

Australian Bureau of Statistics, Causes of Death, 2023

National suicide data summary

Released 10 October 2024



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About this summary

- This summary was prepared by Everymind using the Australian Bureau of Statistics (ABS) Causes of Death data, released 10 October 2024. The data summary was used to support the Everymind team in the *Mindframe* briefing for media and sector, and further dissemination of the data through *Life in Mind*.
- When exploring suicide data, it is important to remember that behind the numbers are individuals, families and communities impacted by suicide in Australia. By combining the knowledge in this data with other Australian data sets and the wisdom of those with lived and living experience, we will increase opportunities to reduce suicide and its impacts.
- Media and others communicating publicly about this data are reminded to be responsible and accurate. Resources to support reporting and other communication are available at mindframe.org.au/suicide and mindframe.org.au/our-words-matter-guidelines-for-language-use
- A full summary of data can be found on the *Life in Mind* portal at lifeinmind.org.au/suicide-data/australian-bureau-of-statistics/abs-causes-of-death-data-2023



Notes about using statistics

- ABS advises that care should be taken in comparing 2023 data with:
 - Previous years, as some data has been subject to quality improvement processes and some cases are yet to be resolved
 - Pre-2006 data, as this data was not subject to the revision process.
- For data from 2013 onwards, Causes of Death data is presented by the year the death was registered.
- Data for New South Wales should be considered with caution, as the State had a high number of open cases (deaths assigned to 'undetermined' or 'unspecified' codes) at the time of coding. While it is not known what additional information will be available for these cases, it is likely that the number of deaths due to suicide in New South Wales will increase when the first revision is applied to the 2023 data (due early 2025). Comparison with previous data is not currently recommended.
- Due to the relatively small population size in some states and territories, even one or two deaths can have a significant impact on state-specific age-standardised suicide rates. Therefore, comparisons across Australia must be done with caution.

This release includes 2023 preliminary data, 2022 preliminary revised data and 2021 revised data. Data for 2013 to 2020 are considered final.



General summary

2023

In 2023, there were **3,214** deaths by suicide with an age-standardised rate of **11.8 per 100,000**.

This equates to an average of **8.8*** deaths by suicide in Australia each day.

There were **2,419** male deaths at an age-standardised rate of **18.0 per 100,000**.

There were **795** female deaths at an age-standardised rate of **5.8 per 100,000**.

2022

In 2022, there were **3,288** deaths by suicide with an age-standardised rate of **12.4 per 100,000**.

This equates to an average of **9.0*** deaths by suicide in Australia each day.

There were **2,480** male deaths at an age-standardised rate of **18.9 per 100,000**.

There were **808** female deaths at an age-standardised rate of **6.1 per 100,000**.

2021

In 2021, there were **3,197** deaths by suicide with an age-standardised rate of **12.2 per 100,000**.

This equates to an average of **8.8*** deaths by suicide in Australia each day.

There were **2,398** male deaths at an age-standardised rate of **18.5 per 100,000**.

There were **799** female deaths at an age-standardised rate of **6.1 per 100,000**.

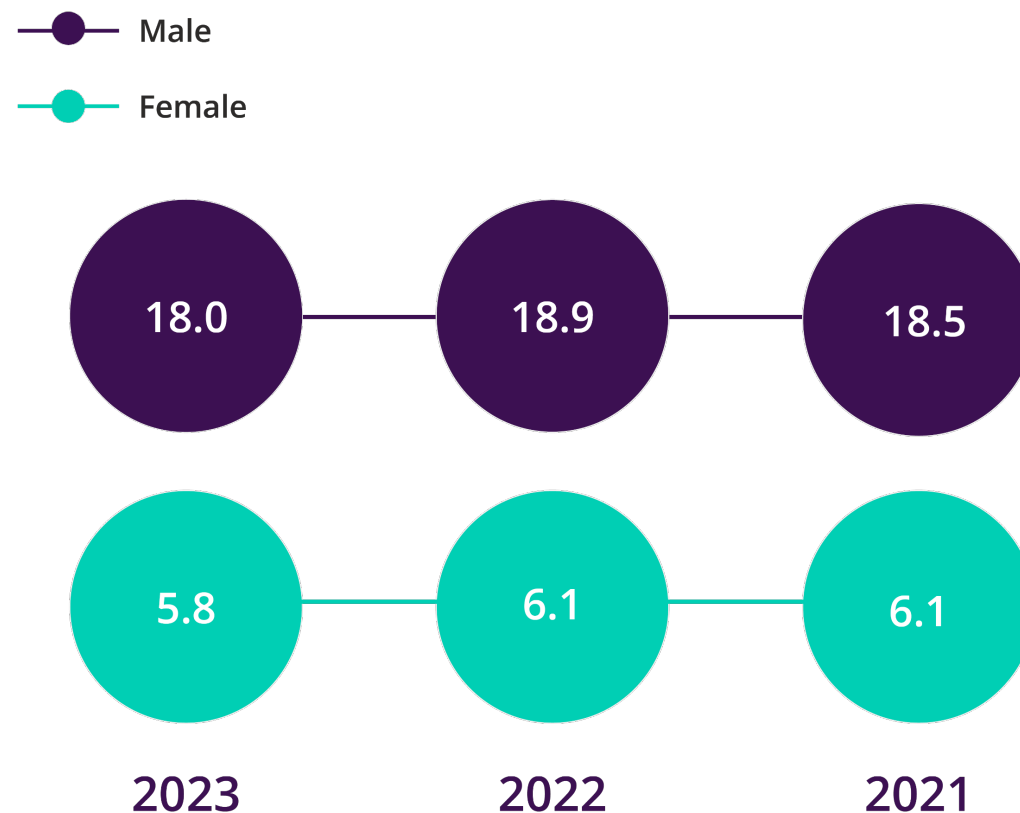
**This is calculated by Everymind and we recommend using with caution.*

Note: 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



General summary

- In 2023, there were **3,214** deaths by suicide. This preliminary number is expected to increase with further revisions due to the number of open or 'undetermined' cases in New South Wales; care should be taken when comparing to previous years.
- The age standardised rate in 2023 is **11.8 per 100,000**.
- Over three-quarters (75.3%) of people who died by suicide were male.
- Over 80 percent (82.5%) of people who died by suicide in 2023 were aged under 65.

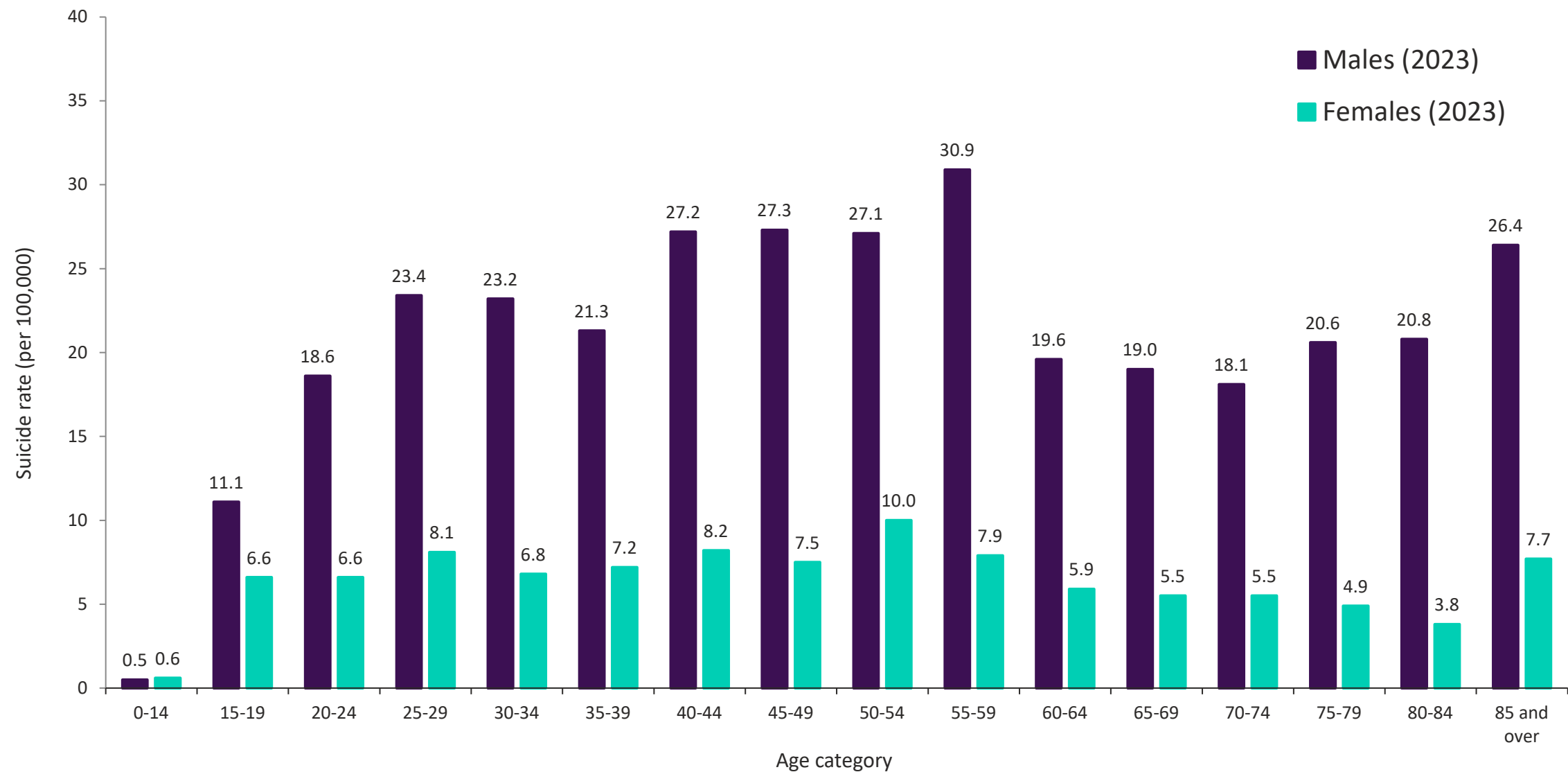


**Age-standardised rate per 100,000. **Number of deaths.*

Note: 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.

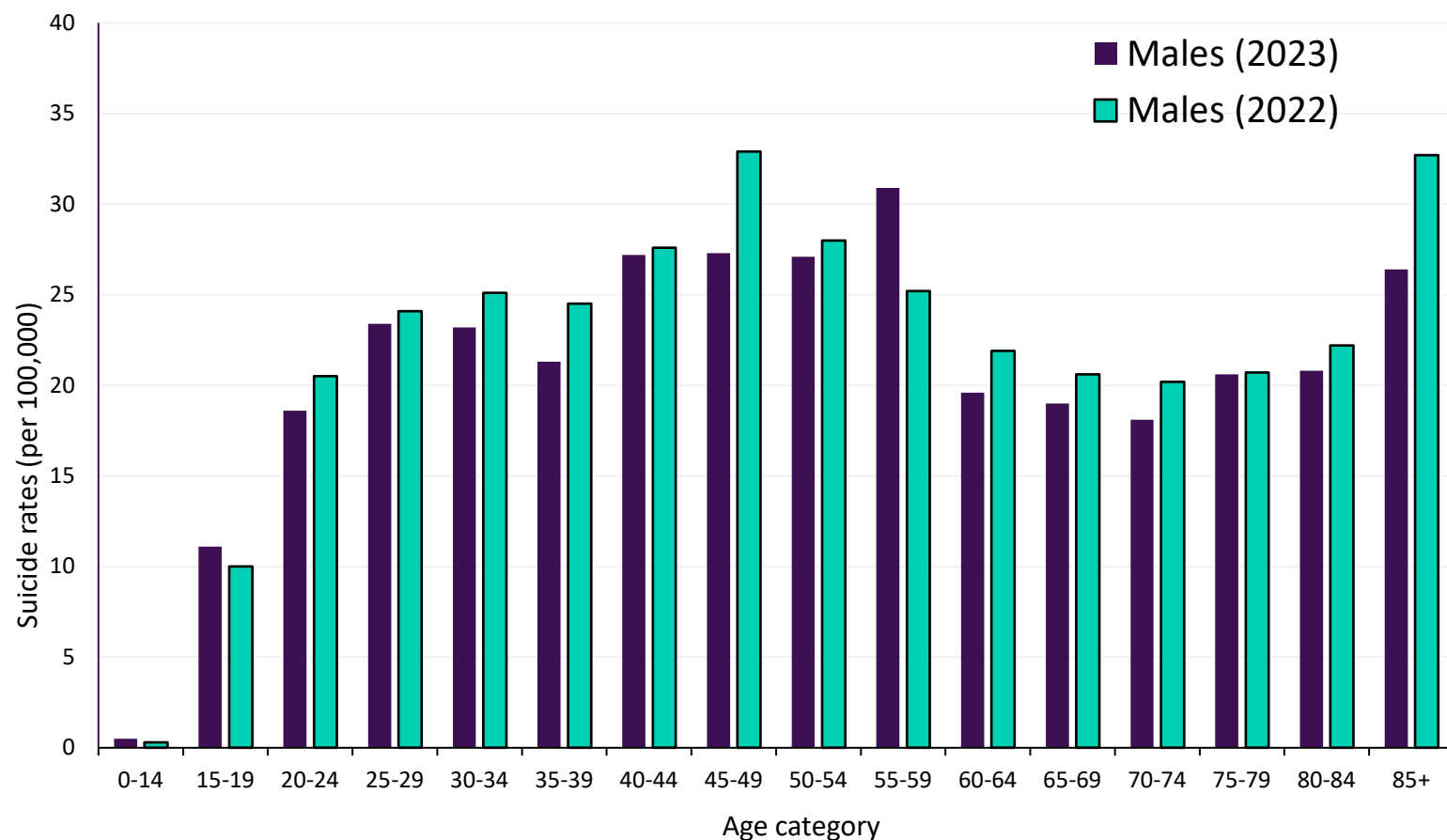


General summary: Age-specific suicide rates 2023



General summary: Males

- Males aged 55-59 years had the highest age-specific suicide rate and accounted for **9.5%** of suicides of males.
- Males aged 45-49 years accounted for the largest proportion of deaths due to suicide (**9.9%**).
- Suicide was the 11th leading cause of death for males in 2023.
- While some suicide rates for males appear to have decreased since 2022, comparisons are not currently recommended due to the high number of open cases in New South Wales.

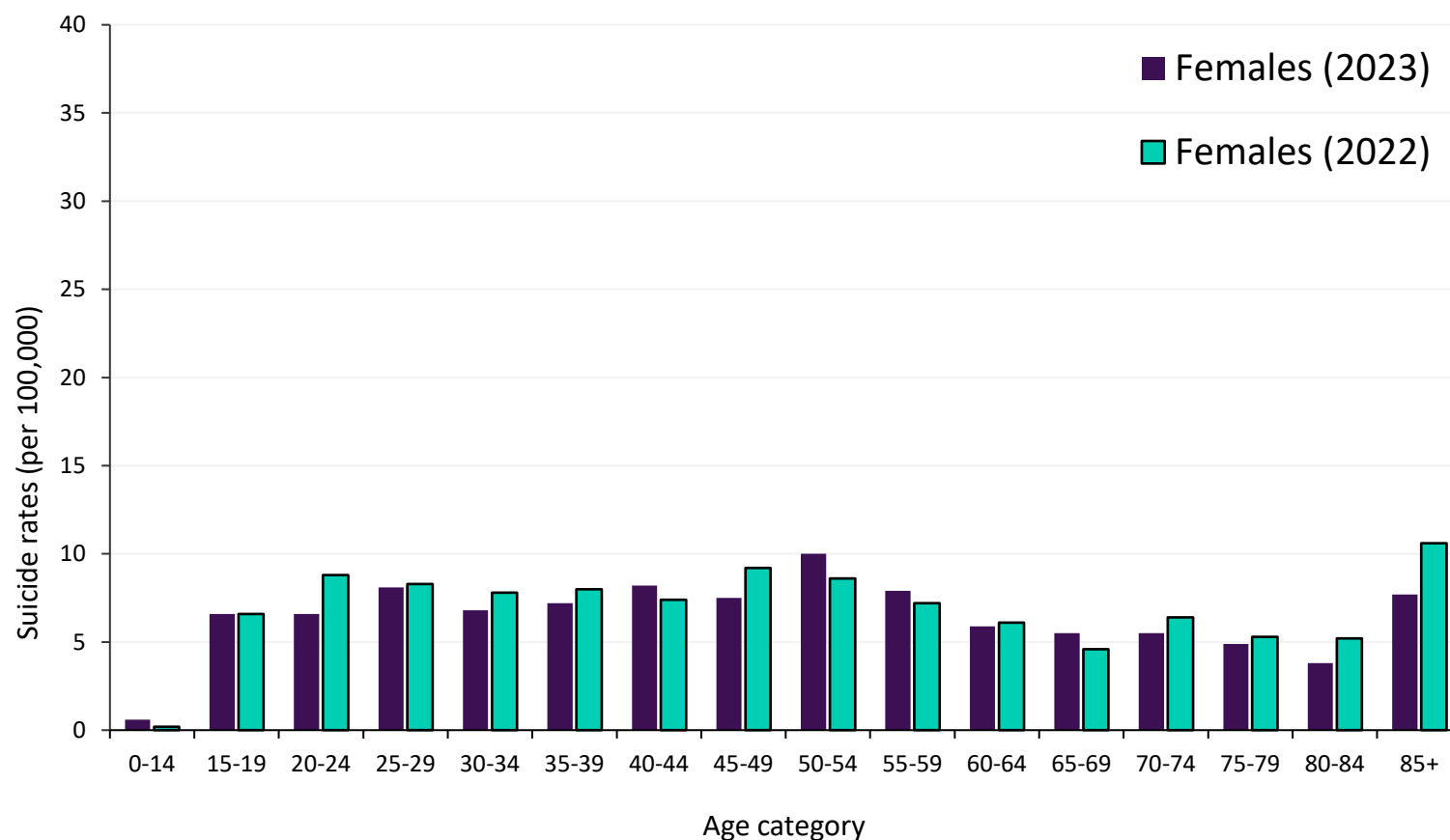


Note: 2022 data are preliminary revised; 2023 data are preliminary.



General summary: Females

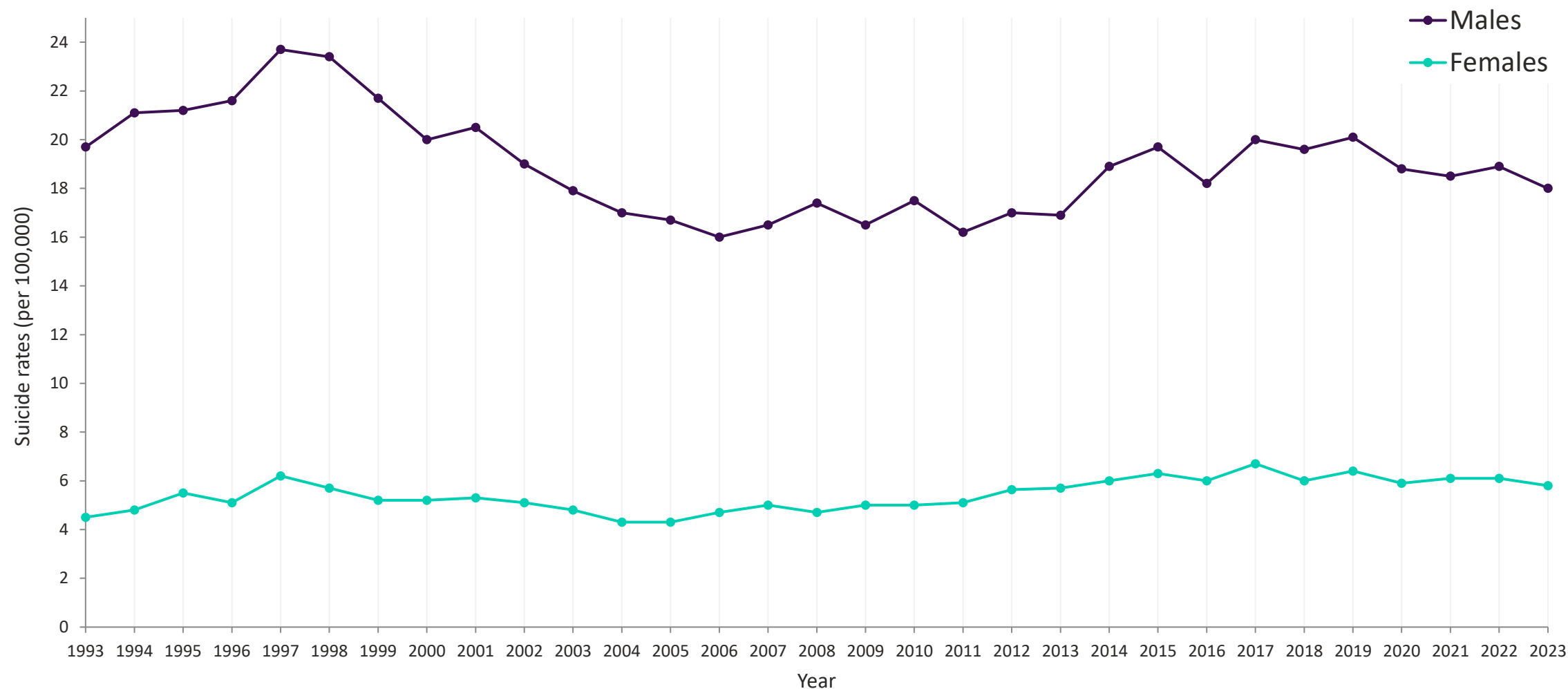
- Females aged 50-54 years had the highest age-specific suicide rate (**10.0 deaths per 100,000**) and accounted for the largest proportion of female suicide deaths (**10.7%**).
- Between 2022 and 2023, females aged 50-54 years also had the largest increase in their age-specific suicide rate (up **1.4 deaths per 100,000**).
- Suicide was the 26th leading cause of death for females in 2023.



Note: 2022 data are preliminary revised; 2023 data are preliminary.



Age-standardised suicide rates, 1993-2023

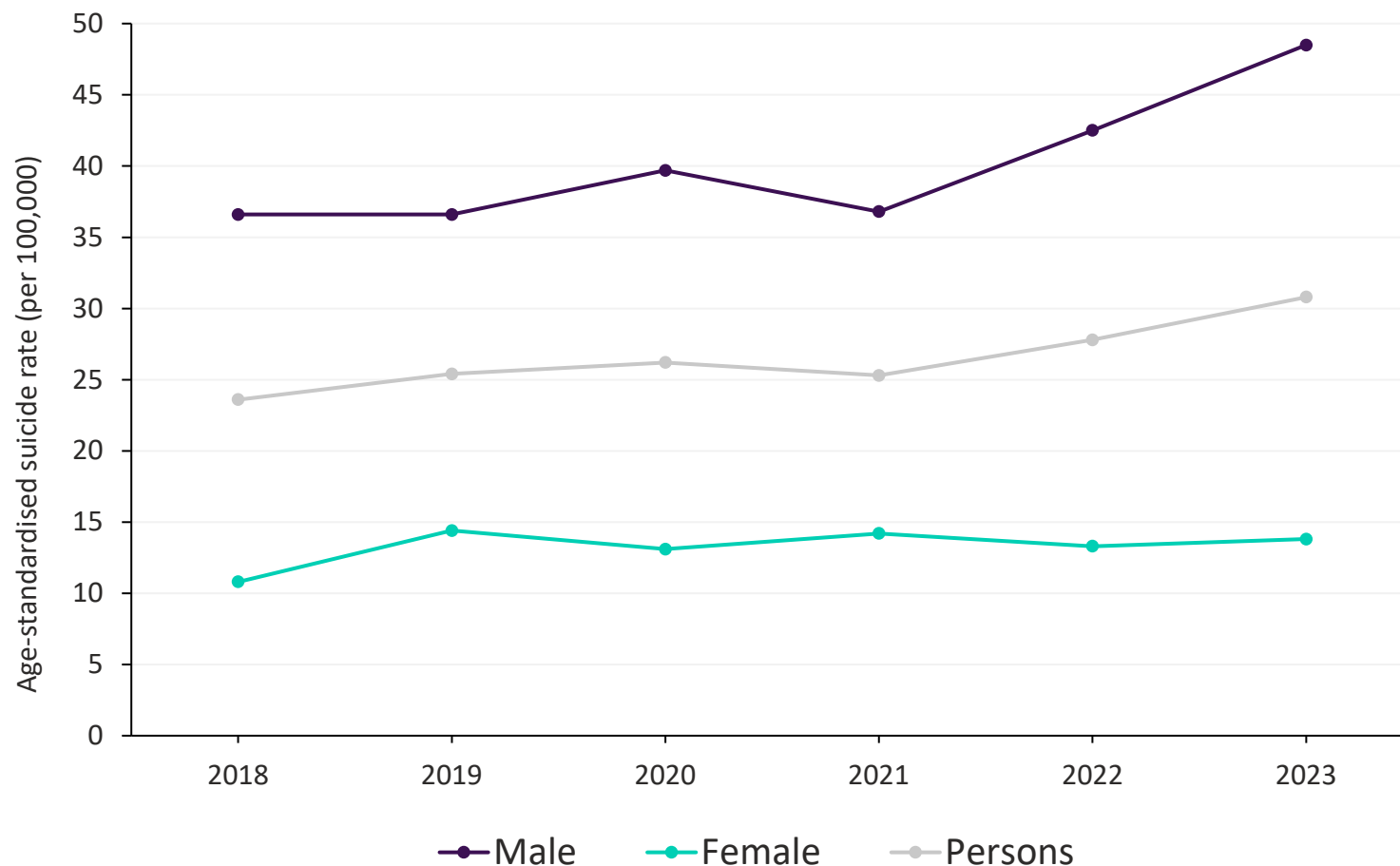


Note: 2013 - 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



Aboriginal and Torres Strait Islander people

- In 2023, **275** Aboriginal and Torres Strait Islander people died by suicide.
- The median age of death was **33 years**.
- In 2023, using data from New South Wales, Victoria, Queensland, Western Australia, South Australia and Northern Territory, Aboriginal and Torres Strait Islander men (**48.5 per 100,000**) had a higher age-standardised suicide rate compared to women (**11.3 per 100,000**).

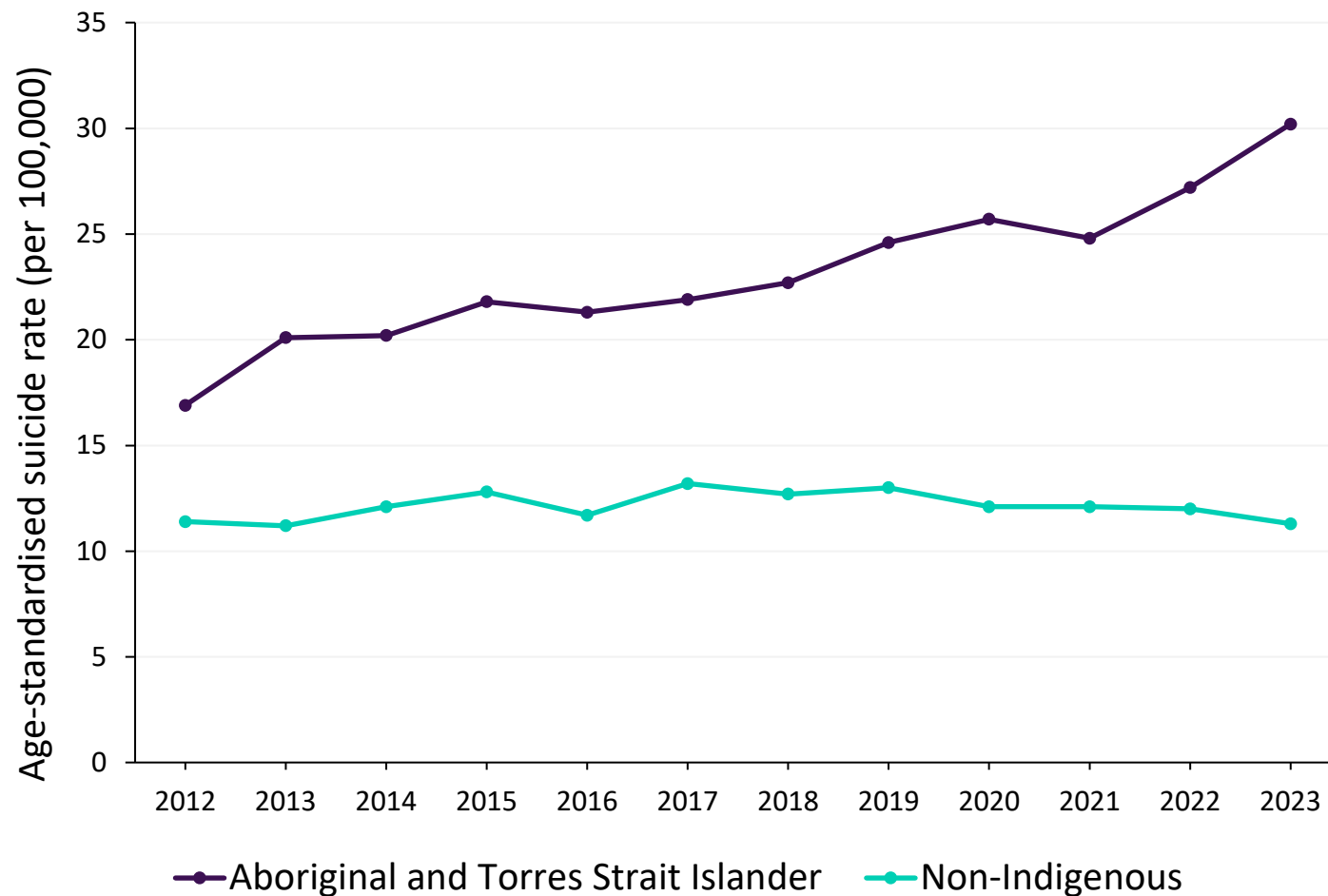


Note: Age-standardised suicide rates are compiled from the jurisdictions of NSW, Vic, Qld, WA, SA and NT.



Aboriginal and Torres Strait Islander people compared to non-Indigenous people

- Since 2020, Aboriginal and Torres Strait Islander people had a suicide rate **more than double** that of non-Indigenous people.
- Using data from New South Wales, Queensland, Western Australia, South Australia and Northern Territory, the age-standardised suicide rate for Aboriginal and Torres Strait Islander people was **30.2 per 100,000** in 2023.

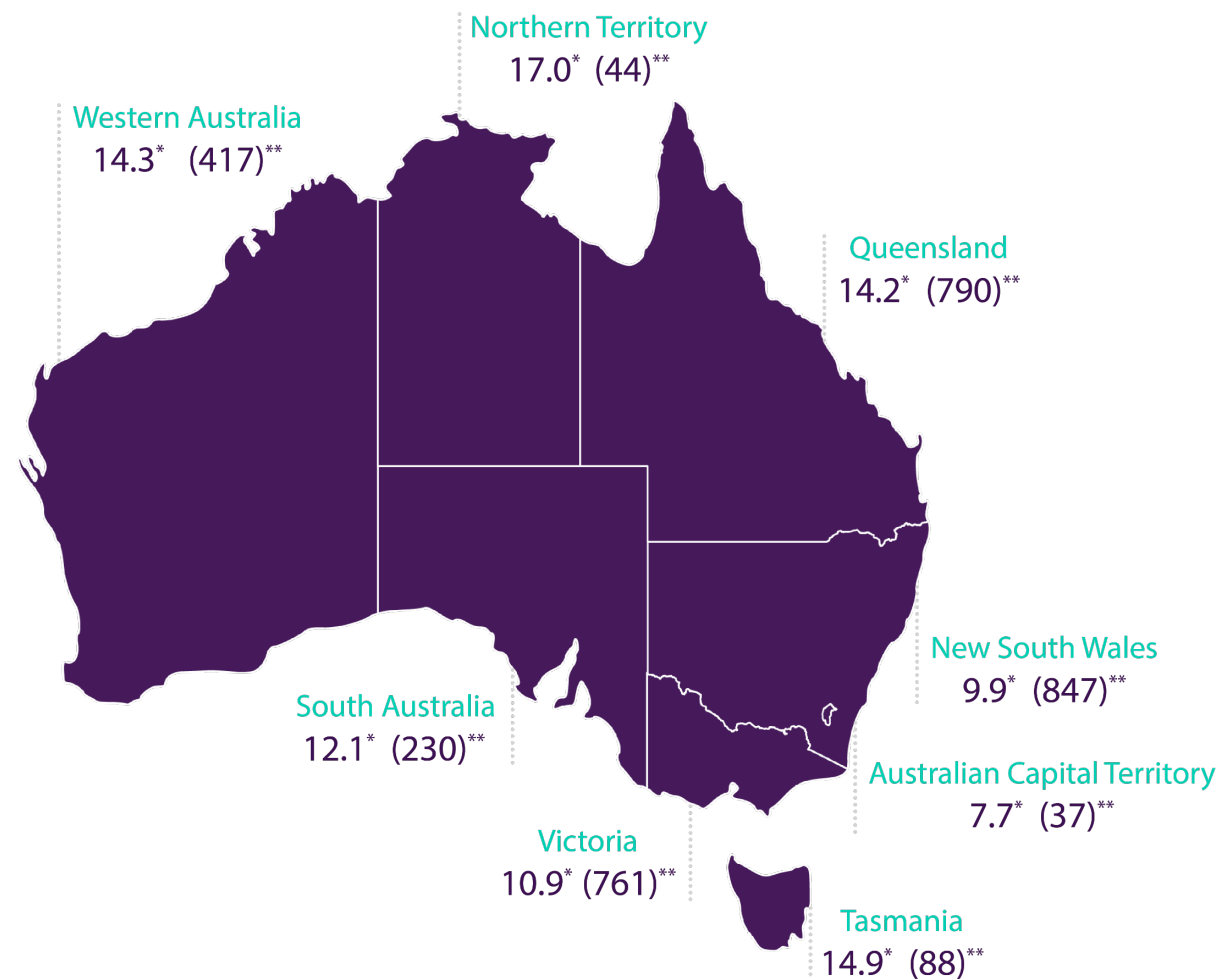


Note: Age-standardised suicide rates are compiled from the jurisdictions of NSW, Qld, WA, SA and NT.



State and territory summary

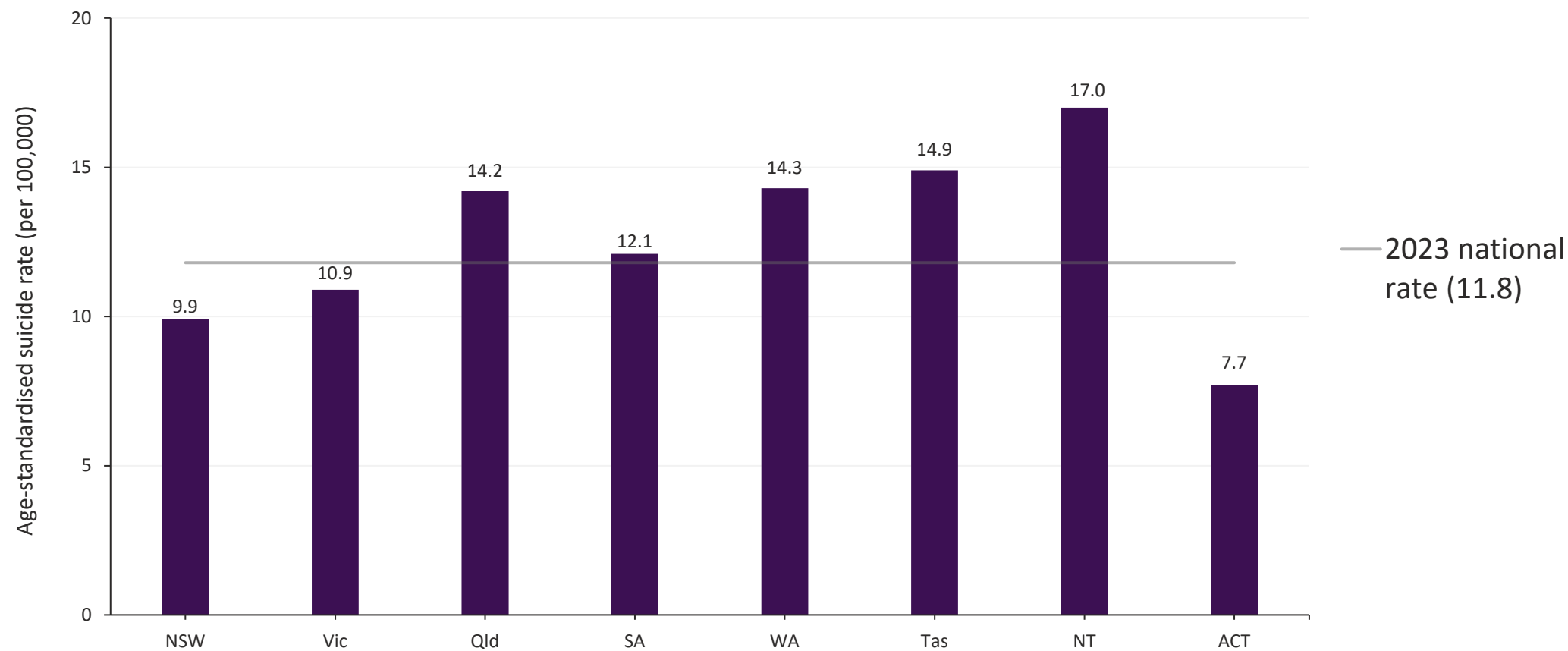
- Between 2022 and 2023, the suicide rate increased in Western Australia and Tasmania. The rate in Victoria and Queensland was similar to the 2022 rate. For South Australia and the Northern Territory rates appeared to decrease but the number of suicides remained similar to 2022. Comparison with previous years is not recommended for New South Wales due to the high number of open cases.
- Three-quarters of people who died by suicide had a usual residence in New South Wales (846), Queensland (790) or Victoria (761).
- Australian territories recorded the highest rate of suicide (Northern Territory, 17.0 per 100,000 people) and the lowest (Australian Capital Territory, 7.7 per 100,000).



*Age-standardised rate per 100,000. **Number of deaths.
Note: 2023 data are preliminary.



Age-standardised death rate by state and territory



Note: 2023 data are preliminary.



Greater capital cities total and rest of states total

- In all states and territories, with the exception of Tasmania, suicide rates were lower in greater capital cities than the rest of states or territories.



**Age-standardised rates based on less than 20 deaths not available for publication.*

Note: Age-standardised death rates; 'Major Cities in Australia' excludes Darwin and Hobart. 2019 and 2020 data are final and no longer revised; 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



Suicide by remoteness

- Over 28% of Australia’s population live in regional and remote areas, where suicide rates are consistently higher than rates in Australia’s major cities.
- Major cities had the lowest suicide rate across all years (2019-2023).
- In 2023, the suicide rate for males living in remote and very remote Australia (32.9 per 100,000 people) was more than double the rate for males living in major cities (14.9 per 100,000 people).

Remote and Very Remote Australia



N/A

Outer Regional Australia



26.9

Inner Regional Australia



Major Cities of Australia



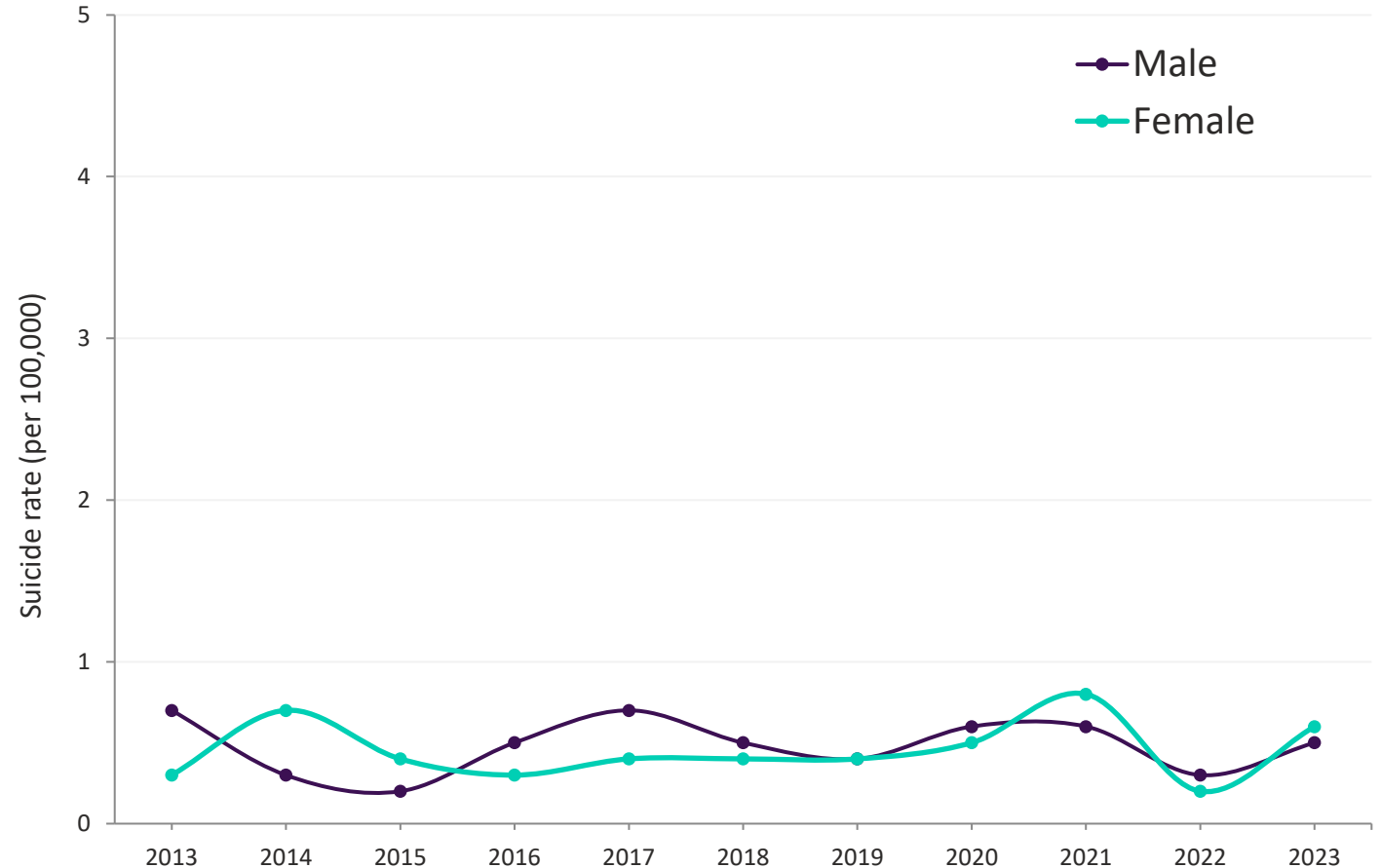
Male
Female

Note: Age-standardised death rates; ‘Major Cities in Australia’ excludes Darwin and Hobart.



0-14 year olds

- Suicide among children (aged 0-14) is an extremely sensitive issue and rare occurrence, with considerably **fewer** deaths than any other age group.
- There were **27** deaths by suicide among young people aged 0-14 years with an age-specific rate of **0.6 per 100,000**.
- There were **13** deaths among boys in this age group at an age-specific rate of **0.5 per 100,000**.
- There were **14** deaths among girls in this age group at an age-specific rate of **0.6 per 100,000**.

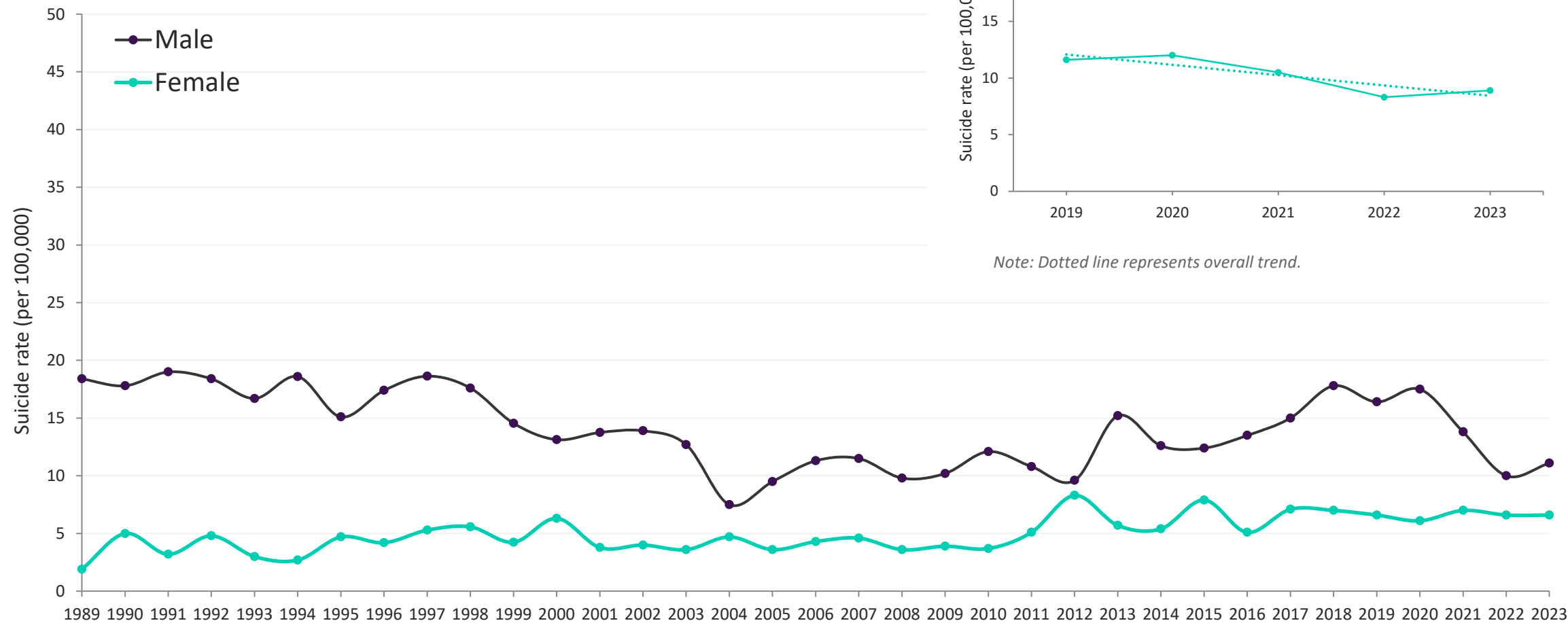


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15-19 year olds

Age-specific suicide rates 1989-2023

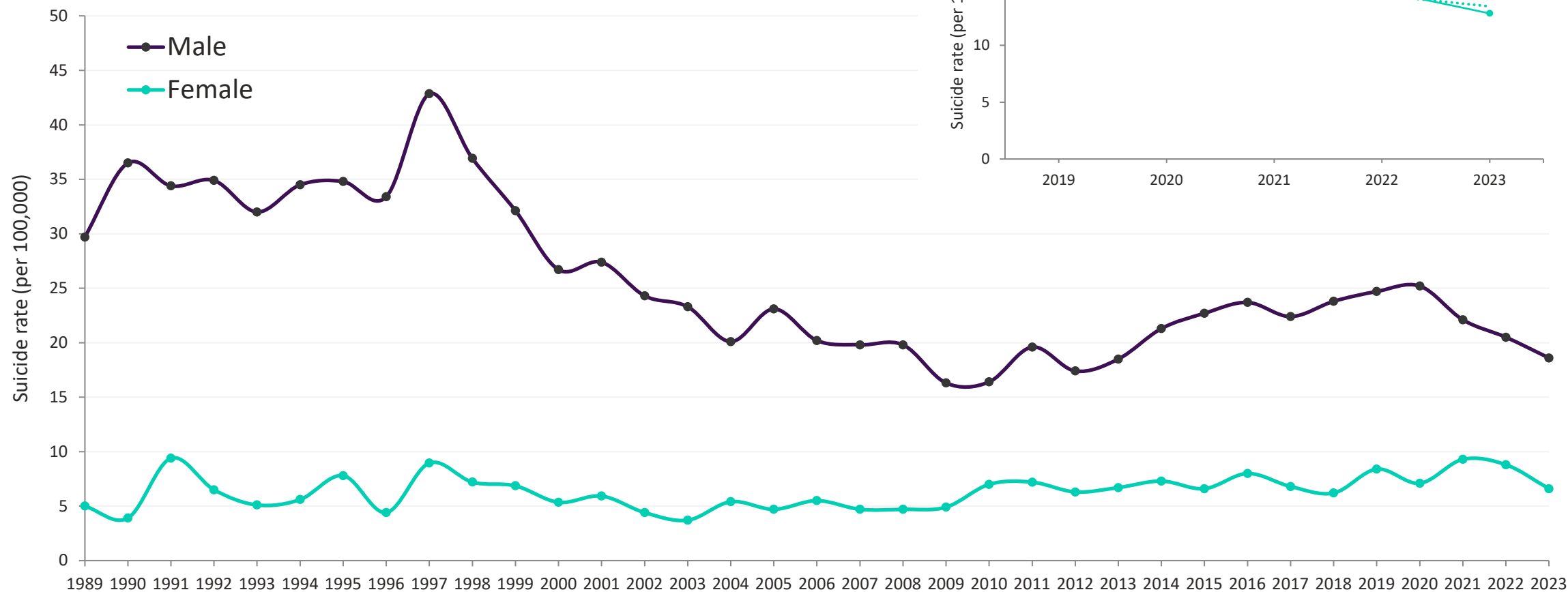


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



20-24 year olds

Age-specific suicide rates 1989-2023

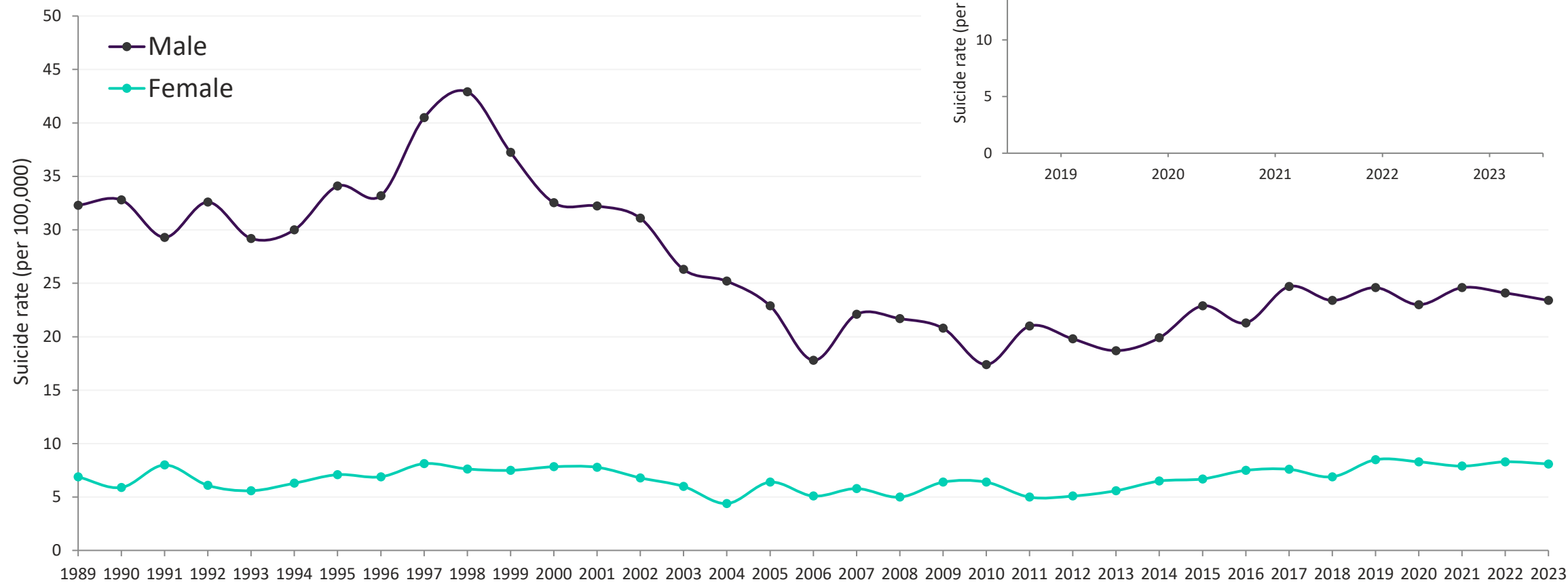


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



25-29 year olds

Age-specific suicide rates 1989-2023

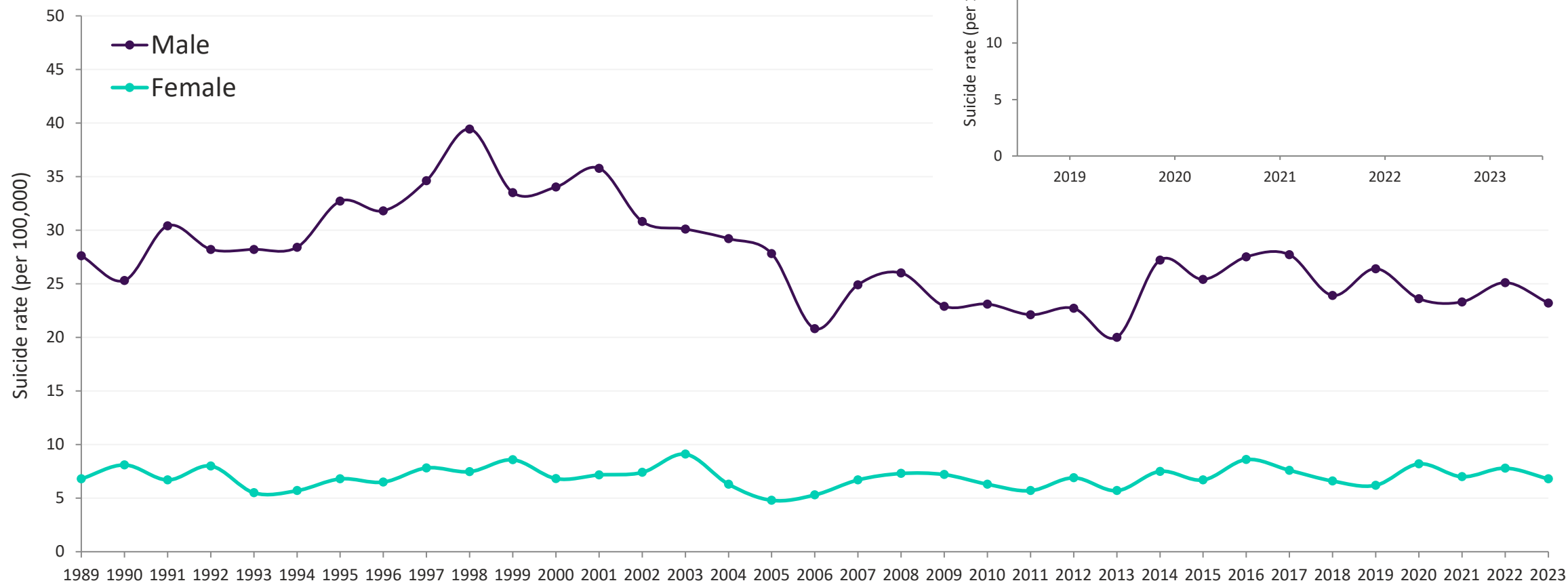


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



30-34 year olds

Age-specific suicide rates 1989-2023

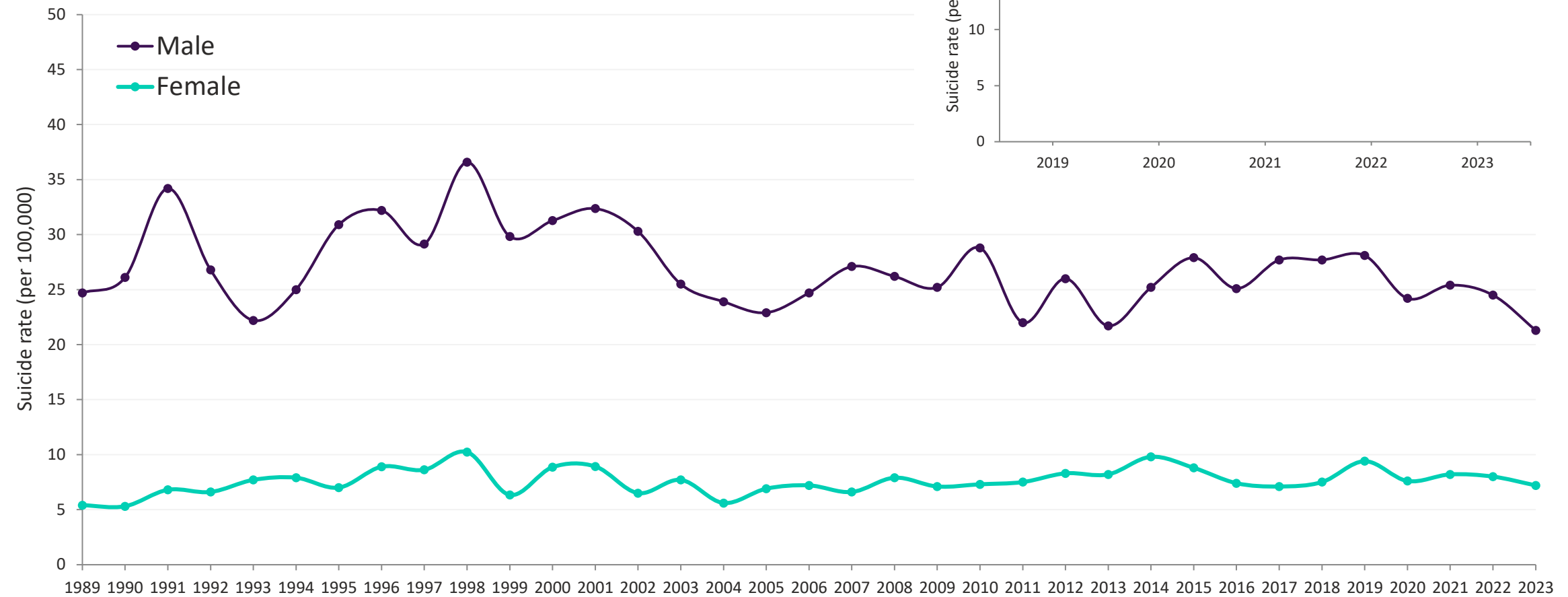


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



35-39 year olds

Age-specific suicide rates 1989-2023

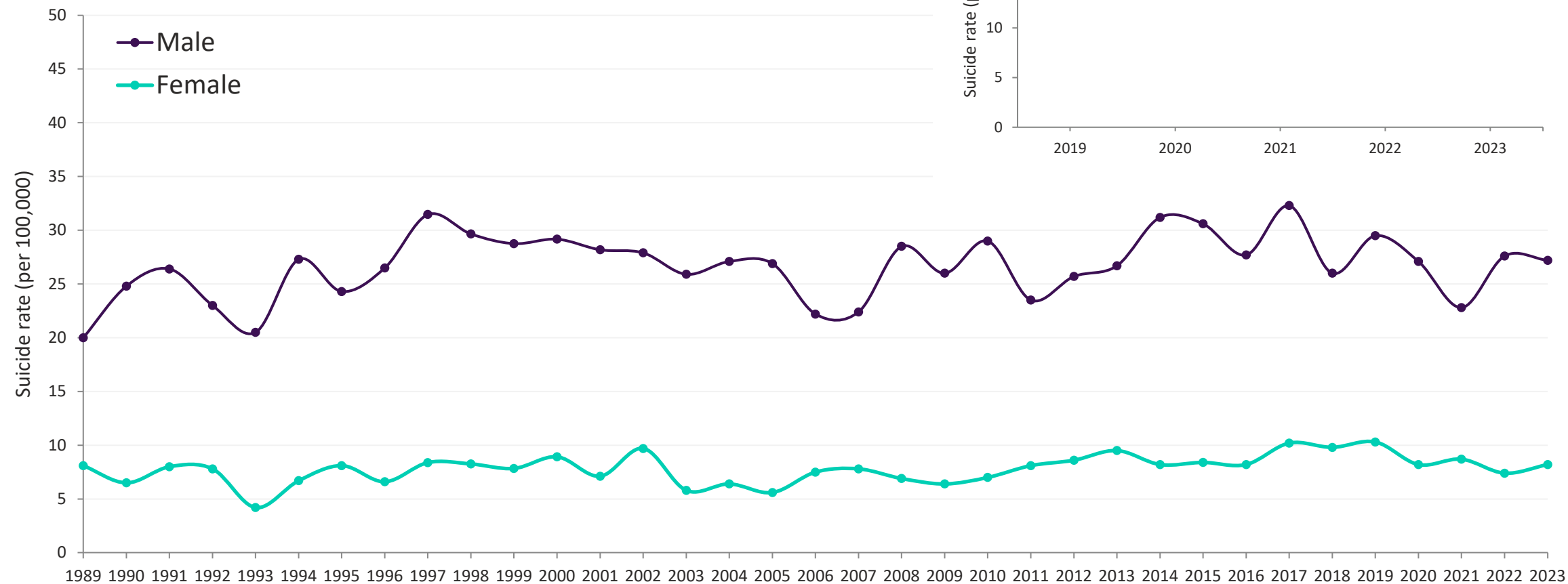


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



40-44 year olds

Age-specific suicide rates 1989-2023

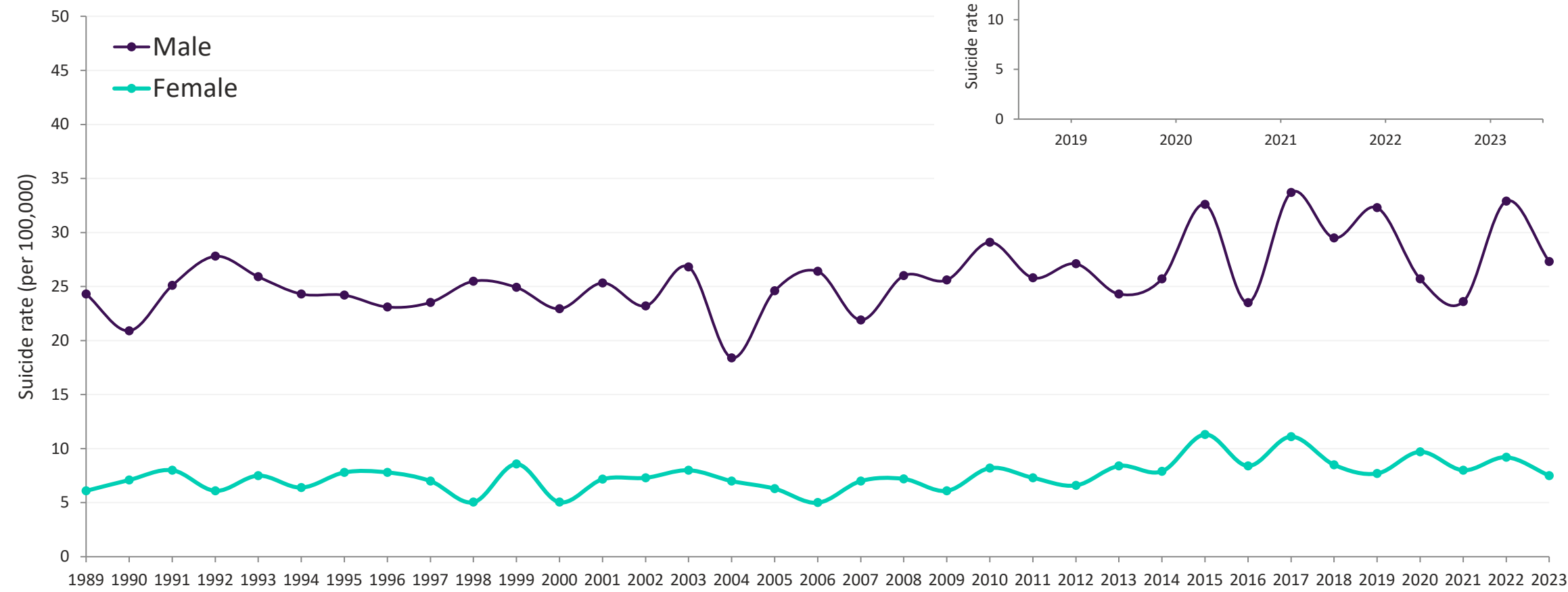


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



45-49 year olds

Age-specific suicide rates 1989-2023

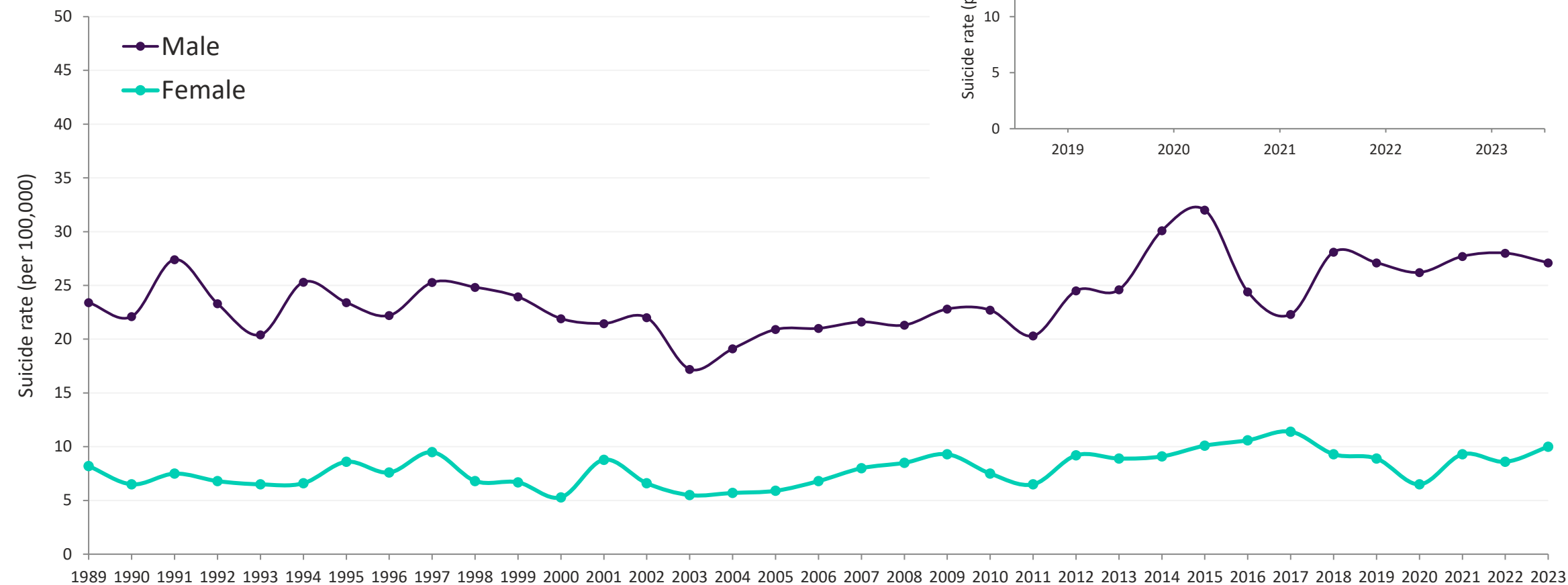


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



50-54 year olds

Age-specific suicide rates 1989-2023

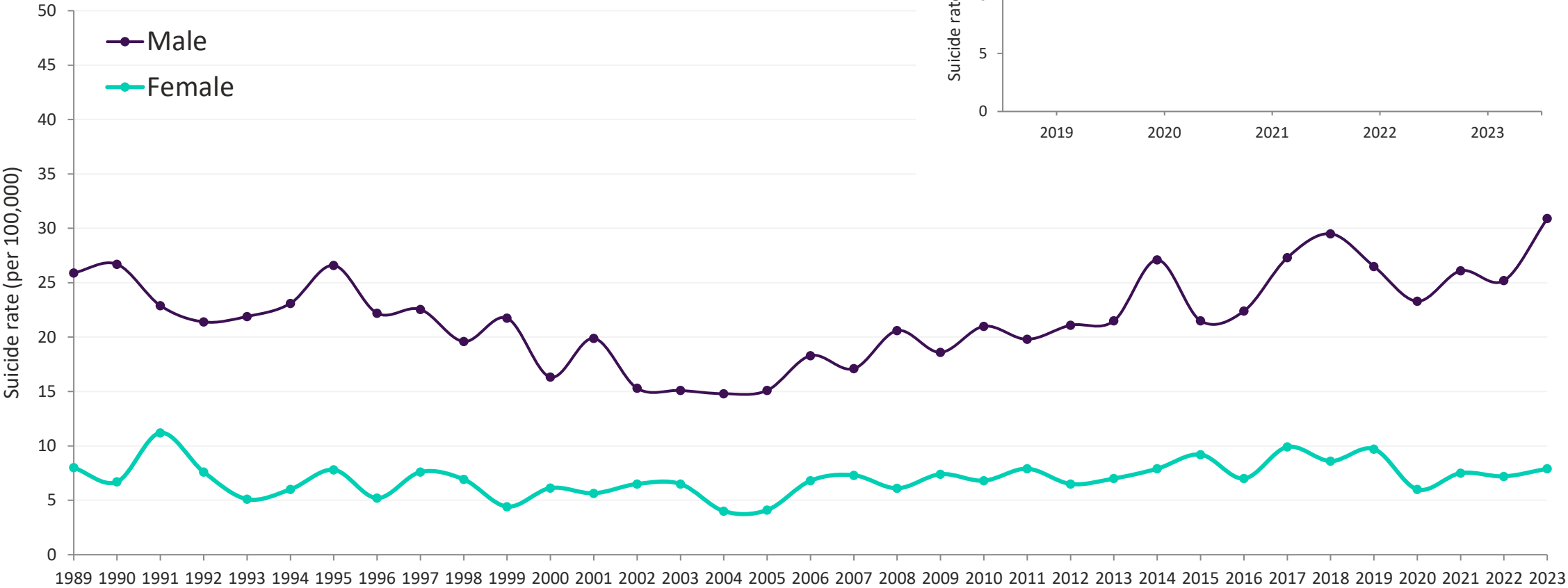


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



55-59 year olds

Age-specific suicide rates 1989-2023

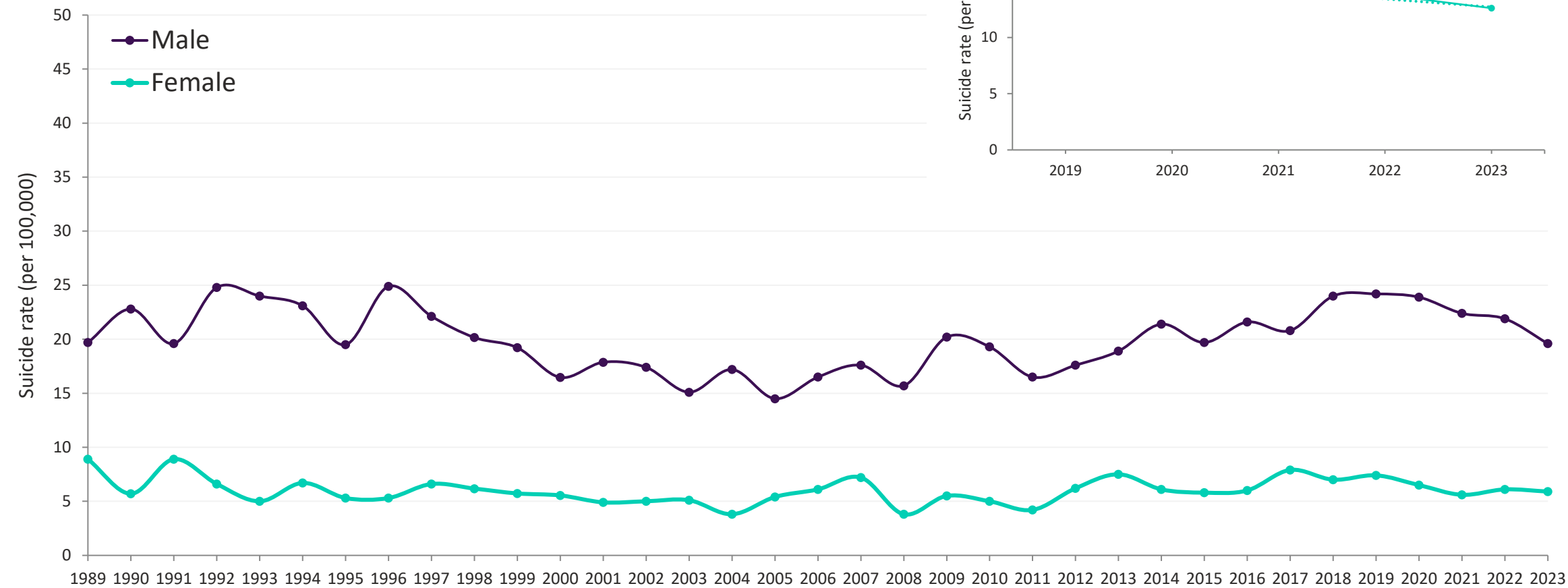


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.

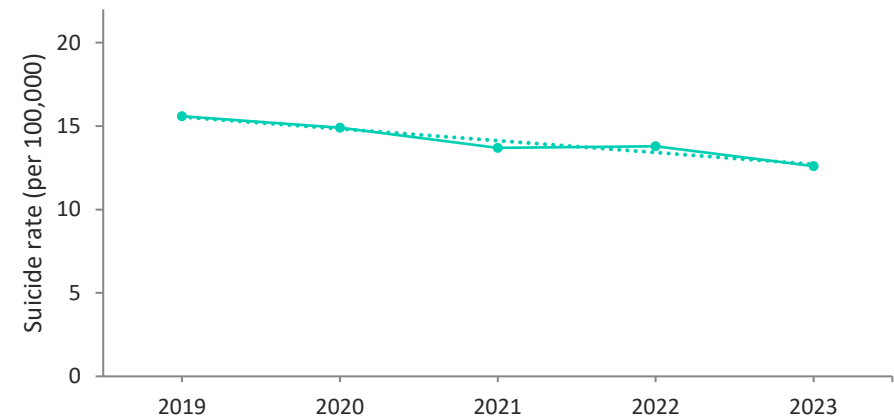


60-64 year olds

Age-specific suicide rates 1989-2023



Five year trend (persons)
60 – 64 year olds

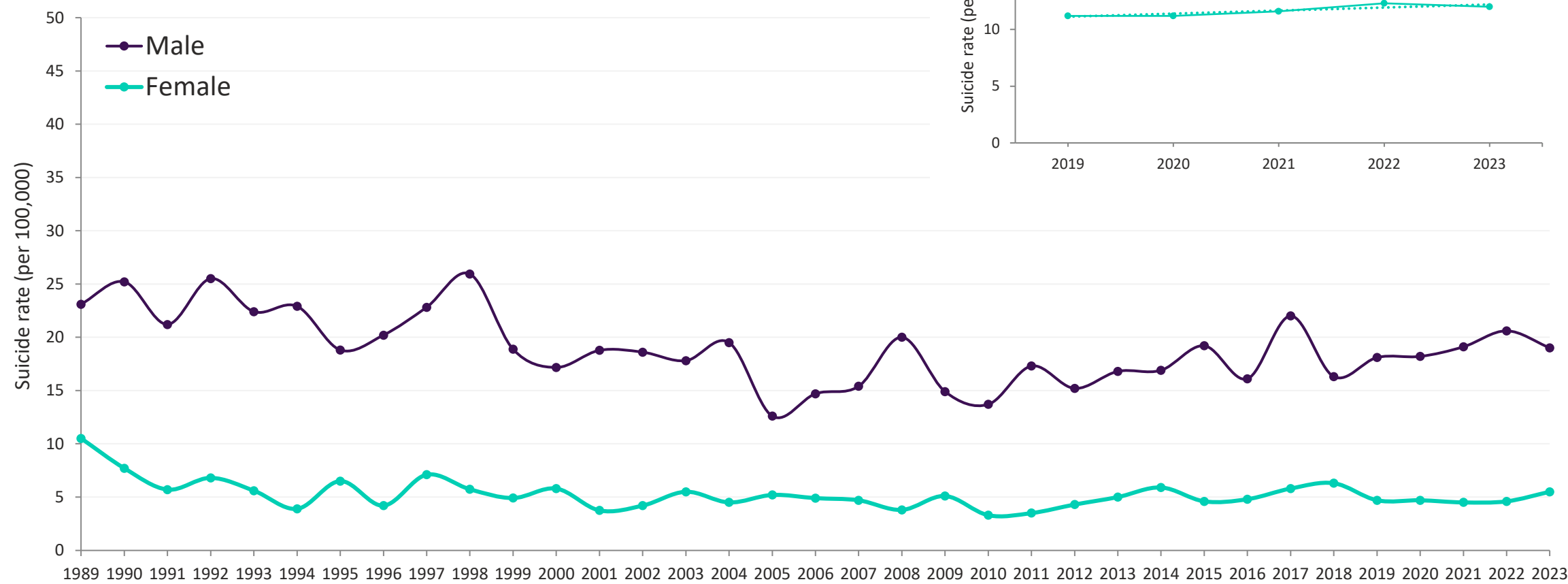


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.

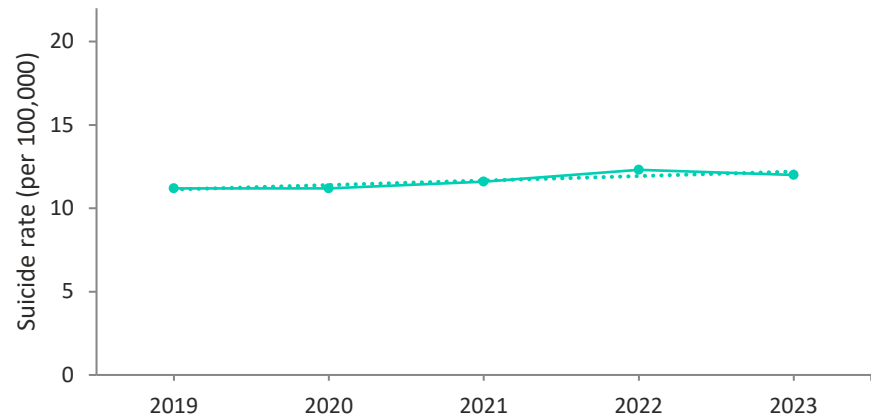


65-69 year olds

Age-specific suicide rates 1989-2023



Five year trend (persons)
65 – 69 year olds

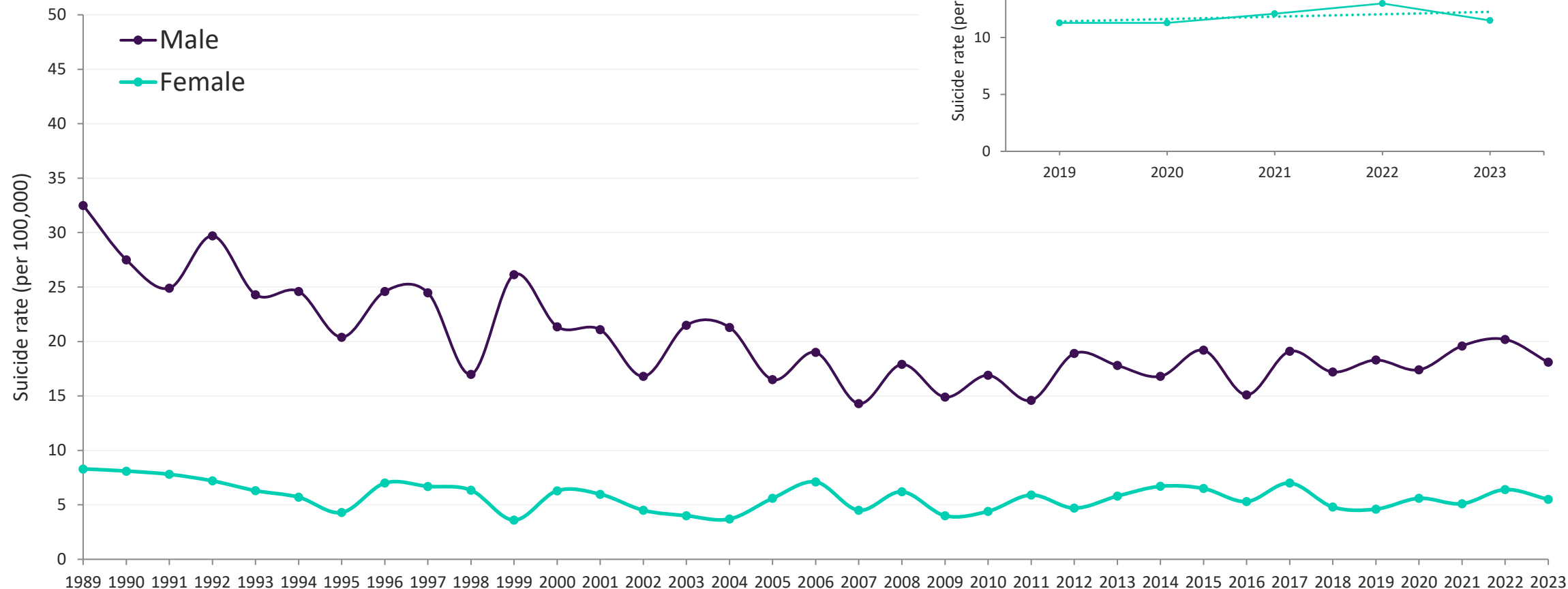


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.

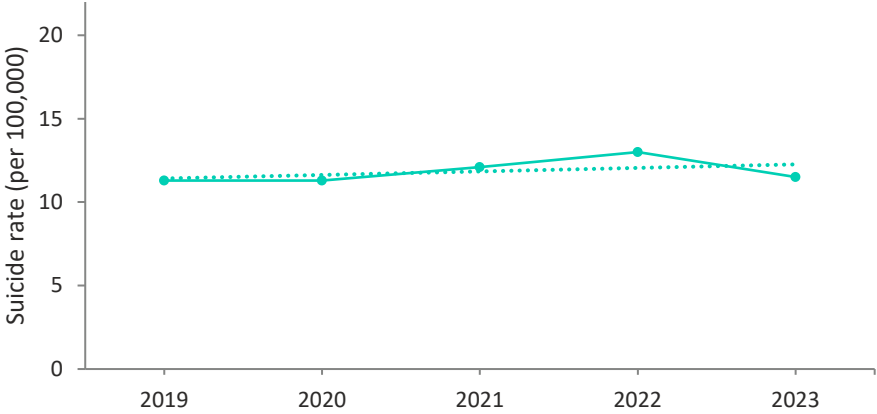


70-74 year olds

Age-specific suicide rates 1989-2023



Five year trend (persons)
70 – 74 year olds

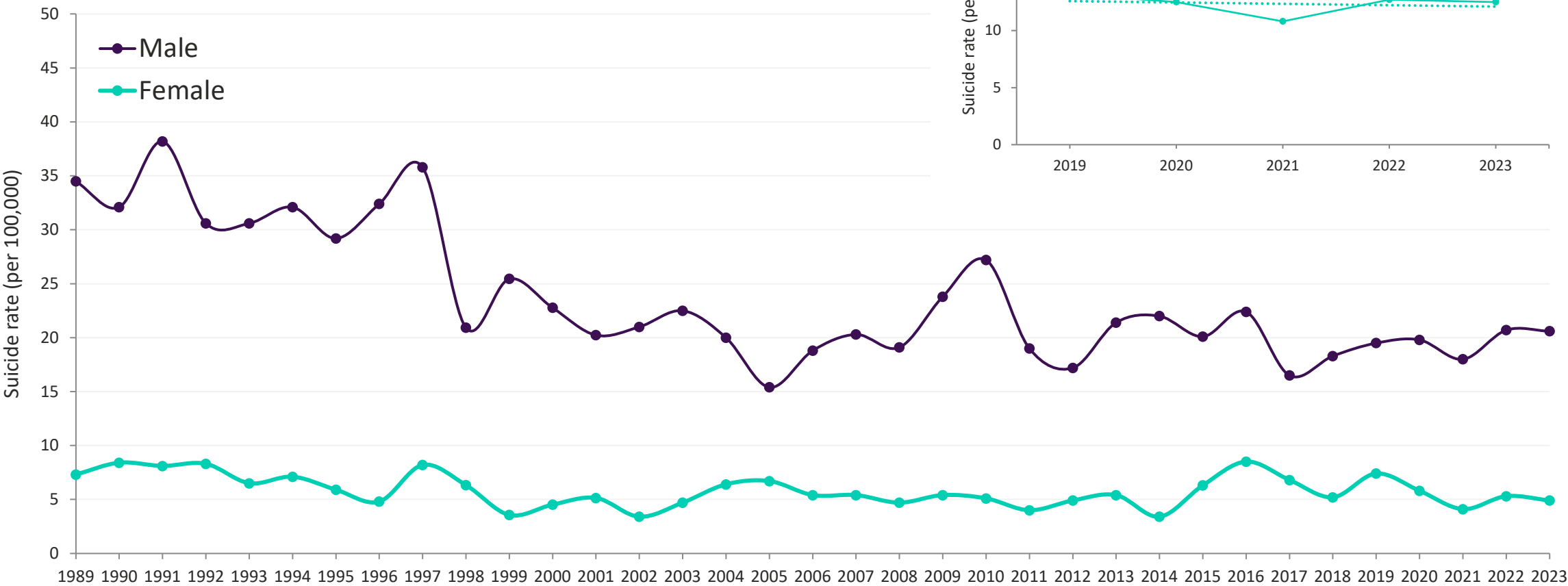


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



75-79 year olds

Age-specific suicide rates 1989-2023



Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.

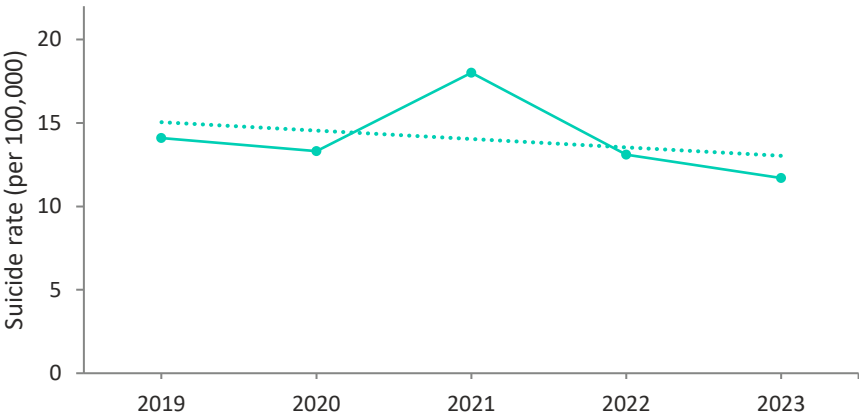


80-84 year olds

Age-specific suicide rates 1989-2023



Five year trend (persons)
80 – 84 year olds

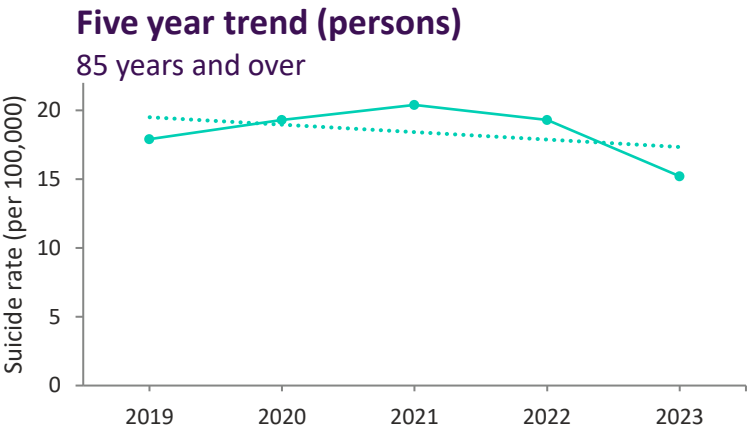
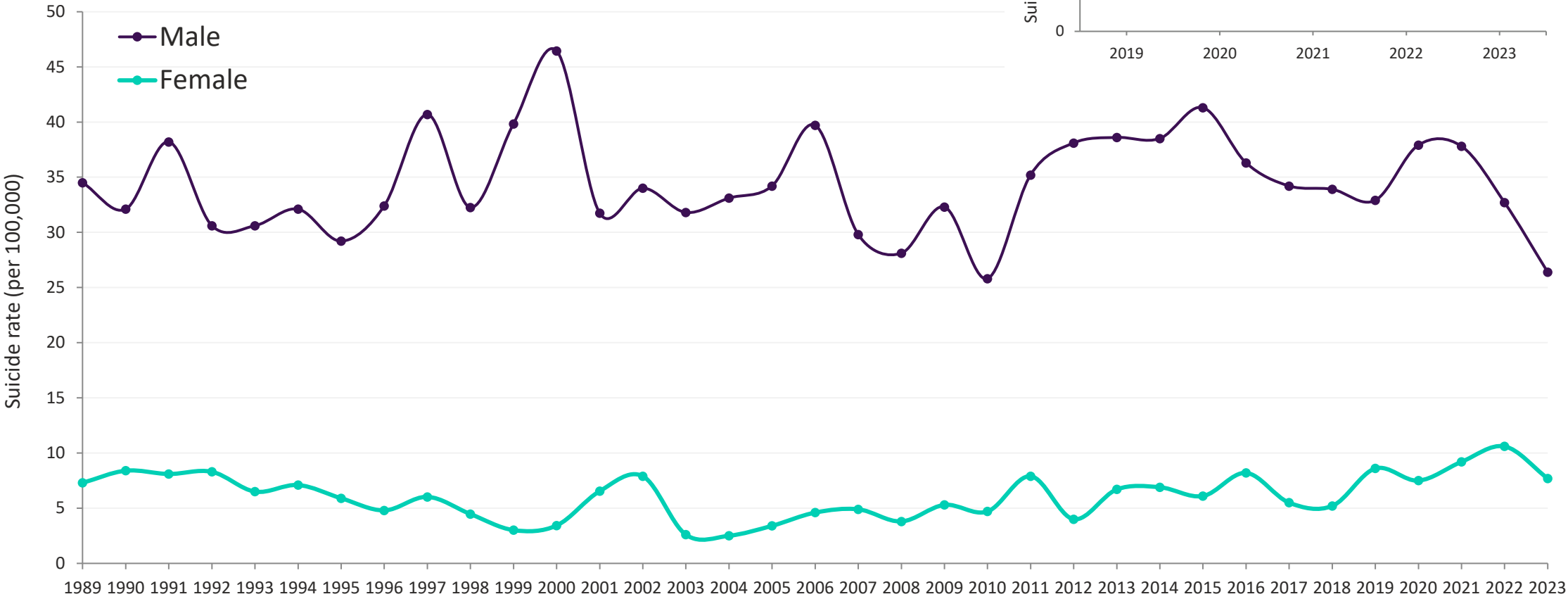


Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.
Female 2008 data not reportable at time of finalisation.



85+ year olds

Age-specific suicide rates 1989-2023



Note: 2013 – 2020 data are final. 2021 data have been subject to revision; 2022 data are preliminary revised; and 2023 data are preliminary.



Risk factors

- This data is able to highlight some risk factors associated with a death by suicide, which could include mental health conditions, chronic diseases or psychosocial risk factors. Since 2020, this has also included issues related to the COVID-19 pandemic.
- It is important to note that no one single factor causes a person to die by suicide. Understanding risk factors provides insight into the range of factors that may have contributed to these deaths.
- The capture of information on associated causes of death is reliant on the documentation available for any given death. The associated factors presented here reflect information contained within reports available on the National Coronial Information System (NCIS) and do not necessarily reflect all factors associated with all suicide deaths.
- It is important to recognise that the presence of one or more risk factors in a person's life does not indicate the presence of suicidal behaviour.



Risk factors

- In 2023, **83.3%** of people who died by suicide had at least one risk factor reported, with an average of four factors mentioned.
- The types of risk factors experienced by a person can vary across their life. Mood disorders (including depression) were the most common risk factor overall, and in those aged between 25 and 84 years. Limitations of activities due to illness and disability continues to be the most common risk factor for those aged 85 years and over.

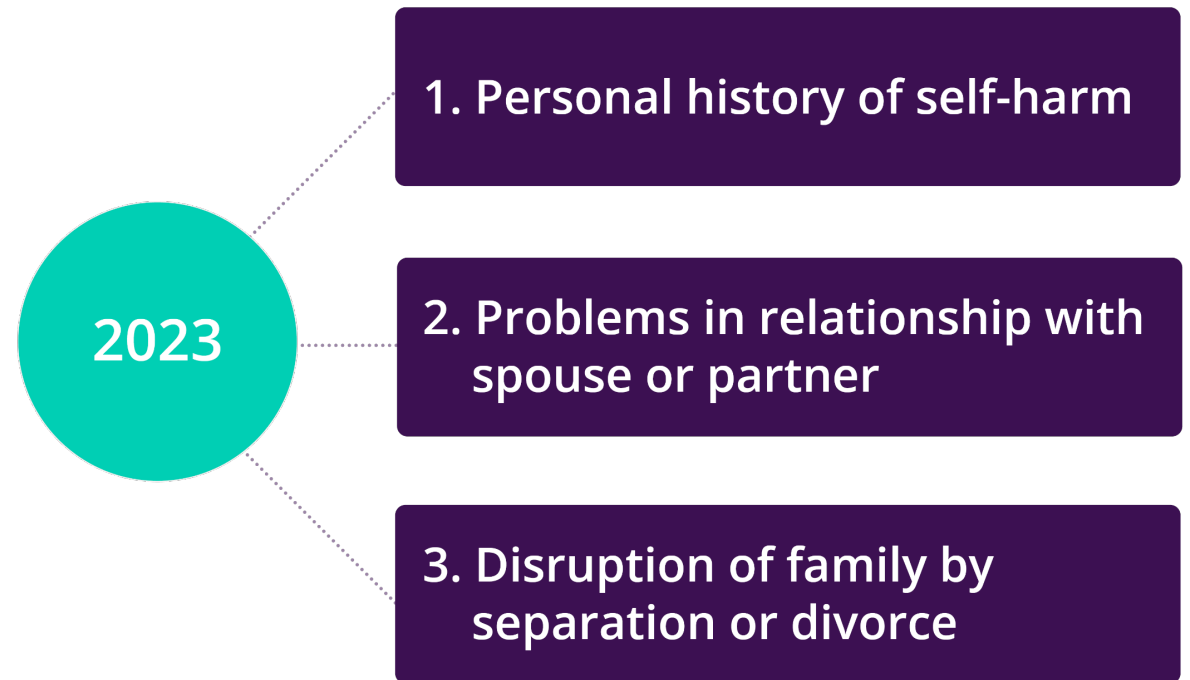
Most commonly reported risk factors across all ages in 2023:

- Mood disorders (including depression) (**37.5%**)
- Suicide ideation (shared thoughts with others) (**29.5%**)
- Problems in spousal relationship circumstances (**23.7%**)
- Personal history of self-harm (**21.3%**)
- Anxiety and stress related disorders (**19.3%**).



Psychosocial risk factors

- Psychosocial risk factors are social processes and social structures that can interact with a person's thoughts, behaviour or health.
- In 2023, **67.4%** of suicide deaths (**66.5%** for males and **70.1%** for females) in Australia at least one psychosocial risk factor reported.
- Psychosocial risk factors associated with suicide were largely age dependent and differed throughout the lifespan.



Three most common psychosocial factors associated with suicide for those aged 5-24 years, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	61	22.4	Personal history of self-harm	53	44.2
Disruption of family by separation or divorce	30	11.0	Disruption of family by separation or divorce	16	13.3
Problems in relationship with spouse or partner	27	9.9	Problems in relationship with spouse or partner	12	10.0

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Three most common psychosocial factors associated with suicide for those aged 25-34 years, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	93	20.4	Personal history of self-harm	48	33.1
Disruption of family by separation or divorce	83	18.2	Problems in relationship with spouse or partner	30	20.7
Problems in relationship with spouse or partner	82	18.0	Disruption of family by separation or divorce	29	20

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Three most common psychosocial factors associated with suicide for those aged 35-44 years, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Problems in relationship with spouse or partner	87	20.4	Personal history of self-harm	42	29.2
Personal history of self-harm	87	18.2	Problems in relationship with spouse or partner	26	18.1
Disruption of family by separation or divorce	71	18.0	Disruption of family by separation or divorce	17	11.8

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Three most common psychosocial factors associated with suicide for those aged 45-54 years, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Disruption of family by separation and divorce	78	17.6	Personal history of self-harm	45	30.8
Problems in relationship with spouse or partner	71	16.1	Problems in relationship with spouse or partner	17	11.6
Personal history of self-harm	64	14.5	Death of a family member or person in a primary support network	17	11.6

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Three most common psychosocial factors associated with suicide for those aged 55-64 years, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	65	17.3	Personal history of self-harm	40	37.4
Disruption of family by separation or divorce	54	14.4	Death of a family member or person in primary support network	15	14.0
Death of a family member or person in primary support network	35	9.3	Limitation of activities due to disability	12	11.2

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Three most common psychosocial factors associated with suicide for those aged 65 years and over, 2023

Males	Number	Proportion*	Females	Number	Proportion*
Limitation of activities due to disability	107	25	Limitation of activities due to disability	36	27.1
Death of a family member or person in primary support network	58	13.6	Personal history of self-harm	30	22.6
Personal history of self-harm	57	13.3	Death of a family member or person in primary support network	18	13.5

**Refers to proportion of suicides with one or more associated psychosocial factors.*



Suicide risk factors by remoteness

Over 28% of Australia's population live in regional and remote areas, where suicide rates are higher than rates in Australia's major cities.

Factors contributing to elevated suicide rates in regional and remote Australia are multifaceted and may be influenced by social, economic, health and environmental conditions specific to these regions.

For those who died by suicide in the five-year period 2019-2023:

- People living in major cities were more likely to have a specific mental health condition recorded (45.2%) compared to those in remote and very remote Australia (30.8%).
- Alcohol and other drug use was most commonly mentioned as a risk factor for those living in remote and very remote Australia. For example, Acute alcohol use and intoxication mentioned in 36.3% of suicides; acute psychoactive substance use and intoxication mentioned in 28.9% of suicides.
- Problems related to employment or housing were more common in major cities and inner regional areas.



Suicide in the COVID-19 pandemic

Since the beginning of the COVID-19 pandemic (2020-2023), there have been **504** people who died by suicide, who had the COVID-19 pandemic mentioned in either a police, pathology or coronial finding report. This represents **3.9%** of all suicides during the 2020-2023 period.

In 2023, **29** people who died by suicide had the COVID-19 pandemic identified as a risk factor.

For most people with issues relating to the COVID-19 pandemic, it did not appear as an isolated risk factor. They had an average of **7.4 risk factors** mentioned including 3.7 psychosocial risk factors.

For the 29 people who died by suicide in 2023 with issues relating to COVID-19 as a risk factor:

- 44.8% also had problems related to employment or unemployment
- 41.4% also had a mood disorder (including depression)
- 37.9% also had anxiety and stress related disorders
- 34.5% also had problems related to social environment
- 31.0% also experienced suicidal ideation (thoughts).



Suicide by country of birth

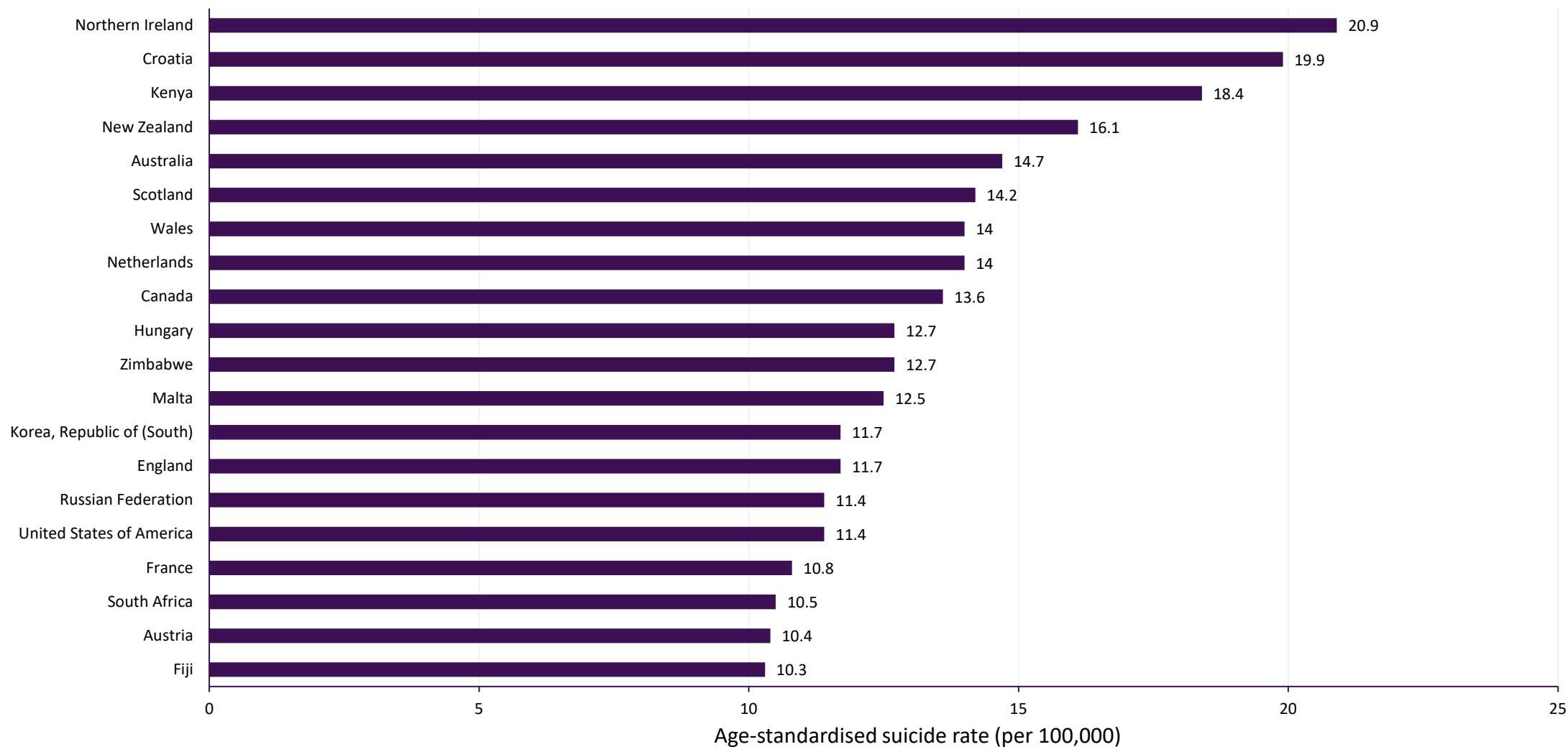
- People from culturally and linguistically diverse backgrounds may have unique experiences in relation to mental health concerns and suicide, including cultural and family views and how health services are accessed.
- Death registrations do not directly collect information on whether a person was part of a multicultural community. Data items from the death registration, which can provide some indication of cultural and linguistic diversity are country of birth and years of residence in Australia.
- While these two variables do not provide complete information on suicide for people of culturally and linguistically diverse backgrounds, they do provide some additional insights into suicide in Australia.

For the five-year period 2019 to 2023:

- People who were born in Australia had an age-standardised rate of **14.7 deaths per 100,000** people.
- People who were born overseas had an age-standardised rate of **8.4 deaths per 100,000** people.
- People born in Northern Ireland, Croatia, Kenya and New Zealand had a higher suicide rate than those born in Australia.



Age-standardised suicide rate by country of birth, 2019-2023



Note: Country of birth uses the Standard Australian Classification of Countries (SACC).



Key terms

Throughout this summary, **rates** are used to describe patterns and trends in the data. Alongside the number of suicide deaths, they help us to better understand and compare suicidal behaviours in different groups and over time.

Crude rates

A crude rate is the number of deaths divided by the population times 100,000.

$$\left(\frac{\text{Number of suicide deaths}}{\text{Number of people in the population}} \right) \times 100,000$$

Crude rates do not account for population differences, such as proportions of people of different ages ('age structures'), when comparing different groups.

Age-specific rates

Age-specific rates are used to measure how many deaths occurred in a specific age group.

This is calculated by dividing the number of suicide deaths in a particular age group by the total number of people in the specific age group.

$$\left(\frac{\text{Number of suicide deaths in age group}}{\text{Number of people in the population age group}} \right) \times 100,000$$

Age-standardised rates

Age-standardised rates use a formula to calculate a rate that reflects a 'standard' age structure of the population. This is useful to be able to make fairer comparisons between groups or populations over time.

It is best to use age-standardised rates when comparing populations with different age groups, for example, male and female if possible.



Data sources

This summary is based on data derived from the Australian Bureau of Statistics' Causes of Death release on Intentional self-harm.

abs.gov.au/statistics/health/causes-death

This data will also form part of the Australian Institute of Health and Welfare's Suicide and Self-harm Monitoring System and should be taken in context with other data sources.

aihw.gov.au/suicide-self-harm-monitoring



Support services

Lifeline

13 11 14 | Text 24/7 0477 13 11 14 | lifeline.org.au

13YARN

13 92 76 | 13yarn.org.au

Aboriginal and Torres Strait Islander service 24/7

Suicide Call Back Service

1300 659 467 | suicidecallbackservice.org.au

Beyond Blue

1300 224 636 | forums.beyondblue.org.au

StandBy Support After Suicide

1300 727 247 | standbysupport.com.au

QLife

1800 184 527 | qlife.org.au

LGBTIQ+ service available 3pm - midnight

MensLine Australia

1300 789 978 | mensline.org.au

Youth

Kids Helpline 1800 551 800 | kidshelpline.com.au

headspace 1800 650 890 | headspace.org.au

ReachOut reachout.com.au

Other resources

Head to Health national mental health website
headtohealth.gov.au

SANE online forums

saneforums.org | 1800 187 236 (10am-10pm)

Embrace Multicultural Mental Health

embracementalhealth.org.au

National Alcohol and other Drug Hotline

1800 250 185

National Gambling Helpline

1800 858 858 | gamblinghelponline.org.au





Life in Mind

Life in Mind is a knowledge exchange portal providing translated evidence, policy, data and resources in suicide prevention, and host of the *National communications charter (the Charter)*.

Life in Mind connects those working directly and indirectly in suicide prevention to evidence, information and resources to promote best practice in suicide prevention. Additionally, *Life in Mind* links communities and the sector to help-seeking information, connecting them to the support they need.

lifeinmind.org.au