

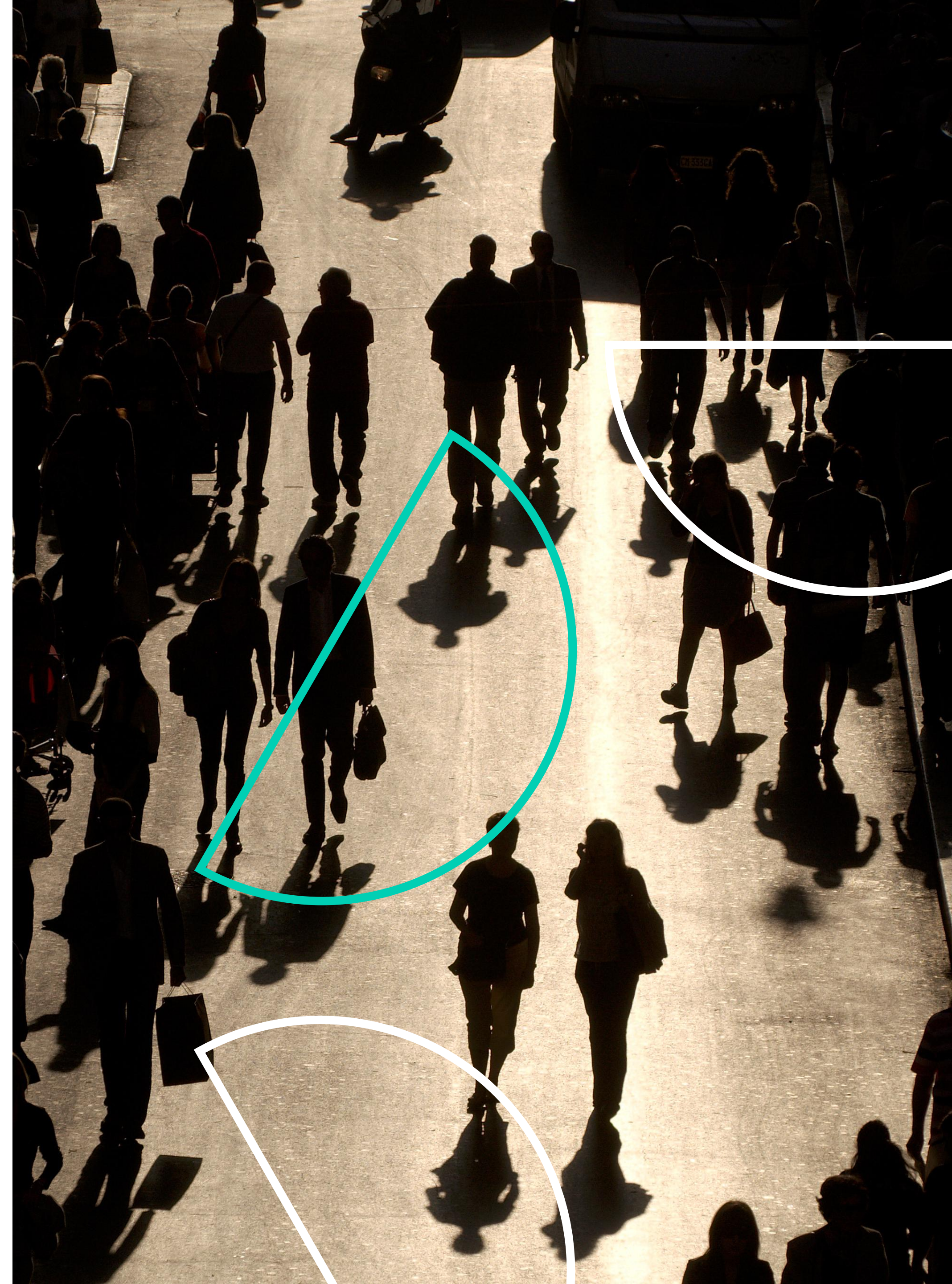


Life in Mind

Australian Bureau of Statistics, Causes of Death, 2024

National suicide data summary

Released 14 November 2025



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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 14 November 2025.
- 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/abs-causes-of-death-2024



Notes about using statistics

- The Australian Bureau of Statistics advises that care should be taken in comparing 2024 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.
- 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 2024 preliminary data, 2023 preliminary revised data and 2022 revised data. Data for 2014 to 2021 are considered final.



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.

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

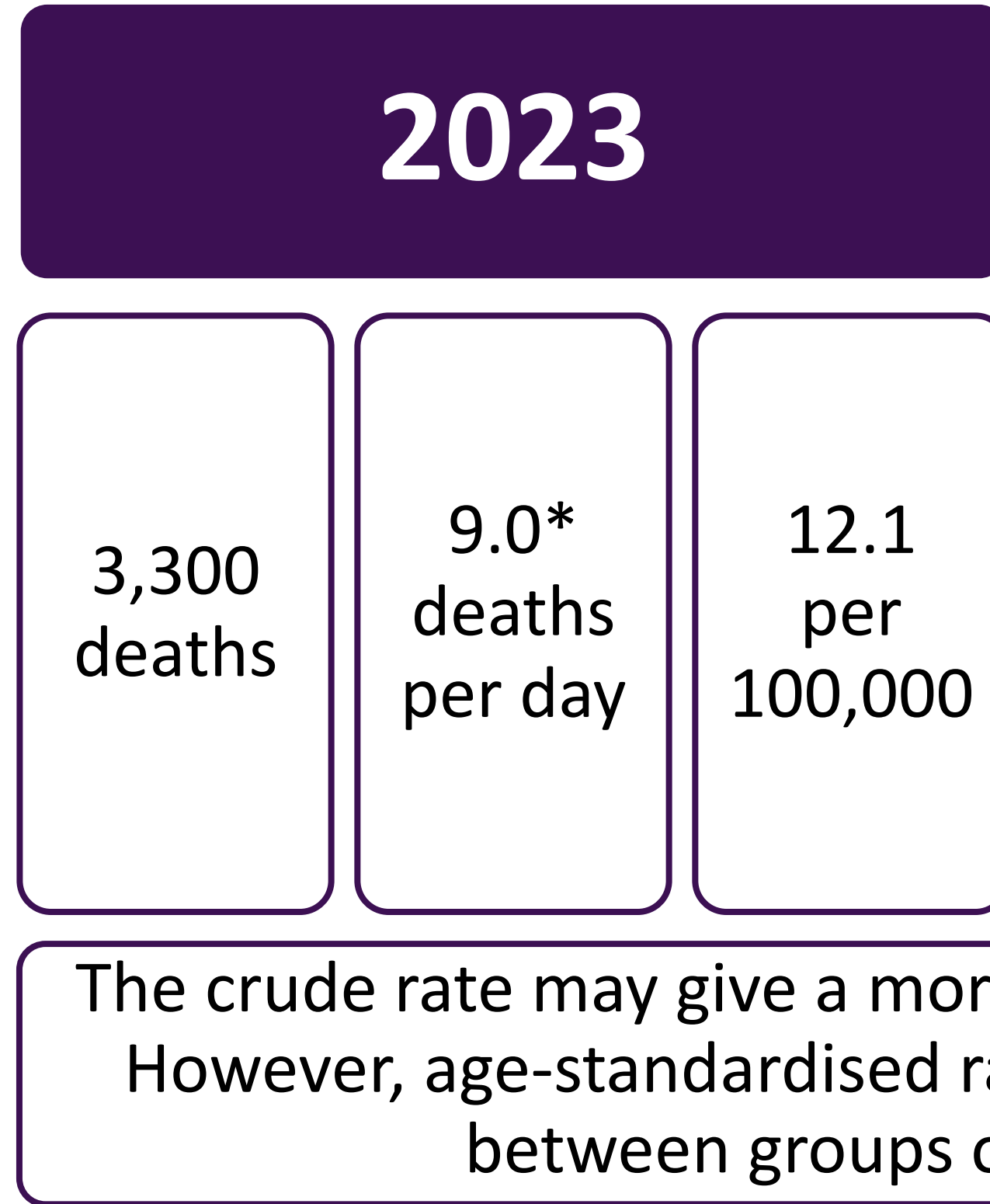
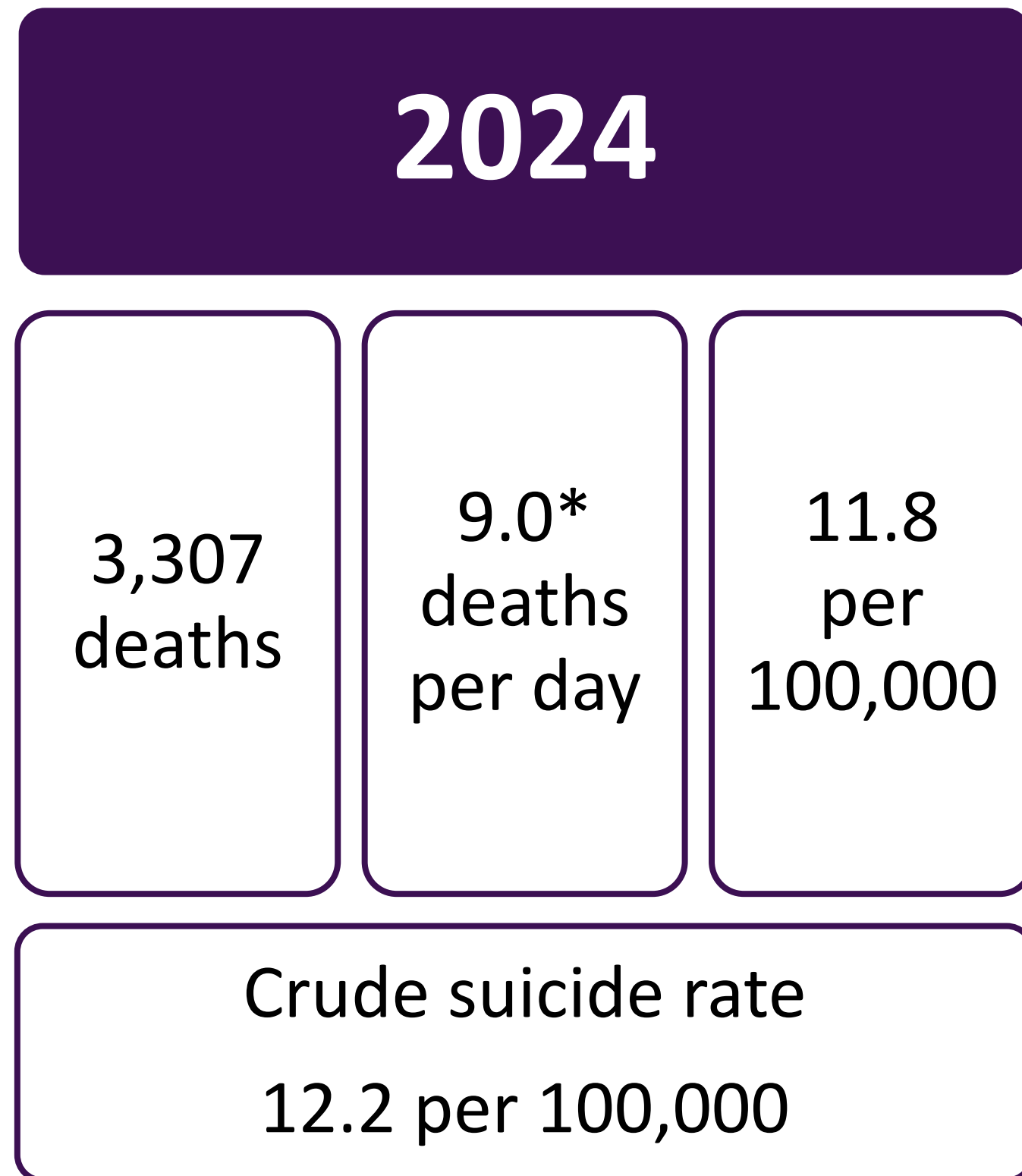
Age-standardised rates

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.



General summary



Note: Rates are age-standardised per 100,000. The crude rate for 2024 is 12.2 per 100,000.

**Average deaths per day were calculated by Everymind and we recommend using with caution.*

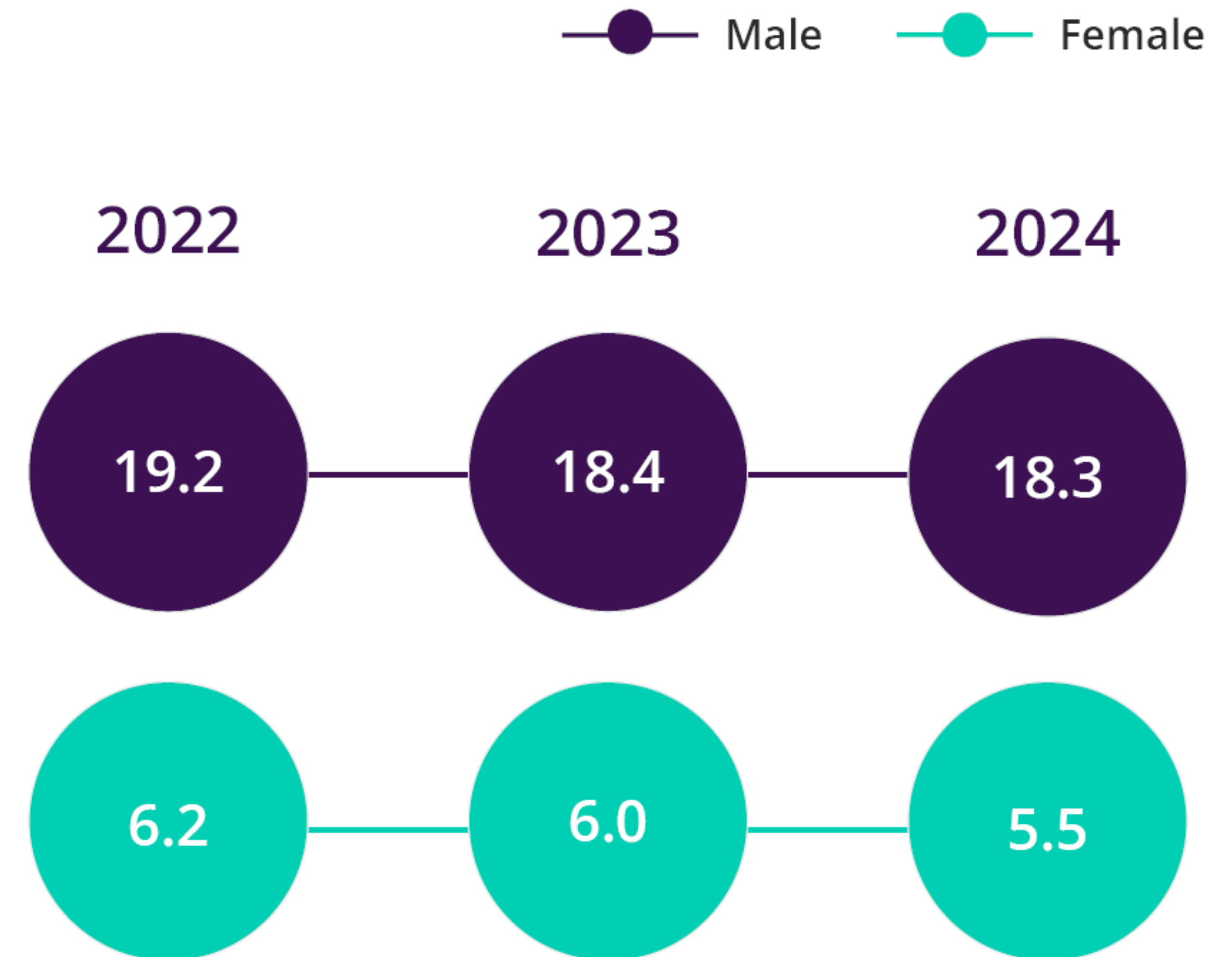
Note: 2022 data have been subject to revision; 2023 data are preliminary revised; and 2024 data are preliminary.



General summary

In 2024:

- **Over three-quarters (76.5%)** of people who died by suicide were male.
- Males had an age-standardised suicide rate of **18.3 per 100,000**.
- Females had an age-standardised suicide rate of **5.5 per 100,000**.
- **82.6%** of people who died by suicide were aged under 65.

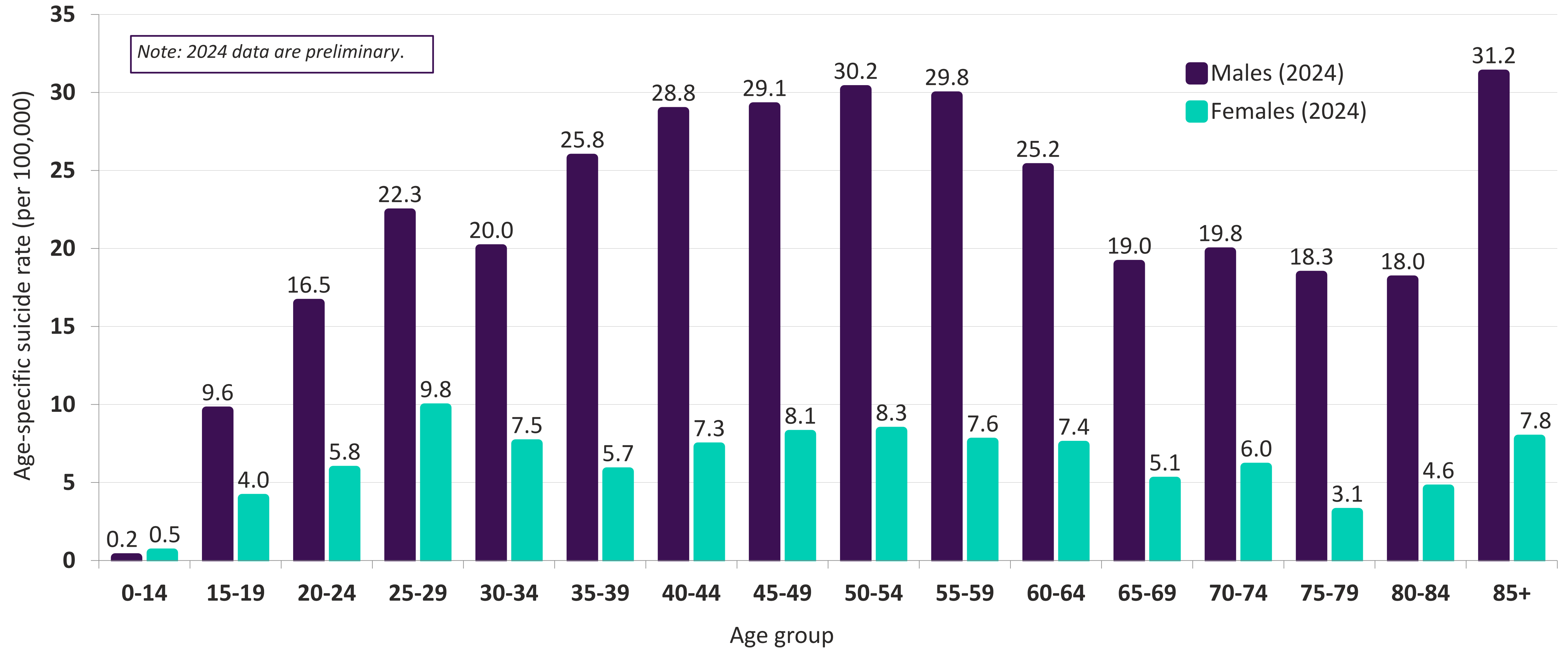


**Age-standardised rate per 100,000.*

Note: 2022 data have been subject to revision; 2023 data are preliminary revised; and 2024 data are preliminary.



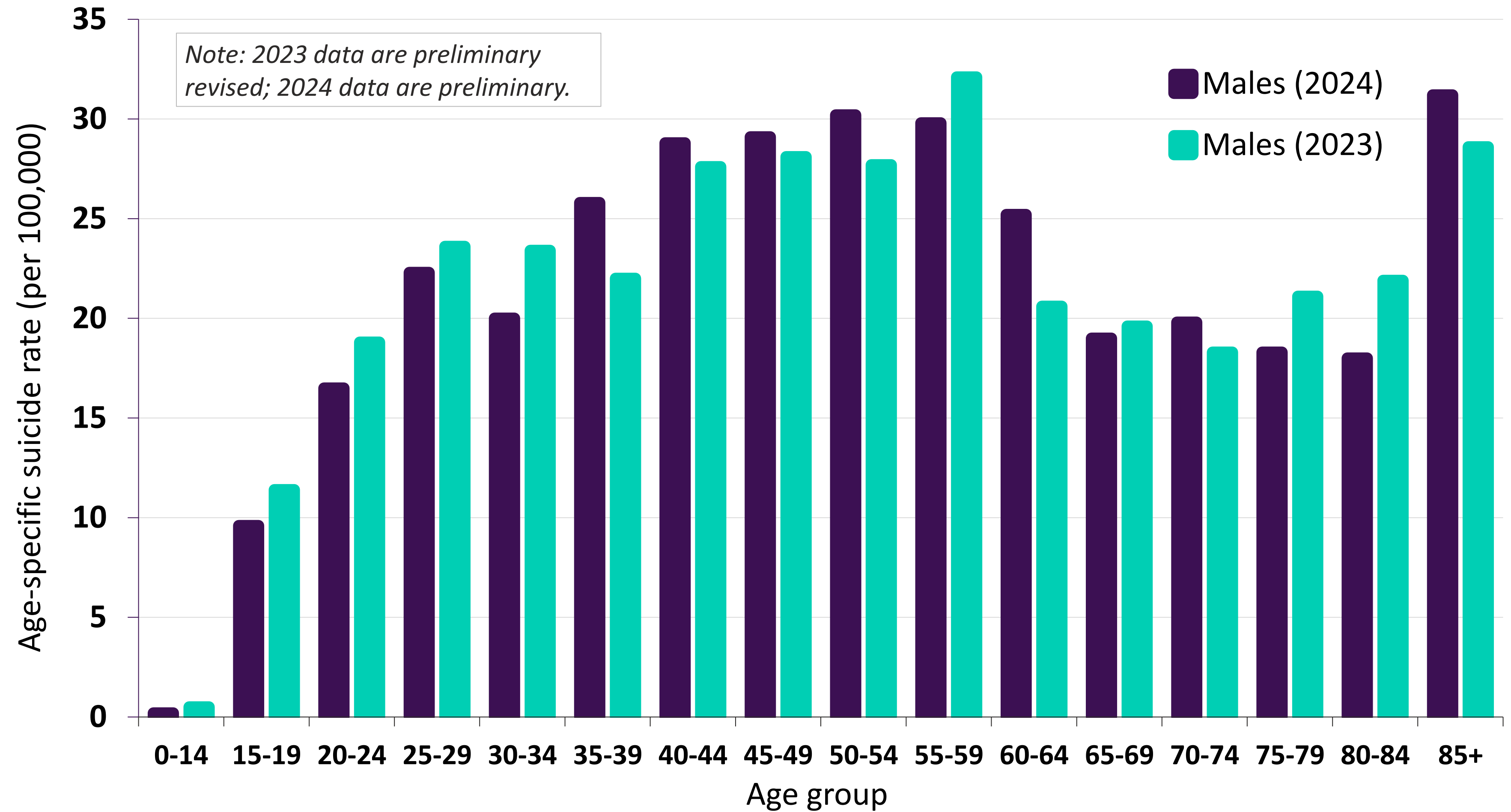
General summary: Age-specific suicide rates, 2024



General summary: Males, 2024

In 2024:

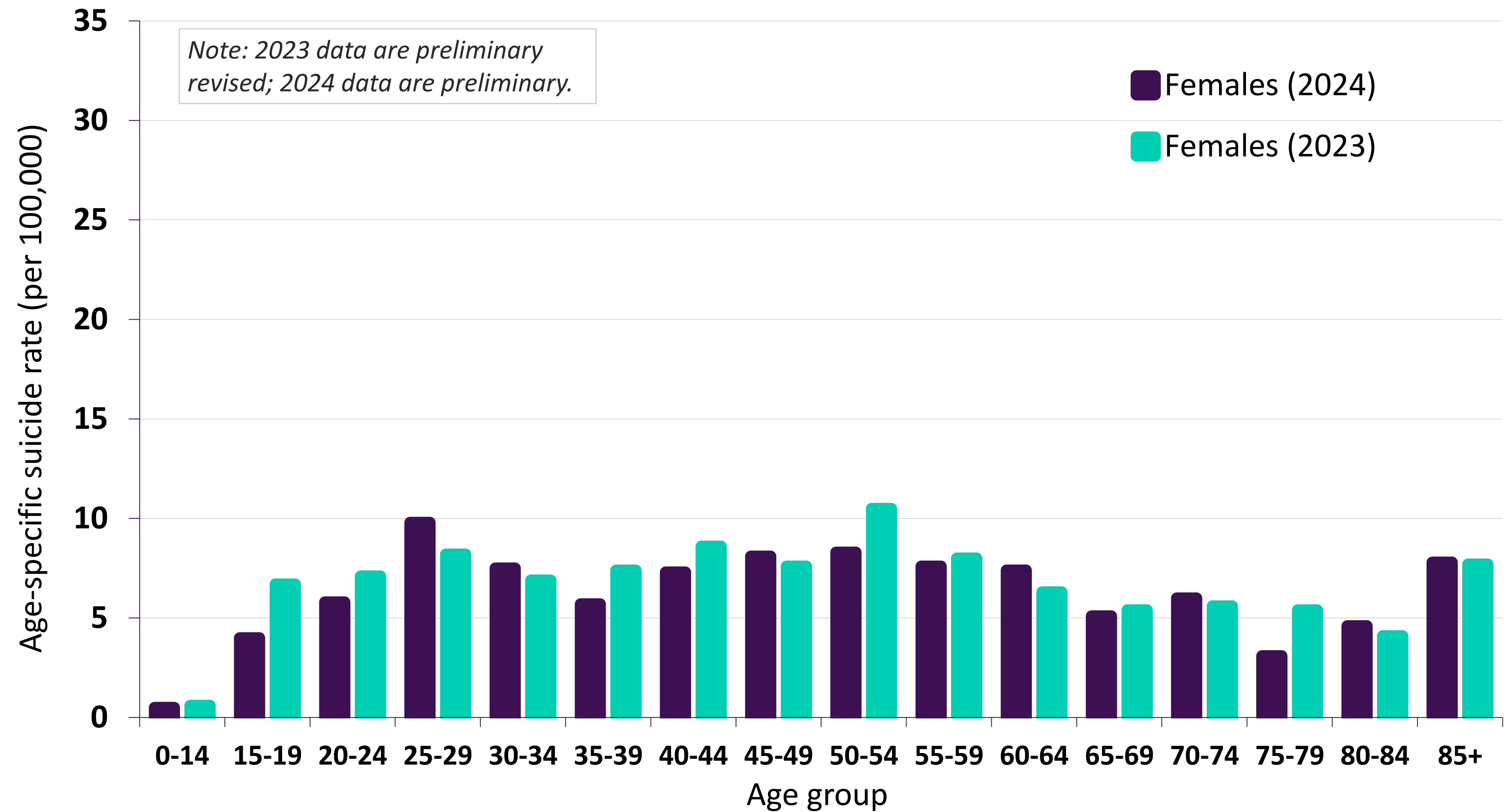
- Suicide was the 11th leading cause of death for males.
- Males aged 85+ years had the highest age-specific suicide rate (**31.2 per 100,000**) and accounted for **2.9%** of suicides of males.
- Males aged 40-44 years accounted for the largest proportion of male deaths due to suicide (**10.5%**).



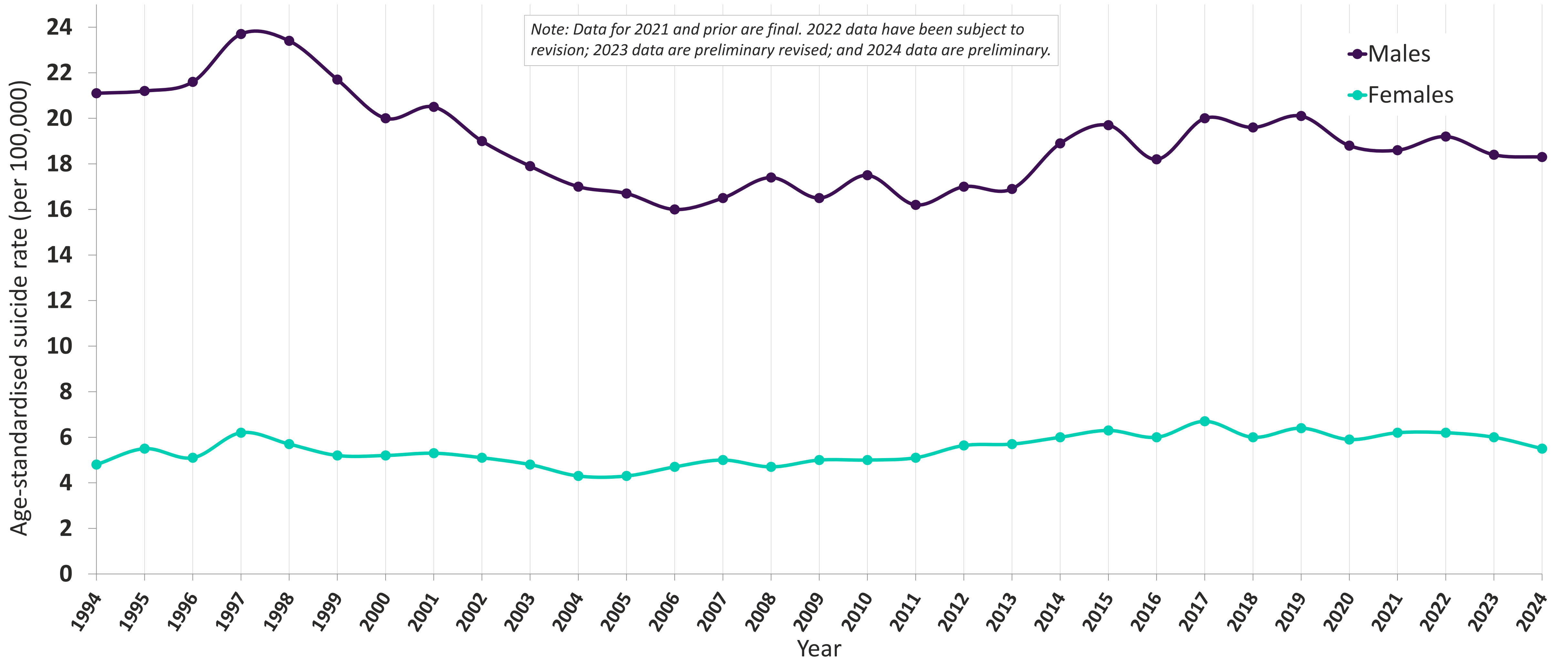
General summary: Females, 2024

In 2024:

- Suicide was the 27th leading cause of death for females.
- Females aged 25-29 years had the highest age-specific suicide rate (**9.8 per 100,000**) and accounted for the largest proportion of female suicide deaths (**12.3%**).



Age-standardised suicide rates, 1994-2024



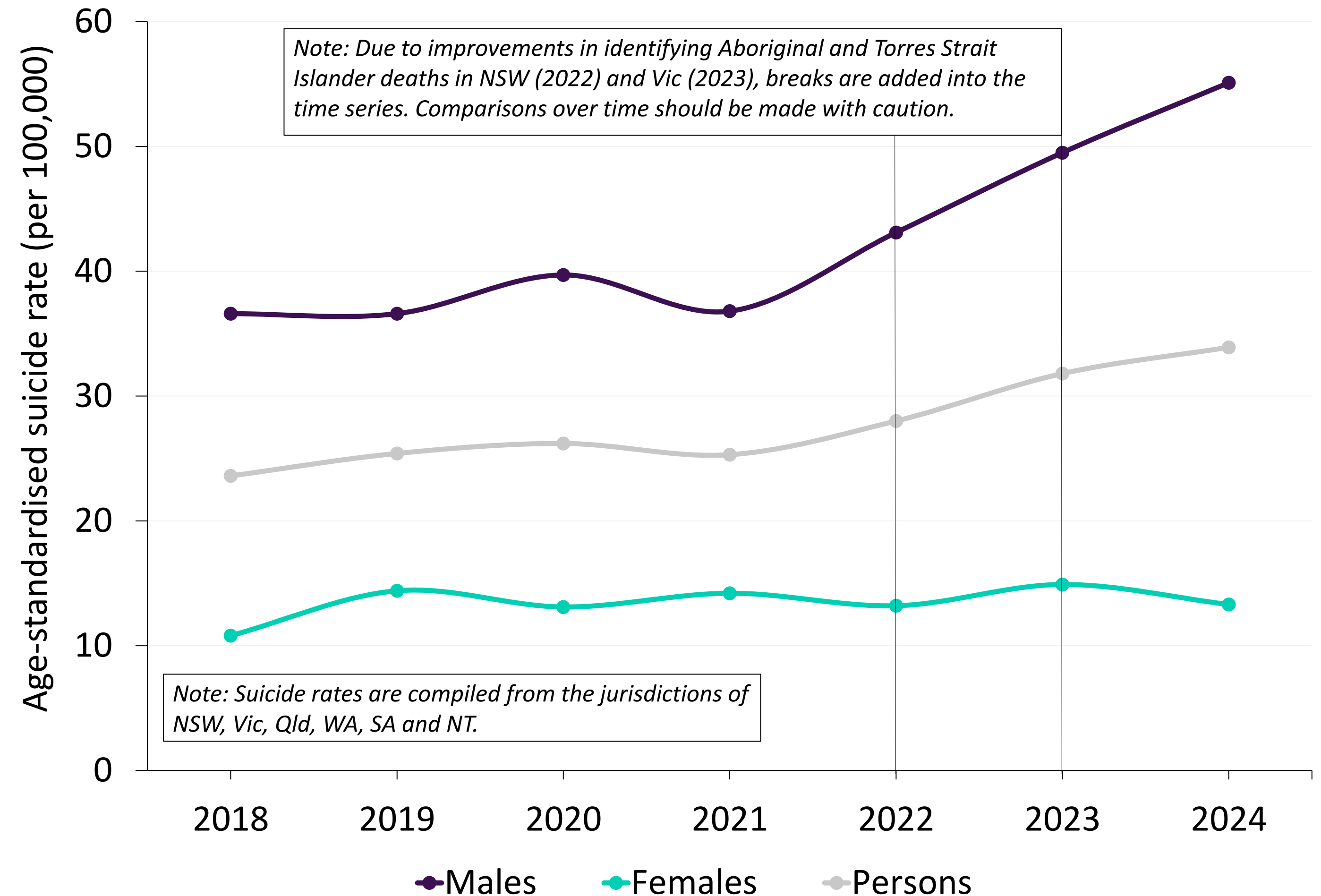
Aboriginal and Torres Strait Islander people

Across all of Australia, in 2024:

- **306** Aboriginal and Torres Strait Islander people died by suicide.
- The median age of death was **34.8 years**.

Using data from six jurisdictions (New South Wales, Victoria, Queensland, Western Australia, South Australia and Northern Territory):

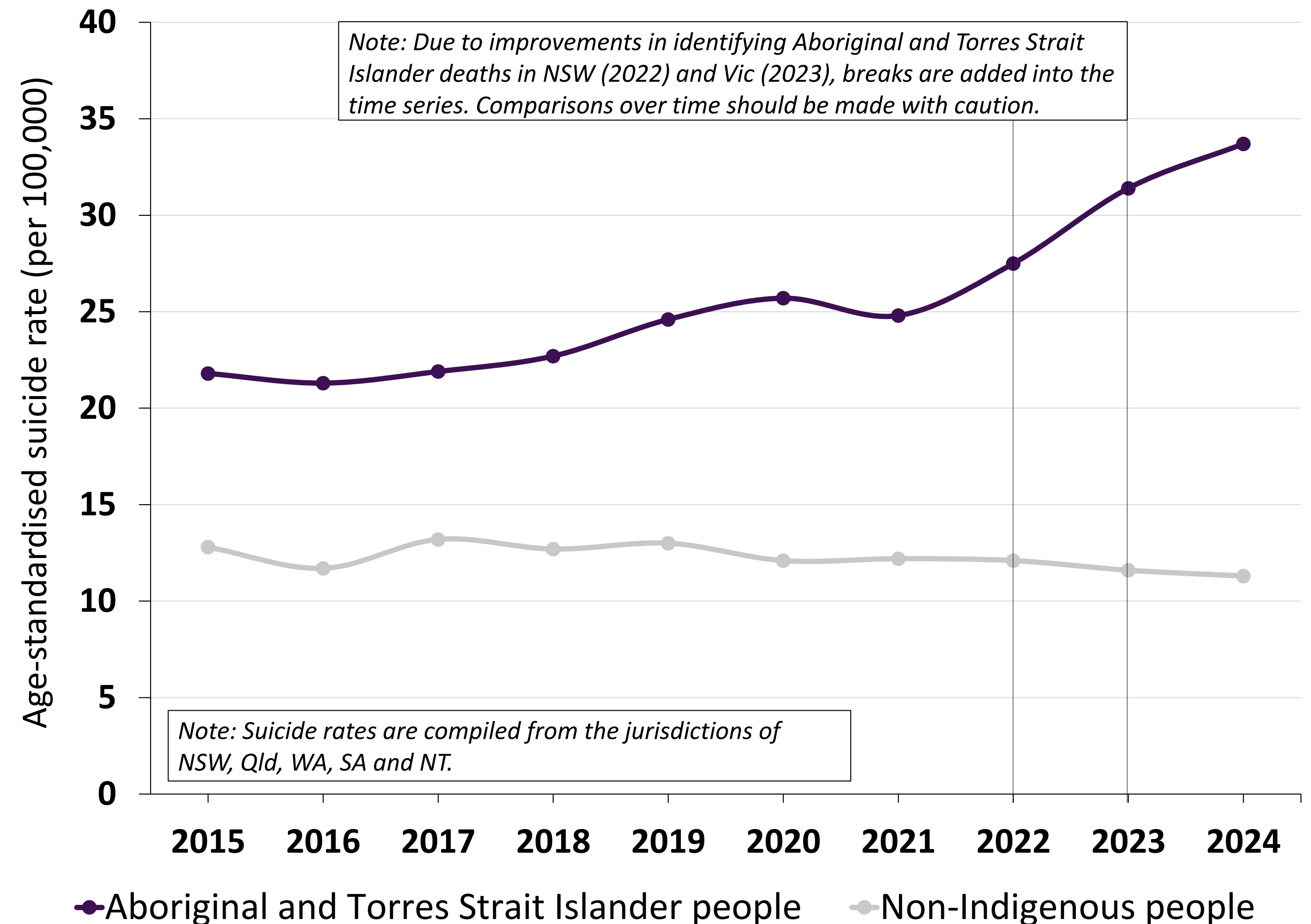
- Aboriginal and Torres Strait Islander people had an age-standardised suicide rate of **33.9 per 100,000**.
- Aboriginal and Torres Strait Islander men (**55.1 per 100,000**) had a higher age-standardised suicide rate compared to women (**13.3 per 100,000**).



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

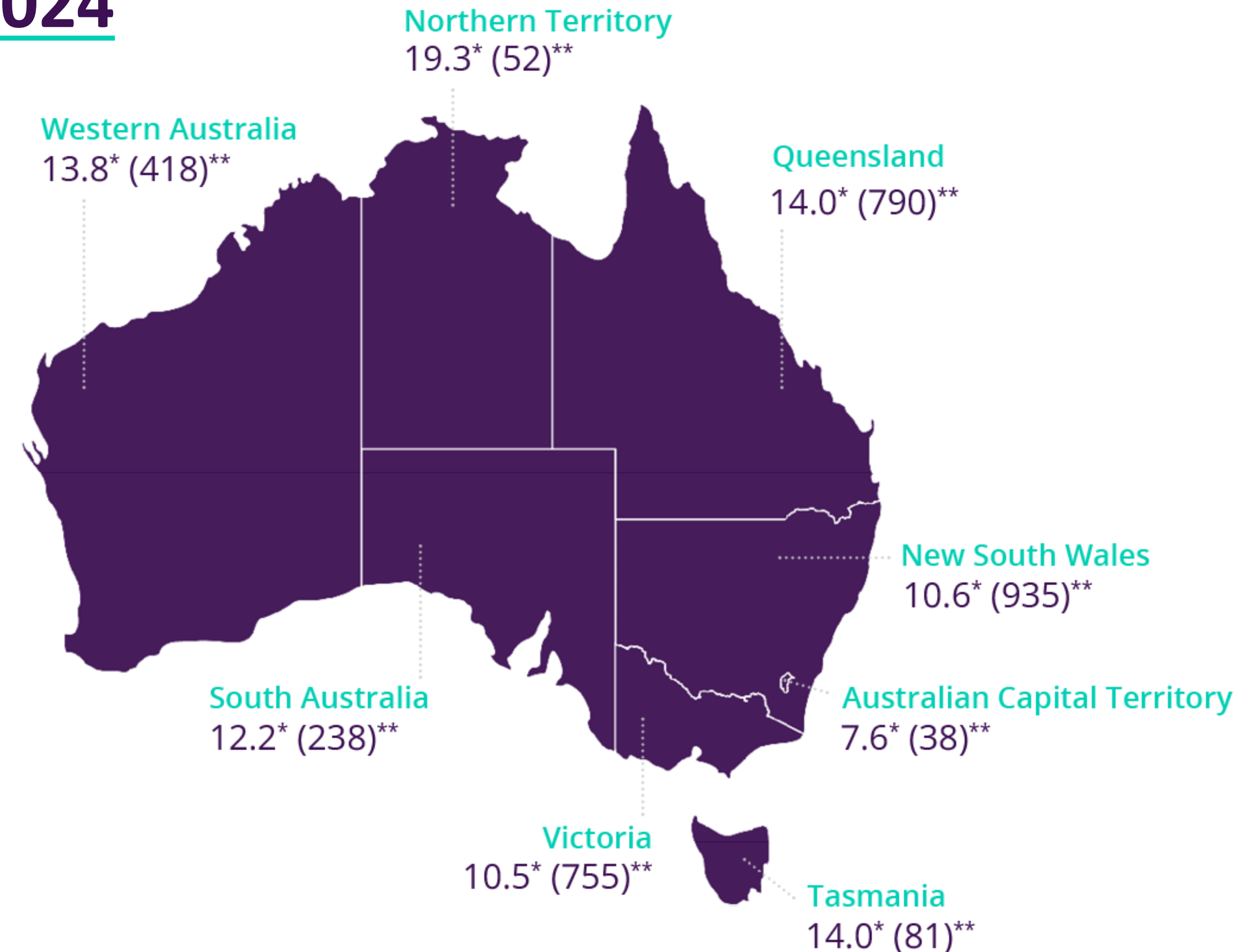
In 2024, across five jurisdictions (not including Victoria):

- Aboriginal and Torres Strait Islander people had a suicide rate almost **three times higher** than non-Indigenous people.
- The age-standardised suicide rate for Aboriginal and Torres Strait Islander people was **33.7 per 100,000** compared to **11.3 per 100,000** for non-Indigenous people.



State and territory summary, 2024

- **Three-quarters (75%)** of people who died by suicide had a usual residence in New South Wales (935), Queensland (790) or Victoria (755).
- Northern Territory recorded the highest age-standardised suicide rate (**19.3 per 100,000**).
- The Australian Capital Territory recorded the lowest age-standardised suicide rate (**7.6 per 100,000**).



*Age-standardised rate per 100,000 population

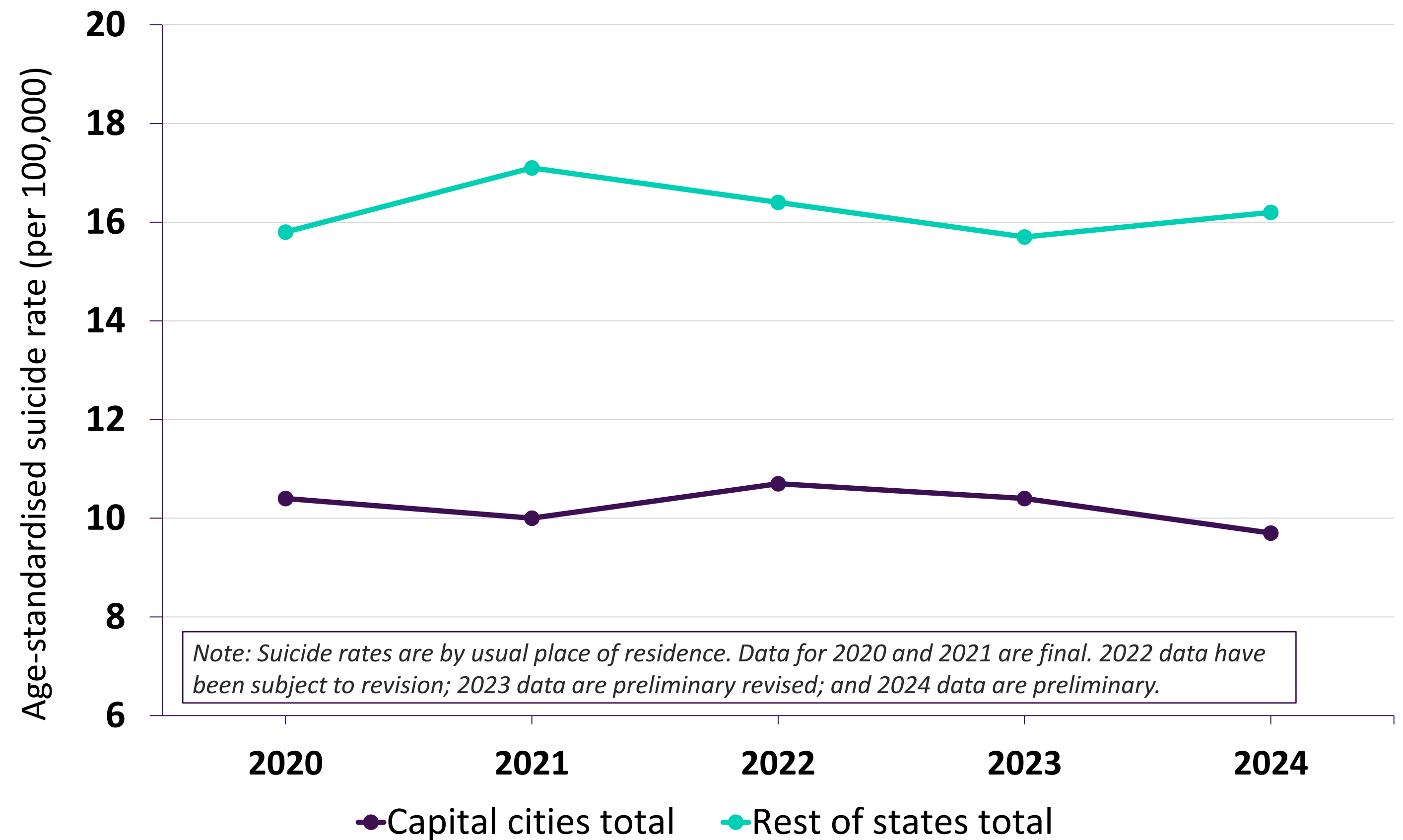
** Number of deaths

Data sourced from the Australian Bureau of Statistics. *Intentional self-harm deaths (Suicide) in Australia*. 2024 data released in 2025.



Greater capital cities total and rest of states total

- In all states and territories, age-standardised suicide rates were lower in capital cities than in the rest of the state or territory.



Suicide by remoteness

- Across a five-year period (2020-2024), major cities had the lowest suicide rate across all years.
- Though 2024 suicide data is considered preliminary, suicide rates for males and persons living in remote and very remote Australia are the highest in the five-year time-series.
- In 2024, the suicide rate for males living in remote and very remote Australia (**39.8 per 100,000**) was more than double the rate for males living in major cities (**15.2 per 100,000**).

Remote and Very Remote Australia



Outer Regional Australia



Inner Regional Australia



Major Cities of Australia



2024

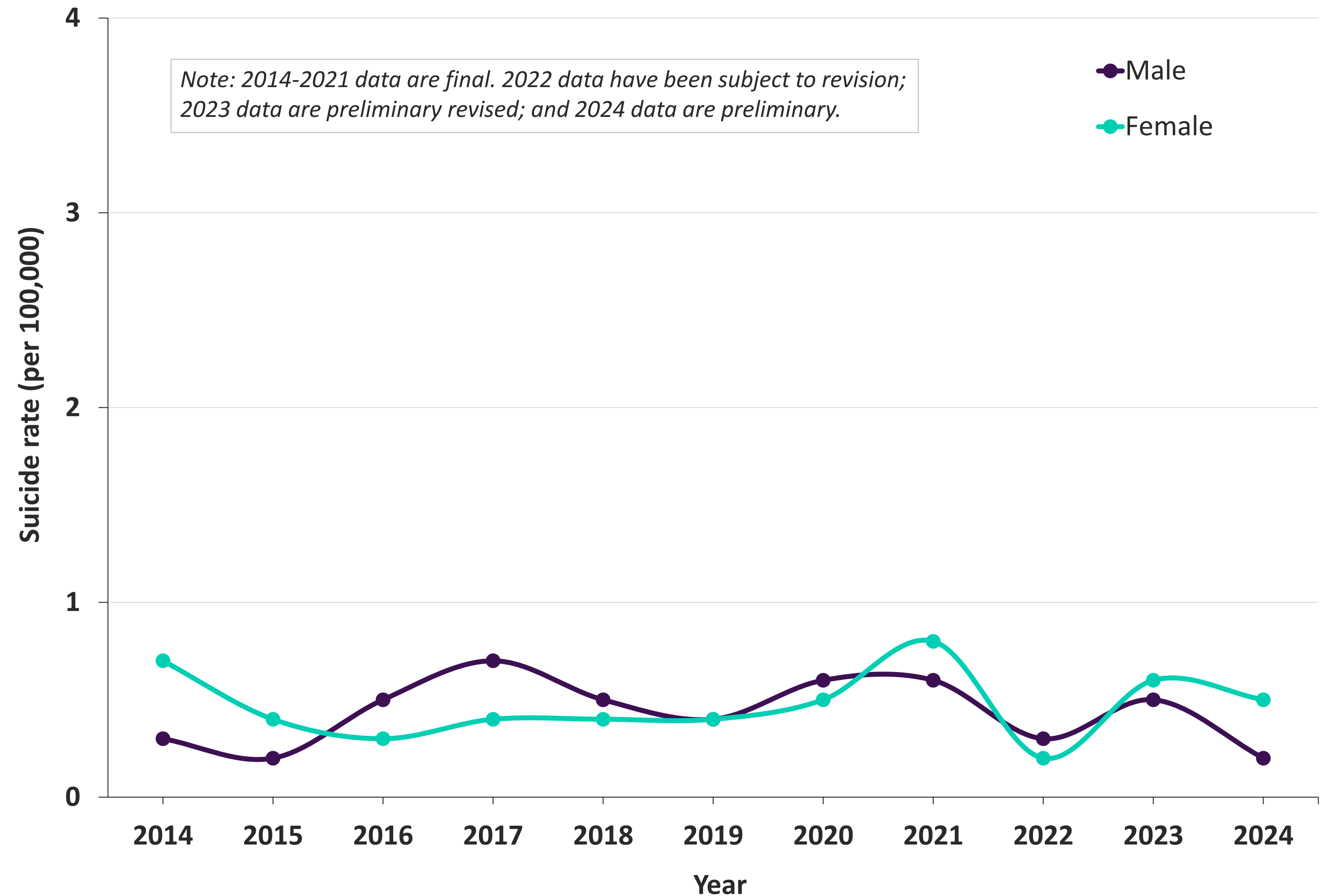
Male
Female

Note: Age-standardised suicide rates are for 2024; In this data, 'Major Cities in Australia' in this data excludes Darwin and Hobart.



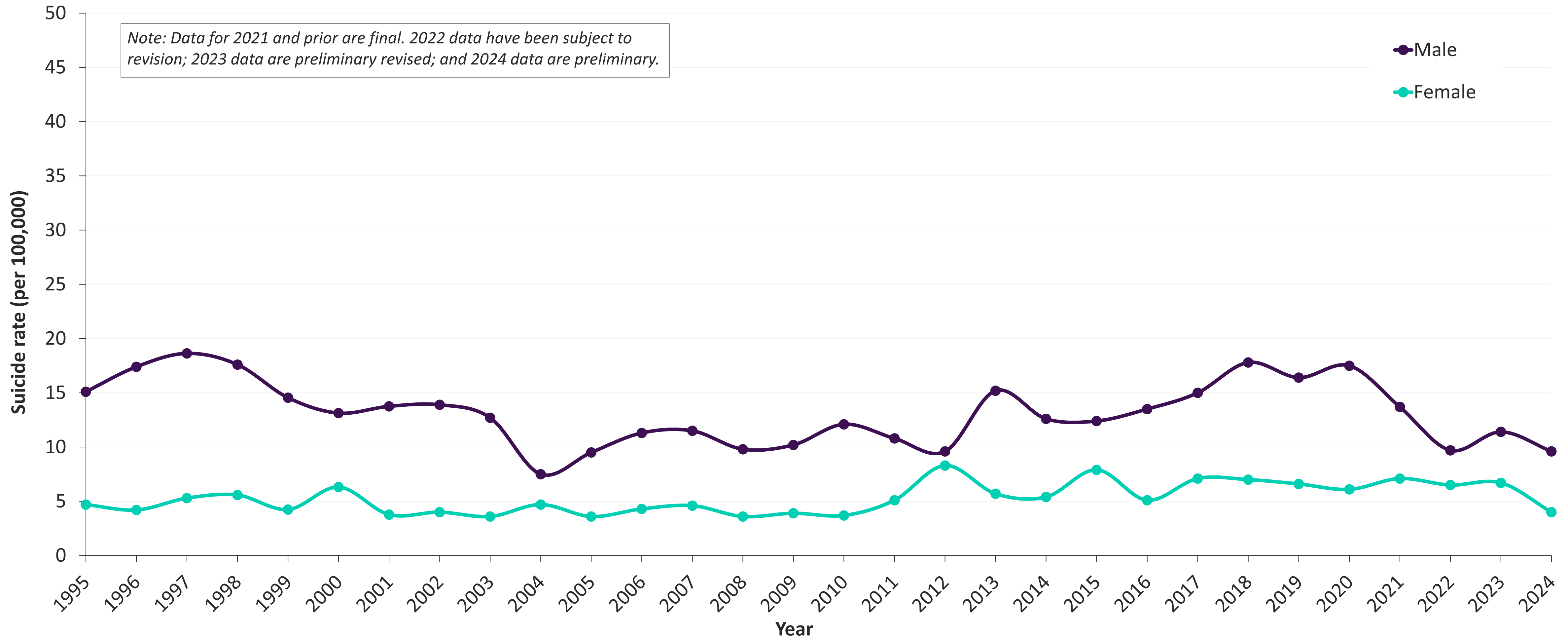
0-14 year olds

- 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 **17** deaths by suicide among young people aged 0-14 years with an age-specific rate of **0.4 per 100,000**.
- There were **5** deaths among boys in this age group at an age-specific rate of **0.2 per 100,000**.
- There were **12** deaths among girls in this age group at an age-specific rate of **0.5 per 100,000**.



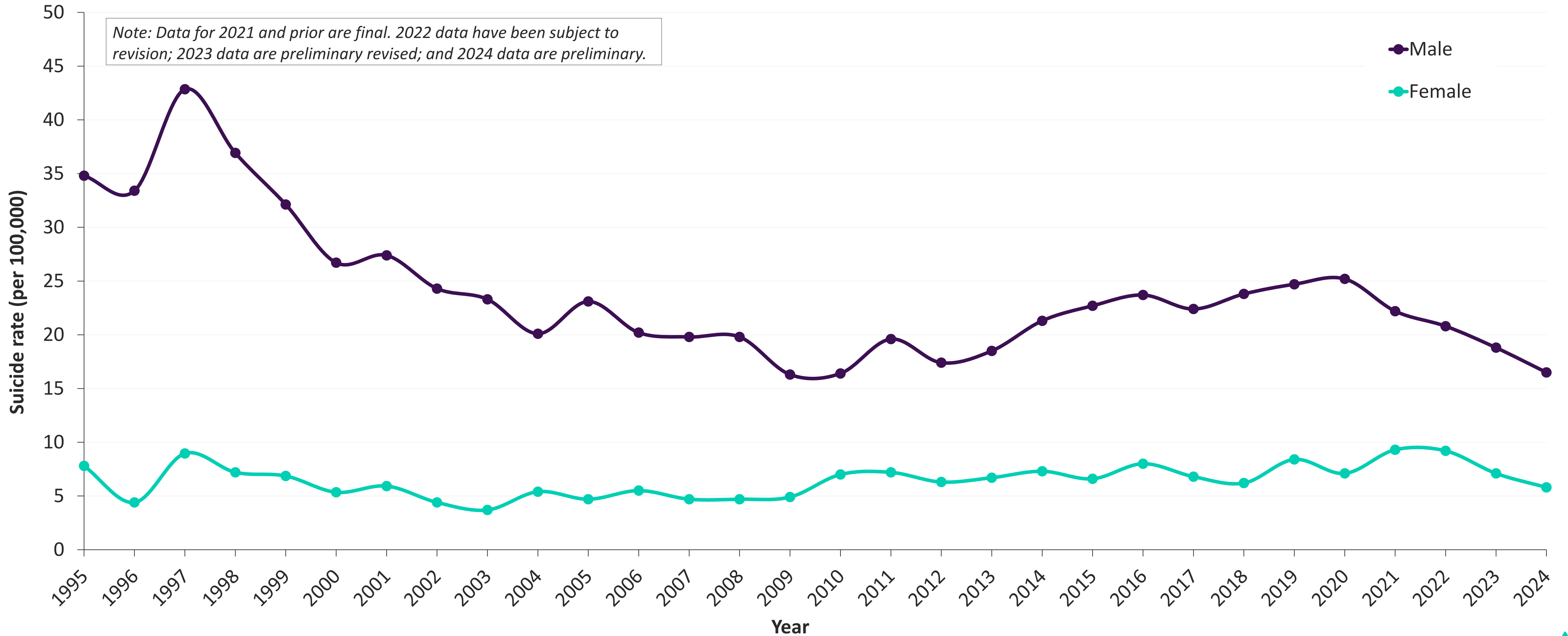
15-19 year olds

Age-specific suicide rates 1995-2024



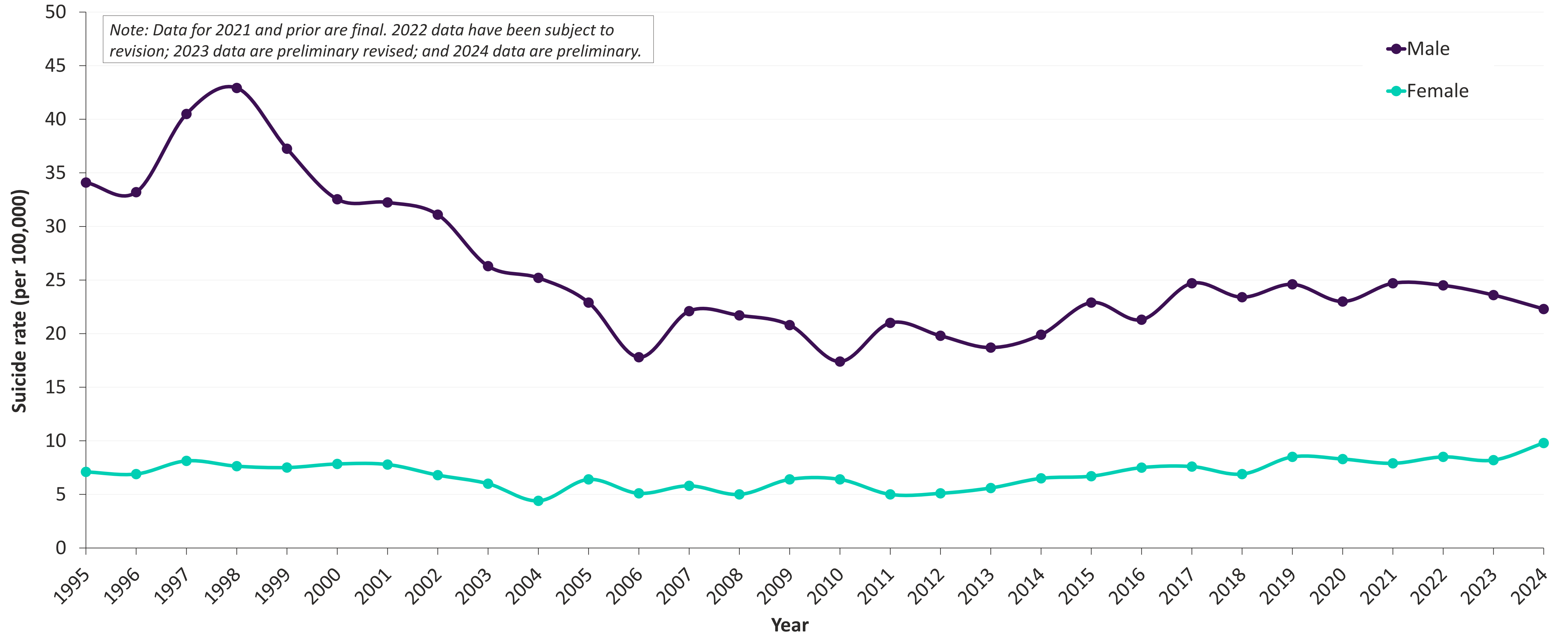
20-24 year olds

Age-specific suicide rates 1995-2024



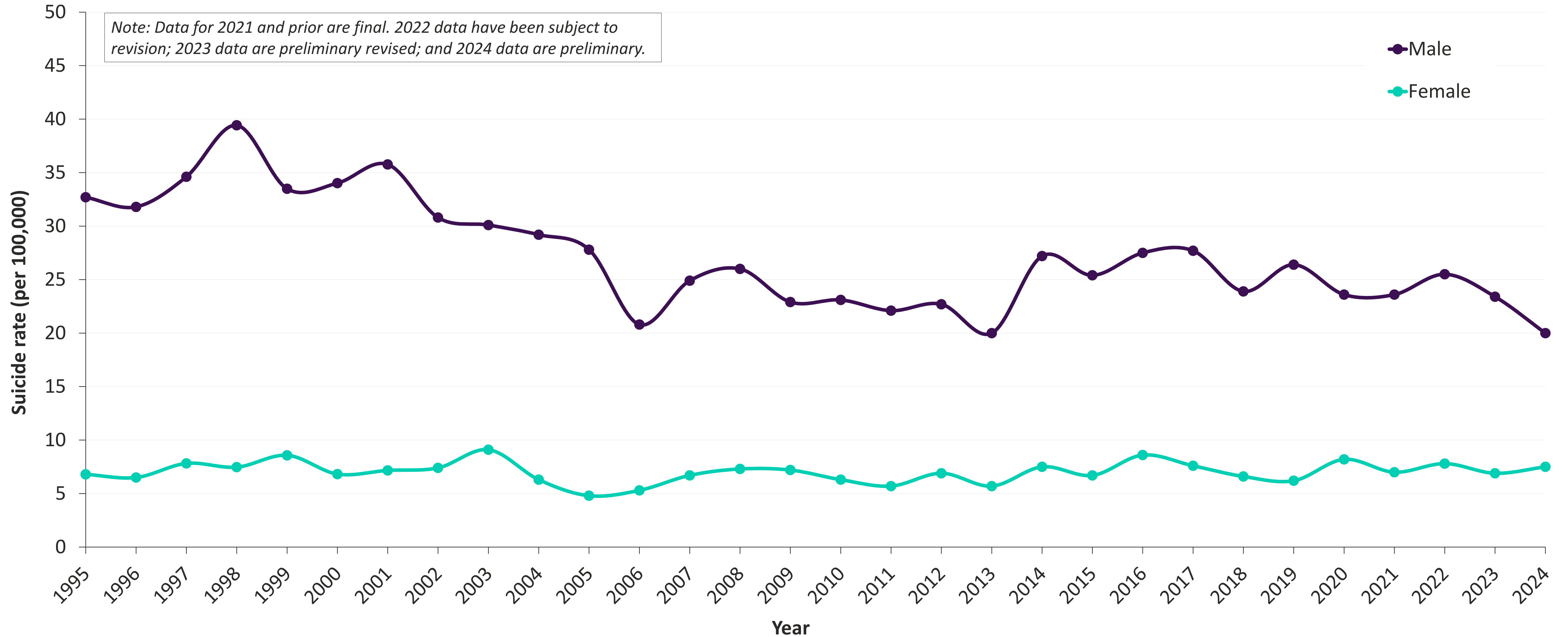
25-29 year olds

Age-specific suicide rates 1995-2024



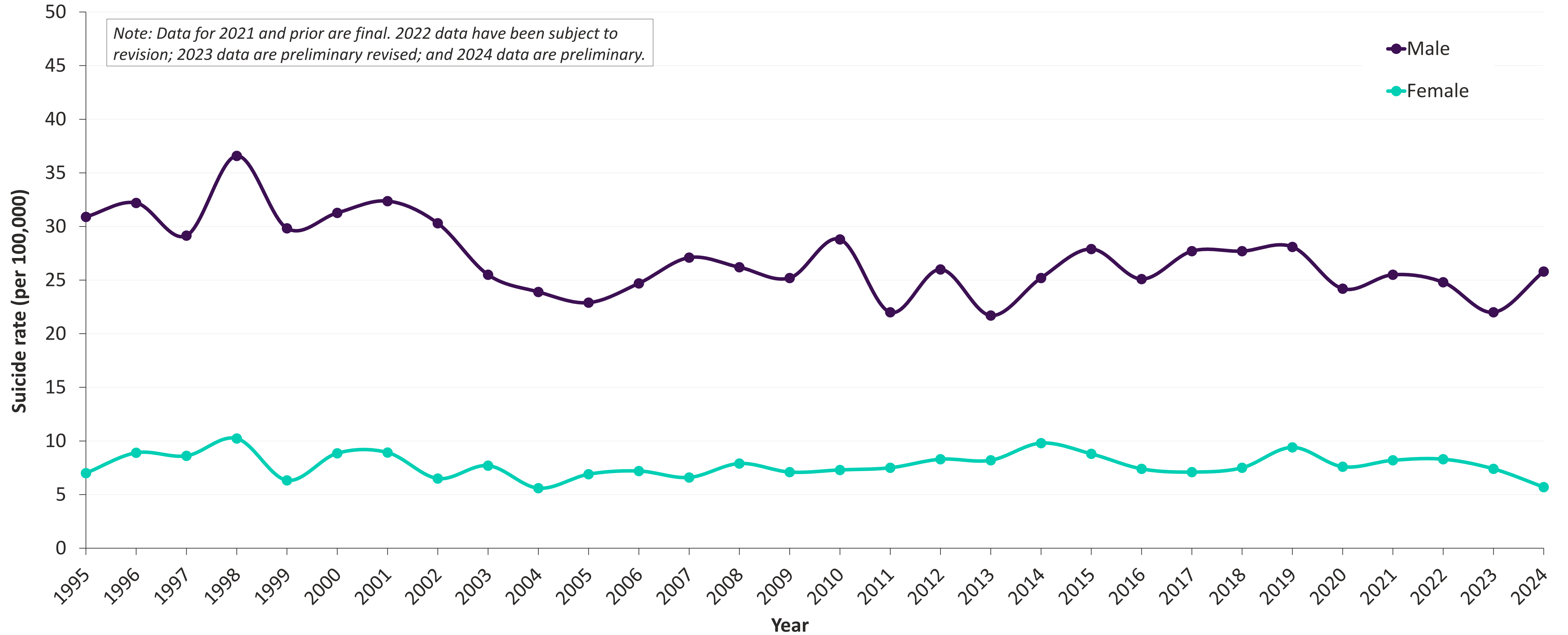
30-34 year olds

Age-specific suicide rates 1995-2024



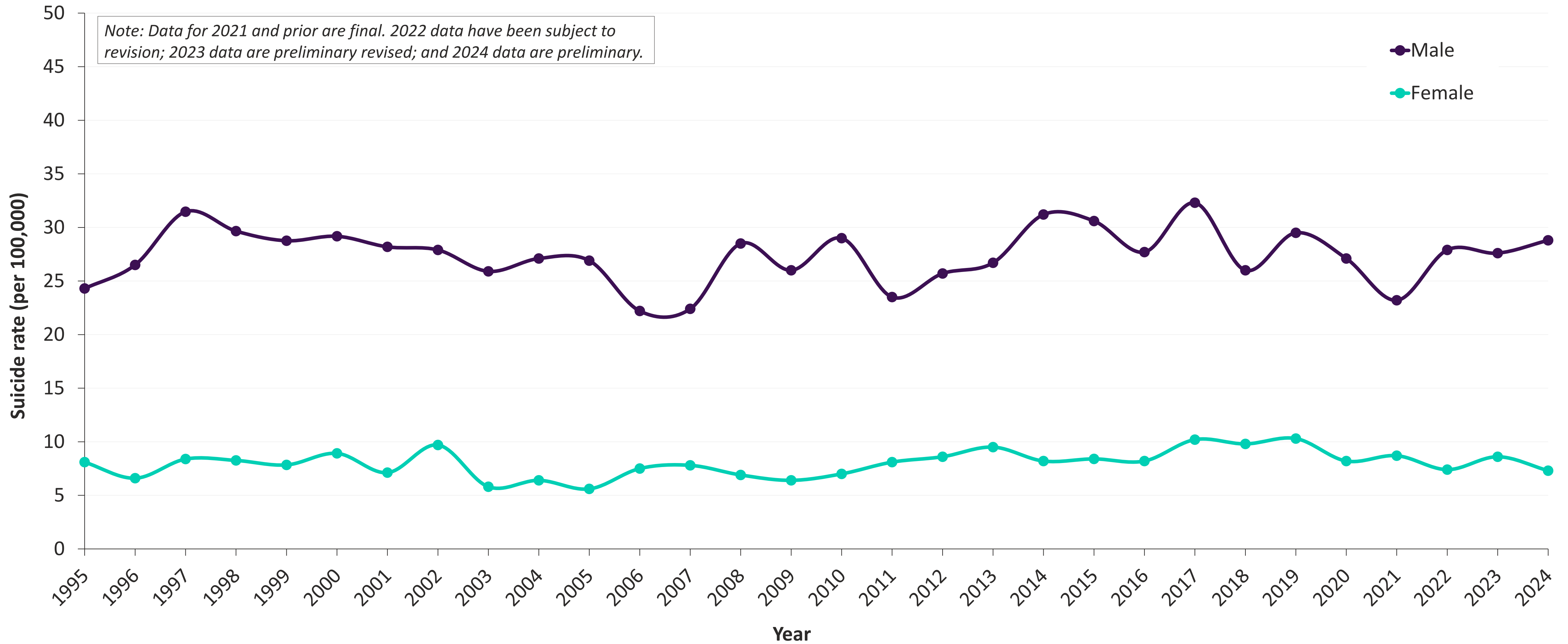
35-39 year olds

Age-specific suicide rates 1995-2024



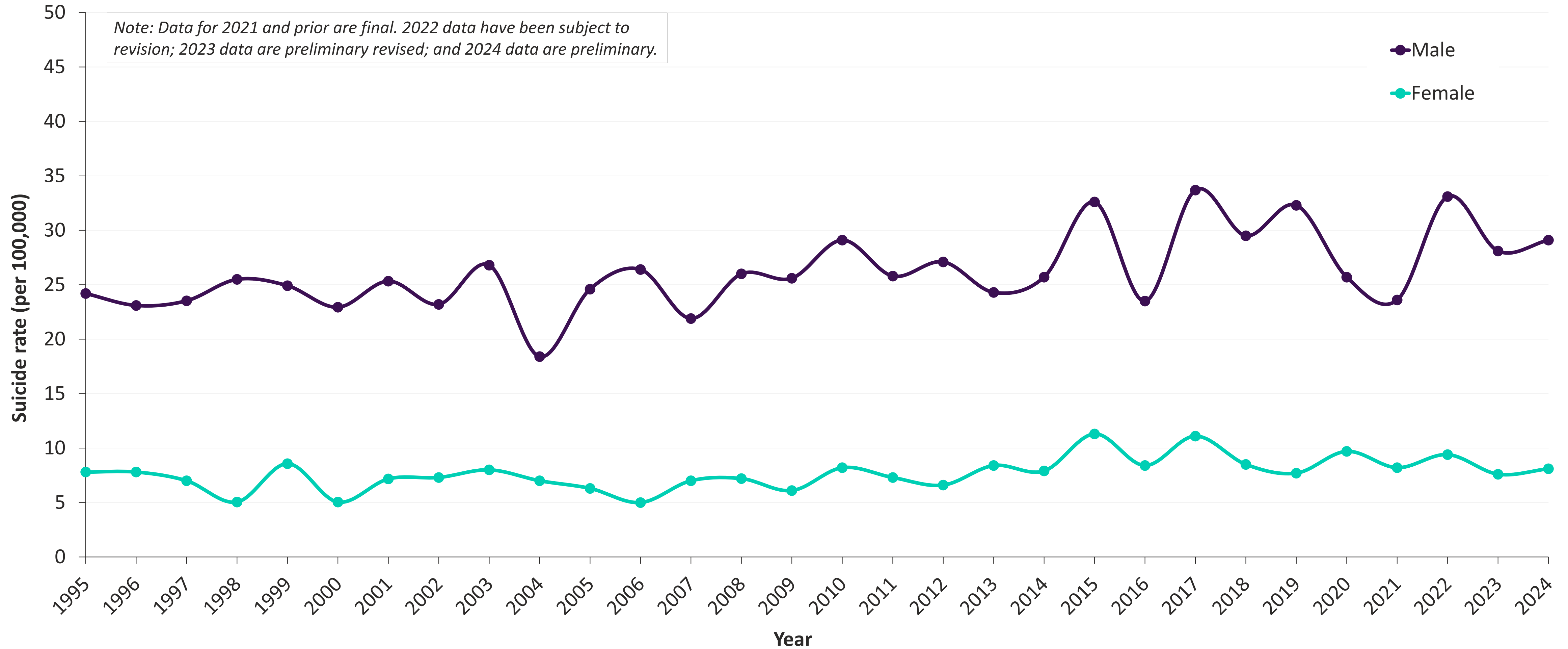
40-44 year olds

Age-specific suicide rates 1995-2024



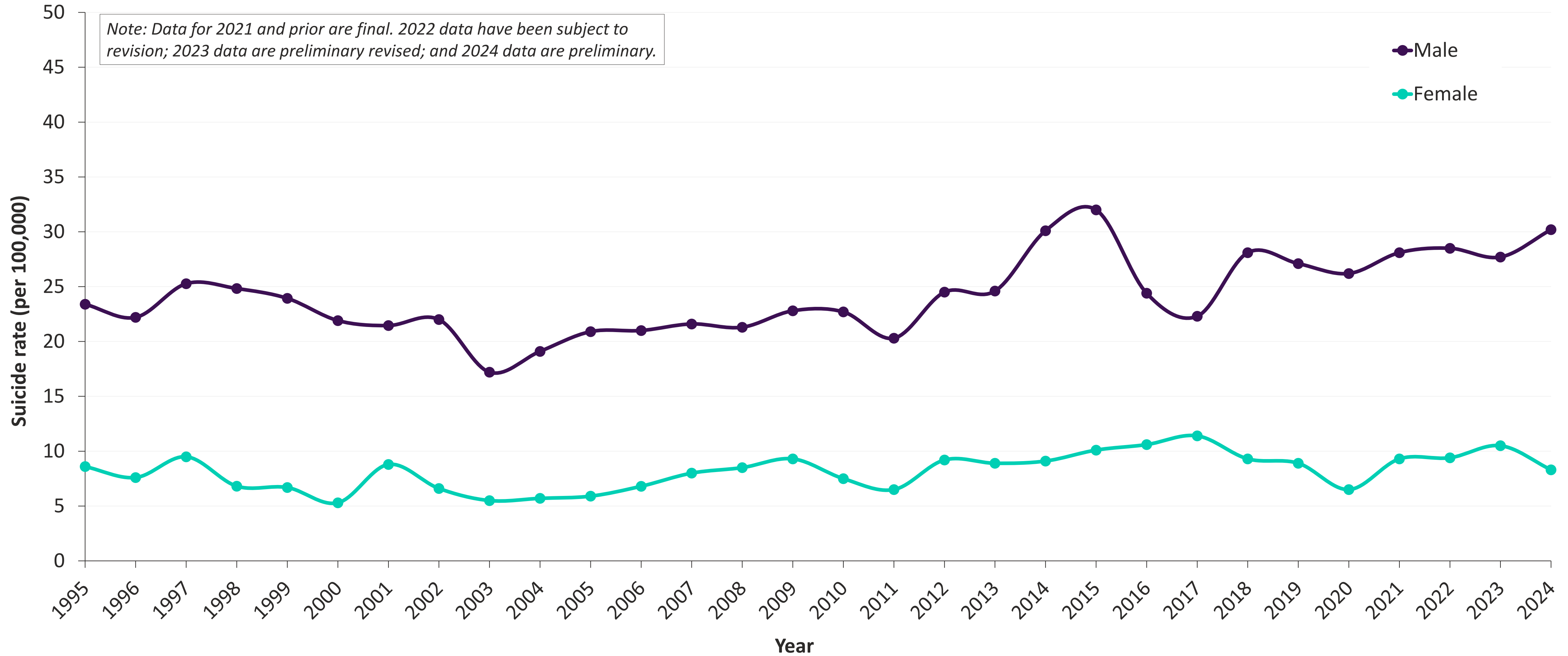
45-49 year olds

Age-specific suicide rates 1995-2024



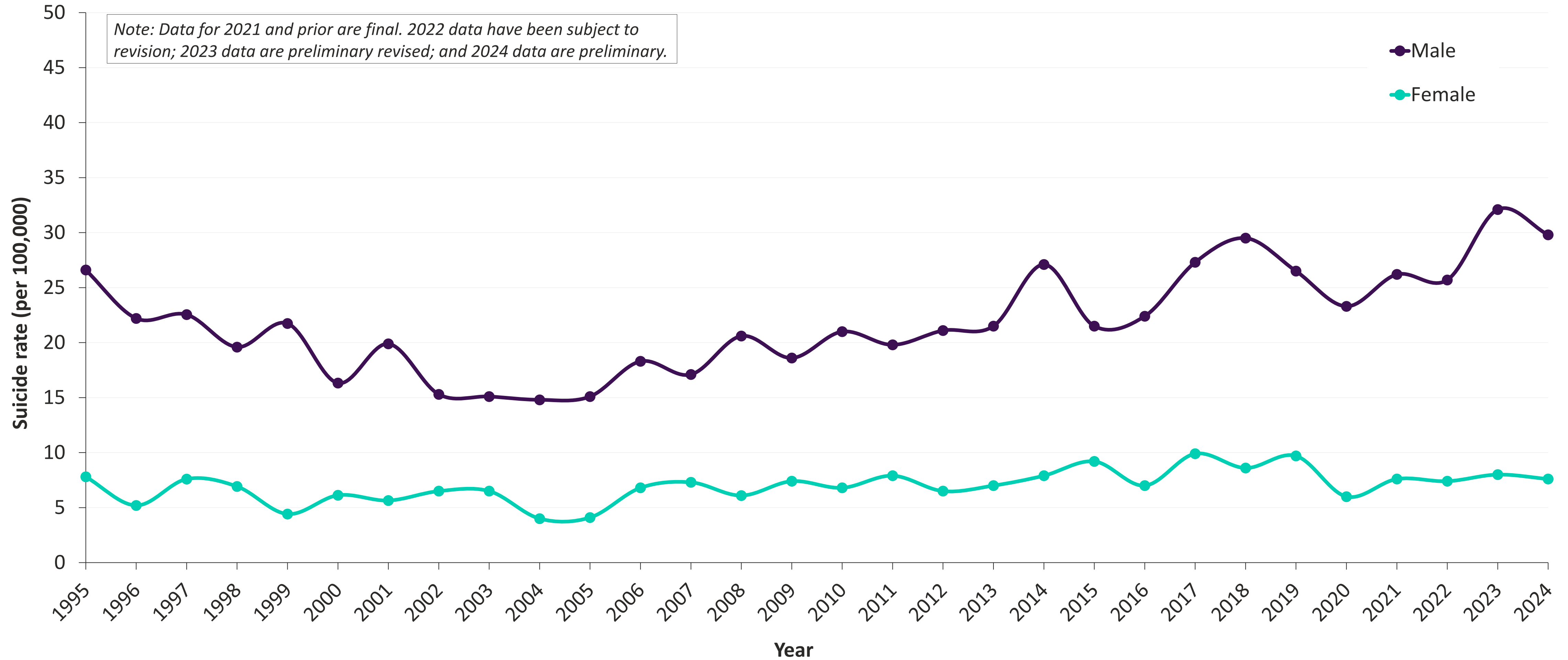
50-54 year olds

Age-specific suicide rates 1995-2024



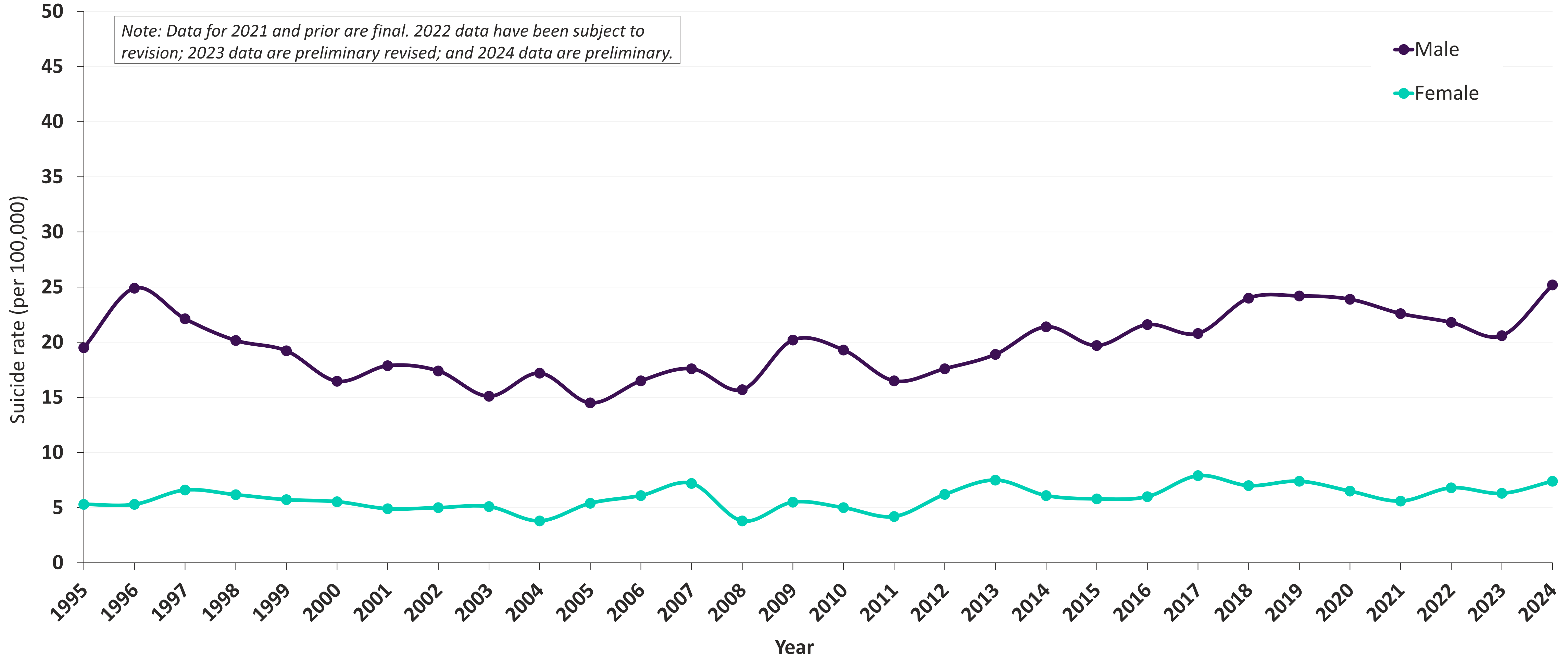
55-59 year olds

Age-specific suicide rates 1995-2024



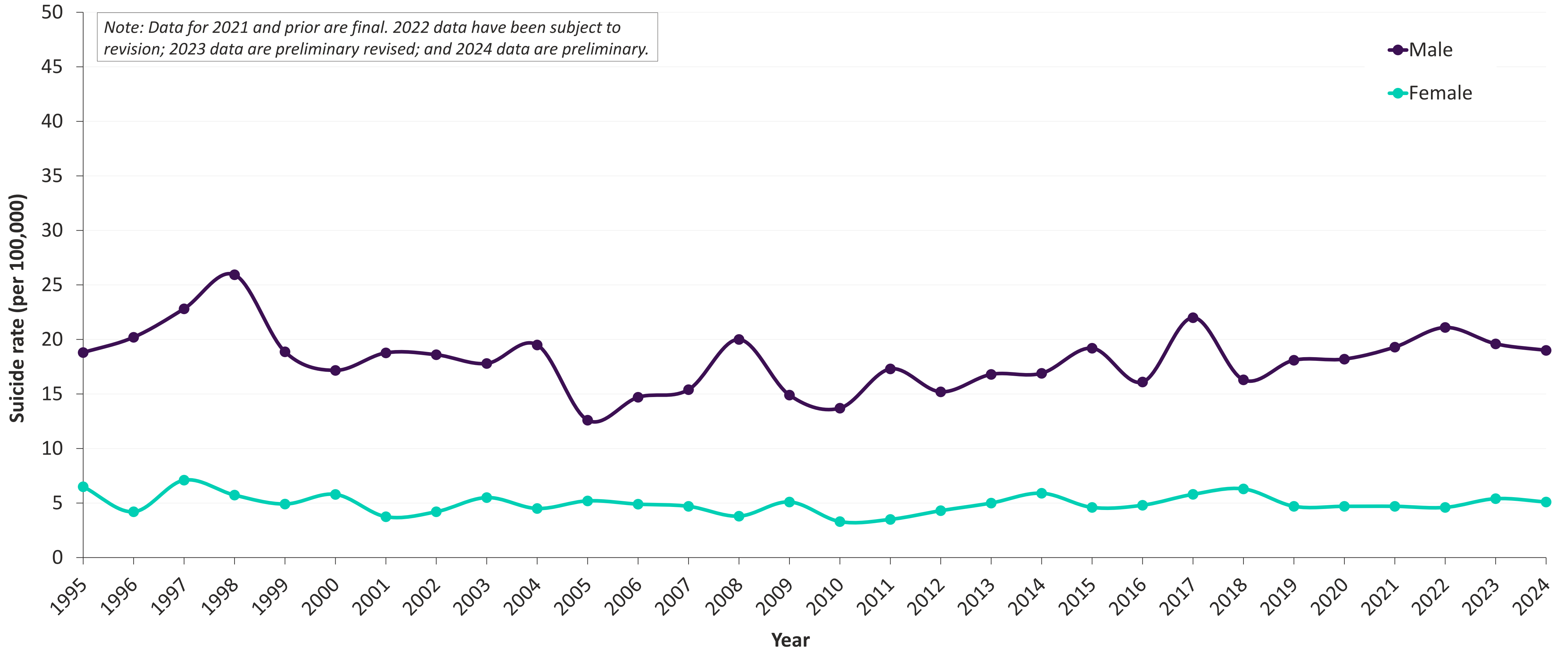
60-64 year olds

Age-specific suicide rates 1995-2024



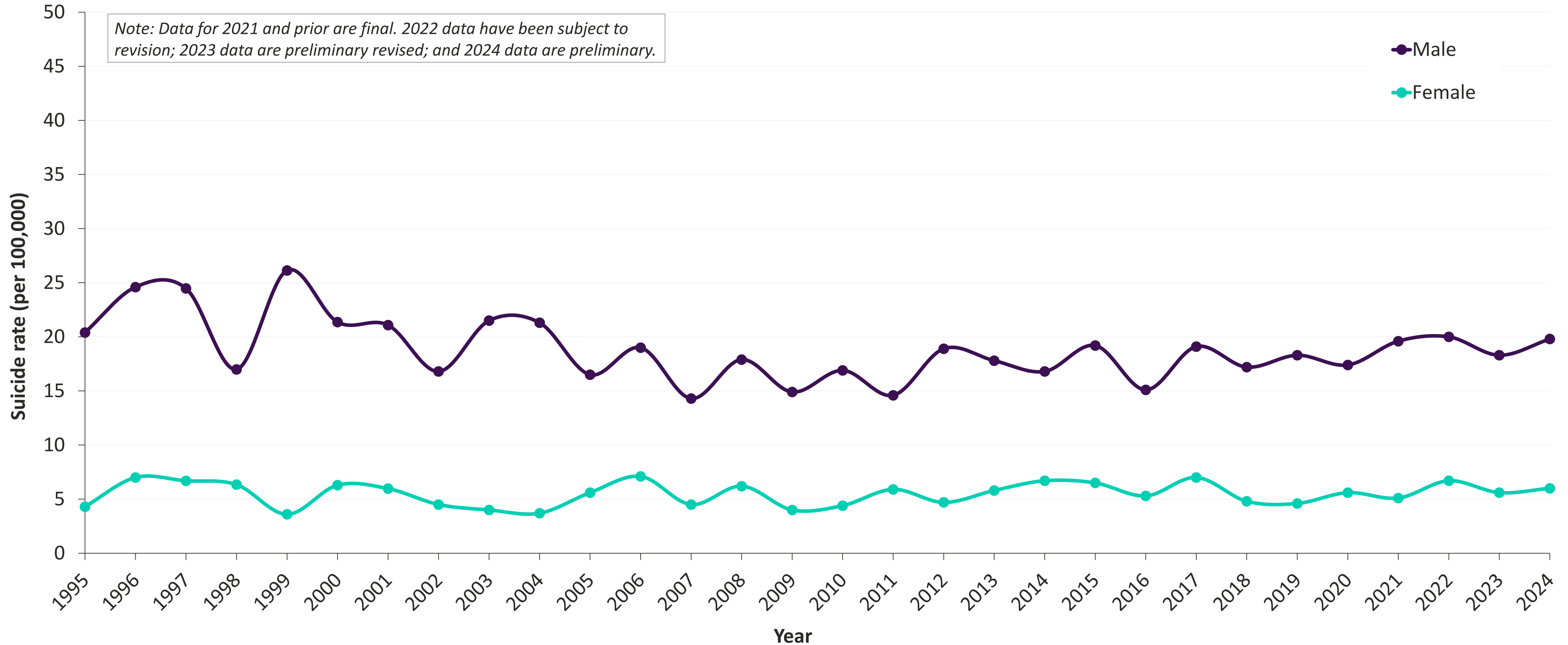
65-69 year olds

Age-specific suicide rates 1995-2024



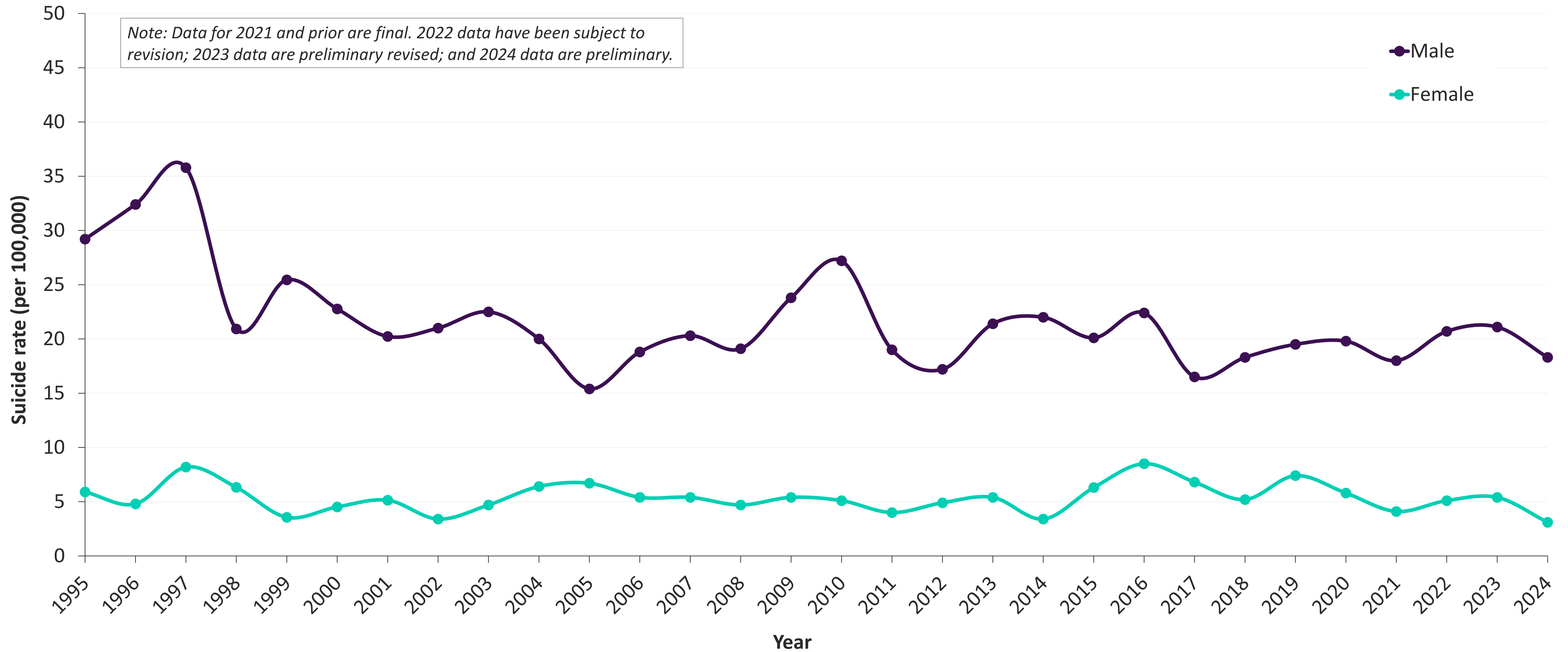
70-74 year olds

Age-specific suicide rates 1995-2024



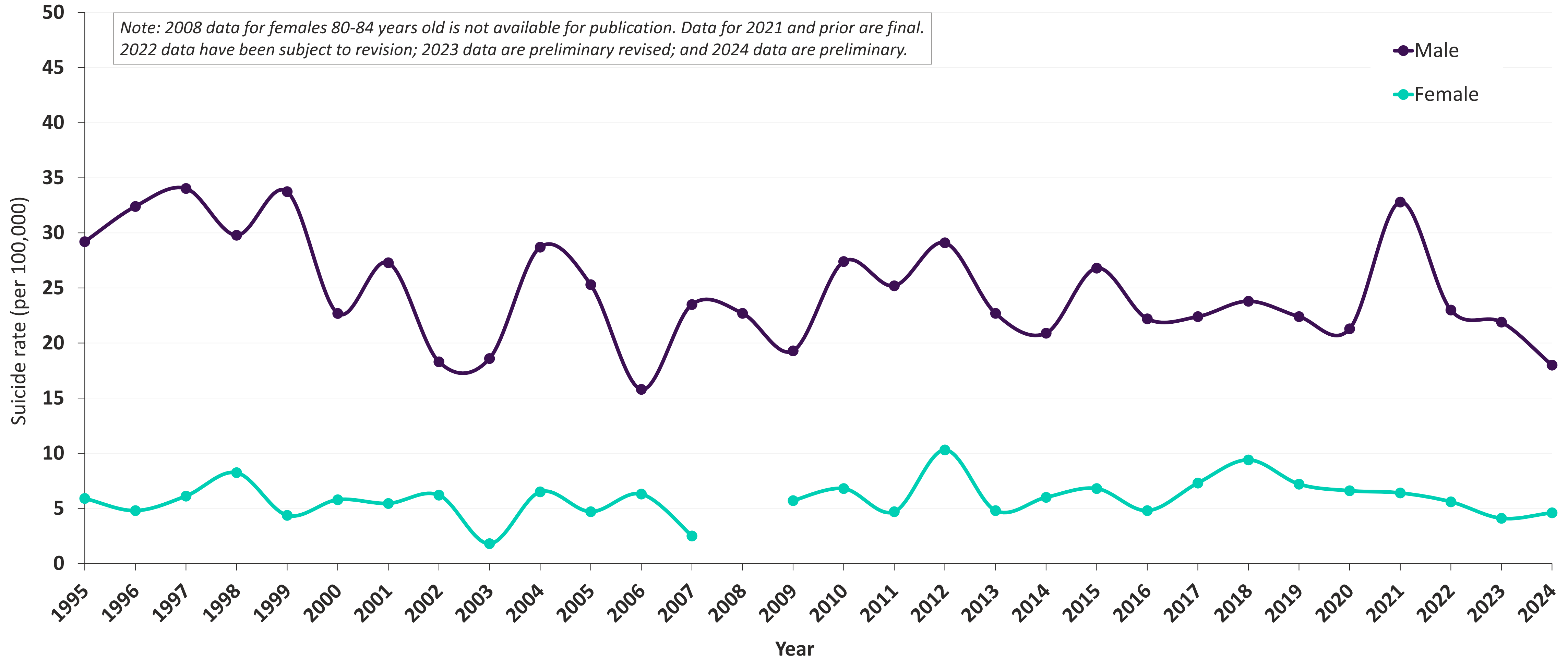
75-79 year olds

Age-specific suicide rates 1995-2024



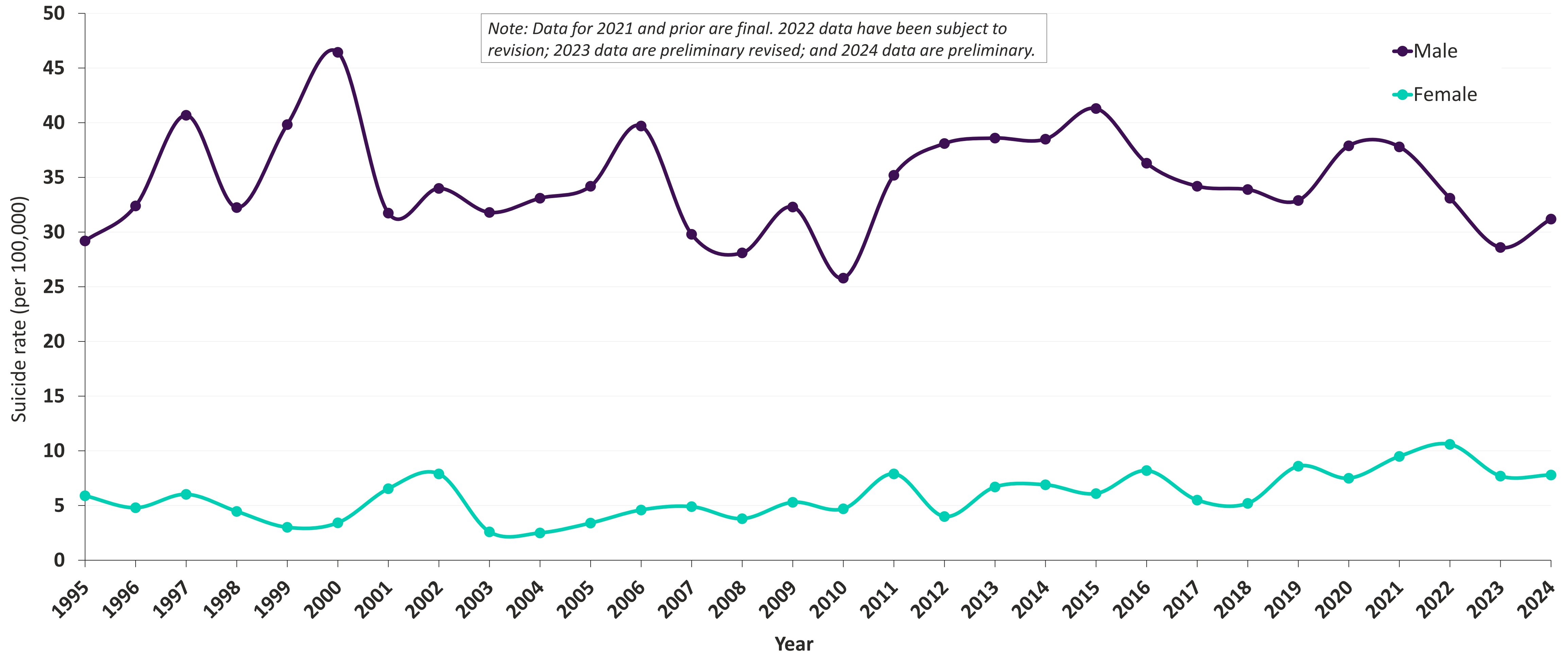
80-84 year olds

Age-specific suicide rates 1995-2024



85+ year olds

Age-specific suicide rates 1995-2024



Risk factors

- In 2024, **79.7%** 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.

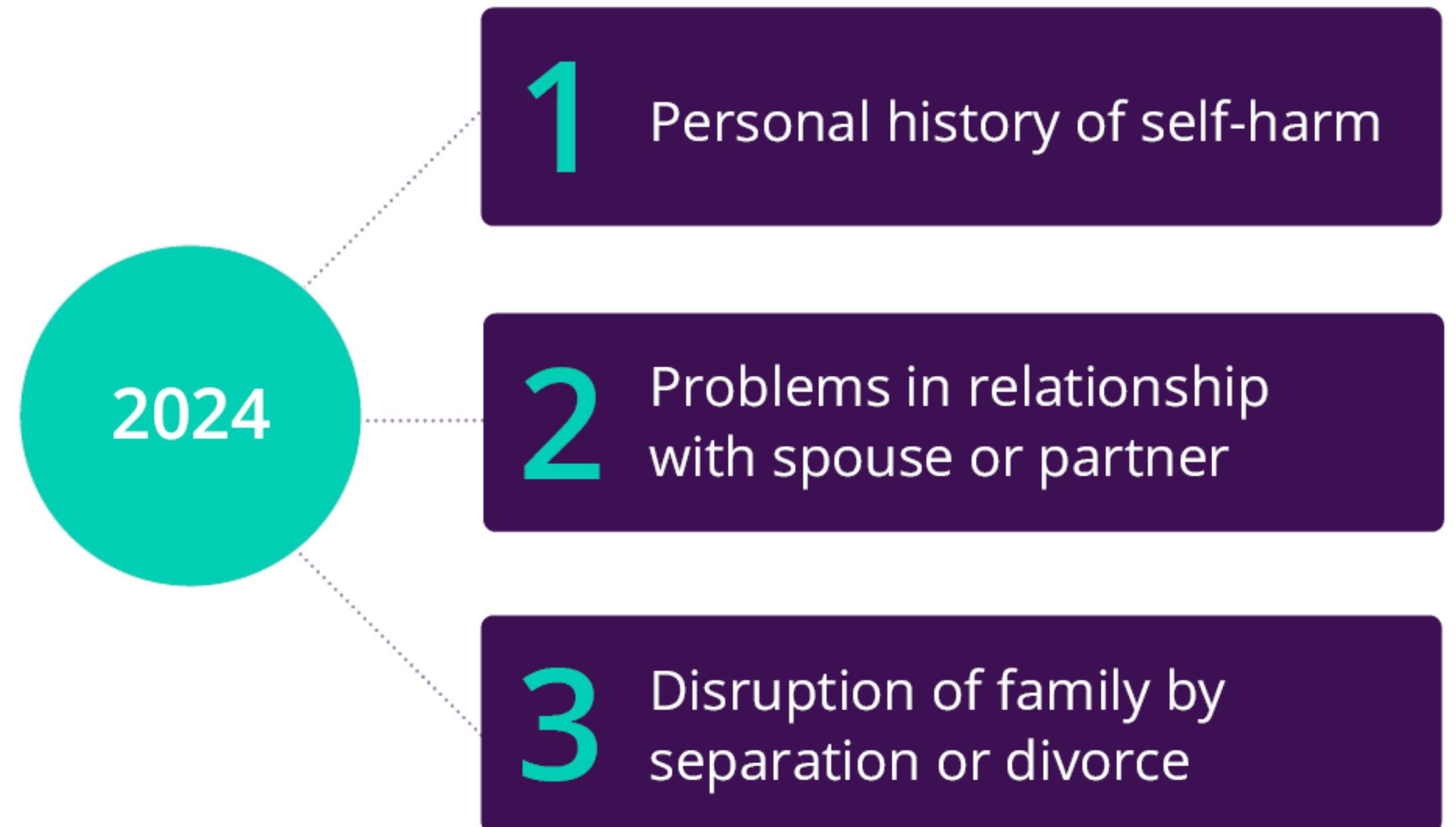
Most commonly reported risk factors across all ages in 2024:

- Mood disorders (including depression) (**34.8%**)
- Suicide ideation (shared thoughts with others) (**30.5%**)
- Problems in spousal relationship circumstances (**25.0%**)
- Anxiety and stress related disorders (**20.5%**)
- Personal history of self-harm (**20.4%**).



Psychosocial risk factors

- Psychosocial risk factors are social processes and social structures that can interact with a person's thoughts, behaviour or health.
- In 2024, **66.7%** of males and **66.8%** of females had 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, 2024

Males	
Psychosocial risk factor	Proportion*
Personal history of self-harm	24.6%
Disruption of family by separation or divorce	14.6%
Problems in relationship with spouse or partner	13.8%

Females	
Psychosocial risk factor	Proportion*
Personal history of self-harm	37.2%
Disappearance and death of family member	11.7%
Other specified problems related to primary support group	10.6%

**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, 2024

Males	
Psychosocial risk factor	Proportion*
Personal history of self-harm	24.0%
Problems in relationship with spouse or partner	20.0%
Disruption of family by separation or divorce	16.3%

Females	
Psychosocial risk factor	Proportion*
Personal history of self-harm	30.1%
Problems in relationship with spouse or partner	19.1%
Disruption of family by separation or divorce	16.2%

**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, 2024

Males	
Psychosocial risk factor	Proportion*
Problems in relationship with spouse or partner	20.2%
Personal history of self-harm	18.7%
Disruption of family by separation or divorce	17.0%

Females	
Psychosocial risk factor	Proportion*
Personal history of self-harm	33.6%
Disruption of family by separation or divorce	21.6%
Problems in relationship with spouse or partner	17.6%

**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, 2024

Males	
Psychosocial risk factor	Proportion*
Disruption of family by separation or divorce	20.4%
Problems in relationship with spouse or partner	18.4%
Personal history of self-harm	18.4%

Females	
Psychosocial risk factor	Proportion*
Personal history of self-harm	31.9%
Problems in relationship with spouse or partner	18.1%
Disappearance and death of family member, and Disruption of family by separation and divorce	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, 2024

Males	
Psychosocial risk factor	Proportion*
Other problems related to housing and economic circumstances	15.3%
Problems related to other legal circumstances	13.3%
Disruption of family by separation or divorce, and Personal history of self-harm	13.1%

Females	
Psychosocial risk factor	Proportion*
Personal history of self-harm	30.8%
Disappearance and death of family member	13.7%
Disruption of family by separation or divorce	13.7%

**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, 2024

Males	
Psychosocial risk factor	Proportion*
Limitation of activities due to disability	30.6%
Disappearance and death of family member	10.1%
Personal history of self-harm	9.9%

Females	
Psychosocial risk factor	Proportion*
Limitation of activities due to disability	29.0%
Personal history of self-harm	14.5%
Disappearance and death of family member	13.0%

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



Suicide risk factors by remoteness

Over **27%** of Australia's population live in regional and remote areas, where suicide rates are higher than 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 2020-2024:

- People living in major cities were more likely to have a specific mental health condition mentioned than those who lived in regional or remote Australia. Increased remoteness correlated with lower likelihood of a specific mental health condition being mentioned.
- 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 was mentioned in **34.4%** of suicides; and acute psychoactive substance use and intoxication mentioned in **31.6%** of suicides.
- Problems related to employment and the social environment (including social exclusion and rejection) were more common in major cities and inner regional areas.



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 2020 - 2024:

- People who were born in Australia had an age-standardised rate of **14.6 deaths per 100,000** people.
- People who were born overseas had an age-standardised rate of **8.3 deaths per 100,000** people.
- People born in Northern Ireland, Wales, Malta, Kenya, New Zealand, Hungary and Scotland had a higher suicide rate than those born in Australia.

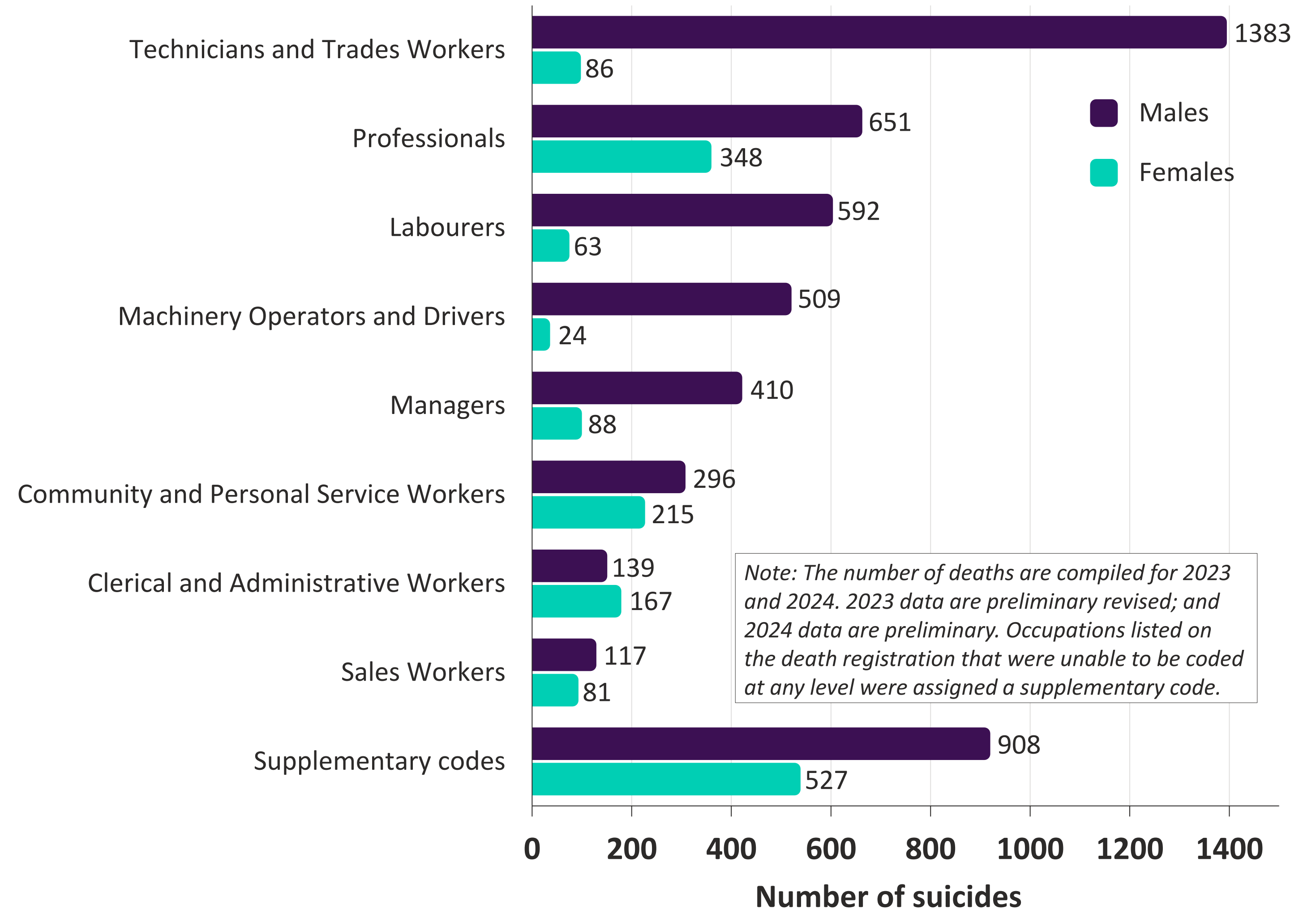


Suicide by occupation – major groups

Occupation coding has been completed for the first time for deaths registered in 2023 and 2024.

In 2023 and 2024*:

- For males who died by suicide, **technicians and trades workers** was the most common occupation group (**27.6% of suicides in males**).
- For females who died by suicide, **professionals** was the most common occupation group (**21.8% of suicides in females**).



*Does not account for underlying differences in the number of males and females employed in each of the major occupation groups. Deaths data coded to the Occupation Standard Classification for Australia (OSCA) is considered experimental and may be subject to improvements and revisions over time. This table includes preliminary revised data for 2023 and preliminary data for 2024.



Suicide by occupation – sub-major groups

The below table ranks the top three sub-major groups for deaths by suicide, by sex across 2023 - 2024 (excluding supplementary codes).

Males	
Sub-major group	Number of deaths
Road and rail drivers	257
Building completion and related trades workers	245
Engineering trades workers	214

Females	
Sub-major group	Number of deaths
Health professionals	164
Aged care and disability services and support workers	72
Sales assistants and salespersons	66

**Deaths data coded to the Occupation Standard Classification for Australia (OSCA) is considered experimental and may be subject to improvements and revisions over time. This table includes preliminary revised data for 2023 and preliminary data for 2024.*



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 | beyondblue.org.au

StandBy Support After Suicide

1300 727 247 | standbysupport.com.au

QLife

1800 184 527 | qlife.org.au

LGBTIQ+ peer support service

MensLine Australia

1300 789 978 | mensline.org.au

Youth

Kids Helpline 1800 55 1800 | kidshelpline.com.au

headspace 1800 650 890 | headspace.org.au

ReachOut reachout.com.au

Other resources

Medicare Mental Health

medicarementalhealth.gov.au

SANE online forums

saneforums.org | 1800 187 263 (10am - 10pm)

Embrace Multicultural Mental Health

embracementalhealth.org.au

National Alcohol and Other Drug Hotline

1800 250 185

Gambling Help Online

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 provides sector leadership through collaboration and engagement, and facilitates access to current evidence-based suicide prevention resources, services, research and policy through an easily accessible digital portal.

X @lifeinmind

 @EverymindAU

lifeinmind.org.au