

A decorative graphic at the top of the page features a green silhouette of a train on the left and a city skyline on the right, both set against a white background. The train consists of several rectangular cars followed by a locomotive. The city skyline is composed of various rectangular shapes of different heights, representing buildings.

SUICIDE, SUSPECTED SUICIDE AND ATTEMPTED SUICIDE ON THE QUEENSLAND HEAVY RAIL NETWORK 2001-2023

MARCH 2024

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INTRODUCTION

This report has been prepared by the TrackSAFE Foundation to increase knowledge and inform prevention activities to reduce fatalities, injuries and near hits on the Australian heavy rail network.

The TrackSAFE Foundation, established by the Australasian Railway Association and UGL in 2012, is Australia's only harm prevention charity focused on reducing deaths, injuries and near hits on the rail network. TrackSAFE also works to improve the wellbeing of rail employees.

Every life lost and injury on the rail network is a tragedy and the impacts on family, friends, communities, rail and recovery staff and witnesses can be profound. These incidents together with thousands of near hits each year can cause trauma and work-related stress and illness to rail and recovery staff.

The [Rail Industry Trauma Management Framework](#) developed by TrackSAFE provides guidance on best practice trauma management and should form the foundation of internal policies and procedures in rail organisations. Rail RUOK? Day is celebrated across the rail industry every April. Rail RUOK? activities throughout the year build skills and confidence to ask a workmate "R U OK?" and know what to say and do if they say no. TrackSAFE also offers a range of webinars and other activities to support the wellbeing and resilience of the rail workforce.

Working closely with rail organisations, the TrackSAFE Foundation is actively engaged in a wide range of rail safety activities including public awareness campaigns and facilitation of the annual Rail Safety Week. To prevent suicides on the rail network, it advocates for fencing and other barriers to reduce access to the rail corridor, encourages individuals to seek help before and at the time of crisis and launched [Suicide Awareness Training](#) for rail staff in September 2023. It also promotes the responsible reporting of suspected and attempted suicides by the media. In partnership with Lifeline Australia, TrackSAFE implements public awareness campaigns to encourage individuals to contact Lifeline on 13 11 14 whether they are in crisis or just needing someone to talk to. The [Pause.Call.Be Heard](#) signage is used widely in the rail corridor as well as being delivered digitally in bursts to those in and near rail locations.

Every incident on the network can also cause disruption and delays to hundreds of services each year impacting customers and economic efficiency. The average annual economic burden of railway safety incidents in Australia during the period 2007-2015 was estimated to be approximately \$360.1 million¹.

More information on TrackSAFE's activities is available via its [website](#). Copies of reports commissioned by TrackSAFE and referenced in this report are available in TrackSAFE's [Information Hub](#).

Some people may find the content of this report confronting or distressing. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. If this material raises concerns for you contact Lifeline on 13 11 14.

1. RISSB 2015 AS 7644. 2015. Rail Corridor Access Infrastructure Standard p4.

NOTES ON THE DATA IN THIS REPORT

- Fatality, injury and near miss data in this report has been sourced from either the National Coronial Information System (NCIS) or the Office of the National Rail Safety Regulator (ONRSR).
- Where data is described as 'suicide', the data has been sourced from a report commissioned by the TrackSAFE Foundation from the NCIS for the period 2000-2017. Information about the limitations of this data can be provided by TrackSAFE.
- Where a fatality is described as 'suspected suicide', the data has been obtained by ONRSR and includes incidents notified to the Regulator by rail operators as required by the Rail Safety National Law National Regulations. These incidents are notified to ONRSR shortly after the incident. The Coroner may make a different determination about the cause of death.
- The number of suicides in 2016 & 2017 (76 & 82 respectively) as determined by Coroners' and included in the NCIS report is lower than the suspected suicides reported in the ONRSR database (77 & 94 respectively).
- There is some variability in the time period used for the analysis included in this report due to the form and availability of data.
- Two amendments were made to the original ONRSR occurrence database by TrackSAFE. A 2017 Victorian tram incident that resulted in a serious injury is excluded and suspected suicide fatality in NSW in 2016 was misclassified as a minor injury.
- On 1/7/2022 the definition of serious injury has changed and resulted in a slight decrease of serious injuries compared to previous years. On the same date the definition of Near Miss/Near Hit has changed and now only requires incidents to be reported where a collision has only been narrowly avoided by chance and there was a high chance of collision if circumstances were slightly different. This resulted in a decrease in incidents compared to previous years.

SUMMARY^{1,2}

- Almost 3 in 4 fatalities on the Australian heavy rail network are because of suicide or suspected suicide.
- Between 2001-2023 there were 1,685 suicides and suspected suicides on the Australian heavy rail network, an average of 73 per year and equivalent to 72% of all fatalities. More occurred in Victoria than in any other state (46%) followed by 29% in New South Wales, 12% in Queensland, 9% in Western Australia and 4% in South Australia. Nationally, 67% (1,128) of suicides and suspected suicides occurred on the track between stations including at railway crossings and 32% (535) occurred at a station.
- The rate of suicide/suspected suicide per 100,000 of the population on the Australian heavy rail network has decreased nationally and in each state between 2010 (Australia 0.34, Queensland 0.24) and 2022 (Australia 0.24, Queensland 0.19).
- The proportion of suicide and suspected suicide deaths on rail of total deaths by suicide has decreased nationally and in each state between 2010 (Australia 3.06%, Queensland 1.87%) and 2022 (Australia 1.91%, Queensland 1.29%).
- Consistent with the wider community suicide trend, 3 in 4 suicide deaths on the rail network were men. Those who choose rail to take their own life are younger, with 42% aged 30 years and under.
- Between 2016-2023:
 - there were 489 attempted suicides and 567 suspected suicides in Australia including 62 suspected suicides and 55 attempted suicides in Queensland
 - suspected suicides occur throughout the year with slightly more occurring in May and the least occurring in October and November for Queensland
 - less suspected suicides occur between midday and 3pm than in other time periods.

1. National Coronial Information System, 2020, Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia, National Coronial Information System, 2021, Non-intentional self-harm deaths at Australian railway locations 2000-2017 (DR20-43), February, Melbourne Australia (for 2001-2017 other fatality data)

2. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.

SUICIDES ON THE AUSTRALIAN HEAVY RAIL NETWORK

The following provides information on the demographics and actions of the people who have taken their own life on the rail network. It comes from a variety of sources and is based on different timeframes.

- 3 in 4 suicides on rail are male ^{1,2,3}
- Individuals who choose rail to take their life are younger than the age of all suicides. 42% were 30 years and younger in the period 2001-2017 (15% under 21 years and 27% between 21-30 years)¹
- Based on research for the period 2015-2019³:
 - The median age was 33 years
 - Of those with the information recorded (66%), 57% had a diagnosed and 9% had a suspected mental health condition at some time in their life
 - Of those with information recorded (26%), 21% had a diagnosed and 5% a suspected mental health condition 'active' within 12 months of the suicide. 60.5% were male, 39.5% female
 - 55% had a recorded significant life event 12 months before the suicide (71% male, 29% female), and 18% within 48 hours of death (75% male, 25% female)
 - 24.1% had a recorded previous suicide attempt, of these, 45% multiple attempts and 41% had a previous railway attempt
 - 22% had verbalised an intent at some time to take their own life, with 24% of these stating an intent by rail
 - Of those with a known location (46%) immediately prior to the incident, 65% were at a private home, 7.5% in hospital and 5.8% a mental health facility
 - Of those with known interactions immediately prior to setting out to the incident location (25%), 47% had their behaviour described as 'normal' and 53% described as being distressed or having behaviour indicating a problem³
 - Of those with a known means of travel to the location (36%), 42 % walked, 39% went by private vehicle and 12% used public transport

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia.

2. National Coronial Information System, Pirkis, J & Clapperton, A, 2020, Suicide in public places project.

3. Railway suicide in Australia: an overview of incidents using data from a nationally representative coronial database, December 2023, Angela Clapperton, Phillip Law, Matthew Spittal, Tess Cutler, University of Melbourne. Commissioned by TrackSAFE Foundation. The numbers presented throughout this report are likely to be underestimates as we cannot assume that the specific information we were interested in would necessarily be reported in coronial documents. These findings should be interpreted with caution because of the high number of individuals for whom we did not have information.

SUICIDE IN AUSTRALIA

- Suicide is rare and preventable.
- An estimated 65,000 Australians make a suicide attempt every year¹
- Suicide is the leading cause of death for Australians aged between 15-44 years². More people take their own life in Australia than die in motor vehicle accidents³.
- The number of people dying by suicide has increased from 2,480 in 2010 to 3,249 in 2022, or around 9 lives lost per day to suicide⁴. It is estimated that each suicide death affects up to 135 people⁵.
- In 2022 suicide accounted for 1.8% of all deaths.
- The cause of suicidal behaviour is complex and multifaceted. In 2022, almost 85.8% of people who died by suicide had at least one risk factor reported, with an average of 3 to 4 factors mentioned. Mood disorders (including depression) were the most common risk factors for both males (34.9%) and females 43.3%) across all age groups except for those 85 years and older. The top five risk factors across all ages in 2022 were: 36.9% mood disorders, including depression, suicidal ideation/thoughts (25.7%), problems in spousal relationships & circumstances (25.1%), personal history of self-harm (21.5%) and anxiety and stress related disorders (17.5%). Psychosocial risk factors associated with suicide were largely age dependent and differed throughout the lifespan⁶.
- Male suicides make up three-quarters of all suicides. In 2022 there were 2,455 male deaths (18.8 per 100,000) and 794 female deaths (5.9 per 100,000)³.
- Suicide is the 11th leading cause of death for males and the 26nd leading cause for females³.
- The median age of death due to suicide for males was 46 years and females 44.1 years. However, the median age of death by suicide of Aboriginal and Torres Strait Islander peoples was 33.4 years³.
- 28% of suicides occur in public places including on rail tracks and from rail stations⁷. The proportion of deaths by suicide that have occurred at a rail location of total deaths by suicide has declined over the last decade, from 3.06% in 2010 to 1.91% in 2022.

1. Slade T, Johnston A, Teesson M, Whiteford H, Burgess P, Pirkis J and Saw S (2009) [The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing](#), Department of Health and Ageing, Canberra

2. 'Deaths in Australia', 11 Jul 2023, Australian Institute of Health and Welfare, [Deaths in Australia, Leading causes of death – Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

3. 'Causes of Death', 27 Sep 2023, Australian Bureau of Statistics, [Causes of Death, Australia | Australian Bureau of Statistics \(abs.gov.au\)](#)

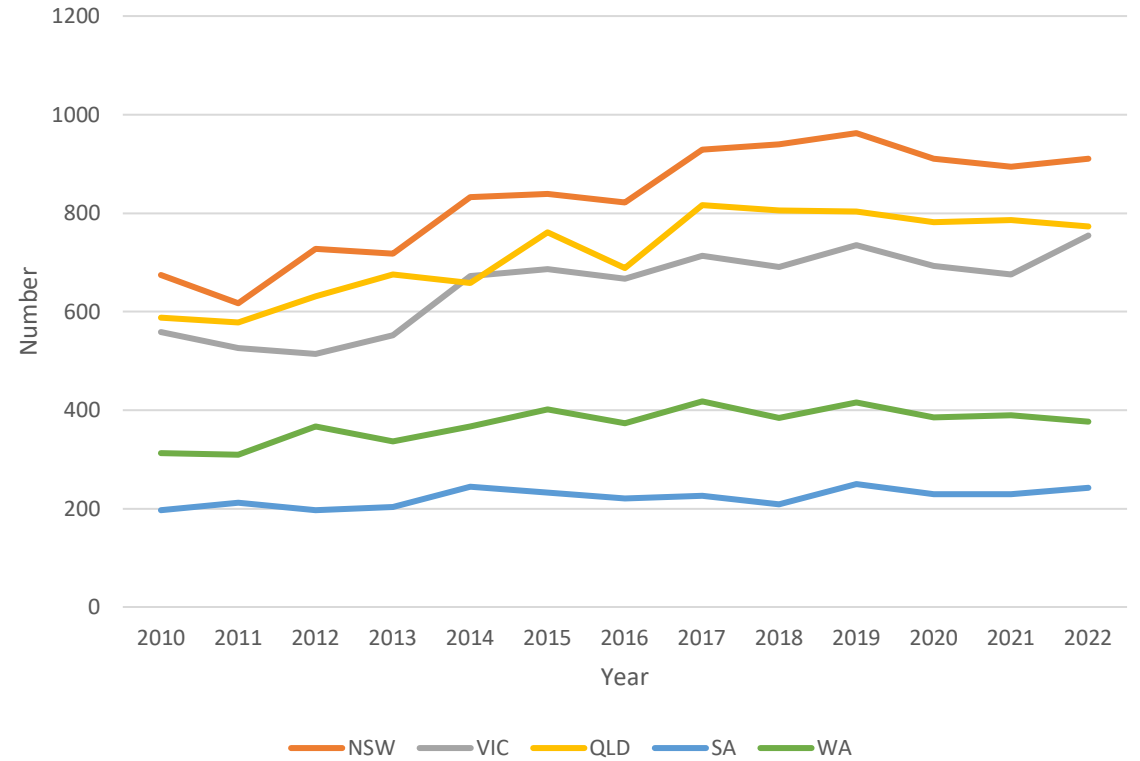
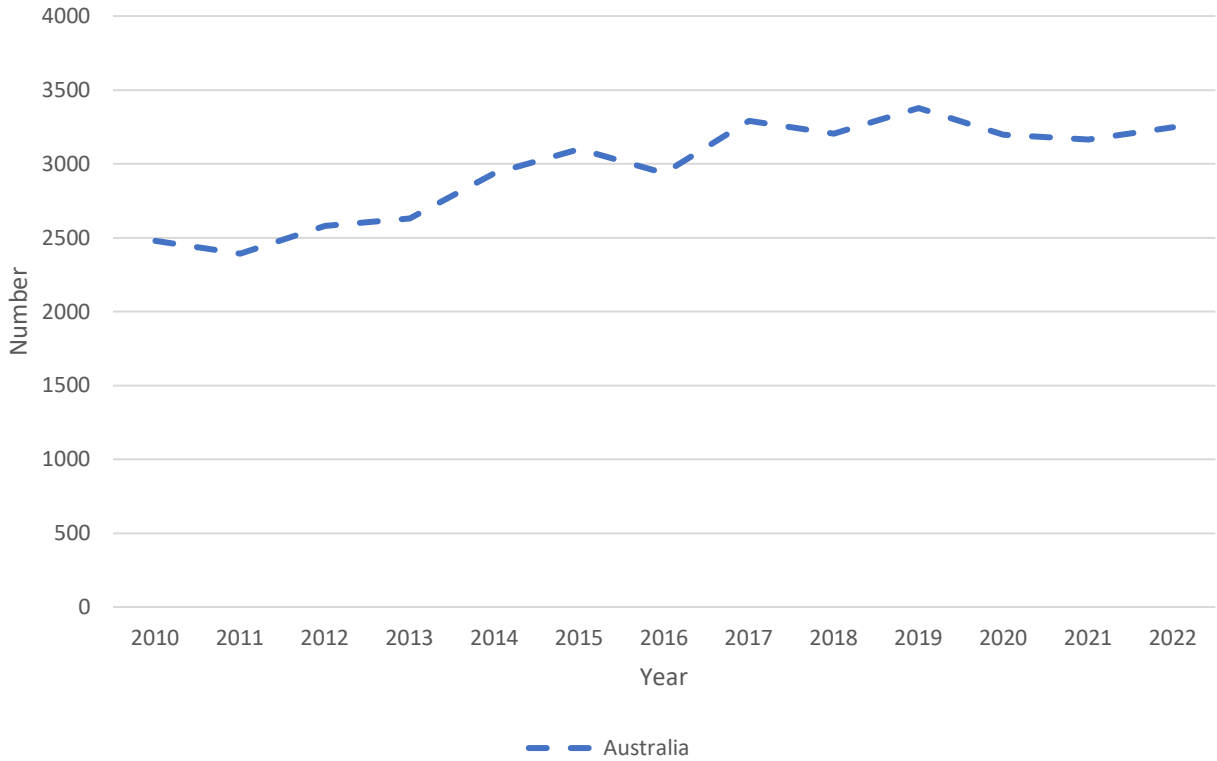
4. <https://www.suicidepreventionaust.org/news/statsandfacts>

5. Suicide Prevention Australia, University of New England, 2016, The ripple effect: understanding the exposure and impact of suicide in Australia

6. Mindframe [ABS Causes of Death data summary 2022](#)

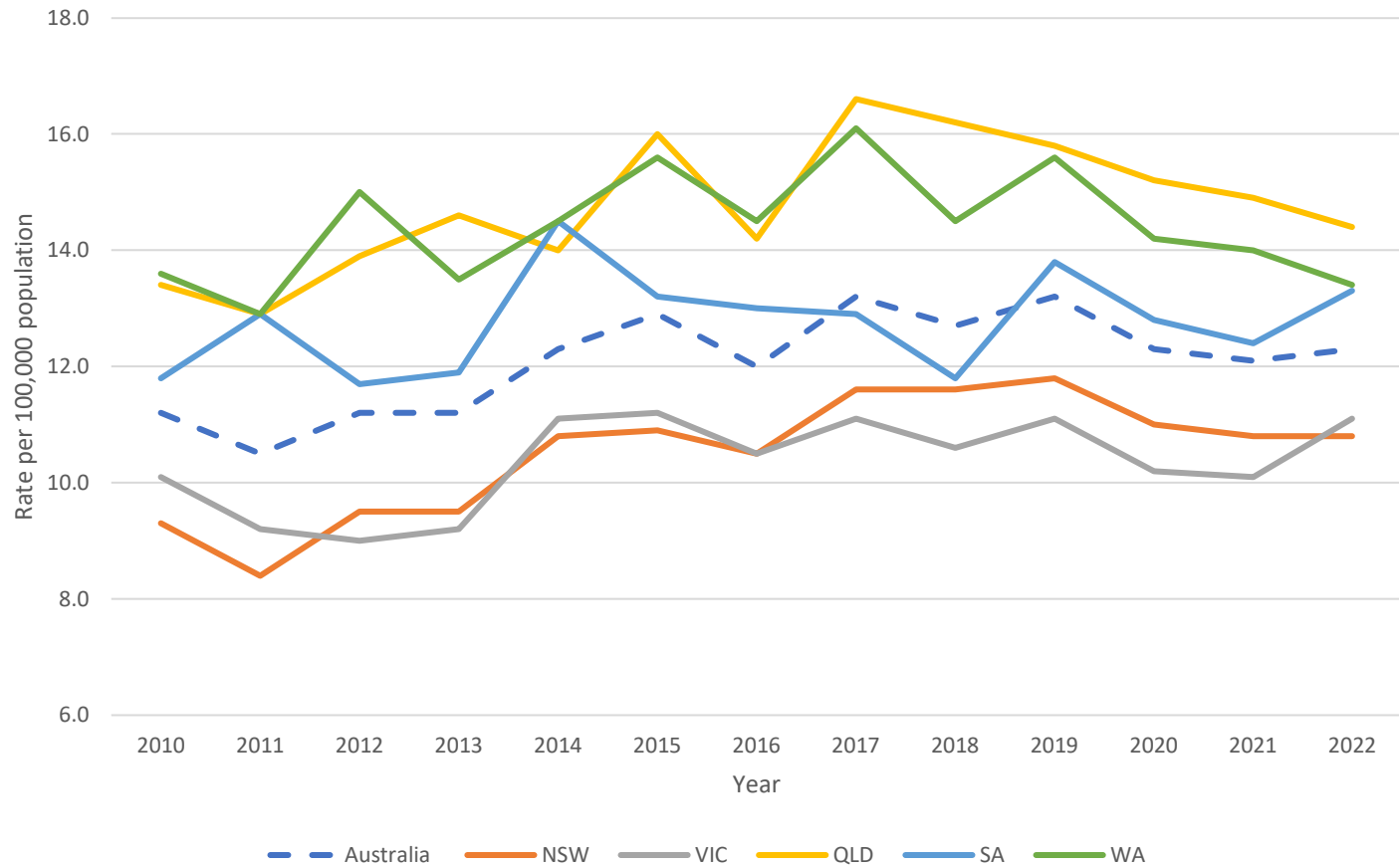
7. Too, LS, Spittal, MJ, Bugeja, L, McClure, R, Milner, A, 2016, Individual and community factors for railway suicide: a matched case-control study in Victoria, Australia, *Social Psychiatry and Psychiatric Epidemiology*, 51:849-856.

SUICIDE IN AUSTRALIA 2010-2022 - GRAPHS¹



1. Australian Bureau of Statistics, 2023, [Causes of Death, Australia](#). 2023 data on intentional self-harm deaths (suicide) is released in October 2024.

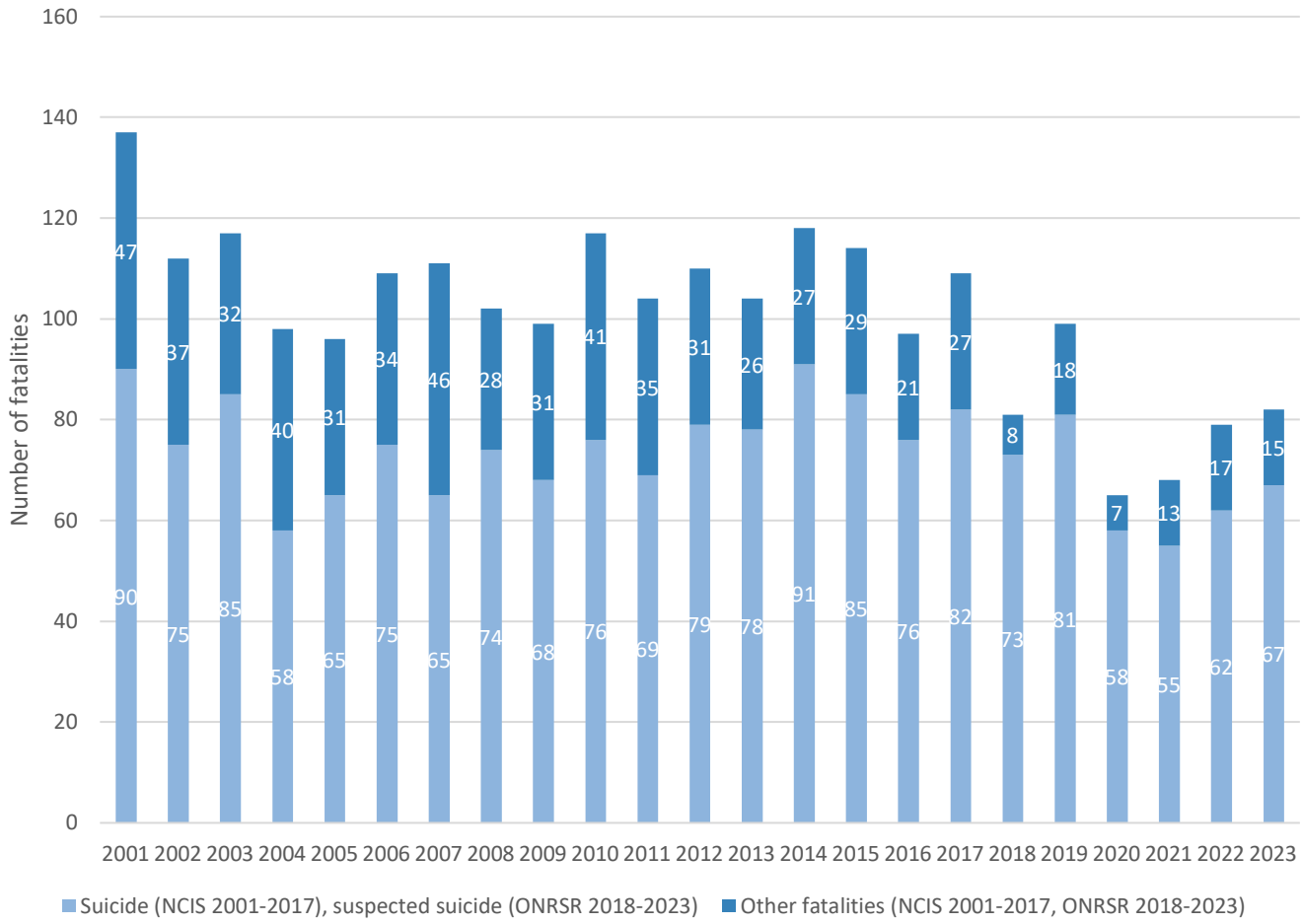
AGE STANDARDISED DEATH RATES FOR SUICIDE IN AUSTRALIA 2010-2022 ^{1,}



1. Australian Bureau of Statistics, 2023, [Causes of Death, Australia](#). 2023 data on intentional self-harm deaths (suicide) is released in October 2024.

FATALITIES ON THE AUSTRALIAN HEAVY RAIL NETWORK

2001-2023^{1,2,3}



In this period there were 2,330 fatalities - 1,685 suicides or suspected suicides and 645 other fatalities. This is a total annual average of 101 fatalities per year (73 suicides & suspected suicides and 28 other fatalities), or almost 2 each week.

STATE DISTRIBUTION OF FATALITIES

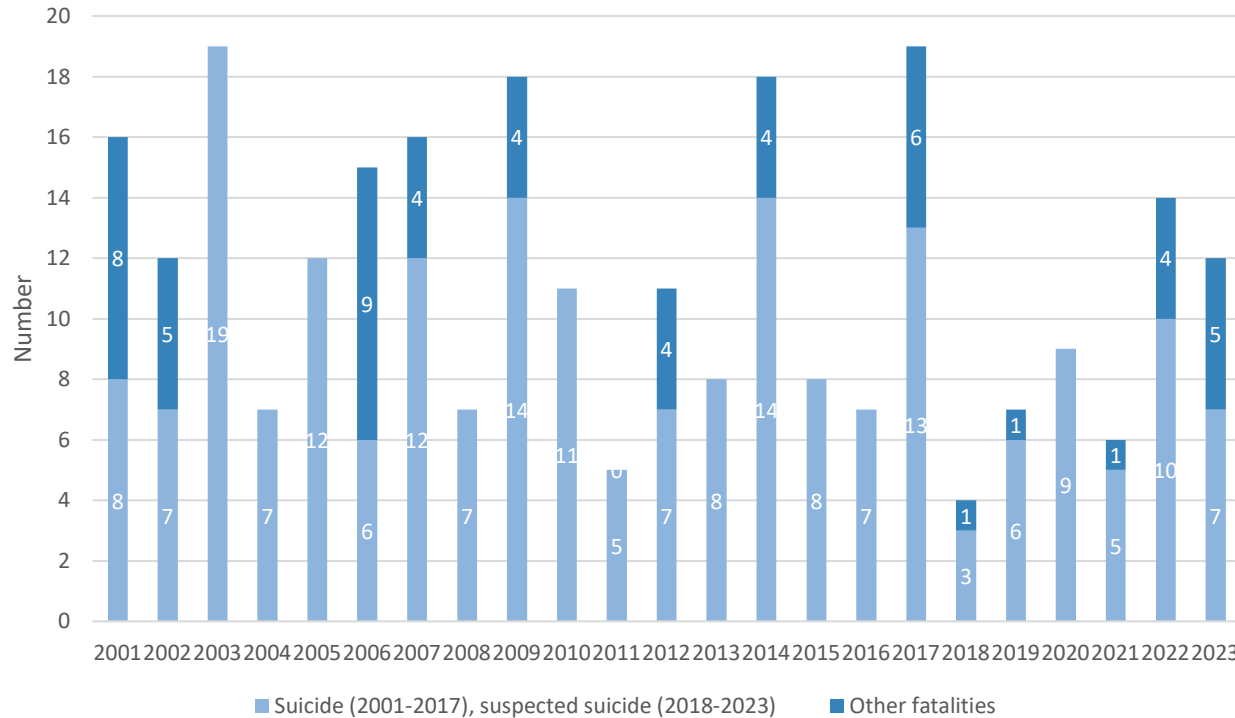


In addition, there were 7 fatalities in NT, 6 fatalities in TAS and the NT and 1 in the ACT.

1. National Coronial Information System, 2020, Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia (for 2001-2017 suicide data), National Coronial Information System, 2021, Non-intentional self-harm deaths at Australian railway locations 2000-2017 (DR20-43), February, Melbourne Australia (for 2001-2017 other fatality data). In calculating the state distribution this includes 4 fatalities in 2000 that occurred across WA, SA, NT.
2. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023 (for 2018-2023 data). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.
3. NCIS report less suicides in 2016 & 2017 compared to ONRSR suspected suicides (76 and 82 reported by NCIS for 2016 and 2017 respectively compared to 77 and 94 suspected suicides reported by ONRSR).



FATALITIES ON THE QUEENSLAND HEAVY RAIL NETWORK 2001-2023^{1,2}



In this period there were 278 fatalities – 205 (74%) suicides or suspected suicides and 73 (26%) other fatalities. This is a total annual average of 12 fatalities per year (9 suicides & suspected suicides and 3 other fatalities), or 1 per month.

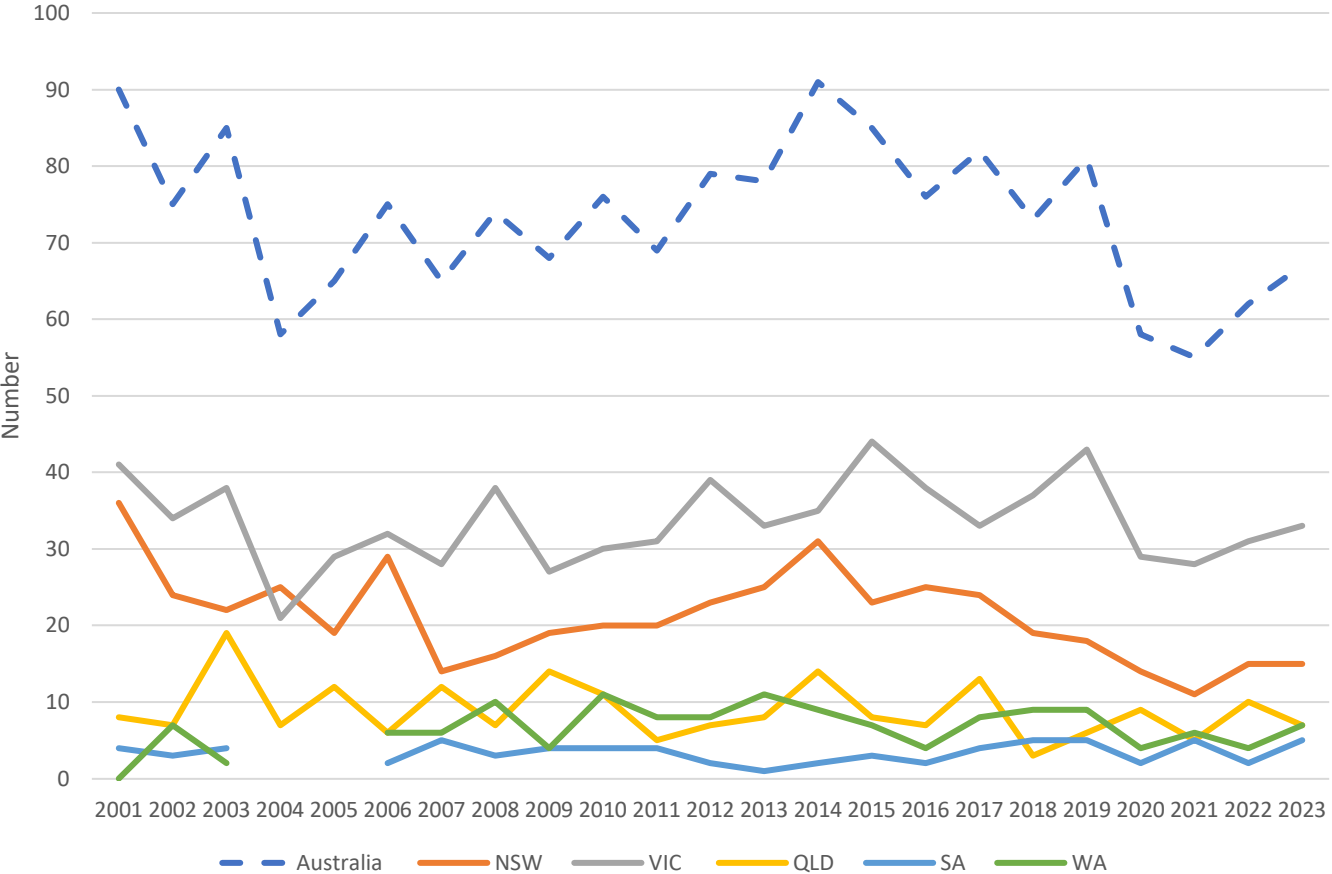
STATE DISTRIBUTION OF FATALITIES



In addition, there were 7 fatalities in NT, 6 fatalities in TAS and the NT and 1 in the ACT.

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia (for 2001-2017 suicide data), National Coronial Information System, 2021, Non-intentional self-harm deaths at Australian railway locations 2000-2017 (DR20-43), February, Melbourne Australia (for 2001-2017 other fatality data).
 2. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023 (for 2018-2023 data). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR

SUICIDES (2001-2017)^{1,2} & SUSPECTED SUICIDES (2018-2023)^{3,4} ON THE AUSTRALIAN HEAVY RAIL NETWORK BY STATE



In this period there were 1,687 suicides & suspected suicides, an average of 73 per year and equivalent to 72% of all fatalities.

STATE DISTRIBUTION OF SUICIDES & SUSPECTED SUICIDES⁵

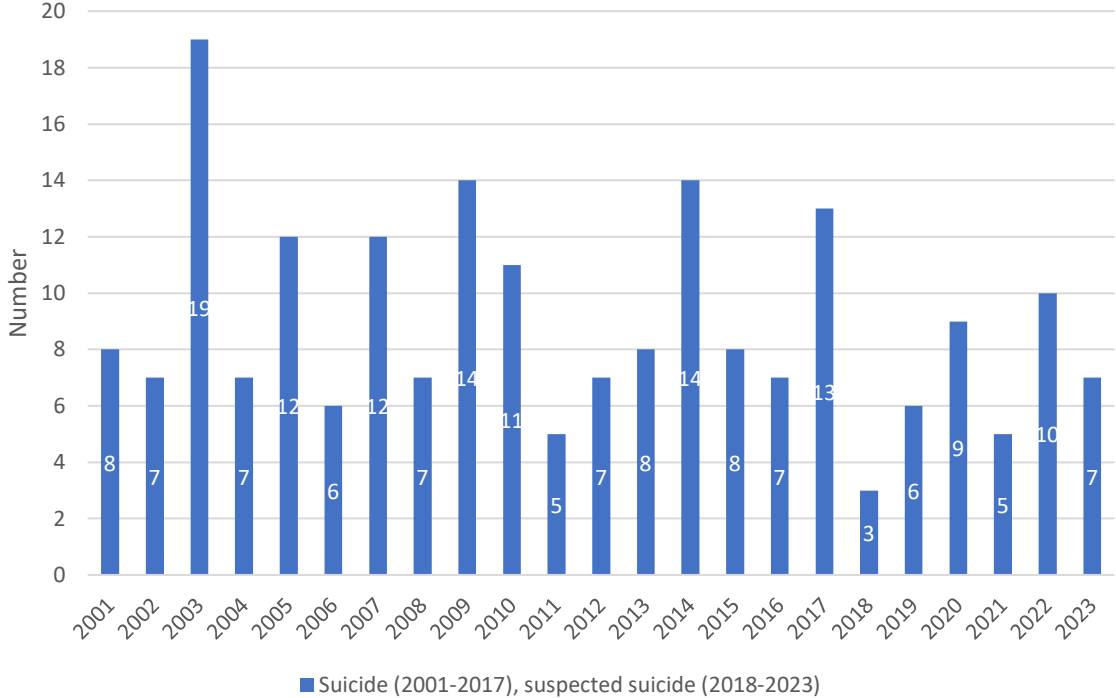


In addition, there was 1 suicide in ACT in 2001, 1 suicide in TAS in 2011 and a total of 5 suicide deaths in WA and SA in 2004 and 2005.

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia.
2. ONRSR data used for SA & WA in 2016 as NCIS report <4
3. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023 (for 2018-2023 data and 2016 for WA and SA). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.
4. NCIS report less suicides in 2016 & 2017 compared to ONRSR suspected suicides (76 and 82 reported by NCIS for 2016 and 2017 respectively compared to 77 and 94 suspected suicides reported by ONRSR).
5. The suicide deaths in ACT, TAS and WA and SA excluded from the state distribution graph are included in the total Australian line graph. They are excluded from the WA and SA line graphs as NCIS report them as <4.



SUICIDES (2001-2017)¹ & SUSPECTED SUICIDES (2018-2023)^{2,3} ON THE QUEENSLAND HEAVY RAIL NETWORK



In this period there were 205 suicides & suspected suicides, an average of 9 per year and equivalent to 74% of all fatalities.

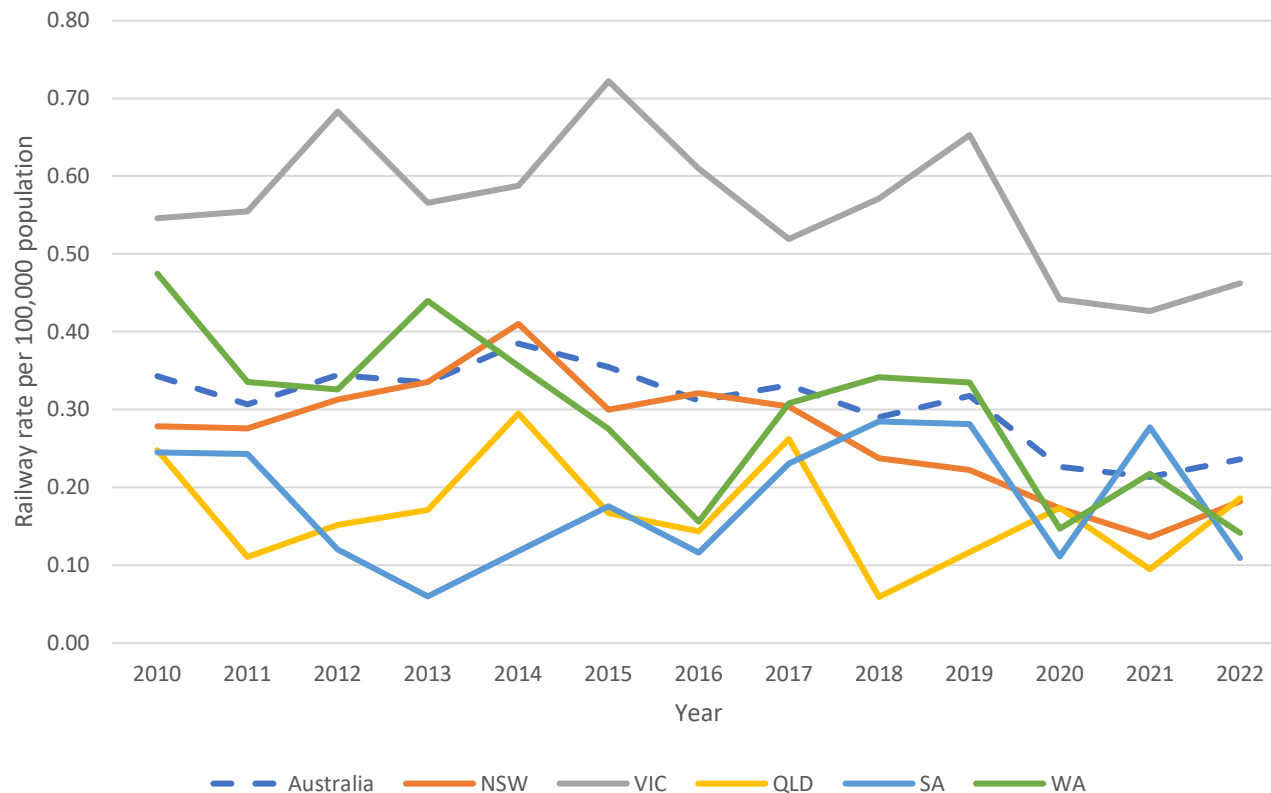
STATE DISTRIBUTION OF SUICIDES & SUSPECTED SUICIDES



In addition, there was 1 suicide in ACT in 2001, 1 suicide in TAS in 2011 and a total of 5 suicide deaths in WA and SA in 2004 and 2005.

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia (for 2001-2017 data).
2. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023 (for 2018-2023 data). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.
3. NCIS report 7 & 13 suicides in 2016 & 2017 compared to ONRSR suspected suicides of 7 & 15.

RATE OF SUICIDE (2010-2017)^{1,2} & SUSPECTED SUICIDE (2018-2022)³ ON THE AUSTRALIAN HEAVY RAIL NETWORK PER 100,000 POPULATION^{4,5} BY STATE



Nationally, and in each state the rate of suicide/suspected suicide is less in 2022 than it was in 2010.

	2010	2019	2022
Australia	0.34	0.32	0.24
NSW	0.28	0.22	0.18
VIC	0.54	0.65	0.46
QLD	0.24	0.12	0.19
SA	0.24	0.29	0.11
WA	0.48	0.34	0.14

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia.

2. ONRSR data used for SA & WA in 2016 as NCIS report <4

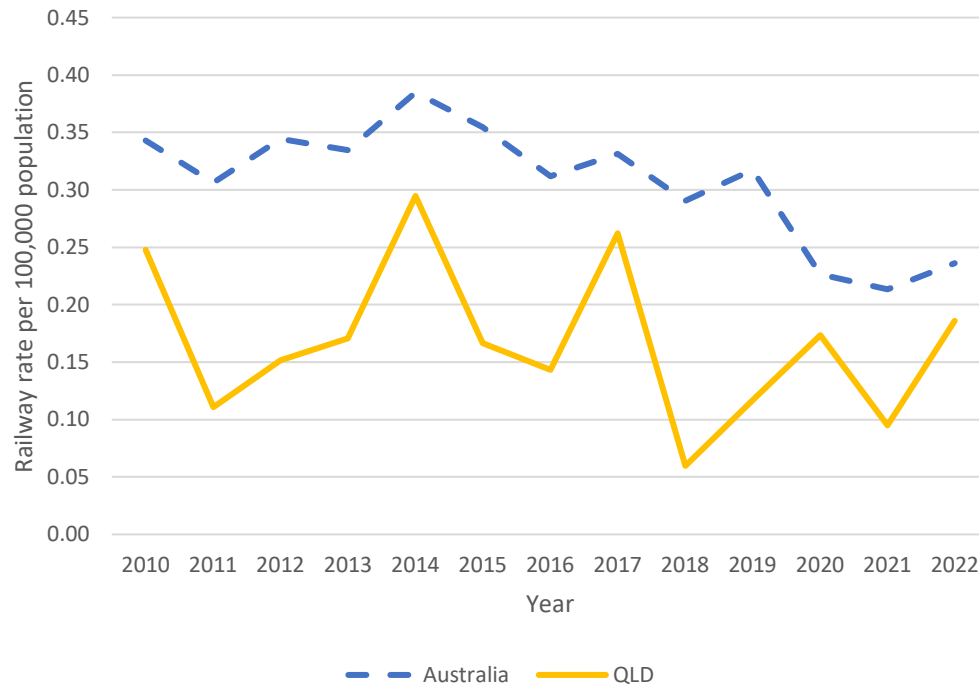
3. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2022. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR. NCIS report less suicides in 2016 & 2017 compared to ONRSR suspected suicides (76 and 82 reported by NCIS for 2016 and 2017 respectively compared to 77 and 94 suspected suicides reported by ONRSR).

4. Australian Bureau of Statistics, Australian Demographic Statistics, [Estimated resident population, June each year](#)

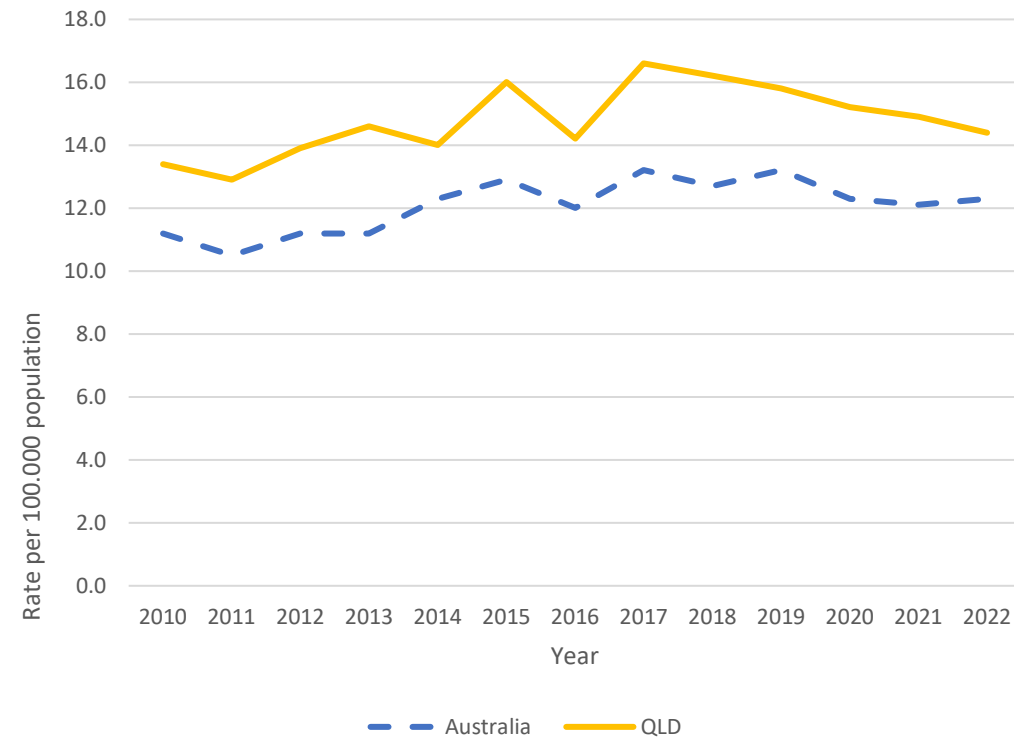
5. 2023 data not available until ABS release total population numbers.

AGE STANDARDISED DEATH RATES FOR SUICIDE & RATE OF SUICIDE (2010-2017)^{1,2} AND SUSPECTED SUICIDE (2018-2022)³ ON THE QUEENSLAND HEAVY RAIL NETWORK PER 100,000 POPULATION⁴⁵ BY STATE

RATE OF SUICIDE ON RAIL

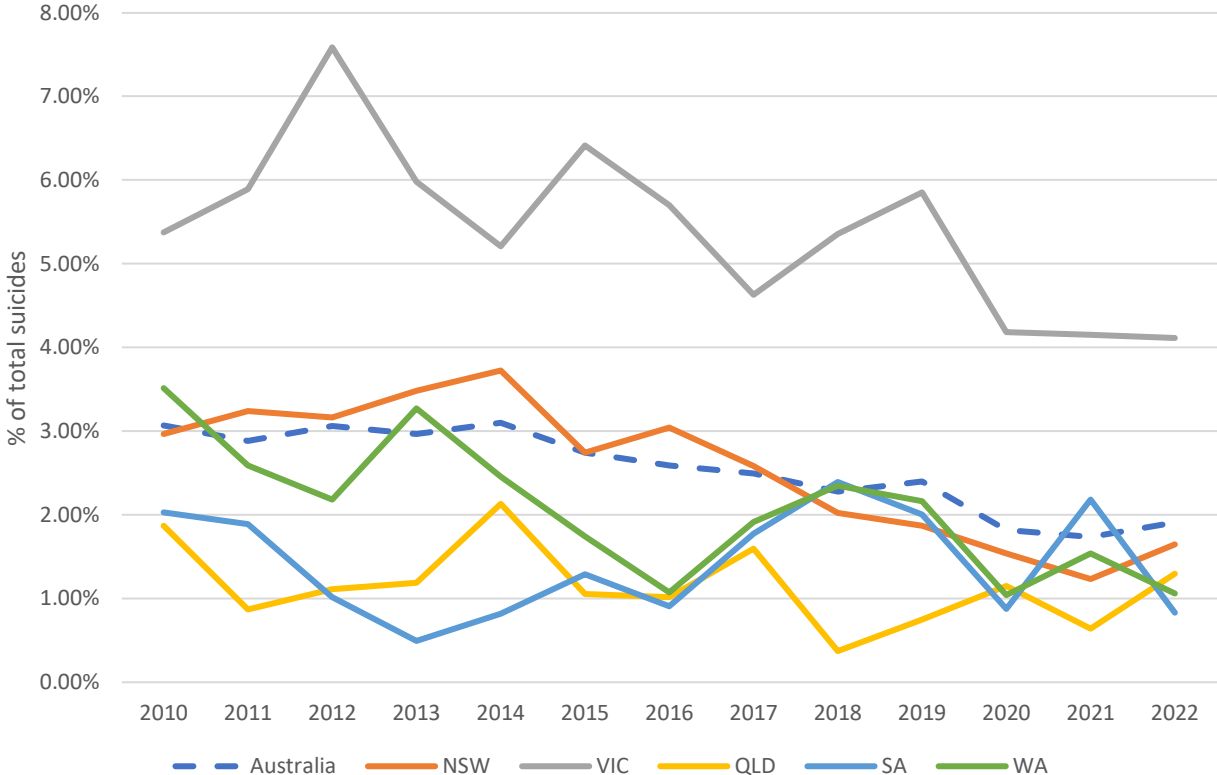


RATE OF SUICIDE IN QLD



1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia.
2. ONRSR data used for SA & WA in 2016 as NCIS report <4
3. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR. NCIS report 25 & 24 suicides in 2016 & 2017 compared to ONRSR suspected suicides of 23 & 27.
4. Australian Bureau of Statistics, Australian Demographic Statistics, [Estimated resident population, June each year](#)
5. 2023 data not available until ABS release total population numbers.

PROPORTION OF SUICIDES (2010-2017)^{1,2} & SUSPECTED SUICIDES (2018-2022)³ OCCURRING ON THE AUSTRALIAN HEAVY RAIL NETWORK OF TOTAL INTENTIONAL SELF-HARM DEATHS⁴ BY STATE



The proportion of suicide and suspected suicide deaths on rail of total deaths by suicide has decreased nationally and in each state between 2010 and 2022.

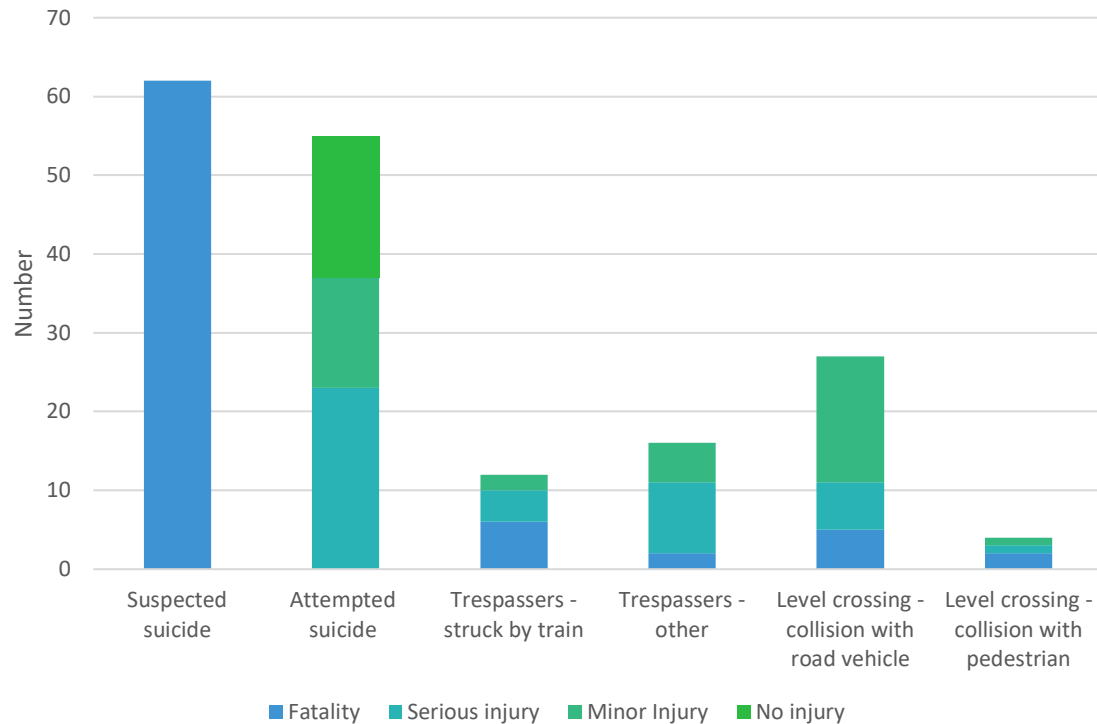
	2010	2019	2022
Australia	3.06%	2.40%	1.91%
NSW	2.97%	1.87%	1.65%
VIC	5.38%	5.85%	4.11%
QLD	1.87%	0.75%	1.29%
SA	2.03%	2.00%	0.83%
WA	3.51%	2.16%	1.06%

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia
2. ONRSR data used for SA & WA in 2016 as NCIS report <4
3. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2022 (for 2016-2022 data). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR. NCIS report less suicides in 2016 & 2017 compared to ONRSR suspected suicides (76 and 82 reported by NCIS for 2016 and 2017 respectively compared to 77 and 94 suspected suicides reported by ONRSR).
4. Australian Bureau of Statistics, 2023, [Causes of Death, Australia](#). 2023 data on intentional self-harm deaths (suicide) is released in October 2024



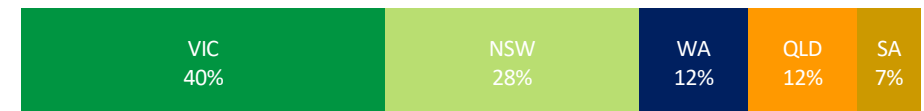
FATALITIES & INJURIES BY CAUSE ON THE QUEENSLAND HEAVY RAIL NETWORK 2016-2023¹

In this period there were 176 fatalities, injuries and attempted suicides with no injury reported to the Office of the National Rail Safety Regulator, an average of 22 per year. 81% of all fatalities were suspected suicides.



	Fatality	Serious injury	Minor Injury	No injury	Total
Suspected suicide	62				62
Attempted suicide		23	14	18	55
Trespassers - struck by train	6	4	2		12
Trespassers - other	2	9	5		16
Level Xing - collision with road vehicle	5	6	16		27
Level Xing - collision with pedestrian	2	1	1		4
Other – struck by train	0	0	0		0
Total	77	43	38	18	176

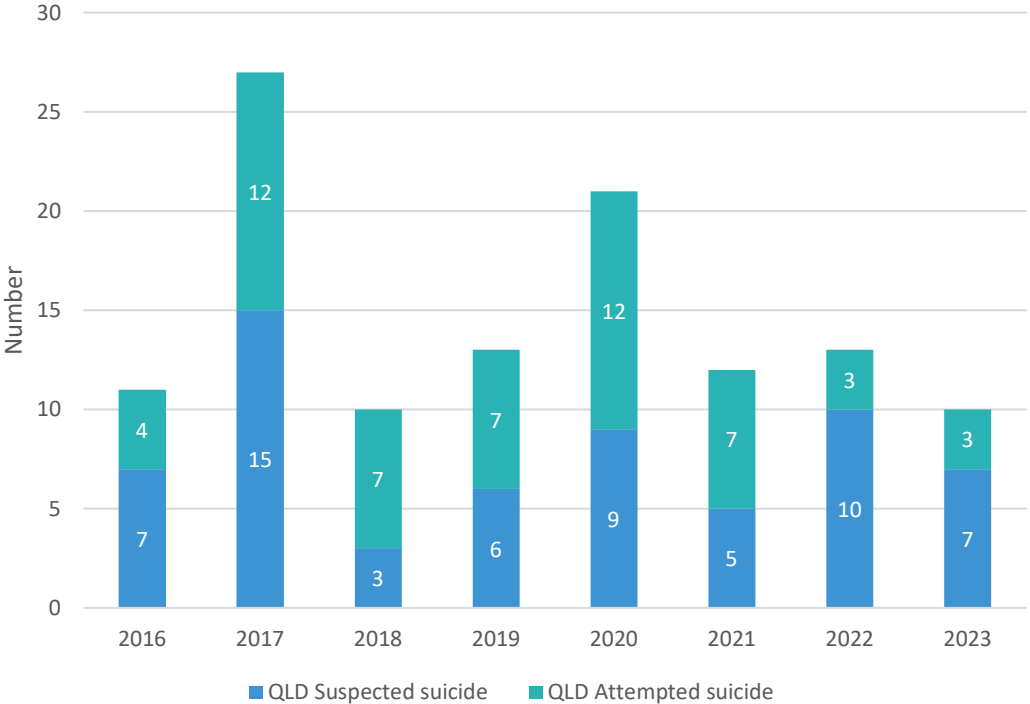
STATE DISTRIBUTION OF OCCURENCES



There were 6 incidents in NT, 3 in TAS and 0 in ACT

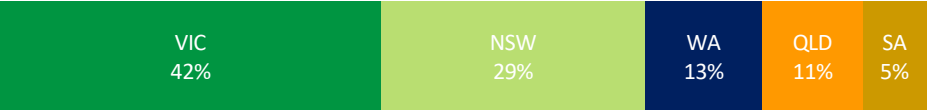
1. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences. On 1/7/2022 the definition of serious injury changed potentially changing reported serious injuries compared to previous years.

SUSPECTED & ATTEMPTED SUICIDES¹ ON THE QUEENSLAND HEAVY RAIL NETWORK 2016-2023



In this period there were 62 suspected suicides and 55 attempted suicides. These make up 66% of all fatalities and injuries on the Queensland heavy rail network.

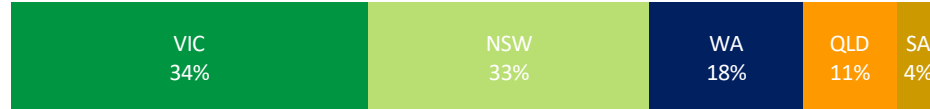
STATE DISTRIBUTION OF SUSPECTED & ATTEMPTED SUICIDES



STATE DISTRIBUTION OF SUSPECTED SUICIDES



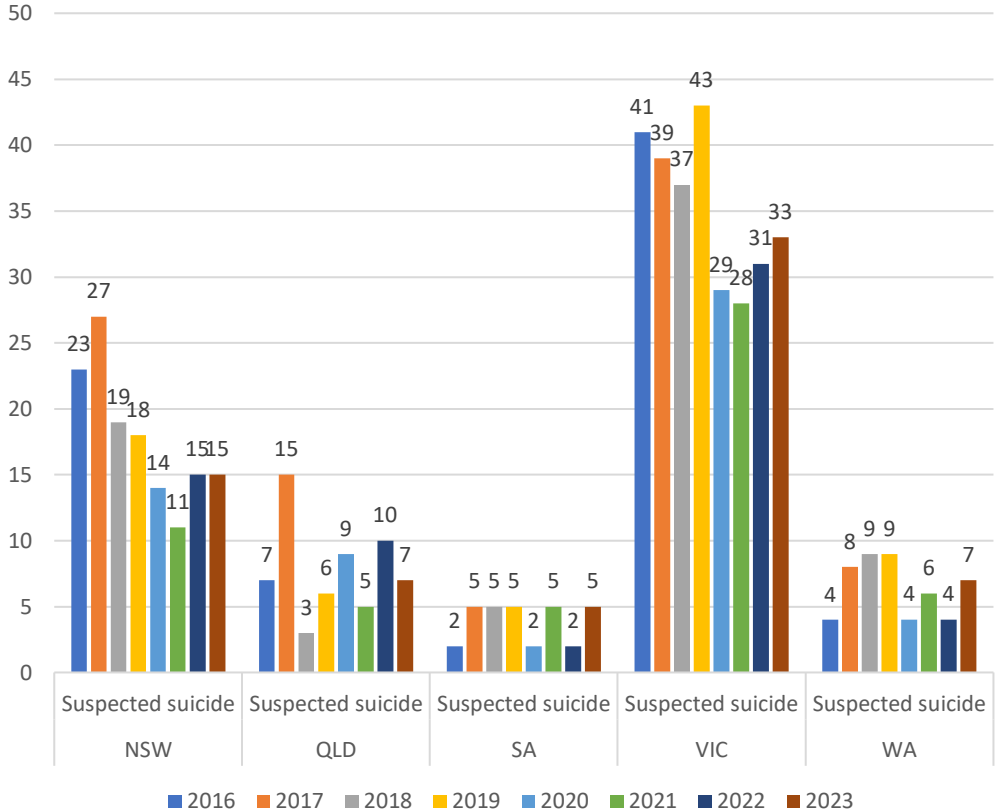
STATE DISTRIBUTION OF ATTEMPTED SUICIDES



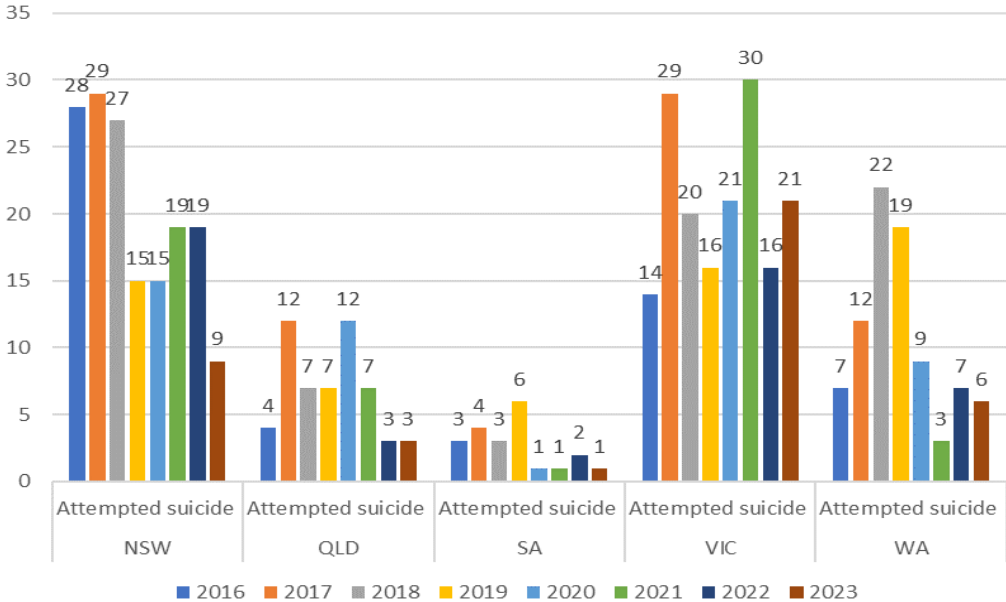
1. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR. The NCIS reports less suicides in some years.

SUSPECTED & ATTEMPTED SUICIDES^{1,2} ON THE AUSTRALIAN HEAVY RAIL NETWORK BY STATE 2016-2023

SUSPECTED SUICIDE



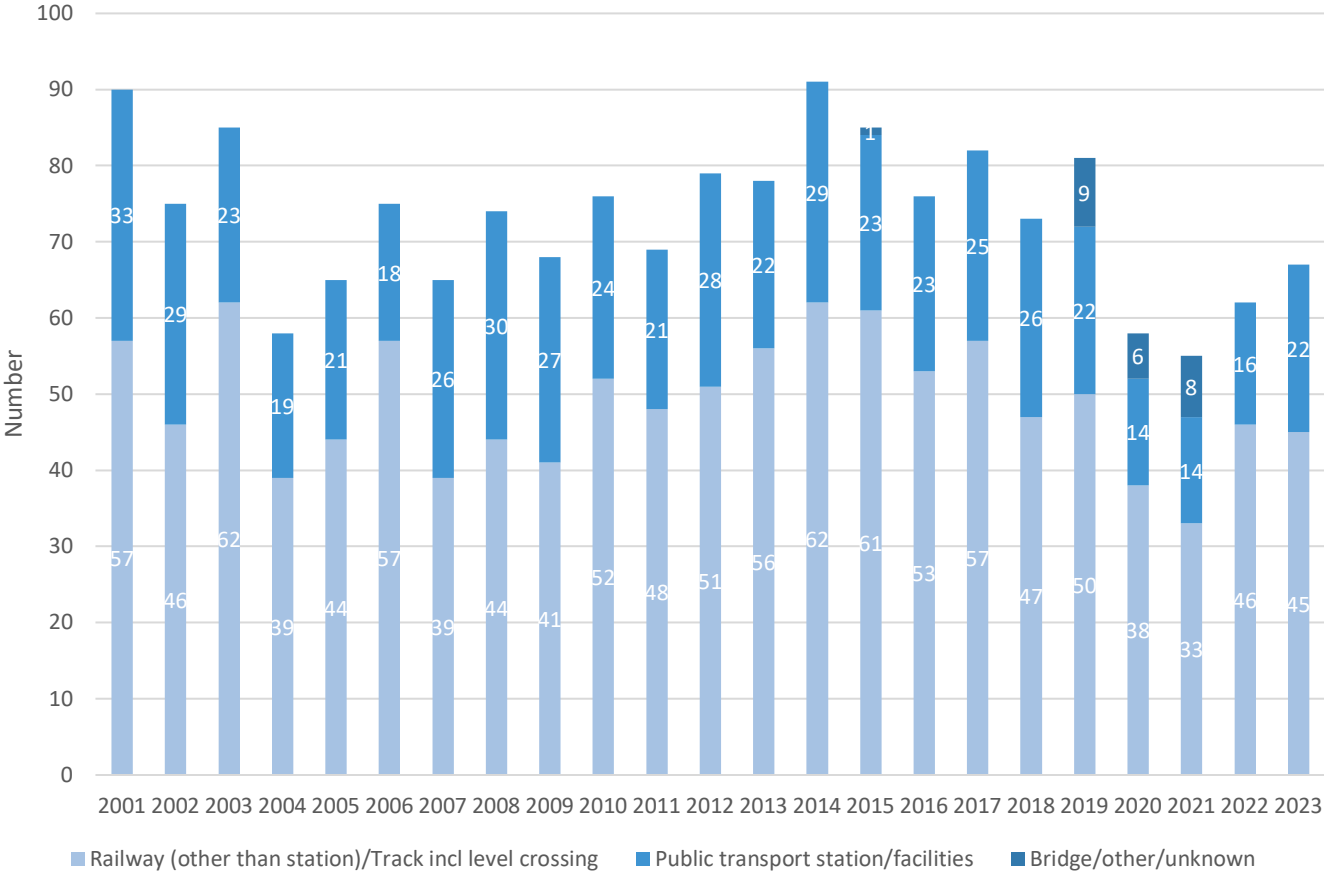
ATTEMPTED SUICIDE



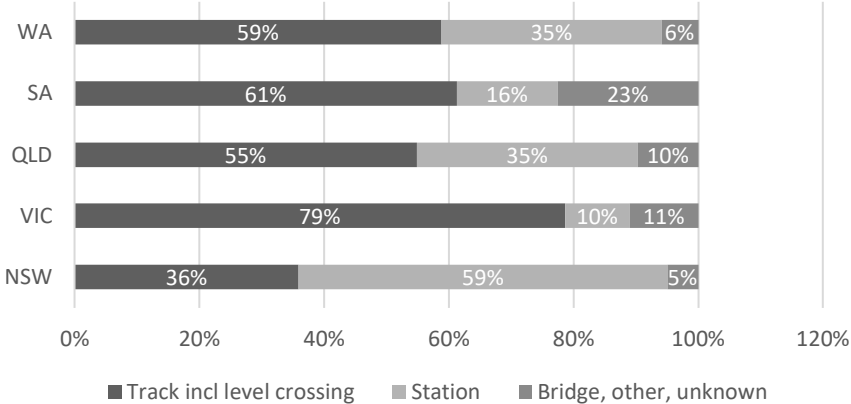
1. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023 (for 2018-2023 data). The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.

2. NCIS report less suicides in 2016 & 2017 compared to ONRSR suspected suicides (76 and 82 reported by NCIS for 2016 and 2017 respectively compared to 77 and 94 suspected suicides reported by ONRSR).

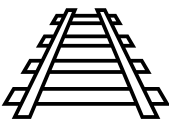
SUICIDE (2001-2017)¹ & SUSPECTED SUICIDE (2018-2023)² ON THE AUSTRALIAN HEAVY RAIL NETWORK BY LOCATION



LOCATION BY STATE 2016-2023²



67% (1,128)
fatalities occurred on the track between stations including at a level crossing



32% (535)
fatalities occurred at a station



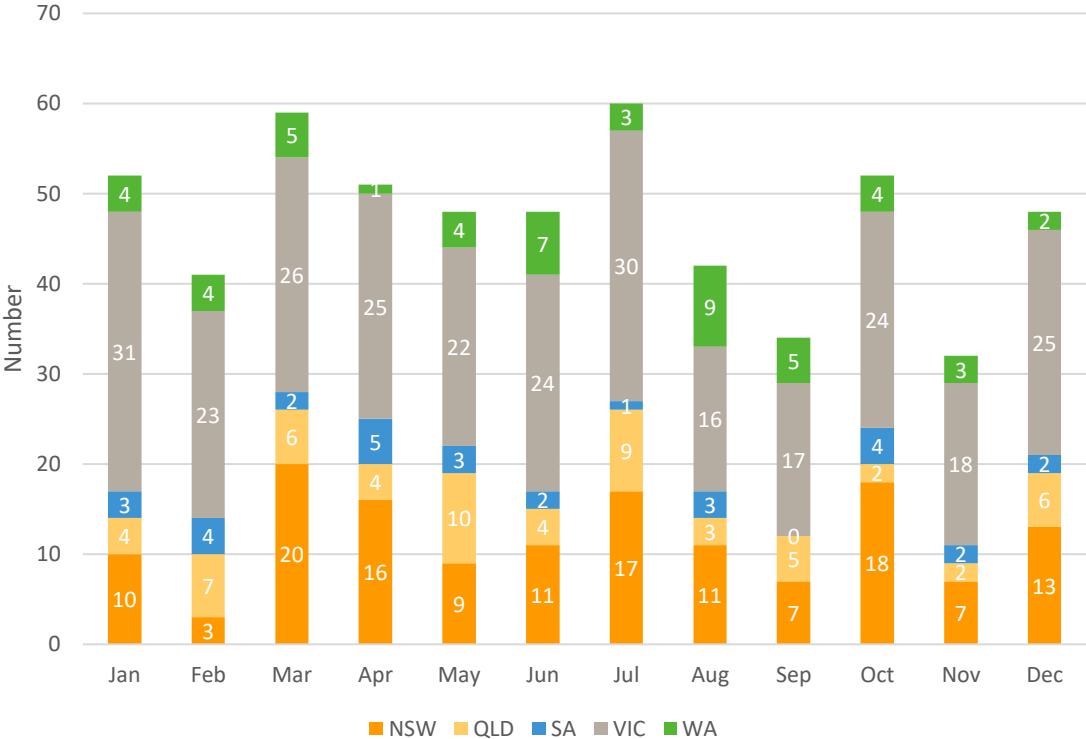
In addition, 13 deaths occurred from a railway bridge and 11 had an unknown location.

1. National Coronial Information System, 2020 Intentional Self-harm deaths at Australian railway locations 2000–2017, (DR20-31 and DR20-31A), November, Melbourne Australia.
 2. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. Incidents coded by TrackSAFE. ‘Track’ has been used as short-hand for the incident occurred between stations in the rail corridor including at a level crossing. ‘Station’ indicates that the incident occurred from a platform, overpass or other location at the station. If the person accessed the track via a station, the incident is reported as ‘track’. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.

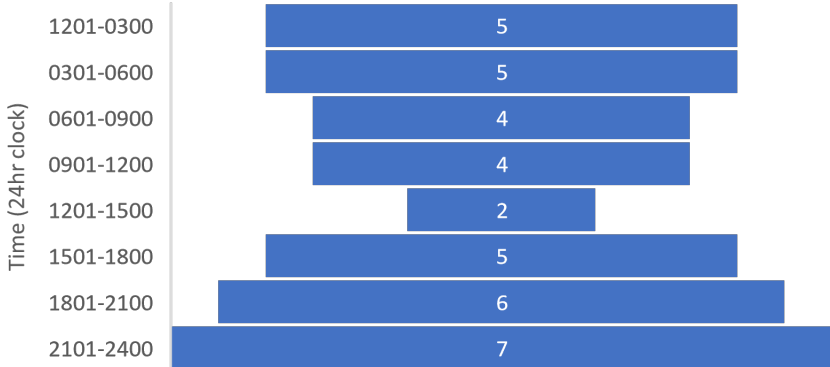
SUSPECTED SUICIDES ON THE AUSTRALIAN HEAVY RAIL NETWORK – TIME OF YEAR AND TIME OF DAY 2016-2023¹

TIME OF YEAR

6% of incidents occur in September & November, 7% in February & August, 8% in May, June & December, 9% in January, April & October, 10% in March & 11% in July.

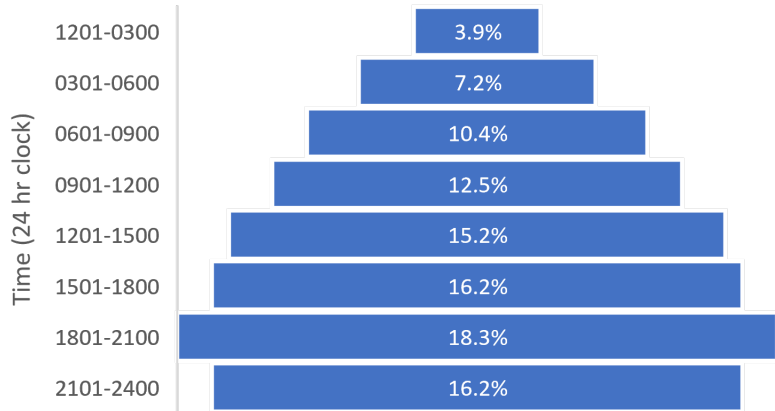


TIME OF DAY – QUEENSLAND



TIME OF DAY - AUSTRALIA

66% of incidents occurred from midday onwards.



1. Office of the National Rail Safety Regulator, Occurrence extract-fatalities, serious injuries, minor injuries, attempted suicide no consequence July 2015–December 2023. The requirements for operator reporting of notifiable occurrences are set out in the Reporting Requirements for Notifiable Occurrences. See [here](#) for information about notifiable occurrences to ONRSR.



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