ScotPHO Suicide Statistics Publication – released August 2016.

NOTE: This is an Archive Report of the content of the Suicide Statistics web pages on the ScotPHO website, as updated in August 2016. Links, interactive tables and related excel files have been removed.

For the most up to date release in its full form, go to the ScotPHO suicide page. Please direct any enquires to scotpho@nhs.net.

Suicide: key points

There were 696 suicides (deaths from intentional self-harm and events of undetermined intent combined) registered in Scotland in 2014, compared to 795 in 2013. These figures are based on the new coding rules introduced by the National Records of Scotland (NRS). The corresponding estimates based on the old coding rules (see note below) are 659 suicides in 2014 and 746 in 2013.

- The welcome declining trend in suicide rates in recent years appears to be continuing.
- In 2014, the suicide rate for males was more than two-and-a-half times that for females.
- In 2010-14, the suicide rate was more than three times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (24.5 deaths per 100,000 population compared to 7.5).
- While suicide rates are strongly related to deprivation level, this difference or inequality has decreased between 2001-05 and 2010-14.
- The suicide rate varies between different areas within Scotland and fluctuates over time. In 2010-14, the rates in Ayrshire and Arran NHS Board, and the local authority areas of Aberdeenshire, East Renfrewshire, Perth and Kinross, and South Ayrshire, were all significantly low compared to Scotland overall. Highland and Inverclyde Local Authorities were significantly higher than Scotland overall.
- Although Scotland appears to have had a higher suicide rate than the UK overall since the early 1990s, this comparison is influenced by differences in data recording practices between countries.

Note: In 2011, NRS changed their coding rules for certain causes of death. Some deaths previously coded under 'mental and behavioural disorders' are now classed as 'self-poisoning of undetermined intent' and consequently are classified as suicides.

To navigate between pages in this section, use the Suicide part at the bottom of the left-hand menu bar.

Section updates:

The last major update of this section, adding data on suicides registered in 2014, was completed in August 2015. (Please see the Suicide Statistics technical paper (section 5) for details of changes in methodology for this update.)

The next major update, adding suicides registered in 2015, is due in August 2016.

Contacts:

Dr Alison Burlison
Principal Information Analyst
Alison.Burlison@nhs.net
Tel: 0131 275 6216

Chris Deans
Information Analyst
ChrisDeans@nhs.net
Tel: 0131 314 1749

This is an Official Statistics Publication for Scotland produced by Information Services Division (ISD) on behalf of ScotPHO. See the ISD About Our Statistics web page for further information on ISD and Official Statistics.

User engagement:

ScotPHO and ISD are keen to seek the views of users of health statistics in Scotland in order to improve their quality, value, accessibility and impact. A joint engagement event was arranged in 2014 with ISD, UK Statistics Authority and health statistics users (see the full report (1Mb)).

ScotPHO welcomes feedback on the information included in this update and its presentation; please email us at scotpho@nhs.net.

Page last updated: 23 June 2016

Suicide: introduction

Suicide is a leading cause of death in Scotland among people aged 15-34 years. In 2013, suicide accounted for 30% of all male deaths in this age group (170 out of 565 deaths), and 16% of all female deaths (40 out of 255 deaths).

Many factors put individuals at risk of suicide, with four key groups of risk factors identified:

- risks and pressures within **society**, including poverty and inequalities, access to methods of suicide, prevalence of alcohol problems and substance misuse, and changing trends in society such as marital breakdown
- risks and pressures within **communities**, including neighbourhood deprivation, social exclusion, isolation, and inadequate access to local services
- risks and pressures for **individuals**, including sociodemographic characteristics, previous deliberate self-harm, lack of care, treatment and support towards recovery from serious mental illness, loss (e.g. bereavement or divorce), and experience of abuse
- quality of response from **services**, including insufficient identification of those at risk.

The relationship between these factors is complex and the 2002 Choose Life strategy and action plan states that such factors should not be addressed in isolation. The Suicide Prevention Strategy 2013-16 acknowledged that "there is a broader focus of activities not directly related to suicide prevention but which, if taken forward effectively, contributes to reducing the overall rate of suicide. Activities within this broader focus include building resilience and mental and emotional wellbeing in schools and in the general population; work to reduce inequality, discrimination and stigma; the promotion of good early years services; and work to eradicate poverty. All of this work is undertaken in a context of being vigilant about improving mental health, about supporting people who experience mental illness - and about preventing suicide."

The epidemiology of suicide in Scotland 1989-2004 examines temporal trends and risk factors.

Risk and Protective Factors for Suicide and Suicidal Behaviour is a systematic international literature review of review-level data on suicide risk factors and primary evidence of protective factors against suicide.

Please note that when analysing suicide data, it is conventional to combine deaths by intentional self-harm with deaths of undetermined intent, and this is what is done in this section. We refer to the data as 'suicides' but the term 'probable suicides' may also be used to acknowledge the inclusion of deaths of undetermined intent.

Page last updated: 23 June 2016

Suicide: policy context

In 2013, the new Suicide prevention strategy 2013-2016 was published by the Scottish Government, setting out commitments aimed at continuing to reduce the number of suicides in Scotland, based on emerging evidence on factors which can be associated with suicide. It stated that: "The World Health Organization has adopted a global target that suicides will be reduced by 10% by 2020. During the period of this strategy, we want to continue the downward trend in the rate of suicide in Scotland and make progress towards the WHO target."

One of the five key themes of the strategy is developing the evidence base, and it acknowledges the role of the Scottish Suicide Information Database (ScotSID) which links records of deaths from suicide with expanded information on demographics and prior contact with a range of health services.

Previous key policy documents include:

- The Scottish Government's Choose Life strategy and action plan, launched in 2002. This ten-year action plan included the target of reducing the suicide rate in Scotland by 20% by 2013, and a wide range of actions were implemented to support people at risk of suicide. Progress towards the target was measured using 3-year rolling rates, and between 2000-02 and 2011-13 there was an overall decrease of 19%.
- The 2009 report 'Refreshing the National Strategy and action plan to prevent suicide in Scotland'. This acknowledged the progress that had been made, but broadened the approach to include a greater focus on action to reduce suicide in clinical services, including in general practice, mental health and substance misuse services.
- The 2012 Mental health strategy. This set out the Scottish Government's commitments regarding mental health improvement, services and recovery, to ensure delivery of effective, high quality care and treatment for people with a mental illness, their carers and families. Many of the commitments will contribute towards prevention and the long-term reduction in the number of suicides in Scotland.

Page last updated: 23 June 2016

Suicide: data introduction

Table 1 shows the dimensions and geographies for which suicide data are available.

Table 1: Data availability for Scotland

	Data presented? (Y=yes; N=no)
Data dimensions/geographies	**Mortality**
By **gender**	Y
By **age group**	Y
By **deprivation group**	Y
By **NHS board** area	Y
By **local authority** area	Y
Time trend	Y
National target	Y
Comparison with **UK/GB**	Y
International comparison	Y

Note also that our Community Health & Wellbeing Profiles include data on suicides, and comparisons can be made across a wide range of geographies in Scotland.

Contacts:

Dr Alison Burlison
Principal Information Analyst
Alison.Burlison@nhs.net
Tel: 0131 275 6216

Chris Deans
Information Analyst
ChrisDeans@nhs.net
Tel: 0131 314 1749

An Official Statistics Publication for Scotland produced by Information Services Division (ISD) on behalf of ScotPHO. See the ISD About Our Statistics web page for further information on ISD and Official Statistics.

Page last updated: 23 June 2016

Suicide: Scottish trends

In 2014, 696 suicides were registered in Scotland (497 males and 199 females), compared to 795 (611 males, 184 females) registered in 2013. Following convention, these numbers include deaths coded to 'intentional self-harm' and to 'events of undetermined intent'. These figures are based on the new coding rules (see Suicide Statistics technical paper, section 5). National Records of Scotland (NRS) estimate that under the old coding rules, the total would have been 659 suicides (467 males and 192 females) for 2014, and 746 (570 male, 176 females) for 2013. Note that figures based on the old coding rules are used in analysing time trends, for consistency with figures for years before 2011.

Overview and gender trends

Chart 1 (view chart) shows trends in annual suicide rates in Scotland over the past 33 years, for persons, males and females. Based on the old coding rules, in 2014 the overall European age-sex-standardised rate (EASR) was 12.6 deaths per 100,000 population, an apparent, but not statistically significant, decrease compared to the 2013 figure (14.3 per 100,000). The rate peaked at 18.2 deaths per 100,000 population in 1993 and 18.0 per 100,000 in 2002.

The chart shows that the EASR for males was 21.7 deaths per 100,000 in 1982, compared to 18.2 in 2014 (old coding rules). There was a general increase in the 1990s and a general decrease in recent years. For females, rates have tended to decrease from 10.7 deaths per 100,000 in 1982 to 6.9 per 100,000 in 2014. In 2014, the suicide rate for males was over two-and-a-half times that for females.

For comparison, 2014 EASRs based on the new coding rules are included in the downloadable file Suicide Scotland overview (112KB). The rates are: 13.3 deaths per 100,000 population for persons, 19.3 for males and 7.2 for females. The figures are higher than for the old coding, but the gender split is similar.

For ease of reference, this file includes time trends for annual numbers of deaths and crude rates (by age band) and EASRs (all ages) for persons, males and females; and trends for 5-year rolling average EASRs (all ages) for persons, males and females.

Targets

The Suicide prevention strategy 2013-2016 stated that: "The World Health Organization has adopted a global target that suicides will be reduced by 10% by 2020. During the period of this strategy, we want to continue the downward trend in the rate of suicide in Scotland and make progress towards the WHO target." So far, modest progress in Scotland is indicated by the most recent (2014) suicide rate.

The previous target for Scotland was to reduce the suicide rate by 20% between 2000-02 and 2011-13 (old coding rules), and a 19% fall was achieved overall (21% for males and 14% for females).

Suicide coding categories

In this publication suicide is defined as a death resulting from either intentional self-harm or an event of undetermined intent. Chart 2 (view chart) presents the trends in annual EASRs over the last 33 years for intentional self-harm and events of undetermined intent separately (using old coding rules). The general pattern of a rise then a decline over the period is seen both categories.

Age groups by sex

Chart 3 (view chart) shows age-specific crude suicide rates for males in two five-year time periods twenty years apart: 1990-94 and 2010-14 (old coding rules). Between these two periods, rates have fallen for males of all ages except those aged 35-54, with the highest suicide rate now in males aged 35-44 years. The largest absolute falls in the rates between the two time periods were in the males aged 15-34 and 65-74.

A broadly similar pattern is seen for females, with rates falling for all ages except for those aged 15-24 and 35-54 years (Chart 4) (view chart).The highest rates are now in females aged 35-54 years. The largest absolute falls in the rates between the two time periods were in females aged 65+.

For background information on the use of EASRs, rebased populations and coding changes, please see the Suicide Statistics technical paper (sections 4 and 5).

Page last updated: 23 June 2016

Suicide: by NHS board

This page provides a breakdown of suicides (deaths caused by intentional self-harm and events of undetermined intent) by NHS board area, based on the boundaries at 1 April 2014.

The downloadable file Suicide NHS board overview (478KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1985-89 to 2010-14 (old coding rules), for persons, males and females (Tables 1-3 respectively). In addition, the Annual deaths worksheet presents suicide numbers by NHS board by year, from 1982 to 2014, with the figures from 2011 onwards based on both the old and new coding rules (Table 4). There are also charts of the EASRs for 2010-14. Technical terms and methodology are explained in the file and in the Suicide Statistics technical paper (section 4).

There is considerable fluctuation over time in the EASRs for the NHS board areas. Comparing overall suicide rates in 1985-89 and 2010-14, only Grampian showed a statistically significant change (based on the finding that the 95% confidence intervals for the two time-periods did not overlap), decreasing from 16.6 to 12.8 per 100,000 population.

By the same measure, in 2010-14 the only NHS board to have an overall EASR significantly different from (lower than) Scotland as a whole was Ayrshire and Arran. For males and for females, the rates during 2010-14 were not significantly different in any NHS board to Scotland as a whole.

Further NHS board data (5-year moving average numbers) are available from the vital events reference tables on the National Records of Scotland (NRS) website.

For background information on the use of annual rates, rebased populations and NHS board area geographies, please see the Suicide Statistics technical paper (section 5).

Page last updated: 23 June 2016

Suicide: by local authority

This page provides a breakdown of suicide (deaths from intentional self-harm and events of undetermined intent) by local authority area.

The downloadable file Suicide local authority overview(542KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1985-89 to 2010-14 (old coding rules), for persons, males and females (Tables 1-3). In addition, the Annual deaths worksheet presents suicide numbers by local authority by year, from 1982 to 2014, with the figures from 2011 onwards based on both the old and new coding rules (Table 4). There are also charts of the EASRs for 2010-14. Technical terms and methodology are explained in the file and in the Suicide Statistics technical paper (section 4).

There is considerable fluctuation over time in the EASRs for local authorities. Comparing the overall rates in 1985-89 and 2010-14, only Aberdeenshire and Glasgow City showed a statistically significant change (based on the finding that the 95% confidence intervals for the two time-periods did not overlap), both decreasing over the period.

Several local authorities had a significantly different overall suicide rate in 2010-14 than Scotland as a whole, with Highland and Inverclyde having a significantly higher rate and Aberdeenshire, East Renfrewshire, Perth & Kinross and South Ayrshire having a significantly lower rate.

For males, the suicide rate during 2010-14 was significantly lower for South Ayrshire and significantly higher for Highland and Inverclyde than for Scotland as a whole. For females, East Renfrewshire and Perth & Kinross had a significantly lower suicide rate than Scotland as a whole.

Further local authority data (including 5-year moving average numbers) are available from the vital events reference tables on the National Records of Scotland (NRS) website.

For background information on the use of annual rates and rebased populations, please see the Suicide Statistics technical paper (section 5).

Page last updated: 23 June 2016

Suicide: deprivation

Deaths by suicide (intentional self-harm and events of undetermined intent combined) have been analysed for areas classified by the Scottish Index of Multiple Deprivation (SIMD). Small areas (data zones) were assigned a deprivation score and grouped into deciles (tenths of the population) ranging from 10 = least deprived to 1 = most deprived.

The downloadable file Suicide deprivation overview(348KB) shows suicide numbers, crude rates and European age-standardised rates (EASRs) by SIMD decile, by gender, for two 5-year time periods (2001-05 and 2010-14). Data for 2011 onwards are based on the old coding rules for consistency. Note that the most relevant SIMD release was used for each period; SIMD 2004 for the 2001-05 rates, and SIMD 2012 for 2010-14. Technical terms and methodology are explained in the file and in the Suicide Statistics technical paper (Glossary and sections 4 and 5).

Between the two periods chosen for analysis, the overall suicide rate has declined (see Scottish trends page), and the question is whether this decline affects all deciles, or only some deciles.

Chart 1 in the file shows a strong relationship between deprivation and the overall suicide rate. In each time period, the EASR was over three times higher in the most deprived decile than in the least deprived decile (e.g. in 2010-14, 24.5 deaths per 100,000 population compared with 7.5). There was a similar deprivation pattern for males and females separately (Charts 2 and 3 in the file), although the male rates were higher than the female rates.

Between 2001-05 and 2010-14, the suicide rate fell in nearly every decile for both sexes, although the confidence intervals indicate that most of these falls were not statistically significant.

Table 4 in the file examines changes in inequality in suicide rates between 2001-05 and 2010-14. First comparing the extreme deciles, the absolute difference or inequality has fallen over time for persons (from 23.8 to 17.0 deaths per 100,000 population) and also for both males and females separately. The relative inequality (ratio between extreme deciles) has only reduced appreciably in males (from 4.0 to 3.1).

Inequality measures using all the deciles are less vulnerable to fluctuations due to small numbers. The slope index of inequality (SII), which measures absolute differences, decreased between the two time periods for both sexes. The relative index of Inequality (RII), which measures relative differences, also showed slight decreases. More information on the SII and RII can be found in the Suicide Statistics technical paper (Glossary and section 4).

In conclusion, there is evidence that between 2001-05 and 2010-14 (two periods either side of the economic recession), the inequalities in suicide rates in Scotland associated with deprivation have decreased in both absolute and relative terms for males, and in absolute terms for females.

Page last updated: 23 June 2016

Suicide: in the UK

Mortality rates from suicide (intentional self-harm and events of undetermined intent combined) are calculated separately for each country in the UK; by the Office for National Statistics (ONS) for England and Wales; by the Northern Ireland Statistics and Research Agency (NISRA) for Northern Ireland; and by National Records of Scotland (NRS) for Scotland. Rates for the UK as a whole are compiled by the Office for National Statistics.

The downloadable file Suicides UK comparison(849KB) compares the suicide EASRs for Scotland for the years 1982 to 2014, to the nearest equivalent figures available up to 2013 for the UK and England & Wales (sourced from the ONS bulletin Suicides in the United Kingdom, 2013). The most comparable figures are those based on the new coding rules (but the Scotland rates based on the old coding rules are also presented). The EASRs for persons, males and females are given with 95% confidence intervals in Tables 1 to 3, while Charts 1 and 2 provide a visual comparison.

Chart 1 suggests that the overall suicide rate has been significantly higher in Scotland than either the UK or England and Wales since the early 1990s, although the gap has narrowed over recent years. In Chart 2, a similar pattern is seen for the separate male and female rates. In 2013, the UK rate for males was 19.0 per 100,000 population compared with 23.7 for Scotland, while for females the rate was 5.1 per 100,000 for the UK and 6.7 for Scotland (all based on new coding rules).

Please note that some caution is needed in drawing firm conclusions from these data, as there are differences in the criteria for the data shown for the different countries. For instance, the rates for England and Wales are for ages 15 and over, and are age-standardised. By contrast, the Scotland rates are for all ages, include a slightly more comprehensive group of cause of death ICD10 codes, and the persons rate is age-sex-standardised. These differences increase the Scotland rates slightly compared to England and Wales and the UK.

In addition, procedural differences in England and Wales will influence the comparison. Unlike Scotland, in England and Wales, whether a death due to injury is classified as intentional or accidental depends on information provided by coroners. Narrative verdicts from coroners often do not provide information on whether the injuries were due to intentional self-harm, were accidental or were of undetermined intent. In these circumstances, coding rules mean that classification of the death defaults to 'accidental', and therefore suicides may be underestimated in England and Wales (and therefore also the UK). For further details please see Gunnell et al and the ONS bulletin Suicides in the United Kingdom, 2013 registrations .

Page last updated: 23 June 2016

Suicide: international

International mortality rates from suicide (not including undetermined intent) are published annually by the Organisation for Economic Co-operation and Development (OECD) in their Health at a Glance report. This allows comparisons between the UK and other OECD countries, and shows that the UK rate is lower than the OECD average.

International mortality rates from suicide (not including undetermined intent) are also included in the Scotland and European Health for all Database. This allows comparisons between Scotland, the UK and other European countries. The Scotland rate has been lower than the EU average from the 1980s up to 1997, then around the EU average in recent years.

However, when analysing suicide data, it is conventional to combine deaths by intentional self-harm with deaths of undetermined intent as it is believed that the overwhelming majority of 'undetermined' deaths are probable suicides. This is particularly necessary when comparing data from different countries as differing legal arrangements and social/religious attitudes may lead to different proportions of likely suicides being assigned to these two groups. In England and Wales, for example, all possible suicides are subject to a public inquest in a coroner's court. Before returning a verdict of suicide, the coroner will require proof 'beyond all reasonable doubt'. Many possible suicides end up as 'open' verdicts and are subsequently included in the mortality statistics for England and Wales as 'undetermined' deaths.

Page last updated: 23 June 2016

Suicide: mental illness

The National Confidential Inquiry (NCI) into Suicides and Homicides by People with Mental Illness collects UK data on suicides and homicides by people under the care of psychiatric services (defined as those who have had service contact within the previous year). The NCI is a research project funded by the National Patient Safety Agency (NPSA), the Scottish Government and Department of Health and Social Services in Northern Ireland.

The NCI reports that approximately one quarter of people who died by suicide in England, Wales, Scotland and Northern Ireland had been in contact with mental health services in the year before death. You can view the most recent reports on the NCI website.

ISD's Scottish Suicide Information Database Report 2014 presents results from the Scottish Suicide Information Database (ScotSID) on deaths from suicide registered in Scotland from 2009. It includes expanded information on demographics and prior contact with a range of health services, including outpatient and inpatient mental health services and prescribing in the community for mental health drugs.

Information on mental health is available on the Mental Health section of the ScotPHO website.

Page last updated: 23 June 2016

Suicide: key data sources

The National Records of Scotland (NRS) (formerly GROS) compiles the official statistics on suicides (deaths caused by intentional self-harm and events of undetermined intent) in Scotland.

The Office for National Statistics (ONS) compiles the suicide data for England and Wales and the UK.

The Northern Ireland Statistics & Research Agency (NISRA) collects the suicide data for Northern Ireland.

The Central Statistics Office Ireland compiles the data for the Republic of Ireland.

When considering suicide data, it is conventional to combine deaths by intentional self-harm with deaths of undetermined intent as it is believed that the overwhelming majority of 'undetermined' deaths are probable suicides. This is particularly necessary when comparing data from different countries as differing legal arrangements and social/religious attitudes may lead to different proportions of likely suicides being assigned to these two groups.

In England and Wales, for example, all possible suicides are subject to a public inquest in a coroner's court. Before returning a verdict of suicide, the coroner will require proof 'beyond all reasonable doubt'. Many possible suicides end up as 'open' verdicts and are subsequently included in the mortality statistics for England and Wales as 'undetermined' deaths.

It is advisable to exclude those data classified as 'pending investigation' (i.e ICD-9 E988.8 and ICD-10 Y33.9) as these codes are used in England and Wales in cases where a coroner adjourns an inquest awaiting prosecution of a third party, with a large proportion subsequently found to be homicides.

For further information on the classification of deaths in Scotland see the Overview of key data sources section.

Page last updated: 23 June 2016

Suicide: key references and evidence

Suicide Statistics technical paper for these web pages

Burlison A, Deans C. Suicide Statistics: technical paper. Scottish Public Health Observatory, NHS Information Services (ISD), NHS Scotland. 2015. (354KB)

Other references

Boyle P, Exeter D, Feng Z, Flowerdew R. Suicide gap among young adults in Scotland: population study. BMJ 2005; 330: 175-6.

Camidge RD, Stockton DL, Frame S, Wood R, Bain M, Bateman DN. Hospital admissions and deaths relating to deliberate self-harm and accidents within five years of a cancer diagnosis: A national study in Scotland, UK. BJC2007; 96: 752-757.

Choose Life : A National Strategy and Action Plan to Prevent Suicide in Scotland. Scottish Government, 2002.

Gunnell D, Hawton K, Kapur N. Coroners' verdicts and suicide statistics in England and Wales. BMJ 2011;343: d6030 http://www.bmj.com/content/343/bmj.d6030

Hawton K (ed). Prevention and treatment of suicidal behaviour: from science to practice. Oxford University Press, 2005.

Levin KA. Leyland AH. Urban/rural inequalities in suicide in Scotland, 1981-1999. Soc Sci Med 2005; 60: 287790.

National Programme for improving Mental Health and Well-Being: action plan. Scottish Government, 2003.(289kb)

Platt S, Boyle P, Crombie I, Feng Z, Exeter D. The epidemiology of suicide in Scotland 1989-2004: an examination of temporal trends and risk factors at national and local levels. Scottish Executive, 2007.

Risk and Protective Factors for Suicide and Suicidal Behaviour: A systematic international literature review of review-level data on suicide risk factors and primary evidence of protective factors against suicide. Scottish Government, 2008.

Stark C, Hopkins P, Gibbs D, Rapson T, Belbin A, Hay A. Suicide in Scotland: Trends, Occupational Associations and Rurality. University of Aberdeen, 2004.

Towards a Mentally Flourishing Scotland, 2009-2011: This policy and action plan outlines the Government's plans for mental health improvement for the period 2009-2011. Scottish Government, 2009

A report by Meltzer and others titled Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain(631kb) presents the analysis of the data on suicidal thoughts and attempts collected in the 2000 ONS survey of psychiatric morbidity among adults in Great Britain.

Refreshing The National Strategy and Action Plan to Prevent Suicide in Scotland: Report of The National Suicide Prevention Working Group. October 2010.

Mental Health Strategy for Scotland 2012-15: sets out a range of commitments by the Government across the full spectrum of mental health improvement, services and recovery for 2012-15. Scottish Government, 2012.

Effectiveness evidence

ScotPHO's purpose is to describe the pattern of health across the Scottish population. As a supplementary service to users, we include the following links to external sources of quality-assured evidence on effectiveness of interventions which may include relevant material for this topic. These links are provided as an aid to users. They are by no means exhaustive nor should they be necessarily viewed as authoritative.

NHS Health Scotland: Scottish briefings on NICE public health guidance

Centre for Reviews and Dissemination

Cochrane Library: Browse by topic

EPPI-Centre: Evidence library

National Institute for Health and Care Excellence (NICE) Evidence services: Evidence search

National Institute for Health and Care Excellence (NICE) Guidance: Find guidance

Scottish Intercollegiate Guidelines Network (SIGN)

Please note: ScotPHO is not responsible for the content or reliability of linked websites and does not necessarily endorse the views expressed within them. Listing should not be taken as endorsement of any kind. ScotPHO can take no responsibility for information contained on websites maintained by other organisations or for actions taken as a result of information contained on websites maintained by other organisations.

To report a broken link on the ScotPHO website, please email details to the ScotPHO team of the web page containing the broken link together with the web address you were unable to access.

Page last updated: 23 June 2016

Suicide: useful links

ISD's Scottish Suicide Information Database Report 2014 presents results from the Scottish Suicide Information Database (ScotSID). It includes expanded information on demographics and prior contact with health services.

The Choose Life website is the key suicide prevention portal for Scotland. This website provides details of local and national activity.

The National Records of Scotland (NRS, formerly GROS) publish additional information relating to suicides in Scotland.

Another resource which may be of interest is the National Confidential Inquiry into Suicides and Homicides by People with Mental Illness.

Please note: ScotPHO is not responsible for the content or reliability of linked websites and does not necessarily endorse the views expressed within them. Listing should not be taken as endorsement of any kind. ScotPHO can take no responsibility for information contained on websites maintained by other organisations or for actions taken as a result of information contained on websites maintained by other organisations.

To report a broken link on the ScotPHO website, please email details to the ScotPHO team of the web page containing the broken link together with the web address you were unable to access.

Page last updated: 23 June 2016

ARCHIVE - Suicide

Suicide Statistics – archived publications.

Information on suicide statistic is presented on the ScotPHO web pages in a format and structure consistent with other topics on the site, for ease of use. This allows the user quick access to pages on particular aspects, with appropriate links to other suicide pages on the menu and, where appropriate, to other ScotPHO topics etc. It also ensures that the user is always accessing the most up to date data and text.

During the UK Statistics Authority assessment of compliance with the Code of Practice for Official Statistics in 2013, the ScotPHO ISD team was asked to ensure that the current and historic releases of the suicide webpage content were disseminated in forms that "enable and encourage analysis and re-use". Therefore, a series of links is given below to 'reports' created by taking 'snapshots' of the suicide statistics webpages prior to them being overwritten by a new annual publication.

PLEASE TAKE CARE NOT TO ACCESS AN ARCHIVE VERSION IF YOU ARE LOOKING FOR THE MOST RECENT REPORT.

Please note that links within the reports have been disabled to avoid users accessing out-of-date information. For the latest information please see the relevant live web page.

Latest report

Suicide Statistics to 2014 – August 2015(254Kb).

Archive reports

Suicide Statistics to 2013 – August 2014 (328kb).

Update to key points page – July 2014 (with section update notes) (109kb)

Suicide Statistics to 2012 – August 2013.(171kb).

Suicide Statistics to 2011 – July 2012.(167kb).

If you have any comments/suggestions about this archive page please email chrisdeans@nhs.net.

Page last updated: 23 June 2016