Archive Report – ScotPHO Suicide Statistics publication, August 2013.

ScotPHO Suicide Statistics Publication – released August 2013.

NOTE: This is an Archive Report of the content of the Suicide Statistics web pages on the ScotPHO website, as updated in August 2013. 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

- In Scotland, suicide is a leading cause of mortality among people under the age of 35 years.
- There were 830 suicides (deaths from intentional self harm and events of undetermined intent combined) registered in Scotland in 2012. This figure has been calculated using the new coding rules introduced by the National Records of Scotland (NRS) in 2010. For comparison, the estimated 2012 figure using the old coding rules is 762 suicides. Figures based on the old rules are used in all time trends. See below for more information on the coding change.
- In 2012, the suicide rate for males was almost three times that for females.
- The suicide rate for persons in Scotland reduced by 18% in the period 2000-02 to 2010-12. The national target is to reduce the suicide rate in Scotland by 20% between 2000-02 and 2011-13.
- Suicide rates are strongly related to deprivation level. In 2008-12, the age-standardised rate was over four times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (28.9 compared to 6.6 per 100,000 population respectively).
- Suicide rates vary among NHS board and local authority (LA) areas, but there is considerable year-on-year fluctuation. Between 1983-87 and 2008-2012, no NHS board or LA had a significant increase or decrease in the rate for persons. In 2008-12, the only area to differ from the Scottish average for persons was Perth & Kinross LA, which was significantly lower.

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- In 2008 (the latest year for which comparable UK data are available) the Scottish suicide rates for males and for females were approximately double the rates recorded for England & Wales, but the rates for England & Wales may be under-estimated.

Suicide coding: In 2011, NRS changed its coding practice to take account of changes made by the World Health Organization (WHO) to coding rules for certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years, with some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and consequently as suicides. The new coding rules increased the Scotland suicide total by 117 deaths (from 772 to 889) in 2011, and by 68 deaths (from 762 to 830) in 2012. This update primarily presents 2011 and 2012 data based on the old rules (as estimated by NRS) so that trends over time can be assessed. We also present 2011 and 2012 data based on the new rules when single year (rather than rolling average) figures are shown. Full details on Changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.

Note: We have found an issue with the age-standardised rates presented by NHS board for males for the 5-year period 1993-97, and with the crude rates presented by SIMD decile for males and females for the 5-year period 2008-12, in the publication of August 27th 2013. These rates have been corrected in the appropriate spreadsheets as of 19th September 2013, and do not affect any commentary in this publication.

ScotPHO welcomes feedback from users on the information included in this update and the manner of presentation. Any comments on how the data is used and presented and how this could be improved can be emailed to us at scotpho@nhs.net.

Section updates:

The last major update of this section was completed in **August 2013**.

The next major update is due to be carried out by **end August 2014**.

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Suicide: introduction

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. Choose Life's action plan - Scotland's suicide prevention strategy and action plan - states that such factors should not be addressed in isolation.

The epidemiology of suicide in Scotland 1989-2004 published in March 2007 examines temporal trends and risk factors.

Risk and Protective Factors for Suicide and Suicidal Behaviour published in December 2008 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 considering suicide data, it is conventional to combine deaths by intentional self harm with deaths of undetermined intent.

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Suicide: policy context

The Choose Life strategy and action plan to prevent suicide in Scotland was established by the Scottish Government in 2002. This national population-based strategy set out a 10-year plan with the objective of reducing the suicide rate by 20% by 2013. In 2009, the Scottish Government reviewed Choose Life in conjunction with key delivery partners and published the report 'Refreshing the National Strategy and Action plan to prevent Suicide in Scotland'. This report 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.

Between 2000-02 and 2008-12, there has been a downward trend in suicide rates, with an overall decrease of 18%. Over the last 30 years the UK suicide rate (defined as deaths by intentional self-harm only) has been lower than the OECD average, and the suicide rate in Scotland has been lower than or around the European Union average.

The new Mental Health Strategy published in 2012 sets out the Scottish Government's commitments in respect of 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. In 2012, the Scottish Government also set up a working group and reference group and embarked on a public engagement process to consider future strategy and action on prevention of suicide and self harm. A new national strategy will be published by the Scottish Government later this year.

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Suicide: Scottish trends

In 2012, a total of 830 suicides were registered in Scotland (608 males and 222 females). 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 coding notes at foot of page). National Records of Scotland (NRS) estimate that under the old coding rules, the total would have been 762 suicides (557 males and 205 females). Note that figures based on the old coding rules are used in analysing time trends, for consistency.

Chart 1 (view chart) shows annual suicide trends in Scotland over the past 31 years, for persons, males and females. Based on the old coding rules, in 2012 the European age-sex-standardised rate (EASR) for persons was 14.0 deaths per 100,000 population, a small and statistically insignificant decrease from 14.3 per 100,000 in 2011. The rate peaked at 17.6 deaths per 100,000 population in 1993 and again in 2002.

The chart shows that the EASR for males was 19.8 deaths per 100,000 in 1982 compared to 20.8 in 2012 (old coding rules). However, there was a general increase in the 1990s and a general decrease in recent years. For females, rates have tended to decrease from 9.7 deaths per 100,000 in 1982 to 7.1 in 2012. In 2012 the suicide rate for males was almost three times that for females.

For comparison, 2012 EASRs based on the new coding rules are included in the file Suicide_National_Overview (104KB). The rates are: 15.3 deaths per 100,000 population for persons, 22.8 for males and 7.8 for females. The figures are higher than for the old coding, but the gender split is similar.

The national target is to reduce the suicide rate in Scotland by 20% between 2000-02 and 2011-13. Three-year rolling averages (based on the old coding rules) included in the file show that between 2000-02 and 2010-12 there was an 18% fall in suicide rates overall (20% for males and 10% for females). When the data for 2011-13 are available next year, we will know whether the target has been met.

Suicide coding categories

Chart 2 (view chart) presents the annual EASR trends over the last 31 years for intentional self harm and events of undetermined intent separately (using old coding rules). This shows that the decline in the combined rate between 2002 and 2012 tends to reflect declines in both categories.

Age groups

Chart 3 (view chart) shows age-specific crude suicide rates for males across two three-year time periods: 1990-92 and 2010-12 (old coding rules). Over this 20 year period the rates have decreased in males in the age groups 15-24, 25-34 and 55 years and over, with the biggest decrease in those aged 65-74. Rates have increased in males in the age groups between 35 and 54, with the highest rate now in males aged 35-44 years.

Chart 4 (view chart) shows the corresponding information for females. Over the 20 year period there has been a large decrease in rates in the age groups 55 years and over, and an increase in the age groups 15-24, 35-44 and 45-54 years. The highest rate is in females aged 45-54 years.

Technical notes

Annual data: Charts 1 and 2 and the Suicide National Overview Excel file include annual figures. Annual changes are based on relatively small numbers, so may not be statistically significant. For monitoring purposes it is conventional to pool rates over a three-year period, and develop three-year rolling averages. In this way, attention shifts from yearly fluctuations. Notwithstanding this convention, we have also included annual data in charts 1 and 2 in the interests of transparency.

Populations: This publication uses mid-year population estimates for 2011 and 2012 rebased on the 2011 Census. Crude rates and EASRs were recalculated for 2011 using the rebased 2011 population data, and therefore the 2011 results (using both old and new coding) will differ slightly from the values in the previous (August 2012) publication. The crude rates and EASRs covering 2002 to 2010 are still based on mid-year population estimates based on the 2001 Census, as rebased estimates were not available at time of publication (August 2013).

Suicide coding: In 2011 the National Records of Scotland (NRS) changed its coding practice to take account of changes made by the World Health Organization (WHO) to coding rules for certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years, with some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and consequently as suicides. The new coding rules increased the Scotland suicide total by 117 deaths (from 772 to 889) in 2011, and by 68 deaths (from 762 to 830) in 2012. Full details on Changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.

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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.

The file Suicide NHS Board overview (278KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1983-87 to 2008-12 (old coding rules). The file includes Persons Trend, Male Trend and Female Trend data, and Charts of the EASRs for 2008-12. In addition, the Annual Deaths worksheet presents suicide numbers by NHS board by year, from 1982 to 2012, with 2011 and 2012 numbers based on both the old and new coding rules. An explanation of EASRs and confidence intervals is given at the bottom of this page and in the downloadable file.

Comparing 1983-87 with 2008-12, the EASRs for persons appear to have increased for some NHS board areas and decreased slightly for others. Care must be taken in drawing conclusions, however, as there is considerable fluctuation over time, and numbers in the Island boards are small. No NHS board area showed a statistically significant increase or decrease for persons between 1983-87 and 2008-12 (based on the finding that for each board, the 95% confidence intervals for the two time-periods overlapped).

Persons Trend and Chart 1 (in the file) show that during 2008-12, the confidence interval of the EASR for each NHS board overlapped with that for Scotland, and hence it was concluded that no NHS board had a significantly lower or higher suicide rate for persons than Scotland as a whole. For males (Male Trend and chart 2 in file), the suicide rate during 2008-12 was significantly lower in Forth Valley and significantly higher in Shetland than in Scotland as a whole. For females (Female Trend and chart 3 in file), the rates for 2008-12 did not differ significantly from Scotland as a whole.

Note: We have found an issue with the EASRs presented by NHS board for males for the 5-year period 1993-97 in the publication of August 27th 2013. These rates have been corrected in this version of the spreadsheet as of 19th September 2013, and do not affect any commentary here.

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

Technical notes

Populations: This publication uses mid-year population estimates for 2011 and 2012 rebased on the 2011 Census. Crude rates and EASRs were recalculated for 2011 using the rebased 2011 population data, and therefore the 2011 results (using both old and new coding) will differ slightly from the values in the previous (August 2012) publication. The crude rates and EASRs covering 2002 to 2010 are still based on mid-year population estimates based on the 2001 Census, as rebased estimates were not available at time of publication (August 2013).

Suicide coding: In 2011 the National Records of Scotland (NRS) changed its coding practice to take account of changes made by the World Health Organization (WHO) to coding rules for

certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years, with some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and consequently as suicides. The new coding rules increased the Scotland suicide total by 117 deaths (from 772 to 889) in 2011, and by 68 deaths (from 762 to 830) in 2012. Full details on Changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.

Explanation of EASRs and confidence intervals: In order to compare rates in populations with different age structures (i.e. different areas or over time), rates can be age-standardised by applying a 'standard population'. The standardised rate is calculated by multiplying each crude age-specific rate by the corresponding age group weight from the standard population (in this case the 1976 hypothetical European Standard) and then summing up these values over all ages. The rate per 100,000 population is then displayed. Note that EASRs for persons are standardised for both age and sex.

The vertical lines represent 95% confidence intervals. These confidence intervals describe the degree of uncertainty around the EASR. The width of the confidence interval depends on the sample size from which the estimate is derived and the underlying variability in the data. A 95% confidence interval implies that 95 times out of 100 the interval will include the true underlying rate.

If the confidence interval around an NHS board rate does not include the confidence interval for the Scotland rate, it is concluded that the suicide rate in the NHS board is significantly higher or lower than the rate for Scotland as a whole.

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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 file Suicide local authority overview (308KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1983-87 to 2008-12 (old coding rules). The file includes Persons Trend, Male Trend and Female Trend data, and Charts of the EASRs for 2008-12. In addition, the Annual Deaths worksheet presents suicide numbers by local authority by year, from 1982 to 2012, with 2011 and 2012 numbers based on both the old and new coding rules. An explanation of EASRs and confidence intervals is given at the bottom of this page and in the downloadable file.

Comparing 1983-87 with 2008-12, the EASRs for persons appear to have increased for some local authorities and decreased for others. Care must be taken in drawing conclusions, however, as there is considerable fluctuation over time, and numbers in several local authorities are small. No local authority showed a statistically significant increase or decrease for persons between 1983-87 and 2008-12 (based on the finding that for each board, the 95% confidence intervals for the two time-periods overlapped).

Persons Trend and Chart 1 (in the file) show that during 2008-12, the confidence interval of the EASR for each local authority area overlapped with that for Scotland, apart from Perth & Kinross. It was therefore concluded that most local authorities did not differ significantly from Scotland, but Perth & Kinross had a significantly low suicide rate for persons. For males (Male Trend and chart 2 in file), the suicide rate during 2008-12 was significantly lower for Perth & Kinross and significantly higher for Inverclyde, Renfrewshire and the Shetland Islands than for Scotland as a whole. For females (Female Trend and chart 3 in file), the rates were significantly lower in Aberdeenshire, East Dunbartonshire and Perth & Kinross, and higher in Glasgow City and West Dunbartonshire, than in Scotland as a whole.

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

Technical notes

Populations: This publication uses mid-year population estimates for 2011 and 2012 rebased on the 2011 Census. Crude rates and EASRs were recalculated for 2011 using the rebased 2011 population data, and therefore the 2011 results (using both old and new coding) will differ slightly from the values in the previous (August 2012) publication. The crude rates and EASRs covering 2002 to 2010 are still based on mid-year population estimates based on the 2001 Census, as rebased estimates were not available at time of publication (August 2013).

Suicide coding: In 2011 the National Records of Scotland (NRS) changed its coding practice to take account of changes made by the World Health Organization (WHO) to coding rules for certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years, with some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and consequently as suicides. The new coding rules increased the Scotland suicide total by 117 deaths (from 772 to 889) in 2011, and by 68 deaths (from 762 to 830) in 2012. Full details on

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Changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.

Explanation of EASRs and confidence intervals: In order to compare rates in populations with different age structures (i.e. different areas or over time), rates can be age-standardised by applying a 'standard population'. The standardised rate is calculated by multiplying each crude age-specific rate by the corresponding age group weight from the standard population (in this case the 1976 hypothetical European Standard) and then summing up these values over all ages. The rate per 100,000 population is then displayed. Note that EASRs for persons are standardised for both age and sex.

The vertical lines represent 95% confidence intervals. These confidence intervals describe the degree of uncertainty around the EASR. The width of the confidence interval depends on the sample size from which the estimate is derived and the underlying variability in the data. A 95% confidence interval implies that 95 times out of 100 the interval will include the true underlying rate.

If the confidence interval around a local authority rate does not include the confidence interval for the Scotland rate, it is concluded that the suicide rate in the local authority is significantly higher or lower than the rate for Scotland as a whole.

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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 file Suicide deprivation overview (170KB) shows suicide numbers, crude rates and European Age-standardised rates (EASRs) by SIMD decile, for the two latest 5-year time periods (2003-07 & 2008-12). The file includes Persons Trend, Males Trend and Females Trend data, and Charts with EASRs for 2008-12. Data for 2011 and 2012 are estimates based on the old coding rules for consistency. Note that SIMD 2009 (version 2) was used for analysis for 2003-07 and SIMD 2012 was used for 2008-12, using the most relevant SIMD release for the period.

For both sexes, Persons Trend and chart 1 in the file show a strong relationship between deprivation decile and the suicide rate. The rate in the least deprived decile (6.6 per 100,000 population) is less than half the Scottish average (14.6 per 100,000), while the rate in the most deprived decile (28.9 per 100,000) is almost double the Scottish average. The three least deprived deciles are significantly lower than Scotland as a whole, while the two most deprived are significantly higher.

A very similar pattern is observed in the rates for males and females separately (Males Trend, Females Trend and charts 2 and 3 in the file).

Note: We have found an issue with the crude rates presented by SIMD decile for males and females for the 5-year period 2008-12, in the publication of August 27th 2013. These rates have been corrected in this version of the spreadsheet as of 19th September 2013, and do not affect any commentary here.

Technical notes

Population: While other geographies in this publication use mid-year population estimates for 2011 and 2012 rebased on the 2011 Census, these were not available at data zone level to use in the SIMD analyses. All SIMD analyses therefore use mid-year population estimates based on the 2001 Census, and as estimates were not available for 2012, the 2011 estimates were used as a proxy.

Suicide coding: In 2011 the National Records of Scotland (NRS) changed its coding practice to take account of changes made by the World Health Organization (WHO) to coding rules for certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years, with some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and consequently as suicides. The new coding rules increased the Scotland suicide total by 117 deaths (from 772 to 889) in 2011, and by 68 deaths (from 762 to 830) in 2012. Full details on Changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.

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Explanation of EASRs and confidence intervals: In order to compare rates in populations with different age structures (i.e. different areas or over time), rates can be age-standardised by applying a 'standard population'. The standardised rate is calculated by multiplying each crude age-specific rate by the corresponding age group weight from the standard population (in this case the 1976 hypothetical European Standard) and then summing up these values over all ages. The rate per 100,000 population is then displayed. Note that EASRs for persons are standardised for both age and sex.

The vertical lines represent 95% confidence intervals. These confidence intervals describe the degree of uncertainty around the EASR. The width of the confidence interval depends on the sample size from which the estimate is derived and the underlying variability in the data. A 95% confidence interval implies that 95 times out of 100 the interval will include the true underlying rate.

If the confidence interval around a deprivation decile rate does not include the confidence interval for the Scotland rate, it is concluded that the suicide rate in the decile is significantly higher or lower than the rate for Scotland as a whole.

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Suicide: in the UK

Mortality rates from suicide (intentional self harm and events of undetermined intent combined) are presented for males and females, all ages, by the Office for National Statistics for: the UK; England, Wales & elsewhere*; Scotland; and Northern Ireland. The latest comparable data available for all the countries are for 2008 (before the coding rules changed). The source is United Kingdom Health Statistics 2010 - Chapter 7: Mortality and life expectancy (319Kb) (download the Excel file then click on the worksheet "7.2b Full").

Chart 1 (view chart) shows the suicide rates recorded for males for these countries. The Scotland and Northern Ireland rates (24.1 and 24.7 per 100,000 population respectively) are approximately double the 'England, Wales & elsewhere' rate (12.6 per 100,000).

Chart 2 (view chart) shows the corresponding suicide rates recorded for females. The Scotland rate is highest at 7.7 per 100,000 population, double that of the 'England, Wales & elsewhere' rate (3.8 per 100,000).

Some caution is needed in drawing conclusions about the apparently higher suicide rates recorded for Scotland, because the figures for suicides in England and Wales may be under-estimates. 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 hence suicides may be underestimated. An editorial by Gunnell et al provides further background.

The 2013 ONS bulletin Suicides in the United Kingdom, 2011 reports that the number of suicides in adults aged 15 and over in the UK has fallen during the time period 1991 to 2011. In 2011 there were 6,045 suicides, 437 more than in 2010 (5,608) and 272 less than in 1991 (6,317).

Suicide rates in the UK as a whole in 2011 increased slightly from the previous year in both men and women. In 2011 the rate for men was 18.2 per 100,000 population compared to 17.0 the previous year. Male suicide rates reached a peak of 21.1 per 100,000 in 1998. Female suicide rates have been consistently much lower than male rates and have decreased more steadily. The rate for women in 2011 was 5.6 per 100,000 population, compared to 5.4 in 2010.

* 'England, Wales and elsewhere' covers both residents and non-residents, in line with the data for Scotland and Northern Ireland.

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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 generally been lower or around the EU average since the 1980s.

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.

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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 psychiatric services (defined as those who have had service contact within the previous year).

The National Confidential Inquiry is a research project funded largely by the National Patient Safety Agency (NPSA). Other funders are the Scottish Government and Department of Health and Social Services in Northern Ireland.

The NCI reports that approximately one quarter of people committing suicide in England and Wales, Scotland and Northern Ireland had been in contact with mental health services in the year before death.

View the most recent reports on the NCI website.

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

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Suicide: key data sources

The National Records of Scotland (NRS) (formerly GROS) compiles the official statistics on suicides (i.e. 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.

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.

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Suicide: key references and evidence

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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 - Index page

NHS Evidence: Public health evidence - Home page

Centre for Reviews and Dissemination - Home page

Cochrane Reviews - Topic index page

EPPI-Centre: Evidence library - Home page

National Institute for Health and Clinical Excellence (NICE) guidance - Topic index page

Scottish Intercollegiate Guidelines Network (SIGN) - Home page

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.

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Suicide: useful links

The Scottish Suicide Information Database Report 2012 is an ISD publication describing the development of the Scottish Suicide Information Database (ScotSID). It includes expanded information on demographics and occupation and 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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