

Is the Suicide Rate Related to Increased Rates of Mining and Industrial Production in Australia?

The Editor

Sir,

The necessity for suicidal prevention has been noted worldwide but the effectiveness of such measures has not been noted in a number of countries (1, 2). In Lithuania, Russia, Estonia and Latvia suicide rates are lower than in other countries (1). A study of the relationship between three social factors (unemployment, GDP growth and divorce rates) and suicide in Australia revealed that these social factors were not related to suicide (3). Suicidal action is most likely related to various factors, so factors related to suicide in Australia must be promptly discerned. In addition, the association between factors affecting industrial output and suicide should be investigated; one such factor is increased rates of mining and industrial production. This report assembled statistical data on annual suicide rates and annual increases in the rates of mining and industrial production in Australia for the 23 years since 1979 based on data from the International Monetary Fund (IMF (International Financial Statistics (IFS) compiled by the Ministry of Health, Labour and Welfare, and the Cabinet Office of Japan. This report then calculated the correlation between the two rates. Statistical analysis was performed using Spearman's rank correlation coefficient.

During the period studied, annual suicide rates went from 11.0 per 100 000 population (1980 and 1984) to 14.3 (1997) and the annual increase in rates of Mining and industrial production went from 8.0 (1985) to -3.6 (1991). Suicide rates were not associated with increased rates of mining and industrial production ($r = 0.002$ and $p = 0.994$).

Many reports on suicide in Australia cite mental disorders, and especially depression, as a context for suicide (4, 5). Factors associated with suicide must be further examined in the future, and administrative bodies, citizens, medical personnel and the police should devise appropriate suicide prevention measures on the basis of those findings (4, 5).

From: *Y Fujita*¹, *K Inoue*², *M Nata*³, *T Miyazawa*¹, *T Inoue*⁴
¹Department of Internal Medicine, Division of Respiratory and Infectious Diseases, St Marianna University School of Medicine, Kanagawa 216-8511, Japan, ²Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan, ³Department of Forensic Medicine

and Sciences, Mie University Graduate School of Medicine, Mie 514-8507, Japan and ⁴Department of Urology St Marianna University School of Medicine, Kanagawa 516-8511, Japan.

Correspondence: *Dr Yoshitsugu Fujita, Department of Internal Medicine, Division of Respiratory and Infectious Diseases, St Marianna University School of Medicine, 2-16-1, Sugao, Miyamae-ku, Kawasaki-shi, Kanagawa 216-8511, Japan. Fax: +81-44-977-8111 e-mail:ke-inoue@fujita-hu.ac.jp*

REFERENCES

1. Yamada K, Roxane LR. Comparison of world and Japan in suicide rates. 11 th Japanese society for clinical thanatology and 30 th Japan suicide prevention association. 2006; 48. [in Japanese]
2. Inoue K. Suicide prevention. Digest of Science of Labour. 2006; **61**: 748–51. [in Japanese]
3. Inoue K, Fujita Y, Sakuta A. Difference between Japan and Australia with regard to the correlation of suicide rates with social factors since 1990. Int Med J [in press]
4. Blair-West GW, Mellsop GW, Eyeson-Annan ML. Down-rating lifetime suicide risk in major depression. Acta Psychiatr Scand. 1997; **95**: 259–63.
5. Snowdon J Baume P. A study of suicides of older people in Sydney. Int J Geriatr Psychiatry. 2002; **17**: 261–9.