

# Queensland Suicide Data

## Monthly report – March 2026

### About this report

This report contains information about suicide in Queensland. The Queensland Mental Health Commission (the Commission) acknowledges that behind each of these numbers is a person who had friends and family who loved them. Suicide is a far-reaching tragedy that stretches across all age groups and all walks of life. Each suicide profoundly affects families, friends, kinship groups, colleagues, classmates and communities.

This report is released as part of Queensland's effort to reduce suicide across the state. Improving the availability and accessibility of data assists services to help identify trends, emerging areas of concern and to inform responses.

Some people may find the content of this report distressing. If you need help, please ask for the support you need. If affected in any way, please contact:

- [Beyond Blue](#) on 1300 22 4636
- [Lifeline](#) on 13 11 44
- or seek help from these [other helplines](#).

The Commission respectfully recognises those who have died or have been affected by suicide. We recognise and thank those people with a lived experience of suicide who provided feedback on this reporting template, and we are committed to working with people with lived experience of suicide and suicidal distress to support suicide prevention in Queensland.

### Where does the monthly data come from?

The Queensland Government has funded the monitoring of suicide deaths with a suicide register for over three decades. In Queensland there are two systems that are used to monitor suicide deaths: the Queensland Suicide Register (QSR) that includes data since 1990 and is used to monitor longer-term trends, and the interim Queensland Suicide Register (iQSR) that was established in 2011 to provide real-time information on suicide deaths.

This report is based on data from the iQSR. The iQSR is a real-time suicide monitoring system that records interim data on suspected suicides in Queensland, shortly after the death occurs. Data on suspected suicides is based on initial police reports and other information that is available to police at the time when they refer the death to the coroner.

The iQSR supports communities, service delivery/direct care organisations and government agencies in detecting emerging issues and informing place-based responses to suspected suicides, including suicide postvention measures.

The iQSR is currently managed by the Commission on behalf of the Queensland Government, with support from the Coroners Court of Queensland (CCQ) and the Queensland Police Service (QPS).

Monthly reports are published approximately eight weeks from the last day of the reporting month. This time allows for processing, cross-checking and updating of data, and preparation of reports and approvals.



## How accurate is the data?

The data in the iQSR provides an estimate of suicide numbers in Queensland. A final determination of whether a death is a confirmed suicide can only be made after the detailed coronial investigation into that death is completed. As this report is developed using information about open coronial investigations, the term ‘suspected suicide’ is used as the final coronial determination has not been made. This is a technical and legal term to refer to the collection of data and the Commission recognises that there are diverse views around the use of technical language when discussing sensitive and emotive issues.

Information in the iQSR is not directly comparable with official cause of death data released by the Australian Bureau of Statistics, which is based on final coronial determinations. The differences are generally small, however appropriate caution should be applied to iQSR data.

## Number of suicides from 01 January to 31 March 2026

There have been 226 suspected deaths by suicide reported in Queensland from 01 January to 31 March 2026.

**Table 1. Number of suspected suicides**

2022		2023		2024		2025		2026
<b>795</b>	<b>206</b>	<b>782</b>	<b>202</b>	<b>769</b>	<b>188</b>	<b>781</b>	<b>184</b>	<b>226</b>
Full year	1 January to 31 Mar	Full year	1 January to 31 Mar	Full year	1 January to 31 Mar	Full year	1 January to 31 Mar	1 January to 31 Mar

**Table 2. Number of suspected suicides by month**

Month	2022	2023	2024	2025	2026
January	71	73	86	67	82
February	64	64	52	45	73
March	71	65	50	72	71
April	65	64	64	55	
May	50	66	56	56	
June	52	47	58	60	
July	65	68	51	69	
August	63	56	63	72	
September	53	69	65	63	
October	73	72	77	62	
November	92	63	70	74	
December	76	75	77	86	-
<b>Total</b>	<b>795</b>	<b>782</b>	<b>769</b>	<b>781</b>	<i>Calendar year to date: 226</i>

Table 3. Number of suspected suicides by gender and age group

	Full year				01 January to 31 March				
	2022	2023	2024	2025	2022	2023	2024	2025	2026
<b>Male</b>									
Under 18	9	10	13	13	5	3	6	5	3
18 to 24	55	53	41	59	18	12	9	12	22
25 to 34	107	118	119	98	22	31	29	18	29
35 to 44	110	103	125	102	33	22	31	24	35
45 to 54	129	105	115	111	32	36	30	22	32
55 to 64	85	77	89	87	25	11	25	26	20
65 to 74	58	60	46	60	13	14	10	13	16
75 plus	58	57	54	50	19	18	12	16	11
Unknown	-	-	-	-	-	-	-	-	-
<b>Subtotal</b>	<b>611</b>	<b>583</b>	<b>602</b>	<b>580</b>	<b>167</b>	<b>147</b>	<b>152</b>	<b>136</b>	<b>168</b>
<b>Female</b>									
Under 18	6	11	9	12	1	3	1	4	5
18 to 24	22	19	10	15	4	9	3	3	7
25 to 34	29	29	34	47	4	8	6	9	17
35 to 44	28	35	35	36	1	7	8	12	10
45 to 54	42	44	34	35	15	9	7	7	5
55 to 64	27	28	23	29	7	8	4	11	6
65 to 74	14	14	12	13	6	5	4	1	1
75 plus	15	19	10	14	1	6	3	1	7
Unknown	1	-	-	-	-	-	-	-	-
<b>Subtotal</b>	<b>184</b>	<b>199</b>	<b>167</b>	<b>201</b>	<b>39</b>	<b>55</b>	<b>36</b>	<b>48</b>	<b>58</b>
<b>All</b>									
Under 18	15	21	22	25	6	6	7	9	8
18 to 24	77	72	51	74	22	21	12	15	29
25 to 34	136	147	153	145	26	39	35	27	46
35 to 44	138	138	160	138	34	29	39	36	45
45 to 54	171	149	149	146	47	45	37	29	37
55 to 64	112	105	112	116	32	19	29	37	26
65 to 74	72	74	58	73	19	18	14	14	17
75 plus	73	76	64	64	20	24	15	17	18
Unknown	1	-	-	-	-	-	-	-	-
<b>Total</b>	<b>795</b>	<b>782</b>	<b>769</b>	<b>781</b>	<b>206</b>	<b>202</b>	<b>188</b>	<b>184</b>	<b>226</b>

**Table 4. Number of suspected suicides by location of usual residence**

	Full year				01 January to 31 March				
	2022	2023	2024	2025	2022	2023	2024	2025	2026
Major Cities	434	426	387	408	111	105	94	99	120
Inner Regional	191	194	177	160	52	57	50	32	42
Outer Regional	129	115	137	154	34	29	33	40	36
Remote	17	15	26	13	4	4	5	4	3
Very Remote	17	11	12	11	4	3	3	2	6
Other / Unknown	7	21	30	35	1	4	3	7	19
<b>Total</b>	<b>795</b>	<b>782</b>	<b>769</b>	<b>781</b>	<b>206</b>	<b>202</b>	<b>188</b>	<b>184</b>	<b>226</b>

## Notes on methodology

Deaths are counted as suspected suicides if the apparent cause of death is described by QPS as a suspected suicide or if information is included in the police report to suggest that the death may be a suicide (e.g., the deceased person left a note or had indicated to family or friends that they intended to take their own life).

Totals may vary between tables due to missing data on some variables (e.g., not all suspected suicides include information about location of usual residence).

Suspected suicides by interstate or international visitors have been included in the totals. For those people where no information about usual residential address was available, it is assumed that the deceased person was a Queensland resident unless the police report contains information to suggest otherwise.

Numbers may vary slightly over time due to suspected suicides being added after the monthly reporting period (e.g., suspected suicides that had not been received during the monthly reporting period).

The year and month of death indicate the time when the death occurred, not when it was registered.

Numbers are not adjusted for population size or for the age structure of the population. Caution should be used when interpreting this data.

Until September 2023, the iQSR was managed by the Australian Institute for Suicide Research and Prevention (Griffith University) on behalf of the Queensland Government. From September 2023, the iQSR has been managed by the Commission. All reasonable efforts have been made to ensure data continuity and consistency over time, however this transition period should be noted and appropriate caution applied to the interpretation of the data.

**Queensland Mental Health Commission**

PO Box 13027 George Street Brisbane QLD 4003

Phone **1300 855 945**

Email [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au)

[f](#) [t](#) | [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)

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