



Suicide in Queensland

Annual Report 2023



Queensland
**Mental Health
Commission**

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

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Acknowledgement of First Nations people

We respectfully acknowledge First Nations people 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 people 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.

We thank Griffith University and the Australian Institute
for Suicide Research and Prevention for managing the QSR
and iQSR until mid-2023. We acknowledge their work to
improve the availability and accessibility of suicide data
to help identify trends and inform responses.

Warning

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

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 experience 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 lost to suicide, those who are living with suicidality and the people 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 their own history and story. Collectively, their experiences help us quantify commonalities and differences among those we have lost to suicide so we can effectively reduce suicides 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 and resolve to reduce deaths by suicide in Queensland.

Thinking and reading about mental ill-health, problematic alcohol and other drug use, 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 789 978	www.mensline.org.au
Beyond Blue Support Service	1300 224 636	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 551 800	www.kidshelpline.com.au
Defence Family Helpline	1800 624 608	www.defence.gov.au/dco/defence-helpline.asp
Gambling Help	1800 858 858	www.gamblershelp.com.au
Perinatal Mental Health	1300 726 306	www.panda.org.au
Aramfi	1300 544 660	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

Post suicide bereavement support services

StandBy Response Service	1300 727 247	www.standbysupport.com.au
Thirrili Postvention Suicide Support	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 translation support, please ask the telephone support service to use the Translating and Interpreting Service by phoning **1800 131 450**.

Hearing impaired callers

Dial **106** by TTY or in an emergency use National Relay Services TTY number **1800 555 677**.

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Glossary

Age-specific rate	The crude (i.e. unadjusted) rate in a specific age group, expressed per 100,000 males, females or persons. ¹ This report does not calculate rates for numbers less than 5.
Age-standardised suicide rate	An adjustment to the crude rate to consider differences in population age structures over time and expressed per 100,000 males, females or persons. ² It addresses whether changes in the crude suicide rate may be due to increases in the age groups of people who typically die by suicide in a specific year. This report does not provide age-standardised rates for numbers under 10.
Crude rate	Suicides in a period divided by the estimated resident population size halfway through that period.
Form 1	Formally called the <i>Form 1 police report of death to a coroner</i> , a Queensland Police Service officer completes this to provide details on reportable deaths to support the coroner in their investigation, including deciding whether to order an autopsy and help the pathologist performing the autopsy to establish a cause of death. This document is the source of information in the iQSR.
Geocoding	Geocoding uses an address or place and provides data for geographical areas and the coordinates (latitude and longitude) of that address or location.
Hospital and Health Service	The statutory bodies providing public health services across Queensland.
Mental illness	A clinically diagnosable disorder that significantly affects how a person feels, thinks, behaves and interacts with other people. 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.
Public health surveillance	Using data to monitor health problems to support prevention or control.
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 the chromosomal, gonadal and anatomical characteristics associated with a person's biological sex. The interim Queensland Suicide Register does not sufficiently capture the breadth of gender and sexual diversity in the Queensland community for 2023, 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 as occurring 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 person's 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 'beyond reasonable doubt' are termed 'suspected suicides' to acknowledge the ongoing coronial processes. The use of the term suicide to refer to some people's 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 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 cis-gender male and female.

2 Australian Institute of Health and Welfare, Age-standardised rate, AIHW Metadata Online Registry Website, n.d., accessed 22 July 2024. <https://meteor.aihw.gov.au/content/181162>

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 cause 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	✗	<ul style="list-style-type: none">Successful suicideUnsuccessful suicide	✓	<ul style="list-style-type: none">Died by suicideTook their own life
Associating suicide with crime or sin	✗	<ul style="list-style-type: none">Committed suicideCommit suicide	✓	<ul style="list-style-type: none">Took their own lifeSuicide death
Sensationalising suicide	✗	<ul style="list-style-type: none">Suicide epidemic	✓	<ul style="list-style-type: none">Increasing ratesHigher rates
Language glamorising a suicide attempt	✗	<ul style="list-style-type: none">Failed suicideSuicide bid	✓	<ul style="list-style-type: none">Suicide attemptNon-fatal attempt
Gratuitous use of the term 'suicide'	✗	<ul style="list-style-type: none">Political suicideSuicide mission	✓	<ul style="list-style-type: none">Refrain from using the term 'suicide' out of context

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

Introduction

Suicide is complex, with no one cause or solution. Effectively reducing suicide takes strong collaboration and leadership across all levels of government, the suicide prevention sector and broader community.

Reducing suicide and its impacts is a key priority of the Queensland Government. *Every life: The Queensland Suicide Prevention Plan 2019–2029*³ (*Every life*) is a whole-of-government and whole-of-community plan that sets the direction for suicide prevention reform in Queensland. Phase Two of the plan was released in 2023.

Every life Phase Two recognises that reform must be based on and informed by high-quality evidence. It contains actions to improve the way data is collected, used and shared to drive and improve suicide prevention, including by improving suicide surveillance in Queensland.

Surveillance is a central part of the public health model of suicide prevention. The Queensland Government has funded the monitoring of suicide deaths through the maintenance of a suicide register for over 3 decades. Queensland's primary surveillance systems are the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR).

The QSR includes data since 1990 and it records all suicides in Queensland after the 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 person's death that is 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.

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](#).

3 <https://www.qmhc.qld.gov.au/every-life-suicide-prevention-plan>

Summary

The Australian Institute for Suicide Research and Prevention (AISRAP) managed the QSR and iQSR until mid-2023. The QSR and iQSR transitioned to the Queensland Mental Health Commission (the Commission) in 2023 in response to 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 workforce that is responsible for continuing to operate 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 2023* uses data from the iQSR. Information in the iQSR comes solely from information contained in the Queensland Police Service's (QPS) *Form 1 police report of a death to the coroner* (Form 1).

This report provides a summary of data on suspected suicides in Queensland in the calendar year 2023 from the iQSR. It also provides some limited comparison data across other years. Future iterations of this report will provide more comprehensive analysis and comparison across the years.

In total,

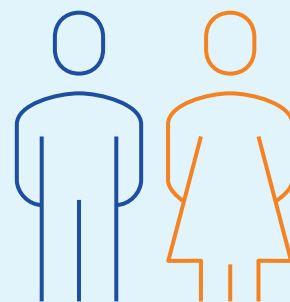
782 people died by
suspected suicide

in Queensland in 2023.

The preliminary age-standardised suicide rate for 2023 is 14.1 per 100,000 people after adjusting for population growth and changes in the population's age structure.⁴

**This represents a decrease of
1.5 suicides per 100,000 people
from 2018.**

⁴ This figure has been calculated using data from the iQSR.



**Male suspected suicide deaths are
disproportionately
higher
than female
suspected suicide deaths.**

In 2023, the age group with the highest number of deaths by suicide

Males

Females

30–34
year olds

59 people, 10.1%

50–54
year olds

25 people, 12.6%

and the lowest was

10–14
year olds

5 people, 0.9%

10–14
and **65–69**
year olds

6 people
in each group,
6.0% combined

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

Males

Females

50–54
year olds

33.2 per 100,000

50–54
year olds

13.8 per 100,000

and the lowest was

10–14
year olds

2.7 per 100,000

10–14
year olds

3.4 per 100,000

Section 1

Provides a comparative overview of suspected suicides in Queensland and nationally, using the most recent national data released by the Australian Bureau of Statistics (ABS) in September 2023. In addition, this section provides Queensland's preliminary numbers and rates for suspected suicides in 2023.

Section 2

Reports on preliminary age-standardised rates for population groups in Queensland from 2018 to 2023. In addition, this section provides a descriptive analysis (numbers and rates) by age group, employment status, marital status, remoteness, Hospital and Health Service, Primary Health Network, non-English speaking background⁵ and First Nations people.

⁵ 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 are not an accurate reflection of their cultural or ethnic identity. The Commission also acknowledges that the ABS 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 here <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 2023.

In Queensland in 2023

Overall,

782 people died by suspected suicide.

There were

13 less people (1.6%) who died by suspected suicide

than in 2022 (795).

The age-standardised suspected suicide rate was

14.1 per 100,000 people,

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

This means that for **every 100,000 people, around 14 people died by suspected suicide.**

This rate was less than the rate in 2022 (14.7).

Groups

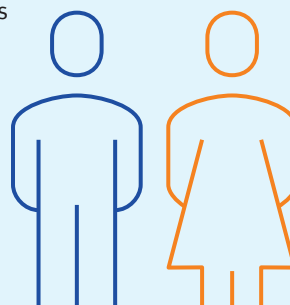
Of the 782 people who died by suspected suicide in 2023, 583 were male (74.6%) and 199 (25.4%) were female.

The age-standardised suspected suicide rate for males in Queensland in 2023 was 21.3 people per 100,000. This rate is lower than the 2022 rate (23.1), representing a decrease of 7.8%. The number of males who died by suspected suicide in 2023 decreased by 28 when compared to 2022 (from 611 to 583).

The age-standardised suspected suicide rate for females in Queensland in 2023 was 7.1 per 100,000. This rate is higher than the 2022 rate (6.7), representing an increase of 6.0%. The number of females who died by suspected suicide in 2023 increased by 15 when compared to 2022 (from 184 to 199).

The rate for males decreased and the rate for females increased from 2022 to 2023. However, the male rate was 3 times higher than the female rate in 2023. This disparity represents a rate difference of 14.3 more suspected suicides per 100,000 males than females.

Males aged 30–34 had the highest number of suspected suicides (59). For females, the highest number was reported in the 50 to 54 age group (25). The highest age-specific suspected suicide rates (33.2 per 100,000 for males and 13.8 for females) were reported in the 50–54 age group.



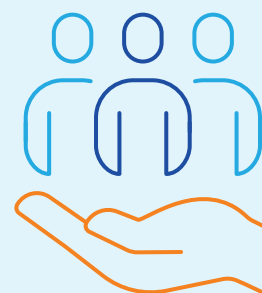
Suspected suicides among First Nations people

In total, 61 First Nations people died by suspected suicide in 2023, representing 7.8% of all suspected suicides in Queensland in 2023.

The rate of suspected suicides among First Nations people in 2023 was 1.5 times higher than non-Indigenous people. However, it must be noted that identification of whether a person was of First Nations heritage in the iQSR is based on preliminary information collected by police at the scene of a suspected suicide.⁶

First Nations people aged between 25–34 years had the largest proportion of First Nations suspected suicide deaths (25 people, 41.0% of a total 61 suspected deaths by suicide), followed by First Nations people who were 10–24 years old (16 people, 26.2%). The proportion of suspected suicides among First Nations people was higher for females than males (9.0% compared to 7.4%).

Based on the reported data, First Nations people aged 10–34 are twice as likely to die by suspected suicide than First Nations people aged 35 and above (67.2% compared to 32.8%).



⁶ Identification of whether a person was of 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 underreported. The Form 1 was recently updated to capture further information about a person's cultural background and future iterations of this report will capture this data.

Remoteness⁷

Most suspected suicides occurred in major cities (426 people, 56.0%), followed by inner and outer regional areas combined (309 people, 40.6%).

The fewest number of suspected suicides (26 people, 3.4%) occurred in remote and very remote areas.

The proportion of suspected suicides among males and females were not notably different except for outer regional areas where the proportion was higher for males than females (16.6% compared to 10.7%).



⁷ 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 Service (HHS)⁸



Most suspected suicides (152 people) occurred in the Metro South HHS catchment area, followed by Metro North (146 people) and the Sunshine Coast (67 people).

HHS catchment areas with the lowest numbers of suspected suicides included Central West and South West (6 people combined), North West (6 people) and Torres and Cape (6 people). These areas also have the lowest populations of the HHSs in Queensland. This data does not mean that a person had contact with a HHS prior to or at the time of their death, rather they resided in the relevant HHS catchment area.

⁸ There are 16 HHS 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 HHS prior to or at the time of their death.



Primary Health Network (PHN)⁹

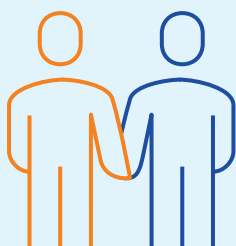
Most suspected suicides (455 people, 59.8%) occurred in 3 main PHN catchment areas: Central Queensland, Wide Bay, and Sunshine Coast; Brisbane South; and Brisbane North.

Western Queensland PHN had the least number of suspected suicides (12 people). This area also has the lowest population of the PHNs in Queensland.

Females residing in the Brisbane South and Brisbane North PHN catchment areas had a higher proportion of suspected suicide than males (46.5% compared to 36.8% combined). This data does not mean that a person had contact with a PHN prior to or at the time of their death, rather they resided in the relevant PHN catchment area.

⁹ There are 7 PHNs in Queensland. See <http://www.queenslandphn.org.au/> for further information. This data does not mean that a person had contact with a PHN prior to or at the time of their death.

Relationship status



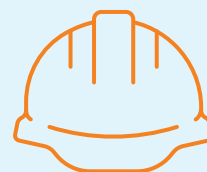
A third of people who died by suspected suicide (253 people, 32.4%) were either married or in a de facto relationship.

The proportion of married or de facto people who died by suspected suicide were similar for males (190 people, 32.6%) and females (63 people, 31.7%).

Females were more frequently reported as widowed, divorced or single at the time of their death than their male counterparts (32.2% compared to 24.2%).

The proportion of males who died by suspected suicide were more often separated (71 people, 12.2%) than females (18 people, 9.0%).

Employment status



Overall, unemployed people were the most common group to die by suspected suicide (174 people, 22.3%), followed by full-time employed (152 people, 19.4%) and retired pensioner (124 people, 15.9%).

The proportion of suspected suicides of males in full-time employment was twice as high compared to their female counterparts.

The proportion for groups reported as 'disability pensioner' and 'not in labour force' was 3.5 times higher for females than males.

Reported diagnosis of mental health conditions

The number and proportion of people who died by suspected suicide and were identified as having at least one reported diagnosis of a mental illness, including depression, anxiety disorder and/or schizophrenia, was 13.2% (103 people).

Diagnosed mental illnesses were more prevalent in males than in females (13.6% compared to 12.1%).

Data was not reported or missing for 77.9% of people who died by suspected suicide (609 people).

Males were 2.36 times more likely to have been reported as having a behaviour suggesting an undiagnosed mental illness (11.8% compared to 5.0%).

Data was not reported or missing for 67.1% of people (both males and females) who died by suspected suicide (525 people).



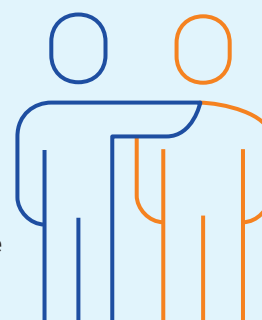
Previous suicide attempt

Almost a third of people who died by suspected suicide (245 people, 31.3%) had reportedly attempted suicide previously.

The proportion of people who previously attempted suicide was substantially higher among females (82 people, 41.2%) than males (163 people, 28.0%).

Data on a previous suicide attempt was not reported or missing for 58.8% of people who died by suspected suicide (460 people).

Help-seeking and service contact



A relatively small proportion of the people who died by suspected suicide were identified as having recently contacted a mental health professional or been hospitalised for a mental illness.¹⁰ This information is preliminary only on the Form 1 and not necessarily reflective of all contact with services.

Females were more commonly reported as having recent treatment for a mental illness prior to their suspected suicide than their male counterparts.

¹⁰ This refers to the question 'Was the deceased recently hospitalised for a psychiatric condition?' under the 'Mental Health Information' section of the Form 1.

Section 1

This section provides information on Queensland's preliminary numbers and rates per 100,000 for people who died by suspected suicide in 2023. It also provides a comparative overview of suspected suicides in Queensland and suicides nationally.

Queensland's suicide surveillance system currently includes the QSR and iQSR. Management of the registers transitioned from AISRAP to the Queensland Mental Health Commission in 2023.

The *Suicide in Queensland: Annual Report 2023* 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 in near real-time. Previous versions of this report presented information from the QSR

and iQSR. Future versions of the *Suicide in Queensland: Annual Report* will explore potential opportunities to incorporate QSR information.

In 2023, 782 people died by suspected suicide in Queensland. Each person's suicide has a major impact on their families, friends and whole communities. Suicide is a multidimensional phenomenon and understanding its underlying factors and their interaction is critical to preventing and reducing suicides.

Queensland 2023

Table 1.1 shows key data from the iQSR for the 2023 calendar year.

Table 1.1: *Queensland suspected suicide statistics in 2023*

Statistic	2023 (calendar year)
The age-standardised suicide rate for Queensland	14.1 per 100,000 people
Deaths by suspected suicide in Queensland	782

Source: iQSR 2023.

National picture

Based on data from the iQSR and the ABS, this section provides a comparison of suicides in Queensland and nationally in 2022, as national data for 2023 is not yet available.

The official national suicide statistics are calculated by calendar year and published by the ABS annually. The most recent national information about suicide in Australia is for the 2022 calendar year.

It should be noted that suspected suicide deaths that are referred to the coroner can take time to be fully investigated. This can influence information available to the ABS to assign a cause of death and is likely to result in minor differences between the coding of suicides by the ABS and the coding of suspected suicides in the iQSR. We also recognise the impact this long process has on families, friends and kin. The data in this section is based on ABS coding processes.

In 2022,
3,249

people lost their life
to suicide in Australia

2022

In 2022,
773

Queensland residents
lost their life to suicide,
representing

23.8%

of all suicides
in Australia that year

Suicide was the

15th

most common cause of death
for all Australians in 2022



Suicide was the
**leading cause
of death**

in Australia for people
aged 15–44 years in 2022

Queensland recorded the

2nd highest number of suicides

in Australia in 2022

In 2022, the **age-standardised suicide rate** was

Queensland

14.4

per 100,000 people

Nationally

12.3

per 100,000 people

Queensland's
**age-standardised
suicide rate** was

2.1

above the national rate
of 12.3 per 100,000 people

Of all states and territories,
only residents of the **Northern Territory had higher age-standardised
suicide rates per 100,000 persons than Queensland** residents in 2022

Source: ABS, *Causes of Death, Australia, 2022*, ABS website, 27 September 2023, accessed 21 July 2024.

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

<https://www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia/contents/leading-causes-of-death>

<https://www.suicidepreventionaust.org/news/statsandfacts#:~:text=The%20age%2Dstandardised%20suicide%20rate,cause%20of%20death%20in%20males.>

Section 2

This section gives the key demographic characteristics of all deaths by suspected suicide in Queensland for 2023. This section also reports suspected suicides in different geographical regions, including remoteness, and catchment areas for the Hospital and Health Services and Primary Health Networks.

In 2023, there were 782 people who died by suspected suicide in Queensland. The age-standardised suspected suicide rate was 14.1 per 100,000 persons. This means that for every 100,000 people in Queensland in 2023, around 14 people died by suspected suicide.

By sex

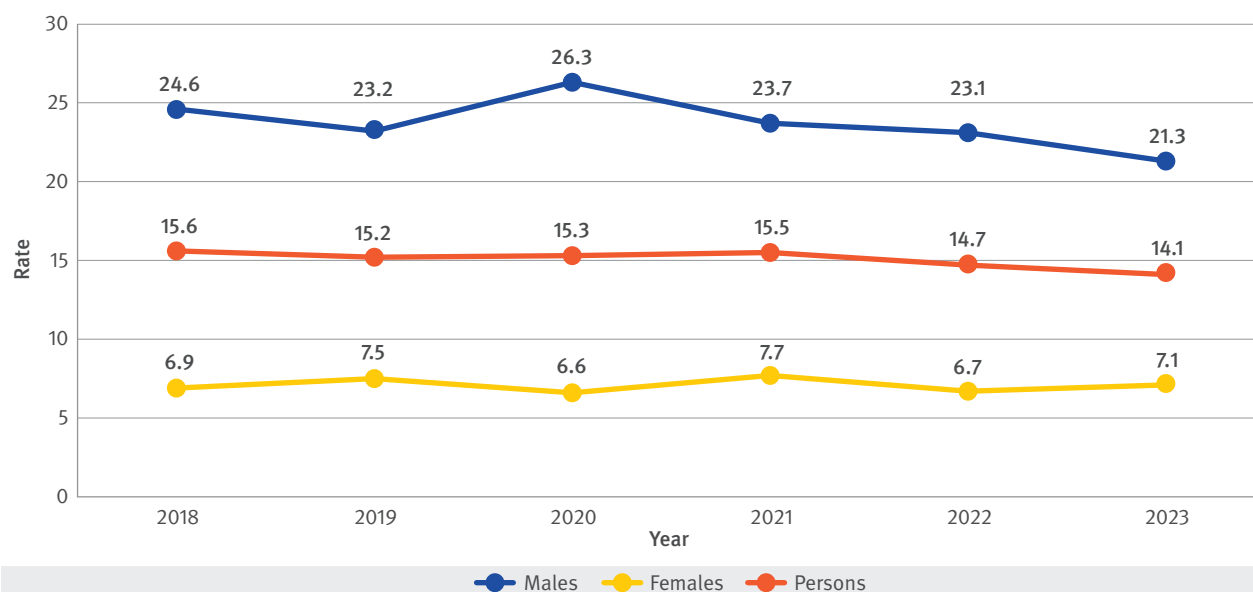
Data has been categorised by a person's biological sex as information contained within the Form 1 does not currently account for gender diversity. There are many gender identities outside of cis-gender male and female, though the iQSR is not currently able to account for this.

Of the 782 people who died by suspected suicide in Queensland in 2023, nearly three-quarters were male (583, 74.6%). The age-standardised suspected suicide rate for males dropped from 24.6 in 2018 to 21.3 per 100,000 persons in 2023, representing a 13.4% decrease in the male suspected suicide rate.

The female age-standardised suspected suicide rate has gradually increased from 6.9 in 2018 to 7.1 per 100,000 persons in 2023, representing a 2.9% increase in the female suspected suicide rate.

The age-standardised suspected suicide rate for all persons (male or female) decreased from 15.6 in 2018 to 14.1 per 100,000 persons in 2023. This is largely due to the decrease in male suicides over that time (Figure 2.1).

Figure 2.1: Age-standardised suspected suicide rates by sex, Queensland 2018 to 2023



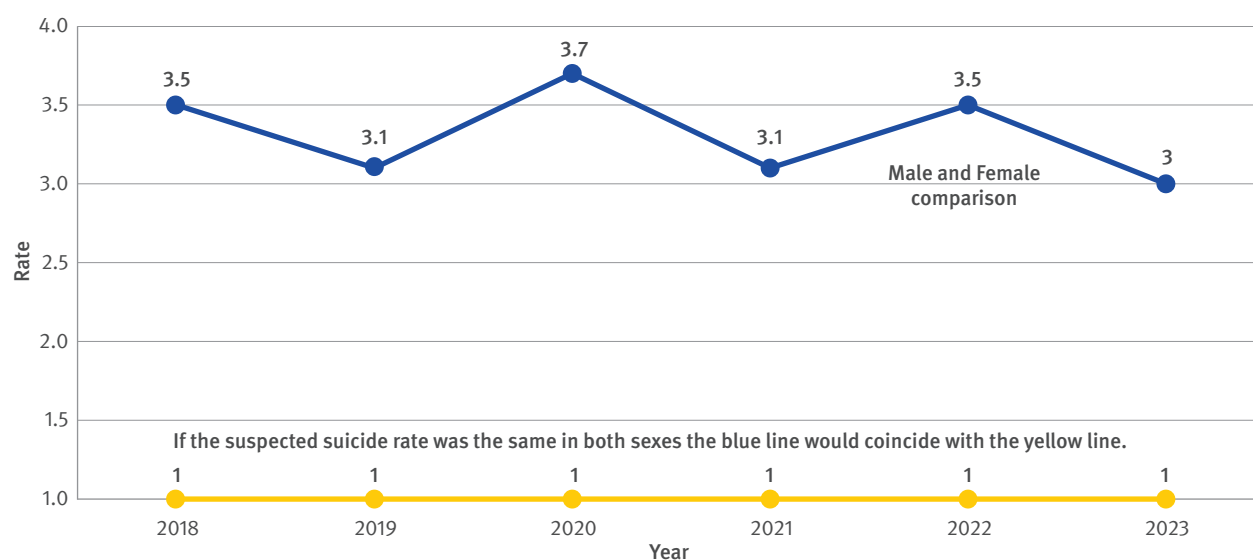
Note 1: Age-standardised suicide rate per 100,000 estimated resident population as at 30 June (mid-year) each calendar year.

Note 2: Age-standardised rates have been calculated using iQSR data and may differ from ABS's age-standardised rates.

Source: interim Queensland Suicide Register (2018–2023).

Over the same period, the age-standardised suspected suicide rate has been consistently higher for males than females. At its highest, the age-standardised suspected suicide rate for males was 3.7 times that of females in 2020. At its lowest, the rate was 3 times in 2023 (Figure 2.2). The decrease in these male-to-female rate ratios was mainly due to a slight rise in suspected suicide rates among females during this time, as well as the decrease in suspected suicides by males.

Figure 2.2: Age-standardised suspected suicide rate ratio (males compared to females), Queensland 2018 to 2023



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

Source: iQSR (2018–2023).

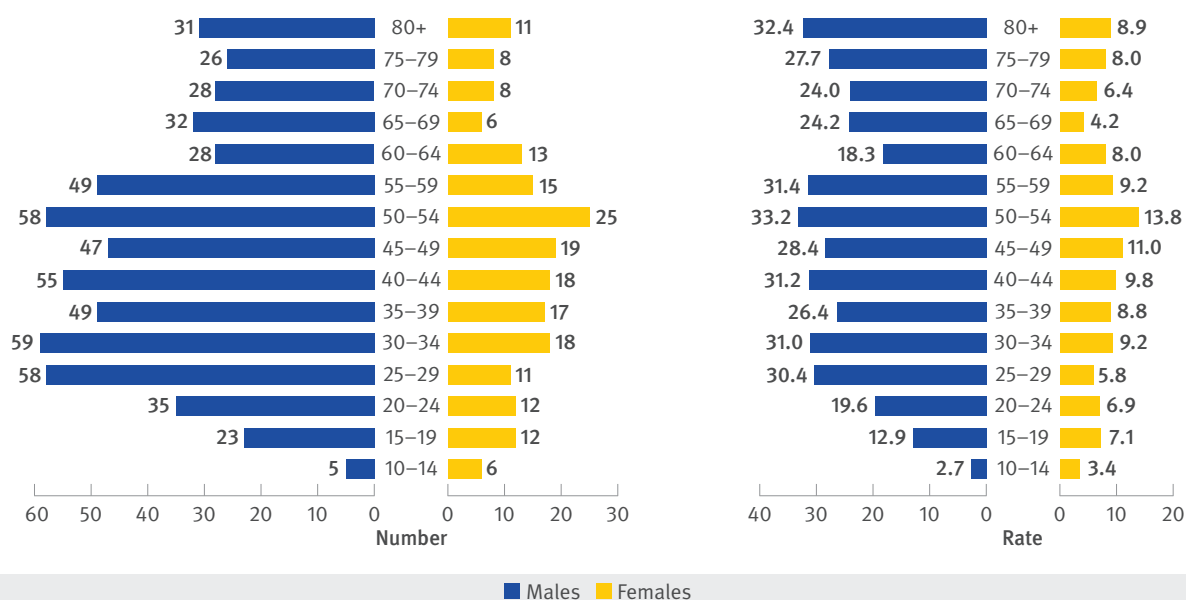
Number and proportion of suspected suicides by age group and sex

Suspected suicide numbers and rates varied across different age groups in 2023 (Figure 2.3 and Table 2.1). More than half of suspected suicides (434 people, 55.5%) occurred among people aged between 25–54 years.

Males aged between 30–34 years had the highest number of suspected suicides (59 people), followed by males aged between 25–29 years (58 people) and 50–54 years (58 people). For females, the highest number of suspected suicides were among those aged between 50–54 years (25 people), followed by those between 45–49 years (19 people).

Age groups with the highest suspected suicide rates (across both sexes) were those in the 50–54 age group (23.4 per 100,000), 40–44 years (20.3 per 100,000), and 55–59 years (20.1 per 100,000). Overall, suspected suicide rates were 3 times higher for males than females (Figure 2.2). Male-to-female rate ratios vary across different age groups. Suspected suicide rates for males aged 65–69 years was nearly 6 times higher than that of females (24.2 compared to 4.2 per 100,000). Similarly, males aged between 25–29 years experienced 5 times higher suicide rates compared to their female counterparts (30.4 compared to 5.8 per 100,000).

Figure 2.3: Age-specific suspected suicide numbers and rates by sex, Queensland 2023



Note 1: The age groups, 80 to 84 and 85 and over, were combined, due to suspected suicides in one sex in one of these age groups being less than five.

Note 2: Age-specific suicide rate per 100,000 estimated resident population as at 30 June 2023 (mid-year), each calendar year.

Source: iQSR 2023.

Table 2.1: Suspected suicide numbers and proportions by age groups and sex, Queensland 2023

Age group	Males		Females		Persons	
	Number	%	Number	%	Number	%
5–14	5	0.9	6	3.0	11	1.4
15–19	23	3.9	12	6.0	35	4.5
20–24	35	6.0	12	6.0	47	6.0
25–29	58	9.9	11	5.5	69	8.8
30–34	59	10.1	18	9.0	77	9.8
35–39	49	8.4	17	8.5	66	8.4
40–44	55	9.4	18	9.0	73	9.3
45–49	47	8.1	19	9.5	66	8.4
50–54	58	9.9	25	12.6	83	10.6
55–59	49	8.4	15	7.5	64	8.2
60–64	28	4.8	13	6.5	41	5.2
65–69	32	5.5	6	3.0	38	4.9
70–74	28	4.8	8	4.0	36	4.6
75–79	26	4.5	8	4.0	34	4.3
80 and over	31	5.3	11	5.5	42	5.4
Total	583	100.0	199	100.0	782	100.0

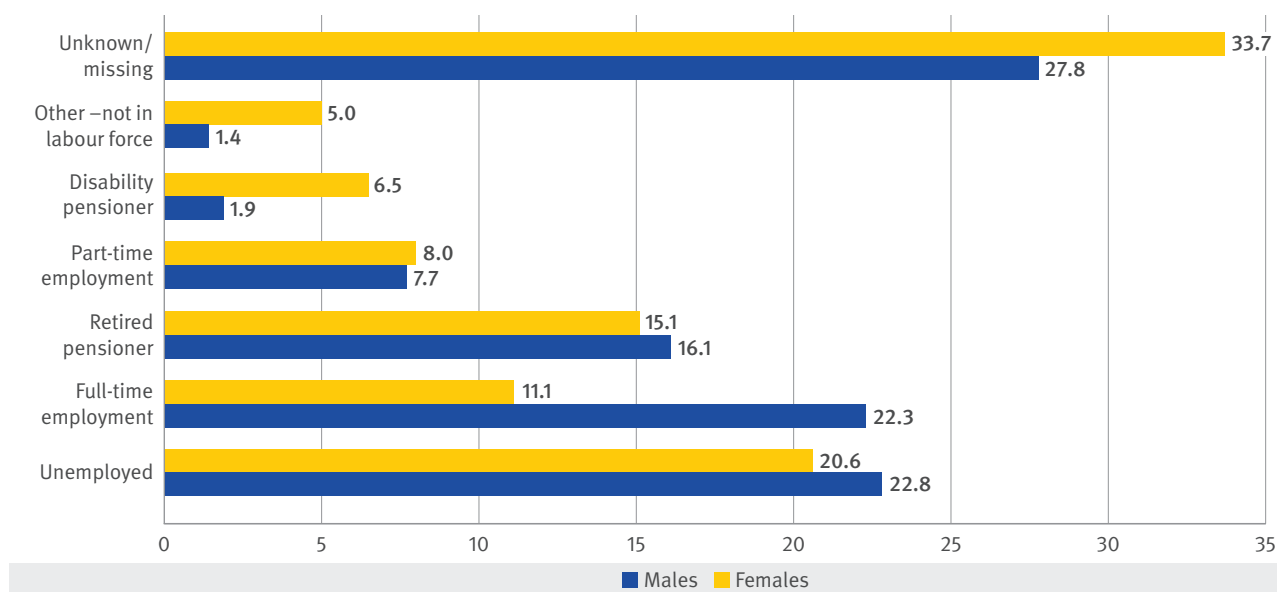
Note: Rate refers to age-standardised suicide rate per 100,000 estimated resident population as at 30 June 2023 (mid-year), each calendar year.
Source: IQSR 2023.

Number and proportion of suspected suicides by employment status and sex

For people reported to have full-time employment at the time of their death, the proportion of suspected suicides for males was 2 times higher than their female counterparts (22.3% compared to 11.1%).

The proportion of females reported as being a disability pensioner was 3.5 times higher than the proportion for males (6.5% compared to 1.9%). Similarly, the proportion of females reported as 'other – not in labour force' was 3.7 times higher than the reported proportion for males (5.0% compared to 1.4%).

Figure 2.4: Proportion of suspected suicides by employment status and sex, Queensland 2023



Source: iQSR 2023.

Table 2.2: Suspected suicide numbers and proportions by employment status and sex, Queensland 2023

Employment status	Males		Females		Persons	
	Number	%	Number	%	Number	%
Unemployed	133	22.8	41	20.6	174	22.3
Full-time employment	130	22.3	22	11.1	152	19.4
Retired pensioner	94	16.1	30	15.1	124	15.9
Part-time employment	45	7.7	16	8.0	48	6.1
Disability pensioner	11	1.9	13	6.5	24	3.1
Other – not in labour force	8	1.4	10	5.0	18	2.3
Unknown/missing	162	27.8	67	33.7	229	29.3
Total	583	100.0	199	100.0	782	100.0

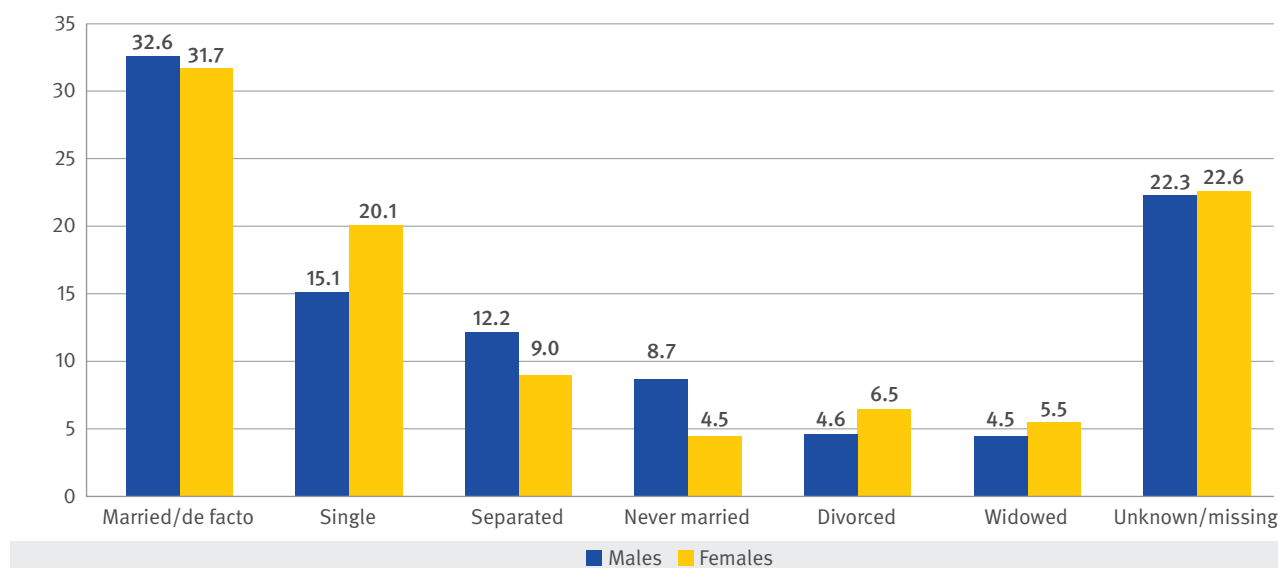
Note: The 'Employed (unknown mode)' was consolidated into 'Part-time employment', due to suspected suicides in one sex being less than five.

Source: iQSR 2023.

Number and proportion of suspected suicides by marital status and sex

Nearly one-third of the people who died by suspected suicide (253 people, 32.4%) in 2023 were married or in a de facto relationship. The proportion of never married or separated people was higher among males than females. Females were more frequently reported as widowed, divorced or single than their male counterparts (32.1% compared to 24.2% when combined). A similar proportion of males and females were reported to be in married or de facto relationships.

Figure 2.5: Proportion of suspected suicides by marital status and sex, Queensland 2023



Source: IQSR 2023.

Table 2.3: Suspected suicide numbers and proportions by marital status and sex, Queensland 2023

Marital status	Males		Females		Persons	
	Number	%	Number	%	Number	%
Married/de facto	190	32.6	63	31.7	253	32.4
Single	88	15.1	40	20.1	128	16.4
Separated	71	12.2	18	9.0	89	11.4
Never married	51	8.7	9	4.5	60	7.7
Divorced	27	4.6	13	6.5	40	5.1
Widowed	26	4.5	11	5.5	37	4.7
Unknown/missing	130	22.3	45	22.6	175	22.4
Total	583	100.0	199	100.0	782	100.0

Source: IQSR 2023.

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

Information in the iQSR comes solely from information contained in the Form 1 and the limitations of 'non-English speaking background' as an indicator of cultural and language diversity is acknowledged.¹¹ This indicator may not be an accurate reflection of a person's cultural or ethnic identity.

Information about whether a person was from a non-English speaking background was absent or not reported in more than half of all suspected suicides in 2023 (503 people, 64.3%). Where this information was recorded, there were no notable differences in the proportion of males and females reported as being from a non-English speaking background.

Table 2.4: Suspected suicide numbers and proportions by non-English speaking background and sex, Queensland 2023

Non-English speaking background	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	49	8.4	17	8.5	66	8.4
No	164	28.1	49	24.6	213	27.2
Unknown/missing	370	63.5	133	66.8	503	64.3
Total	583	100.0	199	100.0	782	100.0

Source: iQSR 2023.

Number and proportion of suspected suicides by First Nations people and sex¹²

Suspected suicides among First Nations people accounted for 7.8% of all suspected suicides in Queensland in 2023 or 61 people in total. The proportion of suspected suicides among First Nations people was slightly higher for females than for males (9.0% compared to 7.4%).

Table 2.5: Suspected suicide numbers and proportions for First Nations people by sex, Queensland 2023

First Nations people	Males		Females		Persons	
	Number	%	Number	%	Number	%
Yes	43	7.4	18	9.0	61	7.8
No	503	86.3	169	84.9	672	85.9
Unknown/missing	37	6.3	12	6.0	49	6.3
Total	583	100.0	199	100.0	782	100.0

Source: iQSR 2023.

11 The Commission also acknowledges that the ABS has published Standards for Statistics on Cultural and Language Diversity (<https://www.abs.gov.au/statistics/standards/standards-statistics-cultural-and-language-diversity/latest-release>) and has recommended 'non-English speaking background' be replaced as a cultural and language data indicator.

12 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.

The largest proportion of suspected suicides among First Nations people was recorded in the 25–34 age group (25 people, 41%). The second largest proportion was recorded in the 10–24 age group (16 people, 26.2%). These two age groups accounted for 67.2% of all suicides amongst First Nations people.

The proportion of 35–44 year olds (8 people, 13.1%) and people over 45 (12 people, 19.7%) accounted for 32.8% of all suspected suicides among First Nations people.

Based on the reported data, First Nations people aged 10–34 are twice as likely to die by suspected suicide than First Nations people aged 35 and above (67.2% compared to 32.8%)

Figure 2.6: Proportion of suspected suicides among First Nations people and non-Indigenous people by age group, Queensland 2023

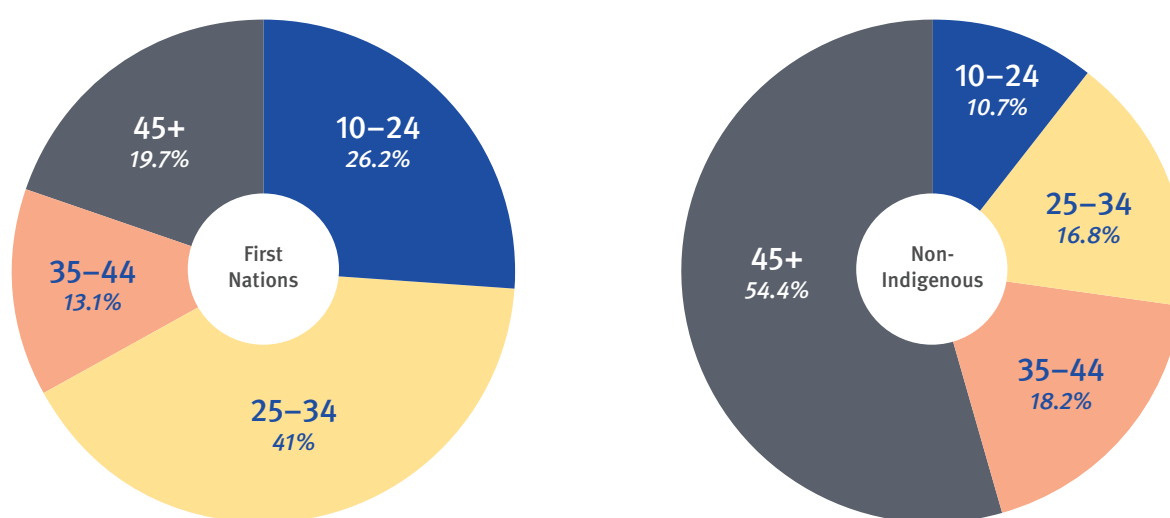


Table 2.6: Suspected suicide numbers and proportions for First Nations people by age group, Queensland 2023

Age group	First Nations		Non-Indigenous	
	Number	%	Number	%
10–24	16	26.2	77	10.7
25–34	25	41.0	121	16.8
35–44	8	13.1	131	18.2
45+	12	19.7	392	54.4
Total	61	100.0	721	100.0

Source: iQSR 2023.

Number and proportion of suspected suicides by remoteness¹³ and sex

Twenty-one (2.7%) of the 782 suspected suicides in Queensland in 2023 had no information reported about the geographical area the person lived in at the time of their death. After excluding these 21 suspected suicides, 761 (97.3%) were included in the analysis of remoteness.

Over half of the 761 people who died by suspected suicide were identified as living in major cities (426 people, 56%), while the remaining deaths were in regional (309 people, 40.6%) and remote areas (26 people, 3.4%). A large proportion of female suspected suicides (117 people, 59.7%) were recorded in major cities, followed by inner and outer regional areas (71 people, 36.2%), and remote and very remote areas (8 people, 4.1%). The proportion of female suspected suicides in major cities was higher than that of male suicides (59.7% compared to 54.7%).

Table 2.7: Suspected suicide numbers and proportions by remoteness and sex, Queensland 2023

Remoteness	Males		Females		Persons	
	Number	%	Number	%	Number	%
Major cities	309	54.7	117	59.7	426	56.0
Inner regional areas	144	25.5	50	25.5	194	25.5
Outer regional areas	94	16.6	21	10.7	115	15.1
Remote + very remote areas	18	3.2	8	4.1	26	3.4
Total	565	100.0	196	100.0	761	100.0

Note 1: 'Remote' and 'Very remote' have been combined, due to suspected suicides in one sex being less than five.

Note 2: The figures for the above table exclude 21 deaths where address was unknown or not applicable (e.g. interstate/overseas visitor).

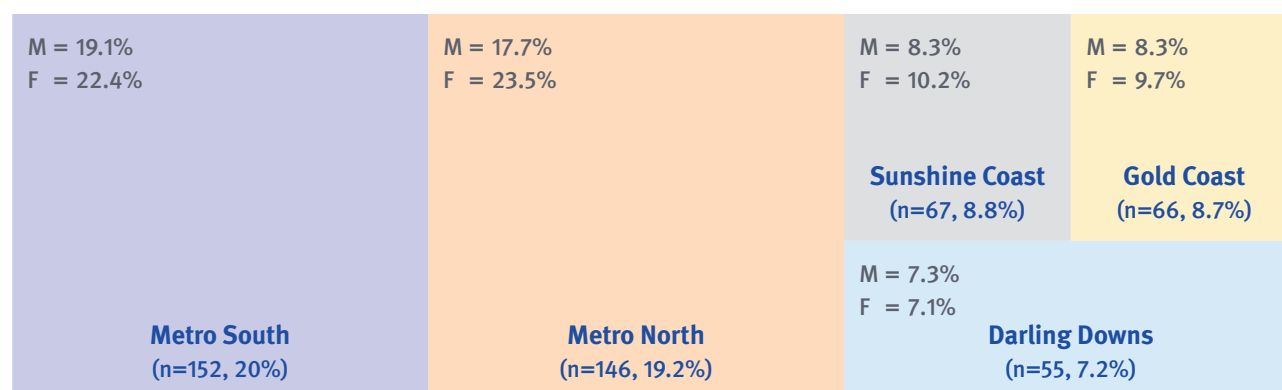
Source: IQSR 2023.

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

After excluding 21 suspected suicides where no information was reported about the person's residence at the time of their death, 761 (97.3%) suspected suicides were included in the analysis by HHS and sex. Over a third of these suspected suicides (298 people, 39.2%) occurred in the Metro North and Metro South catchment areas, followed by the Sunshine Coast, Gold Coast and Darling Downs (188 people, 24.7%). The HHS catchments where most suspected suicides occurred, accounted for 63.9% of all suspected suicides in Queensland, Figure 2.7.

¹³ Information reported based on place of residence.

Figure 2.7: Hospital and Health Services where most suspected suicides occurred by number, proportion and sex, Queensland 2023



The proportion of female suspected suicides in Metro North HHS and Metro South HHS (combined) was higher than the proportion of male suspected suicides in those regions (45.9% compared to 36.8%).

This data does not mean that a person had contact with a HHS prior to or at the time of their death, rather they resided in the relevant HHS catchment area.

Table 2.8: Suspected suicide numbers and proportions by Hospital and Health Service and sex, Queensland 2023

HHS	Males		Females		Persons	
	Number	%	Number	%	Number	%
Metro South	108	19.1	44	22.4	152	20.0
Metro North	100	17.7	46	23.5	146	19.2
Sunshine Coast	47	8.3	20	10.2	67	8.8
Gold Coast	47	8.3	19	9.7	66	8.7
Darling Downs	41	7.3	14	7.1	55	7.2
West Moreton	42	7.4	7	3.6	49	6.4
Cairns and Hinterland	37	6.5	10	5.1	47	6.2
Wide Bay	38	6.7	9	4.6	47	6.2
Townsville	36	6.4	9	4.6	45	5.9
Central Queensland	30	5.3	12	6.1	42	5.5
Mackay	26	4.6	np	np	27	3.5
Torres and Cape	np	np	np	np	6	0.8
North West	np	np	np	np	6	0.8
Central West	np	np	np	np	np	np
South West	np	np	np	np	np	np
Total	565	100.0	196	100.0	761	100.0

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

Note 2: Figures in the above table exclude 21 deaths where address was unknown or not applicable (e.g. interstate/overseas visitor).

Source: iQSR 2023.

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

Of all PHN catchment areas, the Central Queensland, Wide Bay, Sunshine Coast PHN had the largest proportion of suspected suicides (156 people, 20.5%) followed by Brisbane South PHN (150 people, 19.7%) and Brisbane North PHN (149 people, 19.6%).

Table 2.9: Suspected suicide numbers and proportions by Primary Health Network and sex, Queensland 2023

PHN	Males		Females		Persons	
	Number	%	Number	%	Number	%
Central Queensland, Wide Bay, Sunshine Coast	116	20.5	40	20.4	156	20.5
Brisbane South	105	18.6	45	23.0	150	19.7
Brisbane North	103	18.2	46	23.5	149	19.6
North Queensland	102	18.1	22	11.2	124	16.3
Darling Downs and West Moreton	83	14.7	22	11.2	105	13.8
Gold Coast	47	8.3	18	9.2	65	8.5
Western Queensland	9	1.6	np	np	12	1.6
Total	565	100.0	196	100.0	761	100.0

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

Note 2: Figures in the above table exclude 21 deaths where address was unknown or not applicable (e.g. interstate/overseas visitor).

Source: iQSR 2023.

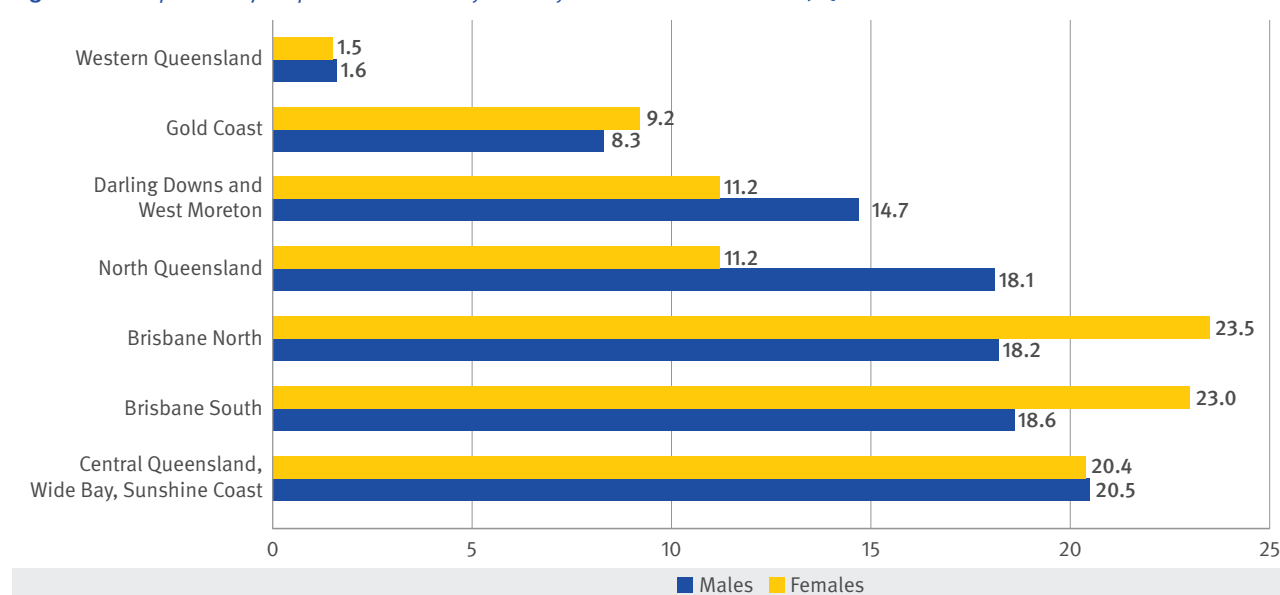
The proportion of suspected suicides among females was higher at 46.5% in both Brisbane North PHN and Brisbane South PHN, compared to the proportion of male suspected suicides in the same PHN, which was 36.8%.

By contrast, the proportion of male suspected suicides was higher compared to female suspected suicides in North Queensland PHN and Darling Downs and West Moreton PHN (32.8% compared to 22.4%).

There were no notable differences between males and females in other PHNs.

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

Figure 2.8: Proportion of suspected suicides by Primary Health Network and sex, Queensland 2023



Source: IQSR 2023.

Section 3

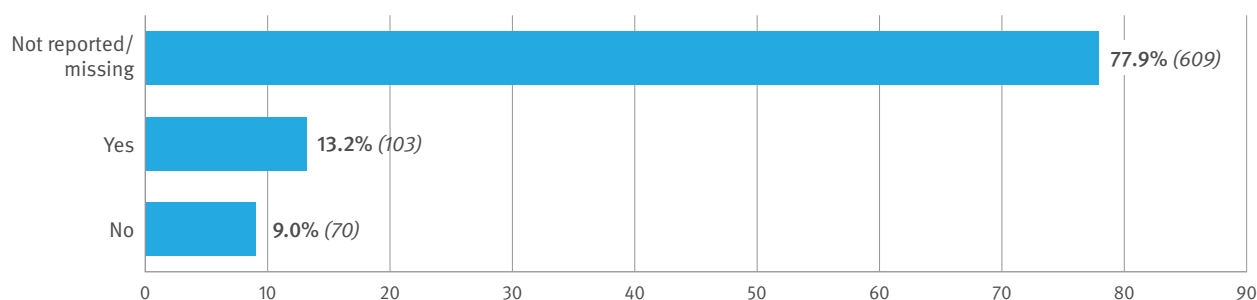
This section considers demographic, health characteristics, life events and service contact of people who died by suspected suicide in Queensland in 2023, using data from the iQSR.

Information is provided based on Form 1 data and represents operational information gathered and completed by police officers. Further iterations of this report will include a more comprehensive and detailed assessment of characteristics based on data from the QSR.

Diagnosis of mental illness¹⁴

Of the 782 people who died by suspected suicide in 2023, 103 (13.2%) people were reported to have a diagnosed mental illness at the time of their death. The most frequently reported mental illnesses were depression (84 people), anxiety (31 people) and schizophrenia (12 people). The proportion of people with a diagnosed mental illness was slightly higher in males than females (13.6% compared to 12.1%).

Figure 3.1: Diagnoses of mental illness by sex, Queensland 2023



Source: iQSR 2023.

Table 3.1: Diagnosis of mental illness by sex, Queensland 2023

Diagnosis of mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	54	9.3	16	8.0	70	9.0
Yes	79	13.6	24	12.1	103	13.2
Not reported/missing	450	77.2	159	79.9	609	77.9

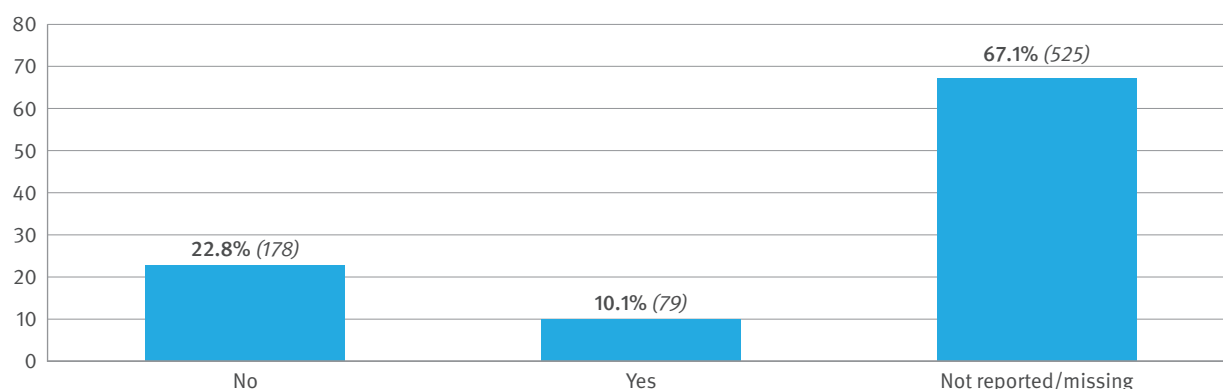
Source: iQSR 2023.

¹⁴ Information provided in Form 1 against the question: 'Has the deceased been diagnosed with a mental health illness?'.

Behaviour suggesting an undiagnosed mental illness¹⁵

Of the 782 people who died by suspected suicide in 2023, 79 (10.1%) people were reported on the Form 1 with a behaviour suggesting an undiagnosed mental illness.

Figure 3.2: Behaviour suggesting an undiagnosed mental illness (both males and females), Queensland 2023



Males were 2.4 times more likely to have been reported with a behaviour suggesting an undiagnosed mental illness than females (11.8% compared to 5.0%).

Table 3.2: Behaviour suggesting an undiagnosed mental illness by sex, Queensland 2023

Behaviour suggesting an undiagnosed mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	131	22.5	47	23.6	178	22.8
Yes	69	11.8	10	5.0	79	10.1
Not reported/missing	383	65.7	142	71.4	525	67.1

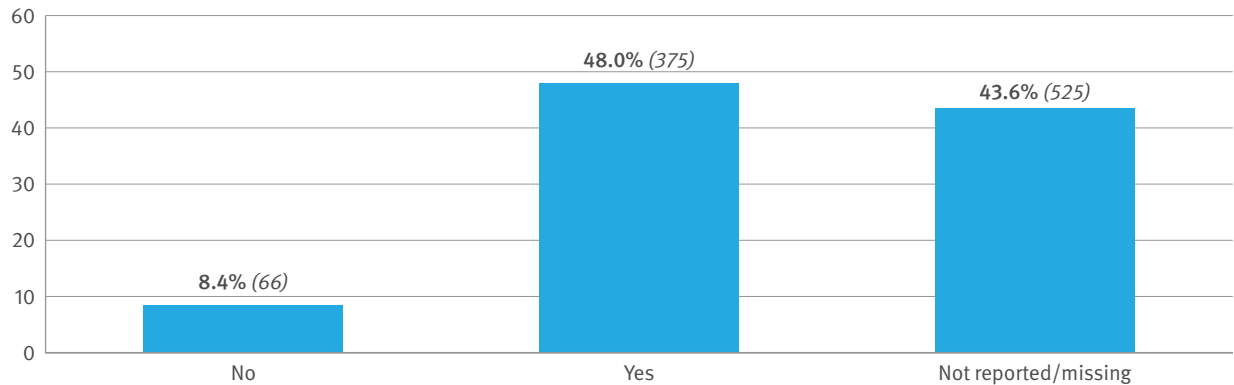
Source: iQSR 2023.

¹⁵ Information provided in Form 1 against the question: 'Did the deceased show any behaviour that suggested they had an undiagnosed mental illness?'.

Communication of a previous suicidal intent¹⁶

A large proportion of the 782 people who died by suspected suicide in 2023 were reported as having communicated previous suicidal intent (375 people, 48.0%). The proportion of females with previous communication of suicidal intent was higher (51.8%) than for males (46.7%).

Figure 3.3: Communication of a previous suicidal intent, Queensland 2023



Source: iQSR 2023.

Table 3.3: Communication of a previous suicidal intent by sex, Queensland 2023

Communication of a previous suicidal intent	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	52	8.9	14	7.0	66	8.4
Yes	272	46.7	103	51.8	375	48.0
Not reported/missing	259	44.4	82	41.2	341	43.6

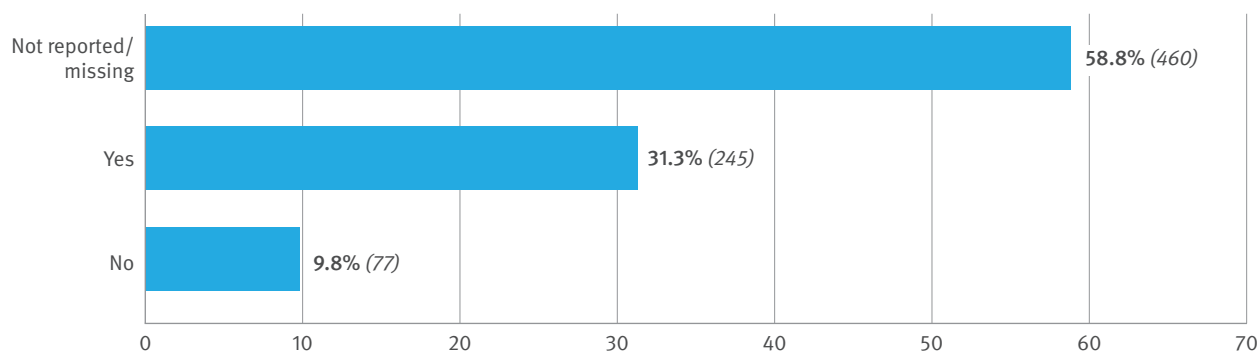
Source: iQSR 2023.

16 Information provided in the Form 1 against the question: ‘Has the deceased previously communicated an intent to suicide?’.

Previous suicide attempt¹⁷

Of the 782 suspected suicides in 2023, nearly a third of people had reportedly attempted suicide before (245 people, 31.3%). Females were 1.5 times more likely to have been reported as having a previous suicide attempt than their male counterparts (41.2% compared to 28%).

Figure 3.4: Previous suicide attempt, Queensland 2023



Source: iQSR 2023.

Table 3.4: Previous suicide attempt by sex, Queensland 2023

Previous suicide attempt	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	59	10.1	18	9.0	77	9.8
Yes	163	28.0	82	41.2	245	31.3
Not reported/missing	361	61.9	99	49.7	460	58.8

Source: iQSR 2023.

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

Recent contact with health service among suspected suicides by sex¹⁸

The proportion of females who died by suspected suicide and who had contact with a mental health professional was 1.7 times higher than for males (13.6% compared to 8.2%). Similarly, the proportion of females that were recently hospitalised for a mental illness prior to their suspected suicide was higher when compared to males (3.5% compared to 2.2%).

Table 3.5: Recent contact¹⁹ with health professionals (mental illness) and hospitalisations (mental illness) and by sex, Queensland 2023

Recent contact with a mental health professional	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	163	28.0	33	16.6	196	25.1
Yes	48	8.2	27	13.6	75	9.6
Not reported/missing	372	63.8	139	69.8	511	65.3

Recent hospitalisation for a mental illness	Males		Females		Persons	
	Number	%	Number	%	Number	%
No	119	20.4	27	13.6	146	18.7
Yes	13	2.2	7	3.5	20	2.6
Not reported/missing	451	77.4	165	82.9	616	78.8

Source: iQSR 2023.

18 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?'.

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

The remaining content of this section focuses on suicide method and may be distressing to readers. The Commission captures data on suicide 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 are also available on [page ii](#)
if you would like to speak with someone
after reading this report.*

Suspected suicide methods

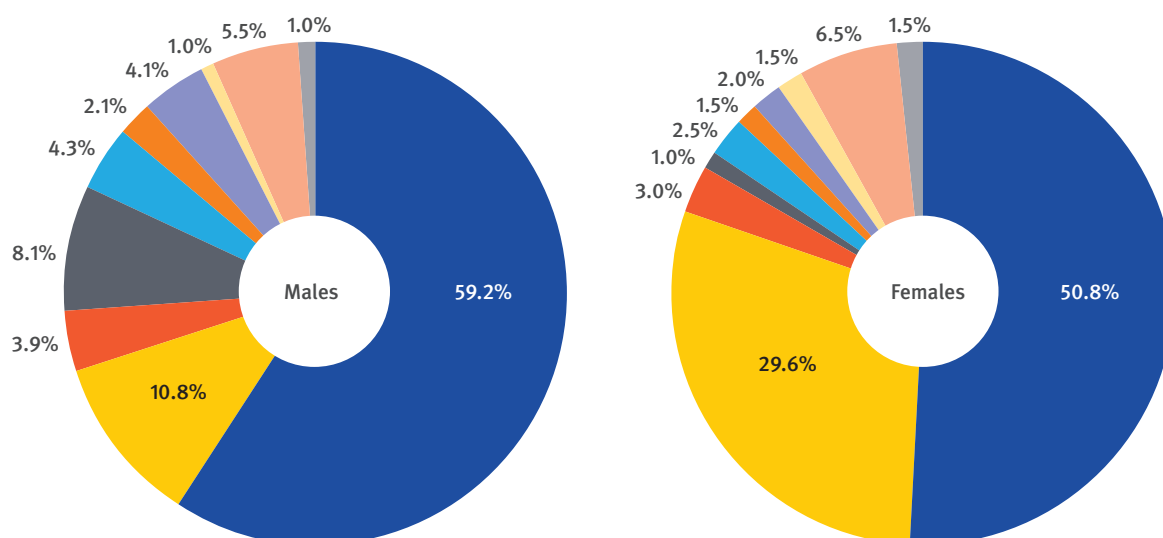
Reporting of suicide methods requires sensitivity and care.

Figure 3.5 and Table 3.6 display the reported methods used by people who died by suspected suicide in Queensland in 2023. This data is based solely on the information contained in the Form 1 and may or may not be consistent with the cause of death determined by the coroner following their investigation.

The most common method used was hanging, strangulation or suffocation for both males (345, 59.2%) and females (101, 50.8%) who died by suspected suicide.

The second most common method was poisoning by drugs, where the proportion of females was 2.7 times higher than that of their male counterparts (63 people, 10.8% compared to 59 people, 29.6%).

Figure 3.5: Suspected suicide method proportions by sex, Queensland 2023



■ Hanging, strangulation or suffocation	■ Jumping from height	■ Drowning
■ Poisoning by drugs	■ Jumping or lying before moving object	■ Other
■ Poisoning by other means	■ Cutting and piercing instruments	■ Not reported/missing
■ Firearms or explosives		

Overall, the three most common suspected suicide methods were hanging, strangulation or suffocation, poisoning by drugs, and firearms or explosives. These methods accounted for the majority of suspected deaths by suicide in Queensland (617 people, 78.9%).

Table 3.6: *Suspected suicide methods, Queensland 2023*

Suspected suicide methods	Persons	
	Number	%
Hanging, strangulation or suffocation	446	57.0
Poisoning by drugs	122	15.6
Firearms or explosives	49	6.3
Other	45	5.8
Jumping from height	30	3.8
Poisoning by other means	29	3.7
Cutting and piercing instruments	28	3.6
Jumping or lying before moving object	15	1.9
Drowning	9	1.2
Not reported/missing	9	1.2
Total	782	100.0

Note: 'Other' includes crashing of motor vehicle, burns/fire, unspecified, etc.

Source: iQSR 2023.

Appendix

interim Queensland Suicide Register methods

The Queensland Government implemented the iQSR in 2011 to enable real-time information on suicides in Queensland. The iQSR registers suspected suicides from police reports from the QPS.

The iQSR contains preliminary information on suspected suicides for the years 2011 to date and can report more timely information about changes to suspected suicide numbers in Queensland.

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

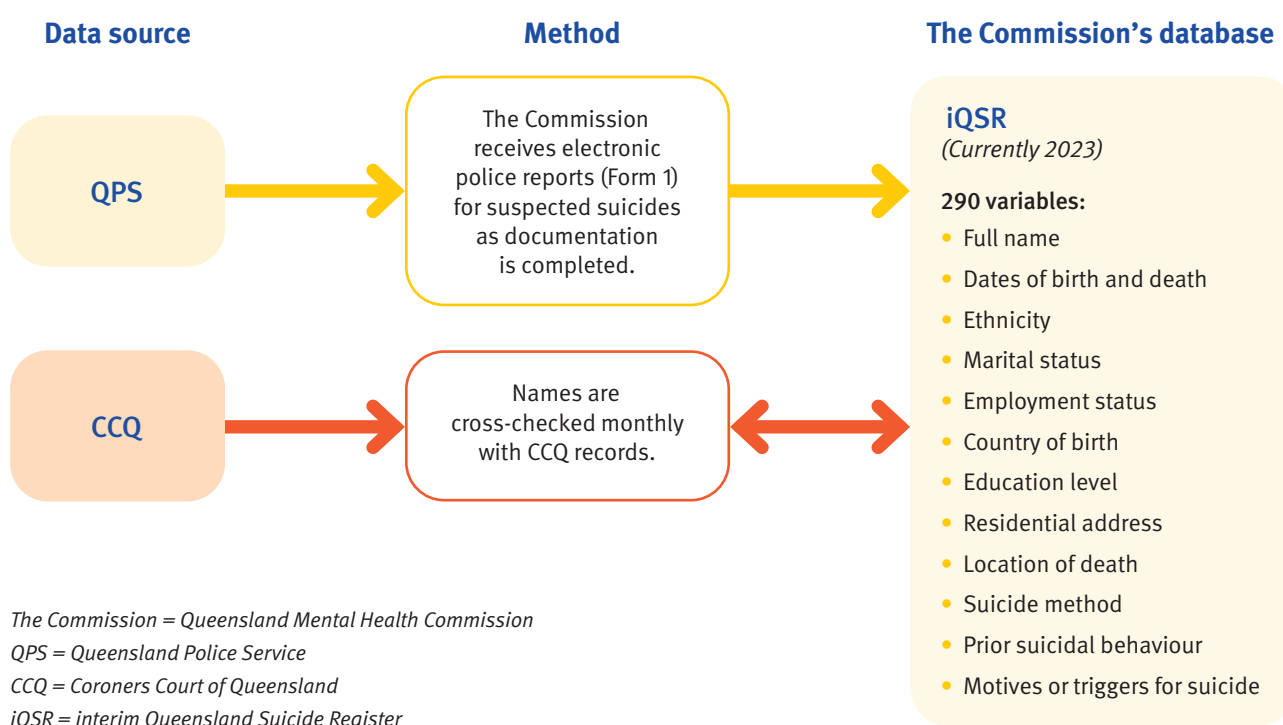
Use	Yes
Identify at-risk groups, individuals, places and situations	✓
Detect and respond to clusters and contagion	✓
Document the burden and distribution of deaths by suicide	✓
Enable epidemiological research (e.g. create and test hypotheses, including the impacts of environment exposures, emerging or changing patterns and long-term trends)	✓
Evaluate prevention measures through 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 resources	✓
Identify emerging and preventable suicide methods	✓
Support tailored local, state and national suicide prevention efforts	✓

Data sources

iQSR information comes solely from the QPS's *Form 1 Police report of death to a coroner*. The police report includes information to help the coroner's investigation into the death, like socio-demographic data, the circumstances of their death and other information about the context (e.g. descriptions of the deceased's mental health or any adverse life stressors prior to death).

See below (Figure A.1) for a visual depiction of the Commission's process for QPS's Form 1.

Figure A.1: Flowchart depicting the process of the iQSR²⁰



²⁰ Flowchart is based on the AISRAP publication *Suicide in Queensland Annual Report 2021–2022* with modifications to account for applicable data flows used in this report.

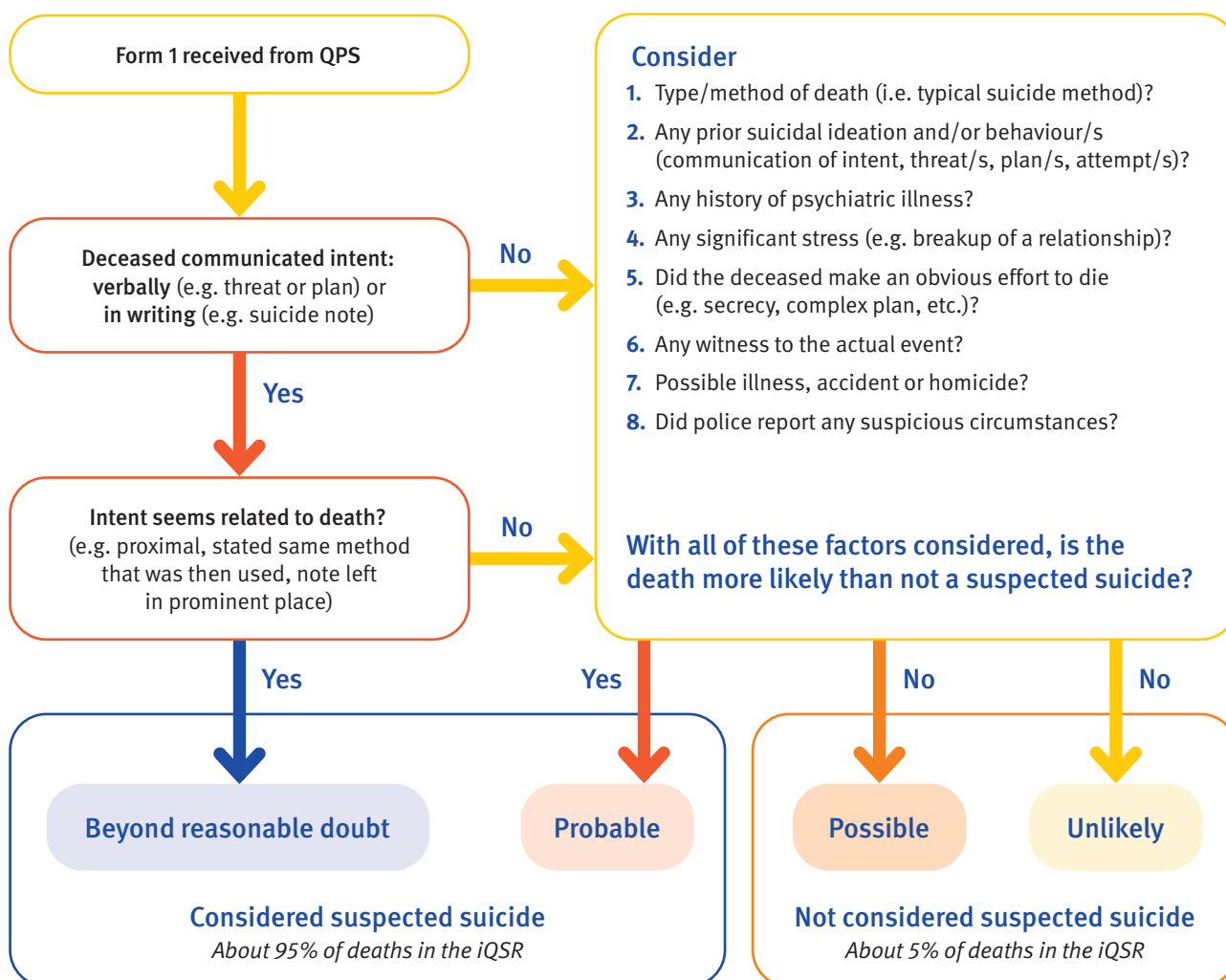
Suicide classification

The Commission project staff use a decision tree (Figure A.2) to code deaths into one of the four probabilities of suicide, based on health research 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 to be probable suicide or beyond reasonable doubt are included in the register.

Figure A.2: Decision tree for coding the probability of a death being a suicide²¹



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

