



Australian Self-harm Statistics – Key Findings

*Much of the current Australian information on self-harm levels and patterns pertains to data from the late 1990s. However, more recent data are now available. In January 2007, the Australian Institute of Health and Welfare (AIHW) released data on **hospitalised self-harm in Australia for the 2003-04 financial year**.¹ Auseinet has produced this summary in order to highlight some of the key findings from this publication, as well as to examine changes over time.²*

What is 'hospitalised self-harm'?

Self-harm refers to self-inflicted harm where the intention may or may not have been to die. Thus instances of attempted suicide and self-mutilation are both included. Not only is self-harm a significant problem in its own right, research has shown that people who have previously attempted suicide are at higher risk of committing suicide.

The statistics released by the AIHW relate to cases of self-harm that led to hospitalisation in Australia during a particular financial year. These data represent the number of cases, not the number of *people*, who were hospitalised due to self-harm, since one person may have been hospitalised more than once during the time period.

Of course, many cases of self-harm are not captured in the hospitalised self-harm statistics as those people who were treated in an emergency department or by a general practitioner are not counted; likewise, those who do not receive any medical treatment are not included. Nonetheless, the information on hospitalised self-harm is useful for a number of reasons. First, while it is very difficult to measure the severity of self-harm cases, one would infer that the majority of severe cases (other than those who die before hospitalisation) would be admitted to a hospital. Second, these data allow us to look at patterns (by gender, age, etc.) and trends in self-harm, based on the data provided through hospital records.

Cautions in interpreting hospitalised self-harm statistics:

The number of hospitalised self-harm cases recorded in any one year is affected by a range of factors including admission and treatment practices across Australia's health system and the categories used to classify reasons for hospitalisation. Further, determining whether or not some forms of injury were due to intentional self-harm can be very difficult (e.g., transport accidents or near drownings). Thus care must be taken when making use of these data.

Number of cases:

- In 2003-04, there were 24,087 cases of hospitalised self-harm. This equates to 115.4 cases per 100,000 people in Australia. The number of hospitalised self-harm cases in 2003-04 is fairly similar to the number of cases recorded in 2001-02 (22,530).
- If we consider all hospital admissions due to injury and poisoning in 2003-04, 7% of them were due to self-harm. Slightly fewer (6.8%) were due to self-harm in 2001-02.
- The age-standardised rate for hospitalised self-harm in Queensland and the Northern Territory were similar to the national age-standardised rate. New South Wales, Victoria, Western Australia and the ACT had rates below the national rate, with ACT being the lowest (83 cases per 100,000). South Australia and Tasmania had rates above the national rate with Tasmania having the highest (169 cases per 100,000).

Differences by gender:

- Data for the late 1990s consistently showed that more females than males were admitted to hospital due to self-harm. This is again observed for 2003-04 as females accounted for 62% of hospitalised self-harm cases in that year (i.e., 14,228 female and 8,722 male cases).



- The total number of patient days in hospital due to self-harm was 61,220 days in 2003-04. On average, each case of self-harm resulted in 2.7 days in hospital. The average length of stay was somewhat higher for males (3.0 days) than females (2.4 days).

Differences by age:

- Three-quarters of all intentional self-harm cases were aged from 15 to 44 years (28% were aged 15 to 24 years and 47% were aged 25 to 44 years). The 0 to 14 and 65+ age groups comprised 2.6% and 3.7% respectively of all intentional self-harm cases.
- As was the case in the late 1990s, the number of hospitalised self-harm cases peaked for females at the age of 15 to 19 years in 2003-04. The age-specific rate for females in this age group was 397 per 100,000 – this is over three times the rate for males aged 15 to 19 years (122 per 100,000).
- The average length of stay in hospital due to self-harm was highest among older age groups. In 2003-04, the average length of stay in hospital due to self-harm rose to 6.6 days for those aged 65 years and over and peaked at 10 days for those 85 years and over.

Method of self-harm:

- Consistently over a five-year period, most cases of hospitalised self-harm involved self-poisoning. In 2003-04, 84% of hospitalised self-harm was due to self-poisoning.
- As shown in Table 1, females were more likely than males to have been hospitalised due to self-poisoning in 2003-04. This same pattern was observed in the late 1990s.

Table 1: Method of self-harm*, by gender

Method	Males (%)	Females (%)	Total (%)
Self-poisoning	76.9	88.2	83.9
Sharp object	15.0	9.5	11.9
Hanging, strangulation, suffocation	3.2	0.8	1.7
Other methods	4.0	1.5	2.5
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>

*Relates to self-harm cases that led to hospitalisation in 2003-04.

- The second most common method of self-harm that led to hospitalisation in 2003-04 was self-harm with a sharp object, with this method having been used in 11.9% of cases. More males than females used this method, with 15.9% of male cases and 9.5% of female cases of hospitalised self-harm involving the use of a sharp object.

¹ A copy of the 2006 AIHW publication by Jesia Berry and James Harrison entitled '*Hospital separations due to injury and poisoning, Australia 2003-04*' by can be downloaded free of charge from the AIHW website: <http://www.nisu.flinders.edu.au/pubs/reports/2007/injcat88.php>

² Some information on hospitalised self-harm is also available for 1997-98, 1998-99, 1999-2000 and 2001-02. A change in the way that cases were classified means that the number of hospitalised self-harm cases from 2001-02 and onwards can only be compared with the 1999-2000 data. The sources of information for the earlier data are:

- Cripps, R., Steenkamp, M. and Harrison, J. (2002), *Hospital separations due to injury and poisoning, Australia 1998-99*, AIHW, Canberra;
- Helps, Y., Cripps, R. and Harrison, J. (2002), *Hospital separations due to injury and poisoning, Australia 1999-00*, AIHW, Canberra;
- Berry, J. and Harrison, J. (2006), *Hospital separations due to injury and poisoning, Australia 2001-02*, AIHW, Canberra; and
- Steenkamp, M. and Harrison, J. (2000), *Suicide and hospitalised self-harm in Australia*, AIHW, Canberra.

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