

Suicide Statistics for Scotland: Update of trends to 2018

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Technical paper

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Further Information

Further information can be found on the [ScotPHO](#) and [ISD websites](#).

Customer feedback

ScotPHO and the ISD mental health analysis team welcome feedback from users of the suicide statistics publication and this technical document. Any comments on how the data are used and presented and how this could be improved can be emailed to us at nss.isdmentalhealth@nhs.net.

Acknowledgements

Many people have been involved in the development of the ScotPHO suicide topic and this technical document, and we would particularly like to acknowledge the work by Chris Deans.

Glossary

95% confidence intervals

Confidence intervals describe the degree of uncertainty around a measurement such as an EASR (see below). The width of the confidence interval depends on 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

Age-sex-standardised rate

See [European age-standardised rate \(EASR\)](#)

Crude rate

The number of deaths divided by the estimated population for the relevant age-band/sex/year group. The rate per 100,000 people is displayed.

European age-standardised rate (EASR)

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 and then summing these values over all ages. Rates for persons are age-sex standardised. For further details on the technique of standardisation and the change to the European Standard Population (ESP), please see [Methodology and reliability of statistics](#) in this report.

Index of inequality

Used in the suicide statistics as a measure of the difference or inequality between rates for different SIMD (see below) deciles. The slope index of inequality (SII) is the gradient of the rate across the deciles and describes the absolute inequality, while the relative index of inequality (RII) is found by dividing the SII by the overall rate for the total population. More information is available in [Methodology and reliability of statistics](#) in this report.

Intentional self-harm

This is defined under WHO ICD10 codes as purposely self-inflicted poisoning or injury. See the [WHO ICD-10 Browser Site](#) for more information (Chapter XX - External causes of morbidity and mortality, codes X60-X84).

Relative Index of Inequality (RII)

See [Index of inequality](#).

Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is based on a large number of indicators at data zone level, combined into an overall index by the Scottish Government to identify areas with concentrations of multiple types of deprivation. The data zones used are based on the 2001 Census, and they divide up Scotland into 6,505 areas. A deprivation score is calculated for each data zone and these are ranked from 1 (most deprived) to 6,505 (least deprived). Analyses in this publication use the ten deprivation deciles assigned by ISD, with approximately 10% of the population in each decile. Note that SIMD 2004 was used in analyses for 2004-08, and SIMD 2016 in analyses for 2014-18 (the most relevant SIMD release for each period). For more information on SIMD analyses please see the [ISD website](#).

Self-harm

See [Intentional self-harm](#).

Slope Index of Inequality (SII)

See [Index of inequality](#).

Suicide

In this publication, a suicide is defined as a death resulting from intentional self-harm or undetermined intent. The following World Health Organization (WHO) International Classification of Diseases ICD9 and ICD10 codes are used for the underlying cause:

- Intentional self-harm (ICD9 codes E950-E959; ICD10 codes X60-X84, Y87.0)
- Event of undetermined intent (ICD9 codes E980-E989; ICD10 codes Y10-Y34, Y87.2).

The data comprise suicides occurring in Scotland registered by the National Records of Scotland (NRS). These include a small proportion of deaths for persons who were not resident in Scotland, and exclude deaths of residents of Scotland occurring outwith Scotland. Deaths data are analysed here by date of registration of death rather than date of death. See [Planned revisions and changes](#) for details of suicide coding changes introduced in 2011.

Undetermined intent

This is defined under WHO ICD10 codes as events where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. See the [WHO ICD-10 Browser Site](#) for more information (Chapter XX - External causes of morbidity and mortality, codes Y10-Y34).

About these statistics

Updated suicide data for Scotland were published on 26 June 2019 by the Scottish Public Health Observatory (ScotPHO) team within NHS National Services Scotland's Information Services Division (ISD). This publication consists of a publication summary entitled '[Suicide Statistics for Scotland: Update of trends to 2018](#)' which is hosted on the ISD website, and updated detailed webpages comprising the [suicide](#) topic on the ScotPHO website. Both products are signposted on the ISD website [publications page](#) under the topic of 'Public Health'. This technical report provides background information for the publication, including details of the data and methodology used.

Data on suicides during the period 1982 to 2018 were released concurrently with the National Records of Scotland (NRS) publication on vital events for 2018. NRS are responsible for collection, collation and quality of the original death registration data, which are then shared with ISD under pre-release access agreement to enable the ScotPHO ISD team to produce additional analyses and release on the same publication day.

The ScotPHO publication includes data on suicides (deaths from 'intentional self-harm' or 'events of undetermined intent') at:

- Scotland level – annual numbers of individuals and crude rates, by age group for males, females and persons; annual European Age-Sex-Standardised Rates (EASRs) for all ages, for males, females and persons; and five-year rolling EASRs for males, females and persons.
- NHS board level – Five-year combined numbers, five-year rolling crude rates and EASRs for males, females and persons; and annual numbers for males, females and persons.
- Local Authority level – Five-year combined numbers, five-year rolling crude rates and EASRs for males, females and persons; and annual numbers for males, females and persons.
- Scottish Index of Multiple Deprivation (SIMD) deciles – Five-year combined numbers, five-year rolling crude rates and EASRs for males, females and persons.

The June 2018 publication is an Official Statistics publication produced by ISD staff. It is published online by ScotPHO, a collaboration led by ISD and NHS Health Scotland, and including the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. ScotPHO's aim is to make public health information more accessible and usable to improve health and reduce inequalities in Scotland. For further information, see the [About ScotPHO webpage](#). Note that the ScotPHO suicide publication is an annual overview monitoring report including the most recent data supplied by NRS. It includes time trend data for monitoring progress towards the Scottish Government's suicide reduction target. It does not involve in-depth analysis of the particular circumstances of those who have died by suicide; instead, this is undertaken by the ScotSID publication described in [Other suicide publications](#) below.

Production, roles and responsibilities

The main data used for the ScotPHO Suicide statistics publication are death registrations due to self-harm or undetermined intent occurring in Scotland. The data are collected and collated by NRS, who are responsible for the data's accuracy and timeliness, and used for subsequent analysis by NRS and ScotPHO/ISD. In addition, the ScotPHO publication uses annual mid-year population estimates to calculate crude and standardised rates. These populations are also provided by NRS.

ISD staff who are a part of the ScotPHO collaboration produce this publication on behalf of ScotPHO. The ultimate responsibility for the publication lies with ISD's Head of Profession. Specific staff members are granted early access to the NRS deaths data in order to produce the ScotPHO Suicide statistics publication for the same release date. ScotPHO's analysis and commentary was specifically requested by the Scottish Government and [Choose Life](#), the collaborative organisation conducting the national strategy and action plan to prevent suicide in Scotland. ISD's responsibility is to produce this analysis and commentary in a timely and accurate manner, while producing a publication that also fits the remit of ScotPHO in communicating public health information to a wider audience.

Methodology and reliability of statistics

NRS collects and collates the deaths registration data that are the source for the ScotPHO Suicide statistics. The [NRS page for suicides](#) contains extensive details on how NRS gathers data on deaths which are the result of self-harm or undetermined intent. Further detail on the quality of NRS deaths data is available in NRS vital events [background information](#). The vital events publication by NRS, of which suicide is part, has been assessed and [designated as National Statistics by the UKSA](#).

ScotPHO/ISD analysts run independent checks on the NRS deaths registration data supplied, for example analyses to look at time trends and consistency of patterns in numbers across years by gender, NHS board and local authority. Any anomalies would be queried with NRS. ScotPHO/ISD and NRS independently produce EASRs and compare these for quality assurance during the pre-release period. The two organisations also communicate throughout the preparation of each publication, agreeing definitions and viewing draft text.

Full metadata for the ScotPHO Suicide statistics publication, including commentary on accuracy, completeness and accessibility of the data, are available in [Appendix A4](#).

The analysis for the suicide statistics publication is conducted using standard methodologies. EASRs (and confidence intervals), rolling rates and indices of inequality are described below:

European age-sex standardised rates (EASRs) are produced by applying a European Standard Population (ESP) to the local data. The ESP1976 was used exclusively up until and including the 2013 publication, and partially in the 2014 publication. From the 2015 publication onwards the new ESP2013 is used for all standardised rates, including historical trends.

The age-standardised rate is calculated by multiplying each crude age-specific rate in the local population by the corresponding age group weight from the standard population and then summing up these values over all ages and expressing the rate per 100,000 people. EASRs allow comparison between areas with different population structures, e.g. between Scotland and other European countries, between areas within Scotland (e.g. NHS Boards or local authorities), or for one country or area over time. Note that EASRs for persons are standardised for both age and sex, based on identical ESP2013 population structures for both males and females. Confidence intervals are calculated and presented to give an indication of the robustness of the figures.

In the Excel charts showing EASRs in the suicide publication, vertical lines represent 95% confidence intervals. The confidence intervals describe the degree of uncertainty around the EASR. The width of the confidence interval depends on 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.

In this publication, two EASRs are considered to be significantly different if the 95% confidence interval for the ratio of the two EASRs does not overlap 1.0.

Rolling rates combine figures (by aggregating numerators and denominators then calculating rates) over five-year periods. These periods are advanced by a year each time a new figure is calculated. This technique is used to provide more robust figures with less emphasis on year-to-year fluctuations. This is especially appropriate in the small island boards and for local authority level figures.

Slope and relative indices of inequality (SII and RII) describe the difference or inequality between the rates for different SIMD deciles. The slope index of inequality (SII) is the gradient of the rate across the deciles, and is generally calculated by performing a weighted linear regression. A large (positive or negative) SII indicates that the rate is very different from one decile to the next, while an SII close to zero reflects that the rates are similar.

The SII describes the absolute inequality across SIMD deciles, but it is also possible to construct a relative index of inequality (RII) by dividing the SII by a representative rate. The RIIs presented in this publication are generated using the overall rate for the population in question (persons, males or females).

ISD analytical practice: ISD's main organisational quality guidelines relevant to this publication can be accessed from the following ISD webpages:

- [About Our Statistics](#)
- [Data Definitions & References](#)
- [Terminology Services & Clinical Coding](#).

In common with all NHS boards in Scotland, NHS National Services Scotland is assessed against the Clinical Governance and Risk Management National Standards, which are developed and monitored by NHS Healthcare Improvement Scotland. This reviews the performance of NHS NSS, including ISD, against a number of quality standards. The last review results are [available online](#).

Within ScotPHO/ISD, production of the publication follows Standard Operating Procedures. Standard methods of analysis are used, including EASRs and rolling rates as described above. Confidence intervals are calculated and presented to give an indication of the robustness of the figures. There is also regular liaison with NRS staff responsible for vital events/suicide publications in Scotland, regarding comparability, quality assurance, new developments and timing of releases.

Planned revisions and changes

The ScotPHO Suicide statistics publication follows the [ISD Revisions Policy](#).

Major planned revisions and improvements in the publication are communicated to users via commentary on the ScotPHO webpages and notes on relevant Excel files. Over recent years the major changes have been:

- **In August 2012 (and subsequent publications):** presenting suicide figures for 2011 (onwards) using both new and old coding rules (see below).
- **In August 2013:** moving to the SIMD 2012 release for the deprivation analysis for the most recent period; and changing 2011 population estimate denominators from the original NRS mid-year estimates to those rebased in light of the 2011 Census results. Age groups for the annual Scotland data were changed after discussion with key stakeholders prior to publication.
- **In August 2014:** changing population denominators for 2002 to 2010 from the original NRS mid-year population estimates to those rebased in light of the 2011 Census results; and adopting the 2014 configuration of NHS board boundaries (in line with the NRS vital events publication). The ESP used to calculate EASRs was switched from ESP1976 to the ESP2013 for all rates, including historical trends, with the exception of rates measuring progress towards the 2013 suicide target. These retained the ESP1976 throughout, for consistency and transparency (as agreed in advance and notified to website users on the Key points page in July 2014).
- **In August 2015:** using ESP2013 for all EASR calculations, and five-year (rather than three-year) rolling rates for Scotland, in line with other geographies. The deprivation analysis now compares the most recent five-year period (2010-14, using SIMD2012) to the earliest available five-year period, 2001-05 (using SIMD2004), and includes calculation of indices of inequality. A new spreadsheet comparing the Scotland rates to those of the UK and England & Wales for 1982-2014 was included in the release, using figures from the Office for National Statistics.
- **In August 2016:** the calculation of indices of inequality is now based on a *weighted* linear regression to avoid a small bias due to SIMD deciles having slightly different populations. Suicides of people not resident in Scotland are now excluded from the SIMD calculations, as the decile given for these people is not necessarily an accurate reflection of their socioeconomic status. Non-residents are included in all other analysis as in previous publications. The UK comparison spreadsheet has not been updated, as a more robust comparison has been released by ONS.
- **In June 2017:** moving to the SIMD 2016 release for the deprivation analysis for the most recent period.

Suicide coding conventions: In 2011, NRS changed their 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 deaths data are coded for 2011 onwards 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 classified as suicides. The new coding rules increased the Scotland suicide total, e.g. by 117 deaths (from 772 to 889) in 2011, by 68 deaths (from 762 to 830) in 2012, by 49 deaths (from 746 to 795) in 2013, by 37 deaths (from 659 to 696) in 2014, by 16 deaths (from 656 to 672) in 2015, by 31 deaths (from 697 to 728) in 2016, by 16 deaths (from 664 to 680) in 2017, and by 31 deaths (from 753 to 784) in 2018. The ScotPHO Suicide statistics publication

primarily presents data based on the old coding rules (as estimated by NRS) so that trends over time can be assessed. ScotPHO also presents data from 2011 onwards 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 in 2011 can be found on the [NRS website](#). For specific details on deaths previously coded under 'mental and behavioural disorders' now classed 'self-poisoning of undetermined intent', see the [NRS guidance document](#) [PDF 46Kb].

Note that in England and Wales, changes in suicide figures caused by the new coding conventions were not statistically significant, and therefore new coding conventions are used for suicide analyses from 2011 onwards. Care must be taken in drawing comparisons between countries which may use different coding rules.

Rebased population estimates: Following the publication of results from the 2011 Census, rebased mid-year population estimates which take these figures into account have become available from NRS, first for 2011 and then for 2002 to 2010. These replace the old estimates based on the 2001 Census.

Corrections to 2012-2014 populations: Because of an issue with an input data set there were errors in the mid-year population estimates for 2002 to 2014 released by NRS. The errors had no effect on the total population of Scotland and the 2011 mid-year population estimates were not affected. The error in the 2002 to 2010 population estimates was partly resolved by the retrospective revisions made to these estimates as a result of the 2011 Census and in conjunction with our users we decided not to make any changes to these years.

Corrected versions of the 2012, 2013 and 2014 were released alongside the 2015 populations. For sub-national areas of Scotland the errors only had a very small effect on the total population estimates for council and NHS board areas. The errors mainly affected the age distribution of the estimated population in Scotland, particularly in the age range 17 to 25.

More information about the error and its effect on the mid-year population estimates can be found on the [NRS website](#).

Data zone level population estimates: The 2018 data zone population estimates were not available as of June 2019, and therefore the 2017 population estimates were used in their place.

Coding of poisoning deaths: Procurators Fiscal (PFs) have a responsibility to investigate all sudden, suspicious, accidental and unexplained deaths. This includes all probable suicides that are reported to a PF. How NRS classifies the nature of a traumatic or suspicious death registered in Scotland is usually informed by the view of the PF who, at the conclusion of the investigation, will notify NRS as to whether such a reported death was due to an accident, assault, intentional self-harm or undetermined intent. The last category should be specified in cases "where the evidence is insufficient for the PF to form a view, on the balance of probabilities, as to which of the other categories is appropriate". The current procedure is described briefly on the [NRS website](#). It was introduced in 2009. Since then, there has been a large increase in the percentage of poisoning deaths which PFs have described as being the result of accidents, and a corresponding fall in the proportion which they have described as being due to events of undetermined intent. This has contributed to the fall in the number of probable suicides in recent years. However, it did not cause the whole of the fall: NRS has estimated that, had there been no variation in the percentage of poisoning deaths classed as accidental, there would still have been fewer probable suicides (based on the old coding rules) in 2015 (and 2014) than in the previous five or more years, and that the latest year's number would still have been well below the level seen around the year 2000. Further information can be found on the [NRS website](#).

Use of the ScotPHO Suicide statistics publication

The ScotPHO Suicide statistics publication is used by key stakeholders in the Scottish Government, Choose Life, NHS Health Scotland, NHS boards and local authorities for monitoring and policy purposes. Additional bespoke analysis is carried out for these key users. In addition, the commentary and data are also used outwith this group, particularly by the academic and charitable sectors, and there may be press enquiries following publication.

The publication is included in the ScotPHO news alerts which are e-mailed to over 1,200 registered users of the website. The front pages of the ScotPHO and ISD websites include links to the topic around the time of publication, with the intention of bringing wider attention and engagement. The [ISD publication summary](#) (summarising the ScotPHO publication Key points) is available on the ISD publication pages which also include a 'rate this publication' feedback form. The publication is pre-announced on the ISD website and also communicated via the National Services Scotland Twitter account, with the aim of engaging a wider audience.

Examples of interaction with users of these data outwith government and the NHS include:

- Church of Scotland. [Suicide among young men: the Church as a community of carers](#), PDF (198KB).
- University of Manchester. [The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2014](#). PDF (1.8MB).
- Samaritans. [Suicide Statistics Report 2014](#), PDF (2MB).

As of May 2014, each of these users of our statistics has been contacted to ask for feedback on their use of the publication. A summary of feedback to date is included in this paper in [Appendix A3](#).

Archive

Information on suicide statistics 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. This 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](#) [PDF 118KB], the ScotPHO ISD team was asked to ensure that the current and historic releases of the suicide statistics webpage content were disseminated in forms that “enable and encourage analysis and re-use”. Therefore, a series of links is given to “reports” created by taking snapshots of all of the Suicide publication pages at a given date. See the [Archive page](#) on the website.

Note that while the number of suicides in any given year is final at the time of publication and not subject to change, these archived publications should be used with a degree of caution, as suicide coding conventions, available population estimates and SIMD versions used for deprivation analysis can be updated and affect the rates. Please take care not to access an archive version if you are looking for the most recent report.

Note also that the pop-up charts and downloadable Excel data files referred to in the text will not function in archived PDF files. These Excel files are available on request by contacting scotpho@nhs.net.

Other suicide publications

a) [National Records of Scotland](#) (NRS) produces annual suicide statistics as part of their Vital Events publication. Death registration data are presented from 1974 and include:

- Annual figures for males, females and persons by cause, and 5-year moving averages.
- Annual deaths by suicide method and by usual country of residence.
- Annual deaths by age group for males, females and persons.
- Annual deaths for persons by NHS board and local authority, and 5-year moving averages.

The main NRS publication includes key points and extensive commentary on the results and on technical issues such as definition of the statistics, how suicide data are collected, and coding changes applied in 2011.

The ScotPHO publication is consistent with the NRS publication, using the same death registration data and following the same methodology on suicide coding changes. It focuses on directly standardised rates to draw comparisons over time and between geographies. The ScotPHO suicide publication has expanded analysis and commentary, including standardised rates by NHS board and local authority and analysis by SIMD decile.

b) The Scottish Suicide Information Database (ScotSID) is a separate product maintained and developed by ISD. It aims to provide a central repository for extensive information on all probable suicide deaths occurring in Scotland, in order to support preventive activity as well as epidemiology and policy-making. The database includes information on death registrations, demography and contact with health services, and will eventually provide further details relating to the suicide event and individuals' wider social circumstances.

[ScotSID reports](#) are published annually by ISD on the ISD website. They include extensive breakdowns on factors such as the method and location of suicide, deprivation level, urban-rural status, marital and employment status and occupation, and information on prescriptions for mental health medicines and prior contact with a wide range of hospital services.

The deaths information presented in ScotSID is broadly in line with the suicide statistics publication; both are based on NRS death registrations and population estimates and the same approach to coding conventions. However, the ScotSID report is far more detailed, investigating the circumstances around suicidal events and the individuals involved, and focusing on prior contact with health services. Further research is planned to explore the depths of the existing data, and the database is being expanded to allow more intelligence-based reporting. In addition, ScotSID benefits from the engagement of an expert Steering Group which applies specialist knowledge of the topic to the commentary, to set the results in context and start to draw messages for suicide prevention.

This year, the ScotSID report will be published in Autumn 2019, and will include deaths up to 2018

c) [The Office for National Statistics](#) (ONS) produces a range of publications and statistical bulletins on suicide and self-harm. Analysis and commentary is included for data from 1971 onwards at the UK level, England and Wales and governmental regional and local authority levels, and is provided as numbers and European age-standardised rates by sex, and for various age groups.

Some ONS publications include data for Scotland and Northern Ireland too; these are reported on the [ScotPHO web page](#). Note that caution is needed in comparing suicide rates in Scotland with those in England and Wales, as there are a number of differences in the collection and

treatment of suicide data. Data for England and Wales are only published for deaths of individuals over the age of 15, while the Scotland numbers are for all ages. Excluding these age categories has a substantial effect on the calculation of standardised rates, so in general the ONS publications reports different rates to this publication. The two analyses do not use precisely the same set of codes for classifying suicide (see [Glossary](#)), with ICD-10 codes Y87.0 and Y87.2 included for Scotland but not England and Wales. In addition, in England and Wales whether a death due to injury is classified as intentional or accidental depends on information provided by coroners. In some cases, narrative verdicts from coroners do not indicate clearly 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. However, a study of narrative verdicts provided in the ONS Statistical bulletin [Suicides in the United Kingdom, 2013](#) indicates that the impact of this should be relatively small.

d) The Northern Ireland Statistics and Research Agency ([NISRA](#)) produce related statistics on Suicide deaths in Northern Ireland. These include annual data from 1970 on suicides in Northern Ireland by sex and age group, crude rates from 1971 for males, females and persons, suicide data for persons from 1997 for a wide range of geographical breakdowns, and annual suicide data from 2001 by Northern Ireland Measure of Deprivation (NIMD). Note that the NISRA and ONS publications use the new suicide coding conventions for recent years, whereas the old coding conventions are used in Scotland for looking at time trends, and so care should be taken when comparing figures.

e) The primary source for international comparisons of suicide rates is the Organisation for Economic Cooperation and Development (OECD) [Health at a Glance report](#), which compares the rate of suicide in OECD member countries. Data on suicide rates across OECD countries is also published on the [OECD website](#).

The ScotPHO web page [Suicide: international](#) includes information on international comparisons of suicide rates from published sources, along with warnings on interpretation of differences between.

Appendices

A1 – Early Access details (including Pre-Release Access)

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving Pre-Release Access.

Pre-Release Access:

- Scottish Government Health Department
- NRS:
Frank Dixon
Frank.Dixon@nrscotland.gov.uk
Julie Ramsay
Julie.Ramsay@nrscotland.gov.uk
- National Programme for Suicide Prevention:
Shirley Windsor
Shirley.windsor@nhs.net
Ruairi O'Brien
Ruairi.O'Brien@nhs.net

A2 – Errors and corrections log

Publication affected	Date error found	Error details	Corrections made	Contact with stakeholders	Date resolved
August 2012	04/09/2013	<p>Cut and paste errors to:</p> <p>1. Table for health board level male EASRs for the 5-year rolling period 1993-97</p> <p>2. Tables for SIMD decile crude rates for males and females for 2008-12.</p>	<p>Errors identified, replaced with correct data.</p> <p>Affected Excel files re-uploaded, with clear notes to indicate they are new versions and describe previous error. Relevant ScotPHO pages updated with same note.</p>	<p>Email to all stakeholders and known users of data to explain error and extent of effect, outline correction made.</p>	19/09/2013

A3 – Customer feedback log

User of statistics (1):	Knowledge and Policy: http://www.knowandpol.eu/
Use or relevant publication:	Knowledge And Policy - Indicating mental health in Scotland , PDF 1.3MB.
Feedback via:	Email, dated 26/05/2014
Comments:	<p>“We were interested in the use of suicide statistics for motivating and monitoring mental health policy in Scotland. Your reports were very useful for two reasons: 1) the statistics demonstrated the extent to which suicide was a significant problem in Scotland; 2) by cross-matching these statistics with interview responses we were able to show the power of suicide data for lobbyists drawing attention to mental health problems in Scotland. This attention eventually brought about significant policy change in Scottish mental health policy. The statistics were clear enough for me (a non-statistician) to understand and use.”</p>
User of Statistics (2):	Samaritans UK: http://www.samaritans.org/
Use or relevant publication:	Samaritans - Suicide Statistics Report 2013.
Feedback via:	Email, dated 03/06/2014
Comments:	<p>“The Scottish Public Health Observatory (ScotPHO) suicide publication is the main source of information for me as a researcher and Samaritans as an organisation, for information about suicides in Scotland. The publication is clear and provides all of the necessary information about suicide deaths so that this area is easily understood by the user. In my opinion, it is the most thorough of the national publication about suicide statistics across the UK and ROI. As well as making data tables easily accessible and clear, it provides detailed information about the coding of deaths which is written in an accessible way. Suicide statistics, in my experience are notoriously complicated and the differences in the way that national data is produced and published can make this a topic even more difficult to get to grips with - the ScotPHO publication seems to recognise this and therefore provide sufficient information to help the user understand as much as possible.</p> <p>“The calculation of rates and other analyses are well documented and it is clear how these have been produced, and what they are and are not comparable to. The pages are generally easy to navigate and clearly set out so that data is easy to find.”</p>

A4 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Suicide Statistics for Scotland: Update of trends to 2015
Description	Annual update of suicide information for Scotland, including numbers and rates of suicide at Scotland, NHS board and LA level and by deprivation decile. These figures are published on the ScotPHO website to coincide with the release of the latest (2015) statistics on suicide by the National Records of Scotland (NRS).
Theme	Health, Wellbeing & Disease
Topic	Suicide
Format	Web pages and downloadable Excel files
Data source(s)	National Records of Scotland (NRS) finalised death registrations and mid-year population estimates
Date that data are acquired	25 May 2018 (on pre-release access from NRS)
Release date	27 June 2018
Frequency	Annual
Timeframe of data and timeliness	Time trends by calendar year presented, from 1982 until most recent year available (2017). Also some 5-year rolling averages.
Continuity of data	<p>In 2011, NRS made a change to the way deaths are classified in order to match World Health Organization (WHO) updates to codes. This has resulted in deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and therefore included in the suicide figures. For 2011 onwards, in addition to the new figures this publication presents data using NRS estimates based on the old coding rules, in order to assess time trends and enable monitoring of progress towards targets.</p> <p>Full details on changes to the coding of causes of death between 2010 and 2011 can be found on the NRS website.</p>
Revisions statement	Minor changes are planned in this update
Revisions relevant to this publication	<p>Changes/improvements introduced this year:</p> <ul style="list-style-type: none"> • SIMD analysis now excludes non-residents. • Calculate of SII and RII has been refined to take into account slightly differences in the total populations of the SIMD deciles.
Concepts and definitions	Suicide is defined here as including deaths from intentional self harm and events of undetermined intent. See also Glossary .

Relevance and key uses of the statistics	This ScotPHO website topic aims to provide the public health community with easy access to clear and relevant information and statistics on suicide, to support decision-making and measure progress towards the suicide reduction target.
Accuracy	The ISD calculations such as EASRs are subject to a range of validation/checking processes, and are cross-checked where possible against NRS figures. Additional information is taken from reputable published sources.
Completeness	The quality and completeness of the deaths data are discussed in http://www.scotpho.org.uk/publications/overview-of-key-data-sources/scottish-national-data-schemes/deaths
Comparability	UK and international comparisons are included in the publication, and any comparability issues are highlighted.
Accessibility	See ScotPHO accessibility statement: http://www.scotpho.org.uk/about-us/scotpho-website-policies-and-statements/accessibility
Coherence and clarity	The topics on the ScotPHO website are laid out in a common format to ease navigation.
Value type and unit of measurement	Numbers, crude rates and European age-standardised rates (rates for persons are age-sex standardised).
Disclosure	Medium risk of disclosure linked to the information published; further disclosure control methods employed.
Official Statistics designation	Official statistics
UK Statistics Authority Assessment	Put forward for assessment in summer 2013.
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A5 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.