



Australian national suicide data 2022

(Australian Bureau of Statistics,
Causes of Death, 2022)

Released 27 September 2023

An  EVERYMIND program



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About this summary

- This summary was prepared by Everymind using the Australian Bureau of Statistics (ABS) Causes of Death (*Catalogue No. 3303.0*) data, released 27 September 2023. 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. The reasons individuals take their own life are often complex; there is no single reason why a person attempts or dies by suicide.
- Media and communications professionals accessing this summary are reminded to be responsible and accurate when communicating about suicide, as there is potential risk to people in the community who may be vulnerable to suicide. Context is therefore important. Resources to support reporting and professional communication are available at mindframe.org.au/suicide
- 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



Notes about using statistics

- ABS advises that care should be taken in comparing 2022 data with:
 - Previous years, as some data has been subject to quality improvement processes
 - Pre-2006 data, as this data was not subject to the revision process.
- From 2022, Causes of Death data is presented by the year the death was registered. This represents a change from previous years where data was presented by the reference year. This change has been applied from 2013 onwards.
- In 2022, the process for identifying Aboriginal and Torres Strait Islander deaths in NSW has improved. Comparisons with previous years should be made with caution.
- 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 2022 preliminary data, 2021 preliminary revised data and 2020 revised data. Data for 2013 to 2019 are considered final. Final data for 2020, revised data for 2021, and preliminary revised data for 2022 will be released in early 2024.



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 (e.g. male and females) if possible.



General summary

2022

In 2022, there were **3,249** deaths by suicide with an age-standardised rate of **12.3 per 100,000**.

This equates to an average of **8.9*** deaths by suicide in Australia each day.

There were **2,455** male deaths at an age-standardised rate of **18.8 per 100,000**.

There were **794** female deaths at an age-standardised rate of **5.9 per 100,000**.

2021

In 2021, there were **3,166** deaths by suicide with an age-standardised rate of **12.1 per 100,000**.

This equates to an average of **8.7*** deaths by suicide in Australia each day.

There were **2,375** male deaths at an age-standardised rate of **18.3 per 100,000**.

There were **791** female deaths at an age-standardised rate of **6.1 per 100,000**.

2020

In 2020, there were **3,196** deaths by suicide with an age-standardised rate of **12.3 per 100,000**.

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

There were **2,420** male deaths at an age-standardised rate of **18.8 per 100,000**.

There were **776** female deaths at an age-standardised rate of **5.9 per 100,000**.

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

*** 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.*



General summary

- In 2022, there were **3,249** deaths compared to 3,166 deaths in 2021.
- The age standardised rate increased slightly from 2021 to 2022 (**12.3 per 100,000** in 2022, compared to 12.1 per 100,000 in 2021).
- The suicide rate for males increased by **2.6%** from 2021.
- The suicide rate for females decreased by **2.3%** from 2021.
- **Young and middle-aged** people were more likely to die by suicide than those in older age cohorts.

Female suicide deaths



Male suicide deaths

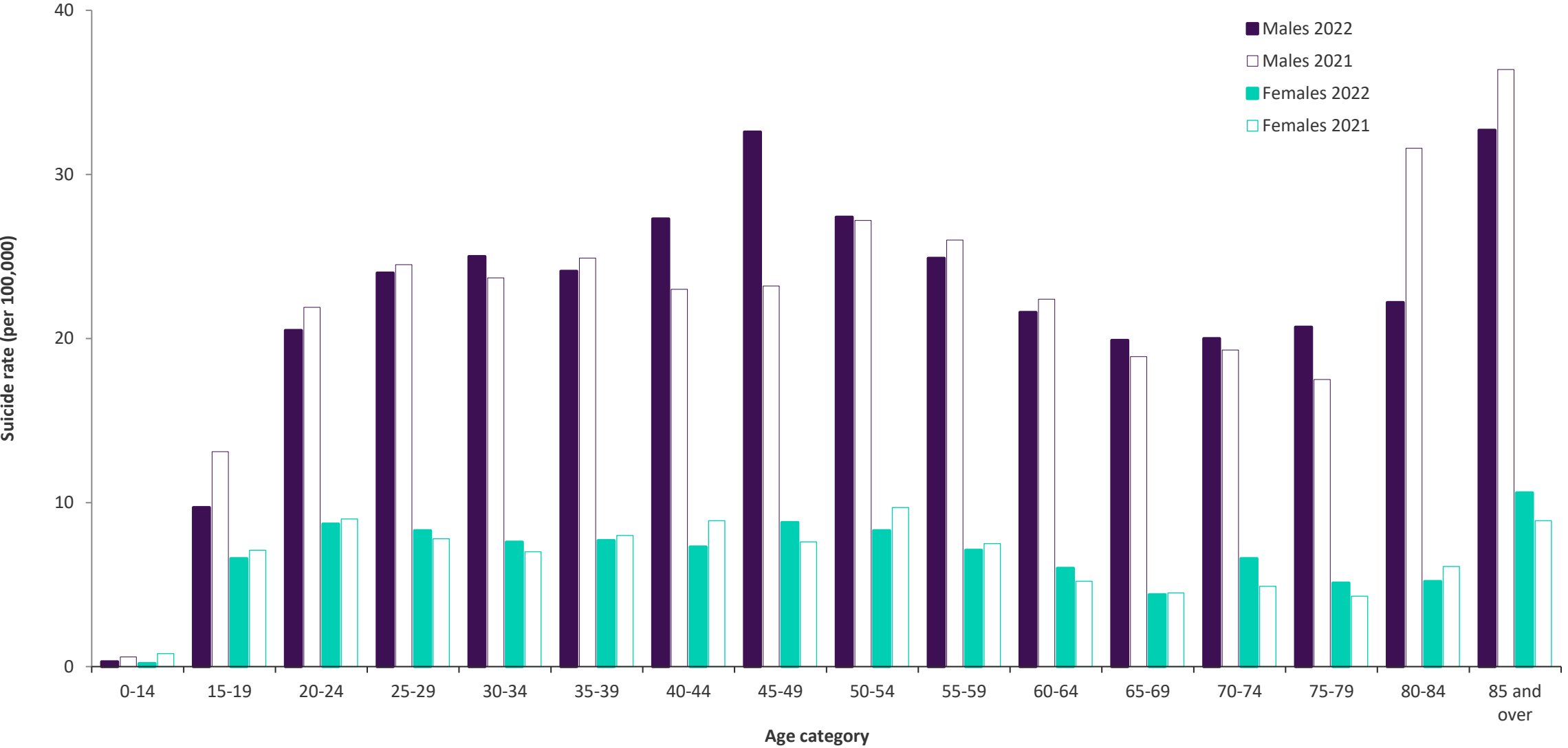


* Age-standardised rate per 100,000. ** Number of deaths.

2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

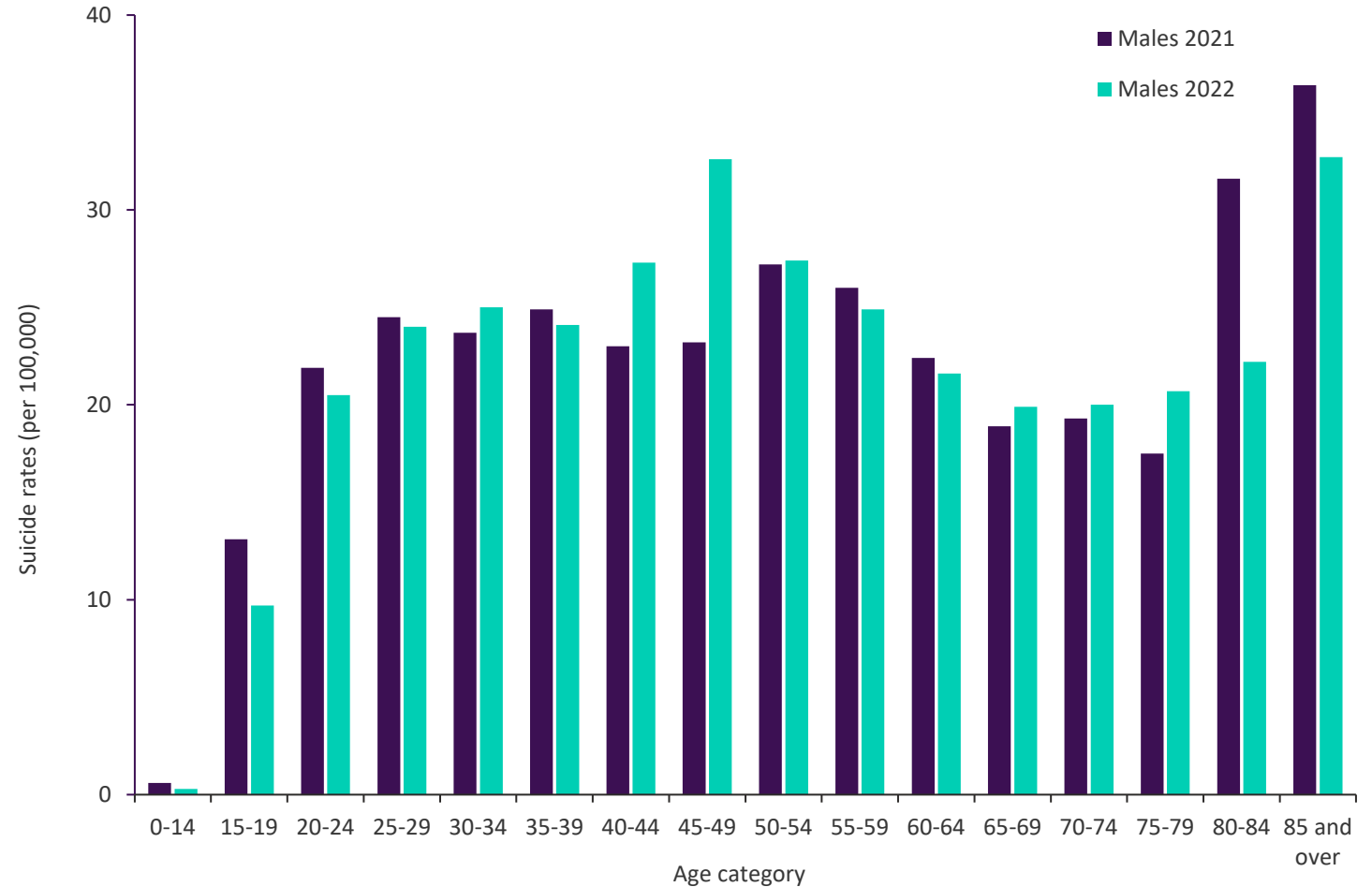


General summary: Age-specific suicide rates 2022



General summary: males

- Males aged over 85 years had the highest age-specific suicide rate and accounted for **2.9%** of suicides of males.
- Males aged between 45-49 years had the highest age-specific suicide rate of those aged under 85 years, accounting for the largest proportion of deaths due to suicide (**10.7%**).
- Males aged between 45-49 years had the largest increase in their age-specific suicide rate (up **9.4 deaths per 100,000**).
- Males aged between 80-84 years had the largest decrease in their age-specific suicide rate (down **9.4 deaths per 100,000**).



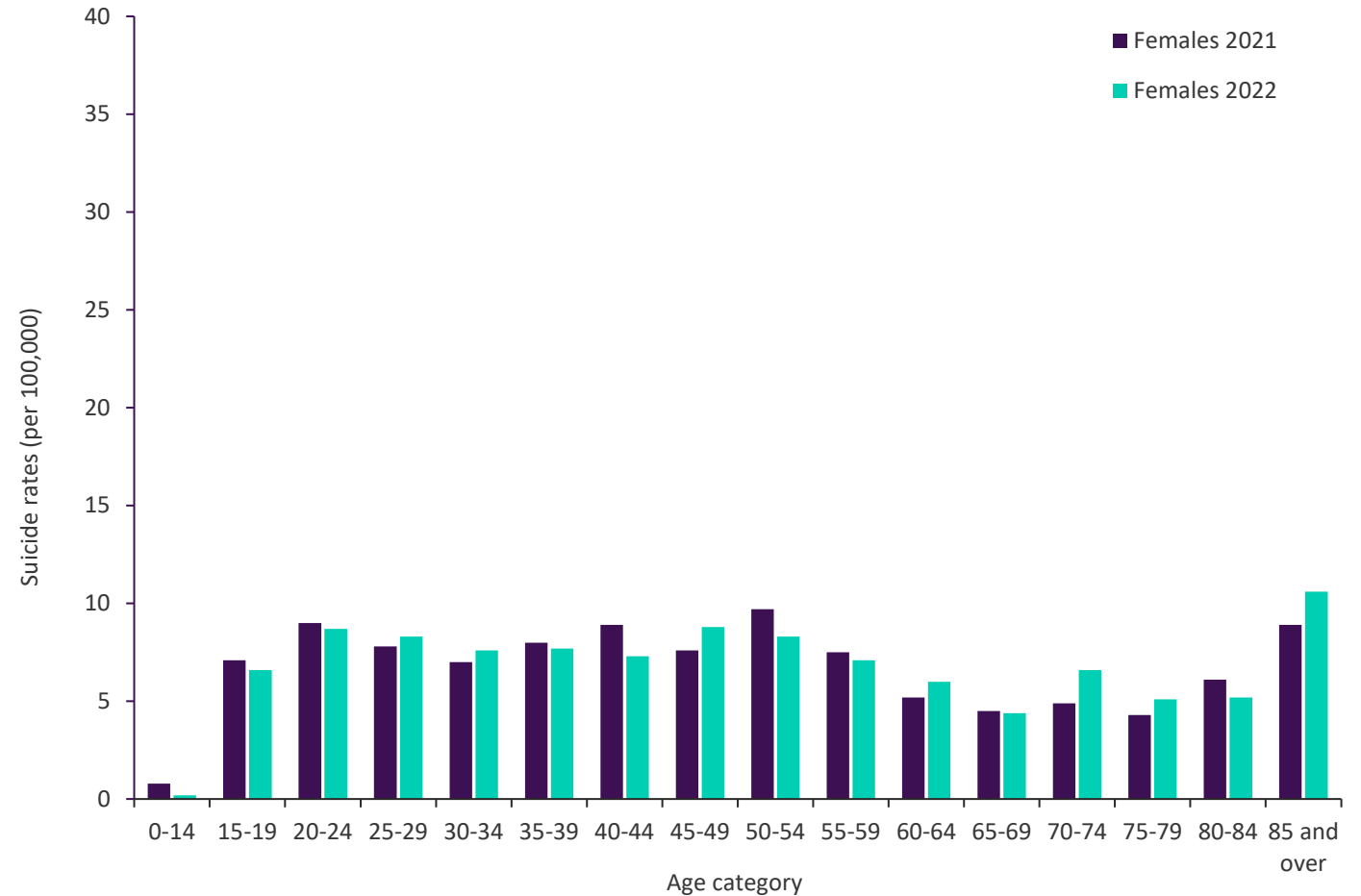
Age-specific rate per 100,000.

2021 data are preliminary revised; 2022 data are preliminary.



General summary: females

- In 2022, females aged over 85 years had the highest age-specific suicide rate for the first time since the beginning of the ABS mortality data time series (in 1968) with a rate of **10.6 per 100,000**.
- Females aged between 45-49 years had the highest age-specific suicide rate of females aged under 85 years (**8.8 deaths per 100,000**).
- Between 2021 and 2022, females aged between 70-74 years had the largest increase in their age-specific suicide rate (up **1.7 deaths per 100,000**).

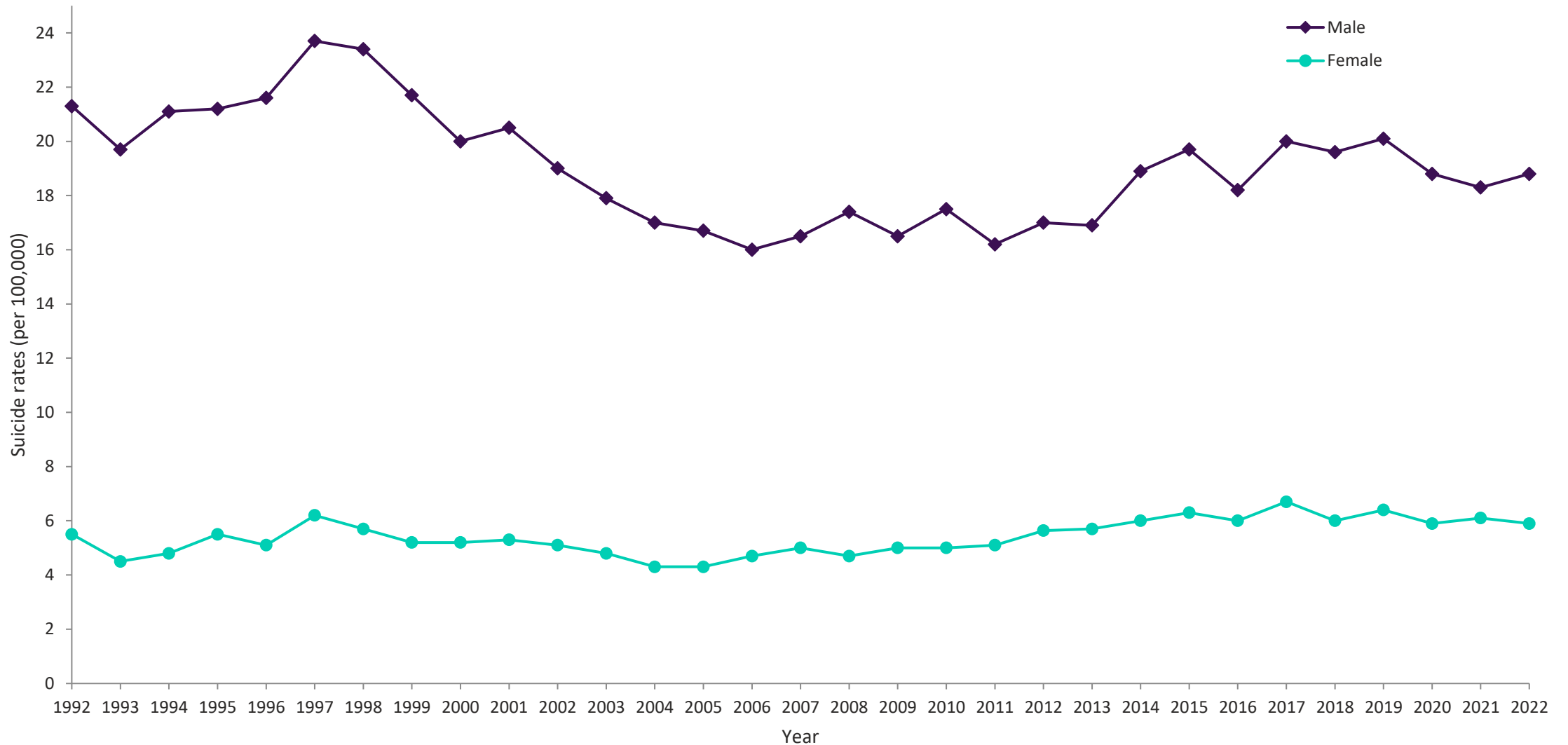


Age-specific rate per 100,000.

2021 data are preliminary revised; 2022 data are preliminary.



Age-standardised suicide rates (1992-2022)

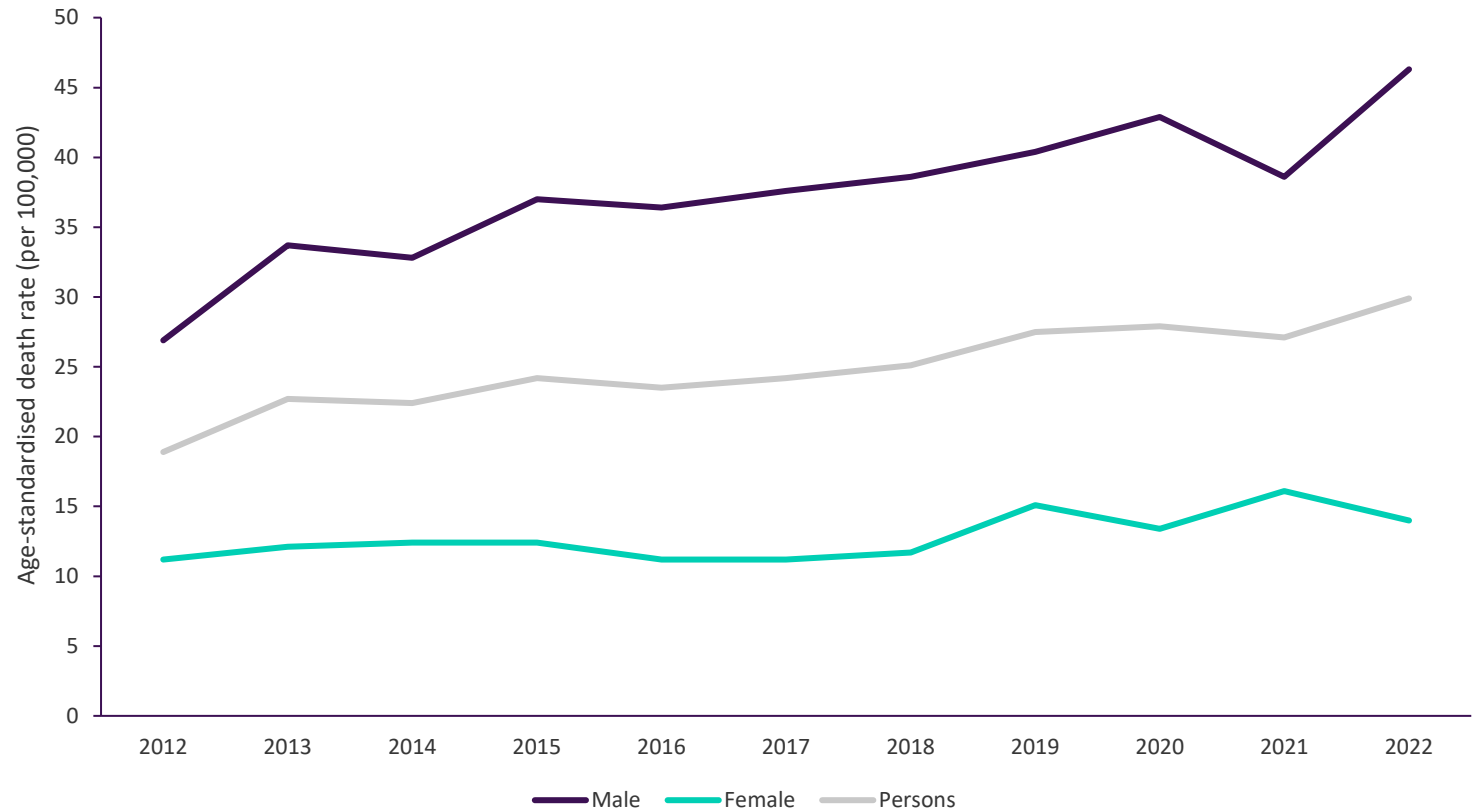


*2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.



Aboriginal and Torres Strait Islander people: National data

- In 2022, **239** Aboriginal and Torres Strait Islander people died by suicide.
- The median age of death was **33.4 years**.
- 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 **29.9 per 100,000**. This is the highest suicide rate in the 10-year time series.

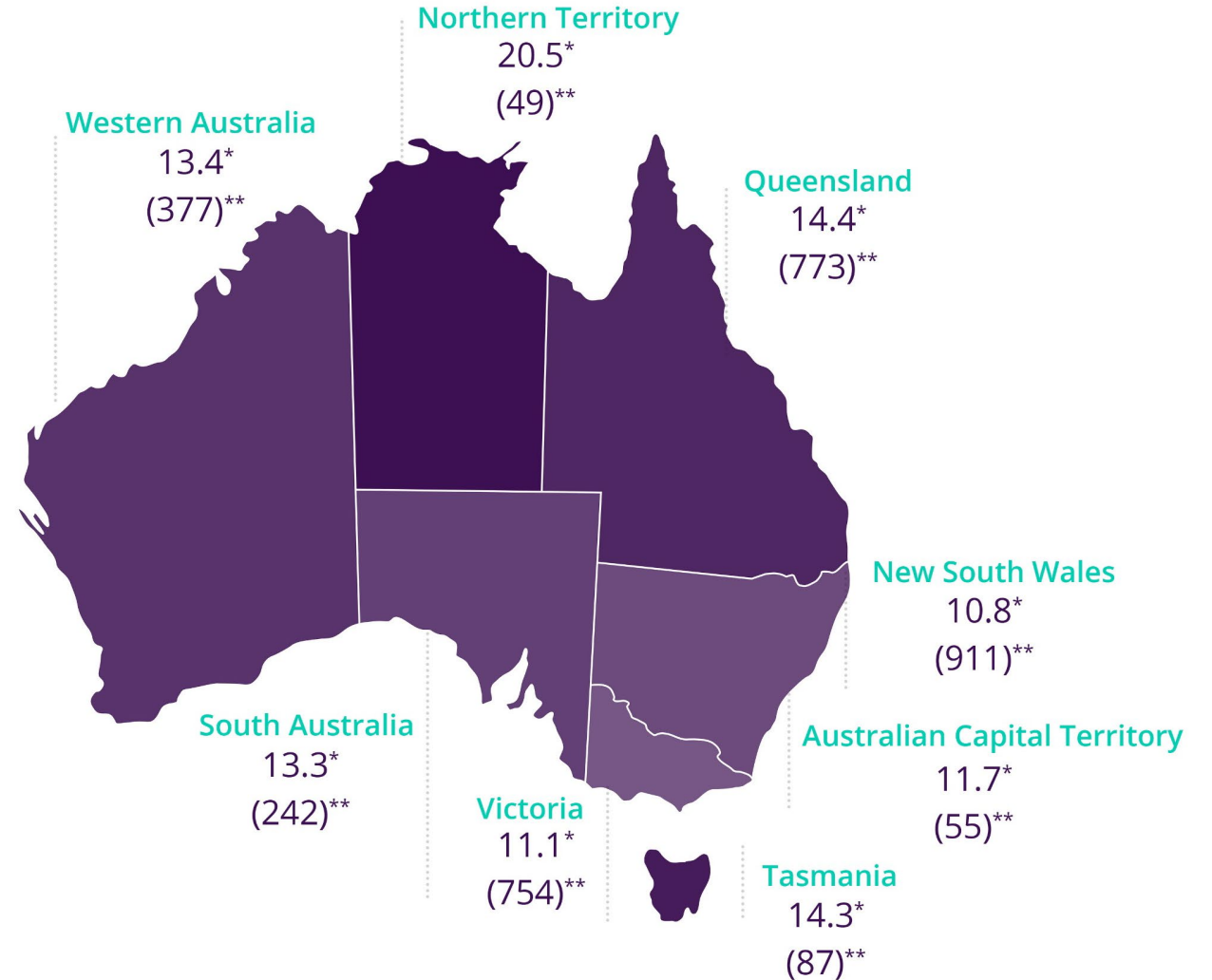


Note: Age-standardised suicide rates are compiled from the jurisdictions of NSW, QLD, WA, SA and NT.



State and territory summary

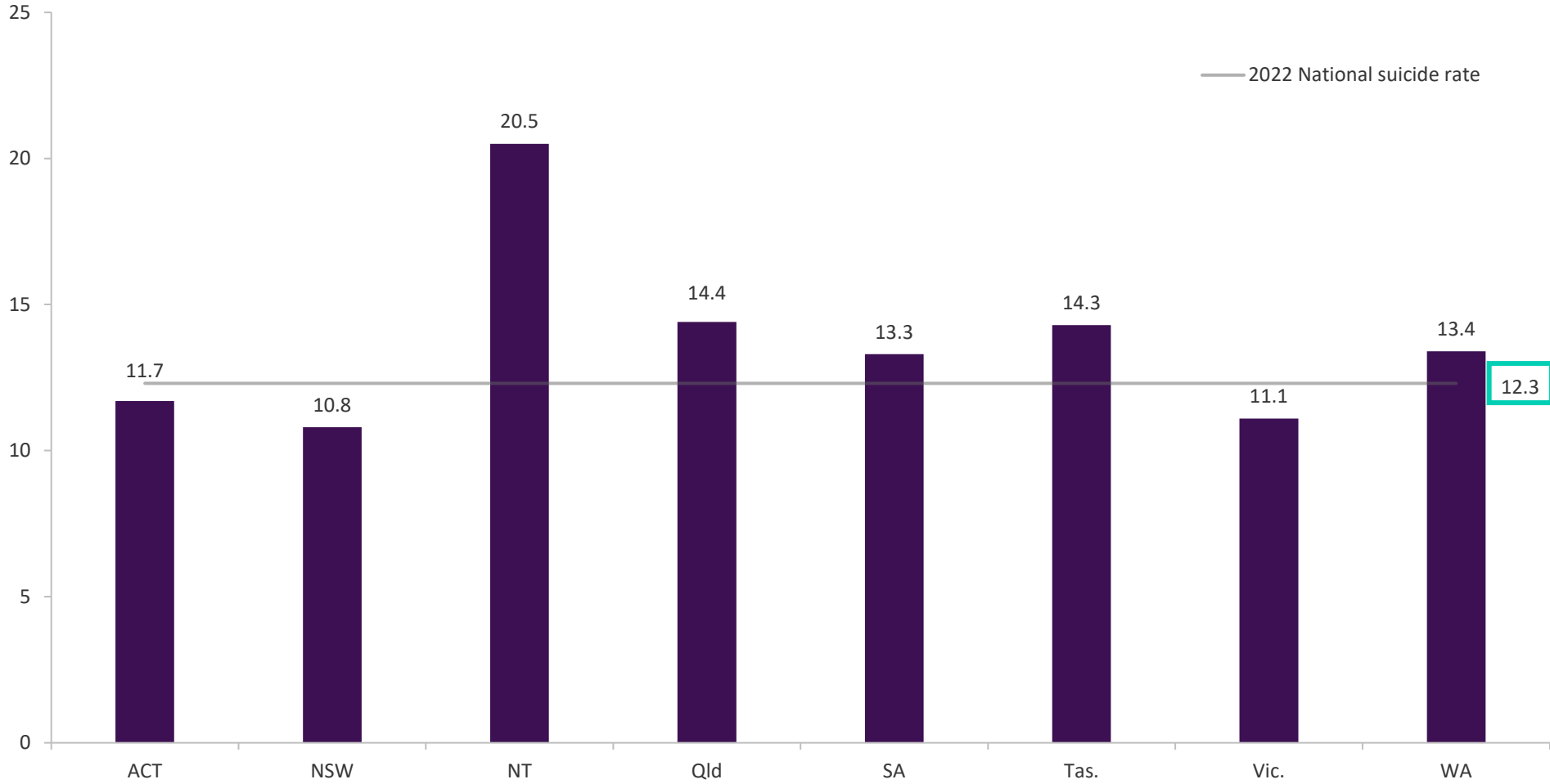
- Between 2021 and 2022, all states except Queensland, the Australian Capital Territory and Western Australia had an **increase** in the age-standardised suicide rate. New South Wales remained the same.
- **Three-quarters** of people who died by suicide had a usual residence of New South Wales (911), Queensland (773) or Victoria (754).
- The Northern Territory had the lowest number of people who died by suicide (49) but recorded the highest rate of suicide (**20.5 per 100,000 people**).



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



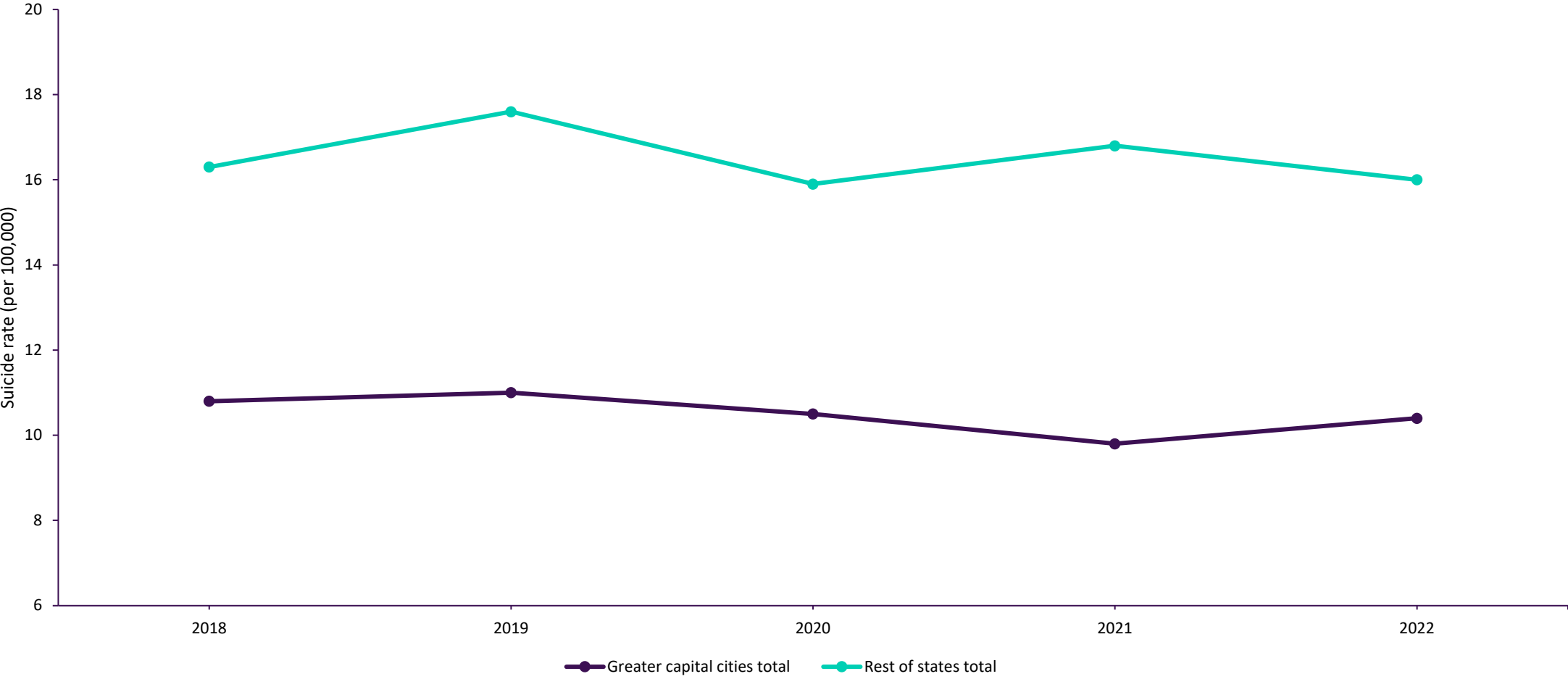
Age-standardised death rate by state and territory (2022)



2022 data are preliminary.



Greater capital cities total and rest of states total



**2018 and 2019 data are final and no longer revised; 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary*



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 **13** deaths by suicide among youth aged 0-14 years with an age-specific rate of **0.3 per 100,000**.
- There were **8** deaths among male youth in this age group at an age-specific rate of **0.3 per 100,000**.
- There were **5** deaths among female youth in this age group at an age-specific rate of **0.2 per 100,000**.

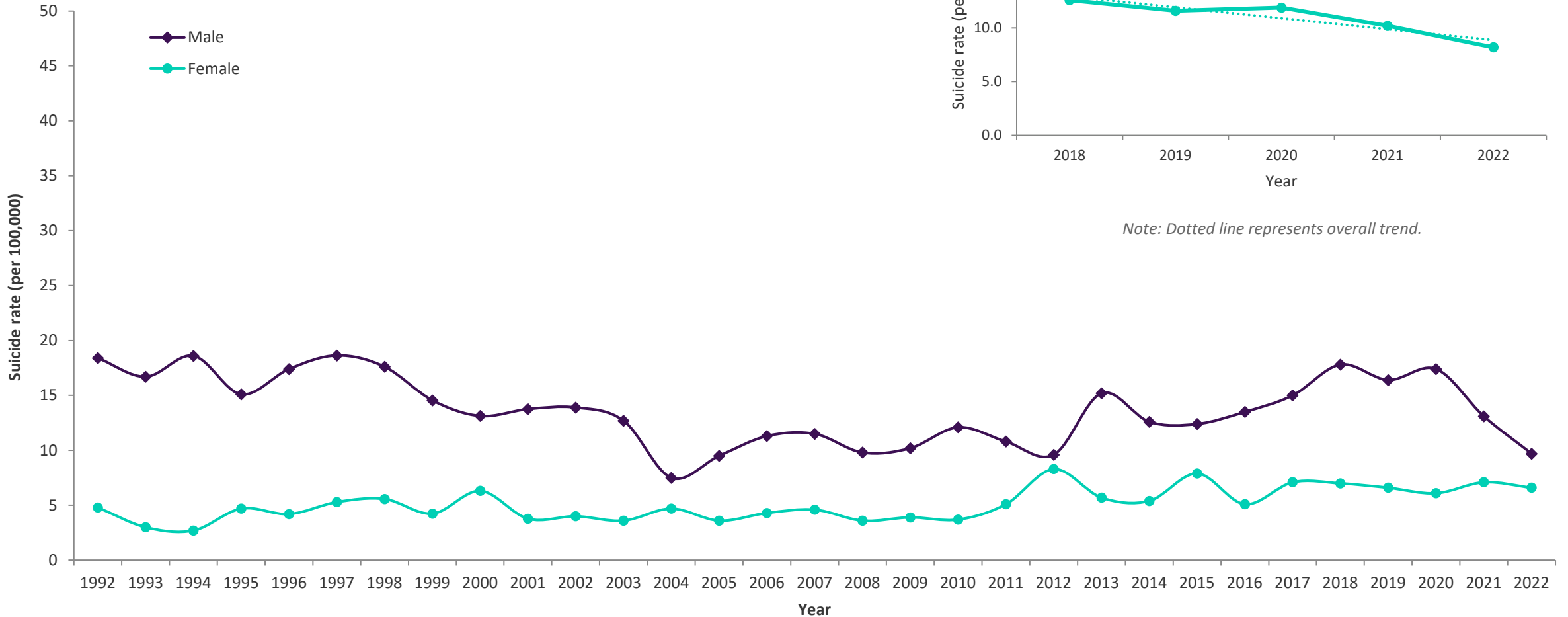


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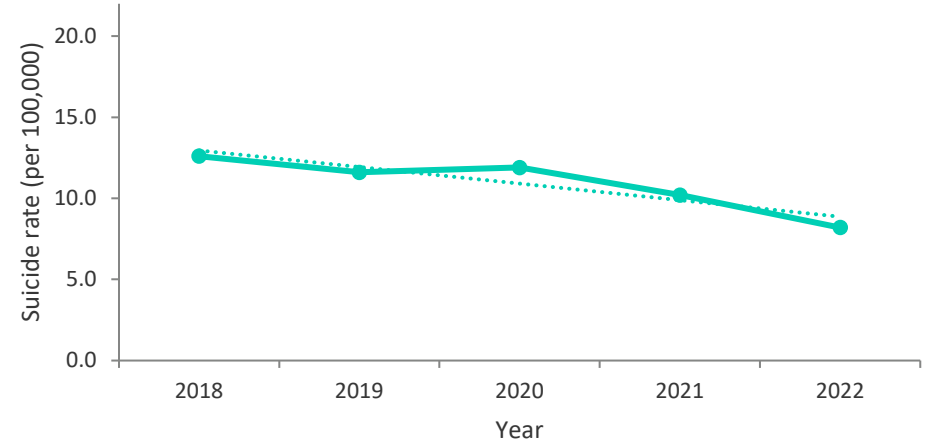


15-19 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined) 15 – 19 year olds



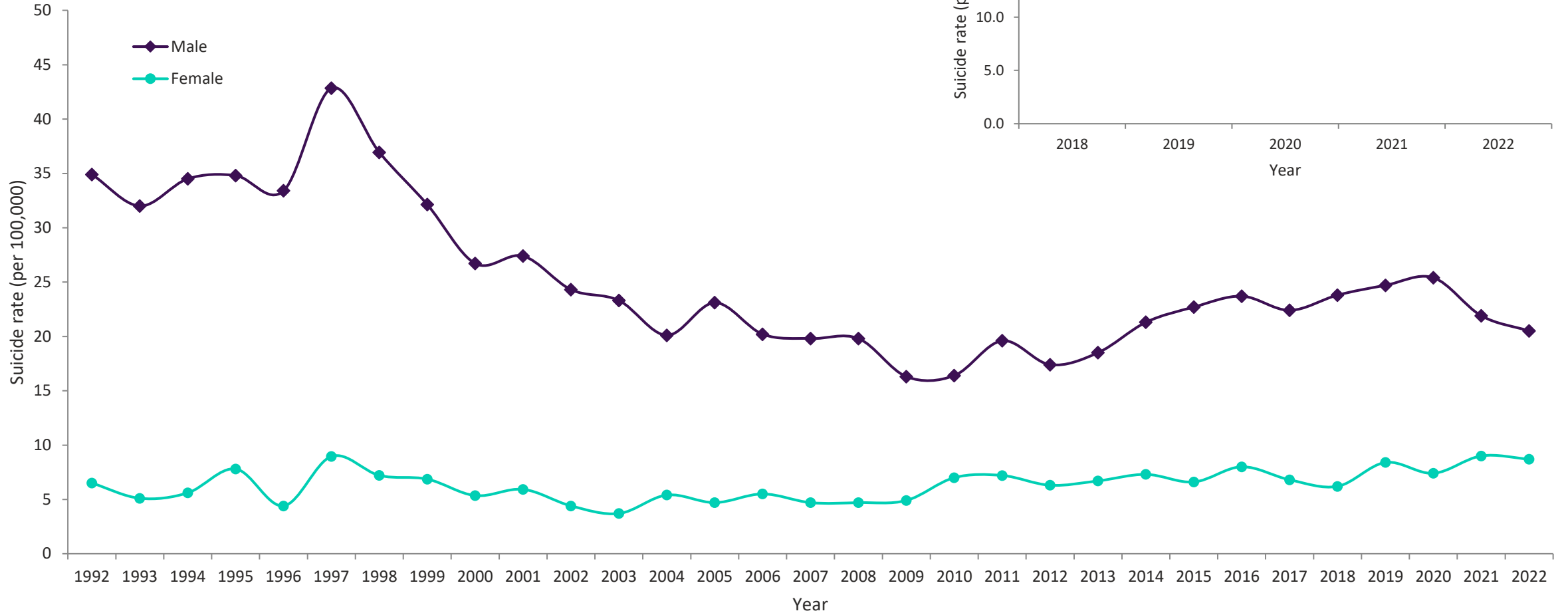
Note: Dotted line represents overall trend.

2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

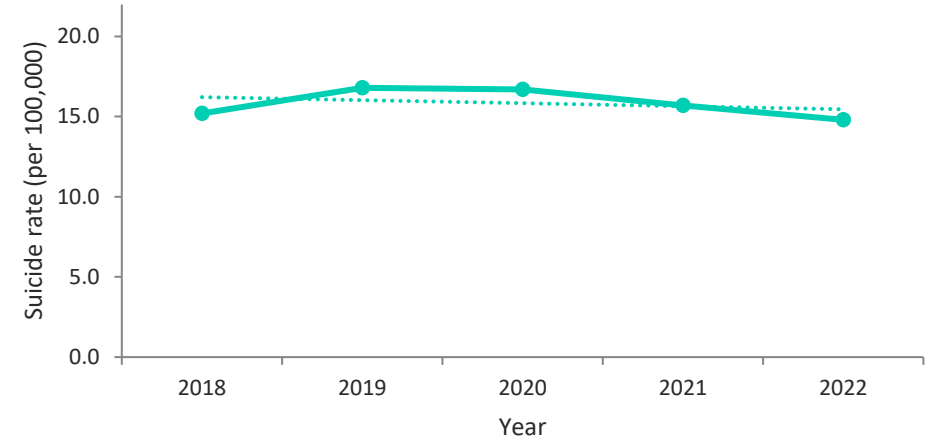


20-24 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
20 – 24 year olds

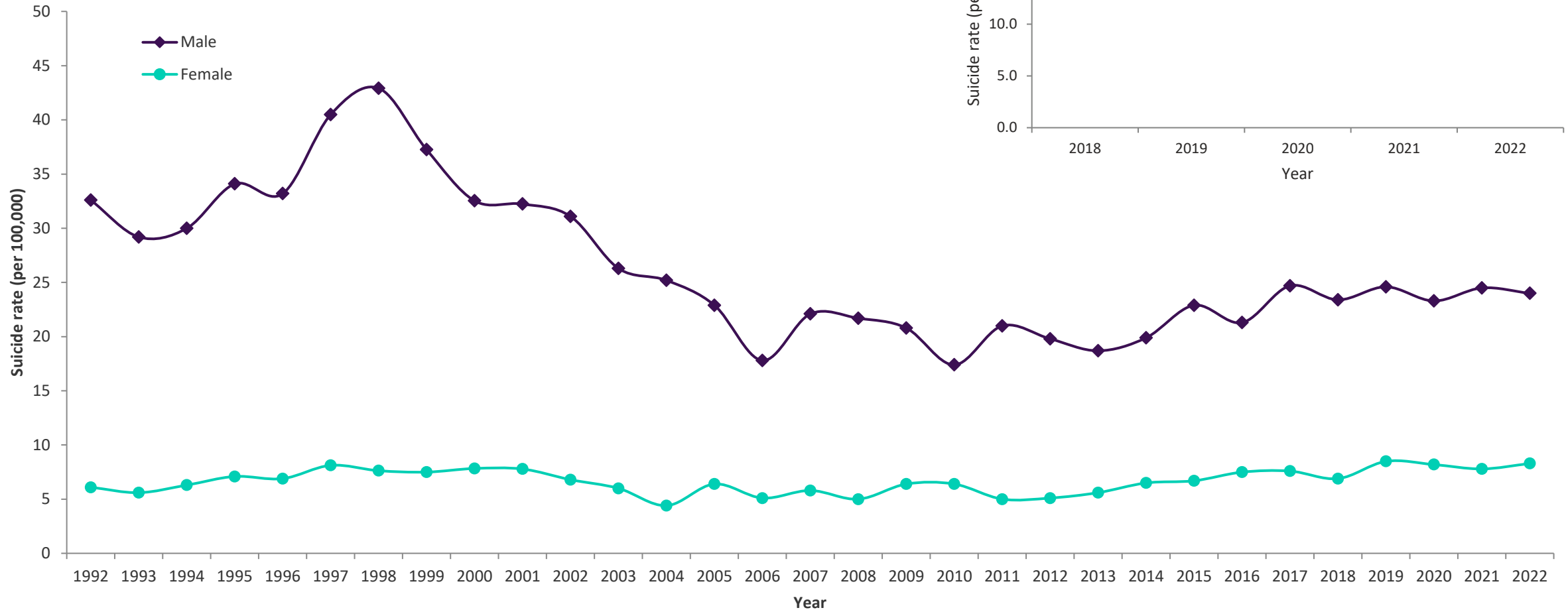


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25-29 year olds

Age-specific suicide rates 1989-2022

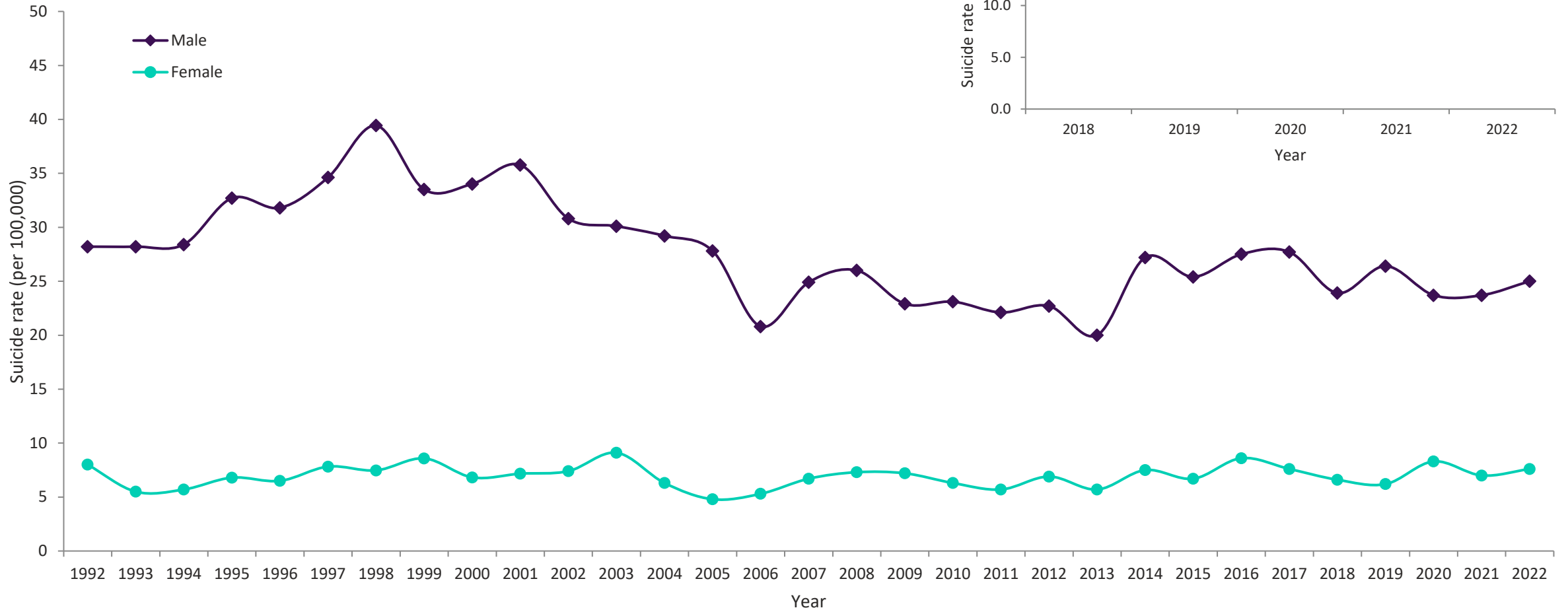


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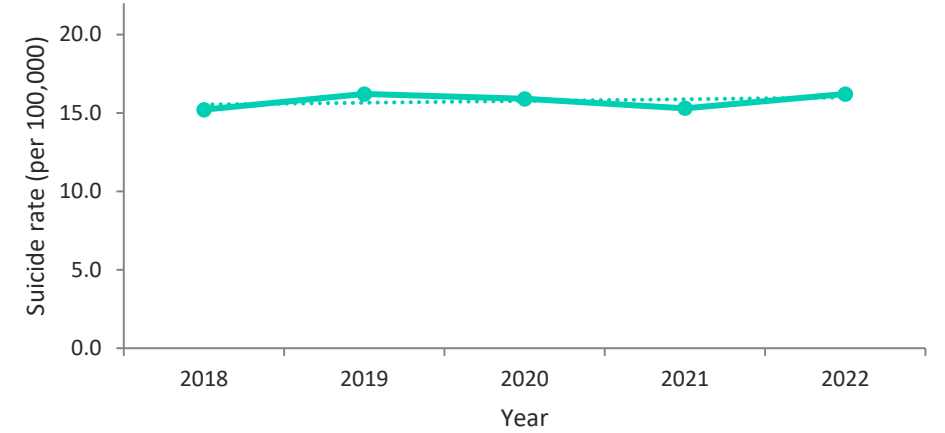


30-34 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
30 – 34 year olds

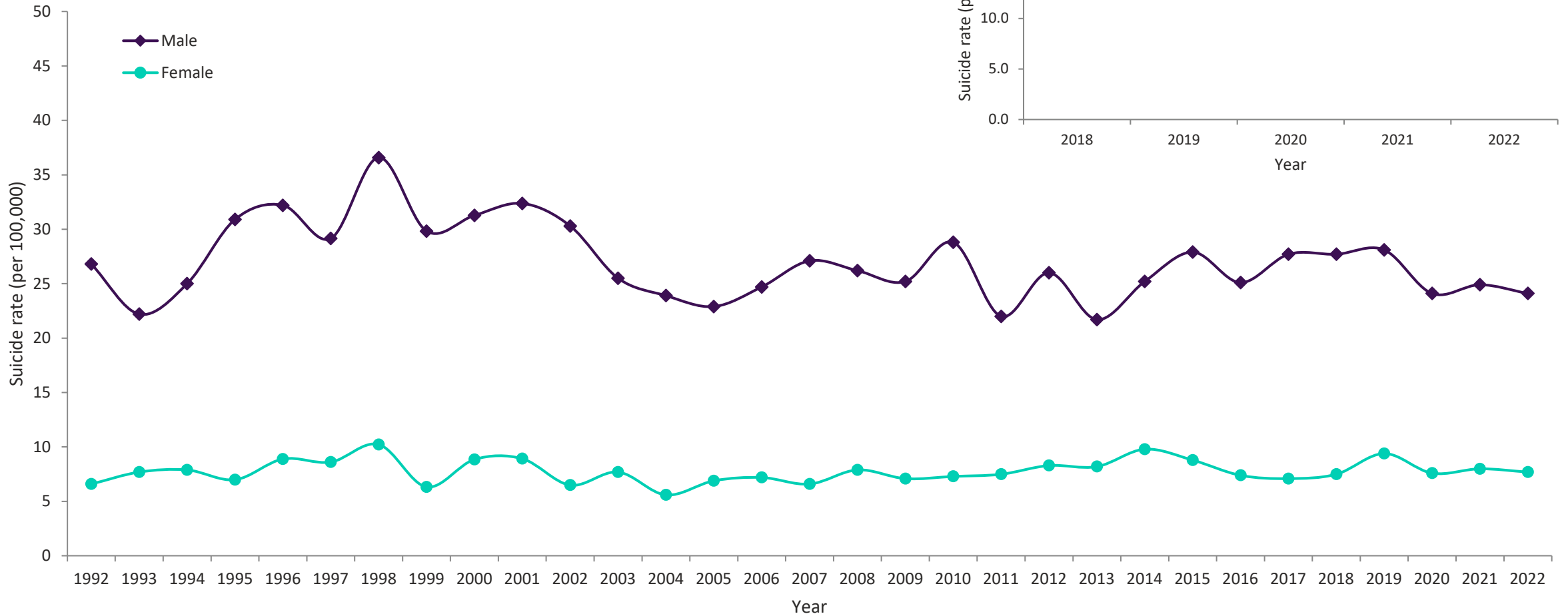


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.



35-39 year olds

Age-specific suicide rates 1989-2022

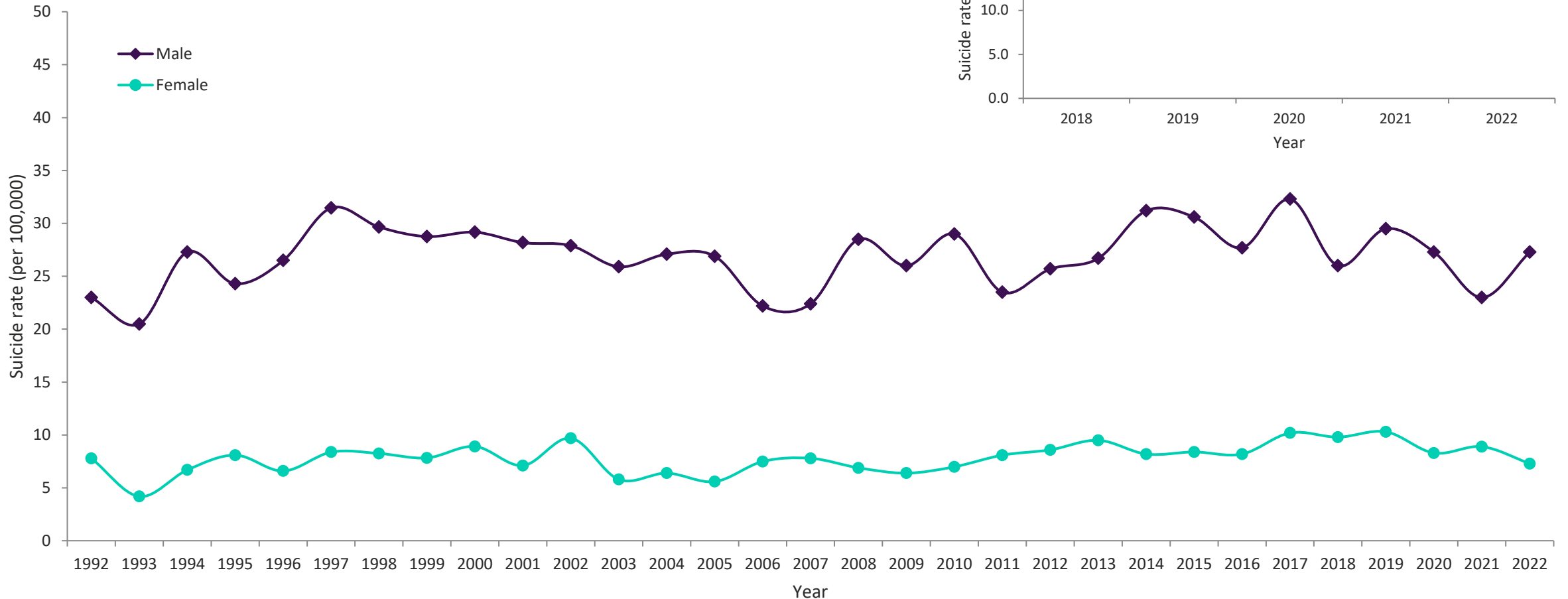


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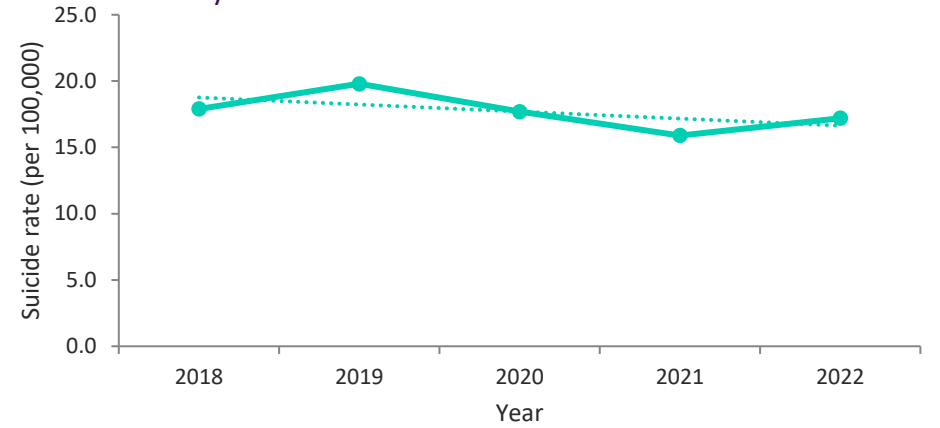
40-44 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)

40 – 44 year olds

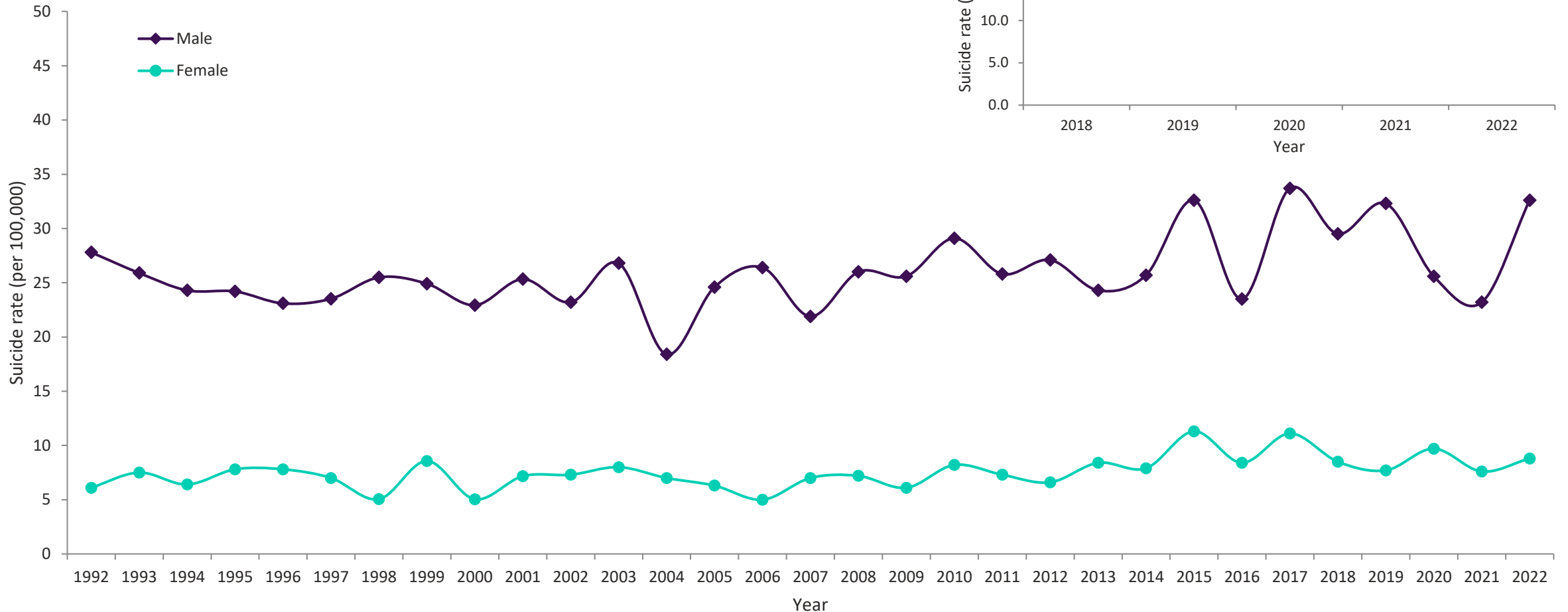


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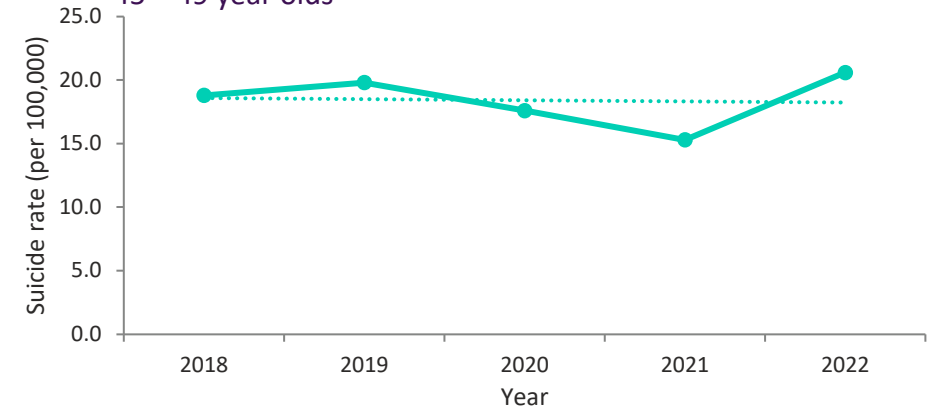
45-49 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)

45 – 49 year olds

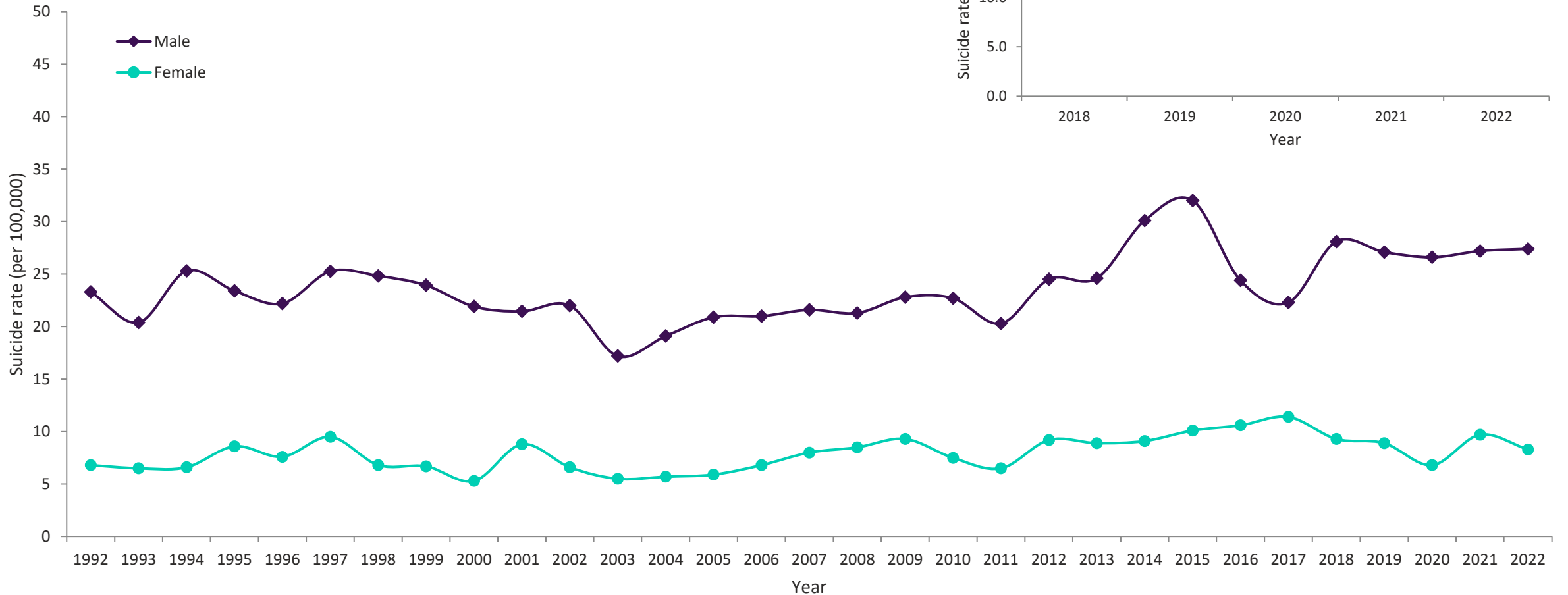


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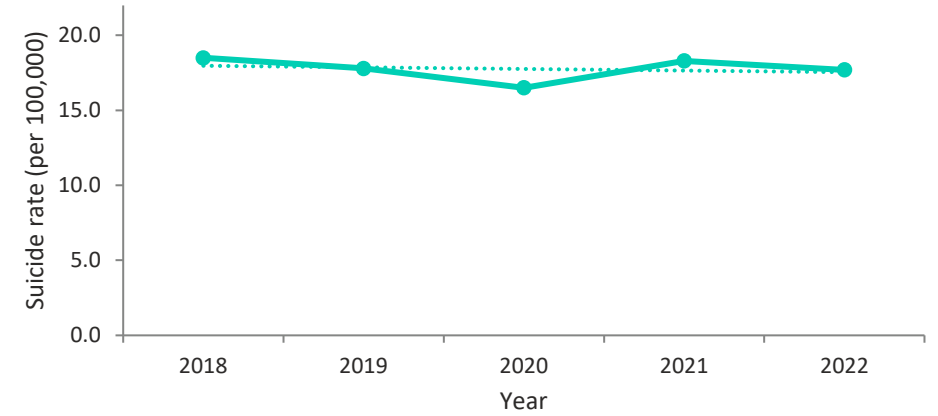


50-54 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
50 – 54 year olds



2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

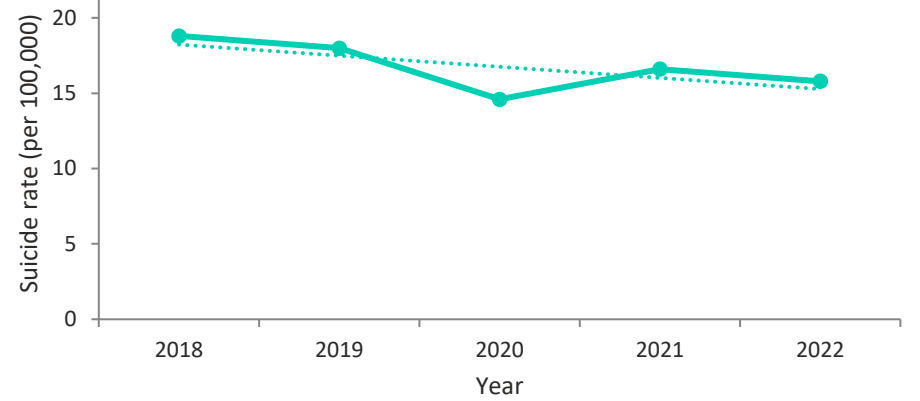


55-59 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
55 – 59 year olds

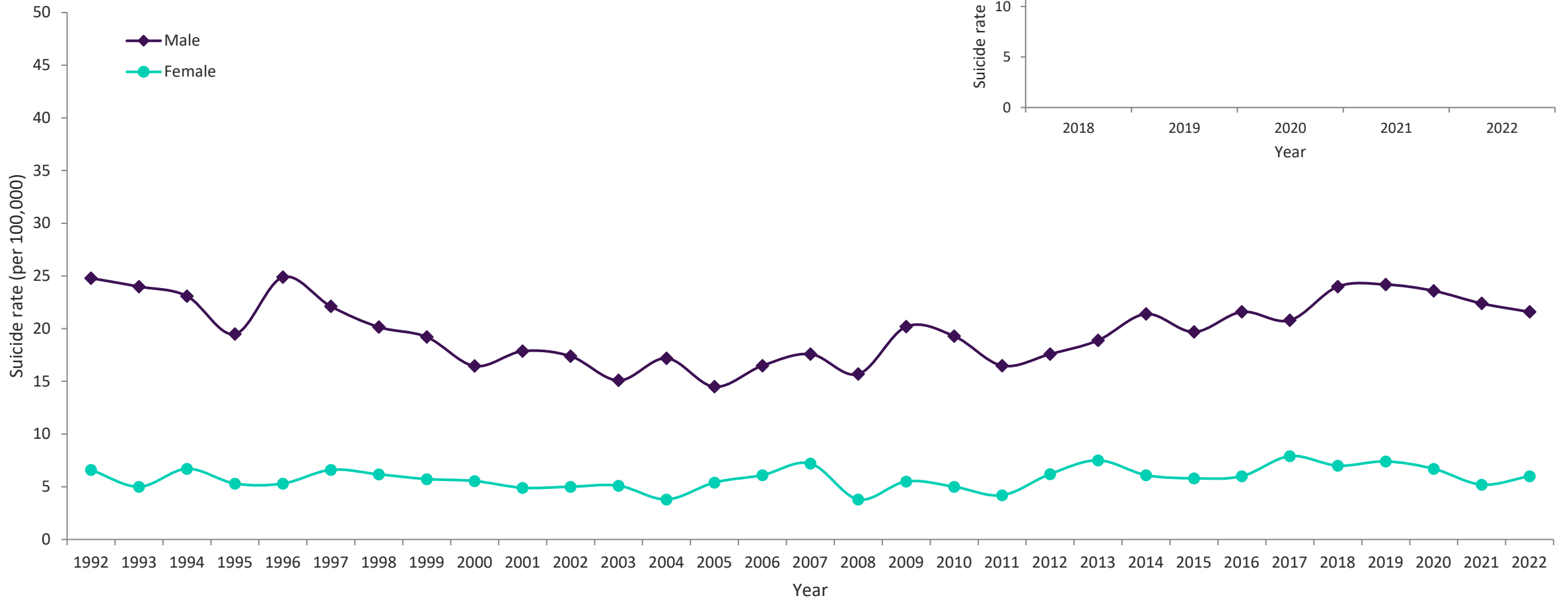


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

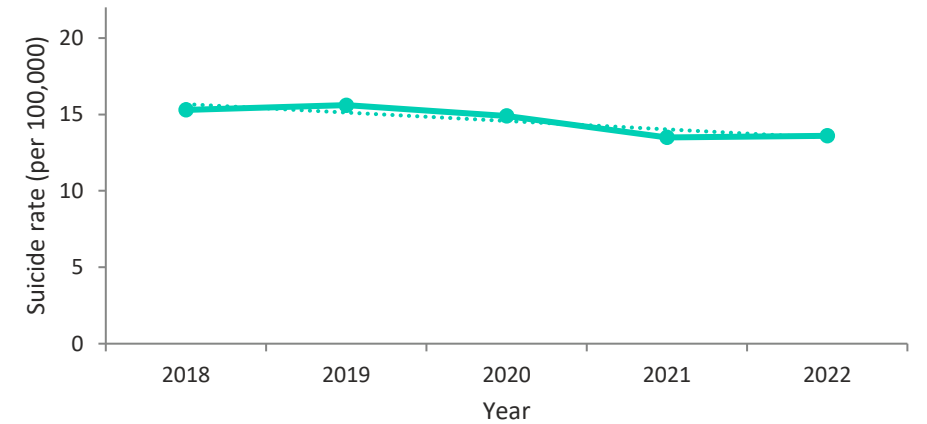


60-64 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
60 – 64 year olds

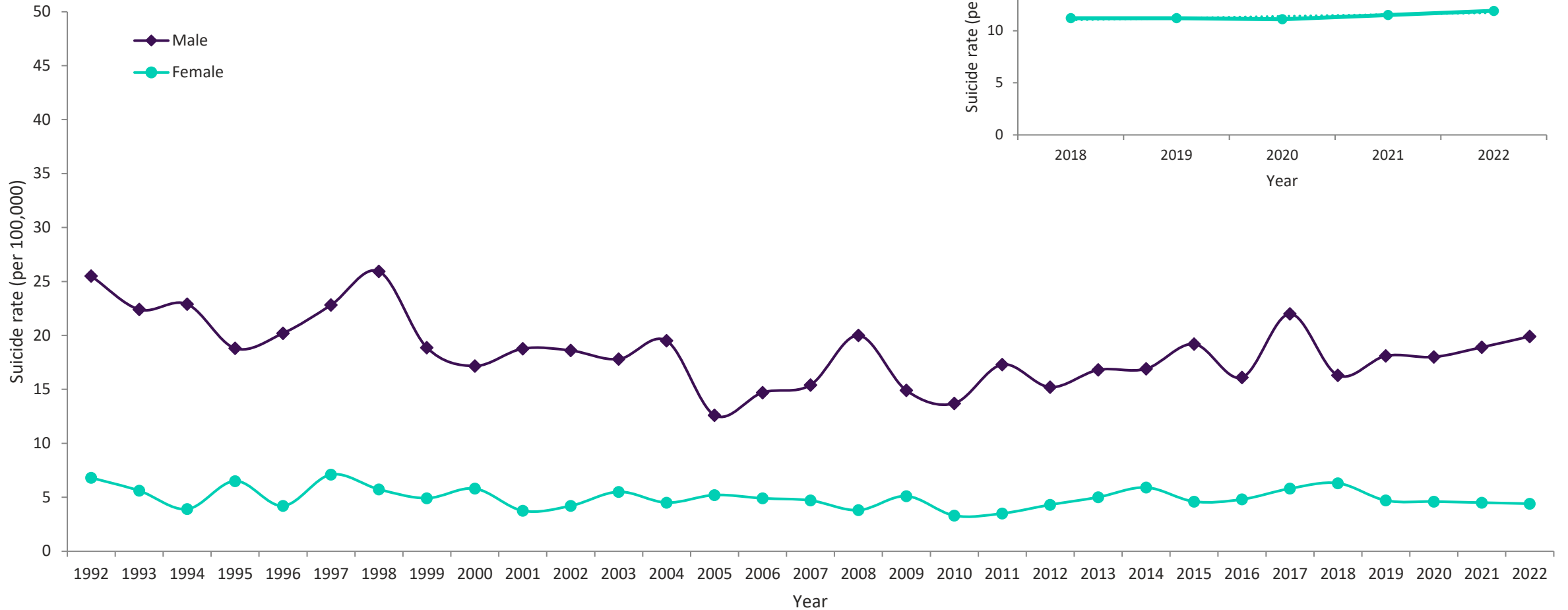


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

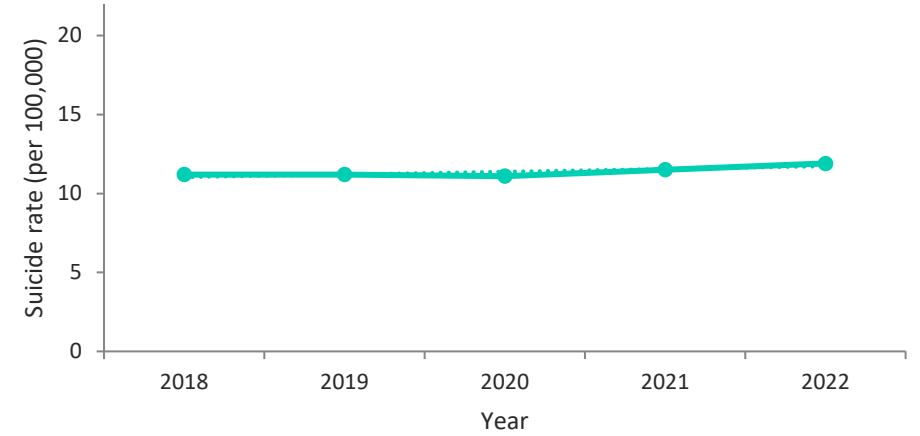


65-69 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
65 – 69 year olds

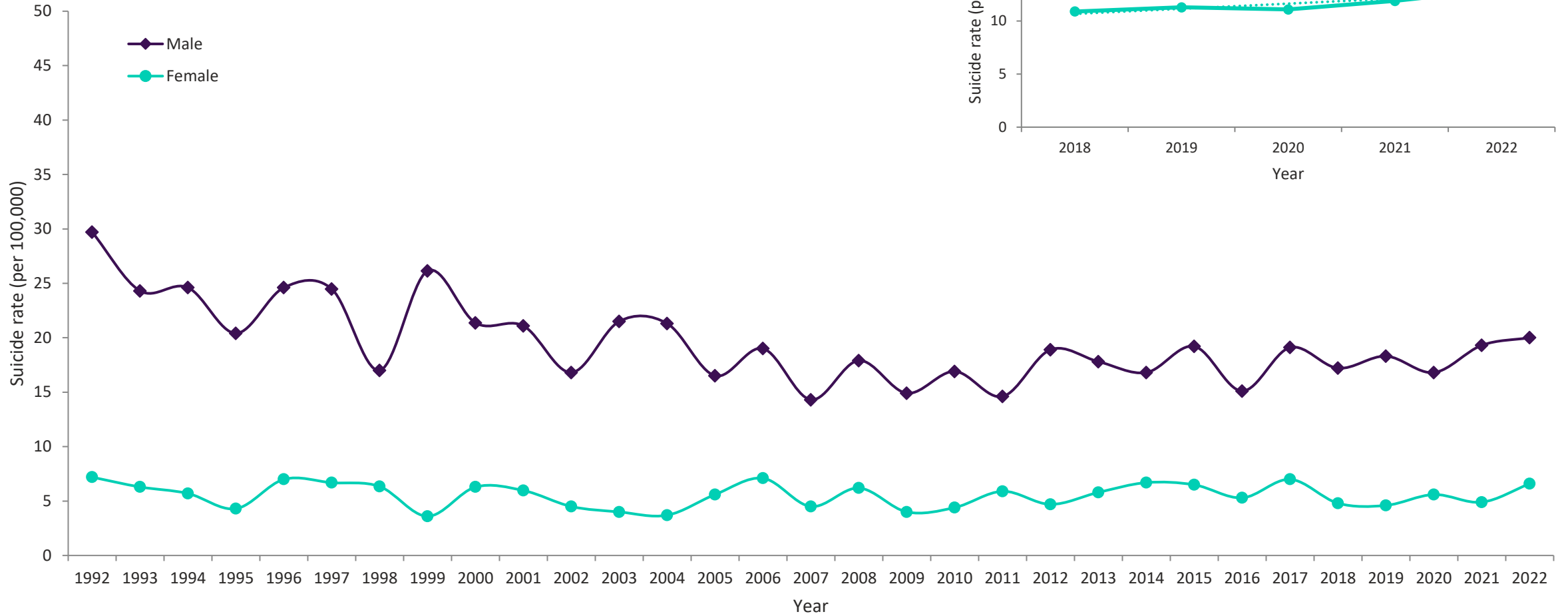


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

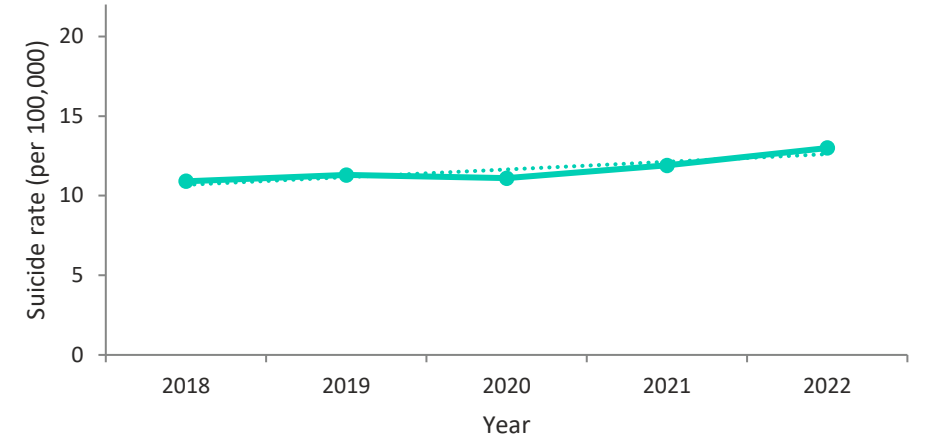


70-74 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined) 70 – 74 year olds

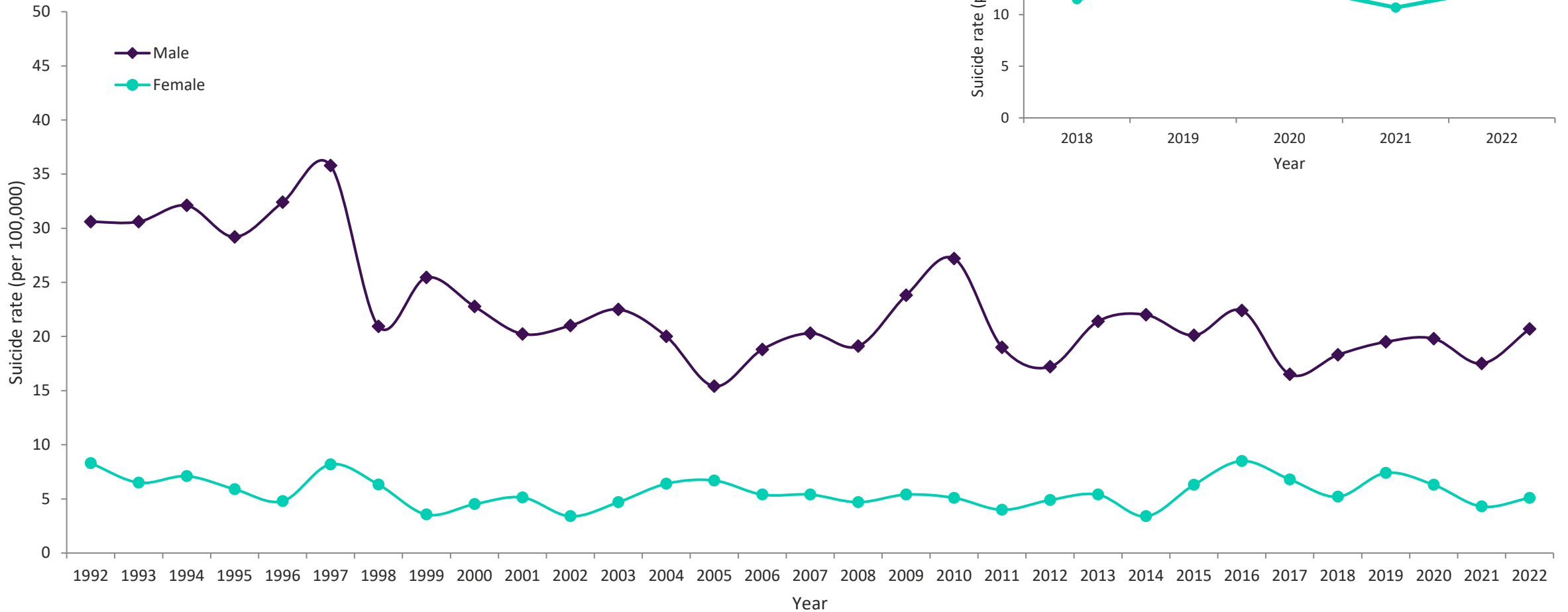


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

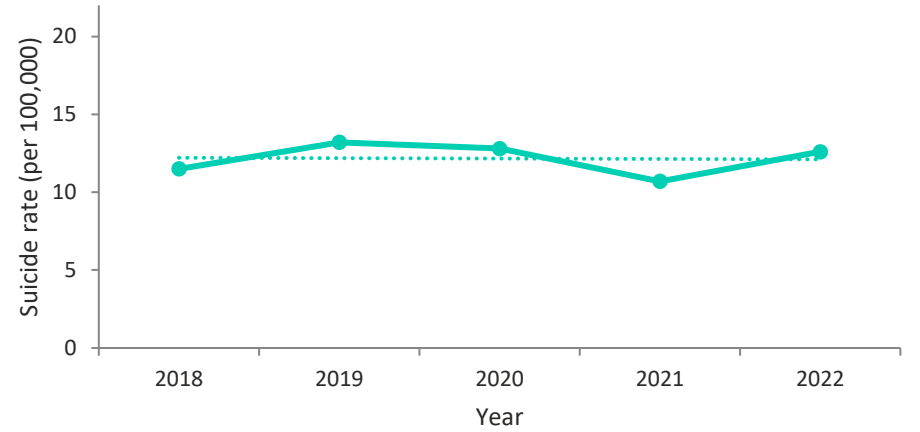


75-79 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)
75 – 79 year olds

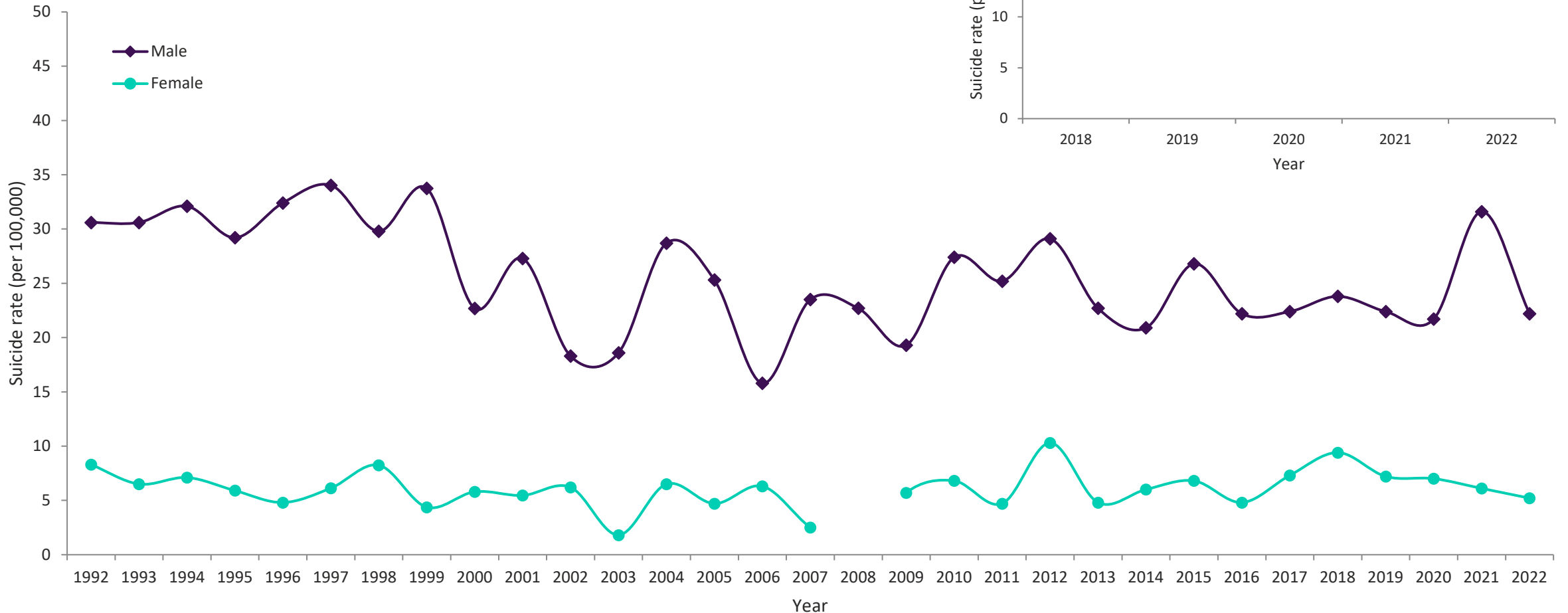


2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.

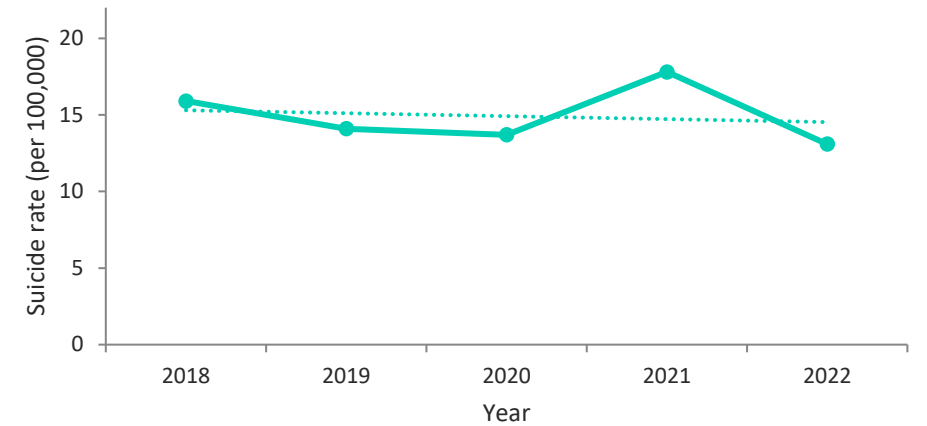


80-84 year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined) 80 – 84 year olds



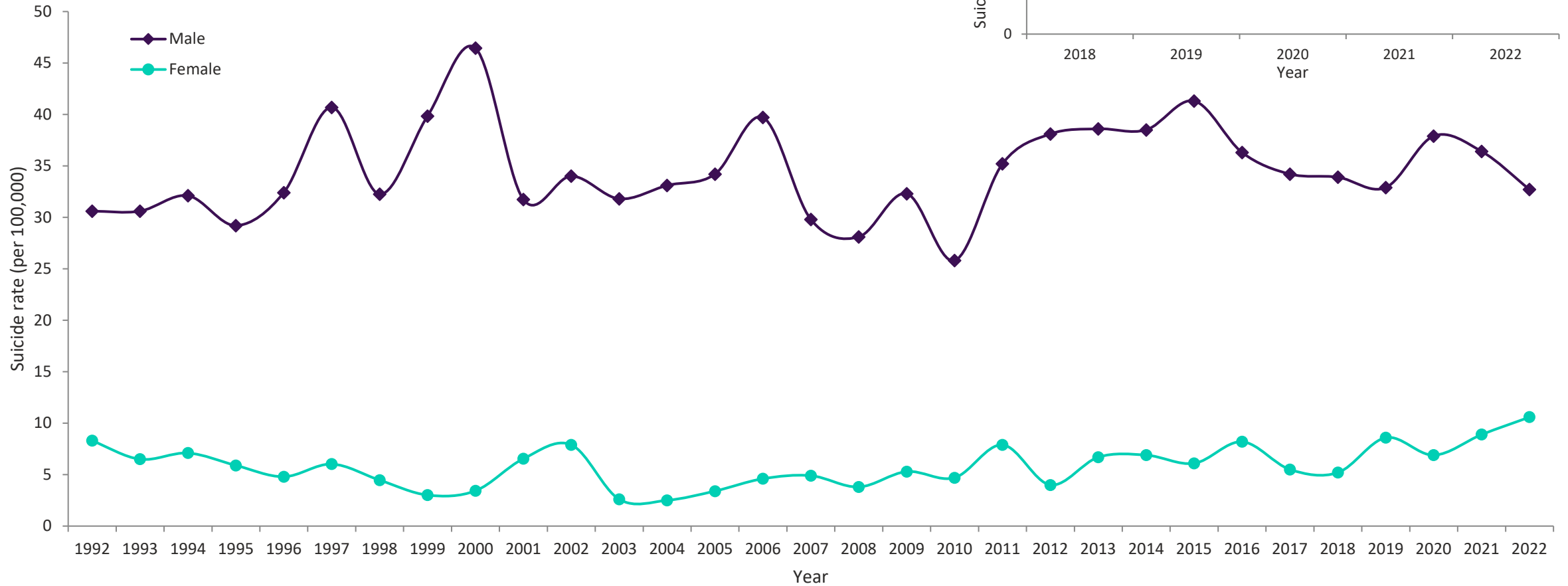
Female 2008 data not reportable at time of finalisation.

2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.



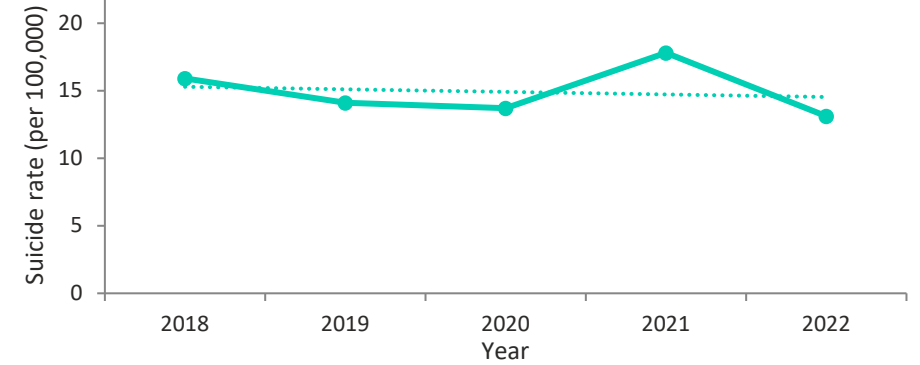
85+ year olds

Age-specific suicide rates 1989-2022



Five year trend (Male and Female combined)

80 – 84 year olds



Female 2008 data not reportable at time of finalisation.

2013 – 2019 data are final. 2020 data have been subject to revision; 2021 data are preliminary revised; and 2022 data are preliminary.



Risk factors

- Factors associated with a death by suicide 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 complex interaction between biological, psychological and psychosocial factors, which 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. This context is important to avoid normalising suicide for those with a similar risk factor.



Risk factors

- In 2022, **85.8%** of people who died by suicide had at least one risk factor reported, with an average of 3 to 4 factors mentioned.
- Mood disorders (including depression) were the most common risk factor for both males (**34.9%**) and females (**43.3%**), and across all age groups except for those 85 years and older.

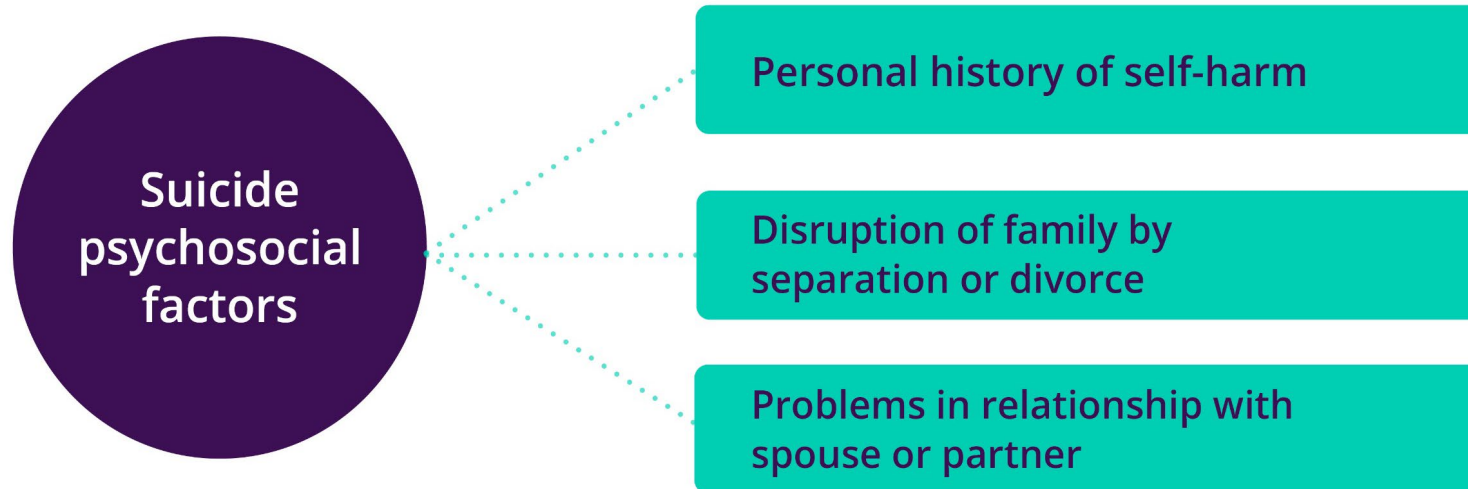
Top five risk factors across all ages in 2022:

- Mood disorders, including depression (**36.9%**)
- Suicidal ideation (thoughts) (**25.7%**)
- Problems in spousal relationships circumstances (**25.1%**)
- Personal history of self-harm (**21.5%**)
- Anxiety and stress related disorders (**17.5%**).

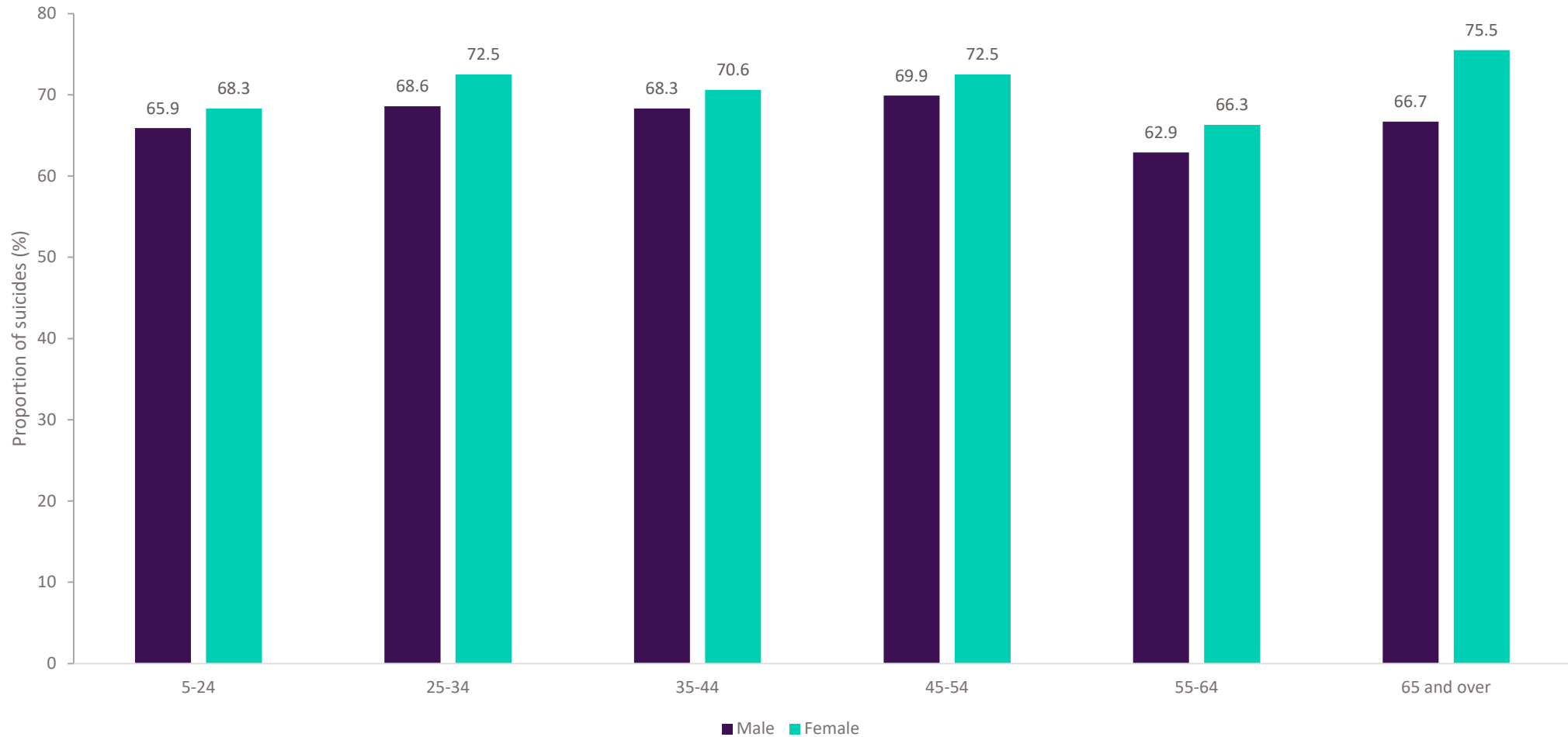


Psychosocial risk factors

- Psychosocial risk factors are social processes and social structures that can interact with a person's thoughts, behaviour or health.
- In 2022, **68.3%** of suicide deaths (**67.4%** for males and **71.3%** for females) in Australia were found to have at least one psychosocial risk factor.
- Psychosocial risk factors associated with suicide were largely age dependent and differed throughout the lifespan.



Proportion of suicide deaths with at least one psychosocial risk factor, by age and gender (2022)



Top three psychosocial factors associated with suicide for those aged 5-24 years, 2022

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	60	23.3	Personal history of self-harm	51	41.5
Disruption of family by separation or divorce	46	17.8	Problems in relationship with spouse or partner	20	16.3
Problems in relationship with spouse or partner	23	8.9	Problems in relationship with parents and in-laws	12	9.8

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



Top three psychosocial factors associated with suicide for those aged 25-34 years, 2022

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	95	20.7	Personal history of self-harm	57	38.3
Disruption of family by separation or divorce	93	20.3	Problems in relationship with spouse or partner	30	20.1
Problems in relationship with spouse or partner	92	20.0	Disruption of family by separation or divorce	19	12.8

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



Top three psychosocial factors associated with suicide for those aged 35-44 years, 2022

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	99	21.7	Personal history of self-harm	51	37.5
Disruption of family by separation or divorce	94	20.6	Disruption of family by separation or divorce	22	16.2
Problems in relationship with spouse or partner	91	19.9	Problems in relationship with spouse or partner	20	14.7

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



Top three psychosocial factors associated with suicide for those aged 45-54 years, 2022

Males			Females		
	Number	Proportion*		Number	Proportion*
Disruption of family by separation and divorce	91	18.8	Personal history of self-harm	45	31.7
Personal history of self-harm	81	16.7	Disruption of family by separation or divorce	20	14.1
Problems in relationship with spouse or partner	69	14.2	Problems in relationship with spouse or partner	18	12.7

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



Top three psychosocial factors associated with suicide for those aged 55-64 years, 2022

Males	Number	Proportion*	Females	Number	Proportion*
Personal history of self-harm	44	12.8	Personal history of self-harm	30	29.7
Problems in relationship with spouse or partner	38	11.0	Other specified problems related to primary support group	13	12.9
Disruption of family by separation or divorce	36	10.4	Death of a family member or person in primary support network	11	10.9

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



Top three psychosocial factors associated with suicide for those aged 65 years and over, 2022

Males	Number	Proportion*	Females	Number	Proportion*
Limitation of activities due to disability	122	27.1	Limitation of activities due to disability	50	35.0
Death of a family member or person in primary support network	54	12.0	Personal history of self-harm	36	25.2
Personal history of self-harm	49	10.9	Death of a family member or person in primary support network	32	22.4

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



Suicide in the COVID-19 pandemic

- A number of people who died by suicide in 2022 had issues relating to the COVID-19 pandemic mentioned in either a police, pathology or coronial finding report. This information was collected in the National Coronial Information System (NCIS).
- Issues relating to the COVID-19 pandemic included job loss, lack of financial security, family and relationship pressures and not feeling comfortable with accessing health care.
- Three additional ICD-10 codes are used by the ABS to capture different scenarios where the COVID-19 pandemic was stated to be a risk factor for an individual:
 - F41.8 Other specified anxiety disorder (pandemic related anxiety and stress)
 - Z29.0 Isolation (individual was in isolation or quarantine [hotel or home])
 - Z29.9 prophylactic measure, unspecified (measures put in place through health directives, including closure of business, stay at home measures).



Suicide in the COVID-19 pandemic

In 2022, there were **84 people** (2.6% of all suicide deaths) who died by suicide with the COVID-19 pandemic mentioned in either a police, pathology or coronial finding report.

For people with issues relating to the COVID-19 pandemic, it did not appear as an isolated risk factor. They had an average of **6.5 risk factors** mentioned including 3.5 psychosocial risk factors.

For the 84 people who died by suicide with issues relating to COVID-19 as a risk factor:

- 47.6% also had problems related to employment or unemployment
- 46.4% also had a mood disorder (including depression)
- 35.7% also experienced suicidal ideation (thoughts)
- 27.4% also had anxiety and stress related disorders
- 25.0% also had problems in spousal relationships
- 25.0% also had chronic alcohol use disorders
- 21.4% also had chronic psychoactive substance use disorders.



Suicide by country of birth

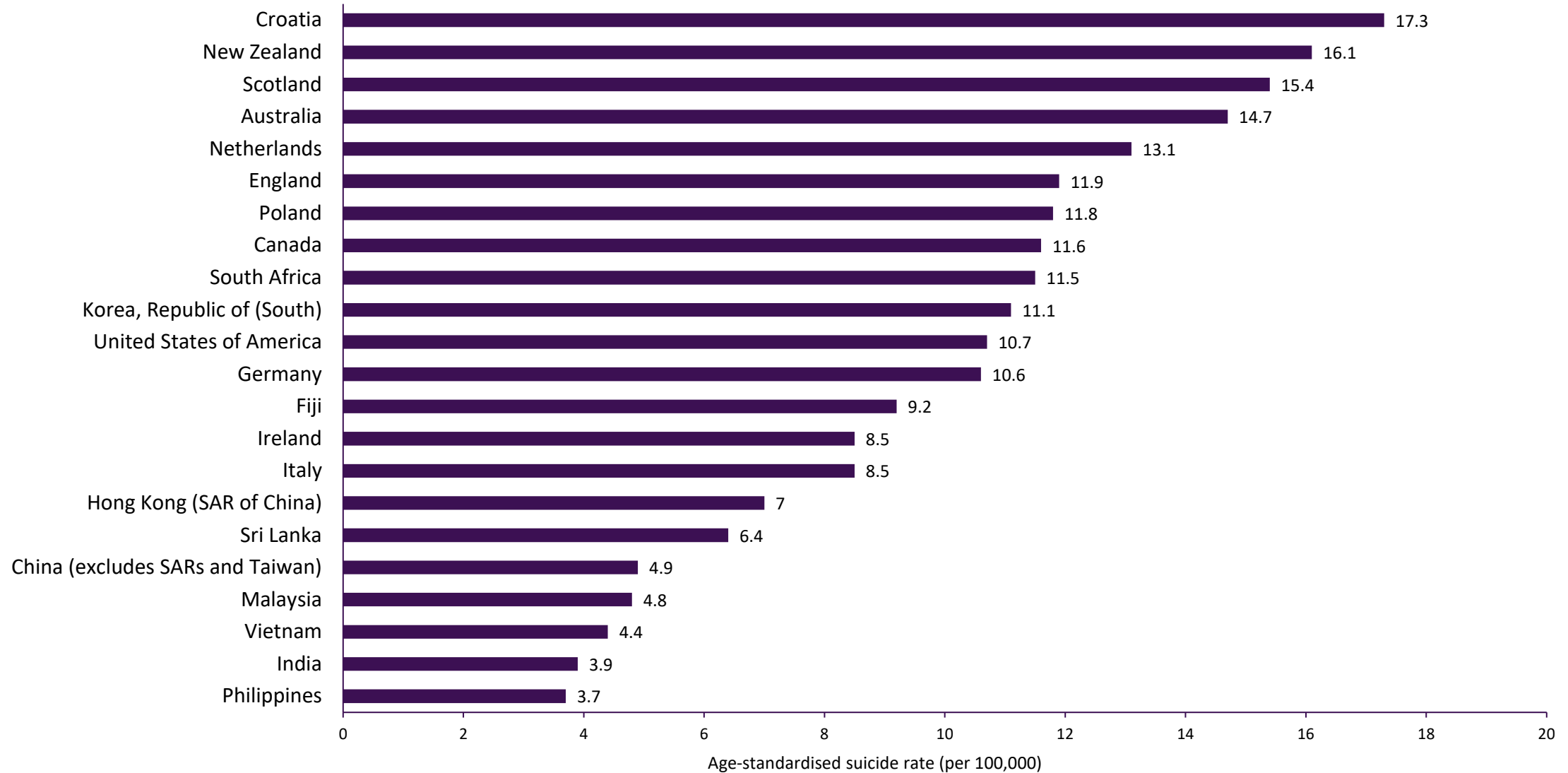
- People from culturally and linguistically diverse backgrounds may have unique experiences in relation to mental health and suicide, including cultural and family views and how health services are accessed.
- Death registrations do not directly collect information on whether a person was part of a multicultural 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 2018 to 2022:

- Those who were born in Australia had an age-standardised rate of **14.7 deaths per 100,000** people.
- Those who were born overseas had an age-standardised rate of **8.2 deaths per 100,000** people.



Age-standardised suicide rate by country of birth (2018-2022)



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



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

Adult

Lifeline: 13 11 14 | Text 0477 131 114

lifeline.org.au

Suicide Call Back Service: 1300 659 467

suicidecallbackservice.org.au

Beyond Blue: 1300 224 636

beyondblue.org.au/forums

MensLine Australia: 1300 789 978

mensline.org.au

Standby Support After Suicide:

1300 727 247

Youth

Kids Helpline: 1800 551 800

kidshelpline.com.au

headspace: 1800 650 890

headspace.org.au

ReachOut: Reachout.com

Other

Head to Health: mental health portal

headtohealth.gov.au

Life in Mind: suicide prevention portal

lifeinmind.org.au

SANE: 1800 187 263 | saneforums.org

Aboriginal and Torres Strait Islander: 13YARN.org.au | 13 92 76

Lesbian, gay, bisexual, trans, and/or intersex: 1800 184 527 | qlife.org.au

Culturally and linguistically diverse: embracementalhealth.org.au



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Life in Mind

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

Life in Mind connects suicide prevention and related sectors to the evidence, information and resources they need, and communities to help-seeking information, with the aim to promote best practice in suicide prevention and support the sector and the community to respond to and communicate about suicide and its impacts.

lifeinmind.org.au