

**Submission
No 44**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Date Received: 5 September 2017



Parliament of New South Wales Committee on Children and Young People
Inquiry into the prevention of youth suicide in New South Wales
Submission from the Australian Bureau of Statistics

Summary

The ABS welcomes the opportunity to provide a submission to the Committee on Children and Young People in regards to the inquiry into the prevention of youth suicide in New South Wales. This submission relates specifically to item (e) in the terms of reference – data collection about the incidence of youth suicide and attempted suicide.

The ABS is Australia's official statistical agency. The role of the ABS is to assist and encourage informed decision making, research and discussion within governments and the community by leading a high quality, objective and responsive national statistical service.

This submission primarily refers to causes of death data, published annually by the ABS as Causes of Death, Australia (ABS cat. no. 3303.0). Key issues discussed include:

-) The role of the ABS in compiling cause of death statistics.
-) Data quality in relation to intentional self-harm deaths.
-) Data availability.
-) Other potential data sources.

Causes of Death data

ABS role

The ABS is responsible for the collection and dissemination of official statistics for Australia on causes of death, including deaths from intentional self-harm. The ABS has a highly trained team of staff responsible for processing and reviewing the information provided about deaths in Australia, who code cause of death information and report annually on Australia's mortality patterns. The ABS assigns an underlying cause code to each death using information contained on either a medical certificate of cause of death, or on the National

Coronial Information System (NCIS). Coding of deaths is undertaken in accordance with international guidelines using the 10th Revision of the International Classification of Diseases (ICD10).

The cause of death dataset is used extensively in policy development and monitoring across a wide range of health areas. It is also used extensively to inform national and international reporting, and forms a foundation for further health research.

Data quality

In Australia, all deaths from intentional self-harm are referred to the relevant state or territory coroner and are therefore assigned an underlying cause of death based on the information stored on the NCIS. The NCIS is a medico-legal database which holds a range of information pertaining to each death, including reports from police, toxicologists and pathologists as well as the coroner.

Deaths from intentional self-harm, accidents or assault are all considered to be deaths from 'external causes'. In accordance with the ICD10, these are classified firstly by intent (i.e. accident, assault or self-harm) and then by mechanism. Where either intent or mechanism cannot be determined from the evidence on the NCIS, these deaths are coded to residual categories for undetermined intent, unknown mechanism or both.

The ability of the ABS to determine an accurate underlying cause of death is often dependent on the availability of key reports on the NCIS. As data on intentional self-harm is considered time critical, coding often needs to be undertaken without all relevant information being available. There are two strategies which have been implemented by the ABS to minimise the impact of this, and to ensure that official suicide statistics are as accurate as possible:

1. Open coding – the ABS is able to view all available information on the NCIS before a coroner makes a finding and the case is considered closed. As such the ABS is able to view reports provided by the police, pathologist or toxicologist and use this information to assign the most accurate underlying cause of death.
2. Data revisions – the ABS releases a 'preliminary' cause of death dataset eight months after the end of a reference period, then revises this data over a further two years. This revisions process is applied to coroner referred deaths which remained open at the time of preliminary coding, and it enables the ABS maximise alignment with coronial findings as they become available.

These processes have proven highly successful in enhancing the quality of official suicide statistics since their implementation in 2006. In addition to these process changes, improvements in data flows between Coroners courts and the NCIS as well as enhancements to coding practices have contributed to more accurate preliminary counts of suicide deaths

(pre-revisions), allowing the ABS to bring forward this initial data release from 2015 onwards.

It is important to note that for some deaths, intent cannot be determined by either a coroner or the ABS. Drug overdose deaths, single vehicle crashes and drownings are the most likely mechanisms where the intent cannot be determined. Deaths assigned to undetermined intent are reasonably small in number (237 in 2015) compared to the number of suicide deaths (3,027 in 2015).

While the challenges of identifying and coding intentional self-harm deaths among children and young people are generally the same as those for adults, there are some additional factors worth considering. In the case of younger children, it is possible that a coroner will determine that the child could not have foreseen or comprehended the likely outcome of an act of self-harm. If the coroner makes no reference to intent in such a case, then the ABS will assign an underlying cause based on available evidence. Cases like this would be extremely rare.

Dangerous practices that children might engage in as ‘games’ can also make the determination of intent very challenging. An example of this in recent times would be the ‘choking game’. This led to several hanging deaths, but despite the behaviour being related to self-harm, the perception that the act was undertaken as part of a game would likely have led to a finding of either accidental or undetermined intent.

Data availability

The ABS publishes data on intentional self-harm data pertaining to children and young people in the annual Cause of Death report (*Causes of Death, Australia, ABS Cat. no. 3303.0*).

Intentional self-harm in this age-group is one of the leading causes of death. However, the number of deaths is comparatively small, which constrains the degree to which disaggregated data can be released while maintaining confidentiality. In early 2013, the ABS worked with the National Committee for Standardised Reporting on Suicide to determine the content of this report. Key considerations included the need to provide meaningful summary statistics, while balancing that with the need to protect confidentiality and to take account of the sensitive nature of this information.

The ABS, in collaboration with the state and territory Registries of Births, Deaths and Marriages, has put in place processes that enable a full cause of death unit record dataset to be made available for legitimate research purposes. This unit record dataset is made available via the Australian Coordinating Registry (based in Qld), with strict protocols in place to ensure information is kept secure and used appropriately.

Data on suicide deaths consists of the underlying cause (intent and mechanism) and associated causes of death. These associated causes include the main injury leading to death,

and can also include mental health conditions, other relevant health conditions and details of drugs or alcohol taken at the time of death.

Additional contextual information relating to deaths from external causes (including suicide deaths) is also included on the NCIS. The ABS has been working on ways to capture these additional risk factors alongside causes of death data, and will be piloting this work nationally as 2017 deaths are coded. Risk factors may include incidents of family and domestic violence, contact with police or time in prison, relationship breakdowns and many other factors.

While the current classification used for cause of death coding (ICD-10) is not specifically designed to capture this additional information, the ABS has worked with the World Health Organisation and other Australian and international stakeholders to devise a way to systematically capture these factors in the soon to be release revision of the classification, ICD-11. This new framework for data capture is now agreed internationally and when implemented it will significantly expand the range of information that can be included in official suicide data.

Other potential sources of information

National Survey of Mental Health and Wellbeing

The National Survey of Mental Health and Wellbeing (SMHWB) was first conducted by the Australian Bureau of Statistics (ABS) in 1997 and a second survey was conducted in 2007. Both of these surveys were user-funded. The 2007 survey collected information from approximately 8,800 Australians aged 16-85 years. The survey provides information on the prevalence of selected lifetime and 12-month mental disorders, by the major disorder groups:

-) Anxiety disorders (e.g. Social Phobia);
-) Affective disorders (e.g. Depression); and
-) Substance Use disorders (e.g. Alcohol Harmful Use).

The survey also provides information on level of impairment, health services used for mental health problems, physical conditions, social networks and caregiving, as well as demographic and socio-economic characteristics. The survey was based on a widely-used diagnostic international survey instrument, developed by the World Health Organization (WHO) for use by participants in the World Mental Health Survey Initiative. As part of the survey, respondents were asked about suicidal behaviours which included ideation (i.e. the presence of serious thoughts about committing suicide), and/or plans or attempts. As the survey also collected information on disorders, it has been possible to investigate the relationships between suicidal behaviour and disorder.

For example, results from the 2007 survey reported that of young people with a mental disorder, 8% had suicidal thoughts, plans or attempts in the year prior to being interviewed. The rate was almost three times higher for young people with Affective disorders, with almost a quarter having suicidal thoughts, plans or attempts in the previous year (23%).

Longitudinal Study of Australian Children

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is conducted in partnership between the Department of Social Services, the Australian Institute of Family Studies (AIFS) and the Australian Bureau of Statistics.

The study captures a wide range of information relating to children and their behaviour, with the content of the study managed by AIFS. Changes to content are made over time to capture information relevant to children in the study as they grow older. From the age of 14/15 (Wave 6 for the K cohort) children are asked about self-harm behaviour and suicide ideation. Outputs from LSAC are available from AIFS.