Suicide rates in rural and remote regions of Australia have risen over the past three decades, especially among men.

This fact sheet provides information about suicide in rural and remote Australia and what can be done to help prevent suicide in these areas.

The importance of understanding suicide in rural and remote communities

People living in rural and remote Australia may experience considerable difficulties and hardship, including financial difficulties and isolation, and they may not have access to support services during tough times. They are more likely to have greater access to means of suicide that lead to immediate death.

Suicide rates in rural and remote areas of Australia are significantly higher than the national average and very remote regions have suicide rates more than double that of major capital cities. However, because of the small population numbers in rural and remote areas rates can vary widely from year to year, compared to regional and metropolitan areas, and one or two suicides can have a significant effect on the total rate.

The map on the following page (Figure 1) shows the suicide rates in all statistical subdivisions throughout Australia for the period 2001 – 2004. The darker colours (blue and teal) indicate higher rates of suicide. Many rural and remote regions of Australia show rates above 15 per 100,000 population (particularly in northern Queensland, Western Australia and the Northern Territory). This is well above the national average of 11.8 per 100,000 for the same period.
What we know about suicide in rural and remote Australian communities

A number of factors contribute to the high suicide rates in rural and remote areas, including:

**Economic and financial hardship** – Changes in the economy and extreme climate events (e.g., floods and drought) in regional Australia have a direct and substantial affect on many people in rural and remote communities. Bankruptcy, unemployment and financial difficulties can lead to depression and hopelessness, and are all known risk factors for suicide. They may also lead to other problems, such as relationship conflict or breakdown, gambling or substance abuse.

**Easier access to means that lead to immediate death** – Firearms and other aggressive means of suicide may be more available in rural and remote areas. There are also likely to be more secluded or isolated locations where people can find themselves feeling alone and possibly unsafe.

**Social isolation** – Many people in rural and remote Australia are socially isolated, with less face-to-face contact with family, friends and other support networks. This can lead to loneliness and depression, and can contribute to suicidal behaviour.

**Less help-seeking** – Many rural people are resilient and resourceful, and have a strong sense of self-sufficiency in regional and rural areas. This can discourage them from seeking help in difficult times from family, friends or their community.

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**FIGURE 1:** Age-standardised suicide rate per 100,000 population across Australia by ABS statistical subdivisions (2001 – 2004).

*suicide rates not mapped for areas with fewer than 5 deaths.*

(Source: Page et al. 2006b)
Reduced access to support services – Often rural and remote communities do not have access to a range of community support services, such as mental health services. Services that cater for people in metropolitan areas may not be appropriate for people living in rural and remote areas. Many people living in rural Australia do not have access to the internet and some do not have telephones. This makes accessing traditional methods of support and care difficult or, in some cases, impossible.

Combinations of suicide risk factors – For many people in rural and remote Australia, risk factors may combine to increase the risk of suicidal behaviour. For example, within the many Indigenous communities in rural and remote Australia, a wide range of social, psychological and environmental factors exist that put people in these communities at risk of suicide.

Suicide prevention interventions in rural and remote communities

The following could be used as a guide to planning and providing effective suicide prevention interventions in rural and remote communities:

• Focus on health and wellbeing, rather than illness or mental health problems. Many people from rural and remote communities prefer to focus on finding solutions, rather than dwelling on problems and difficulties.

• Promote understanding and alertness to signs of distress and despair, and a willingness to seek help early before things get worse.

• Use community networks to build resilience and coping strategies among people in rural and remote communities, so that communities can work together, support each other, and have the skills to respond effectively to people in need. For example, social and sporting groups provide an opportunity to build awareness of suicide, mental health and related issues, encourage social connectedness, and build community capacity.

• Provide supports and structures for people at high risk to get themselves through hard times.

• Promote acceptance for talking about emotional issues and difficulties.

• Provide education, awareness and resilience-building programs such as financial planning, communication and coping techniques, managing complex workloads and dealing with relationship and family issues.

• Involve people in the community in designing and implementing programs. People in rural and remote communities should be involved in identifying the best ways to provide support and care in their community, and how they can contribute their skills to suicide prevention initiatives in the community.

• Create networks within rural and remote communities where people can meet, discuss issues and socialise, whether in person or via phone or the internet. Identify local community leaders who can maintain regular contact with community members and build awareness and support for suicide prevention activities and initiatives.

• Ensure that community members, especially community leaders, emergency services personnel and health professionals are aware of the available support services in the region, including by posting a list of services and other important contact numbers at commonly visited locations (eg supermarket, post office, doctor’s office).

• Promote awareness among service providers of the various ways in which people in rural and remote areas may respond to difficult or traumatic circumstances, and of their varying needs.

• Provide training for health professionals working in rural and remote areas (eg local doctors, visiting health services personnel) to recognise and respond to the warning signs of suicide, suicidal behaviours and mental illnesses that are strongly associated with suicide (eg depression).
More information

- Australian Journal of Rural Health – a community forum and specific health-related information: http://nrha.ruralhealth.org.au
- Australians Creating Rural Online Support Systems (ACROSSNET): www.acrossnet.net.au
- beyondblue, the national depression initiative: Ph: 1300 22 4636; www.beyondblue.org.au
- Bush Crisis Line and Support Services – aims to contribute psychological support for health practitioners and their families adjusting to life in remote areas: Ph: 1800 805 391; www.bcl.org.au
- Centre for Rural and Remote Mental Health NSW (CRRMH) – education and research programs for rural areas: www.crrmh.com.au
- Healthinsite – resources and links to information about mental health services for people living in rural and remote areas of Australia: www.healthinsite.gov.au
- Lifeline Australia – 24 hour crisis counselling available across Australia: Ph: 13 11 14; Toolkit for getting through the drought available at www.lifeline.org.au
- Australian Centre for Agricultural Health and Safety – Managing the Pressures of Farming: www.aghealth.org.au
- Mensline Australia – 24 hour professional counselling service for men: Ph: 1300 78 99 78; www.menslineaus.org.au
- Mensheds Australia – specialises in the needs of men, their health and well being, and their communities: www.mensheds.com.au
- MulgaNet – network for information and resource sharing for mental health professionals, GPs, nurses, allied health professionals, community workers, researchers, and those working closely with clinicians in rural communities: www.mulganet.net.au
- National Rural Health Alliance – peak body working to improve the health of Australians in rural and remote areas: www.ruralhealth.org.au
- NSW Farmers Association Mental Health Network – a group of agencies and individuals who work together to improve the mental health and wellbeing of farming people and farming communities; www.nswfarmers.org.au
- Read the Signs – strategies for getting help for yourself or a mate: www.readthesigns.com.au
- SANE Helpline – offers a wide range of information on mental illness and suicide prevention: Ph: 1800 18 SANE (7236); www.sane.org