

FACT SHEET: SUICIDALITY AMONG CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

2021

BACKGROUND AND KEY ISSUES

- Australia has one of the largest multicultural populations in the world¹.
- In 2018, there were approximately 7.3 million migrants living in Australia (out of a total population of 25 million)².
- Data collection on these communities is inconsistent and unreliable resulting in either limited data availability or none at all on suicide deaths and suicidality among these communities³.
- Stigma can impact reporting on suicide among these communities and result in some suicides reported as unintentional or accidental deaths⁴.
- Due to a lack of accurate reliable data, there is a need for a greater focus across policy, research, and evaluation on suicide prevention in Australian CALD communities.
- People from CALD communities have different risk and protective factors unique to each cultural or ethnic group. Adopting an intersectionality lens is important in understanding the needs of these communities.
- In a national survey conducted of Australian adults, men, speaking a language other than English at home, and being over age 60 were associated with the strongest beliefs in suicide myths - in particular, the myth that talking about suicide may instigate suicidal thoughts⁵.
- Some CALD communities are at a greater risk of suicide and poorer mental health. For example, refugees who have experienced traumatic events⁶ are at a higher risk of suicide and the asylum-seeking process can heighten risk.
- People from CALD communities may experience higher levels of psychological distress compared to other Australians due to having experienced traumatic events, such as war, separation from family and friends, or the migration process⁷.
- Services need to be co-designed with specific CALD communities to design culturally appropriate health services and non-health-based suicide prevention programs to address prevention and

¹ Shawyer, F., Enticott, J.C., Block, A.A. *et al.* (2017) The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. *BMC Psychiatry* **17**, 76 <https://doi.org/10.1186/s12888-017-1239-9>

² Australian Bureau of Statistics, 2019

³ Madeleine Bowden, Alicia McCoy and Nicola Reavley (2019): Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review, *International Journal of Mental Health*, DOI: 10.1080/00207411.2019.1694204

⁴ Walker, S., Chen, L., and Madded, R (2008), 'Deaths due to suicide: the effects of certification of coding practices in Australia' in *Australian and New Zealand Journal of Public Health*, Vol. 32, pp. 126-130

⁵ Nicholas, A., Niederkrotenthaler, T., Reavley, N., Pirkis, J., Jorm, A. & Spittal, M.J. (2020). Belief in suicide prevention myths and its effect on helping: a nationally representative survey of Australian adults, *BMC Psychiatry*, 303.

⁶ Tarrier, N. & L. Gregg, *Suicide risk in civilian PTSD patients--predictors of suicidal ideation, planning and attempts*. *Social psychiatry and psychiatric epidemiology*, 2004. **39**(8): p. 655-61.

⁷ K Murray., G., Davidson, R., Schweitzer (2008) Psychological Wellbeing of Refugees Resettling in Australia: A Literature Review. The Australian Psychological Society. <https://www.psychology.org.au/getmedia/73cf6347-82f2-4b2d-bb27-6ccc123f8bb8/Refugee-Literature-Review.pdf>

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

Lifeline: 13 11 14

Suicide Call Back Service: 1300 659 467

www.lifeline.org.au

www.suicidecallbackservice.org.au

Suicide Prevention Australia

Phone: 02 9262 1130

Email: admin@suicidepreventionaust.org

Web: www.suicidepreventionaust.org

early intervention, including risk factors associated with suicide for people from CALD backgrounds.

STATISTICS

- A retrospective case review of 2839 people who died by suicide in Victoria from 2009-2013 found of those with a mental illness diagnosis, 21% were from culturally and linguistically diverse communities⁸. Of those with no mental illness diagnosis, 20.9% were from culturally and linguistically diverse communities⁹.
- Research found refugees in Melbourne were 3.1 times more likely to have a mental illness and twice as likely to have PTSD compared to people born in Australia¹⁰.
- Among refugee and conflict-affected populations, research found 40% experienced PTSD immediately following conflict exposure, which reduced to 22% 6 or more years post conflict or resettlement^{11,12}.
- People born overseas make up 21.3% of the suicides in Queensland between 2013–2015¹³.
- For the period 1991–2009 in Queensland males born overseas aged above 45 years, had higher suicide rates than Australian-born males¹⁴.
- Rates of mental illnesses such as PTSD, depression, and anxiety were found to be 3-4 times higher among Tamil asylum-seekers than other immigrants^{15,16}.

⁸ Clapperton, A., Bugeja, L., Newstead, S. & Pirkis, J. (2020). Identifying Typologies of Persons Who Died by Suicide: Characterizing Suicide in Victoria, Australia, *Archives of Suicide Research*, 24:1, 18-33, DOI: 10.1080/13811118.2018.1507855.

⁹ Ibid.

¹⁰ Shawyer, F., Enticott, J.C., Block, A.A., Cheng, I-H., & Meadows, G.N. (2017). The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents, *BMC Psychiatry* 17:76.

¹¹ Slewa-Younan, S., Mond, J., Jorm, A. F. Smith, M., Milosevic, D., Mohammad, Y., ... Uribe Guajardo, M. G. (2014). Mental health literacy in a resettled refugee community in New South Wales: Paving the way for mental health education and promotion in vulnerable communities, *School of Medicine, University of Western Sydney, Sydney, Australia*.

¹² Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among 49 populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *JAMA*, 302, 537-549. doi: 10.1001/jama.2009.1132

¹³ Leske, S., Crompton, D., & Kölves, K. (2019). Suicide in Queensland: Annual Report 2019. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University Griffith University. Accessed at: https://www.griffith.edu.au/data/assets/pdf_file/0029/848063/Suicide_in_QLD_2019_ANNUAL_REPORT_ACESSIBLE.pdf

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Minas, H., Kakuma, R., Too, L., Vayani, H., Orapeleng, S., Prasad-Ildes, R., ... Oehm, D. (2013). Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion. *International Journal of Mental Health Systems*, 7(1), 23–48. doi:10.1186/1752-4458-7-23.

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