

SUICIDE STATISTICS 2007*

- **Population groups with the highest suicide rate: males, Māori, people in the 30-39 years age group, and people living in the most deprived areas.**
- The suicide rate of 11.0 deaths per 100,000 population has declined significantly (by 27.3 percent) since 1998, and is lower than the rate of 12.3 deaths per 100,000 population in 2006.
- The youth (15-24 years old) suicide rate of 15.3 deaths per 100,000 population has declined significantly (by 46.6 percent since its peak of 28.7 deaths per 100,000 population in 1995).
- 483 people died by suicide, compared with 526 in 2006.
- The male suicide rates were 3.6 times higher than the female suicide rates.
- The highest age-specific suicide rates were among 40-44 year old females (10.3 deaths per 100,000 population) and among 30-34 year old males (33.9 deaths per 100,000 population) and 35-39 year old males (30.7 deaths per 100,000 population).
- 97 Māori died by suicide, a rate of 16.1 deaths per 100,000 Māori population. This is significantly higher than the rate of suicide for non-Māori (9.9 deaths per 100,000 non-Māori population). Among Māori, most suicides occur in those aged under 45 years.
- 25 Pacific people died by suicide, and 14 Asian people died by suicide. Suicide rates for these groups tend to be highly variable and may be misleading, and so were not calculated. Because of this variation, and because the number of suicides is small, it is difficult to draw conclusions about changes over time for these groups.
- Suicide rates for people residing in the most deprived areas were significantly higher than for those residing in the least deprived areas.

*Latest suicide data available: Ministry of Health. (2009). *Suicide Facts: Deaths and intentional self-harm hospitalisations 2007*. Wellington: Ministry of Health.

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FOR MORE INFORMATION CONTACT

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The information provided supports the New Zealand Suicide Prevention Strategy 2006-2016 Goal 7: Expand the evidence about rates, causes and effective intervention by promoting current knowledge about the rates of suicidal behaviour and contributing factors.

FOR HELP IN A CRISIS

- In an emergency, call **111**
- Contact a doctor or your local mental health crisis service – see the medical section at the front of the phone book, or phone Healthline on **0800 611 116**
- Call Lifeline on **0800 543 354**
- Call Youthline on **0800 376 633**

 **Mental Health Foundation
of New Zealand**
www.mentalhealth.org.nz

SPINZ is part of the Mental Health Foundation

AT A GLANCE SUICIDE STATISTICS, RISK FACTORS AND WARNING SIGNS

Information for those working with
people at risk of suicide



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RISK FACTORS FOR SUICIDE

Suicide is extremely complex, therefore identifying why a person completes or attempts suicide can be difficult. What is currently known is that there are a number of factors that put some people more at risk of attempting or completing suicide.

Most, but not all of those dying by suicide or making suicide attempts, have a diagnosable mental health disorder.

Mental health disorders, in particular mood disorders, substance use disorders, psychotic disorders and antisocial disorders account for up to 70 percent of suicides and suicide attempts.

The more mental disorders the person experiences, the higher their risk of attempting or completing suicide.

OTHER RISK FACTORS INCLUDE

- Individual factors e.g. personality, genes, intentional self-harm behaviours, having made a previous suicide attempt.
- Exposure to trauma e.g. family violence, child abuse, bullying.
- Family factors e.g. lack of care and boundaries, parental relationship conflict, parental history of substance abuse or offending, family moving frequently.
- Stressful or negative life events e.g. loss of a loved one, job, status or relationship; conflict with partner, family or friends; major disappointment or humiliation; a traumatic event e.g. sexual or physical assault; a shameful event e.g. impending court appearance.
- Social factors e.g. social isolation, living alone, lack of support.
- Socioeconomic factors e.g. low income, poor education, accommodation difficulties.
- Cultural factors e.g. cultural breakdown, loss of cultural identity, language, land.
- A society where poverty, inequality, inequity,

discrimination and/or rapid urbanisation, economic restructuring and high unemployment rates are present.

- Contextual factors e.g. attitudes regarding suicide, institutional settings (prisons, mental health facilities), unsafe media reports on suicide, easy access to means.

These risk factors may contribute to suicidal behaviours directly or indirectly, by influencing individual susceptibility to mental disorders.

PLEASE NOTE

- Most people who make a serious suicide attempt or die by suicide will be down, low, angry or depressed and have other suicide risk factors as outlined above. The more risk factors a person has, the greater their risk of attempting suicide.



WARNING SIGNS FOR SUICIDE

- Someone threatening to hurt or kill themselves, direct or indirect statements e.g. "I wish I were dead", "Does it hurt to die?"
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means.
- Someone talking or writing about death, dying, or suicide.

OTHER SIGNS TO WATCH FOR

- Hopelessness.
- Rage, anger, seeking revenge.
- Acting recklessly or engaging in risky activities, seemingly without thinking.
- Feeling trapped – like there is no way out.
- Increasing alcohol or drug use.
- Withdrawing from friends, family or society.
- Anxiety, agitation, unable to sleep, or sleeping all the time.
- Dramatic changes in mood.
- No reason for living; no sense of purpose in life.

PLEASE NOTE

- The presence of warning signs will not necessarily identify when, or even if, a person will attempt or complete suicide.
- Persons who attempt or complete suicide are usually ambivalent about dying, some to the very last moment.
- Suicide risk can vary from minute to minute, hour to hour, day to day.

DEFINITIONS

Suicide - the act of intentionally killing oneself.

Attempted suicide - covers a range of actions where people make attempts to suicide that are not fatal.

Deliberate self harm - behaviours that may or may not result in serious injury, but are not intentionally fatal.

Suicidal ideation - thoughts of suicide.

Suicide rates - the number of deaths by suicide in a group of 100,000 people.