



# Closing the Loop

## Suicide in migrant communities

This series is designed to 'close the loop' between research and policy by translating research evidence into policy directions and advice. Papers review key findings from National Suicide Prevention Research Fund projects and identify evidence-based policy recommendations. This edition focuses on suicide in migrant communities in Australia.

### Research summary

This article summarises a research project focused on determining national-level suicide incidence rates and trends among migrants living in Australia (Suicide Prevention Australia, 2024).

The project is an activity of the National Suicide Prevention Research Fund (NSPRF) and was undertaken to provide insight into at-risk migrant communities and to inform suicide prevention efforts and strategies.

In particular, the project analysed the rate of suicide among first generation migrants between 2006-2019, determined the risk of suicidal behaviour among males based on ethnicity and assessed the rate of suicide among male construction workers by country of birth.

The evidence for this project was drawn from two national databases the National Coroners Information System (NCIS) and the Longitudinal Study on Male Health (Ten to Men).

### Previous research

There is a scarcity of research on the prevalence of suicidal behaviour among migrants in Australia. To-date, two population-level studies have been undertaken at a national level to address this important topic.

An analysis of the rate of suicide among migrant groups based on their country of origin from 1974-2006 found that all migrant groups were less likely to die by suicide compared to their Australian-born peers (Ide et al., 2012).

Another study which assessed the mortality rate of Australia migrants from 1981-2007 found that the rate of suicide among migrants from Eastern Europe increased (3%) and that other migrant communities from Asian (-6%), West European (-1%), and Southern European (-1%) experienced declines in the rate of suicide between 1981-2007 (Anikeeva, et al., 2015).

Utilising national datasets, this project extends the existing literature and addresses a critical research gap by providing recent figures on the risk of suicide among migrant groups in Australia.

## Suicide among migrants

According to the most recent Census survey, approximately 30 per cent of all Australians are migrants and are born overseas (Australia Bureau of Statistics, 2022). In 2023-24, the top countries of birth for overseas migrants were India followed by China (Australian Bureau of Statistics, 2024).

Since 1981 there have been significant shifts in the diversity of migrants and patterns of migration in Australia (Raymer et al., 2020). Between 2006-2011 alone, there was a 35% increase in migrants from African countries (Ikafa et al., 2024).

The recent COVID-19 pandemic also affected migration to Australia and led to substantial declines in migration from China, Malaysia and South America (Guan et al., 2024). This changing pattern of migration underscores the need for timely and representative data on suicide risk among migrant communities in Australia.

Suicide is a significant issue in Australia and is the leading cause of death for Australians aged 15 to 49 years. The data indicates that there are over 3,000 suicide deaths every year (Australian Institute of Health and Welfare, 2024).

The ongoing monitoring of suicide rates and trends is essential to capture changes in the evolving migration landscape and to ensure there are effective services and programs to meet the needs of Australia's migrant community.

### Evidence review

Firstly, the project evaluated suicide risk among first-generation migrant groups compared to people born in Australia and migrants from English speaking countries (Maheen and King, 2023). It also compared suicide rates among male and female migrants and Australian-born male and females to identify trends.

Intentional self-harm data from the NCIS was utilised to ascertain suicide death data and information on country of birth reported by coroners and place of birth provided by Births, Deaths and Marriages registries in each jurisdiction. The Standard Australian Classification of Countries was used to categorise migrant groups based on their country of origin.

The study found that between 2006-2019, first-generation male and female migrants were less likely to die by suicide compared to their Australian born peers.

There were, however, some differences observed where the rate of suicide among different migrant groups were compared. In particular, the project identified that female migrants from European or Oceanian countries were more likely to die by suicide compared to female migrants from English-speaking countries.

Male migrants from Oceanian countries also had the highest rate of suicide among all migrant groups. Notably, there was minimal change in the rate of suicide among male and female migrants from Oceania across the 13-year study period.

Male migrants from African countries were also at elevated risk of suicide compared to other cohorts. Likewise, there was no increase or decrease in the rate of suicide among male African migrants between 2006-2019. In contrast, female African migrants reported a lower average age-standardised suicide rate, although the rate of suicide among this cohort increased by 8% across the study period.

Another key focus of the project was to identify the risk of suicidal behaviour among males from ethnically and culturally diverse backgrounds (Maheen et al., 2024). To achieve this objective, data from the first wave of the Ten to Men study which was administered in 2013-2014 was analysed to determine the prevalence and risk of suicidal behaviour among males living in Australia based on ethnicity.

Of note, just under a quarter of all study participants (24%) were first-generation migrants. Multiple regression models were used to ascertain suicidal behaviour risk including lifetime suicide attempt, lifetime suicidal ideation and recent suicidal ideation by ethnicity.

The study found that Australian born males were more likely to die by suicide compared to males from ethnic-minority backgrounds. However, the prevalence of suicidal behaviour varied across different ethnic groups and the study identified specific cohorts at increased risk of suicide.

It was identified that males with South American and Pacific Islander backgrounds had an elevated likelihood of recent suicide ideation and lifetime suicide attempts. In addition, males from South Asian, North American, United Kingdom and Ireland, and those from mixed-ethnic backgrounds were more likely to experience lifetime suicidal behaviour.

Lastly, the research project used NCIS data to identify differences in the rate of suicide among Australian male construction workers compared to non-construction workers by country of birth between 2006-2020 (King et al., 2024).

It was determined that both Australian born construction and non-construction workers were more likely to die by suicide compared to people born outside Australia. However, among people born outside Australia, the rate of suicide was highest among construction workers from English speaking countries.

It was also found that the construction industry may elevate the risk of suicide among migrant men. The project established that migrant men from non-English speaking countries who are employed in the construction industry are twice as likely to die by suicide compared to migrant males employed in other industries.

## Policy implications

The research findings shine a light on the migrant groups in Australia which are at an elevated risk of suicide and show that migrant construction workers are at increased risk of suicide compared to their non-construction worker peers.

To effectively address migrant suicide in Australia, the findings highlight the need for ongoing data collection and monitoring, evidence-based suicide prevention strategies services and initiatives, and targeted research and workforce interventions which meet the needs of the migrant community.

In particular, the research emphasises the need for targeted anti-stigma campaigns to encourage help seeking behaviour, and behaviour and upskilling across migrant communities to improve capacity and capability to respond to people experiencing suicidal distress.

Considering the evolving migrant landscape in Australia, evaluating suicide over time is critical to identify at-risk communities and to allow for program and capacity planning to ensure sufficient support services and the availability of culturally appropriate care to meet demand.

Funding towards and the co-design of suicide prevention strategies, services and initiatives with migrant communities and people with lived experience is essential. This includes the development of accessible suicide prevention resources to ensure relevance and validity to all people from migrant communities.

Currently, coroners are not required to collect migration-related data. To address this data gap, coroners should be required to routinely collect ethnicity and migration-related data to enhance suicide risk knowledge. This will improve insight into suicide risk factors among migrant communities and the policy evidence base.

Given the increasing diversity of the workforce, it is critical that organisations create an environment which promotes wellbeing and reduces the suicide risk of employees, including people with a migrant background. Workplaces should be encouraged to have structures and resources in place which support employees from diverse backgrounds access appropriate and culturally safe suicide prevention services.

To help achieve this, a suicide prevention competency framework should be developed and implemented in high-risk industries including the construction industry to help prevent migrant related suicide. This will provide a starting point for employers and staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour among people from diverse backgrounds in their workplace.

Given that limited research has been undertaken to date, further research is needed to gain insight into why specific migrant groups are at heightened risk of suicide, to understand what drives help seeking behaviour, and to evaluate the effectiveness of suicide prevention initiatives and services for migrant communities.

Research is also needed to identify gender, age and occupational differences in suicide risk among the migrant community. The NSPRF is well placed to undertake this research and translate this knowledge into practical, impactful policy and suicide prevention services.

## Policy recommendations

1. Commit to ongoing monitoring of suicide rates and trends among migrant communities.
2. Coroners regularly collect and capture ethnic and migration-related data in coronial reports.
3. Co-design with migrant communities an anti-stigma campaign to create awareness around suicide prevention and encourage at-risk migrant community members to access support.
4. Build the capacity and capability of members of migrant communities to recognise suicidal behaviour and to respond appropriately and refer people at risk to appropriate and culturally safe services.
5. Invest in evidence-based suicide prevention strategies, services, and initiatives including suicide prevention resources which target and are co-designed with migrant communities and people with lived experience.
6. A suicide prevention competency framework should be developed and adopted by organisations in high-risk industries and workplaces should be encouraged to implement culturally safe suicide prevention supports and services for employees.
7. Provide funding for the National Suicide Prevention Research Fund to undertake research to:
  - a. Identify factors driving distress and help-seeking behaviour among migrants.
  - b. Evaluate the effectiveness of suicide prevention services developed for migrant communities.
  - c. Enhance understanding of the impact of gender, age and occupation on migrant suicide risk.

Note: recommendations are proposed by Suicide Prevention Australia based on the above research, they are not recommendations of the researchers referenced.

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**There are crisis services available 24/7 if you or someone you know is in distress**

**Lifeline: 13 11 14**  
www.lifeline.org.au

**Suicide Call Back Service: 1300 659 467**  
www.suicidecallbackservice.org.au

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