

Abstract

Achieving standardised reporting of suicide in Australia: rationale and program for change.

De Leo, D, Dudley, M, Aebersold, C, Mendoza, J, Barnes, M, Ranson, D and Harrison, J. (2010) MJA: 192 (8) 452-456.

- Suicide and intentional self-harm are issues of major importance in public health and public policy, with rates widely used as progress indicators in these areas.
- Accurate statistics are vital for appropriately targeted prevention strategies and research, costing of suicide and to combat associated stigma.
- Underreporting of Australian suicide rates probably grew from 2002 to 2006; Australian Bureau of Statistics (ABS) suicide data were at least 11% or 16% undercounted (depending on case definitions) in 2004.
- In coronial cases with undetermined intent for 2005 to 2007, intentional self-harm was found in 39%.
- Systemic reasons for undercounting include: (i) absence of a central authority for producing mortality data; (ii) inconsistent coronial processes for determining intent, as a result of inadequate information inputs, suicide stigma, and high standards of proof; (iii) collection and coding methods that are problematic for data stakeholders; and (iv) lack of systemic resourcing, training and shared expertise.
- Revision of data after coronial case closure, beginning with ABS deaths registered in 2007, is planned and will reduce undercounting.
- Other reasons for undercounting, such as missing or ambiguous information (eg, single-vehicle road crashes, drowning), differential ascertainment (eg, between jurisdictions), or lack of recorded information on groups such as Indigenous people and gay, lesbian, bisexual and transgender people require separate responses.
- A systemic coordinated program should address current inaccuracies, and social stigma about suicide and self-harm must be tackled if widespread underreporting is to stop.

Link to article:

<https://www.mja.com.au/journal/2010/192/8/achieving-standardised-reporting-suicide-australia-rationale-and-program-change>