

# Queensland Suicide Data

## Monthly report – April 2025

### 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 on confirmed suicides 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 suspected 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 and planning organisations and government agencies in detecting emerging issues and informing 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 suicide. Care has been taken to use language that is sensitive and responsive to the views of people with a lived experience of suicide.

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 30 April 2025

There have been **239** suspected deaths by suicide reported in Queensland from 01 January to 30 April 2025.

**Table 1. Number of suspected suicides**

2021		2022		2023		2024		2025
<b>816</b>	<b>267</b>	<b>795</b>	<b>271</b>	<b>782</b>	<b>266</b>	<b>769</b>	<b>252</b>	<b>239</b>
Full year	1 January to 30 April	Full year	1 January to 30 April	Full year	1 January to 30 April	Full year	1 January to 30 April	1 January to 30 April

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

Month	2021	2022	2023	2024	2025
January	70	71	73	86	67
February	81	64	64	52	45
March	62	71	65	50	72
April	54	65	64	64	55
May	67	50	66	56	-
June	70	52	47	58	-
July	72	65	68	51	-
August	68	63	56	63	-
September	67	53	69	65	-
October	70	73	72	77	-
November	67	92	63	70	-
December	68	76	75	77	-
<b>Total</b>	<b>816</b>	<b>795</b>	<b>782</b>	<b>769</b>	<b>Calendar year to date: 239</b>

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

	Full year					01 January to 30 April				
	2021	2022	2023	2024		2021	2022	2023	2024	2025
Male										
Under 18	17	9	10	13		6	5	3	7	6
18 to 24	71	55	53	41		18	24	13	14	17
25 to 34	117	107	117	119		36	35	43	40	23
35 to 44	103	110	104	125		34	42	32	42	30
45 to 54	115	129	105	115		35	44	46	37	30
55 to 64	86	85	77	89		32	33	14	33	32
65 to 74	52	58	60	46		19	16	18	14	18
75 plus	51	58	57	54		13	21	22	16	19
Unknown	-	-	-	-		-	-	-	-	-
Subtotal	612	611	583	602	193	220	191	203	175	
Female										
Under 18	12	6	11	9		6	1	4	1	4
18 to 24	20	22	19	10		7	6	13	4	4
25 to 34	33	29	29	34		13	4	13	9	13
35 to 44	37	28	35	35		11	5	10	11	15
45 to 54	42	42	44	34		14	20	11	10	9
55 to 64	29	25	28	23		10	8	12	6	13
65 to 74	12	14	14	12		5	6	5	5	1
75 plus	19	15	19	10		8	1	7	3	5
Unknown	-	3	-	-		-	-	-	-	-
Subtotal	204	184	199	167	74	51	75	49	64	
All										
Under 18	29	15	21	22		12	6	7	8	10
18 to 24	91	77	72	51		25	30	26	18	21
25 to 34	150	136	146	153		49	39	56	49	36
35 to 44	140	138	139	160		45	47	42	53	45
45 to 54	157	171	149	149		49	64	57	47	39
55 to 64	115	110	105	112		42	41	26	39	45
65 to 74	64	72	74	58		24	22	23	19	19
75 plus	70	73	76	64		21	22	29	19	24
Unknown	-	3	-	-		-	-	-	-	-
Total	816	795	782	769	267	271	266	252	239	

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

	Full year				01 January to 30 April				
	2021	2022	2023	2024	2021	2022	2023	2024	2025
Major Cities	442	433	426	387	151	138	139	127	127
Inner Regional	205	191	194	177	62	72	72	63	43
Outer Regional	141	129	115	137	46	46	40	40	52
Remote	11	17	15	26	3	7	6	10	6
Very Remote	9	17	11	12	2	7	4	4	3
Other / Unknown	8	8	21	30	3	1	5	8	8
<b>Total</b>	<b>816</b>	<b>795</b>	<b>782</b>	<b>769</b>	<b>267</b>	<b>271</b>	<b>266</b>	<b>252</b>	<b>239</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.

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