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.

- 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 on 14 August 2014 and will have three changes: a) Nearly all the European Age-Sex-Standardised Rates (EASRs), including historical trends, will be based on the European Standard Population 2013 (ESP 2013) rather than the ESP 1976 as at present. The exception will be the three-year rolling average rate for Scotland used to assess progress towards the suicide reduction target, which will still be based on ESP 1976 throughout for consistency and transparency. b) All crude rates and EASRs will use the NRS mid-year population estimates rebased in light of the 2011 Census, resulting in some small changes for 2002-2010 compared to the rates released in August 2013. c) The NHS board analyses, including historical trends, will change to using the board boundaries as at 1 April 2014, which may again result in some small changes.
Contacts:

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

Craig Collins
Senior Information Analyst
craig.collins@nhs.net
Tel: 0141 282 2124

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