

NCIS FACT SHEET

Intentional self-harm deaths of health professionals in Australia

619

intentional self-harm
deaths, 2001-2018

34 deaths

per year
on average

55.3%

of deaths were of
registered nurses

This fact sheet refers to intentional self-harm deaths of people currently employed as health professionals at the time of their death. Occupations were classified according to the [Australian and New Zealand Standard Classification of Occupations \(ANZSCO\)](#) health professionals sub-major occupation group.

Health professionals are employed across a variety of occupations and settings within the health workforce, with over 700,000 health professionals employed throughout Australia (1). The overall number of health professionals continues to grow each year (2).

Health professionals are essential for maintaining the healthcare needs of Australians. Their work can involve considerable exposure to stress and trauma, and some occupations within this workforce are at elevated risk of suicide (3).

National overview

The intentional self-harm deaths of 619 health professionals were reported to an Australian coroner between 2001 and 2018. The highest number of these deaths were reported in 2015 (n=48, 7.8%).

The highest proportion of deaths were notified to a coroner in New South Wales (32.0%), followed by Victoria (24.7%) and Queensland (15.8%) (Figure 1).

The lowest proportions of deaths were reported to a coroner in the Northern Territory (1.5%) and the ACT (1.1%).

These proportions are generally consistent with Australia's population distribution.

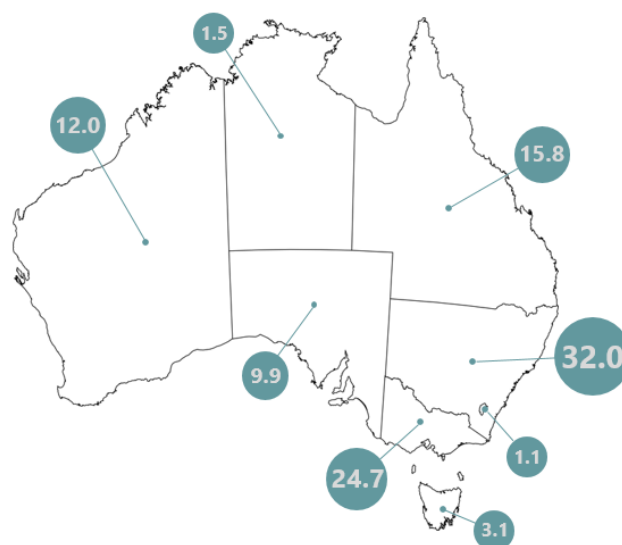


Figure 1. Proportion of intentional self-harm deaths of health professionals by jurisdiction of investigation, 2001-2018

Occupation groups

Over half of all intentional self-harm deaths were of midwifery and nursing professionals (57.8%, n=358). Most deaths in this group were of registered nurses (n=342).

More than one fifth of deaths were of medical practitioners (24.1%, n=149), including general practitioners and resident medical officers (n=101).

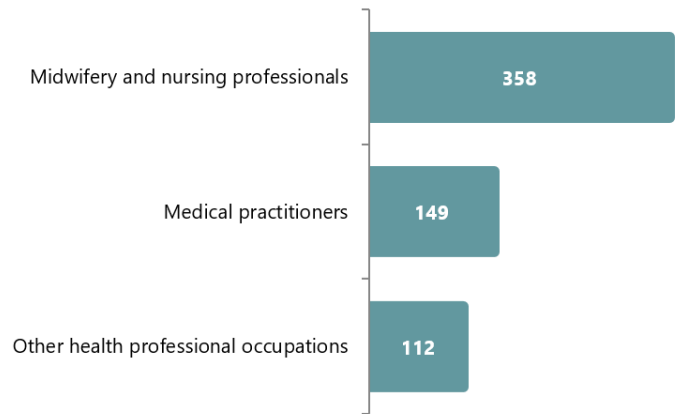
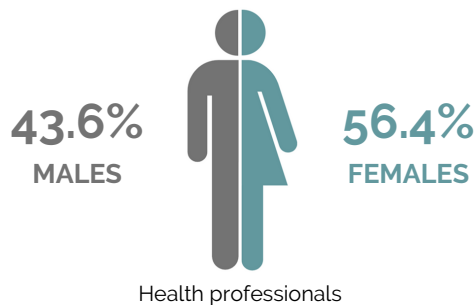


Figure 2. Frequency of intentional self-harm deaths of health professionals by common ANZSCO minor group, 2001-2018

Lower frequencies of deaths were identified for other occupations, such as pharmacists (n=22), physiotherapists (n=19) and dental practitioners (n=16).

Sex and age range

Females comprised the majority of intentional self-harm deaths among health professionals between 2001 and 2018 (56.4%). By contrast, females made up only 16.3% of intentional self-harm deaths among all employed people for this period.



Approximately three quarters of registered nurse intentional self-harm deaths were of females, and around one quarter were of males. The reverse was true for self-harm deaths among general practitioners and resident medical officers.



The highest frequency of health professional intentional self-harm deaths occurred among people aged 45-54 years (29.1%; Figure 3). This was consistent across deaths of both males and females.

Health professionals who died due to intentional self-harm were generally older than those who died due to intentional self-harm who were employed across any industry (54.8% aged 45 years and over, compared to 38.5% of all employed people).

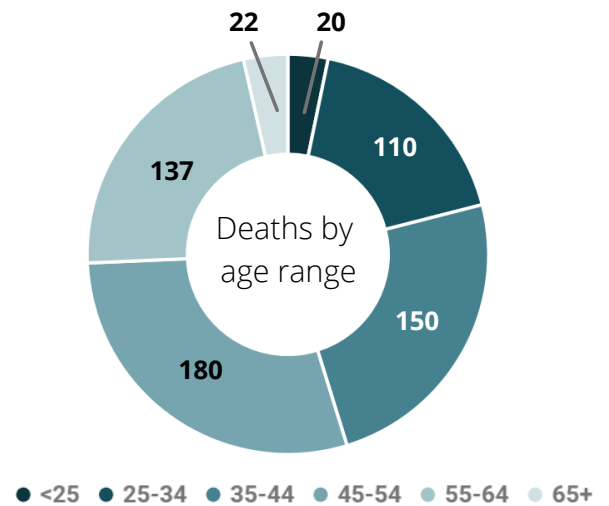


Figure 3. Frequency of intentional self-harm deaths of health professionals by age range (years), 2001-2018

Residential and incident location

The majority of health professionals who died due to intentional self-harm resided in Australia's major cities (70.8%), while one fifth (20.0%) resided in inner regional areas. This was generally consistent with intentional self-harm deaths of all employed people.



72.4% of intentional self-harm deaths of health professionals occurred in the home, while **2.7%** occurred in medical service areas

Country of birth and marital status

In over one fifth of cases (21.5%, n=133), the deceased was known to have been born overseas. This is higher than the proportion of intentional self-harm deaths of all employed people known to have been born overseas (15.6%).



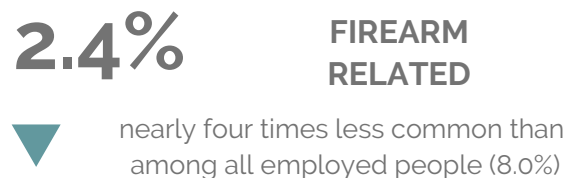
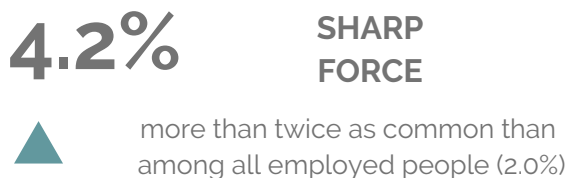
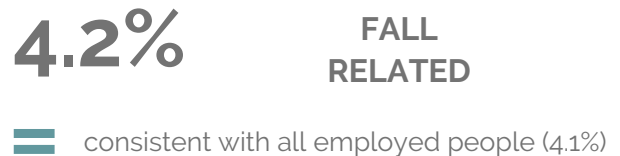
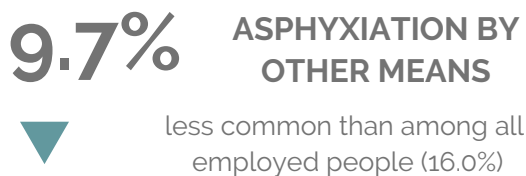
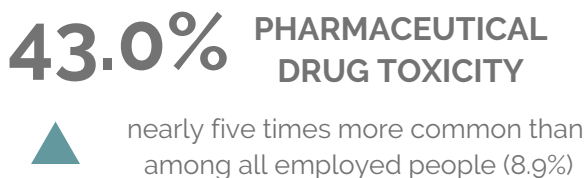
Health professionals who died due to intentional self-harm were most likely to be married or in a de facto relationship (48.1%, n=298), as were all employed people who died due to intentional self-harm (40.3%). Those who were divorced or separated comprised 20.6% (n=127) of health professional intentional self-harm deaths, which was consistent with intentional self-harm deaths of all employed people (21.6%).

Mechanism of injury

The most frequent mechanism of injury among health professional intentional self-harm deaths was pharmaceutical drug toxicity, followed by asphyxiation by hanging.

There were notable differences in mechanism of injury among health professionals compared to all employed people.

There were a higher proportion of deaths by pharmaceutical drug toxicity among health professionals than among all employed people. By contrast, asphyxiation by hanging was less common among health professionals than among all employed people.



1. Parliament of Australia 2020, [Health workforce](#)
2. Australian Institute of Health and Welfare 2020, [Health workforce](#)
3. Monash University 2020, [Monash University report identifies occupations with greater risk of suicide](#)

The data presented in this fact sheet was extracted from the National Coronial Information System (NCIS) in March 2021. The dataset extracted contained every external cause fatality that was reported to an Australian coroner from 1 January 2001 to 31 December 2018 where the death was due to intentional self-harm and the person was employed. Cases were included where the coronial investigation had concluded and the case was closed on the NCIS. Visit the NCIS website for information on [data sources and limitations](#). To request a comprehensive data report, contact the NCIS or visit www.ncis.org.au.

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