



## Fact Sheet 14

# Suicide in rural Australia

MAY 2009

**A recent study on mortality has shown that men in regional and remote areas were 1.3 to 2.6 times more likely to end their life by suicide than their urban counterparts. There was little regional difference for women (AIHW 2007).**

## The situation today

At any given time, rates of suicide tend to increase with increasing rurality. The most recent AIHW Mortality Report shows that 15-24 year old males in regional areas are 1.5-1.8 times more likely to end their life by suicide than their urban counterparts. The incidence is up to six times higher in very remote areas. The inter-regional comparison is almost as bad for the next age group (25-44 years - where national rates for males are highest), and it is also worse in non-metropolitan areas among 45-64 year old males. Inter-regional differences for males 65 and over are less obvious.

As far as changing rates of suicide are concerned, in recent years they have risen for people in remote areas, for females in inner regional areas and among particular marginalised groups, including Indigenous people and disadvantaged males. Suicide rates have declined slowly in major cities but have shown little change in rates in regional areas.

It is possible that official statistics under-represent the true incidence due to such things as the true intent of some deaths which have been reported as accidental, the lack of disclosure because of the stigma attached to suicide verdicts, and lack of identification of Indigenous deaths.

## Younger people

Male youth suicide in regional, rural and remote areas as a whole is estimated to occur at almost twice the rate as in metropolitan areas. Structural factors including unemployment, greater availability of lethal means of self-harm, barriers to mental health care services and inadequate media reporting all contribute to this outcome.

But personal vulnerability is also significant and, in a rural setting, may be heightened by factors such as:

- loneliness and the loss of relationships brought about by the drift of many younger rural people to coastal and urban areas;
- alienation due to a lack of understanding in some rural communities for same-sex preferences;
- previous significant losses and the consequent lessened resilience to further adverse life events;
- unrecognised or untreated depression; and
- alcohol and other drug misuse.



PHOTO: STEWART ROPER

## Older Australians

Studies show that at least two-thirds of all farmer suicides occur in older age groups, mainly those over the age of 55. Other factors relevant to suicide and older people are:

- economic change leading to financial insecurity and vulnerability;
- the stress caused by drought, flood and bushfires;
- social stigma in small communities which provides a barrier to people in older age groups seeking help for mental health issues;
- 'living at work' which offers farming families little opportunity for time away; and
- stoic, masculine attitudes and a rural ideology which promotes a strong work ethic and rugged individualism, which discourages individuals from seeking help.

## Indigenous people

Although suicides are often under-reported for Indigenous people, for young Indigenous males and females in remote areas, rates may be up to six times as high (and perhaps higher) compared with those for other Australians.

## Rural suicide risk factors

A range of rural circumstances contributes to broad socio-cultural, mental health, economic and service-related problems and conditions, which in turn place individuals in those areas at greater risk of self-harm.

## Vulnerability to climate and economic change

There appears to be a causal relationship between drought-related trauma and elevated proportions of at-risk individuals in agricultural communities, such as farmers and local business people. In addition, land degradation can damage the social structure of farming communities.

Rural communities have also been affected by the perceived devaluing (by metropolitan communities and governments) of rural Australia as a contributor to Australia's social and economic fabric. This has been exacerbated by international trade pressures and the declining profitability of core rural industries.

## Social stigma

The communal nature of many rural areas should potentially protect individuals at risk of self-harm or suicide. However, the tendency for 'everyone to know everyone's business' in smaller rural communities may also present a barrier to crisis intervention strategies and suicide prevention.

## De-population and the withdrawal of essential services

The gradual de-population of rural and remote communities has been compounded by social fragmentation and an ageing population. The closure, restructuring and withdrawal of essential services such as banking, schools, hospitals, government offices, train services and publicly funded employment services has significantly contributed to a declining quality of life in many rural communities.

This gradual de-population has resulted in the loss of primary relationships and increased loneliness for many rural residents.

## Availability of means

Relatively easy access to firearms and pesticides in rural communities can contribute to a higher rate of suicide through increased lethality. In the recent past, up to 75 per cent of male suicides in rural Australia involved firearms, although this rate has possibly fallen over time. Access to firearms remains an issue of considerable concern, given that the high lethality of such methods may convert many potentially unsuccessful attempts into completed suicides.

## Same sex

While being gay, lesbian, bisexual or transgender is not in itself a risk factor for suicide or self-harm, the pressures resulting from heterosexual societal and family norms, and the subsequent discrimination and social exclusion, can be significant contributing factors to increased rates of self-harm, particularly among younger people, who may not seek help because of concerns regarding confidentiality.

## Access to support mechanisms

Where mental health and health care organisations do exist in rural Australia, they are often under-funded, contributing to poor identification, treatment and support of at-risk individuals. When access to services involves travel, rural residents often tend to postpone attending health services. There is also a reluctance on the part of rural dwellers to discuss their private lives with acquaintances from local services, or to access distant services where cultural differences could be misunderstood.

## The future

Future action to boost protective factors against suicide and self-harm in rural areas should include:

- improvements in the accessibility of mental health care services;
- supports and interventions that do not rely solely on traditional health service responses but use instead the services of financial counsellors, drought support workers, telepsychiatry, electronic social networking, and community capacity-building projects;
- recognition of the role of schools and other educational programs in protecting good mental health;
- technological support to increase community understanding of suicide, leading to effective identification and support of at-risk individuals, as well as facilitating access to information and resources with the comfort of anonymity;
- improved understanding of the use of alcohol and other substances among at-risk individuals;
- a dedicated mental health and suicide education coordinator within each local Area Health Service or its equivalent;
- mental health education and awareness campaigns, including through mental health first aid; and
- greater attention to detailed and rigorous research into rural suicide.

## Where to get help

- **Lifeline: 13 11 14** - National 24 hour telephone counselling service for the cost of a local call.
- **Mens Line Australia: 1300 78 99 78** - National 24 hour telephone counselling service for the cost of a local call.
- **Salvo Counselling Line: 1300 36 36 22** - 24 hour telephone counselling service.
- **SANE Australia Helpline: 1800 18 7263; helpline@sane.org**
- **beyondblue Information Line: 1300 22 46 36**
- **Kids Help Line: 1800 551 800** - 24 hour free telephone counselling for children and young people under the age of 18.
- **Reach Out! Youth Website** - [www.reachout.com.au](http://www.reachout.com.au)
- **Vibe Australia** [www.vibe.com.au](http://www.vibe.com.au) - Allows you to search for services by location
- **Just Ask: 1300 131 114** [www.justask.org.au](http://www.justask.org.au) - Lifeline's rural mental health information service.

Suicide Prevention Australia, *Responding to suicide in rural Australia*, September 2008. See also statements on men's suicide and Indigenous suicide at <http://www.suicidepreventionaust.org>

Wheatbelt Men's Health Inc, **Kondinin Group**, WA Department of Agriculture and Food, WA Department of Health. Help Rural Men (DVD). <http://suicidepreventionaust.org/Resources.aspx>

Suicide Prevention Australia is the independent, national advocate for suicide and self-harm prevention, intervention and postvention. A guiding principle of SPA is to facilitate collaboration and continuing improvement in suicide prevention.

