Australian Health Performance Framework: Pl 3.4.4—Mortality due to suicide, 2024
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# Australian Health Performance Framework: Pl 3.4.4—Mortality due to suicide, 2024

### Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

**Short name:** AHPF PI 3.4.4–Mortality due to suicide, 2024

METEOR identifier: 787021

Registration status: Health, Standard 02/02/2024

**Description:** The number of suicides per 100,000 Australians.

Rationale:

• Suicide is a leading cause of death amo

 Suicide is a leading cause of death among the general population, and people with mental illness are at even greater risk. Suicide rates are a commonly used global indicator of community mental health.

 All governments are committed to working together to achieve a decrease in the rate of suicide. Suicide prevention through access and maintained support is a key early intervention goal of current and future programs.

Suicide is a complex problem that requires a whole of government response.
 Numerous factors, including age, gender, other health problems, social or geographic isolation and drug or alcohol problems, can influence an individual's risk of suicide. This complex interaction of biological, psychological and social factors can influence the outcomes of programs

intended to reduce suicide rates.

Indicator set: Australian Health Performance Framework, 2024

Health, Qualified 21/02/2024

### Collection and usage attributes

**Computation description:** The registration of deaths in Australia is the responsibility of state and territory

Registrars of Births, Deaths and Marriages. As part of the registration process, information about the cause of death is supplied by the medical practitioner certifying the death or by a coroner. The information is provided to the Australian Bureau of Statistics (ABS) by individual Registrars for coding and compilation into aggregate statistics. In addition, the ABS supplements this data with information

from the National Coronial Information System (NCIS).

Deaths that are referred to a coroner can take time to be fully investigated. To account for this, the ABS undertakes a revisions process for those deaths where coronial investigations remained open at the time an initial cause of death was assigned. Data are deemed preliminary when first published, revised when published the following year and final when published after a second year.

**Computation:** (Numerator ÷ Denominator) × 100,000

Rates are directly age-standardised to the 2001 Australian population. Presented

per 100,000 population.

**Numerator:** Number of deaths

#### Numerator data elements:

#### Data Element / Data Set

#### **Data Element**

Person—underlying cause of death, code (ICD-10), ANN{.N}

#### **Data Source**

**AlHW National Mortality Database** 

#### Guide for use

Data source type: Administrative by-product data

Death by suicide is defined as ICD-10 codes X60-X84 and Y87.0.

#### **Denominator:**

#### Total Australian population

# Denominator data elements:

#### Data Element / Data Set

#### **Data Element**

Person—projected Indigenous population of Australia, total people N[N(7)]

#### **Data Source**

ABS Indigenous estimates and projections (2016 Census-based)

#### Guide for use

Data source type: Census-base data plus administrative by-product data

#### Data Element / Data Set-

Person—estimated resident population of Australia, total people N[N(7)]

#### **Data Source**

ABS Estimated resident population (2021 Census-based)

#### Guide for use

Data source type: Census-base data plus administrative by-product data

#### Disaggregation:

2008 to 2021—Nationally, by sex.

2008 to 2021—State and territory, by sex.

2017 to 2021—Primary Health Network (PHN), by sex.

2017–2021 aggregated—Nationally by Indigenous status.

Some disaggregations may result in numbers too small for publication.

Disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable—New South Wales, Queensland, South Australia, Western Australia and Northern Territory.

Due to the small number of Indigenous deaths reported each year, 5-year combined data will be reported for Indigenous status disaggregation.

# Disaggregation data elements:

-Data Element / Data Set

Data Element

Person-sex

**Data Source** 

AlHW National Mortality Database

Guide for use

Data source type: Administrative by-product data

#### Data Element / Data Set-

Person—Indigenous status, code N

**Data Source** 

**AlHW National Mortality Database** 

Guide for use

Data source type: Administrative by-product data

#### Data Element / Data Set

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9)

**Data Source** 

AlHW National Mortality Database

Guide for use

Data source type: Administrative by-product data Used for disaggregation by state/territory and Primary Health Network.

#### Comments:

Most recent data available for 2024 Australian Health Performance Framework reporting:

- 2021
- Aggregated data 2017–2021 (Indigenous status).

Deaths registered in 2019 and earlier are based on the final version of cause of death data; deaths registered in 2020 are based on the revised version; and deaths registered in 2021 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the Australian Bureau of Statistics (ABS).

Deaths registered in 2021 have undergone a targeted preliminary revision to three causes of deaths: Other ill-defined and unspecified causes of mortality (R99); Exposure to unspecified factor (X59); Unspecified event, undetermined intent (Y34). A full revisions process will be undertaken in 2024. For further information please refer to ABS Causes of Death, Australia, 2021, methodology <u>Data quality: 2021 data considerations</u>, <u>Coroner certified deaths data</u> and <u>Technical note: Causes of death revisions, 2021 preliminary revision</u>.

Data for the registration years 2013–2020 have been updated to include data quality and completeness activities conducted by the ABS. These include: additional Victorian death registrations in 2013–2016 that had not previously been included in the National Mortality Database; revisions to associated causes of death in Western Australia (2016–2020); and updates to deaths due to Other ill-defined and unspecified causes of mortality (R99) in the 2017 reference year. As a result, data may not equal previously published data for these years. For more detail, refer to Technical note: Victorian additional registrations (2013–2016), Technical note: Updates to doctor certified causes of death data, Western Australia, 2016 to 2020 and Data quality: Historical considerations in Causes of death, Australia methodology, 2021.

Since 2013, the ABS has applied a number of updates to the ICD-10 along with the implementation of the Iris Software for automated coding of causes of death data. Details of the impact of these changes on the mortality data are described in ABS Implementation of the Iris Software: Understanding Coding and Process Improvements.

Prior to 2013, mortality data were coded using the ICD-10 2006 version; 2013-2017 data were coded using the ICD-10 2013 version; 2018 data were coded using the ICD-10 2016 version; 2019 and 2020 data were coded using the ICD-10 2019 version; 2020 data were coded using ICD-10 2020 version; 2021 data were coded using ICD-10 2021 version.

Single year data will be reported for time series analysis.

Denominators used in the calculation of rates for the Indigenous population are ABS estimates (Series B, 2016 Census-based). Non-Indigenous estimates are only available for Census years; in the intervening years the population is calculated by subtracting the estimated Indigenous population from the total population Estimated Resident Population (ERP).

Indigenous and non-Indigenous analysis excludes records where Indigenous status was 'not stated'.

Due to the small number of Indigenous deaths reported each year, 5-year combined data will be reported for the current reporting period.

Data by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) may be available, pending assessment of data quality.

## Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Person

Format: N[NNN].N

### Indicator conceptual framework

Framework and dimensions:

4. Deaths

#### **Data source attributes**

Data sources: **Data Source** 

ABS Indigenous estimates and projections (2016 Census-based)

Frequency

Periodic

Data custodian

Australian Bureau of Statistics

Data Source

**AlHW National Mortality Database** 

Frequency

Annual

Data custodian

Australian Institute of Health and Welfare

**Data Source** 

ABS Estimated resident population (2021 Census-based)

Frequency

Quarterly

Data custodian

Australian Bureau of Statistics

# **Accountability attributes**

Reporting requirements: Australian Health Performance Framework

Organisation responsible

for providing data:

Australian Institute of Health and Welfare

Accountability: Australian Institute of Health and Welfare

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

# Related metadata references:

Supersedes <u>Australian Health Performance Framework: PI 3.4.4–Mortality due to suicide, 2021</u>

Health, Superseded 02/02/2024

See also Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2024

Health, Standard 02/02/2024

See also <u>Australian Health Performance Framework: PI 3.4.1–Infant and young child mortality rate, 2024</u>

Health, Standard 02/02/2024

See also <u>Australian Health Performance Framework: PI 3.4.3–Major causes of death, 2024</u>

Health, Standard 02/02/2024