SUICIDE STATISTICS 2008*

Population groups with the highest suicide rate:

- Those aged 20-24
- Males (with the 20-24 age group the highest)
- 15-19 year old females
- Māori
- People living in the most deprived areas.
- There were 497 deaths from suicide in the calendar year 2008. (487 in 2007, 526 in 2006, 511 in 2005).
- The suicide rate of 11.2 deaths per 100,000 population, although slightly higher than in 2007, is significantly lower (by 25.6 percent) since the peak rate in 1998.
- Māori suicide the current rate of 13.3 per 100,000 people is the lowest since 1996, but it's still a third higher than for the general population of 10.6 per 100,000.
- Male suicide rates were almost three times that of female suicide rates.
- Suicide rates for those in the most deprived socioeconomic areas were significantly higher than for those in the least deprived areas.
- In 2008, the rate of suicide amongst youth (aged 15-24) decreased by 35.4 percent since the peak in 1995. However, the female youth suicide rate of 11.1 per 100,000 population was the highest since 1999.
- 30 Pacific people and 17 Asian people died by suicide.
- New Zealand's female youth (15-24 year old) suicide rate is the highest in the OECD. International comparisons are complicated by different years being compared (New Zealand's figures are more recent) and different approaches taken to suicide classification

* Latest suicide data available from the Ministry of Health and released December 2010. Suicide Facts: Deaths and intentional self-harm hospitalisations 2008. Wellington: Ministry of Health. More details are available online at http://www.moh.govt.nz/suicideprevention

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FOR MORE INFORMATION CONTACT

SPINZ Information Service Phone: **09 300 7035** Email: info@spinz.org.nz

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



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



SUICIDE PREVENTION
INFORMATION NEW ZEALAND
WWW.spinz.org.nz

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.