

Statistical bulletin

All-cause and cause-specific mortality by sexual orientation, England and Wales: March 2021 to November 2024

Leading causes of death and all-cause and cause-specific mortality rates per 100,000 people by sexual orientation, broken down by Census 2021 characteristics.

Contact:
National Statistician's Analysis
Unit
Health.Data@ons.gov.uk
+44 1329 444110

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1 . Main points

- The England and Wales Census 2021 included a voluntary question on sexual orientation for the first time; we have linked census data to death registrations to estimate how the risk of death from any cause, cause-specific deaths (including alcohol, drug poisoning, cancers, and cardiovascular diseases), and leading causes of death differ by sexual orientation.
- There was a 1.3 times greater risk of death from any cause during the study period for people identifying with an LGB+ orientation ("gay or lesbian", "bisexual" or "other sexual orientation") compared with those identifying as straight or heterosexual; the age-standardised rate was 982.8 per 100,000 people for the LGB+ group, compared with 752.6 per 100,000 people for the straight or heterosexual group.
- The risk of alcohol-specific death was also higher in the LGB+ population, with a 1.8 times higher risk compared with those identifying as straight or heterosexual; the age-standardised rate was 51.8 per 100,000 people in the LGB+ group, compared with 29.5 per 100,000 people in the straight or heterosexual group.
- The risk of death related to drug poisoning was 2.8 times higher in the LGB+ group, compared with the straight and heterosexual group; the age-standardised rate was 57.5 per 100,000 people in the LGB+ group, compared with 20.6 per 100,000 people in the straight or heterosexual group.
- The leading cause of death for both groups was ischaemic heart diseases; however, for the LGB+ group, deaths by suicide (intentional self-harm or events of undetermined intent) were a prominent leading cause across most age groups and represented a higher proportion of deaths relative to the straight or heterosexual group.

If you are a journalist covering a suicide-related issue, please consider following the [Samaritans' media guidelines on the reporting of suicide](#) because of the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise on terminology and include links to sources of support for anyone affected by the themes in the bulletin.

If you are struggling to cope, please call Samaritans for free on 116 123 (UK and the Republic of Ireland) or contact other sources of support, such as those listed on the NHS [Help for suicidal thoughts web page](#). Support is available 24 hours a day, every day of the year, providing a safe place for you, whoever you are and however you are feeling.

For information on the UK government's ambitions and actions towards suicide prevention, see GOV.UK's [Suicide prevention strategy for England: 2023 to 2028](#).

This analysis relates to deaths occurring between 21 March 2021 and 30 November 2024 and registered by 1 December 2025. Most deaths related to drug poisoning or suicide in England and Wales are certified by a coroner, which results in a delay between the date the death occurred and the date of registration. As a result, there may be some deaths occurring in our study period that had not been registered by 1 December 2025.

2 . Background to the research

The [England and Wales Census 2021](#) asked people about their sexual orientation for the first time. The sexual orientation question was voluntary and was only asked of people aged 16 years and over. This question did not collect any information on gender identity. In this bulletin, LGB+ refers to people who described their sexual orientation as "gay or lesbian", "bisexual", or "other sexual orientation" in Census 2021.

We linked Census 2021 data to Office for National Statistics (ONS) death registrations to investigate how leading causes of death and rates of death differed by sexual orientation in England and Wales between 21 March 2021 (Census Day) and 30 November 2024. In this analysis, rates were calculated per 100,000 people between 21 March 2021 and 30 November 2024 and were not calculated as annual rates. Information on how we defined causes of death can be found in [Section 8: Glossary](#). Causes of death were analysed independently.

We have published rates of self-harm and suicide by sexual orientation for the study period March 2021 to December 2023 in our [Self-harm and suicide by sexual orientation, England and Wales bulletin](#).

In this bulletin, we present rates for England and Wales combined. The [accompanying dataset](#) includes rates, rate ratios for Wales and regions of England, as well as breakdowns by:

- age group
- sex
- rural or urban classification
- ethnic group
- country of birth
- main language
- religion
- relative area deprivation
- highest level of qualification (for people aged 25 years and over)
- National Statistics Socio-economic Classification (NS-SEC)
- household size
- household tenure
- economic activity
- self-reported general health
- self-reported disability status
- residence type

The accompanying dataset also includes leading causes of death by sex, age group and sexual orientation.

We cannot say from this descriptive analysis why rates of death for people who identify as LGB+ differ to those for people who identify as straight or heterosexual. It is not possible to say whether sexual orientation is a causal risk factor for increased mortality risk.

3 . Rates of death from any cause by sexual orientation

Between 21 March 2021 and 30 November 2024, 835,170 people in our linked study population (2.9% of the study total) died from any cause in England and Wales. Of these, 10,860 (1.3%) identified with an LGB+ orientation ("gay or lesbian", "bisexual" or "other sexual orientation") in Census 2021 and 824,310 (98.7%) identified as straight or heterosexual.

Risk of death from any cause during the study period was estimated to be 1.3 times greater for people identifying with an LGB+ orientation, compared with straight or heterosexual. The age-standardised rate was 982.8 per 100,000 people for the LGB+ population and 752.6 per 100,000 people for the straight or heterosexual population.

Males had higher age-standardised rates of death from any cause than females overall, with age-standardised rates of 905.9 per 100,000 people for males and 629.0 per 100,000 people for females. Females experienced a 1.3 times higher risk of death from any cause if they identified as LGB+, compared with 1.2 times higher risk for males identifying as LGB+. The age-standardised rate for females was 784.7 per 100,000 people for the LGB+ population and 623.6 per 100,000 people for the straight or heterosexual population. The age-standardised rate for males was 1,121.8 per 100,000 people for the LGB+ population, compared with 897.9 per 100,000 people for the straight or heterosexual population.

Age-standardised rates of death from any cause were highest for the older age groups. These were 100.4 per 100,000 people aged 16 to 24 years and 8,060.1 per 100,000 people aged 65 years and over. We found an increased risk of death from any cause for those identifying with an LGB+ orientation across all age groups during the study period, compared with their straight or heterosexual counterparts. The relative increase in risk was highest (1.6 times higher) in those aged 25 to 34 years, with an age-standardised rate of 235.2 per 100,000 people for the LGB+ group and 148.2 per 100,000 people for the straight or heterosexual group.

Figure 1: People aged 25 to 34 years identifying as LGB+ had the largest relative increase in risk of death from any cause, compared with straight or heterosexual

Age-standardised rates of death from any cause per 100,000 people aged 16 years and over by sexual orientation, sex and age group, England and Wales, 21 March 2021 to 30 November 2024

Notes

1. LGB+ includes those who answered "gay or lesbian", "bisexual", or "other sexual orientation" to the Census 2021 sexual orientation question.
2. Age-standardised rates are expressed per 100,000 people. They are standardised to the age distribution of the observed study population identifying with an LGB+ orientation in Census 2021.
3. The error bars are 95% [confidence intervals](#).
4. All calculations are based on estimates rounded to the nearest multiple of five.
5. These results are based on those aged 16 years and over who answered the sexual orientation question in Census 2021, completed the census questionnaire themselves, and could be linked to an NHS number.

Sociodemographic groups with the largest relative increases in risk of death from any cause for the LGB+ population, compared with the straight or heterosexual population, included people:

- living in less deprived areas
- living in rural areas
- born in the UK
- with English as their main language
- in good health
- not limited by a disability

All statistical results are available in the [accompanying dataset](#).

4 . Rates of alcohol-specific death by sexual orientation

There were 13,740 alcohol-specific deaths in our linked study population (0.05% of the study total) between 21 March 2021 and 30 November 2024 in England and Wales. Of these, 570 (4.1%) identified with an LGB+ ("gay or lesbian", "bisexual" or "other sexual orientation") orientation and 13,170 (95.9%) identified as straight or heterosexual.

The risk of alcohol-specific death was 1.8 times higher in those identifying with an LGB+ orientation, compared with those identifying as straight or heterosexual within our study period. The age-standardised rate was 51.8 per 100,000 people for the LGB+ group, compared with 29.5 per 100,000 people in the straight or heterosexual group.

Males had a higher rate of alcohol-specific death than females overall, with age-standardised rates of 39.7 per 100,000 people and 22.1 per 100,000 people, respectively. Females identifying as LGB+ had a 1.5 times higher risk compared with their straight or heterosexual counterparts, with an age-standardised rate of 33.1 per 100,000, compared with 21.8 per 100,000 people, respectively. The risk was greater for males, with a 1.8 times higher risk of alcohol-specific death in those identifying as LGB+. The age-standardised rate was 67.6 per 100,000 people in the LGB+ group, compared with 38.5 per 100,000 people for those identifying as straight or heterosexual.

Age-standardised rates of alcohol-specific death were highest for individuals aged 55 to 64 years overall, with a rate of 88.0 per 100,000 people. There was an increased risk of alcohol-specific death across all age groups for those identifying as LGB+, compared with those identifying as straight or heterosexual. This is except for those aged 16 to 24 years, where there was larger uncertainty because of small counts of alcohol-specific deaths. The risk of alcohol-specific death was highest (2.2 times higher) for those aged 25 to 34 years identifying as LGB+, compared with their straight or heterosexual counterparts. The age-standardised rate was 21.2 per 100,000 people in the LGB+ group, compared with 9.7 per 100,000 people in the straight or heterosexual group. We found higher age-standardised rates for alcohol-specific deaths in the LGB+ group, compared with the straight and heterosexual group across all age groups, except for those aged 16 to 24 years where rates were equal at 1.2 per 100,000 people.

Figure 2: Males identifying as LGB+ had a larger relative increase in risk of alcohol-specific death than females identifying as LGB+, compared with straight or heterosexual

Age-standardised rates of alcohol-specific death per 100,000 people aged 16 years and over by sexual orientation, sex and age group, England and Wales, 21 March 2021 to 30 November 2024

Notes

1. LGB+ includes those who answered "gay or lesbian", "bisexual", or "other sexual orientation" to the Census 2021 sexual orientation question.
2. Age-standardised rates are expressed per 100,000 people. They are standardised to the age distribution of the observed study population identifying with an LGB+ orientation in Census 2021.
3. The error bars are 95% [confidence intervals](#).
4. All calculations are based on estimates rounded to the nearest multiple of five.
5. These results are based on those aged 16 years and over who answered the sexual orientation question in Census 2021, completed the census questionnaire themselves, and could be linked to an NHS number.

Sociodemographic groups with the largest relative increases in risk of alcohol-specific death for the LGB+ population, compared with the straight or heterosexual population, included people:

- living in less deprived areas
- with higher level qualifications
- born in the UK
- in good health
- not limited by a disability

All the statistical results are available in the [accompanying dataset](#).

5 . Rates of drug-poisoning death by sexual orientation

There were 6,605 drug-poisoning deaths in our linked study population (0.02% of the study total) between 21 March 2021 and 30 November 2024 in England and Wales. Of these, 635 (9.6%) identified with an LGB+ ("gay or lesbian", "bisexual" or "other sexual orientation") orientation and 5,970 (90.4%) identified as straight or heterosexual.

The risk of death related to drug poisoning was 2.8 times higher in those identifying as LGB+, compared with their straight or heterosexual counterparts within our study period. The age-standardised rates of drug-poisoning death for the LGB+ group were 57.5 per 100,000 people and for the straight or heterosexual group were 20.6 per 100,000 people.

Males had a higher rate of death related to drug poisoning than females, with age-standardised rates of 30.1 per 100,000 people and 16.0 per 100,000 people, respectively. There was a 3.5 times higher risk of death related to drug poisoning for females identifying as LGB+. The age-standardised rate was 50.2 per 100,000 people for females identifying as LGB+, compared with 14.3 per 100,000 people for females identifying as straight or heterosexual. There was a 2.4 times higher risk for males identifying as LGB+, compared with males identifying as straight or heterosexual. The age-standardised rate was 67.1 per 100,000 people for those identifying as LGB+, compared with 28.2 per 100,000 people for those identifying as straight or heterosexual.

Individuals aged 45 to 54 years had the highest rates of death related to drug poisoning, with an age-standardised rate of 37.3 per 100,000 people. There was an increased risk of death related to drug poisoning for those identifying as LGB+ across all age groups, compared with those in the straight or heterosexual group. The risk of drug-poisoning death was highest in those aged 55 to 64 years, and 65 years and over (3.4 times higher risk). For individuals aged 55 to 64 years, the age-standardised rate of drug-poisoning death was 70.5 per 100,000 people for the LGB+ group and 20.8 per 100,000 people for the straight or heterosexual group. For individuals aged 65 years and over, the age-standardised rate of drug-poisoning death was 41.8 per 100,000 people for the LGB+ group and 12.3 per 100,000 people for the straight or heterosexual group.

Figure 3: Females identifying as LGB+ had a larger relative increase in risk of drug-poisoning death than males identifying as LGB+, compared with straight or heterosexual

Age-standardised rates of drug-poisoning death per 100,000 people aged 16 years and over by sexual orientation, sex and age group, England and Wales, 21 March 2021 to 30 November 2024

Notes

1. LGB+ includes those who answered "gay or lesbian", "bisexual", or "other sexual orientation" to the Census 2021 sexual orientation question.
2. Age-standardised rates are expressed per 100,000 people. They are standardised to the age distribution of the observed study population identifying with an LGB+ orientation in Census 2021.
3. The error bars are 95% [confidence intervals](#).
4. All calculations are based on estimates rounded to the nearest multiple of five.
5. These results are based on those aged 16 years and over who answered the sexual orientation question in Census 2021, completed the census questionnaire themselves, and could be linked to an NHS number.

Sociodemographic groups with the largest relative increases in risk of drug-poisoning death for the LGB+ population, compared with the straight or heterosexual population, included people:

- living in less deprived areas
- with higher level qualifications
- born outside the UK
- in good health
- not limited by a disability

All the statistical results are available in the [accompanying dataset](#).

6 . Leading causes of death

Ischaemic heart diseases were the leading cause of death within our study period for people identifying as straight or heterosexual and for those identifying as LGB+. However, the top five leading causes of death differed between the two groups. One reason for this will be the younger age distribution of the LGB+ group (mean age 35.6 years), compared with the straight or heterosexual group (mean age 48.6 years).

The top five leading causes of death for those identifying as LGB+ were:

- ischaemic heart diseases (11.9 %)
- intentional self-harm and events of undetermined intent (7.1%)
- malignant neoplasm of trachea, bronchus and lung (5.4%)
- cirrhosis and other diseases of liver (5.3%)
- accidental poisoning (4.5%)

The top five leading causes of death for those identifying as straight or heterosexual were:

- ischaemic heart diseases (10.7%)
- dementia and Alzheimer's disease (7.9%)
- malignant neoplasm of trachea, bronchus and lung (5.9%)
- chronic lower respiratory diseases (5.3%)
- cerebrovascular diseases (4.8%)

When looking at the leading causes of death by age group, death by suicide (intentional self-harm and events of undetermined intent) were present in the top 10 leading causes of death for all age groups (except in those aged 65 years and over) for those identifying as LGB+.

Death by suicide was the leading cause of death for both the LGB+ population and their heterosexual counterparts in the younger age groups. However, the proportions of deaths due to suicide were markedly higher in those identifying as LGB+:

- 45.3% of those aged 16 to 24 years identifying as LGB+, compared with 26.6% identifying as straight or heterosexual
- 29.6% of those aged 25 to 34 years identifying as LGB+, compared with 18.4% identifying as straight or heterosexual
- 14.3% of those aged 35 to 44 years identifying as LGB+, compared with 9.8% identifying as straight or heterosexual

All the statistical results are available in the [accompanying dataset](#).

7 . Data on all-cause and cause-specific mortality by sexual orientation, England and Wales

[All-cause and cause-specific mortality by sexual orientation, England and Wales: March 2021 to November 2024](#)

Dataset | Released 13 January 2025

Leading causes of death and all-cause and cause-specific mortality rates per 100,000 people by sexual orientation, broken down by Census 2021 characteristics.

8 . Glossary

Age-standardised rate

Age-standardised rates allow comparisons between populations that contain different proportions of people of different ages.

In this analysis, age-standardised rates were calculated as the weighted sum of age-specific rates per 100,000 people in five-year age bands. Rates for the whole study population (those identifying as straight or heterosexual and those identifying with an LGB+ orientation) were standardised using age-specific weights representing the age distribution of the observed LGB+ study population (which has a younger age distribution than the general population in England and Wales) for comparison. The reported age-standardised rates for the straight or heterosexual group therefore represent the estimated rate if this group had the same age distribution as the LGB+ group.

Breakdowns by age group were for:

- those aged 16 to 24 years
- those aged 25 to 34 years
- those aged 35 to 44 years
- those aged 45 to 54 years
- those aged 55 to 64 years
- those aged 65 years and over

Rates were age-standardised within each age group as the weighted sum of age-specific rates per 100,000 people in five-year age bands.

Alcohol-specific death

In this release, alcohol-specific death includes all deaths with an underlying cause of death code E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, or Y15 from the [World Health Organisation's \(WHO\) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision \(ICD-10\)](#). We measured deaths that occurred between 21 March 2021 and 30 November 2024 and were registered by 1 December 2025.

This bulletin uses the National Statistics definition of alcohol-specific deaths. This includes those health conditions where each death is a direct consequence of alcohol misuse (that is, wholly attributable deaths). More details can be found in our [Alcohol-specific deaths in the UK quality and methodology information \(QMI\)](#).

Death from any cause

Death from any cause includes all deaths that occurred between 21 March 2021 and 30 November 2024 and were registered by 1 December 2025.

Drug-poisoning death

In this release, drug-poisoning death includes all deaths with an underlying cause of death code F11-F16, F18-F19, X40-X44, X60-X64, X85, or Y10-Y14 from the WHO's ICD-10 that occurred between 21 March 2021 and 30 November 2024 and were registered by 1 December 2025.

Drug-poisoning deaths involve a broad spectrum of substances, including:

- controlled and non-controlled drugs
- prescription medicines (either prescribed to the individual or obtained by other means)
- over-the-counter medications

Figures include deaths from drug abuse and dependence, accidents and suicides involving drug poisonings, and complications of drug abuse, such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock or accidents caused by an individual being under the influence of drugs. More details of the drug-poisoning definition can be found in our [Deaths related to drug poisoning in England and Wales QMI](#).

Leading causes of death

The Office for National Statistics (ONS) determines the [leading causes of death](#) using a detailed list based on one developed by the World Health Organization (WHO). This list uses more specific groupings than the broad group level, splitting causes such as cancer and circulatory diseases into different subtypes. The aim of this is to provide policymakers with enough detail to generate appropriate health policies and interventions.

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in the [Mortality statistics in England and Wales QMI](#) and the [User guide to mortality statistics](#).

Rate ratio

Ratios of age-standardised rates were calculated as:

$$\frac{\textit{Rate for the "LGB +" group}}{\textit{Rate for the "straight or heterosexual" group}}$$

Rate ratios represent relative differences in risk of death for the LGB+ group, compared with the straight or heterosexual group. Ratios larger than 1 indicate greater risk in the LGB+ group. Ratios smaller than 1 indicate greater risk in the straight or heterosexual group.

Rate ratios were also separately calculated for each of the detailed LGB+ groups ("gay or lesbian", "bisexual" and "other sexual orientation"), each compared with the straight or heterosexual group. We calculated 95% confidence intervals for the rate ratios through simulation, using the standard errors for the age-standardised rates.

Sexual orientation

Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour. For an individual Census 2021 respondent, these may not be the same. For example, someone in an opposite-sex relationship may also experience same-sex attraction, and vice versa. This means the statistics should be interpreted purely as showing how people responded to the census question, rather than necessarily being about whom they are attracted to or their actual relationships.

The sexual orientation groups included in this release are "straight or heterosexual", "gay or lesbian", "bisexual" and "other sexual orientation".

9 . Data sources and quality

Data sources

We used anonymised data from [Census 2021](#) as our population base. Census 2021 data were linked to NHS numbers in the [NHS Personal Demographics Service \(PDS\) 2019](#), with a linkage rate of 94.6%. More information about Census 2021 linkage to the PDS is available in our [Census 2021 to PDS linkage report](#). To adjust for non-linkage to the NHS PDS, we derived post-stratification weights by sexual orientation, age group, sex, region, and ethnic group, which were applied throughout the analysis.

Census 2021 data were then linked to the Office for National Statistics (ONS) death registrations by NHS number, covering deaths occurring between 21 March 2021 and 30 November 2024 and registered by 1 December 2025. We were able to link 90.2% of deaths in the ONS death registrations to the NHS PDS.

Inclusion criteria

Individuals were included in our study population if they had a record in the Census 2021 dataset and had a valid NHS number linked to their Census ID. The population was then restricted to individuals who:

- were aged 16 years and over on Census Day (21 March 2021)
- were either alive at the end of study (30 November 2024) or died between 21 March 2021 and the end of the study
- answered the sexual orientation question in Census 2021
- completed the census questionnaire themselves (not by proxy)

Of Census 2021 respondents aged 16 years and over, 92.5% answered the question on sexual orientation and the remaining 7.5% chose not to answer. Approximately 30% of responses to Census 2021 were given by proxy.

Our final study population comprised 28,659,465 individuals (59.0% of all people aged 16 years and over in Census 2021) who:

- answered the sexual orientation question in Census 2021
- completed the census questionnaire themselves
- could be linked to the NHS PDS

During the study period, we identified:

- 835,170 deaths from any cause
- 13,740 alcohol-specific deaths
- 6,605 drug-poisoning deaths
- 265,935 deaths from cancers
- 205,185 deaths from cardiovascular diseases

More information can be found in the sample flow in our [accompanying dataset](#).

In our linked study population, 27,554,145 people (96.1%) identified as straight or heterosexual and 1,105,325 people (3.9%) identified as LGB+ ("gay or lesbian", "bisexual" or "other sexual orientation"). Within the LGB+ population, 524,585 people described themselves as gay or lesbian, 457,520 people described themselves as bisexual, and 123,220 people selected "other sexual orientation".

For comparison, of the 92.5% of people who chose to answer the sexual orientation question in the full Census 2021 dataset, 96.6% of people identified as straight or heterosexual and 3.4% of people identified as LGB+.

All sociodemographic variables included in the analyses were self-reported in Census 2021.

In this release, we analysed how leading causes of death, deaths from any cause, alcohol-specific deaths, drug-poisoning deaths, deaths from cancers, and deaths from cardiovascular diseases differ by sexual orientation. These outcomes were chosen based on user needs. We have the potential to look at further causes of death in the future should the user need be there.

We have published rates of self-harm and suicide by sexual orientation for the study period March 2021 to December 2023 in our [Self-harm and suicide by sexual orientation, England and Wales bulletin](#).

Follow-up

Individuals were followed up from 21 March 2021 (Census Day) to 30 November 2024, unless they died during this period (in which case, they were followed up to date of death).

Strengths and limitations

The main strength of this analysis is the use of a population-level linked dataset, covering all usual residents of England and Wales aged 16 years and over who answered the sexual orientation question in Census 2021, completed the census questionnaire themselves, and could be linked to an NHS number.

The census provides high-quality information about characteristics such as sexual orientation, socioeconomic classification, self-reported ethnicity, and general health. Census 2021 covered an estimated 97% of the population. It is therefore the most representative data source available to produce statistics about the population living in England and Wales.

However, not all people living in England and Wales in March 2021 were enumerated at Census 2021 (for example, because of non-response). Of those who were, not all could be linked to an NHS number by the PDS. To mitigate against linkage bias, we derived post-stratification weights by sexual orientation, age group, sex, region, and ethnic group, which were applied throughout the analysis. Quality considerations, along with the strengths and limitations of Census 2021 more generally, can be found in our [Quality and methodology information \(QMI\) for Census 2021](#).

We excluded proxy responses from our study population to mitigate against possible respondent bias in reporting of sexual orientation. However, this may increase bias in responses to other ways, because there are higher proportions of proxy responses in some sociodemographic groups, for example those in bad health and those with lower-level qualifications. To check robustness of our findings, we included proxy responses in a sensitivity analysis and found that trends remained similar.

We are currently limited in available death registrations data from after 2021 when broken down by sociodemographic groups, and not all differences were found to be statistically significant.

Uncertainty

Our [Uncertainty and how we measure it](#) guidance explains the different measures of uncertainty for users. This includes information on [standard errors, confidence intervals](#) and [statistical significance](#). View more information on [how we measure and communicate uncertainty for our surveys](#).

10 . Related links

[Sexual orientation, UK: 2024](#)

Bulletin | Released 9 December 2025

Sexual orientation in the UK in 2024 by age, sex, marital status, and country, using data from the Annual Population Survey (APS). These are official statistics in development.

[Deaths registered in England and Wales: 2024](#)

Bulletin | Updated 9 October 2025

Registered deaths by age, sex, selected underlying causes of death and the leading causes of death. Contains death rates and death registrations by area of residence and single year of age.

[Self-harm and suicide by sexual orientation, England and Wales: March 2021 to December 2023](#)

Bulletin | Released 9 April 2025

A population-level analysis of rates of intentional self-harm and suicide by sexual orientation for people aged 16 years and over in England and Wales.

[The top 10 causes of death](#)

External webpage | Updated 7 August 2024

The World Health Organization (WHO) provides data on the leading causes of death in the world.

[Sexual orientation, England and Wales: Census 2021](#)

Bulletin | Released 6 January 2023

The sexual orientation of usual residents aged 16 years and over in England and Wales, Census 2021 data.

[Sexual orientation and gender identity quality information for Census 2021](#)

Methodology | Last revised 8 April 2025

Known quality information affecting sexual orientation and gender identity data from Census 2021 in England and Wales to help users correctly interpret the statistics.

[Sexual orientation variable: Census 2021](#)

Article | Released 4 January 2023

Definition of sexual orientation, categories, and changes since the 2011 Census for use with research and analysis using Census 2021 data.

11 . Cite this statistical bulletin

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