



Snapshot: ABS Causes of Death data release 2024

Released 14 November 2025

An  EVERYMIND program



Understanding the data

- This release includes 2024 preliminary data, 2023 preliminary revised data and 2022 revised data. Data from 2021 and prior is considered final.
- For data from 2013 onwards, Causes of Death data is presented by the year the death was registered.
- Care should be taken in comparing 2024 data to:
 - Previous years, as some data has been subject to quality improvement processes.
 - Pre-2006 data, as this data was not subject to the revision process.



Understanding the data

What does the data tell us?

- Number of deaths by suicide in Australia
- Rates of suicide in Australia
- Common risk factors associated with suicide in Australia

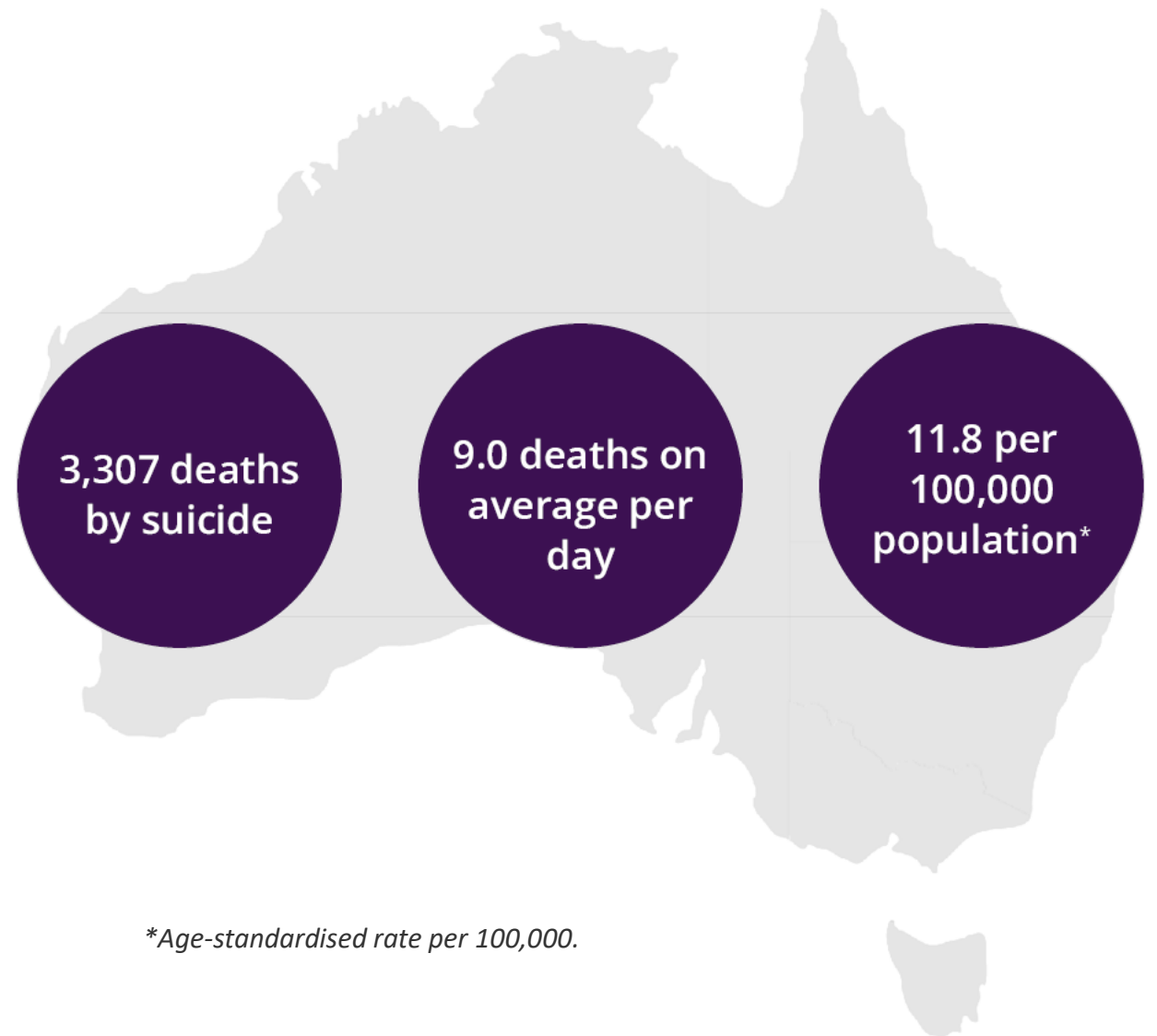
How can the data be broken down?

- Sex (male and female)
- Age groups
- Aboriginal and Torres Strait Islander status
- States and Territories
- Remoteness
- Country of birth
- Occupation
- Socio-economic indexes



National summary

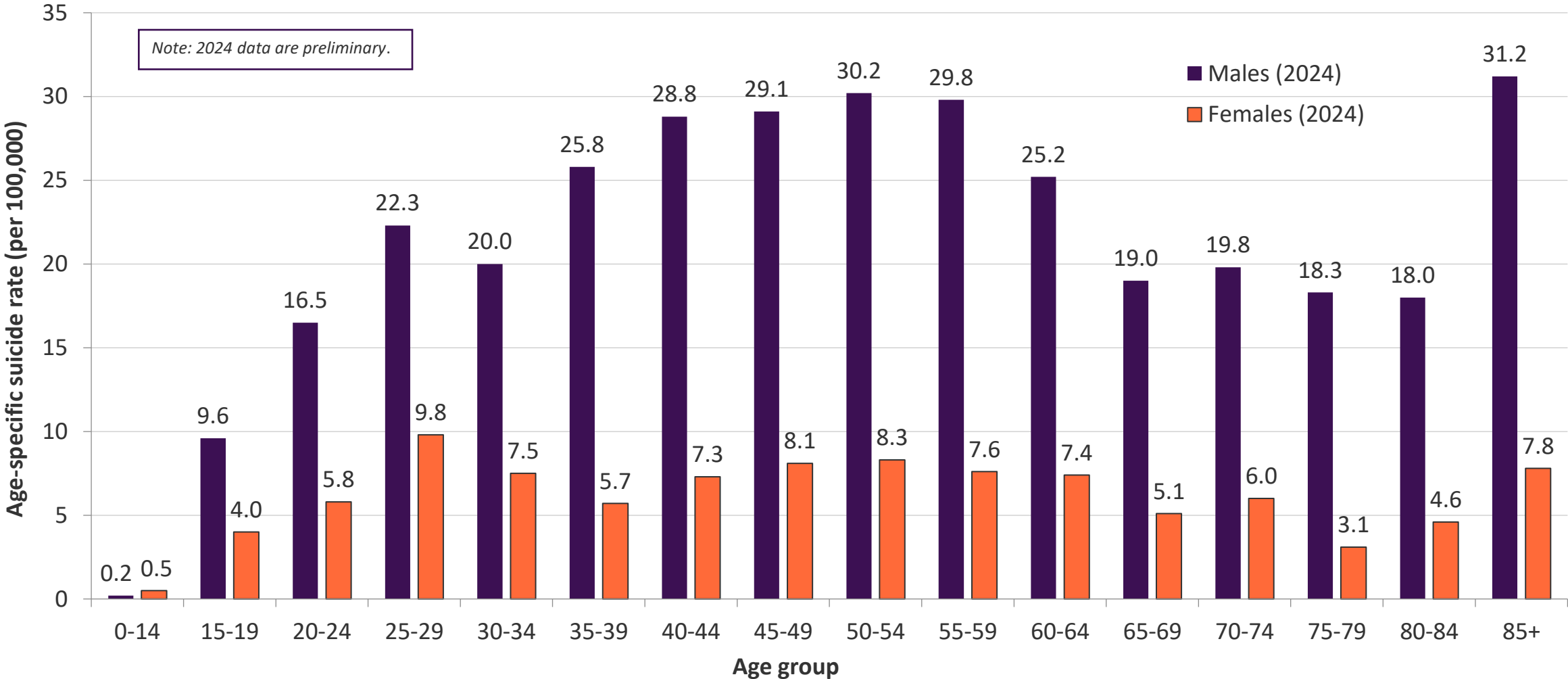
- In 2024, there were **3,307** deaths by suicide with an age-standardised rate of **11.8 per 100,000**.
- There were **2,529** male deaths with an age-standardised rate of **18.3 per 100,000**.
- There were **778** female deaths with an age-standardised rate of **5.5 per 100,000**.
- The crude suicide rate was **12.2 per 100,000**.



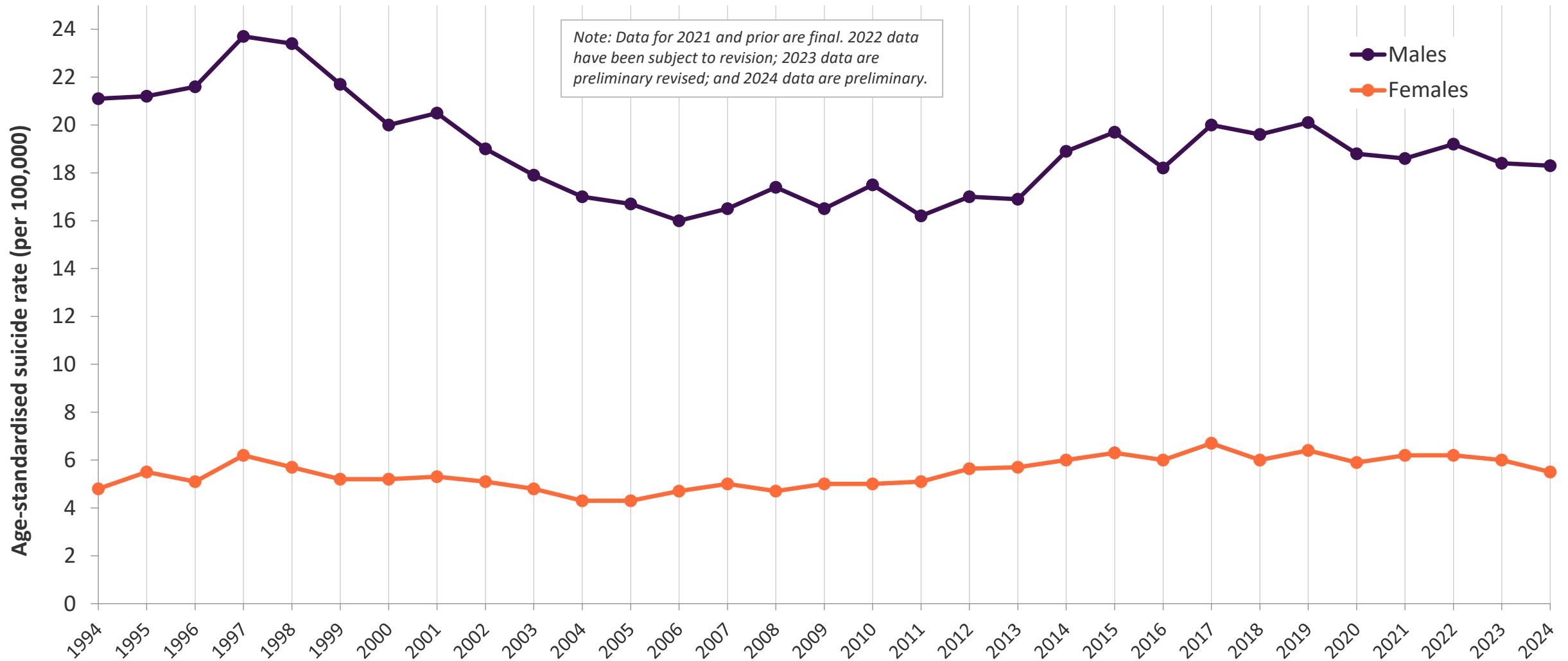
**Age-standardised rate per 100,000.*



General summary: Age-specific suicide rates, 2024



Age-standardised suicide rates, 1994-2024



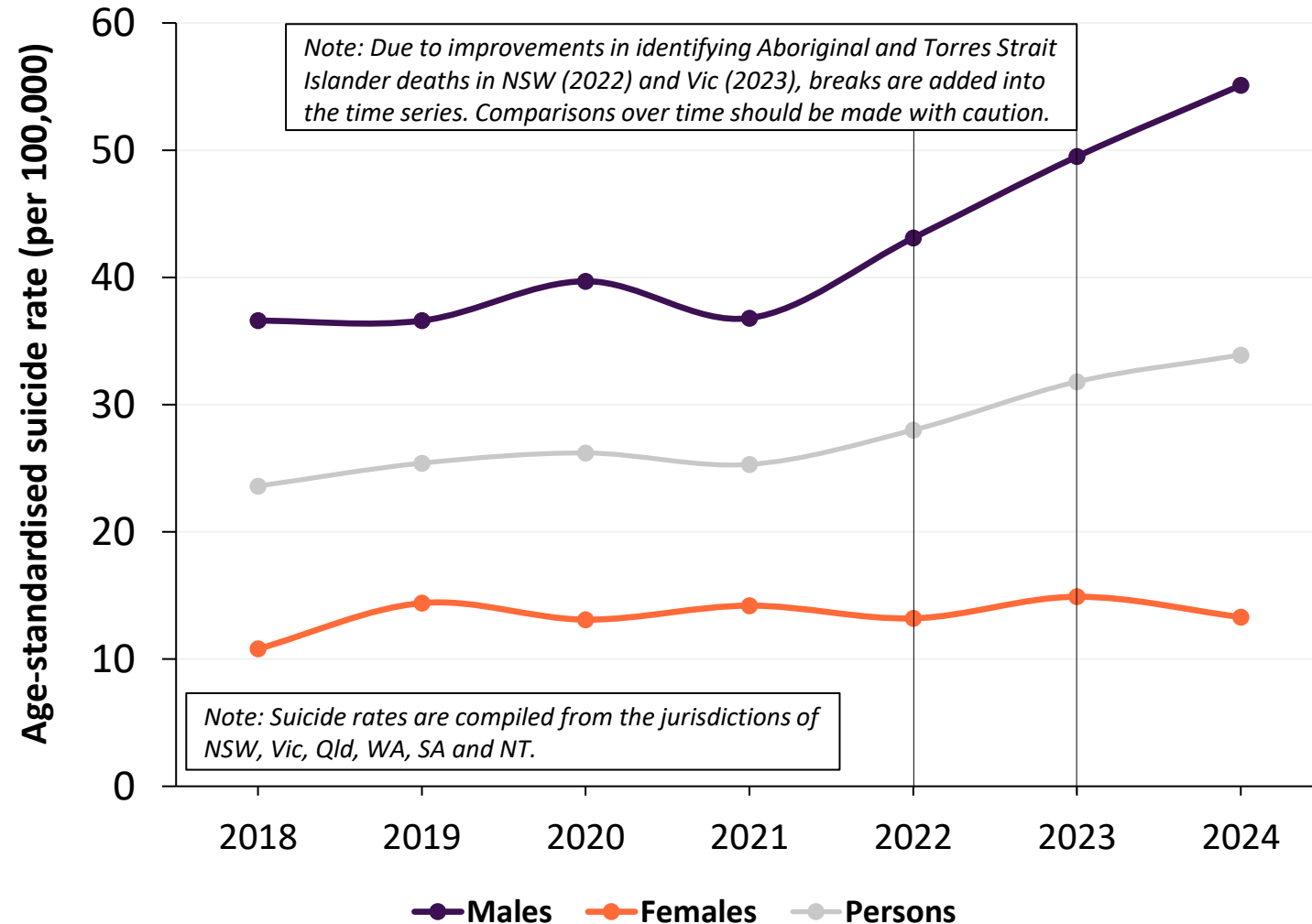
Aboriginal and Torres Strait Islander people

In 2024:

- **306** Aboriginal and Torres Strait Islander people died by suicide.

Using data from six jurisdictions (NSW, Vic, Qld, WA, SA and NT):

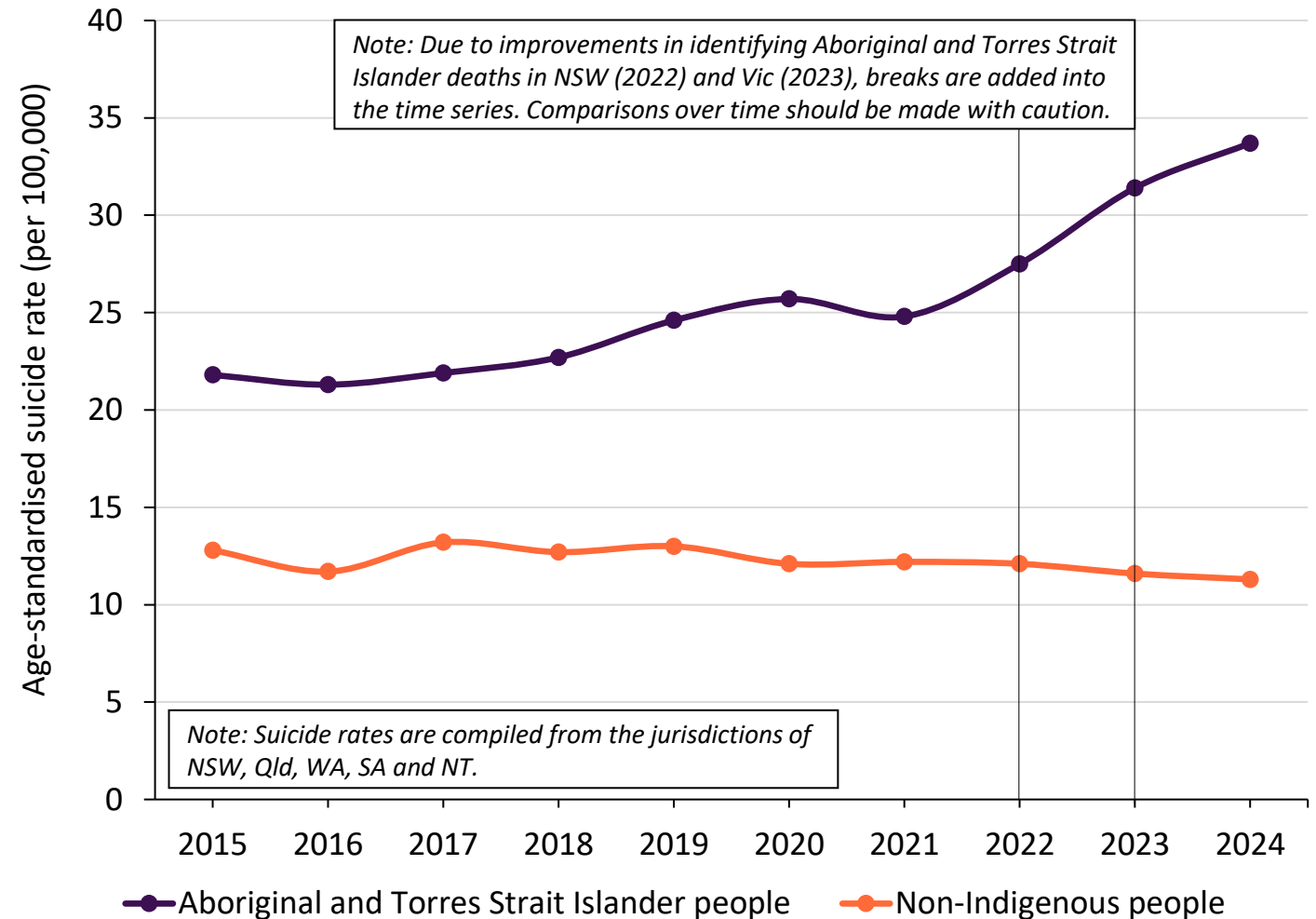
- Aboriginal and Torres Strait Islander people had an age-standardised suicide rate of **33.9 per 100,000**.
- Aboriginal and Torres Strait Islander men (**55.1 per 100,000**) had a higher age-standardised suicide rate compared to women (**13.3 per 100,000**).



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

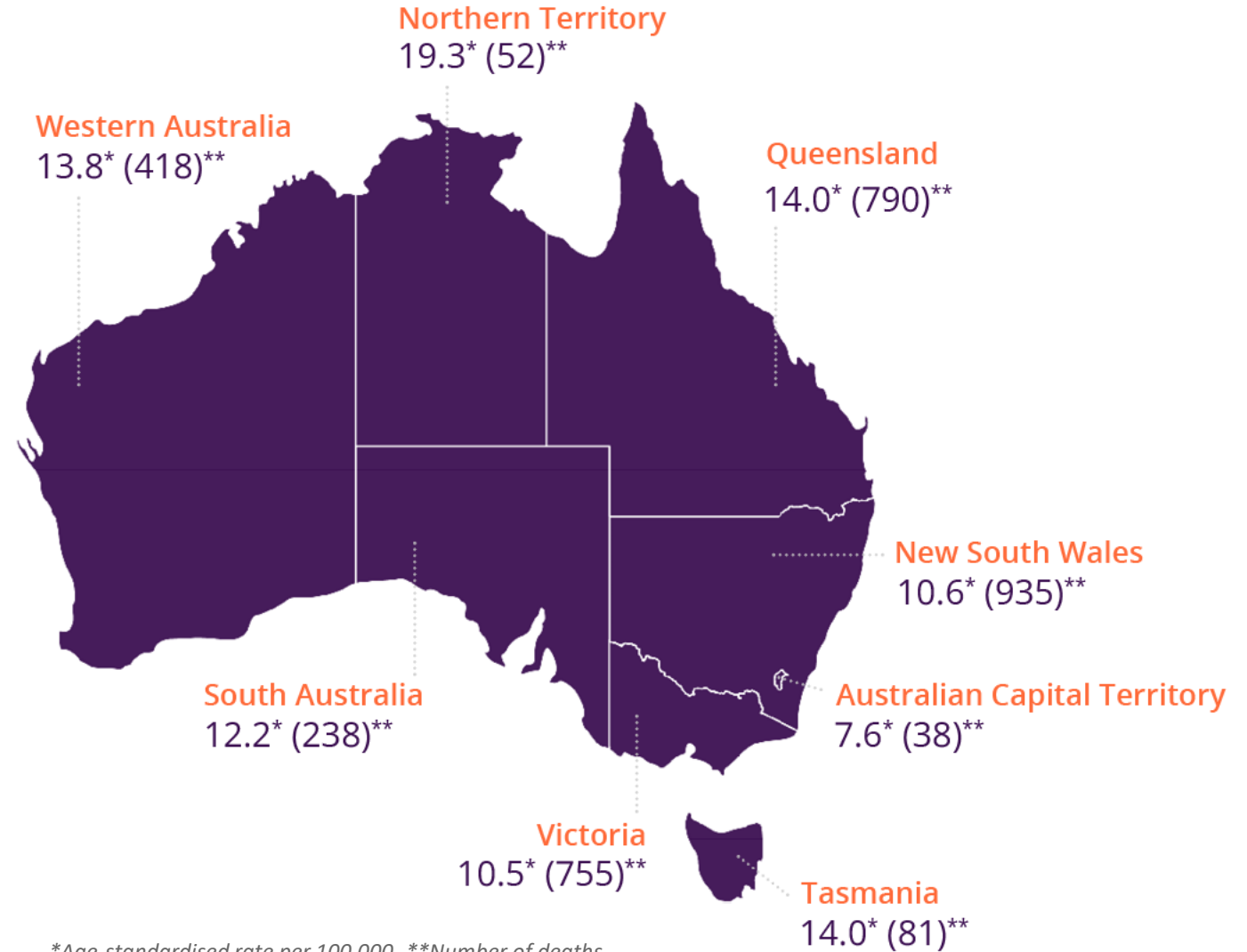
In 2024, across five jurisdictions (not including Victoria):

- Aboriginal and Torres Strait Islander people had a suicide rate almost **three times higher** than non-Indigenous people.
- The age-standardised suicide rate was **33.7 per 100,000** (compared to 11.3 per 100,000 for non-Indigenous people).
- The median age of suicide death was **34.3 years** (compared to 48.3 years for non-Indigenous people).



State and territory summary

- Three-quarters (**74.9%**) 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 suicide rate (**19.3 per 100,000**).
- The Australian Capital Territory recorded the lowest suicide rate (**7.6 per 100,000**).

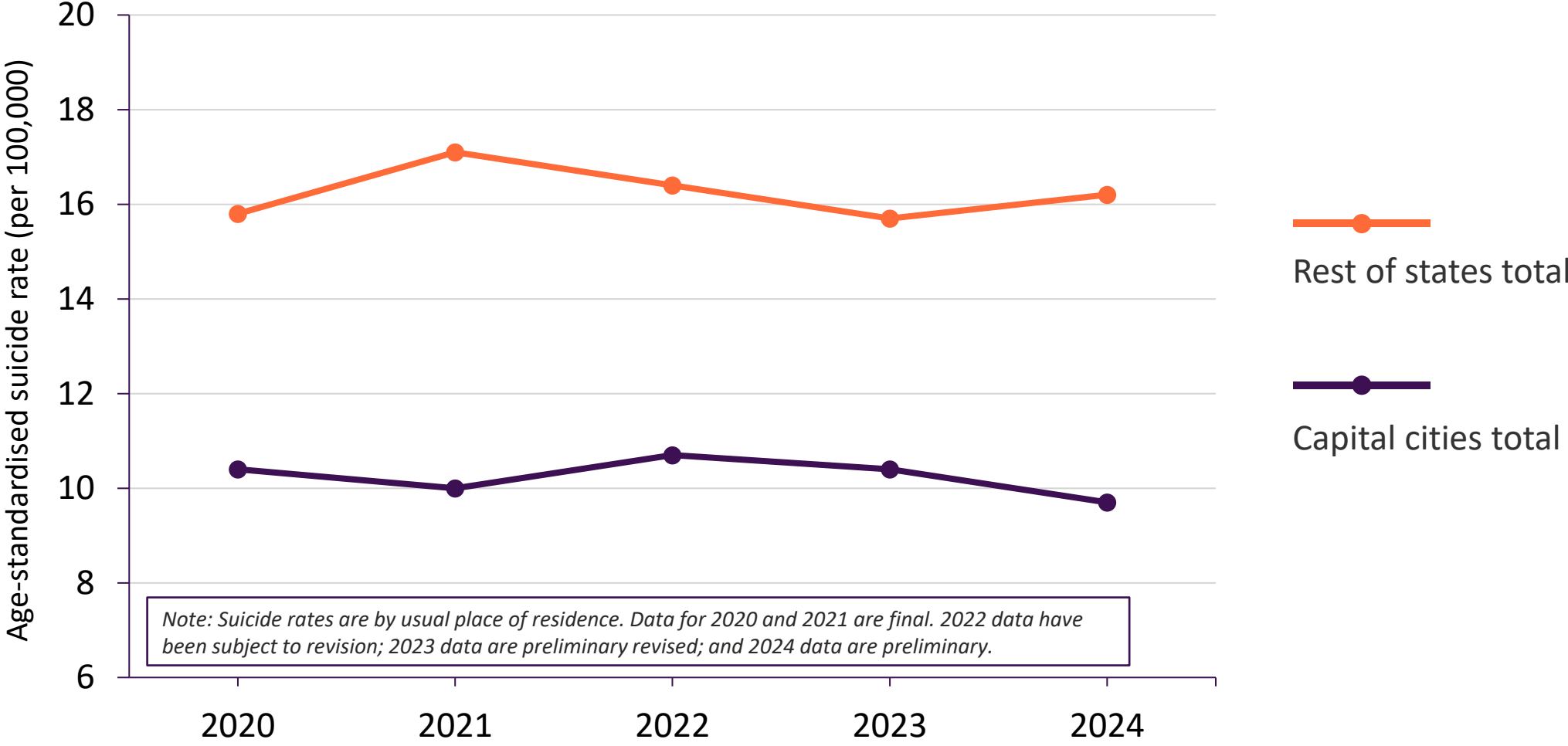


*Age-standardised rate per 100,000. **Number of deaths.

Note: 2024 data are preliminary.



Greater capital cities total and rest of states total



Suicide by remoteness

- In the **period 2020-2024**, the suicide rate in remote and very remote Australia was between 20.5 and 24.6 deaths per 100,000 people. This is consistently higher than suicide rates in both regional areas and major cities.
- 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; 'Major Cities in Australia' in this data excludes Darwin and Hobart.



Risk factors

- In 2024, people who died by suicide had an average of **four** factors mentioned.
- The types of risk factors experienced can vary across a person's life.
- Mood disorders (including depression) were the most common risk factor overall.
- Limitation of activities due to illness and disability is the most common risk factor for those aged 85 years and over.

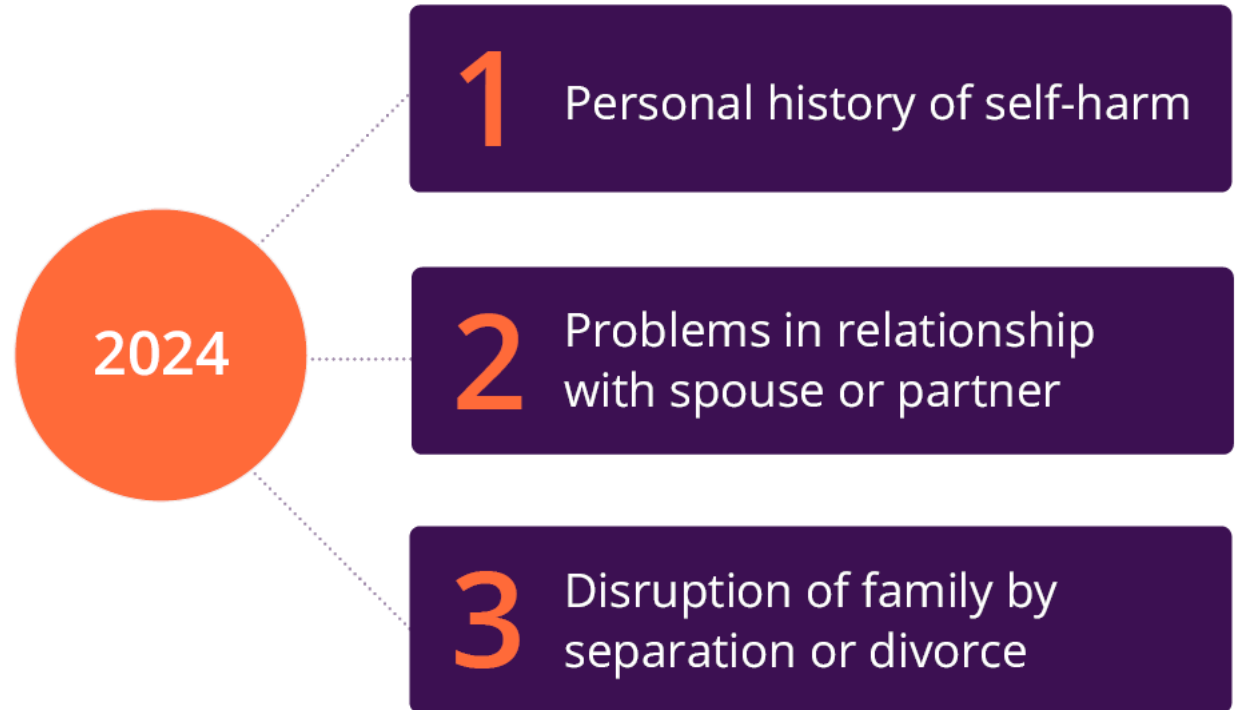
Most commonly reported risk factors across all ages in 2024:

- 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.
- The psychosocial risk factors associated with suicide were largely age dependent and differed throughout the lifespan.



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.

For the five-year period 2020 to 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.

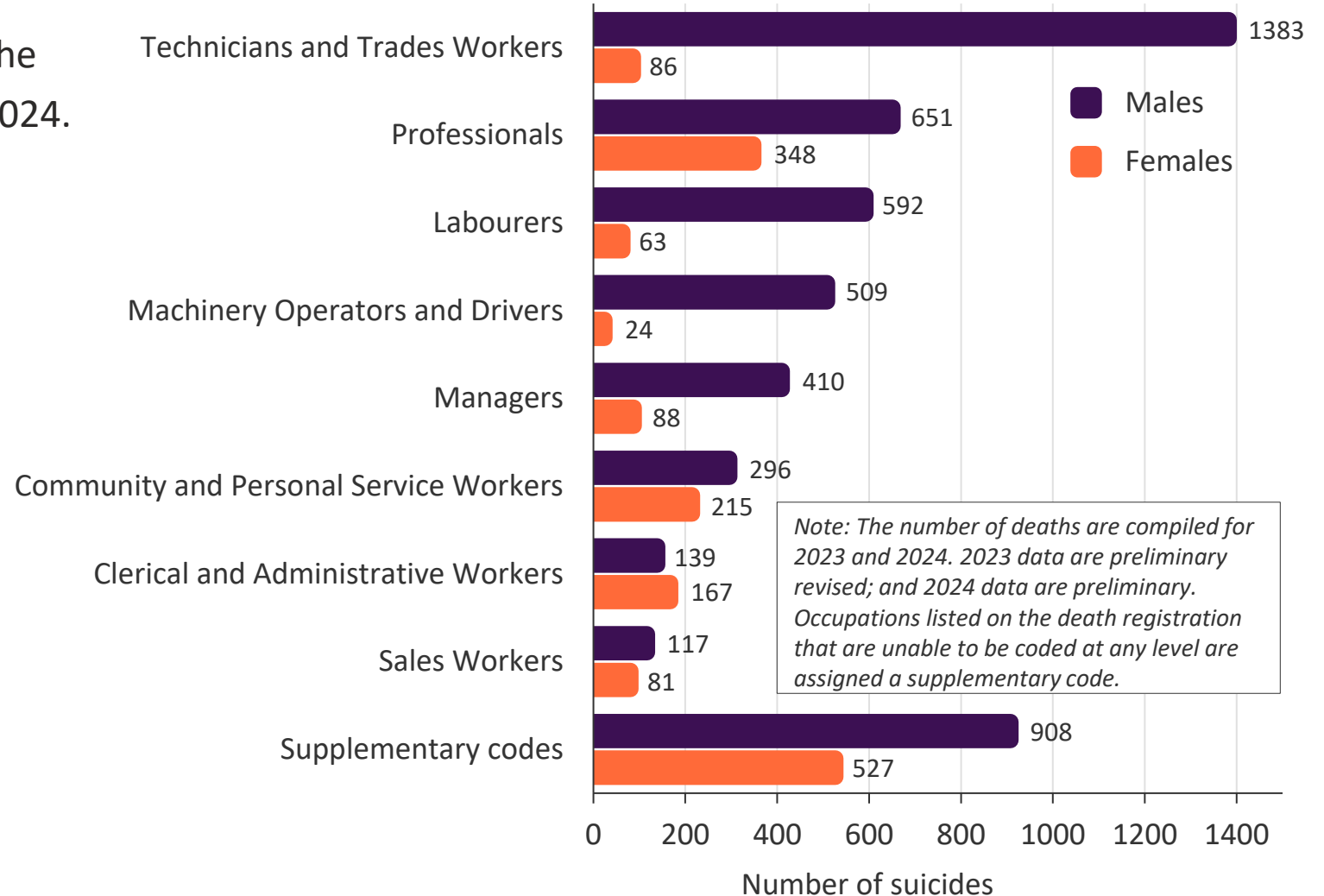


Suicide by occupation – major groups

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**).



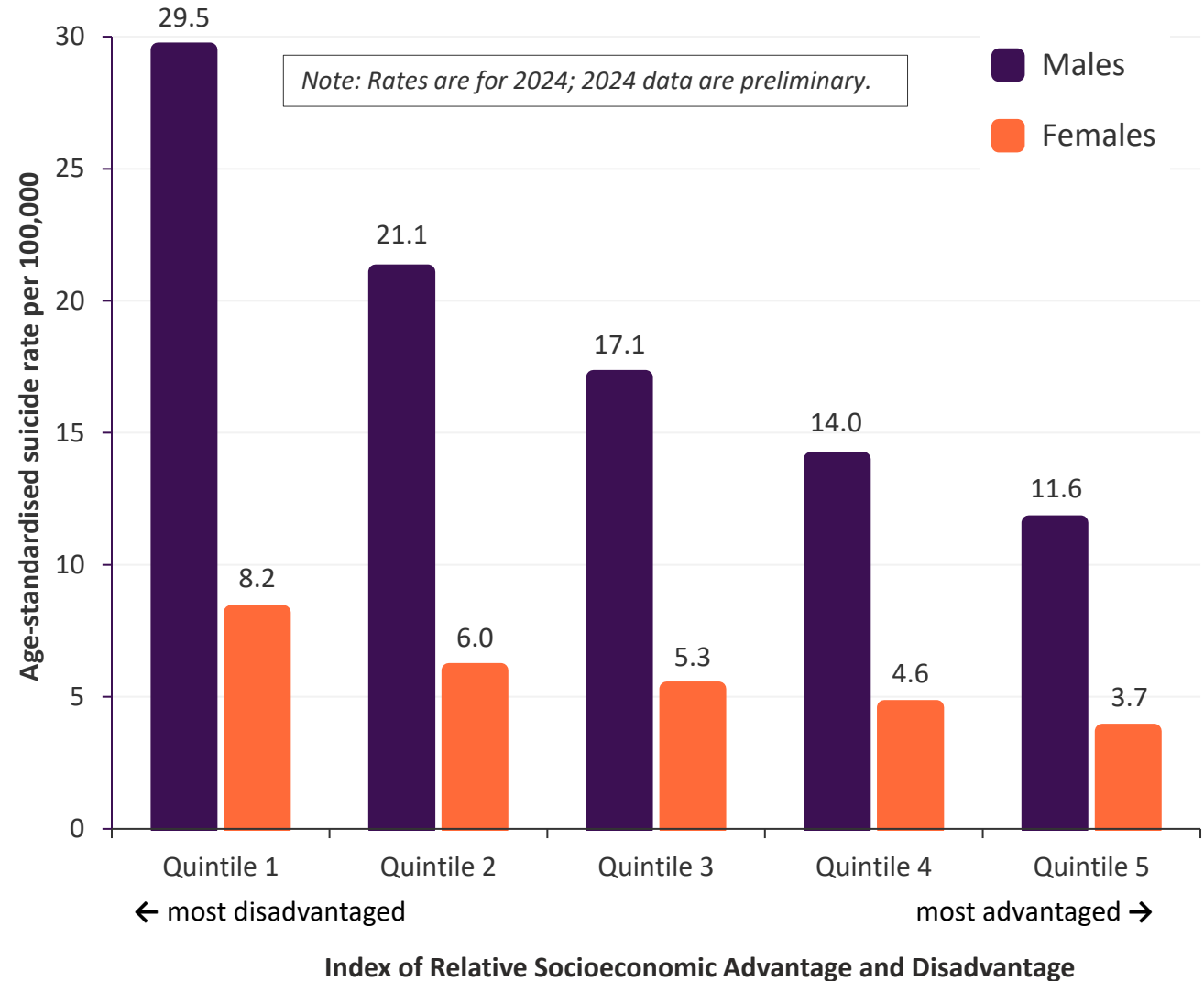
*Does not account for underlying differences in the number of males and females employed in each of the major occupation groups. Deaths data coded to the Occupation Standard Classification for Australia (OSCA) is considered experimental and may be subject to improvements and revisions over time. This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



Suicide by socio-economic indexes

In 2024:

- The suicide rate for people with the lowest level of socio-economic advantage (Quintile 1) was **2.5 times higher** than people with the highest advantage (Quintile 5).
- For both males and females, suicide rates increase as relative socio-economic disadvantage increases.



Help-seeking

Adult

Lifeline 13 11 14 | Text 0477 13 11 14 (access 24/7) | lifeline.org.au

13 YARN 13 92 76 | 13yarn.org.au

Aboriginal and Torres Strait Islander service (access 24/7)

Suicide Call Back Service

1300 659 467 | suicidecallbackservice.org.au

Beyond Blue 1300 224 636 (access 24/7) | beyondblue.org.au

StandBy Support After Suicide 1300 727 247

QLife 1800 184 527 | qlife.org.au

LGBTIQ+ peer support service

MensLine 1300 78 99 78 | mensline.org.au

Youth

Kids Helpline 1800 551 800 | kidshelpline.com.au

headspace 1800 650 890 | headspace.org.au

ReachOut reachout.com.au

Other resources

Medicare Mental Health medicarementalhealth.gov.au

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

Embrace Multicultural Mental Health embracementalhealth.org.au

National Alcohol and other Drug Hotline 1800 250 185

National Gambling Helpline

1800 858 858 | gamblinghelponline.org.au





Thank you

Learn more, contact and follow *Mindframe*:

✉ mindframe@health.nsw.gov.au

🌐 mindframe.org.au

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