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Suicide by young Australians, 2006–2015: a cross-sectional analysis of national coronial data

IN REPLY: Our article examined the suicides of 3365 young people aged 10–24 years who died by suicide from 2006 to 2015.[1] Of those who died by suicide, the demographic, social and clinical characteristics and circumstances of death were reported by examining the free text present in the available police, autopsy, toxicology and coroners' reports of 3027 young people. In their letter, Hedley and colleagues[2] noted that the number of males diagnosed with autism spectrum disorder (ASD) who died by suicide was higher than that reported in previous registry-based studies in Denmark and elsewhere. In contrast, the proportion of females with ASD was significantly less than expected given international rates. A precise explanation for these deviations is not possible. The suggestion that comorbidities may mask diagnosis in females is valid. However, it is equally likely that the findings reflect a systematic bias in data quality and collection. We note that all risk factors reported in the study were based on free text narratives available in police, autopsy, toxicology and coroners' reports.[1] As such, information that was not requested as part of these investigations was not reported and, therefore, not available to the authors for data collection. Arguably, identifying the source of such discrepancies is of significant importance for policy and clinical practice (eg, developing strategies to improve diagnostic accuracy in the wake of multiple mental health comorbidities). Unfortunately, there is an absence of nationally coordinated and systematic collection of suicide-related data in Australia. Compared with other countries such as Denmark and Finland that have robust national data-linkage systems spanning the health care and social sectors,[3] access to high quality data-linkage in Australia is determined by individual state jurisdictions, with suicide registers currently available in Queensland and Victoria, and a register under development in Tasmania. A consequence is that despite significant recent investment in mental health in Australia, the best available evidence accessible to decision makers must be interpreted cautiously in the context of its limitations.

Competing interests: No relevant disclosures.

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