



### 1. Deaths by suicide in Australia

3,249 Australians died by suicide in 2022, an average of 12.3 per 100,000 people. In 2021, deaths by suicide ranged from approximately 10 per 100,000 in major cities to 15.9 (inner regional), 18.5 (outer regional), 21.2 (remote) and 23.9 (very remote) deaths per 100,000 people respectively. There were over 65,000 attempts. This equates to 9 deaths and 180 suicide attempts per day.

### 2. Risk factors for suicide

- **AGE** – Suicide is the leading cause of death for Australians between 15 and 44
- **EDUCATION** – The risk is higher in those with fewer years of education
- **ETHNICITY** – The suicide rate among indigenous people is twice that of non-Indigenous Australians
- **GENDER** – Men are three times more likely to die by suicide
- **HISTORY OF SUICIDE** – Suicide risk is significantly increased in those who have previously attempted suicide
- **LOCATION** – Rates of suicide in rural Australia can be up to 2.4 times that of capital cities
- **OCCUPATION** – The worst sectors are farming and agriculture closely followed by vets, medical practitioners, nurses/midwives, and emergency service workers.
- **SEXUAL ORIENTATION** – Members of the LGBTIQ+ community are 10 times more likely to attempt suicide than the general population

Research by Beyond Blue has found that fire brigade volunteers report experiencing high or very high levels of psychological distress at 1.5 times the rate of all Australian adults, one in three report having been diagnosed with a mental health condition in their life compared to one in five of all Australian adults, they report suicidal thinking and planning at almost 2.5 times the rate of all Australian adults, and one in three report having experienced a traumatic event that deeply affected them during the course of their work.

Risk factors are not predictors, but when taken in conjunction with other suicide warning signs and behaviours, they indicate a need for urgent intervention.

### 3. Examples of suicide warning signs and behaviours

- Direct Verbal warning signs
  - “I’ve decided to kill myself”
  - “I wish I were dead”
- Indirect Verbal warning signs
  - “My family would be better off without me”
  - “You won’t have to worry about me much longer”
- Behavioural warning signs
  - Acquiring a gun or stockpiling pills
  - Putting person affairs in order
  - Giving away prized possessions
  - Depression, moodiness, hopelessness
  - Drug or alcohol abuse or relapse after recovery

### 3. Examples of suicide warning signs and behaviours (continued)

- Situational warning signs (major transitional or loss events)

Being fired

A financial crisis

The end of a major relationship

A diagnosis of serious or terminal illness

The loss of independence and the fear of becoming a burden to others

### 4. Two common misconceptions about suicide

**MYTH** – People who are contemplating suicide keep the knowledge to themselves.

**REALITY** – Most people who are contemplating suicide communicate their intention in the days and hours leading up to the attempt either verbally or behaviourally. However, their communication is often not heard because people are not alert to the warning signs.

**MYTH** – When someone has made up their mind to end their life, nothing can stop them.

**REALITY** – Suicide is the single most preventable cause of death and almost any positive action can help to save a life.

### 5. Taking positive action

**QPR** is an evidence-informed suicide prevention training program developed in the United States in 1995 and widely used around the world. It teaches people to **recognize and respond** positively to someone exhibiting suicide warning signs and behaviours and provides a **behavioural action plan** to move a willing or ambivalent suicidal person to accept a referral for professional evaluation and/or treatment.

**QUESTION**, **PERSUADE**, and **REFER** are three core skills that create a structured pathway to move from recognizing suicide warning signs to connecting a potentially suicidal person with the professional help they need.

#### **QUESTION**

Ask a clear and unambiguous question to clarify the meaning of any verbal or behavioural clues we may have noticed. “Are you thinking about killing yourself?”

#### **PERSUADE**

Persuade the suicidal person to take positive action to get help or get their permission to get help for them. Help is available. “Will you come with me to get help?” “Will you let me get you help?”

#### **REFER**

Act immediately to capitalize on the momentum of the decision to accept help by connecting them with the professional assistance that they need. The best referral is to personally deliver the person to a mental health professional, GP, or hospital Emergency Department. The following phone services are also very helpful sources of mental health support.

Lifeline – **13 11 14** (Australia wide)

Accessline – **1800 800 944** (Within the Murrumbidgee Primary Health Network)

Suicide Call Back Service – **1300 659 467** (Australia wide)

Member Assistance Program (Telus Health) – **1300 360 364**

If there is an immediate risk of harm – **000** (Australia wide)