

This document provides an introduction to the concepts and terminology of suicidal behaviour, for pre-service teachers. For more specific information, such as current suicide statistics and approaches to suicide prevention, please refer to other fact sheets available on the Education section of the Response Ability web site: www.responseability.org

Investigations of Suicides

For a death to be considered a suicide, three criteria need to be met:

1. The death must be due to unnatural causes, such as injury, poisoning or suffocation rather than an illness
2. The actions which result in death must be self-inflicted; and
3. The person who injures himself or herself must have had the intention to die.

When suicide is suspected, the case is referred to the Coroner for investigation. If the Coroner is not satisfied that all criteria are met, the death may be deemed accidental (if there was no intention to die), or undetermined (if doubts about intent cannot be resolved). If the Coroner thinks that the death was not self-inflicted, it may be classified as a homicide.

Apart from physical and forensic evidence, the Coroner may use testimony from family and friends to determine the frame of mind and intent of the deceased. If there is any doubt about intent, it is likely that the verdict of suicide will not be given. This raises the possibility that actual suicide rates may be higher than reflected in the published statistics.

Attempted suicide

Attempted suicide refers to self-inflicted harm where death does not occur, but the intention of the person was to cause a fatal outcome. In some cases it can be difficult to determine whether individual acts of self-injury were intended to result in death. The person themselves may be unsure exactly why they undertook the act. Some professionals differentiate between 'medically serious suicide attempts' and those attempts which do not need medical attention.

Estimates of the rates of attempted suicide are usually based on either admissions to hospital, or self-reported acts when people are surveyed. Many incidents of attempted suicide do not result in hospital admission, because people either do not seek treatment for their injury, or visit a general practitioner rather than a public health service. Self-reported rates of suicide attempt may be unreliable because of a reluctance to report or because people may be unclear about the reasons for and circumstances of the incident.

It is difficult to estimate the number of non-fatal suicide attempts in Australia, since many attempts remain unreported or are recorded as accidents. Based on self-reported data from the 1997 National Survey of Mental Health and Wellbeing, it has been estimated that around 43,000 to 44,000 people make a non-fatal suicide attempt each year in Australia.

Suicide Methods

Understanding the methods that people use to take their own lives is important, as it may suggest strategies that could be used to reduce the incidence of suicide. The methods chosen may differ between males and females.

In 2003 the most common method of suicide in Australia was hanging, which was used in almost half (45%) of all suicide deaths. The next most used methods were poisoning by 'other' mechanisms such as motor vehicle exhaust (19%), other methods (15%), poisoning by drugs (13%) and methods using firearms (9%). This distribution was consistent with that over the previous few years.

Restricting access to firearms and poisons, by legislation and other control methods, have been important strategies for reducing suicide by these methods. Unfortunately hanging has emerged as the major method of suicide and it is more difficult to develop controls to restrict people's access to this method. In 1979 13% of all suicides were by hanging, while in 2003 this had increased to 45% of all suicide deaths.

Self-harm

Some people deliberately harm themselves physically, without intending to end their own life. Such behaviour is known as "self-harm" or "self-mutilation". Acts of self-harm may include people deliberately cutting their skin, burning themselves with cigarettes or lighters, excoriation (scraping skin off), or punching themselves.

People who self-harm repetitively do not usually intend their injuries to be fatal. The harm caused is generally not life-threatening and the objective is often to release built-up tension. However, people who harm themselves should be referred to mental health professionals who can assess any risk of suicide and can help people resolve the causes of their harming behaviour.

Suicidal ideations

Suicidal ideation refers to having thoughts about suicidal acts and can encompass a range of degrees of intent and detail in regard to those thoughts. Usually, studies of suicidal ideation rely on self-report in interviews or questionnaires. Based on the 1997 National Survey of Mental Health and Wellbeing, it has been estimated that over 785,000 men and over 1,130,000 women experience suicidal ideation at some point in their life.