



What is the Suicide and Self-harm Monitoring System?

Suicide data provides us with information about trends in suicide deaths, informing targeted suicide prevention strategies.

The National Suicide and Self-harm Monitoring System (the System) was established in 2020 to provide timely and accurate data to assist with suicide prevention and postvention efforts. Using multiple sources, the System brings together key statistical data about suicide and self-harm in Australia that is regularly updated and hosted on the Australian Institute of Health and Welfare's (AIHW) [Suicide and Self-harm Monitoring website](#).

What data can be accessed?

Users can navigate the information within the System using the menu at the top of the homepage. The types of data available within each section are outlined in this fact sheet.

Overview

This section provides users with an overview of data on suicide deaths, self-harm hospitalisations and suicidal thoughts and attempts.

> Summary

This page provides an overview of the topic of suicide and self-harm. It forms part of the AIHW's flagship publication, [Australia's Health](#).

> Suicide deaths

The data on this page are sourced from the [Australian Bureau of Statistics' \(ABS\) annual Causes of Death](#) publication. Yearly Causes of Death data are released 9-10 months following the end of the reference year (for example, data up to the end of 2023 were available in October 2024). This is due to the time taken to undergo coronial processes and investigations to classify suicide deaths.

> Self-harm hospitalisations

These data are sourced from the National Hospital Morbidity Database and provide information on people admitted to hospital for self-injury, whether they were suicidal or not.

> Suicidal thoughts and attempts

This section explains how national surveys can provide representative data on the prevalence of suicidal thoughts and behaviours in Australia, as they may be underreported in ambulance and hospital data. The page includes information sourced from the Australian Bureau of Statistics' 2020–2022 National Study of Mental Health and Wellbeing.



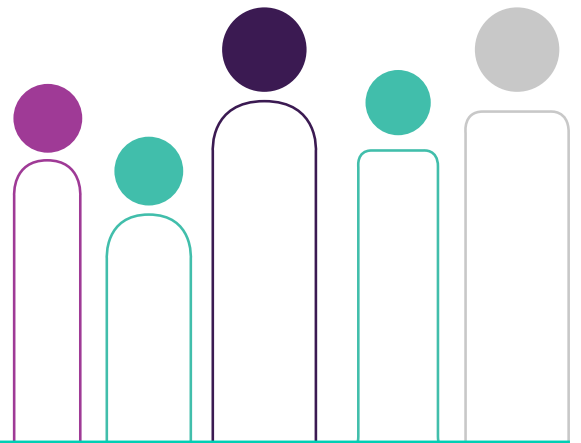
Population groups

This section provides users with specific information relating to priority groups.

Suicide and self-harm can affect people of all ages, genders, races, ethnicities, sexual orientations, and occupations. However, some population groups are disproportionately impacted by suicide and self-harm.

AIHW has provided specific information and analyses of data for some priority groups, including:

- Alcohol and other drug users
- Disability service users
- First Nations people
- Homelessness and housing instability
- Justice system contact
- LGBTQIA+SB people
- Migrants and refugees
- Older people
- Regional and remote communities
- Socioeconomically disadvantaged people
- Veterans and Defence Force members
- Young people.



Risk factors

This section provides users with information about risk factors for suicide and self-harm.

Risk factors are behaviours, environmental influences, or inherited traits that can increase the chance of someone thinking about or attempting suicide. By looking at these factors in a large group of people, we can better focus support and resources.

The AIHW Suicide and Self-harm Monitoring System includes information on:

- Family and personal hardship
- Illness and injury (burden of disease)
- Social and economic factors (such as education, employment and income).

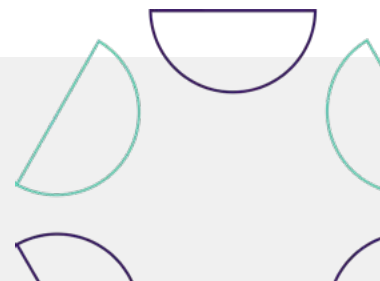
Geography

This section allows users to view suicide and self-harm data in specific areas.

Geographic data can allow a better understanding of suicide and self-harm in particular areas and support the planning of services. The System includes data on suicide deaths and intentional self-harm hospitalisations by geography, including:

- States and territories, including monthly data from suicide registers in New South Wales, Queensland and Victoria
- Regions and local areas
- Primary Health Networks (PHN) areas
- Socioeconomic areas
- International suicide rates.

Please see the [Understanding geographic data in the System fact sheet](#) for more information.



Service use

This section allows users to view suicide and self-harm data in relation to service use.

Understanding how people use services during episodes of self-harm or suicidal distress helps strengthen suicide prevention efforts and provides valuable insight into service use related to suicide attempts, suicidal thoughts and self-harm.

The AIHW Suicide and Self-harm Monitoring System includes information on:

> Ambulance attendances for suicidal thoughts, suicide attempts and self-harm

Data on suicidal and non-suicidal self-harming behaviours are compiled through the National Ambulance Surveillance System (NASS). Ambulance attendances coded as suicidal ideation (suicidal thoughts), suicide attempt, self-injury (without suicidal intent) or suicide death are reported in the System.

AIHW began receiving ambulance attendance data as 1-month per quarter snapshots from Victoria, Tasmania, the Australian Capital Territory, and New South Wales from March 2018, and Queensland from March 2020. From January 2021, monthly data have been received and are published approximately quarterly on the site.

> Hospitalisations for intentional self-harm

Self-harm and suicide are distinct and separate acts, although some people who self-harm are at an increased risk of suicide. Therefore, monitoring intentional self-harm can support our approaches to suicide prevention.

Intentional self-harm (deliberately injuring or hurting oneself, with or without the intention of dying) data are sourced from the National Hospital Morbidity Database (NHMD), which provides information on patients who have been admitted to hospital after a suicide attempt or self-harm. Hospitalisation data do not include presentations to hospital emergency departments.

> Use of health services before suicide

Many people who die by suicide have contact with the health system in the year before their death. These points of contact offer important opportunities for suicide prevention efforts.

The page contains information on health service use in the last year of life, including hospital admissions, emergency department (ED) presentations, health service visits billed under the Medicare Benefits Schedule (MBS), and medication prescriptions supplied under the Pharmaceutical Benefits Scheme (PBS).

Please see the [Understanding hospitalisation and ambulance data in the System fact sheet](#) for more information.

How can the information be used?

Statistics help to highlight the current level of need, identify groups disproportionately impacted by suicide, determine risk factors for suicide, and monitor progress and trends. Governments and policymakers require data to make informed decisions, respond to the needs of people and communities disproportionately impacted by suicide and demonstrate the effectiveness of prevention efforts.

Statistics about suicide can also support media and communications professionals to raise community awareness; however, care should be taken when communicating about suicide data. See the [Mindframe: quick reference guide for communicating safely about suicide and self-harm data](#) resource.

Where can I find out more information?

For more detailed information and to explore data in the National Suicide and Self-harm Monitoring System, visit aihw.gov.au/sshm.

For an explanation of some common statistical terms refer to the [Statistical terms explained fact sheet](#).

