ScotPHO Suicide Statistics Publication – released August 2017

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 - STAGING

- There were 728 suicides (deaths from intentional self-harm and events of undetermined intent) registered in Scotland in 2016, compared to 672 in 2015. 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 697 suicides in 2016 and 656 in 2015.

- In 2016, the suicide rate for males was more than two-and-a-half times that for females.

- In 2012-16, the suicide rate was more than two-and-a-half times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (21.3 deaths per 100,000 population compared to 7.6).

- While suicide rates are strongly related to deprivation level, this difference or inequality has decreased between 2002-06 and 2012-16.

- The suicide rate varies between different areas within Scotland and fluctuates over time. However, in 2012-16, no boards were significantly different to the rest of Scotland.

- Scotland appears to have had a higher suicide rate than the UK overall since the early 1990s, though this comparison is affected 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.

Please note that when analysing suicide data, it is conventional to combine deaths by intentional self-harm with deaths of undetermined intent. Research indicates that most deaths of undetermined intent are likely to be suicides. 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.

In 2009, how NRS obtains information about the nature of death changed. Since then, there has been a large increase in the percentage of poisoning deaths described as accidental, and a fall in those described as being due to events of undetermined intent. This contributed to the fall in recent years in the number of probable suicides. More information about this is available on the NRS website.

Current data on suicide in Scotland is available on the Data pages. 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 2016, was completed in **August 2017**. (Please see the Suicide Statistics technical paper for details of changes in methodology for this update.)

- The next major update, adding suicides registered in 2017, is due in **August 2018**.

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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.

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Suicide: introduction - STAGING

Suicide is a leading cause of death in Scotland among people aged 15-34 years. In 2014, suicide accounted for 24% of all male deaths in this age group (117 out of 487 deaths), and 21% of all female deaths (53 out of 252 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. Research indicates that most deaths of undetermined intent are likely to be suicides. 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.

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Suicide: policy context - STAGING

In 2013, the 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.

The Scottish Government's mental health strategy, published in 2017, contained a framework and list of priorities for mental health in Scotland. The Scottish Government will also build on these priorities in a separate Suicide Prevention Strategy which is due for publication in 2017.

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.
- Within the 2017 Mental health strategy the Scottish Government makes 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.

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Suicide: data introduction - STAGING

The following suicide data pages present information on

- trends and patterns in suicides in Scotland
- suicides by NHS board
- suicides by local authority area
- the relationship between suicide and deprivation
- suicide in different parts of the UK
- suicide internationally
- suicide and mental health services, including patient suicides.

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	**Number and rates**	**Historical trends**
By **sex**	Y	Y
By **age group**	Y	Y
By **deprivation group**	Y	N
By **NHS board** area	Y	Y
By **local authority** area	Y	Y
Time trend	Y	Y
National target	N	N
Comparison with **UK/GB**	Y	Y
International comparison	Y	N

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.

Data on suicides in Scotland are available in the spreadsheets

- Suicide: Scotland overview 2017 (118KB)
- Suicide: NHS board overview 2017 (125KB)
- Suicide: Local authority overview 2017 (199KB)
- Suicide: Deprivation overview 2017 (96KB)

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Suicide: Scottish trends - STAGING

In 2016, 728 suicides were registered in Scotland (517 males and 211 females), compared to 672 (476 males and 196 females) in 2015. These numbers comprise 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). National Records of Scotland (NRS) estimate that under the old coding rules, the total would have been 697 suicides (496 males and 201 females) for 2016, and 656 (467 male, 189 females) for 2015. 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 trends

The downloadable file Suicide: Scotland overview 2017 (118KB) contains numbers and rates of suicides by sex and age group, between 1982 and 2016. It also includes trends for 5-year rolling average EASRs (all ages) overall and for males and females separately.

In 2016 the overall European age-sex-standardised rate (EASR) was 13.6 deaths per 100,000 population, slightly higher than the 2015 figure of 12.8 per 100,000 and the 2014 figure of 13.3 per 100,000. The suicide EASR for males followed a similar pattern, with a rate of 19.7 per 100,000 in 2016 compared to 18.5 per 100,000 in 2015. For females, the suicide EASR in 2016 was 7.6 per 100,000, slightly higher than the rate in 2015 (7.1 per 100,000). In 2016, the suicide rate for males was over two-and-a-half times that for females.

Chart 1 (view chart) shows trends in annual suicide rates in Scotland over the past 35 years, for persons, males and females. To allow for comparison between current and historical figures, the chart is based on the old coding rules (see Suicide Statistics technical paper). The largest rates over the 35 year period shown in Chart 1 were 18.2 deaths per 100,000 population in 1993 and 18.0 per 100,000 in 2002. Since 2002, the rate of suicide has generally decreased. The male suicide rate follows a similar pattern to the persons rate, while for females, rates have decreased steadily from 10.7 deaths per 100,000 in 1982 to 7.2 per 100,000 in 2016.

For background information on the use of EASRs, rebased populations and coding changes, please see the Suicide Statistics technical paper. Also, note that in 2009, how NRS obtains information about the nature of death changed. Since then, there has been a large increase in the percentage of poisoning deaths described as accidental, and a fall in those described as being due to events of undetermined intent. This contributed to the fall in recent years in the number of probable suicides. More information about this is available on the NRS website.

Age groups by sex

Chart 2 (view chart) shows age-specific crude suicide rates (using the old coding rules) for males in two five-year time periods twenty years apart: 1992-96 and 2012-16. Between these two periods rates have fallen for males of all ages, though the age distribution of deaths has changed slightly, 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 15-24, 25-34 and 75+.

Chart 3 (view chart) shows the equivalent rates for females. The rate has fallen for most all age categories, though the suicide rate for females aged 35-44 years has increased slightly. The highest rates for females are among those aged 45-54 years, one age-band older than for males. The largest absolute falls in the rates between the two time periods were in females aged 65-74 and 75+.

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 4 (view chart) presents the trends in annual EASRs over the last 35 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 in both categories.

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Suicide: by NHS board - STAGING

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 2017 (125KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1982-86 to 2012-16 (old and new coding rules), for persons, males and females (Tables 1-4). In addition, the Annual deaths worksheet presents suicide numbers by NHS board by year, from 1982 to 2016, with the figures from 2011 onwards based on both the old and new coding rules (Table 5).

In 2012-16, no boards were significantly different from the rest of Scotland.

There is considerable fluctuation over time in the EASRs for the NHS Board areas. Comparing overall suicide rates in 1982-86 and 2012-16, NHS Dumfries and Galloway, NHS Fife, NHS Grampian, NHS Greater Glasgow and Clyde and NHS Highland all showed a significant decrease, while no board had a significantly increased rate.

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.

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Suicide: by local authority - STAGING

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 2017 (199KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1982-86 to 2012-16 (old and new coding rules), for persons, males and females (Tables 1-4). In addition, the Annual deaths worksheet presents suicide numbers by local authority by year, from 1982 to 2016, with the figures from 2011 onwards based on both the old and new coding rules (Table 5).

Several local authorities had a significantly different overall suicide rate in 2012-16 than rest of Scotland, with Argyll and Bute, East Ayrshire and Aberdeenshire having a significantly lower rate and City of Edinburgh, Highland and Clackmannanshire having a significantly higher rate.

There are considerable fluctuations over time in the EASRs for local authorities. Comparing the overall rates in 1982-86 and 2012-16, Argyll and Bute, Glasgow City, Aberdeenshire, Dumfries & Galloway and East Lothian all showed a significant decrease, while Clackmannanshire had an increased rate.

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.

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Suicide: deprivation - STAGING

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) are assigned a deprivation score and grouped into deciles (tenths of the population) ranging from the most deprived tenth (decile 1) to the least deprived (decile 10).

The downloadable file Suicide: Deprivation overview 2017 (96KB) shows suicide numbers, crude rates and European age-standardised rates (EASRs) by SIMD decile, by sex, for two 5-year time periods (2002-06 and 2012-16). 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 2002-06 rates, and SIMD 2012 for 2012-16. Technical terms and methodology are explained in the file and in the Suicide Statistics technical paper.

There is a strong relationship between deprivation and suicide. In 2012-16, the rate of suicide in the most deprived decile was more than two-and-a-half times larger than the rate in the least deprived decile (21.3 deaths per 100,000 population compared to 7.6 per 100,000). There was a similar deprivation pattern for males and females separately.

Though this gap between the most and least deprived areas is still large, it has narrowed significantly since 2002-06, where the most deprived areas had a suicide rate over four times larger than the least deprived areas (30.9 per 100,000 compared to 7.2 per 100,000). Compared to 2002-06, the suicide rate has decreased in almost every decile although it increased slightly in the two least deprived deciles.

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 decreased. More information on the SII and RII can be found in the Suicide Statistics technical paper.

In conclusion, between 2002-06 and 2012-16, the overall rate of suicide in the most deprived areas and the inequality in suicide rates associated with deprivation have decreased in Scotland. However, there has been a slight increase in the rate of suicide in the least deprived areas.

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Suicide: in the UK - STAGING

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 most recent ONS bulletin Suicides in the United Kingdom, 2015 registrations compares the suicide EASRs for the different countries in the UK between the years 1981 and 2014. Chart 1 (view chart) shows the trend in each country based on the numbers in the bulletin. Prior to the mid-2000s, Scotland had a higher rate of suicide than the other parts of the UK. In recent years this gap has narrowed, with the suicide rate in Scotland generally falling while the rate in England has slightly increased.

Note that the standardised rates for Scotland in the ONS bulletin are larger than those presented on the other ScotPHO pages, as the calculation used in the bulletin excludes the under-ten age groups, while these are included in our numbers. 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, 2015 registrations.

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Suicide: international - STAGING

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.

Note that when analysing suicide data different organisations use different conventions and definitions when calculating suicide rates. In particular, some analyses do not combine deaths by intentional self-harm with deaths of undetermined intent as is done in the statistics presented on these data pages. This distinction is particularly important 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.

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Suicide: mental illness - STAGING

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.

ISD's report A profile of deaths by suicide in Scotland 2009-2014 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 in Scotland is available on the Mental Health section of this website.

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Suicide: key data sources - STAGING

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.

The Organisation for Economic Co-operation and Development compiles data on suicide in member countries.

Note that when analysing suicide data different organisations use different conventions and definitions when calculating suicide rates. In particular, some analyses do not combine deaths by intentional self-harm with deaths of undetermined intent as is done in the statistics presented on these data pages. This distinction is particularly important 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.

More information about comparisons between UK countries can be found on the Suicide: in the UK page, and about international comparisons on the Suicide: international page.

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

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Suicide: key references and evidence - STAGING

Suicide Statistics technical paper for these web pages

Hill S., Gribben C. Suicide Statistics: technical paper. Scottish Public Health Observatory, NHS Information Services (ISD), NHS Scotland. 2017. (351KB)

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.

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.

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

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.

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.

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

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

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

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

Mental Health Strategy for Scotland 2017-27: sets out a range of commitments by the Government across the full spectrum of mental health improvement, services and recovery for 2017-27. Scottish Government, 2017.

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.

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Suicide: useful links - STAGING

ISD's Scottish Suicide Information Database Report 2016 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.

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ARCHIVE - Suicide - STAGING

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 2015 - August 2016 (183KB)

Archive reports

Suicide Statistics to 2014 – August 2015(177KB)

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 NSS.isdMENTALHEALTH@nhs.net

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