

Suicide in Australia

Suicide means not only a tragic loss of a life but also great sadness and soul-searching by the family and friends of the person who has died, as well as in the wider community. Over 2,000 Australians die from suicide every year. For every person who dies in this way, it is estimated there are at least another 30 people who attempt suicide. Death by suicide is highest for men aged between 25 and 34 and those over 80, although suicidal behaviour is more common in women than men. There is a significant association between mental health problems and suicidal behaviour. Of those who die by suicide, many – probably a majority – have experienced a mental illness such as depression, bipolar disorder or schizophrenia.

Suicidal behaviour and mental illness

Around 20% of Australians are affected by some form of mental illness every year, yet many do not receive the treatment and support they need. The suicide rate among people with a mental illness is at least seven times higher than the general population. It is the main cause of premature death in this group. Many who have attempted or seriously thought about ending their lives can – with effective treatment, social support and time – go on to live full and productive lives.

Why people feel suicidal

For people with a mental illness, the distress caused by the illness can be so great they may feel an overwhelming desire to end their life. People recently discharged from psychiatric care are at higher risk of suicide. Knowing someone who has recently died by suicide may also increase risk. A suicide attempt may be an early sign of a mental illness developing, and it is important to get help from a doctor if this is the case. For someone with a mental illness, the following may contribute to the risk of suicide:

- ④ *Depressive illness*
Many people who have suicidal behaviour will have experienced major depression or bipolar disorder.
- ④ *Psychotic symptoms*
Some may attempt suicide because they are confused and distressed by hallucinations or delusions, or to bring ‘relief’ from untreated psychotic symptoms.
- ④ *Borderline personality disorder (BPD)*
People with Borderline Personality Disorder may harm themselves or behave in a suicidal way. Some find self-harm brings temporary ‘relief’ from their distress. This is a symptom of the disorder and requires treatment from a health professional.
- ④ *Drugs and alcohol*
The abuse of drugs (such as marijuana, heroin or amphetamines) and alcohol is closely related to suicidal behaviour.

Self-harm

Self-harm means any behaviour which involves the deliberate causing of pain or injury to oneself. This includes cutting, burning or hitting oneself, overdosing on prescription or illegal drugs, or even binge-eating or starvation, abuse of drugs or alcohol or repeatedly putting oneself in dangerous situations.

Self-harm is usually a response to distress – often the distress associated with mental illness or trauma. In the short-term, some people find that it provides temporary relief from the psychological distress they are experiencing. While people who self-harm do not necessarily mean to kill themselves, it often becomes a compulsive and dangerous activity, and requires careful professional help.

How do I find out more?

It is important to ask your doctor about any concerns you have, whether about yourself or another person. See other SANE Factsheets on how to help if you or someone else is experiencing suicidal thoughts, or has been bereaved by a suicide. SANE also produces a range of easy-to-read publications and multimedia resources on mental illness.

- ④ *SANE Guide to Staying Alive*
Provides practical step-by-step hints and advice for people living with a mental illness, family, friends, and health professionals on managing suicidal thoughts and behaviour.

Use the Order Form which came with this Factsheet or visit the SANE Bookshop at www.sane.org