Suicide mortality data need revision

Diego De Leo

TO THE EDITOR: In 2004, there were 580 cases of suicide in Queensland, and not 453, as reported by the Australian Bureau of Statistics (ABS) on 14 March 2006.¹ These data alone reverse the declining trend for suicide mortality nationally in the most recent years. The Queensland Suicide Register, maintained by the Australian Institute for Suicide Research and Prevention (AISRAP), receives data directly from the Office of the State Coroner, and crosschecks them with other Queensland coroners, the John Tonge Centre (the Queensland Health Scientific Services mortuary), and the National Coroners Information System (NCIS). The ABS receives data from the state registries of births, deaths and marriages, and crosschecks them with the state coroners' offices. The agreement between the two agencies has been decreasing in recent years, with AISRAP detecting 550 suicide cases in 2003 and 588 in 2002, compared with 466 and 537, respectively, detected by the ABS (Box).

The ABS has acknowledged difficulties in getting reliable data for 2004 in a number of endnotes to its yearly report.¹ Most of the problems were related to a very large backlog of cases still under investigation by coroners, a phenomenon that is reported as increasing in recent years. A confirmation of problems in official data comes from the NCIS, whose most recent report has evidenced, from 2000 on, declining percentages of completeness in mortality data in Queensland and elsewhere in Australia, with the most incomplete figures in 2004.²

It is important to note that cases that are under investigation and those that end with

Number of suicides in Queensland according to the Australian Bureau of Statistics and the Queensland Suicide Register (QSR)

QSR data were provided by the Office of the State Coroner, the National Coroners Information System and the John Tonge Centre. "Possible" suicides are not included. Data for 2005 are an estimate. ♦

an open verdict would not enter official suicide mortality data, as these are never reconciled. Following the example of many European countries, it would be desirable to start a periodical publication (eg, every 3–5 years) to provide a more comprehensive picture of suicide mortality, including finalised investigations, reclassified (ex-accidental or ex-undetermined) causes of deaths, and deaths that occurred (especially in hospitals) with a delay from a self-injurious event. This would provide a more credible depiction of suicide mortality in the country, and permit better research.³

Meanwhile, efforts should be made to homogenise certification procedures (International classification of diseases, 10th revision terminology has yet to be extensively adopted) and streamline the bureaucratic procedures (we still suffer from a number of “lost in the system” data). In the registries of births, deaths and marriages, by law, the word “suicide” (or analogous term) does not appear. Frequently, the ABS, which collects data from the registries each month, has to reclassify the data obtained, and integrate the information received with further enquiries. Apart from being time-consuming, this routine does not provide foolproof results, and has potential for improvement.

Some underreporting in suicide statistics is virtually ubiquitous,^{3,4} and has to be tolerated (eg, misclassification as accident, road accident, or disease-related, particularly in the elderly; cover-up because of stigma, sociocultural norms, or insurance reasons; or remoteness of location). However, federal and state governments in Australia are committed to suicide prevention plans that require credible baselines for evaluating their effects. All relevant parties need to work jointly on improving data quality. This is of crucial importance for scientists and policymakers, and for those personally affected by a suicide death.

Acknowledgements: Thanks are due to Tara Pritchard (ABS), Jessica Pearse (NCIS), Michael Barnes (QLD State Coroner), Gill Aspinall (QLD Police), Charles Naylor (John Tonge Centre), and Helen Klieve, Allison Millner, Dominique Murray and Marianne Wyder (AISRAP).

Diego De Leo, Director and Professor of Psychiatry
Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, QLD.
d.deleo@griffith.edu.au

3 De Leo D, Bertolote JM, Lester D. Self-directed violence. In: Krug E, Dahlberg L, Mercy J, et al, editors. *World report on violence and health*. Geneva: WHO, 2002: 183-212.

4 Andriessen K. Do we need to be cautious in evaluating suicide statistics? *Eur J Public Health* 2006; 16: 445-447. □

1 Australian Bureau of Statistics. *Suicides, Australia, 1994–2004*. Canberra: ABS, 2006. (ABS Catalogue No. 3309.0.)

2 National Coroners Information System. *Annual Report 2006*. Melbourne: NCIS, Monash University, 2006.