

Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005–2014 data

Catherine McHugh¹, Anita Campbell², Murray Chapman³, Sivasankaran Balaratnasingam^{3,4}

Suicide rates among Indigenous people in the Kimberley region of Western Australia are among the highest in the world.¹ During the period 2001–2010, age-adjusted suicide rates among Indigenous and non-Indigenous Australians were respectively 21.4 and 10.3 per 100 000 population per year.²

As staff of the regional state government-funded mental health service provider, Kimberley Mental Health and Drug Service (KMHDS), we undertook a retrospective audit of an internal suicide and self-harm database that revealed much higher suicide rates among Indigenous residents of the Kimberley (Box). The database is based on referrals to the service, augmented by data on self-harm presentations provided by the police, regional hospitals and non-government agencies. Ethics approval for the study was obtained from the Western Australian Country Health Service Research Ethics Committee (reference, 2015:05) and the Western Australian Aboriginal Health Ethics Committee (reference, 614).

The audit identified 125 suicides in the Kimberley during the 10-year period 2005–2014, including 102 by Indigenous people. As the Kimberley Indigenous population was 13 918 at the 2011 census,³ this equates to an age-adjusted suicide rate of 74 per 100 000 population per year in this population. Analysis showed that 72 of the 102 Indigenous individuals (71%) were male, 69 (68%) were less than 30 years old, and 28 (27%) were less than 20 years old. Seventy per cent of all Indigenous people who completed suicide were never known to or referred to the KMHDS. Hanging was the method of suicide in 95 cases (93%).

During 2014, 553 people presented with suicidal behaviour (deliberate self-harm, or suicidal ideation and plans), of whom 476 (86%) identified as Indigenous. The age-stratified Indigenous rate of presentations was highest among women aged 15–24 years (63 per 1000 population) and men aged 25–34 years (44 per 1000

Completed suicides (deaths) by Indigenous people in the Kimberley region of Western Australia, 2005–2014, based on data from a regional health service database

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
9	8	2	10	5	6	12	14	12	24	102

population). The rates of deliberate self-harm were about 50% lower than these figures (30 and 25 per 1000 population respectively), but were still ten times higher than those reported by international studies of hospital self-harm presentations.⁴ Earlier Australian reports found that rates of hospitalisations of Indigenous people for self-harm (3.5 per 1000 population) were only twice as high as for non-Indigenous people (1.4 per 1000 population).² Of the presentations with suicidal behaviour recorded in the Kimberley database, 452 (97.3%) involved people unknown to the KMHDS or inactive clients of the KMHDS. The proportion of known but inactive clients (273, 57.4%) was higher than for those who completed suicides.

Collective trauma and ongoing socio-economic deprivation are drivers of escalating self-harm and suicide rates among Indigenous Australians.⁵ The most up-to-date suicide and self-harm rates for this population in the Kimberley, as presented in this report, are likely to be underestimates, given the difficulty in accessing health care services in the region. Our audit presents evidence of high rates of suicide and self-harm in Indigenous people of the Kimberley region, and highlights the need for multidisciplinary, culturally appropriate, innovative and youth-focused approaches to suicide prevention activities.²

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