Suicide: key points

- There were 805 probable suicides (deaths from intentional self-harm and events of undetermined intent) registered in Scotland in 2020, compared to 833 in 2019. 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 802 suicides in 2020 and 819 in 2019.
- In 2020, the suicide rate for males was more than twice that for females.
- In 2016-20, the suicide European age-sex-standardised rate (EASR) was nearly four times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (24.6 deaths per 100,000 population compared to 6.7).
- While suicide rates are strongly related to deprivation level, this difference or inequality has decreased between 2006-10 and 2016-20.
- The suicide rate varies between different areas within Scotland and fluctuates over time. For 2016-20, seven NHS Board areas had a higher European age-sex-standardised rate than the Scotland average.
- The most recent available data from ONS suggests that Scotland has 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. 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 information from National Records of Scotland on deaths from suicide registered in 2020, was completed in **August 2021.** (Please see the Suicide Statistics technical paper for details of changes in methodology for this update.)
- The next major update, adding suicides registered in 2021, is due in **June 2022.**

**Contacts:**
This is a National Statistics Publication for Scotland produced by Public Health Scotland (PHS) on behalf of ScotPHO. See the PHS About Our Statistics web page for further information on PHS and Official Statistics.

User engagement:

ScotPHO and PHS 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 mailto:phs.scotpho@phs.scot.

Page last updated: 17 August 2021
Suicide: introduction

Suicide is a leading cause of death in Scotland among people aged 15-34 years. In 2019, suicide accounted for 31% of all male deaths in this age group (196 out of 639 deaths), and 23% of all female deaths (65 out of 286 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.

In 2019, the Scottish Government released the new suicide prevention action plan in which it sets out clear actions leaders at a national, regional and local level must take to transform society’s response and attitudes towards suicide.

"The Scottish Government’s vision, which is shared by our partners in mental health and suicide prevention, is of a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business."


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.

Page last updated: 17 August 2021
Suicide: policy context

In 2019, the Scottish Government released the new Suicide Prevention Action Plan: Every Life Matters in which it sets out clear actions at a national, regional and local level to transform society’s response and attitudes towards suicide.

One of the actions 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 aim of the action plan is summarised well from their vision statement

We envisage a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business.

Our vision is supported by our key strategic aims of a Scotland where:

- people at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support;
- people affected by suicide are not alone;
- suicide is no longer stigmatised;
- we provide better support to those bereaved by suicide; and
- through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

This will be evidenced by a target to further reduce the rate of suicide by 20% by 2022 (from a 2017 baseline). In 2013, the World Health Organization adopted a global target for a 10% reduction by 2020. If the Scottish suicide rate decreased by the same amount in the next 5 years as it has over the last decade, then a 14% reduction would be anticipated. To achieve this, the active momentum of suicide prevention work has to continue. By setting a 20% target we commit to even greater additional ambition and at faster pace.

Leaders at a national, regional and local level have a key role to play in creating a culture that ensures that learning is taken from every death by suicide, in order to help prevent future suicides. Stakeholder collaboration will be at the heart of our approach.

Previous key policy documents include:

- In 2019, the Scottish Government released the new Suicide Prevention Action Plan: Every Life Matters in which it sets out clear actions leaders at a national, regional and local level must take to transform society’s response and attitudes towards suicide.
- 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.
Suicide: data introduction

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**

<table>
<thead>
<tr>
<th>Data dimensions/geographies</th>
<th>Data presented? (Y=yes; N=no)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers and rates</td>
</tr>
<tr>
<td>By sex</td>
<td>Y</td>
</tr>
<tr>
<td>By age group</td>
<td>Y</td>
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<tr>
<td>By deprivation group</td>
<td>Y</td>
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<tr>
<td>By NHS board area</td>
<td>Y</td>
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<tr>
<td>By local authority area</td>
<td>Y</td>
</tr>
<tr>
<td>Time trend</td>
<td>Y</td>
</tr>
<tr>
<td>National target</td>
<td>N</td>
</tr>
<tr>
<td>Comparison with UK/GB</td>
<td>Y</td>
</tr>
<tr>
<td>International comparison</td>
<td>Y</td>
</tr>
</tbody>
</table>

Note also that our 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 2021 (132KB)
- Suicide: NHS board overview 2021 (311KB)
- Suicide: Local authority overview 2021 (340KB)
- Suicide: Deprivation overview 2021 (138KB)

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This is a National Statistics Publication for Scotland produced by Public Health Scotland (PHS) on behalf of ScotPHO. See the PHS About Our Statistics web page for further information on PHS and Official Statistics.

Page last updated: 17 August 2021
Suicide: Scottish trends

In 2020, 805 suicides were registered in Scotland (575 males and 230 females), compared to 833 (620 males and 213 females) in 2019. 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 802 suicides (572 males and 230 females) for 2020, and 819 (608 males, 211 females) for 2019. 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 2021 (132KB) contains numbers and rates of suicides by sex and age group, between 1982 and 2020. It also includes trends for 5-year rolling average EASRs (all ages) overall and for males and females separately.

In 2020 the overall European age-sex-standardised rate (EASR) was 15.0 deaths per 100,000 population, slightly lower than the 2019 figure of 15.5 per 100,000 and higher than the 2018 figure of 14.6 per 100,000. For males, the suicide EASR in 2020 was 21.6 per 100,000 compared to 23.3 per 100,000 in 2019. For females, the suicide EASR in 2020 was 8.3 per 100,000, higher than the rate in 2019 (7.6 per 100,000). In 2020, the suicide rate for males was over twice that for females.

Chart 1 shows trends in annual suicide rates in Scotland over the past 39 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 EASRs over the 39-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 EASR follows a similar pattern to the persons EASR, while for females, EASRs have decreased steadily from 10.7 deaths per 100,000 in 1982 to 8.3 per 100,000 in 2020.

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 shows age-specific crude suicide rates (using the old coding rules) for males in two five-year time periods twenty years apart: 1996-00 and 2016-20. Between these two periods rates have fallen for males of most age groups, except for males aged 45-54 and 55-64 years. The age distribution of deaths has changed slightly over time, with the highest suicide rate now in males aged 45-54 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 shows the equivalent rates for females. The rate has fallen for the majority of age categories, though the suicide rate for females aged 35-44, 45-54, and 55-64 years has increased slightly. The highest rates for females are among those aged 45-54 years, the same as males. The largest absolute falls in the rates between the two time periods were in females aged 25-34, 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 presents the trends in annual EASRs over the last 39 years for intentional self-harm and events of undetermined intent separately (using old coding rules). Undetermined intent deaths peaked in 2007 and have been on a steady decline since. After peaking in 2000, intentional self-harm deaths declined in the decade 2000-10, but appear to be rising again in recent years.
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 downloadable file Suicide: NHS board overview 2021 (311KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1986-90 to 2016-20 (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 2020, with the figures from 2011 onwards based on both the old and new coding rules (Table 5).

The suicide rate varies between different areas within Scotland and fluctuates over time. For 2016-20, seven NHS Board areas had a higher European age-sex-standardised rate than the Scotland average.

There is considerable fluctuation over time in the EASRs for the NHS Board areas. Comparing overall suicide rates in 1986-90 and 2016-20, NHS Greater Glasgow and Clyde, NHS Shetland, and NHS Western Isles all showed a significant decrease, while NHS Orkney 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.

Page last updated: 17 August 2021
Suicide: by local authority

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

The downloadable file Suicide: Local authority overview 2021 (340KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1986-90 to 2016-20 (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 2020, 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 2016-20 than the rest of Scotland, with East Dunbartonshire, East Renfrewshire, East Lothian, and Renfrewshire having a significantly lower rate and Dundee City, Falkirk, Glasgow City and Highland having a significantly higher rate.

There are considerable fluctuations over time in the EASRs for local authorities. Comparing the overall rates in 1986-90 and 2016-20, East Renfrewshire, Glasgow City, and Shetland Islands all showed a significant decrease, while Orkney Islands and Dundee City 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.

Page last updated: 17 August 2021
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) 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 2021 (138KB) shows suicide numbers, crude rates and European age-standardised rates (EASRs) by SIMD decile, by sex, for two 5-year time periods (2006-10 and 2016-20). 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 2009v2 for the 2006-10 rates, and SIMD 2020v2 for 2016-20. 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 2016-20, the EASR of suicide in the most deprived decile was almost four times larger than the rate in the least deprived decile (24.6 deaths per 100,000 population compared to 6.7 per 100,000). There was a similar deprivation pattern for males and females separately.

This gap between the most and least deprived areas is comparable to 2006-10, where the most deprived areas again had a suicide EASR almost four times larger than the least deprived areas (28.9 per 100,000 compared to 7.9 per 100,000). Compared to 2006-10, the suicide rate has decreased in every decile except for the second- and sixth-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 for females and overall. More information on the SII and RII can be found in the Suicide Statistics technical paper.

In conclusion, between 2006-10 and 2016-20, the overall rate of suicide has decreased in almost every decile, though inequalities in suicide rates associated with deprivation remain.

Page last updated: 17 August 2021
Suicide: in the UK

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

The ONS bulletin *Suicides in the United Kingdom, 2017 registrations* compares the suicide EASRs for the different countries in the UK between the years 1981 and 2017. Chart 1 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.

Suicide rates for Scotland and Northern Ireland were unavailable from ONS for 2020 at the time of analysis. Annual figures across the UK will be updated at a later stage.

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*.

Page last updated: 17 August 2021
**Suicide: international**

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

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

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.

Page last updated: 17 August 2021
Suicide: mental illness

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

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

PHS's report Scottish Suicide Information Database details contact that had been made prior to death by suicide with hospital and community services.

Information on mental health in Scotland is available on the Mental Health section of this website.

Page last updated: 17 August 2021
Suicide: key data sources

National Records of Scotland (NRS) 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.

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

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

Page last updated: 17 August 2021
Suicide: key references and evidence

Suicide Statistics technical paper for these web pages


Other references


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.


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


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)

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Page last updated: 17 August 2021
Suicide: useful links

PHS’s Scottish Suicide Information Database report presents results from the Scottish Suicide Information Database (ScotSID).

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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Page last updated: 17 August 2021
ARCHIVE - Suicide

Suicide Statistics – archived publications.

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. 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 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 2019 - December 2020** (1.3 MB)

Archive reports

*Suicide Statistics to 2018 - June 2019* (883KB)

*Suicide Statistics to 2017 - June 2018* (740KB)

*Suicide Statistics to 2016 - August 2017* (706KB)

*Suicide Statistics to 2015 - August 2016* (183KB)

*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 phs.mentalhealth@phs.scot

Page last updated: 17 August 2021