1	14
1974	20	231,790	9.4	5	16	1974	14	119,018	13.1	6	25	1974	6	112,772	5.3	1	14
1975	18	233,243	9.2	5	17	1975	14	119,542	14.7	6	29	1975	4	113,701	4.2	1	13
1976	21	234,098	10.2	5	18	1976	19	119,709	17.9	9	32	1976	2	114,389	1.9	0	9
1977	15	235,412	7.2	3	14	1977	13	120,239	12.0	5	24	1977	2	115,173	2.1	0	10
1978	18	237,125	8.2	4	15	1978	15	121,011	13.6	6	26	1978	3	116,114	2.7	0	10
1979	22	239,038	10.1	5	17	1979	19	121,898	17.0	8	30	1979	3	117,140	2.8	0	10
1980	23	241,160	11.0	6	18	1980	21	122,943	20.2	10	35	1980	2	118,217	2.0	0	9
1981	22	243,403	9.9	5	17	1981	19	124,032	19.3	9	35	1981	3	119,371	2.6	0	10
1982	17	244,274	7.9	4	14	1982	15	124,246	13.9	6	26	1982	2	120,028	1.8	0	8
1983	15	244,268	7.1	3	13	1983	11	123,986	10.5	4	22	1983	4	120,282	3.6	1	12
1984	22	244,300	9.7	5	16	1984	19	123,712	16.3	8	29	1984	3	120,588	3.0	0	11
1985	32	244,940	13.7	8	21	1985	24	123,806	21.2	11	35	1985	8	121,134	7.0	2	16
1986	37	245,798	15.7	10	24	1986	32	124,004	27.8	17	43	1986	5	121,794	4.1	1	12
1987	30	247,020	12.4	7	20	1987	27	124,490	21.7	12	35	1987	3	122,530	2.3	0	9
1988	34	248,147	14.4	9	22	1988	29	124,979	24.6	14	39	1988	5	123,168	4.1	1	12
1989	28	249,753	11.8	7	19	1989	22	125,705	19.5	10	33	1989	6	124,048	5.0	1	13
1990	43	251,272	17.8	12	26	1990	35	126,405	29.3	18	45	1990	8	124,867	6.7	2	16
1991	30	253,119	12.6	7	20	1991	25	127,170	21.0	12	35	1991	5	125,949	4.3	1	12
1992	37	254,175	15.3	10	23	1992	34	127,639	28.6	17	44	1992	3	126,536	2.3	0	9
1993	32	254,913	12.7	8	20	1993	27	127,964	22.1	13	36	1993	5	126,949	3.2	1	9
1994	36	255,540	14.6	9	22	1994	33	128,232	26.8	16	41	1994	3	127,308	2.3	0	9
1995	34	255,655	13.8	8	21	1995	27	128,268	21.7	12	35	1995	7	127,387	5.8	2	14
1996	38	256,603	15.7	10	24	1996	30	128,671	24.9	15	39	1996	8	127,932	7.0	2	16
1997	52	256,303	21.2	14	30	1997	41	128,476	33.0	21	49	1997	11	127,827	9.0	3	19
1998	30	256,446	13.0	8	20	1998	24	128,642	20.1	11	33	1998	6	127,804	5.6	1	15
1999	39	255,377	15.7	10	24	1999	25	128,107	19.6	11	32	1999	14	127,270	11.8	5	23
2000	24	254,960	9.7	5	16	2000	21	127,860	16.6	9	29	2000	3	127,100	2.6	0	10
2001	24	258,365	9.9	5	16	2001	21	129,530	17.2	9	30	2001	3	128,835	2.5	0	9
2002	24	258,731	9.7	5	16	2002	20	129,694	16.2	8	28	2002	4	129,037	3.2	1	10

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

### Greater Murray Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	3	39,663	7.9	1	29	1973	2	21,229	10.4	1	48	1973	1	18,434	4.9	0	36
1974	4	40,441	10.0	2	32	1974	2	21,552	10.3	1	48	1974	2	18,889	9.6	0	45
1975	1	40,985	2.7	0	20	1975	1	21,716	5.2	0	38	1975	0	19,269	0.0	.	.
1976	1	41,673	2.2	0	16	1976	1	22,002	4.1	0	30	1976	0	19,671	0.0	.	.
1977	4	42,391	10.7	2	34	1977	4	22,471	20.4	3	64	1977	0	19,920	0.0	.	.
1978	4	42,945	10.4	2	33	1978	3	22,842	14.9	2	55	1978	1	20,103	5.5	0	41
1979	3	43,602	6.7	1	25	1979	3	23,264	12.6	1	46	1979	0	20,338	0.0	.	.
1980	3	43,833	6.7	1	25	1980	3	23,451	12.5	1	46	1980	0	20,382	0.0	.	.
1981	4	44,030	9.1	2	29	1981	3	23,630	13.1	1	48	1981	1	20,400	4.7	0	35
1982	2	43,311	4.8	0	22	1982	2	23,149	9.1	0	42	1982	0	20,162	0.0	.	.
1983	1	42,176	2.4	0	18	1983	1	22,432	4.7	0	35	1983	0	19,744	0.0	.	.
1984	7	41,242	17.2	5	42	1984	7	21,829	32.6	9	80	1984	0	19,413	0.0	.	.
1985	8	40,491	19.4	6	45	1985	4	21,336	18.4	3	58	1985	4	19,155	20.5	3	65
1986	11	39,983	28.4	11	59	1986	8	20,925	40.2	13	93	1986	3	19,058	15.5	2	57
1987	6	39,924	15.1	4	40	1987	6	20,844	29.0	7	76	1987	0	19,080	0.0	.	.
1988	8	39,561	20.4	6	48	1988	8	20,621	39.2	12	91	1988	0	18,940	0.0	.	.
1989	3	39,022	8.7	1	32	1989	2	20,309	11.2	1	52	1989	1	18,713	5.9	0	44
1990	8	38,473	20.4	6	48	1990	8	20,007	39.3	12	92	1990	0	18,466	0.0	.	.
1991	8	37,864	22.1	7	51	1991	6	19,634	32.9	8	86	1991	2	18,230	11.0	1	51
1992	8	37,551	22.6	7	52	1992	8	19,463	44.1	14	102	1992	0	18,088	0.0	.	.
1993	3	37,149	8.4	1	31	1993	3	19,249	16.3	2	60	1993	0	17,900	0.0	.	.
1994	7	36,770	19.1	6	47	1994	6	19,047	31.9	8	83	1994	1	17,723	5.5	0	41
1995	3	36,242	8.6	1	31	1995	2	18,776	11.0	1	51	1995	1	17,466	6.0	0	44
1996	4	35,742	11.5	2	36	1996	3	18,502	16.5	2	60	1996	1	17,240	6.2	0	46
1997	10	35,057	29.5	11	63	1997	8	18,034	45.2	14	105	1997	2	17,023	12.8	1	59
1998	7	34,962	21.4	6	52	1998	3	17,934	18.2	2	67	1998	4	17,028	24.7	4	78
1999	6	34,652	18.6	5	49	1999	3	17,769	18.5	2	68	1999	3	16,883	18.6	2	68
2000	2	34,648	5.8	0	27	2000	1	17,740	5.1	0	38	2000	1	16,908	6.6	0	49
2001	5	34,418	14.4	3	41	2001	4	17,671	22.8	4	72	2001	1	16,747	5.4	0	40
2002	7	34,306	20.8	6	51	2002	6	17,612	35.2	9	92	2002	1	16,694	5.4	0	40

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

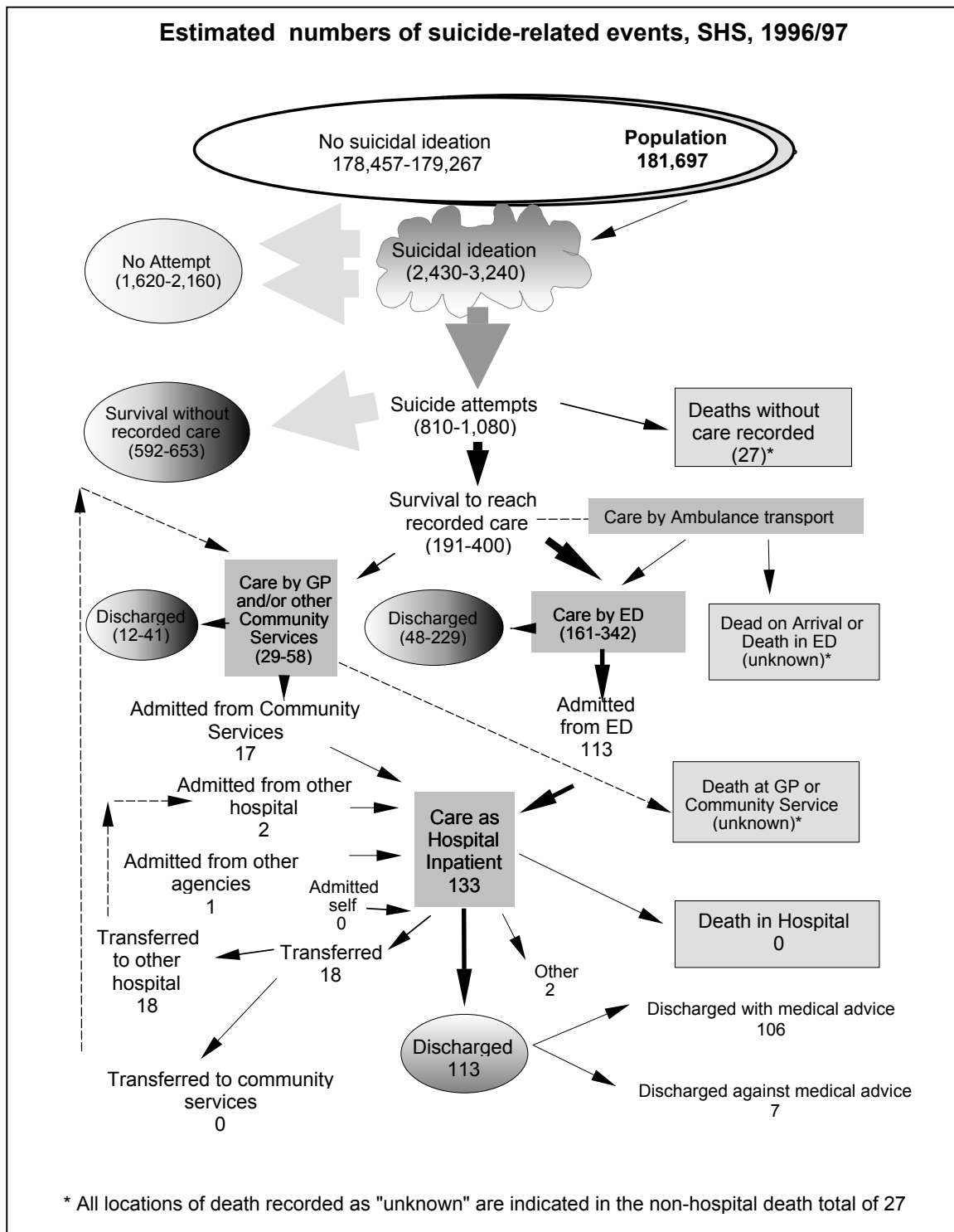
### Greater Murray Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	3	17,885	16.7	2	61	1973	3	8,135	36.2	4	133	1973	0	9,750	0.0	.	.
1974	1	18,338	5.0	0	37	1974	0	8,318	0.0	.	.	1974	1	10,020	9.9	0	74
1975	5	18,819	25.5	5	72	1975	5	8,518	56.0	11	160	1975	0	10,301	0.0	.	.
1976	3	19,426	15.1	2	55	1976	2	8,755	20.6	1	96	1976	1	10,671	9.8	0	73
1977	2	19,868	9.6	0	44	1977	1	8,905	10.6	0	79	1977	1	10,963	8.8	0	66
1978	3	20,386	13.4	2	49	1978	3	9,093	28.0	3	102	1978	0	11,293	0.0	.	.
1979	5	20,954	23.0	5	65	1979	3	9,313	29.7	3	109	1979	2	11,641	17.1	1	79
1980	5	21,547	24.3	5	69	1980	4	9,553	48.2	6	156	1980	1	11,994	7.3	0	54
1981	7	22,053	32.7	9	80	1981	6	9,732	77.9	18	208	1981	1	12,321	8.1	0	60
1982	4	22,613	17.4	3	55	1982	3	9,921	29.0	3	106	1982	1	12,692	7.9	0	59
1983	4	23,100	17.4	3	55	1983	3	10,064	28.3	3	104	1983	1	13,036	6.6	0	49
1984	3	23,600	12.6	1	46	1984	3	10,211	28.0	3	103	1984	0	13,389	0.0	.	.
1985	5	24,201	19.9	4	56	1985	5	10,440	49.4	9	143	1985	0	13,761	0.0	.	.
1986	9	25,012	36.8	13	82	1986	7	10,784	67.4	19	166	1986	2	14,228	14.7	1	68
1987	4	25,830	15.6	3	49	1987	1	11,162	9.2	0	68	1987	3	14,668	20.7	2	76
1988	5	26,508	18.6	4	53	1988	4	11,469	33.5	6	105	1988	1	15,039	6.6	0	49
1989	6	27,354	22.2	6	58	1989	4	11,843	41.4	6	132	1989	2	15,511	11.5	1	53
1990	6	28,093	21.4	5	56	1990	5	12,175	44.6	9	127	1990	1	15,918	6.7	0	50
1991	1	29,051	3.4	0	25	1991	1	12,620	10.7	0	80	1991	0	16,431	0.0	.	.
1992	9	29,892	30.1	10	67	1992	7	13,046	55.2	16	136	1992	2	16,846	12.5	1	58
1993	9	30,838	28.9	10	64	1993	6	13,511	45.3	11	118	1993	3	17,327	14.5	2	53
1994	7	31,599	22.9	7	56	1994	6	13,899	42.5	11	111	1994	1	17,700	5.8	0	43
1995	3	32,189	9.5	1	35	1995	2	14,211	14.4	1	67	1995	1	17,978	5.8	0	43
1996	8	32,899	25.5	8	59	1996	8	14,581	57.5	18	134	1996	0	18,318	0.0	.	.
1997	6	33,393	18.5	5	48	1997	4	14,790	25.2	4	79	1997	2	18,603	12.1	1	56
1998	0	33,764	0.0	.	.	1998	0	14,987	0.0	.	.	1998	0	18,777	0.0	.	.
1999	4	34,137	11.8	2	37	1999	3	15,157	19.2	2	70	1999	1	18,980	4.9	0	37
2000	5	34,677	13.9	3	39	2000	4	15,415	23.3	4	73	2000	1	19,262	4.9	0	37
2001	5	34,833	15.0	3	43	2001	5	15,511	32.3	7	92	2001	0	19,322	0.0	.	.
2002	2	35,260	4.9	0	23	2002	2	15,766	12.9	1	60	2002	0	19,494	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)



**Southern Health Service**



**Note:** Suicide and self-inflicted injury were classified according to ICD9 (E950-E959) external cause codes. NSW population estimates at 31 December. 1996/97 year is the most recent year for which complete suicide data are available. \*All locations of death recorded as unknown is indicated in the non-hospital deaths. All numbers in brackets are estimates and should not be quoted without citing the explanation presented in: Sayer G, Stewart G, Chipps J. Suicide attempts in NSW: associated mortality and morbidity. NSW Public Health Bulletin 1996;7(6):55-63.

**Source:** ABS Mortality Data, NSW ISC Data and population estimates (HOIST), Centre for Mental Health, NSW Health Department. Estimates of mental health services were based on survey conducted in the Central Coast Health Service in February, March and April, 1998.

## Southern Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, all ages

All agegroups						Males all agegroups						Females all agegroups					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	10	126,479	9.7	4	21	1973	6	65,087	11.1	3	29	1973	4	61,392	8.5	1	27
1974	13	128,205	11.9	5	24	1974	11	65,973	19.3	7	40	1974	2	62,232	3.4	0	16
1975	15	129,562	12.4	6	24	1975	13	66,643	21.4	9	43	1975	2	62,919	3.0	0	14
1976	10	130,593	8.2	3	18	1976	8	67,115	13.0	4	30	1976	2	63,478	3.3	0	15
1977	15	132,023	13.0	6	25	1977	11	67,628	18.5	7	38	1977	4	64,395	6.8	1	21
1978	23	133,674	18.0	10	30	1978	17	68,294	25.7	12	47	1978	6	65,380	9.8	2	26
1979	16	135,470	12.0	6	22	1979	11	69,030	15.8	6	33	1979	5	66,440	8.2	2	23
1980	15	137,363	10.8	5	20	1980	14	69,857	19.5	9	37	1980	1	67,506	1.6	0	12
1981	12	139,347	8.6	4	17	1981	10	70,730	14.1	5	30	1981	2	68,617	2.6	0	12
1982	21	142,465	15.5	8	27	1982	18	72,368	28.2	13	51	1982	3	70,097	4.6	0	17
1983	16	145,055	11.9	6	22	1983	16	73,726	23.1	11	43	1983	0	71,329	0.0	.	.
1984	10	147,668	6.9	3	15	1984	9	75,070	12.6	4	29	1984	1	72,598	1.4	0	11
1985	21	150,576	13.8	7	24	1985	17	76,593	22.3	11	41	1985	4	73,983	5.3	1	17
1986	20	152,850	13.9	7	24	1986	17	77,813	23.9	12	43	1986	3	75,037	3.4	0	13
1987	19	155,779	12.9	7	23	1987	18	79,266	23.6	12	42	1987	1	76,513	1.2	0	9
1988	17	158,682	11.0	5	20	1988	11	80,732	13.6	5	28	1988	6	77,950	8.3	2	22
1989	24	162,045	15.8	9	26	1989	22	82,423	28.6	15	48	1989	2	79,622	2.4	0	11
1990	18	165,306	11.0	5	20	1990	17	84,087	20.3	10	37	1990	1	81,219	1.2	0	9
1991	19	168,409	11.7	6	21	1991	16	85,618	19.3	9	36	1991	3	82,791	4.0	0	15
1992	23	171,882	13.3	7	22	1992	19	87,242	22.5	11	40	1992	4	84,640	4.9	1	16
1993	25	174,272	14.9	8	24	1993	22	88,305	25.8	14	44	1993	3	85,967	3.4	0	13
1994	24	176,583	14.1	8	24	1994	23	89,352	26.8	14	45	1994	1	87,231	0.8	0	6
1995	24	177,344	13.2	7	22	1995	20	89,610	21.8	11	38	1995	4	87,734	4.5	1	14
1996	26	178,939	15.0	8	25	1996	21	90,287	25.1	13	43	1996	5	88,652	5.1	1	14
1997	36	179,803	20.6	13	31	1997	27	90,532	31.8	18	52	1997	9	89,271	9.9	3	22
1998	23	180,364	13.0	7	22	1998	18	90,713	21.0	10	38	1998	5	89,651	5.2	1	15
1999	36	181,182	21.1	13	32	1999	30	91,111	34.3	20	55	1999	6	90,071	7.2	2	19
2000	26	182,439	14.1	8	23	2000	22	91,670	23.5	12	40	2000	4	90,769	5.2	1	16
2001	28	185,667	15.3	9	25	2001	23	93,338	24.9	13	43	2001	5	92,329	5.9	1	17
2002	16	187,226	9.7	4	18	2002	13	94,068	16.9	7	33	2002	3	93,158	3.2	0	12

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Southern Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 15-24 year olds

Young people 15-24 years						Young males 15-24 years						Young females 15-24 years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	0	21,500	0.0	.	.	1973	0	11,201	0.0	.	.	1973	0	10,299	0.0	.	.
1974	2	22,084	9.1	0	42	1974	2	11,478	17.4	1	81	1974	0	10,606	0.0	.	.
1975	6	22,520	27.2	7	71	1975	6	11,657	51.7	13	135	1975	0	10,863	0.0	.	.
1976	1	23,032	4.5	0	34	1976	0	11,902	0.0	.	.	1976	1	11,130	9.6	0	71
1977	3	23,222	13.2	1	48	1977	2	11,992	17.2	1	80	1977	1	11,230	8.3	0	62
1978	7	23,348	30.2	9	74	1978	5	12,048	41.8	9	118	1978	2	11,300	17.8	1	82
1979	4	23,540	17.0	3	54	1979	3	12,143	24.5	3	90	1979	1	11,397	9.3	0	69
1980	3	23,498	13.1	1	48	1980	3	12,108	25.2	3	92	1980	0	11,390	0.0	.	.
1981	1	23,450	4.3	0	32	1981	1	12,080	8.3	0	62	1981	0	11,370	0.0	.	.
1982	0	23,509	0.0	.	.	1982	0	12,149	0.0	.	.	1982	0	11,360	0.0	.	.
1983	6	23,340	25.3	6	66	1983	6	12,093	48.2	12	126	1983	0	11,247	0.0	.	.
1984	2	23,272	8.6	0	40	1984	2	12,087	16.6	1	77	1984	0	11,185	0.0	.	.
1985	5	23,285	21.3	5	60	1985	4	12,126	32.6	5	103	1985	1	11,159	9.0	0	67
1986	4	23,152	17.4	3	55	1986	4	12,066	33.1	6	104	1986	0	11,086	0.0	.	.
1987	4	23,222	17.2	3	54	1987	4	12,083	33.1	6	104	1987	0	11,139	0.0	.	.
1988	3	23,132	13.3	1	49	1988	1	12,029	7.9	0	59	1988	2	11,103	19.4	1	90
1989	8	22,970	35.6	11	83	1989	8	11,940	68.3	22	159	1989	0	11,030	0.0	.	.
1990	2	22,794	8.8	0	41	1990	2	11,858	16.9	1	79	1990	0	10,936	0.0	.	.
1991	2	22,553	9.3	0	43	1991	1	11,721	8.9	0	66	1991	1	10,832	9.7	0	72
1992	2	22,465	8.9	0	41	1992	2	11,693	17.1	1	79	1992	0	10,772	0.0	.	.
1993	6	22,215	27.0	7	71	1993	6	11,575	51.8	13	135	1993	0	10,640	0.0	.	.
1994	3	21,947	14.1	2	51	1994	3	11,461	26.8	3	98	1994	0	10,486	0.0	.	.
1995	2	21,474	9.7	1	45	1995	2	11,230	18.4	1	86	1995	0	10,244	0.0	.	.
1996	4	21,046	19.8	3	62	1996	4	11,025	37.6	6	118	1996	0	10,021	0.0	.	.
1997	4	20,524	18.6	3	59	1997	4	10,779	35.6	6	112	1997	0	9,745	0.0	.	.
1998	2	20,295	8.6	0	40	1998	2	10,670	16.6	1	77	1998	0	9,625	0.0	.	.
1999	4	20,300	21.9	4	69	1999	4	10,638	41.2	7	130	1999	0	9,662	0.0	.	.
2000	2	20,458	10.1	0	47	2000	1	10,711	11.1	0	83	2000	1	9,747	8.6	0	64
2001	2	20,674	9.9	0	46	2001	1	10,801	10.8	0	80	2001	1	9,873	8.8	0	65
2002	3	20,851	14.0	1	51	2002	3	10,896	26.7	3	98	2002	0	9,955	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)

## Southern Health Service — Suicide Deaths and Directly Standardised Suicide Rates, 1973-2002, 65+ year olds

Older people 65+ years						Older males 65+ years						Older females 65+ years					
Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI	Year of Death	Suicide Deaths	Population at risk	Directly Standardised Rates per 100,000	LCI	UCI
1973	2	10,463	17.3	1	80	1973	2	4,869	34.8	2	162	1973	0	5,594	0.0	.	.
1974	1	10,726	8.0	0	60	1974	0	5,008	0.0	.	.	1974	1	5,718	16.3	0	121
1975	3	10,977	27.3	3	100	1975	3	5,137	57.5	5	214	1975	0	5,840	0.0	.	.
1976	2	11,306	15.0	1	70	1976	2	5,302	30.0	2	139	1976	0	6,004	0.0	.	.
1977	3	11,801	26.2	3	96	1977	2	5,487	32.6	2	151	1977	1	6,314	17.8	0	132
1978	1	12,334	7.7	0	58	1978	1	5,695	15.8	0	117	1978	0	6,639	0.0	.	.
1979	1	12,895	7.4	0	55	1979	1	5,914	15.2	0	113	1979	0	6,981	0.0	.	.
1980	0	13,472	0.0	.	.	1980	0	6,156	0.0	.	.	1980	0	7,316	0.0	.	.
1981	2	13,987	12.9	1	60	1981	1	6,350	12.7	0	94	1981	1	7,637	12.5	0	93
1982	5	14,523	36.1	7	103	1982	5	6,560	90.9	15	268	1982	0	7,963	0.0	.	.
1983	1	14,993	7.4	0	55	1983	1	6,731	17.3	0	128	1983	0	8,262	0.0	.	.
1984	1	15,474	7.8	0	58	1984	1	6,916	20.7	0	154	1984	0	8,558	0.0	.	.
1985	4	16,012	24.5	4	78	1985	2	7,140	31.8	1	151	1985	2	8,872	22.0	1	102
1986	4	16,666	23.1	4	73	1986	3	7,444	38.4	4	141	1986	1	9,222	10.9	0	81
1987	3	17,425	16.8	2	62	1987	2	7,841	22.1	1	102	1987	1	9,584	10.7	0	79
1988	4	18,087	20.2	3	64	1988	3	8,180	30.6	3	112	1988	1	9,907	10.0	0	74
1989	3	18,885	16.5	2	61	1989	2	8,576	26.9	1	126	1989	1	10,309	9.9	0	73
1990	1	19,612	5.0	0	37	1990	1	8,956	10.5	0	78	1990	0	10,656	0.0	.	.
1991	1	20,414	5.2	0	38	1991	1	9,371	12.1	0	90	1991	0	11,043	0.0	.	.
1992	5	21,416	24.0	5	68	1992	4	9,849	49.3	7	160	1992	1	11,567	8.8	0	65
1993	1	22,353	4.2	0	31	1993	1	10,296	8.7	0	65	1993	0	12,057	0.0	.	.
1994	4	23,214	17.6	3	55	1994	3	10,710	27.2	3	100	1994	1	12,504	7.3	0	54
1995	6	23,747	25.0	6	65	1995	5	10,970	44.2	9	126	1995	1	12,777	8.5	0	63
1996	5	24,446	20.6	4	58	1996	4	11,308	41.0	6	132	1996	1	13,138	6.8	0	51
1997	6	25,049	23.8	6	62	1997	4	11,573	41.6	6	133	1997	2	13,476	15.7	1	73
1998	1	25,585	3.9	0	29	1998	1	11,873	10.1	0	75	1998	0	13,712	0.0	.	.
1999	4	26,153	15.7	3	50	1999	3	12,168	22.9	3	84	1999	1	13,985	8.6	0	64
2000	5	26,782	18.2	4	52	2000	5	12,468	41.0	9	117	2000	0	14,314	0.0	.	.
2001	6	26,980	21.6	5	57	2001	5	12,429	40.7	8	116	2001	1	14,551	6.9	0	51
2002	3	27,531	9.6	1	35	2002	3	12,687	27.9	3	102	2002	0	14,844	0.0	.	.

Source: ABS Mortality data and Population estimates - NSW Department of Health HOIST System. Rates were age-adjusted using the standard Australian population as at 30 June 1991  
 Suicide was classified according to ICD8 (E950-E959); ICD9 (E950-E959) and ICD10 (X60-X84 and Y87.0) external cause codes  
 LCI/UCI are the lower and upper bounds of a 99% CONFIDENCE INTERVAL based on the Poisson distribution  
 Note: 2002 data are incomplete (about 4-5 per cent of deaths are not registered in the year of death)