Suicide in Queensland

Annual Report 2024

DELIVERING FOR QUEENSLAND

Queensland Government

Queensland
Mental Health Commission

Suicide in Queensland Annual Report 2024

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Feedback

We value the views of our readers and invite your feedback on this report.

Please contact the Queensland Mental Health Commission on **1300 855 945** or via email at info@qmhc.qld.gov.au.

Translation

The Queensland Government is committed to providing accessible information to Queenslanders from culturally and linguistically diverse backgrounds. If you require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.

Acknowledgement of First Nations peoples

We respectfully acknowledge First Nations peoples in Queensland as the Traditional Owners and Custodians of the lands, waters and seas. We acknowledge those of the past, who have imparted their wisdom and whose strength has nurtured this land. We acknowledge Elders for their leadership and ongoing efforts to protect and promote First Nations peoples and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equity, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of Reconciliation.

Acknowledgement of contribution

We acknowledge those who have contributed to this report, including those working in the coronial system. We thank the Queensland Police Service and the Coroners Court of Queensland for sharing police reports with the Queensland Mental Health Commission to support the interim Queensland Suicide Register (iQSR).

We acknowledge the Victorian Department of Justice and Community Safety as the source organisation for data in the National Coronial Information System (NCIS) which has informed the Queensland Suicide Register (QSR) and, to some extent, the iQSR. We acknowledge the NCIS as the database source of that data.

Warning

Aboriginal and Torres Strait Islander people should be aware that this report contains information about deceased Aboriginal people and deceased Torres Strait Islander people.

Recognition of lived experience

We respectfully recognise people with lived experience of suicide. People with lived experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, or been bereaved by suicide. We also acknowledge that lived experienced of suicide can vary significantly and we must also consider Aboriginal and Torres Strait Islander people's ways of understanding social and emotional wellbeing.

We acknowledge the lives we have lost to suicide, those with suicidality and those who support them. People with lived experience have a critical role in informing how we understand and reduce suicide. Each death by suicide in this report is more than a number. Each is a person with a unique story. Collectively, their experiences help us to understand suicide, so we can effectively reduce suicide in the future.

The Commission's role

The Queensland Mental Health Commission (the Commission) is an independent statutory body established to drive ongoing reform towards a more integrated, evidence-based, person-centred mental health, alcohol and other drugs, and suicide prevention system in Queensland.

Support services

The information in this report refers to real people, lives lived, and lives lost too early to suicide. One suicide is one too many, and we work with a sense of urgency to reduce deaths by suicide in Queensland.

Thinking and reading about mental ill-health, alcohol and other drug-related harm, and suicide can be distressing. Some of the information captured in this report may also be distressing and we encourage you to reach out to a support person or service if needed.

Support services

Lifeline	13 11 14	www.lifeline.org.au/gethelp
Suicide Call Back Service	1300 659 467	www.suicidecallbackservice.org.au
MensLine Australia	1300 78 99 78	www.mensline.org.au
Beyond Blue Support Service	1300 22 4636	www.beyondblue.org.au
13YARN	13 92 76	www.13yarn.org.au
SANE Australia Helpline	1800 187 263	www.sane.org
QLife (LGBTQIA+)	1800 184 527	www.qlife.org.au
Kids Helpline	1800 55 1800	www.kidshelpline.com.au
Defence Family Helpline	1800 624 608	https://www.defence.gov.au/adf-members-families
Gambling Help Queensland	1800 858 858	www.gamblinghelpqld.org.au
PANDA Helpline (perinatal mental health)	1300 726 306	www.panda.org.au
Arafmi	1300 554 660	www.arafmi.com.au

Alcohol and other drugs support services

National Alcohol and Other Drug Hotline	1800 250 015	www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline
adis	1800 177 833	www.adis.health.qld.gov.au
Family Drug Support	1300 368 186	www.fds.org.au

Suicide support services

Standby Support After Suicide	1300 727 247	www.standbysupport.com.au
National Indigenous Critical Response Service	1800 805 801	www.thirrili.com.au/find-support
Peer CARE Companion Warmline	1800 777 337	www.rosesintheocean.com.au

Telephone Interpreter Service

If you require help with translation, please ask the relevant telephone support service to use the Translating and Interpreting Service by phoning **131 450**.

Hearing impaired callers

Dial **106** by TTY or in an emergency use National Relay Services TTY number **133 677**.

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Glossary

Age-specific rate	Age-specific rates are the crude rates in a specific age group. Rates are calculated as the number of suspected suicide deaths in that age group for a period, divided by the estimated population for that age group. The rate is then converted to a standard population unit by multiplying the rate by 100,000.
Age-standardised suicide rate	Age-standardisation is a method that removes the influence of age when comparing populations with different age structures. This is necessary because the rates of many health conditions vary with age, making it difficult to compare populations with different age distributions. For example, if one population has a much older age structure than another, it is likely to have higher crude death rates, even if the underlying health of the populations is similar.
Crude rate	Crude rate is the number of suspected suicides in a given time period divided by the total population during that period, typically multiplied by a standard population unit (e.g. 100,000).
Form 1	Formally called the *Form 1 Police Report of Death to a Coroner*. A Queensland Police Service officer completes this form to provide details on reportable deaths to support the coroner in their investigation, including deciding whether to order an autopsy. The form also helps the pathologist performing an autopsy to establish a cause of death. This document is the source of information in the iQSR.
Geocoding	Geocoding takes an address or place name and turns that information into an exact geographical location using latitude and longitude coordinates. This enables data to be mapped, sorted and grouped into geographical areas for analysis.
Hospital and Health Service	The statutory bodies providing public health services across Queensland, each with its own geographic region.
Mental illness	A clinically diagnosable disorder that significantly affects a person's cognitive, emotional or social abilities. The experience of mental illness is often characterised as mild, moderate or severe.
Numbers	The number of people who died by suspected suicide. This report does not provide numbers less than 5.
Primary Health Network	Independent organisations funded by the Australian Government to manage health regions. These regions differ from state Hospital and Health Service regions.
Public health surveillance	Using data to monitor health problems to inform and support suicide prevention responses.
Real-time	Real-time refers to information on suspected suicides received and collated as soon as possible after an event occurs, using police reports of deaths to coroners.
Sex	Sex refers to a person's biological sex.[1] The interim Queensland Suicide Register does not sufficiently capture the breadth of gender and sexual diversity in the Queensland community for 2024, though this is in the process of being addressed for future years.
Suspected suicide	A person's death that appears to be by suicide, but the coronial investigation and determination of the type of death is still ongoing. Coroners are responsible for determining whether a person's death is formally recorded by suicide after investigating and considering all available evidence. Until a coroner finalises their investigation, deaths are referred to as suspected suicides. This term is not intended to take away from the tragedy of each person's death. Each death referred to as a suspected suicide is a life lost and a life that was valued and will be missed. The impact of this loss is widespread and, for many of those left behind, lifelong. Deaths in the interim Queensland Suicide Register with a probability code of 'probable' or 'confirmed' are termed 'suspected suicides' to acknowledge the ongoing coronial processes. The use of the term suicide to refer to some deaths in this report may be for ease of description and does not necessarily mean that the coroner has made a determination about a person's cause of death.

1 The interim Queensland Suicide Register only records a person's biological sex, as the Form 1 currently does not account for gender diversity. The Commission acknowledges and respects that there are many gender identities outside of cisgender male and female.

Acronyms

ABS	Australian Bureau of Statistics
AISRAP	Australian Institute for Suicide Research and Prevention
CCQ	Coroners Court of Queensland
HHS	Hospital and Health Service
iQSR	interim Queensland Suicide Register
PHN	Primary Health Network
QPS	Queensland Police Service
QSR	Queensland Suicide Register

How to share suicide statistics with others

This report discusses suicide. It is important to discuss suicide with sensitivity, care and consideration of the potential impact on others. The language we use when discussing suicide and suicide data is important, as it shapes our perceptions, approaches and responses to suicide. Language has the ability to carry hope, possibility and encourage help-seeking, but it can also inadvertently perpetrate harm and stigma.

Mindframe is a national program supporting safe media reporting, portrayal and communication about suicide, mental health concerns and alcohol and other drugs. Mindframe has developed recommendations and guidelines on how to discuss suicide data and statistics that are available on their website. These guidelines also highlight problematic and preferred language to use when talking about suicide.

Preferred language when discussing suicide

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ • Successful suicide • Unsuccessful suicide	✓ • Died by suicide • Took their own life
Associating suicide with crime or sin	✗ • Committed suicide • Commit suicide	✓ • Took their own life • Suicide death
Sensationalising suicide	✗ • Suicide epidemic	✓ • Increasing rates • Higher rates
Language glamorising a suicide attempt	✗ • Failed suicide • Suicide bid	✓ • Suicide attempt • Non-fatal attempt
Gratuitous use of the term 'suicide'	✗ • Political suicide • Suicide mission	✓ • Refrain from using the term 'suicide' out of context

Source: Reproduced with permission from Mindframe https://mindframe.org.au/suicide/communicating-about-suicide/language

Introduction

Suicide is complex, with no one cause or solution. Effective suicide prevention requires strong collaboration and leadership across all levels of government, the suicide prevention sector and broader community. This collaboration needs to be informed by contemporary evidence and current data.

Every life: The Queensland Suicide Prevention Plan 2019–2029[2] *(Every life)* is a whole-of-government and whole-of-community 10-year plan designed to set the direction for suicide prevention reform in Queensland.

Phase One of the *Every life* plan spanned from 2019–2022 and Phase Two was released in 2023. Phase Three is currently under development and is due to be released late 2026.

***Every life* Phase Two** recognises the critical role of high-quality evidence through specific actions to improve the way data is collected, used and shared to drive and strengthen suicide prevention, including by improving suicide surveillance in Queensland.

2 https://www.qmhc.qld.gov.au/every-life-suicide-prevention-plan

The Queensland Government has been recording suicides in Queensland for the last three decades. The Queensland surveillance system consists of two registers: the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR).

The QSR includes data since 1990 and records all suicides in Queensland after a coronial investigation is finalised. In Queensland, only an investigating coroner can determine whether a person's death is a suicide, after considering all available evidence gathered as part of their investigation. Until a coroner has made their findings, these deaths are referred to as suspected suicides. This term is not intended to take away from the tragedy of each person's death. Each death referred to as a suspected suicide represents a life lost and a life that was valued and will be missed. The impact of this loss is widespread and, for many of those left behind, lifelong.

The iQSR was established in 2011 to provide real-time information on suspected suicide deaths. The primary source of data in this report is the iQSR. Further information about data sources and collection methods is included in the Appendix.

Suicide surveillance reform

In mid-2023, the Queensland Government assumed custodianship of Queensland's suicide surveillance systems, following recommendations from an independent review. As part of this reform, responsibility for both the QSR and iQSR transitioned to the Queensland Mental Health Commission (the Commission), which is leading the Reforming Suicide Surveillance Project. This project includes a three-year work plan through to 30 June 2027, focused on modernising and enhancing Queensland's suicide data systems.

Key achievements to date include:

Establishing and maintaining public monthly suicide data reporting on the Commission's website, improving the transparency and accessibility of information.

Redesigning the data models for both the QSR and iQSR, strengthening the structure and usability of suicide surveillance data.

Developing interim custom interfaces for the iQSR, streamlining data entry, minimising errors and improving the speed and quality of reporting.

Introducing geospatial mapping, enhancing the ability to identify and monitor suspected suicide clusters across the state.

Responding to targeted data requests, supporting service planning and addressing community-specific needs.

Establishing improved data access processes for key stakeholders, particularly Primary Health Networks (PHNs) and Hospital and Health Services (HHSs), enabling more informed local suicide prevention responses.

Data products from these efforts have been used to inform the design and delivery of programs aimed at responding to suicide and addressing the needs of local populations.

Suicide surveillance informing policy

As part of the program to inform policy through high-quality data, the Commission delivered an initiative that uses geospatial mapping to inform means restriction strategies.

This involved using mapping to analyse the distribution of suicides across Queensland. This approach helped identify high risk locations for suicide, supporting the development of targeted interventions and tailored support services. The initiative involved direct collaboration with local councils, Primary Health Networks (PHNs) and various government departments.

Specifically, the Commission has been:

Working with other government agencies to identify opportunities for incorporating suicide prevention considerations into the design of public spaces and infrastructure, including integrated means restriction measures.

Partnering with local councils to improve access to support services at high-risk locations.

Collaborating with other government agencies and health providers to develop targeted responses in service areas with higher suicide rates.

Summary

The QSR and iQSR transitioned to the Commission in 2023 in response to key recommendations of an independent review into suicide surveillance in Queensland.

The Commission is currently progressing the Reforming Suicide Surveillance Project as a key action under *Every life* Phase Two. As part of the Reforming Suicide Surveillance Project, the Commission has established a dedicated team that has responsibility for the QSR and iQSR. The Commission is also undertaking work to redesign and streamline the scope of the QSR and iQSR; replace the current data models; and develop an interim interface designed to improve data capture, quality and reporting.

The *Suicide in Queensland: Annual Report 2024* uses data from the iQSR. Information in the iQSR comes solely from information contained in the Queensland Police Service's *Form 1 Police Report of Death to a Coroner* (Form 1).

This report provides a summary of data from the iQSR on suspected suicides in Queensland in the 2024 calendar year. It also provides some limited comparison of suspected suicide data across other years. Future versions of this report will provide more comprehensive analysis and comparison across the years.

In total,

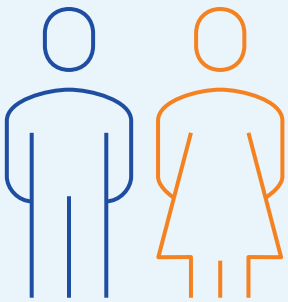
769 **people died by suspected suicide**

in Queensland in 2024.

The preliminary age-standardised suspected suicide rate for 2024, which considers population growth and changes in the population's age structure, is

13.6 per 100,000 people.[3]

3 This figure has been calculated using data from the iQSR.



78.3%
of suspected suicide deaths
were men.

21.7%
of suspected suicide deaths
were women.

In 2024, the age group with the highest number of suspected suicides was

Males	Females
40–44 year olds *64 people*	**40–44** year olds *22 people*

and the lowest was

Males	Females
10–19 year olds *19 people*	**60–64** and **70–79** year olds *6 people in each group*

In terms of age-specific rates, the age group with the highest suspected suicide rate was

Males	Females
40–44 year olds *34.8 per 100,000 population*	**40–44** year olds *11.5 per 100,000 population*

and the lowest was

Males	Females
10–19 year olds *5.1 per 100,000 population*	**70–79** year olds *2.6 per 100,000 population*

Section 1

Provides an overview of suspected suicides in Queensland compared to national data. The most recent information about suicides in Australia was released by the Australian Bureau of Statistics (ABS) in September 2024. In addition, this section provides Queensland's numbers and rates for suspected suicides in 2024.

Section 2

Reports on age-standardised rates for population groups in Queensland from 2019 to 2024. In addition, this section provides a descriptive analysis (numbers and rates) for age groups, employment status, relationship status, remoteness, Hospital and Health Services, Primary Health Networks, people from a non-English speaking background[4] and First Nations peoples.

4 iQSR information comes solely from information contained in the Form 1. The Commission acknowledges the limitations of this indicator as the ethnolinguistic characteristics of a person do not accurately reflect their cultural or ethnic identity. The Commission also acknowledges that the Australian Bureau of Statistics has published Standards for Statistics on Cultural and Language Diversity and has recommended 'non-English speaking background' be replaced as a cultural and language data indicator. See https://www.abs.gov.au/statistics/standards/standards-statistics-cultural-and-language-diversity/latest-release

Section 3

Reports on health characteristics, life events, service contact and method of people who died by suspected suicide in Queensland.

Key findings

This section summarises key findings from the iQSR in 2024.

In Queensland in 2024

Overall,

769 **people died by suspected suicide**

There were

13 less people (1.7%)
who died by suspected suicide

than in 2023 (782).

The age-standardised suspected suicide rate was

13.6 per 100,000 people

accounting for population growth and changes in the population's age structure.

This rate was less than the rate in 2023 (14.1).

Groups

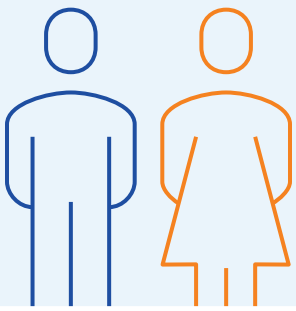
Of the 769 people who died by suspected suicide in 2024, 602 were male (78.3%), and 167 were female (21.7%).

The age-standardised suspected suicide rate for males in Queensland in 2024 was 21.7 people per 100,000. This rate is higher than the 2023 rate (21.3), representing an increase of 1.9%. The number of male suspected suicide deaths in 2024 increased by 19 when compared to 2023 (from 583 to 602).

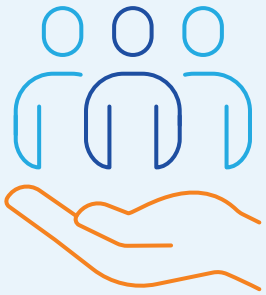
For females, the Queensland age-standardised suspected suicide rate was 5.9 per 100,000 in 2024. This rate is lower than the 2023 rate of 7.1, representing a decrease of 16.9%. The number of females who died by suspected suicide in 2024 decreased by 32 when compared to 2023 (from 199 to 167).

The age-standardised rate for males increased while the rate for females decreased from 2023 to 2024. Because of these changes, the male rate was 3.7 times higher than the female rate in 2024.

Males aged 40–44 had the highest number of suspected suicides (64). For females, the highest number was also reported in the 40–44 age group (22). The highest age-specific suspected suicide rates (34.8 per 100,000 for males and 11.5 for females) were reported in the 40–44 age group.



Suspected suicides of First Nations people



In 2024 a total of 61 First Nations people died by suspected suicide, representing 7.9% of all suspected suicides in Queensland for the year.

However, identification of a person's First Nations heritage in the iQSR is based on preliminary information collected by police at the scene of a suspected suicide and is generally understood to be an undercount.[5]

First Nations people aged between 25–34 years had the largest proportion of First Nations suspected suicide deaths (28 people, 45.9% of the total 61 First Nations suspected suicides), followed by First Nations people aged 35–44 years old (14 people, 23%).

The proportion of suspected suicides of First Nations people for males (8.0%) and females (7.8%) was similar.

Based on the reported data in the iQSR, First Nations people aged 10–34 are 2.7 times more likely to die by suspected suicide in Queensland than non-Indigenous people in the same age range (65.6% compared to 24.4%).

5 Identification of whether a person was First Nations in the iQSR is based on preliminary information reported by police on the Form 1. This form was recently updated to capture further information about a person's cultural background and future versions of this report will capture this data.

Remoteness[6]

In 2024, most suspected suicides occurred in major cities (387 people, 52.4%), followed by inner and outer regional areas (314 people, 42.5%).

The fewest number of suspected suicides (38 people, 5.1%) occurred in remote and very remote areas.

The proportion of female suspected suicides in both major cities and regional areas was greater than that of males.

6 Data is coded in the iQSR based on the Remoteness Area definitions published by the Australian Bureau of Statistics. See https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas

Hospital and Health Services[7]

Most suspected suicides (135 people) occurred in the Metro South HHS catchment area, followed by Metro North (120 people) and Gold Coast (91 people).

The Central West and South West HHS catchment areas recorded the lowest numbers of suspected suicides (< 5 people combined). This data does not mean that a person had contact with a HHS prior to or at the time of their death, rather it notes they resided in the relevant HHS catchment area.

7 There are 16 Hospital and Health Service districts governed by Queensland Health. See https://www.health.qld.gov.au/maps for further information. This data does not mean that a person had contact with a Hospital and Health Service prior to or at the time of their death.

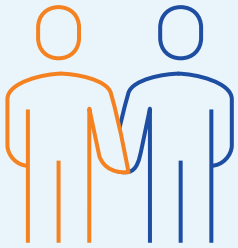
Primary Health Networks[8]

The highest number of suspected suicides occurred in the North Queensland catchment area (149 people, 20.2%), followed by Central Queensland, Wide Bay, and Sunshine Coast (148 people, 20.0%) and Brisbane South (135 people, 18.3%).[9]

8 There are 7 Primary Health Networks in Queensland. See http://www.queenslandphn.org.au/ for further information.

9 This data does not mean that a person had contact with a PHN prior to or at the time of their death, rather it reflects that they resided in the PHN catchment.

Relationship status



A third of people who died by suspected suicide (267 people, 34.7%) were either married or in a de facto relationship.

The proportion of married or de facto people who died by suspected suicide was higher for males (36.5%) than females (28.1%). Conversely, the proportion of widowed people who died by suspected suicide was higher in females (5.4%) than males (2.3%).

Employment status

Overall, unemployed people were the most common group to die by suspected suicide (182 people, 23.7%), followed by people in full-time employment (172 people, 22.4%) and retired pensioners (100 people, 13.0%).

The proportion of suspected suicides in males reported to be in full-time employment was 2.4 times higher than their female counterparts.

The proportion of suspected suicides among female disability pensioners and females 'not in the labour force' was double that of males.

Reported diagnosis of mental health conditions

The number and proportion of people who died by suspected suicide and who were reported as having at least one diagnosed mental illness, including depression, anxiety disorder and/or schizophrenia, was 37.8% (291 people).

Diagnosed mental illnesses were more prevalent in females than in males (53.9% compared to 33.4%).

Males were 1.3 times more likely to have reported behaviour suggesting an undiagnosed mental illness (39.2% compared to 29.9%).

There is a significant difference between the reported mental health diagnoses in 2023 and those recorded in 2024.

This discrepancy is primarily due to the lack of mental health diagnosis data collection in the iQSR system prior to its transition to the Commission in September 2023, at which point consistent data collection practices were fully implemented under the new system.

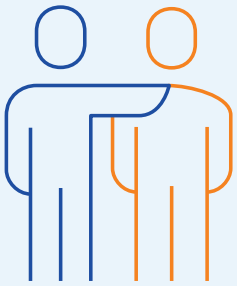
Previous suicide attempts

Nearly one-third of those who died by suspected suicide (223 people or 29%) had a reported history of previous suicide attempts.

This proportion was significantly higher among females, with 70 women (41.9%) having previously attempted suicide, compared to 153 men (25.4%).

Information on previous suicide attempts was not reported or was missing for 40.1% of people who died by suspected suicide (308 people).

Help-seeking and service contact



Nearly one-third of individuals who died by suspected suicide (231 people, 30%) had recently been in contact with a mental health professional.

A smaller proportion (76 people, 9.9%) were reported as having been recently hospitalised for a psychiatric condition. It is important to note that this information is based on preliminary data from the Form 1 and may not fully capture all service interactions.

Females were more frequently reported as having received recent treatment for a mental illness prior to their suspected suicide, compared to males.

Section 1

This section provides numbers and rates per 100,000 for people who died by suspected suicide in Queensland in 2024. It also gives a comparative overview of suspected suicides in Queensland and suicides nationally.

Queensland's suicide surveillance system currently includes the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR). Management of the registers transitioned from the Australian Institute for Suicide Research and Prevention (AISRAP) to the Queensland Mental Health Commission in 2023.

The *Suicide in Queensland Annual Report 2024* provides an overview of suspected suicide deaths in Queensland based on the iQSR.

This enables the Commission to present more timely information on suicide trends in Queensland as the iQSR captures information close to real-time.

In 2024, 769 people died by suspected suicide in Queensland. Each person's suicide has major and long-lasting impact on their families, friends and communities. Suicide is complex and multifaceted and understanding the many underlying and overlapping factors is vital to preventing and reducing suicide.

Queensland 2024

Table 1.1 shows key data from the iQSR for the 2024 calendar year.

Table 1.1: *Suspected suicide numbers and rate, Queensland 2024*

Statistic	2024 (calendar year)
The age-standardised suicide rate for Queensland	13.6 per 100,000 people
Deaths by suspected suicide in Queensland	769

Source: iQSR 2024.

National comparative overview

The official national suicide statistics are calculated by calendar year and published by the ABS through the annual Causes of Death data release. The most recent national information about suicide in Australia was for the 2023 calendar year, released by the ABS in October 2024.

It is important to note that suspected suicide deaths referred to the coroner can take time to be fully investigated. This can influence the availability of confirmed suicide data available to the ABS at the time it publishes its annual data. This can result in minor differences between the coding of suicides by the ABS and the coding of suspected suicides in the iQSR. We also acknowledge the impact this long process has on families, friends and kin of people who have died.

The data in this section is based on ABS coding processes.

National overview 2023

In 2023,
3,214
people lost their life
to suicide in Australia

In 2023,
790
Queensland residents
lost their life to suicide representing
24.6%
of all suicides in Australia

Suicide was the
16th
leading cause of death
for all Australians in 2023

Suicide was the
leading cause of death
in Australia for people aged 15–44 years

In 2023, the **age-standardised suicide rate** was

Australia
Standard estimated resident population
11.8
per 100,000 people

Queensland
recorded a higher rate of
14.2
per 100,000 people

This means Queensland's rate was
1.2 times
the Australian rate

The **Northern Territory, Tasmania and Western Australia** had **higher age-standardised suicide rates per 100,000 people** than Queensland.

Official national suicide statistics are published annually by the ABS.
The most recent national suicide data is for the 2023 calendar year.

Australian Bureau of Statistics. (2023). Causes of Death, Australia, ABS.
https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023

Section 2

This section presents the key demographic characteristics of people who died by suspected suicide in Queensland in 2024. It also includes an overview of suspected suicides by geographic location, covering areas of remoteness as well as the catchments of Hospital and Health Services and Primary Health Networks.

In total, there were 769 suspected suicide deaths recorded in Queensland in 2024. The age-standardised suspected suicide rate was 13.6 per 100,000 persons.

Number and rates of suspected suicide by sex

Data in this report relies on information recorded on the Form 1. At present, this form only captures biological sex. Gender identities beyond cisgender male and female are not reflected in the current reporting by the interim Queensland Suicide Register (iQSR).

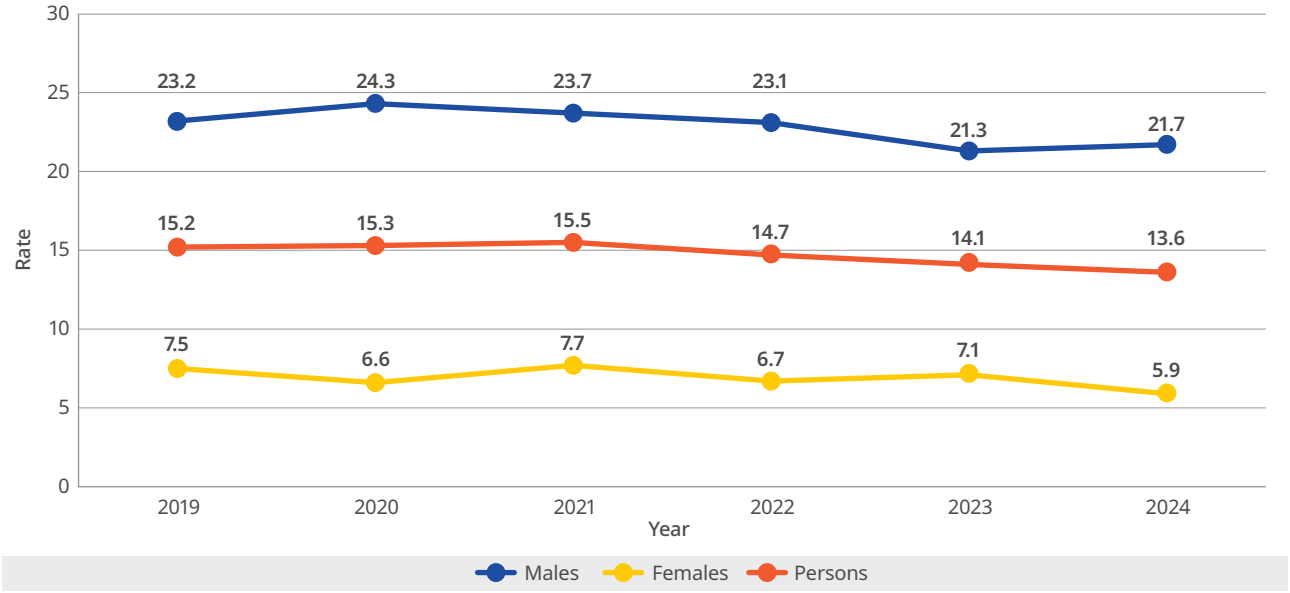
Of the 769 suspected suicides in 2024, the majority were male (602 deaths, or 78.3%). The age-standardised suspected suicide rate for males declined from 23.2 per 100,000 in 2019 to 21.7 in 2024, marking a 6.4% reduction.

For females, the age-standardised rate fell from 7.5 per 100,000 in 2019 to 5.9 in 2024—a 21.1% decrease over the five-year period.

Overall, the age-standardised suspected suicide rate across all persons decreased from 15.2 per 100,000 in 2019 to 13.6 in 2024, representing a 10.2%[10] decline (Figure 2.1).

10 Rounded figures are shown but the percentage decline is derived from actual (unrounded) values.

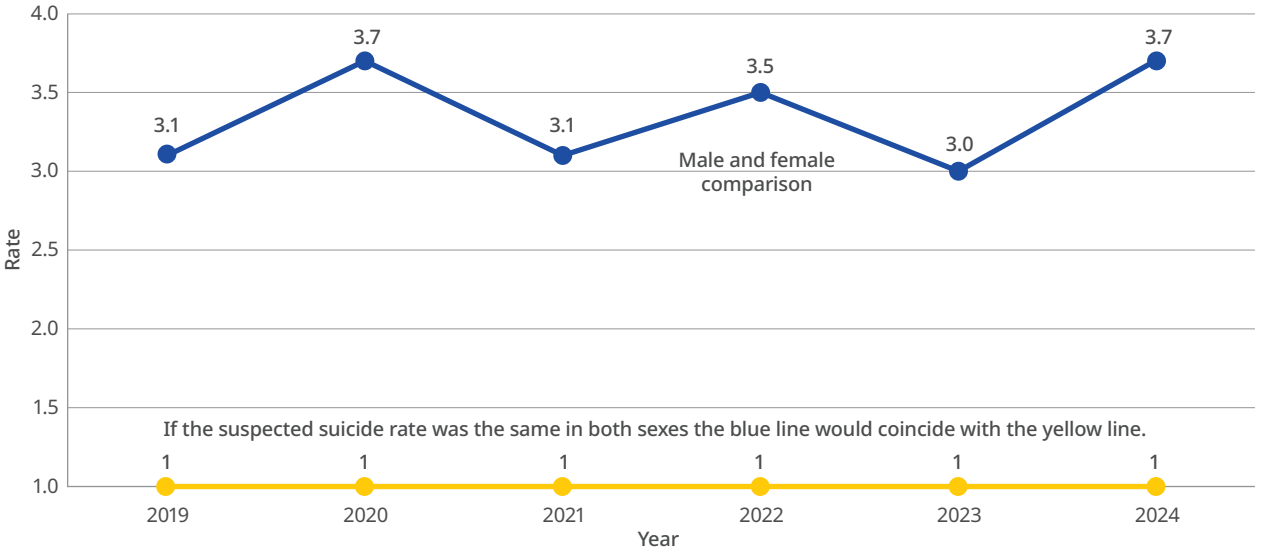
Figure 2.1: *Age-standardised suspected suicide rates by sex, Queensland 2019 to 2024*



Note 1: *Age-standardised suicide rate per 100,000 estimated resident population as at 30 June (mid-year) each calendar year.*
Note 2: *Age-standardised rates have been calculated using iQSR data and may differ from ABS's age standardised rates.*
Source: iQSR 2019–2024.

Over the five–year period from 2019 to 2024, age-standardised suspected suicide rates have consistently been higher for males than for females. The male-to-female rate ratio peaked at 3.7 in both 2020 and 2024, meaning that males were 3.7 times more likely to die by suspected suicide than females in those years. The lowest ratio was recorded in 2023, at 3.0 (Figure 2.2). The increase in this ratio in 2024 was primarily driven by a rise in the suspected suicide rate among males, alongside a decrease in the rate for females, relative to 2023.

Figure 2.2: *Age-standardised suspected suicide rate ratio (males compared to females), Queensland 2019 to 2024*



Number and proportion of suspected suicides by age group and sex

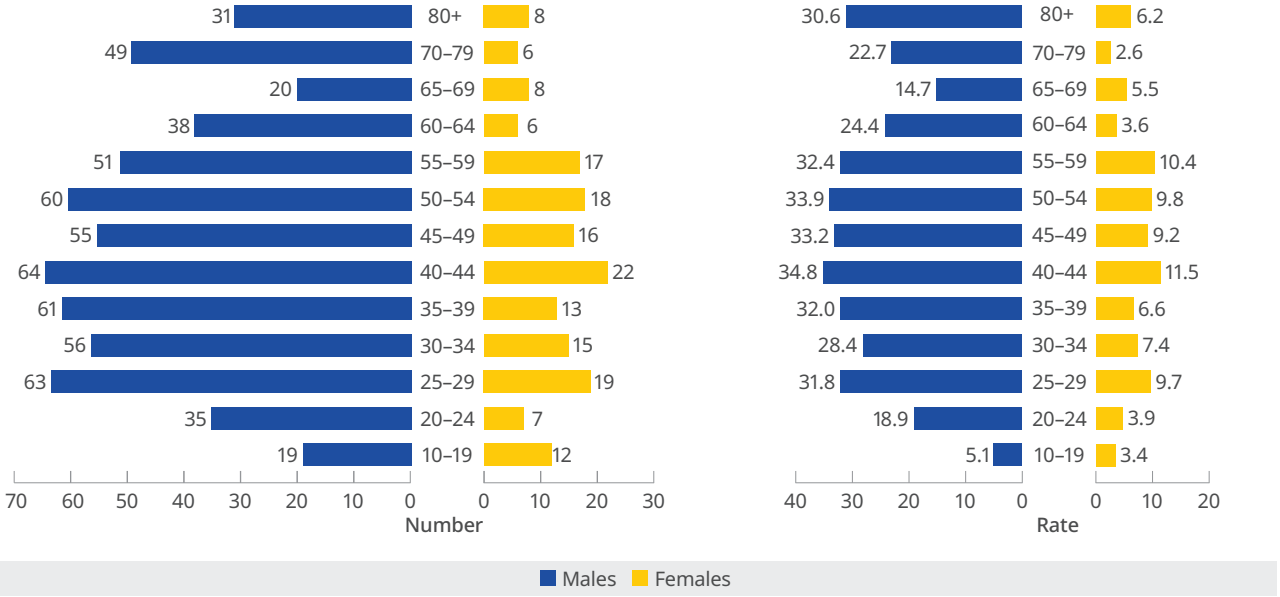
In 2024, the number and rate of suspected suicides varied notably across age groups (Figure 2.3 and Table 2.1). The majority of suicides (530 cases, 68.9%) were in people aged 25–59 years.

Among males, the highest number of suspected suicides was recorded in the 40–44 age group (64 people), followed closely by those aged 25–29 (63 people), 35–39 (61 people), and 50–54 years (60 people). The highest numbers for females were observed in the 40–44 age group (22 people), followed by the 25–29 age group (19 people).

The highest age-specific suicide rates across both sexes were recorded in the 40–44 age group (23.0 per 100,000), followed by the 50–54 (21.7 per 100,000) and 55–59 (21.2 per 100,000) age groups.

Overall, the suspected suicide rate for males was 3.7 times higher than that of females (Figure 2.2). This male-to-female rate disparity varied by age group. Notably, males aged 70–79 had a suspected suicide rate 8.7 times higher than females in the same age group (22.7 per 100,000 for males vs 2.6 per 100,000 for females). Similarly, among those aged 60–64, the male rate was 6.7 times higher than the female rate (24.4 vs 3.6 per 100,000).

Figure 2.3: *Age-specific suspected suicide numbers and rates by sex, Queensland 2024*



Note 1: *The age groups, 10 to 19, 70 to 79 and 80 and over, were combined due to suspected suicides in one sex in one of these age groups being less than 5.*

Note 2: *Age-specific suicide rate per 100,000 estimated resident population as at 30 June 2024 (mid-year) each calendar year.*

Note 3: *Some percentages are rounded and do not total exactly 100.0%.*

Source: iQSR 2024.

Table 2.1: *Suspected suicide numbers and proportions by age group and sex, Queensland 2024*

Age group	Males		Females		Persons	
	Number	%	Number	%	Number	%
10–19	19	3.2	12	7.2	31	4.0
20–24	35	5.8	7	4.2	42	5.5
25–29	63	10.5	19	11.4	82	10.7
30–34	56	9.3	15	9.0	71	9.2
35–39	61	10.1	13	7.8	74	9.6
40–44	64	10.6	22	13.2	86	11.2
45–49	55	9.1	16	9.6	71	9.2
50–54	60	10.0	18	10.8	78	10.1
55–59	51	8.5	17	10.2	68	8.8
60–64	38	6.3	6	3.6	44	5.7
65–69	20	3.3	8	4.8	28	3.6
70–79	49	8.1	6	3.6	55	7.2
80 and over	31	5.1	8	4.8	39	5.1
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Note 1: *The age groups 10 to 19, 70 to 79 and 80 and over were combined due to suspected suicides in one sex in one of these age groups being less than 5.*

Note 2: *Rate refers to age-standardised suicide rate per 100,000 estimated resident population as at 30 June 2024 (mid-year) each calendar year.*

Note 3: *Some percentages are rounded and do not total exactly 100.0%.*

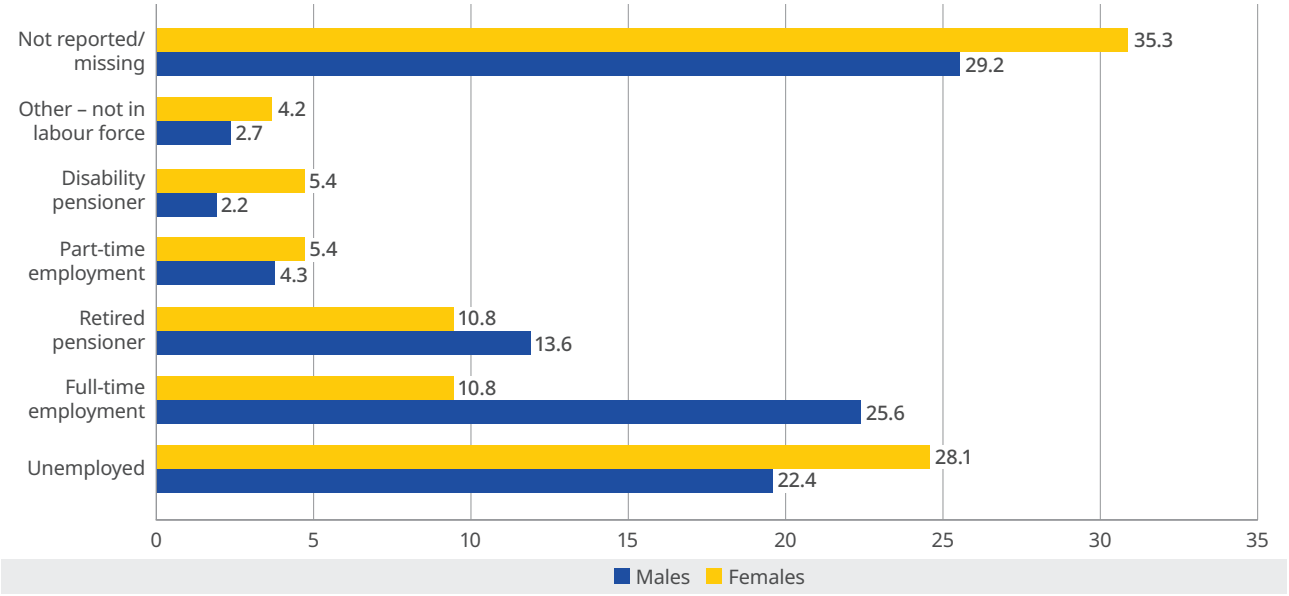
Source: iQSR 2024.

Number and proportion of suspected suicides by employment status and sex

Among individuals reported to be in full-time employment at the time of death, the proportion of suspected suicides was 2.4 times higher for males than for females (25.6% compared to 10.8%).

The proportion of females reported as receiving a disability pension was 2.5 times higher than males (5.4% compared to 2.2%). Similarly, females classified as 'not in the labour force' accounted for a proportion 1.6 times greater than males (4.2% compared to 2.7%).

Figure 2.4: *Proportion of suspected suicides by employment status and sex, Queensland 2024*



Source: iQSR 2024.

Table 2.2: *Suspected suicide numbers and proportions by employment status and sex, Queensland 2024*

Employment status	Males		Females		Persons	
	Number	%	Number	%	Number	%
Not reported/ missing	176	29.2	59	35.3	235	30.6
Other – not in labour force	16	2.7	7	4.2	23	3.0
Disability pensioner	13	2.2	9	5.4	22	2.9
Part-time employment	26	4.3	9	5.4	35	4.6
Retired pensioner	82	13.6	18	10.8	100	13.0
Full-time employment	154	25.6	18	10.8	172	22.4
Unemployed	135	22.4	47	28.1	182	23.7
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

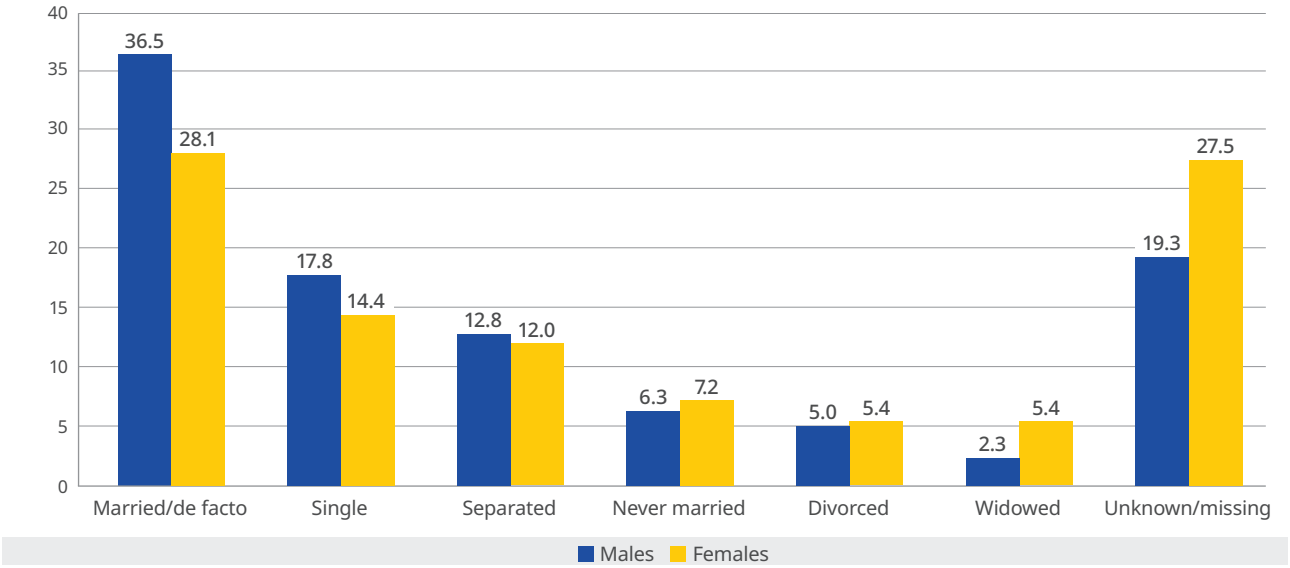
Note 1: *The 'Employed (unknown mode)' was consolidated into 'Part-time employment', due to suspected suicides in one sex being less than 5.*
Note 2: *Some percentages are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

Number and proportion of suspected suicides by relationship status and sex

In 2024, over one-third of individuals who died by suspected suicide (267 people, 34.7%) were reported as being married or in a de facto relationship. The proportion of married or de facto people who died by suspected suicide was higher for males (36.5%) than females (28.1%).

The proportion of single people was also higher among males than females (17.8% compared to 14.4%). Conversely, females were more frequently reported as widowed compared to males (5.4% compared to 2.3%). The proportions of males and females were similar across the remaining categories.

Figure 2.5: *Proportion of suspected suicides by relationship status and sex, Queensland 2024*



Source: iQSR 2024.

Table 2.3: *Suspected suicide numbers and proportions by relationship status and sex, Queensland 2024*

Relationship status	Males		Females		Persons	
	Number	%	Number	%	Number	%
Married/de facto	220	36.5	47	28.1	267	34.7
Single	107	17.8	24	14.4	131	17.0
Separated	77	12.8	20	12.0	97	12.6
Never married	38	6.3	12	7.2	50	6.5
Divorced	30	5.0	9	5.4	39	5.1
Widowed	14	2.3	9	5.4	23	3.0
Not reported/ missing	116	19.3	46	27.5	162	21.1
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Source: iQSR 2024.

Number and proportion of suspected suicides by non-English speaking background and sex

The iQSR relies solely on information provided in the Form 1. It is acknowledged that the classification of 'non-English speaking background' has limitations as an indicator of cultural and linguistic diversity and may not accurately reflect a person's cultural or ethnic identity.

In 2024, a large majority of individuals who died by suspected suicide (627 people, 81.5%) were reported as having an English-speaking background. This proportion was consistent across both males and females, with no notable differences observed between the sexes in the proportion identified as being from a non-English speaking background.

Table 2.4: *Suspected suicide numbers and proportions by non-English speaking background and sex, Queensland 2024*

Non-English speaking background	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	50	8.3	13	7.8	63	8.2
No	493	81.9	134	80.2	627	81.5
Not reported/missing	59	9.8	20	12.0	79	10.3
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Source: iQSR 2024.

Number and proportion of suspected suicides by First Nations people and sex[11]

In 2024, suspected suicide among First Nations people accounted for 7.9% of all suspected suicides in Queensland. The proportions were similar by sex, with First Nations people comprising 8.0% of male and 7.8% of female suspected suicides.

Table 2.5: *Suspected suicide numbers and proportions for First Nations people by sex, Queensland 2024*

First Nations people	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	48	8.0	13	7.8	61	7.9
No	480	79.7	131	78.4	611	79.5
Not reported/missing	74	12.3	23	13.8	97	12.6
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Source: iQSR 2024.

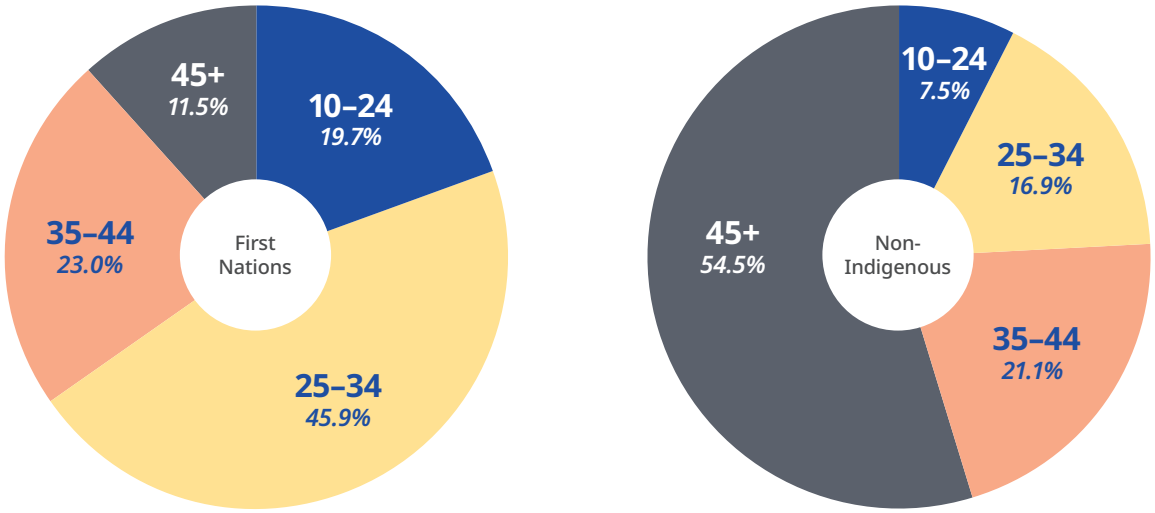
In 2024, the highest proportion of suspected suicides among First Nations people occurred in the 25–34 age group, accounting for 28 deaths (45.9%). This was followed by the 35–44 age group with 14 deaths (23.0%). Together, these two age groups represented 68.9% of all suspected suicides among First Nations people.

11 Identification of whether a person was First Nations in the iQSR is based on preliminary information collected by police at the scene of a suspected suicide and is generally understood to be an undercount. The Form 1 has recently been updated to capture further information about a person's cultural background and future iterations of this report will capture this data.

Younger First Nations people aged 10–24 made up 19.7% (12 people), while those aged 45 and over accounted for 11.5% (7 people), together representing 31.2% of First Nations suspected suicides.

When comparing across population groups, First Nations people aged 10–34 were 2.7 times more likely to die by suspected suicide than non-Indigenous people in the same age range (65.6% compared to 24.4%). Conversely, non-Indigenous people aged 35 and over were 2.2 times more likely to die by suspected suicide than First Nations people in that age group (75.6% compared to 34.5%).

Figure 2.6: *Proportion of suspected suicides among First Nations people and non-Indigenous people by age group, Queensland 2024*



Source: iQSR 2024.

Table 2.6: *Suspected suicide numbers and proportions for First Nations people by age group, Queensland 2024*

Age group	First Nations		Non-Indigenous		Persons	
	Number	%	Number	%	Number	%
10–24	12	19.7	46	7.5	58	8.6
25–34	28	45.9	103	16.9	131	19.5
35–44	14	23.0	129	21.1	143	21.3
45+	7	11.5	333	54.5	340	50.6
Total	**61**	**100.0**	**611**	**100.0**	**672**	**100.0**

Note 1: *The figures for the above table exclude 97 cases where ethnicity was missing or unknown.*
Note 2: *Some percentages are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

Number and proportion of suspected suicides by remoteness[12] and sex

Of the 769 suspected suicides recorded in Queensland in 2024, 30 cases (3.9%) lacked information about the person's residential location at the time of death and were excluded from the remoteness analysis. The remaining 739 cases (96.1%) were included in this analysis.

Among these, over half (387 people, 52.4%) were reported to be living in major cities, while 314 people (42.5%) were from regional areas and 38 people (5.1%) from remote and very remote areas. A higher proportion of female suspected suicides occurred in major cities (88 people, 54.7%), followed by inner and outer regional areas (71 people, 44.1%). The proportion of female suspected suicides in both major cities and regional areas was greater than that of males.

Table 2.7: *Suspected suicide numbers and proportions by remoteness and sex, Queensland 2024*

Remoteness areas	Males		Females		Persons	
	Number	%	Number	%	Number	%
Major cities	299	51.7	88	54.7	387	52.4
Inner regional areas	143	24.7	34	21.1	177	24.0
Outer regional areas	100	17.3	37	23.0	137	18.5
Remote + very remote areas	36	6.2	np	np	38	5.1
Total	**578**	**100.0**	**161**	**100.0**	**739**	**100.0**

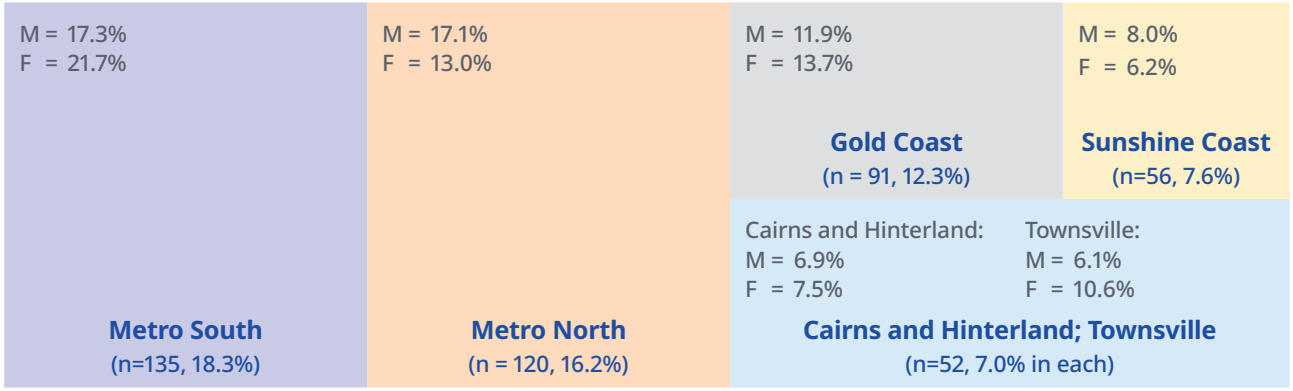
Note 1: *np = not provided (less than 5 suspected suicides in one or both sexes).*
Note 2: *The 'Remote' and 'Very remote' categories were combined due to suspected suicides in one sex being less than 5.*
Note 3: *The figures for the above table exclude 30 cases where address was unknown or not applicable (e.g. interstate/overseas visitor).*
Note 4: *Some percentages are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

Number and proportion of suspected suicides by Hospital and Health Service and sex

After excluding 30 suspected suicides with no reported residential information, 739 cases (96.1%) were included in the analysis of suspected suicides by Hospital and Health Service (HHS) catchment and sex. Over one-third of these deaths (255 people, 34.5%) occurred within the Metro North and Metro South HHS areas. This was followed by the Gold Coast and Sunshine Coast regions (147 people, 19.9%).

12 Information reported based on place of residence at time of death.

Figure 2.7: *Hospital and Health Services where most suspected suicides occurred by number, proportion and sex, Queensland 2024*



Source: iQSR 2024.

The proportion of female suspected suicides in the combined Metro South, Gold Coast, and Townsville HHS regions was notably higher than that of males in the same areas (46.0% compared to 35.3%).

It is important to note that this data reflects the person's place of residence within a Hospital and Health Service catchment area and does not indicate whether they had contact with that HHS prior to or at the time of death.

Table 2.8: *Suspected suicide numbers and proportions by Hospital and Health Service and sex, Queensland 2024*

HHS	Males		Females		Persons	
	Number	%	Number	%	Number	%
Metro South	100	17.3	35	21.7	135	18.3
Metro North	99	17.1	21	13.0	120	16.2
Gold Coast	69	11.9	22	13.7	91	12.3
Sunshine Coast	46	8.0	10	6.2	56	7.6
Cairns and Hinterland	40	6.9	12	7.5	52	7.0
Townsville	35	6.1	17	10.6	52	7.0
Wide Bay	36	6.2	12	7.5	48	6.5
Central Queensland	33	5.7	10	6.2	43	5.8
West Moreton	34	5.9	6	3.7	40	5.4
Darling Downs	30	5.2	8	5.0	38	5.1
Mackay	31	5.4	6	3.7	37	5.0
North West	15	2.6	np	np	16	2.2
Torres and Cape	6	1.0	np	np	7	0.9
Central West	np	np	np	np	np	np
South West	np	np	np	np	np	np
Total	**578**	**100.0**	**161**	**100.0**	**739**	**100.0**

Note 1: *np = not provided (less than 5 suspected suicides in one or both sexes).*
Note 2: *This data excludes 30 cases where address was unknown or not applicable (e.g. interstate/overseas visitor).*
Note 3: *Some percentages are not provided and/or are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

Number and proportion of suspected suicides by Primary Health Network and sex

Of all PHN catchment areas, the North Queensland PHN had the largest proportion of suspected suicides (149 people, 20.2%) followed by Central Queensland, Wide Bay and Sunshine Coast PHN (148, 20.0%) and Brisbane South PHN (135 people, 18.3%).

Table 2.9: *Suspected suicide numbers and proportions by Primary Health Network and sex, Queensland 2024*

PHN	Males		Females		Persons	
	Number	%	Number	%	Number	%
North Queensland	113	19.6	36	22.4	149	20.2
Central Queensland, Wide Bay, Sunshine Coast	116	20.1	32	19.9	148	20.0
Brisbane South	100	17.3	35	21.7	135	18.3
Brisbane North	99	17.1	21	13.0	120	16.2
Gold Coast	69	11.9	22	13.7	91	12.3
Darling Downs and West Moreton	63	10.9	14	8.7	77	10.4
Western Queensland	18	3.1	np	np	19	2.6
Total	**578**	**100.0**	**161**	**100.0**	**739**	**100.0**

Note 1: *np = not provided (less than 5 suspected suicides in one or both sexes).*
Note 2: *This data excludes 30 cases where address was unknown or not applicable (e.g. interstate/overseas visitor).*
Note 3: *Some percentages are not provided and/or are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

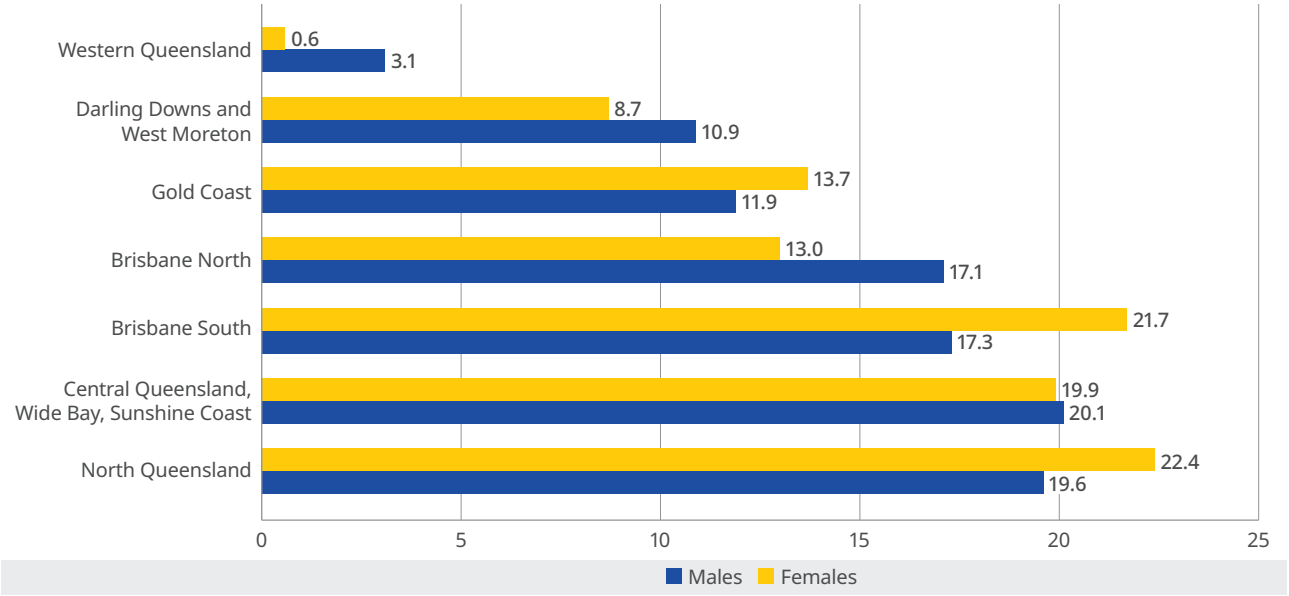
The proportion of suspected suicides among females was higher in the North Queensland, Brisbane South and Gold Coast Primary Health Networks (PHNs), with a combined rate of 57.8%, compared to 48.8% for males in the same PHNs.

In contrast, a higher proportion of male suspected suicides was observed in the Brisbane North and Darling Downs and West Moreton PHNs (28.0% for males compared to 21.7% for females).

No notable differences between male and female suspected suicide proportions were observed across the remaining PHNs.

It is important to note that this data reflects the person's place of residence within a PHN catchment area and does not indicate whether they had contact with a PHN prior to or at the time of death.

Figure 2.8: *Proportion of suspected suicides by Primary Health Network and sex, Queensland 2024*



Source: iQSR 2024.

Section 3

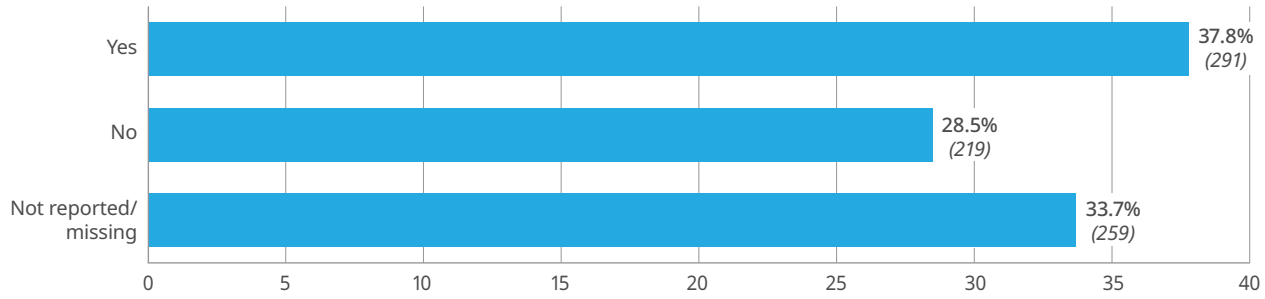
This section presents an overview of the demographic and health characteristics, life events, and service contact of people who died by suspected suicide in Queensland in 2024, based on data from the interim Queensland Suicide Register (iQSR).

The information is drawn from Form 1 reports, which contain relevant details recorded by attending police officers.

Reported diagnosis of mental illness[13]

Among the 769 suspected suicides in Queensland in 2024, 291 individuals (37.8%) were reported to have a diagnosed mental illness at the time of death. The most frequently reported mental illnesses were depression (213 people), anxiety (88 people) and schizophrenia (44 people). The prevalence of reported mental illness was higher among females than males, with 53.9% of females compared to 33.4% of males having a reported diagnosis.

Figure 3.1: *Reported diagnosis of mental illness by sex, Queensland 2024*



Source: iQSR 2024.

Table 3.1: *Reported diagnosis of mental illness by sex, Queensland 2024*

Diagnosis of mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	201	33.4	90	53.9	291	37.8
No	190	31.6	29	17.4	219	28.5
Not reported/missing	211	35.0	48	28.7	259	33.7
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

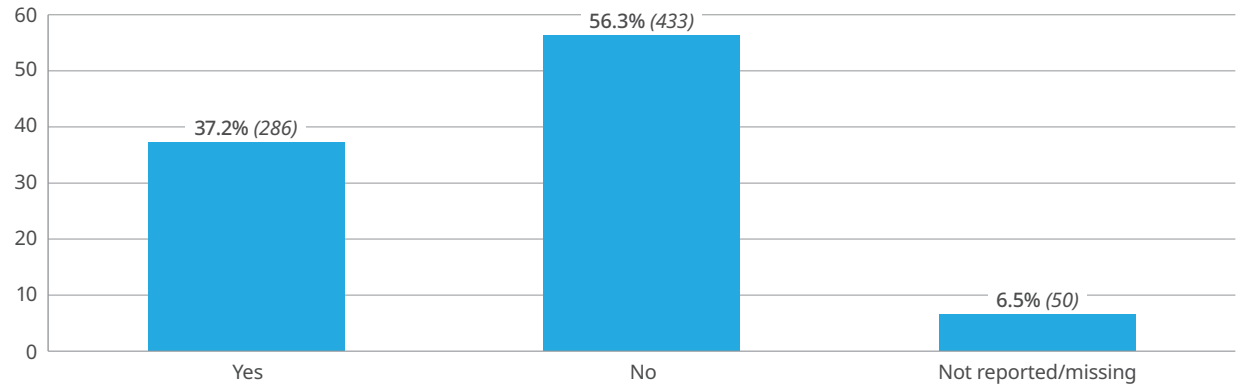
Source: iQSR 2024.

13 Information provided in the Form 1 against the question: *'Has the deceased been diagnosed with a mental health illness?'*.

Behaviour suggesting an undiagnosed mental illness[14]

Of 769 people who died by suspected suicide in 2024, 286 (37.2%) were reported on the Form 1 as displaying behaviour indicative of a possible undiagnosed mental illness. Males were 1.3 times more likely than females to be reported as exhibiting behaviour suggestive of an undiagnosed mental illness (39.2% compared to 29.9%).

Figure 3.2: *Behaviour suggesting an undiagnosed mental illness by sex, Queensland 2024*



Source: iQSR 2024.

Table 3.2: *Behaviour suggesting an undiagnosed mental illness by sex, Queensland 2024*

Behaviour suggesting an undiagnosed mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	236	39.2	50	29.9	286	37.2
No	326	54.2	107	64.1	433	56.3
Not reported/missing	40	6.6	10	6.0	50	6.5
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

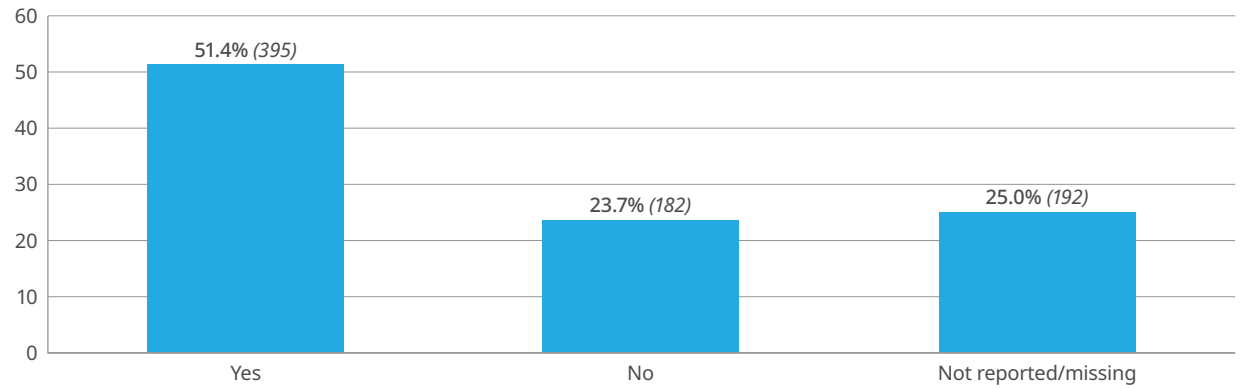
Source: iQSR 2024.

14 Information provided in the Form 1 against the question: '*Did the deceased show any behaviour that suggested they had an undiagnosed mental illness?*'.

Communication of a previous suicidal intent[15]

Over half of the 769 people who died by suspected suicide in 2024 were reported as having communicated previous suicide intent (395 people, 51.4%). The proportion of females with previous communication of suicidal intent was higher than that of males (56.3% compared to 50.0%).

Figure 3.3: *Communication of a previous suicidal intent, Queensland 2024*



Source: iQSR 2024.

Table 3.3: *Communication of a previous suicidal intent by sex, Queensland 2024*

Communication of a previous suicidal intent	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	301	50.0	94	56.3	395	51.4
No	150	24.9	32	19.2	182	23.7
Not reported/missing	151	25.1	41	24.6	192	25.0
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

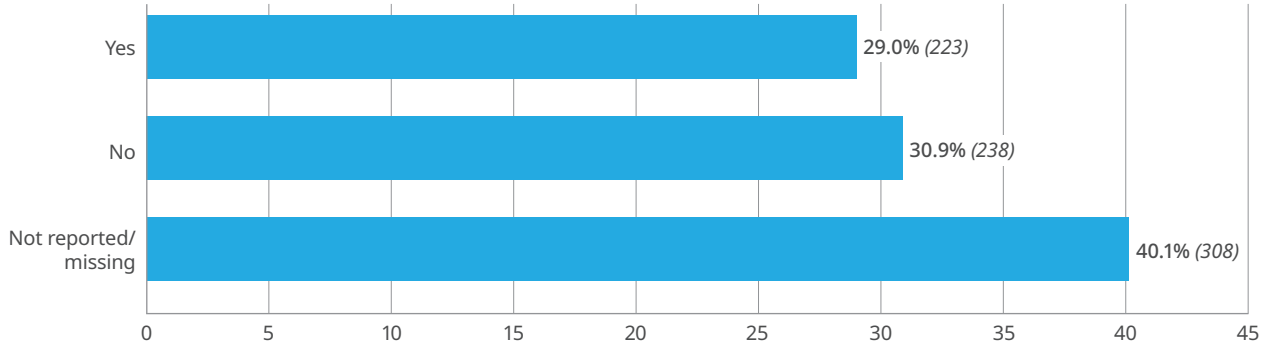
Note 1: *Some percentages are rounded and do not total exactly 100.0%.*
Source: iQSR 2024.

15 Information provided in the Form 1 against the question: '*Has the deceased previously communicated an intent to suicide?*'. The question is answered via checkbox – 'yes', 'no' or 'unknown'.

Previous suicide attempt[16]

Of 769 suspected suicides in 2024, 29.0% (223 people) had reportedly attempted suicide on a previous occasion. Females were 1.6 times more likely to have been reported as having a previous suicide attempt than their male counterparts (41.9% compared to 25.4%).

Figure 3.4: *Previous suicide attempt, Queensland 2024*



Source: iQSR 2024.

Table 3.4: *Previous suicide attempt by sex, Queensland 2024*

Previous suicide attempt	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	153	25.4	70	41.9	223	29.0
No	198	32.9	40	24.0	238	30.9
Not reported/missing	251	41.7	57	34.1	308	40.1
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Source: iQSR 2024.

16 Information provided in the Form 1 against the question: *'Has the deceased previously attempted suicide?'.*

Recent contact with health service by sex[17]

Females who died by suspected suicide were 1.4 times more likely than males to have had contact with mental health professionals (38.9% vs 27.6%). Additionally, the proportion of females recently hospitalised for a mental illness was 2.6 times higher than that of males (19.2% compared to 7.3%).

Table 3.5: *Recent contact[18] with health professionals (mental illness) and hospitalisations (mental illness) by sex, Queensland 2024*

Recent contact with a mental health professional	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	166	27.6	65	38.9	231	30.0
No	409	67.9	98	58.7	507	65.9
Not reported/missing	27	4.5	np	np	31	4.0
Total	**602**	**100.0**	**167**	**100.0**	**769**	**100.0**

Recent hospitalisation for a mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	44	7.3	32	19.2	76	9.9
No	342	56.9	72	43.1	414	53.9
Not reported/missing	215	35.8	63	37.7	278	36.2
Total	**601**	**100.0**	**167**	**100.0**	**768**	**100.0**

Note 1: *np = not provided (less than 5 suspected suicides in one or both sexes).*

Note 2: *Some percentages are not provided and/or are rounded and do not total exactly 100.0%.*

Source: iQSR 2024.

17 Information provided in Form 1 against the questions: *'Was the deceased recently treated/seen by any of the following professionals for a mental illness?'* (Doctor/Psychiatrist/Psychologist/Case manager), and *'Was the deceased recently hospitalised for a psychiatric condition?'*.

18 Information is dependent on data collection and reporting on Form 1.

The remaining content of this section focuses on suicide methods and may be distressing to readers. The Commission captures data on method to inform suicide prevention activities and acknowledges that reporting of suicide methods requires sensitivity and care.

To skip this section, please go to page 36.
A list of support services is also available on page ii if you would like to speak with someone after reading this report.

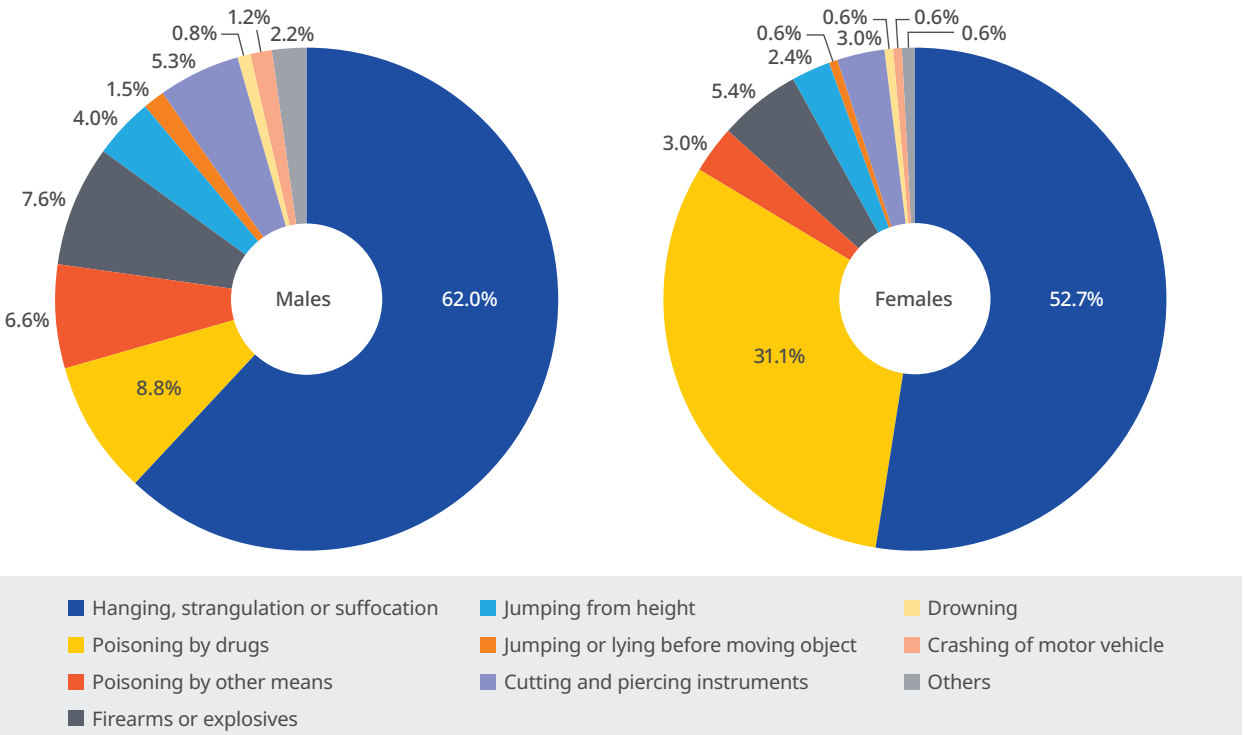
Suspected suicide methods

Reporting on methods of suicide requires sensitivity and care.

Figure 3.5 and Table 3.6 present the methods reported for suspected suicides in Queensland in 2024. These figures are based solely on Form 1 data and may not align with the official cause of death determined by a coroner's investigation.

The most commonly reported method of suicide for both males (373 people, 62.0%) and females (88 people, 52.7%) was hanging, strangulation or suffocation. The second most common method was drug poisoning, with a significantly higher proportion among females—3.5 times that of males (52 females, 31.1%, compared to 53 males, 8.8%).

Figure 3.5: *Suspected suicide method proportions by sex, Queensland 2024*



Source: iQSR 2024.

Overall, the three most commonly reported methods of suspected suicide were hanging, strangulation or suffocation; drug poisoning; and the use of firearms or explosives. Together, these methods accounted for the majority of suspected suicides in Queensland in 2024 (613 people, 79.7%).

Table 3.6: *Suspected suicide methods, Queensland 2024*

Suspected suicide methods	Persons	
	Number	%
Hanging, strangulation or suffocation	461	59.9
Poisoning by drugs	105	13.7
Firearms or explosives	47	6.1
Poisoning by other means	45	5.9
Cutting and piercing instruments	37	4.8
Jumping from height	33	4.3
Other	17	2.2
Jumping or lying before moving object	10	1.3
Crashing of motor vehicle	8	1.0
Drowning	6	0.8
Total	769	100.0

Note: *'Other' includes burns/fire, unspecified, etc.*
Source: iQSR 2024.

Appendix

interim Queensland Suicide Register (iQSR) purpose[19]

The Queensland Government established the interim Queensland Suicide Register (iQSR) in 2011 to provide real-time data on suspected suicides across the state. The iQSR compiles information from police reports submitted by the Queensland Police Service (QPS).

Covering data from 2011 to the present, the iQSR offers preliminary insights into suspected suicides and enables real-time monitoring of trends and changes in suicide numbers throughout Queensland.

Table A.1: *Uses of the interim Queensland Suicide Register data (iQSR)*

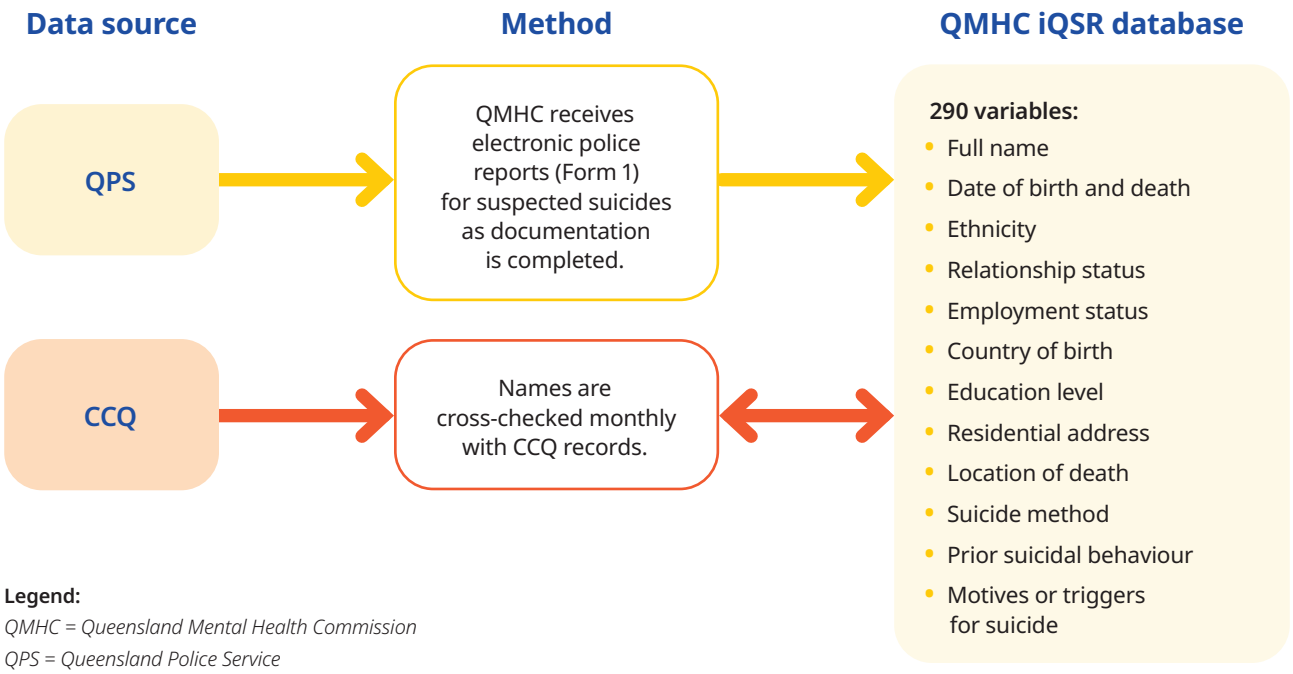
Use	Yes
Identify disproportionately impacted groups, individuals, places and situations	✓
Detect and respond to high-risk locations and contagion	✓
Document the impact and distribution of deaths by suicide	✓
Enable epidemiological research (e.g. create and test hypotheses, including the impacts of environment exposures, emerging or changing patterns and long-term trends)	✓
Evaluate prevention measures by analysing trends (e.g. large-scale aftercare interventions for people who have attempted suicide)	✓
Plan public health, prevention and postvention actions at local, state and national levels	✓
Advocate for prevention and postvention actions at local, state and national levels	✓
Identify emerging and preventable suicide methods	✓
Support tailored local, state and national suicide prevention efforts	✓

19 Flowchart is based on AISRAP publication – *Suicide in Queensland Annual Report 2021–2022* with modifications to account for applicable data flows used in this report.

Data sources

Information in the iQSR is drawn exclusively from the *Form 1 Police Report of Death to a Coroner*. This form provides details to assist the coroner's investigation, including socio-demographic data, circumstances surrounding the death, and contextual information such as descriptions of the deceased's mental health and any significant life stressors prior to death. Figure A.1 depicts the process of data collection for the iQSR.

Figure A.1: *Flowchart depicting the process of the iQSR*



Legend:
QMHC = Queensland Mental Health Commission
QPS = Queensland Police Service
CCQ = Coroners Court of Queensland
iQSR = interim Queensland Suicide Register

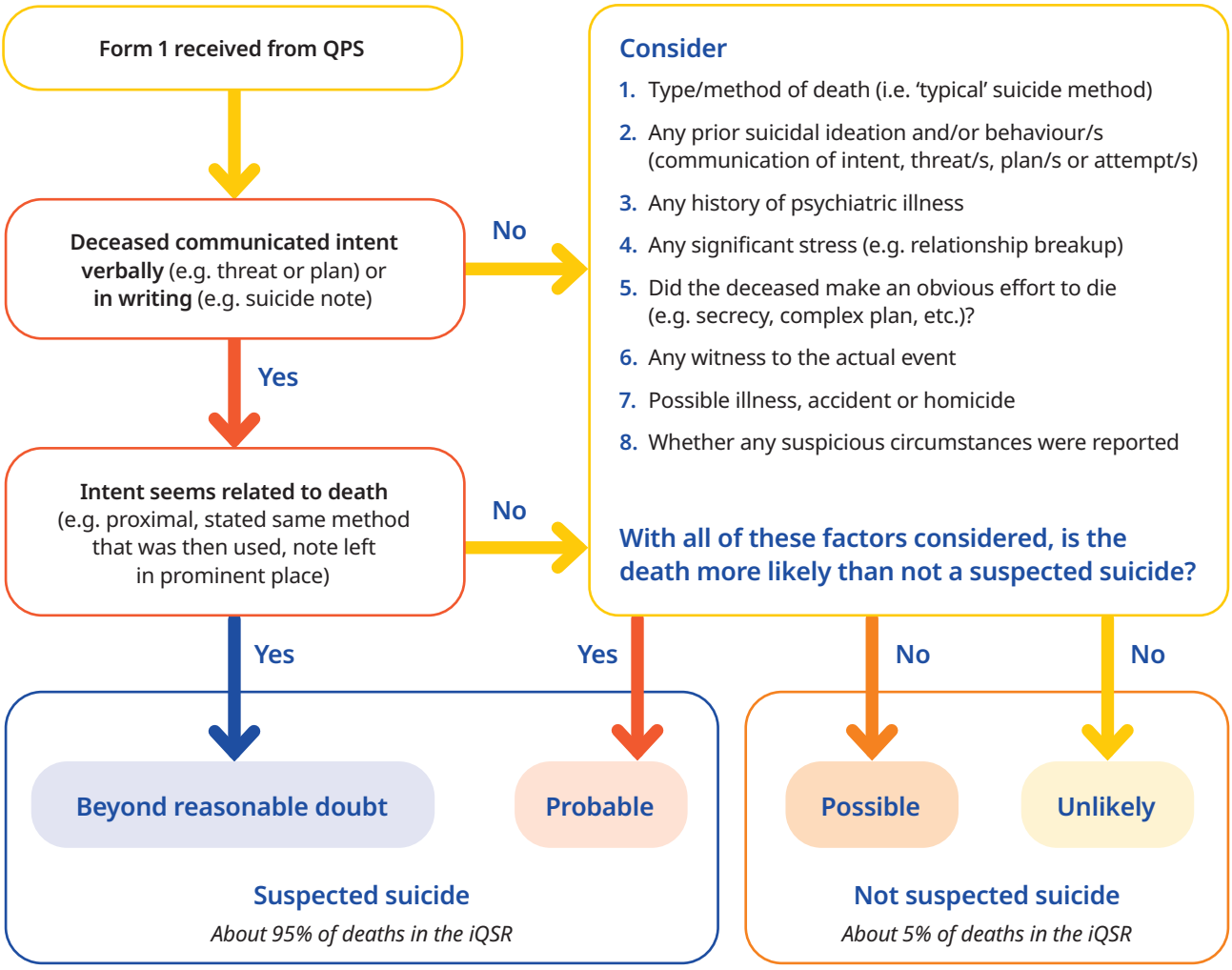
Suicide classification

A decision tree (Figure A.2) is used to code deaths into one of the 4 probabilities of suicide, based on the following criteria:

- **Unlikely:** the available information indicates that a suicide was unlikely (e.g. emphysema, coronary artery atherosclerosis).
- **Possible:** the available information suggests a suicide might have occurred, but there is a substantial possibility that the death is due to other internal or external causes of death (e.g. accident, illness or homicide).
- **Probable:** the available information does not constitute 'beyond reasonable doubt', but death by suicide is still more likely than by any other cause.
- **Beyond reasonable doubt:** the available information refers to one or more significant factors that, in combination, constitute a pattern highly indicative of suicide (e.g. written or verbal intent).

For the purposes of the iQSR, deaths that are assessed to be either unlikely or possible suicides are not included in the register, while deaths considered probable suicide or beyond reasonable doubt are included in the register.

Figure A.2: *Decision tree for coding the probability of the death being a suicide*[20]



20 Decision tree above was originally authored by AISRAP – *Suicide in Queensland Annual Report 2021–2022.*

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