5 SUICIDALITY

5.1 Suicidality

Suicidality includes having serious thoughts about taking one's own life (suicidal ideation), making a suicide plan and attempting suicide. Suicidality is a major health issue, creating a significant burden for individuals and their families, services and society. Rates of attempted and completed suicide among people with psychosis are extremely high. There are no national data. However, suicide rate ratios in people with schizophrenia receiving public specialised mental health services in Western Australia between 1980 and 1998 were 16.4 higher for males and 22.1 higher for females than the general population.¹¹

The survey collected data on a range of variables related to suicidality, including suicidal ideation and suicide attempts. The data reported here, however, underestimate the burden of suicidality in this population as they do not take into account an unknown number of individuals who died from suicide. Overall, 65 of those who were selected for interview had died between screening and the request to participate. Their cause of death is unknown, but would include death due to physical conditions and accidental death, as well as unconfirmed suicides. The total number of the original screened sample who died in this period is undetermined, as death has only been recorded for those selected for interview.

The proportion of participants who currently had serious thoughts about taking their own life was 11.5%, while two thirds (67.0%) of people had thought about suicide at some time in their lifetime.

Over their lifetimes, half the participants (49.5%) reported that they had attempted suicide. Attempts were higher for females than males (57.5% compared with 44.2%). By contrast, 3.7% of the general population aged 18-64 years (4.9% of females and 2.4% of males) reported that they had attempted suicide at some point in their lifetime⁸ (Figure 5-1).

Figure 5-1. Lifetime history of suicide attempt by sex and population comparison⁸

