

# TURNING POINTS:

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## IMAGINE A WORLD WITHOUT SUICIDE

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Suicide Prevention  
Australia

# Foreword




**Nieves Murray** - CEO  
Suicide Prevention Australia




**Angela Emslie** - BOARD CHAIR  
Suicide Prevention Australia

Suicide Prevention Australia is the national peak body and we've been providing support for Australia's suicide prevention sector for more than 25 years. We exist to support and strengthen our members in the delivery of services and programs for suicide prevention. We're committed to driving continual improvement in suicide prevention policy, programs, and services to achieve better outcomes for all Australians. Our reach is broad, including member organisations, governments, businesses, researchers, practitioners and those with lived experience.

There are thousands of Australians working collaboratively to achieve a meaningful reduction in suicide. This includes governments, the suicide prevention and healthcare sectors, workplaces, schools and communities.

Suicide prevention is complex and it needs to be addressed as a whole-of-government issue, because it's more than a health issue. Drawing on international evidence, we know that a fragmented and mental illness-specific approach alone doesn't work. We are focused on an integrated approach to suicide prevention encompassing mental health, social, economic and community factors.

Never before in Australia have we seen so much momentum driving suicide prevention to the fore, making it a priority for both government and the community. Evidence of this commitment is the Morrison Government's recent appointment of a national suicide advisor within the Department of the Prime Minister and Cabinet, and in robust suicide prevention initiatives at a state and territory level. Some of these initiatives include the announcement of a new Premier's Priority on suicide prevention in aiming to achieve a 20% reduction in the suicide rate by 2023 in NSW, and a commitment to reduce the number of suicides by 50% in the next 10 years in WA.

As these initiatives unfold, Suicide Prevention Australia is committed to driving productive dialogue and policy decisions that will reduce the number of people who die by suicide each year. We are dedicated to uncovering the circumstances that lead to suicide. Not only do we need to support those who have survived suicide, we also need to do much more to prevent first attempts.

On top of this, we are predicting that the Federal Government's \$15 million investment in improved and coordinated data collection and retrieval will reveal a higher official suicide rate than currently recorded. The Australian Institute of Health and Welfare (AIHW), the National Mental Health Commission and the Department of Health will work together to link existing data collections – including ambulance crews and hospital emergency departments – to deliver a complete up-to-date national view of the prevalence of suicide and self-harm.

The time to take action is now. Over 10 million Australian adults are estimated to know someone who has died by suicide, and 1 in 2 young people are impacted by suicide by the time they turn 25 – meaning that half of the Australian population is personally touched by suicide one way or another. We've all got to do more as government, business and suicide prevention leaders to reduce the number of lives impacted by suicide in Australia.

Suicide Prevention Australia engaged KPMG pro bono to assist in the development of this paper which examines the emerging trends in housing, finance, employment and relationships that are likely to have an effect on Australians, and explore opportunities for realising a world without suicide.

**There are crisis services available 24/7 if you or someone you know is in distress**

**Lifeline: 13 11 14**  
[www.lifeline.org.au](http://www.lifeline.org.au)

**Suicide Call Back Service: 1300 659 467**  
[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

## Acknowledgement Statement

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. Suicide Prevention Australia acknowledges the traditional owners of country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to elders past, present and emerging.



# Introduction

The Government's 'towards zero' ambition for suicide rates in Australia, and the Mental Health Royal Commission in Victoria mark a watershed moment for prioritising suicide prevention in Australia's long-term national health plan.

As we enter the next decade, trends indicate that there are potential new risks for suicide that must be addressed. In order to ensure that we derive the greatest value from the \$500 million earmarked in the federal budget for youth mental health and suicide prevention for all Australians, it is important to look beyond the current issues to anticipate those that will create new pressures going forward.

This paper is the first in a series that will explore the challenges that Australians will face in the future, and what they mean for realising a reduction in suicide rates in the next decade. To launch this series, Suicide Prevention Australia conducted an online survey of 1064 Australians aged 18 and older. The survey highlighted that Australians believe economic security and changes to family and relationships will be some of the biggest risks to suicide rates over the next 10 years.

We know that there are priority populations that are at greater risk of suicide. In Australia, these include Aboriginal and Torres Strait Islander people, the LGBTI community, those bereaved by suicide and those who struggle with alcohol and drug problems, among others. This paper will focus more broadly on risks experienced by all Australians – including changes in the economic environment, and the changing nature of relationships. It will address how these changes are shaping and guiding how Australians interact with the economy, and each other, and what this may mean for suicide risks over the next 10 years.

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# Suicide related statistics in Australia

Over the past 50 years the rate of suicide in Australia has fluctuated around a slowly declining long term trend (see figure 1). While the 1970s saw marked decline – moving from 15.4 in 1971 to 12.1 in 1976 (age standardised rate) per 100,000 – the 1980s and 90s experienced volatility underpinned by financial uncertainty and drought – peaking at 14.8 in 1997. This was followed by improvements over the early 2000s, hitting historical lows in 2006 at 10.2. In the last decade, however, suicide rates have increased to 12.5 (age standardised rate) per 100,000 in 2017, the same as Australia's suicide rate 50 years ago.

**The latest data available from the Australian Bureau of Statistics (ABS) show that Australia's suicide rate is at 12.7 deaths per 100,000 people – an average of six men and two women a day<sup>1</sup>.**

**Table 1: Cost of suicide in Australia (2012 vs 2017)\***

Study	Year of data	Deaths by suicide	Cost per suicide	Total cost
KPMG 2013	2012	2,614	\$633,894	\$1,657,000,000
KPMG 2019	2017	3,124	\$709,735	\$2,217,000,000

Source: KPMG analysis 2019

If the worsening rates of suicide of the last decade continue, the number of lives lost will grow significantly over the next decade, exacerbated by Australia's growing population. Based on population projections by the ABS, a 'current trajectory' scenario would see suicides continue to rise, potentially to 3,800 or more deaths per year by 2030.

However, if there is a return to the lower rates of suicide achieved in the early 2000s ('improved case' scenario), the number of deaths by suicide can be slowed, and the upward trajectory turned around.

Prior to the turn of the 20th century, much of the increase in deaths by suicide were due to changes in the demographic profile of Australians. This is illustrated in figure 3, highlighting that while total suicides had grown, rates of suicide were relatively stable after adjusting for age structure and population size.

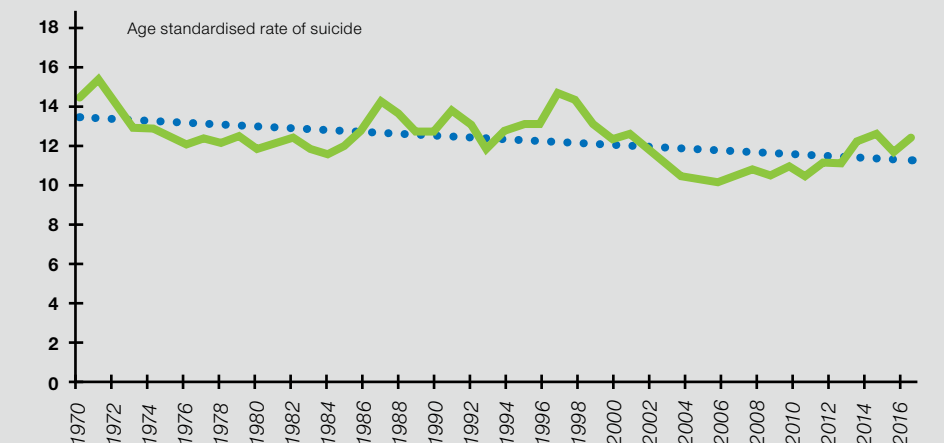
Figure 3 shows a significant cohort effect where death by suicide has seemingly 'followed' people over decades – starting in the 20-24 category in the 1980s. From 2005 onwards, the incidence of suicide has become widespread – effecting not only an increasing number of people aged 20 and under, but also those aged 65 or older.

The cost of suicide in Australia is stark and continues to rise. In 2017, the economic impact of suicide to society was estimated to be \$2.2 billion in direct (coronial, ambulatory, police, and counselling support) and indirect (foregone lifetime earnings) costs – up from \$1.7 billion in 2012. Annually, suicide contributes to over 120,000 years of life lost relative to current life expectancy – half of which were aged within the working population.

**Figure 1:**  
Age standardised rates of suicide per 100,000 population in Australia (1970-2017)

Source: KPMG analysis of AIHW data, 2019

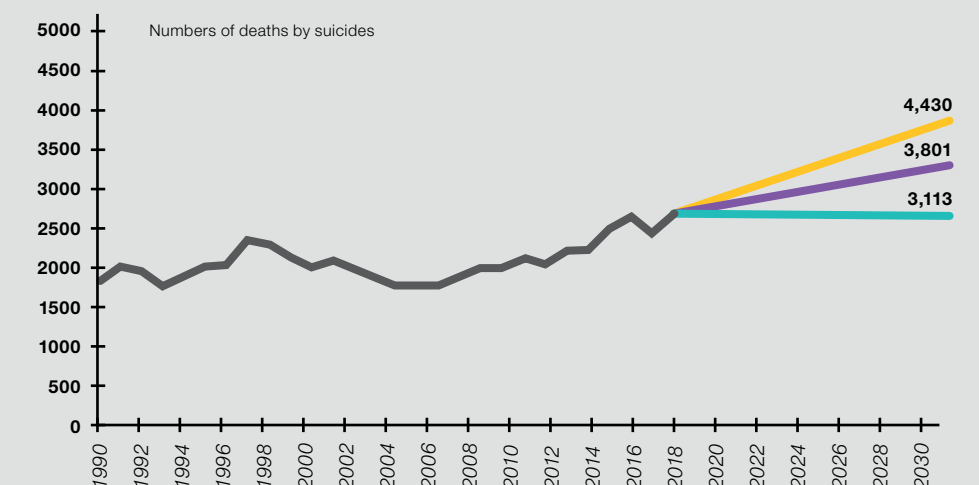
— Age standardised rate  
••• Linear (Age standardised rate)



**Figure 2:**  
Scenario analysis of annual suicide deaths in Australia (2017-2030)

Source: KPMG analysis of AIHW data, 2019

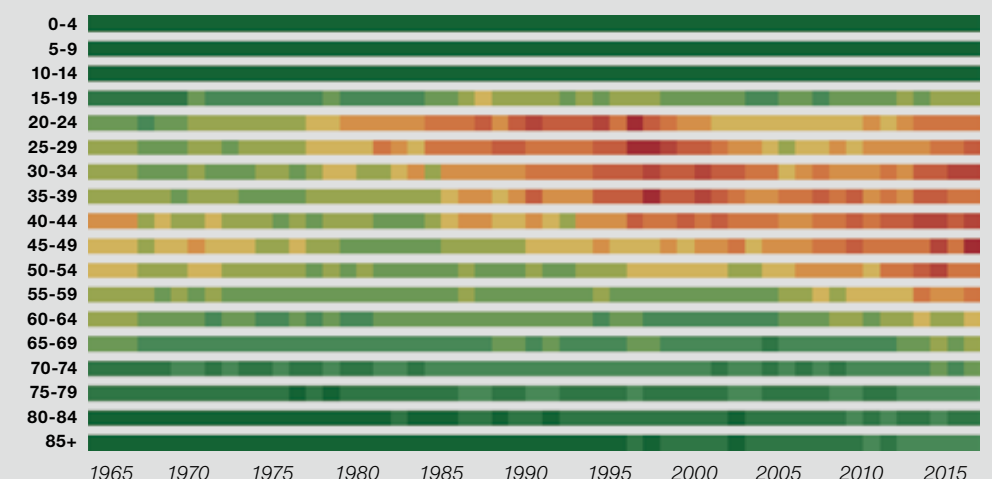
— Historical  
— Improved Case  
— Current Trajectory  
— Worsening Case



**Figure 3:**  
Suicide deaths by age group in Australia (1967-2017)

Source: KPMG analysis of AIHW data, 2019

Count of deaths p.a  
0 370





# Risk factors

Suicide is a major issue in Australian society, with flow-on effects of suicide and suicide attempts reverberating out to families, friends and broader social networks. With deaths by suicide reaching a 10-year peak in Australia, there are countless people impacted by suicide or suicide attempts.

Risk factors are issues in a person's life that increase the likelihood of them having suicidal thoughts or behaviours. It is important to note that risk factors are not definitive – an individual living with many of these risk factors may never think of, or attempt suicide. However, the more risk factors one is exposed to, the higher the suicide risk, and factors associated with suicide can differ depending on a person's age and sex<sup>2</sup>.

While it is widely recognised that the suicide risk factor with the most consistent empirical support in the literature is mental illness, contemporary theories of suicide emphasise the importance of other life stressors in influencing suicidal behaviour. While mental health and suicide intersects, suicide is a unique issue – people do not need to be experiencing mental illness to be suicidal. In 2017, ABS data found that 20% of deaths by suicide did not mention any co-morbidities, such as mood disorders or chronic pain, as a contributing factor<sup>3</sup>.

Emotional distress and financial hardship associated with job loss is one of the reasons that individuals may increase alcohol use. Research has shown that job loss during the past year leads to a corresponding increase in average daily alcohol consumption, binge drinking, and alcohol abuse/dependence diagnoses<sup>4</sup>. Importantly, alcohol and drug use is a contributing factor in suicide, especially in younger age groups. In 2017, 41.6% of deaths by suicide in the 25-44 year age group involved people with drug and alcohol use disorders and acute intoxication<sup>5</sup>.

While economic conditions and financial burdens are rarely the sole cause of suicide, they work in conjunction with other factors to affect an individual. Low control and high demands at work are risk factors for suicide, as individuals develop reactions such as feelings of hopelessness and heightened stress<sup>6</sup>. This may disproportionately affect different types of businesses, or different types of employees.

For example, 37% of small to medium sized business owners reported high or very high levels of psychological distress<sup>7</sup>. Similarly, contractors may be particularly vulnerable to these stress factors, as workers without paid sick leave are less likely to take time off to care for their mental health, with delayed or foregone care worsening overall health outcomes<sup>8</sup>.

Research shows that unexpected job loss can cause major crisis for individuals, and can involve significant stress as an individual's expected life is disrupted<sup>9</sup>. This disruption can contribute to significant psychological distress in the immediate aftermath of negative financial news<sup>10</sup>. This emphasises the importance of well-timed interventions in order to pre-empt the impact of significant stressors.

## Having lost my Dad to suicide in 2006, I observed his rapid downward spiral as a result of significant medical issues, coupled with relationship breakdown and social isolation – Tessa

Additionally, we know that long periods of increased financial pressure such as unemployment can result in decreased self-esteem and anxiety about the future, and have severe consequences for suicidal behaviour<sup>11</sup>. This is reflected by the finding that unemployed males are 4.6 times more likely to suicide than employed males<sup>12</sup>. Certain work related risk factors and triggers for mood disorders and suicide are different in men and women, which some research attributes to historical psychosocial factors such as a gendered roles in relationships, and the associated shame that may occur when men no longer fulfil these roles<sup>13</sup>.

# Protective factors

Protective factors are characteristics that make it less likely that individuals will consider, attempt or die by suicide. Major protective factors can include public health infrastructure such as access to effective mental

health care, and more nebulous social structures such as connectedness to individuals, family, community and social institutions.





# Housing and finance trends

Since 2012, house prices have risen 70% in Sydney and 50% in Melbourne. Median home prices have increased from four times median incomes in the early 1990s to more than seven times today<sup>14</sup>. Home ownership has historically been one of the highest financial priorities reported by Australians, however, economic conditions over the last 10 years have made the financial burden of realising that dream increasingly challenging<sup>15</sup>.

In 2016, the ABS reported that 29% of Australian households were classified as 'over-indebted', with the most common forms of debt being credit card debt, home loans and student loans<sup>16</sup>. In addition to pressures related to overall debt growth, difficulty in accessing loans may compound the financial stress around home ownership, where the Australian Housing Urban Research Institute have already found that the burden of mortgage debt is leading to mental distress and worsening mental health outcomes from those who are faced with unsustainable mortgage repayments<sup>17</sup>.

Buy-now-pay-later schemes such as Afterpay and Zipay have also been changing Australia's relationship with money, especially in younger age groups. Data shows that 60% of buy-now-pay-later service customers are aged between 18 and 34, and more than 40% of users had incomes of less than \$40,000<sup>18</sup>. Unlike banks, buy-now-payer-later services are not required to do checks to verify the financial capabilities of their customers, and are not regulated as a credit provider. The lack of credit checks and approvals leaves consumers vulnerable to accumulated debt, and may have long term damaging effects on credit scores that have the potential to compound financial burden and attainability when it comes to future borrowing.



# Employment trends

A growing number of Australians are no longer employed under traditional workplace arrangements, with a long-term connection to a company, but are hired for 'gigs' under arrangements that allow for more flexibility as 'contractors', giving rise to the term 'gig economy'<sup>19</sup>. Companies are shifting tasks to contractors, and paying a price for a service, rather than employing an individual for an ongoing role, leading to a cohort of employees losing access to training, career advancement opportunities and other benefits associated with full time employment.

The gig economy and the use of contractors in workplaces have the potential to further isolate individuals who suffer from loneliness and a lack of connection by no longer having regular colleagues or fixed work places. A recent poll of young adults showed that over 50% of freelancers surveyed feared a lack of connection to a company's internal culture would leave them feeling like outsiders<sup>20</sup>.

The recent, rapid growth of on-demand apps may distort the accuracy of trends in the mix of employment reported. Given the top 5 on-demand apps operating in Australia have launched in the last 10 years, it's likely that the impact of real shifts in the mix of employment are yet to be fully realised.

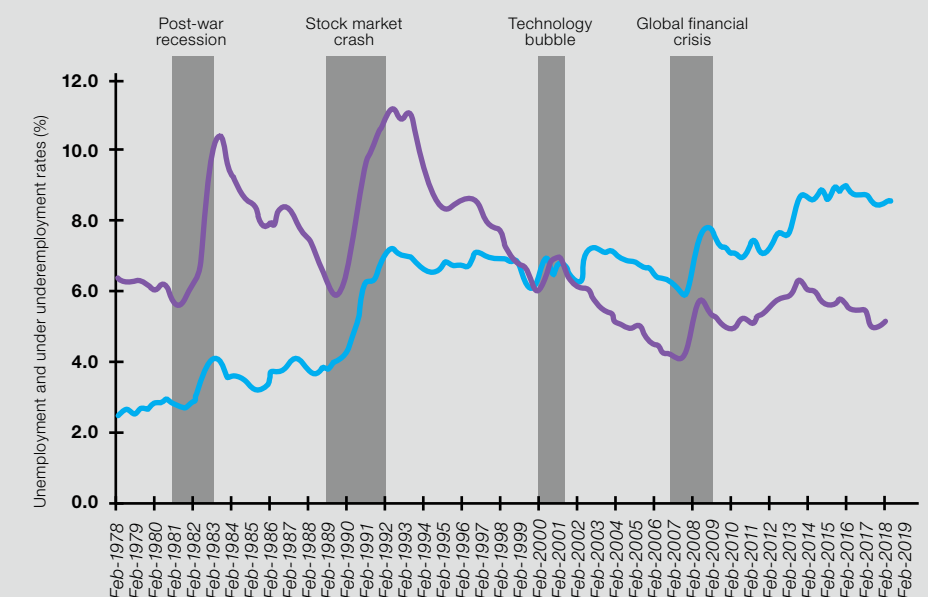
App	Year launched in Australia
Uber	2012
Airtasker	2012
Deliveroo	2015
Ubereats	2016
Ola	2018

Freelancing can provide a range of benefits, such as increased freedom to dictate work hours and flexibility over work environments. However, it is also associated with an overall casualization of the workforce as employment shifts to casual and contract positions, which do not include superannuation, paid sick leave or annual leave. While unemployment remains at historically low levels, underemployment, which is also associated with financial strain, continues to trend upwards (figure 4).

**Figure 4:**  
Unemployment, underemployment  
and economic downturn in Australia  
(1978- 2019)

Source: KPMG analysis of ABS data, 2019

Unemployment (trended)  
Underemployment (trended)





# Relationships and household structures

The way that Australians interact and form relationships has changed considerably over the last decade, and will continue to change well into the next. Relationships – between romantic partners, friends, families and communities – are a key pillar in the lives of Australians, and a major protective factor against suicide. Research shows people who are more socially connected to family, friends, or their community are happier, physically healthier and live longer, with fewer mental health problems than people who are less well connected<sup>21</sup>. Conversely, as relationships pervade everyday interactions, the effects of relationship and family breakdowns can have a devastating cascading effect.

Generational trends such as the increase of single person households has narrowed our social networks. According to ABS household and family projections, in 2017, single-persons households now number 25% of total households<sup>22</sup>. Though signs suggest that living alone will become more common in the future, current data also suggests that social networks shrink for middle aged individuals<sup>23</sup>. There is less visibility over whether this change in household structures will have an impact on relationships and social networks, and be a concern for wellbeing and suicide risk into the future.

Divorce rates have been declining overall since their peak in 1976, though they have remained at around 50,000 divorces per annum over the last decade<sup>24</sup>. This figure is not representative of the breadth of relationship breakdowns that can occur between partners who are not married, but may be in long term, or otherwise emotionally significant relationships.

While relationship breakdowns are an established risk factor for suicidal behaviour for men and women, men may be more at risk of suicide after a relationship breakdown. Research shows that divorced men were eight times more likely to die by suicide than divorced women<sup>25</sup>. Women report a higher risk of suicidal behaviour immediately after a relationship breakdown, with 25.2% of females experiencing divorce or relationship separation in the 12 months prior to suicide<sup>26</sup>. Over time, this risk is dissipated, possibly due to stronger emotional bonds in same-sex friendships reported by women<sup>27</sup>.

Traditional constructs of gender can make men feel beholden to particular roles that externalise masculinity – being a good partner, family man and bread winner. Male wellbeing is closely related to the stability and support they experience within long term relationships. Research found that strong family relationships and networks are more highly valued by men than friendships, which may contribute to the long term negative effects of relationship loss<sup>28</sup>. This may increase the risk of suicidal behaviour, and potentially contribute to suicide being the leading cause of death in men between the ages of 15 and 44.

A survey by Relationships Australia showed that people who use a range of technologies to communicate were lonelier compared with people who only used one<sup>29</sup>. This contradicts the prevalent thought that social networking decreased loneliness. The survey showed over half of the respondents who felt lonely were more likely to use Facebook to communicate with friends, family and potential partners. This is where social isolation differs from loneliness and puts individuals at greater risk of suicide<sup>30</sup>, as they may have many social interactions, but still experience the feelings of isolation that make it harder to reach out for support.

Just as in previous life stages, tackling social isolation has been a key area of focus in aged care. Risk factors such as reduced mobility, lack of access to private transport, minimal contact with friends and family all contribute to the prevalence of social isolation amongst older people<sup>31</sup>.

**While relationship breakdowns have always been a risk factor for suicidal behaviour, what is less well known is how some of these emerging household structure and relationship trends will influence suicide risk in the next 10 years.**





# Future Directions



## It is clear from the research that numerous issues and factors influence suicidal ideation and suicide.

While the trends addressed earlier show a range of challenges that Australians will face in the next decade, also identified are opportunities to better support people in times of critical need.

Suicide is a complex, multi-factorial issue that cannot be attributed to a single risk factor. The trends identified in this paper provide reflections around some of these risks, and how they may interact with each other to influence the rate of suicide in Australia over the next decade. It is essential to remember that these factors do not operate in isolation, emphasising the importance of the continual adjustments in our understanding of suicide risk factors to ensure that prevention efforts reflect the needs of all Australians.

The focus of many programs and interventions related to suicide prevention has understandably been in supporting priority populations, and people in imminent crisis or post suicide attempt. Given the known increased risk for people post suicide attempt, this will remain a critical priority area<sup>32</sup>. What is less clear is the range of services and supports that are available to identify and help people prior to a first suicide attempt.

The last decade has seen a peak in the rate of suicides that cannot continue. An immediate priority for the suicide prevention sector is to investigate and understand how to best support vulnerable people before reaching crisis point. We know that some services target groups to provide preventative interventions, education and training. What is not known is the extent of service provision outside the traditional health and human service sectors, such in the finance and service industries.

The trends identified in this paper highlight a need to understand what opportunities there are to intervene earlier and better support people at risk of suicide outside of traditional service environments. Indicative data shows that these key time periods might be in the immediate 6 months following job or relationship loss. Further research is needed to understand what type of supports have the greatest impact, with the ultimate objective being a world without suicide.

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**For general enquiries**

02 9262 1130

[admin@suicidepreventionaust.org](mailto:admin@suicidepreventionaust.org)

[www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)

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KPMG is a global network of professional firms, providing services across a wide range of industries, government and not-for-profit sectors. As part of our commitment to building stronger communities, KPMG is proud to have worked pro bono with Suicide Prevention Australia in producing ***Turning Points: Imagine a world without suicide.***