

## ScotPHO Suicide Statistics Publication – released August 2022

**NOTE: This is an Archive Report of the content of the Suicide Statistics web pages on the ScotPHO website, as updated in August 2022. 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 [phs.scotpho@phs.scot](mailto:phs.scotpho@phs.scot).**

### Suicide: key points

- There were 753 probable suicides (deaths from intentional self-harm and events of undetermined intent) registered in Scotland in 2021, compared to 805 in 2020. 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 752 suicides in 2021 and 802 in 2020.
- Three-quarters (75.03%) of people who died by suicide in 2021 were male (565 males, 188 females).
- The highest crude rate of suicide for both males and females occurred in the 45 – 54 age group in 2021.
- In 2017-21, the suicide European age-sex-standardised rate (EASR) was over three times higher in the most deprived tenth of the population (decile) compared to the least deprived decile (24.3 deaths compared to 6.9, respectively, per 100,000 population).
- While suicide rates remain strongly related to deprivation level, the magnitude of this difference or inequality was slightly lower in 2017-21 (15.3 per 100,000) than in 2007-11 (14.1 per 100,000).
- The most recent available data (2017) 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 2021, was completed in **August 2022**. (Please see the [Suicide Statistics technical paper](#) for details of changes in methodology for this update.)
- The next major update, adding suicides registered in 2022, is due in **August 2023**.

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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.

**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: 21 July 2022

## Suicide: introduction

Suicide is a leading cause of death in Scotland among people aged 15-34 years. In 2020, suicide accounted for 28% of all male deaths in this age group (195 out of 706 deaths), and 18% of all female deaths (53 out of 295 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 2018, 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.”

[The epidemiology of suicide in Scotland 1989-2004](#) examines temporal trends and risk factors.

[Risk and Protective Factors for Suicide and Suicidal Behaviour](#) is a systematic international literature review of review-level data on suicide risk factors and primary evidence of protective factors against suicide.

Please note that when analysing suicide data, it is conventional to combine deaths by intentional self-harm with deaths of undetermined intent, and this is what is done in this section. Research indicates that most deaths of undetermined intent are likely to be suicides. We refer to the data as 'suicides' but the term 'probable suicides' may also be used to acknowledge the inclusion of deaths of undetermined intent.

## Suicide: policy context

In 2018, 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 2018, 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.

- In 2020, the Scottish Government published its [mental health - transition and recovery plan](#) which outlines its response to the mental health impacts of COVID-19. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health. The plan includes a series of commitments on suicide prevention.

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## 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**

Data dimensions/geographies	Data presented? (Y=yes; N=no)	
	Numbers and rates	Historical trends
By sex	Y	Y
By age group	Y	Y
By deprivation group	Y	N
By NHS board area	Y	Y
By local authority area	Y	Y
Time trend	Y	Y
National target	N	N
Comparison with UK/GB	Y	Y
International comparison	Y	N

Note also that our [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 2022](#) (123KB)
- [Suicide: NHS board overview 2022](#) (162KB)
- [Suicide: Local authority overview 2022](#) (265KB)
- [Suicide: Deprivation overview 2022](#) (113KB)

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## Suicide: Scottish trends

In 2021, 753 suicides were registered in Scotland (565 males and 188 females), compared to 805 (575 males and 230 females) in 2020. 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 752 suicides (564 males and 188 females) for 2021, and 802 (572 males, 230 females) for 2020. 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 2022](#) (123KB) contains numbers and rates of suicides by sex and age group, between 1982 and 2021. It also includes trends for 5-year rolling average EASRs (all ages) overall and for males and females separately.

In 2021 the overall European age-sex-standardised rate (EASR) was 14.0 deaths per 100,000 population, slightly lower than the 2020 figure of 15.0 per 100,000 and the 2019 figure of 15.5 per 100,000. For males, the suicide EASR in 2021 was 21.2 per 100,000 compared to 21.6 per 100,000 in 2020. For females, the suicide EASR in 2021 was 6.7 per 100,000, lower than the rate in 2020 (8.3 per 100,000). In 2021, the suicide rate was 3.2 times higher for males than for females.

Chart 1 shows trends in annual suicide rates in Scotland over the past 40 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 40-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 6.7 per 100,000 in 2021.

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: 1997-01 and 2017-21. 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 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 40 years for intentional self-harm and events of undetermined intent separately (using old coding rules).

Deaths being coded as undetermined intent rose slightly in the early years of this period, steadily declining since 2007. There was a decline in deaths being coded as intentional self-harm in the

decade 2000-10, though this appears to have risen again in recent years. It cannot be determined with the available data whether these changes are due to shifts in coding practice or changes in intent.

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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 downloadable file [Suicide: NHS board overview 2022](#) (162KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1987-91 to 2017-21 (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 2021, 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.

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](#).

## 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 2022](#) (265KB) presents numbers, crude rates and European age-standardised rates (EASRs) for 5-year periods from 1987-91 to 2017-21 (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 2021, with the figures from 2011 onwards based on both the old and new coding rules (Table 5).

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

For background information on the use of annual rates and rebased populations, please see the [Suicide Statistics technical paper](#).

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## Suicide: deprivation

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 2022](#) (113KB) shows suicide numbers, crude rates and European age-standardised rates (EASRs) by SIMD decile, by sex, for two 5-year time periods (2007-11 and 2017-21). 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 2007-11 rates, and SIMD 2020v2 for 2017-21. 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 2017-21, the EASR of suicide in the most deprived decile was 3.5 times larger than the rate in the least deprived decile (24.3 deaths per 100,000 population compared to 6.9 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 2007-11, where the most deprived areas again had a suicide EASR 3.3 times larger than the least deprived areas (28.2 per 100,000 compared to 8.5 per 100,000). Compared to 2007-11, the suicide rate has decreased in every decile except for the fifth-, seventh-, and ninth-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. More information on the SII and RII can be found in the [Suicide Statistics technical paper](#).

In conclusion, between 2007-11 and 2017-21, the overall rate of suicide has decreased in most deciles, though inequalities in suicide rates associated with deprivation remain.

## 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 2021 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](#).

## 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.

## 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 May 2021 report [Scottish suicide information database](#) details contact that had been made prior to death by suicide with hospital and community services. The November 2021 release of [Scottish suicide information database](#) details deaths by suicide prior to and during the COVID-19 pandemic.

Information on mental health in Scotland is available on the [Mental Health](#) section of this website.

## 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.

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## Suicide: key references and evidence

### Suicide Statistics technical paper for these web pages

Barry S., Bates E., Murray C. Suicide Statistics: technical paper. Scottish Public Health Observatory, Public Health Scotland. 2022. (437KB)

### Other references

Boyle P, Exeter D, Feng Z, Flowerdew R. Suicide gap among young adults in Scotland: population study. *BMJ* 2005; 330: 175-6.

Camidge RD, Stockton DL, Frame S, Wood R, Bain M, Bateman DN. Hospital admissions and deaths relating to deliberate self-harm and accidents within five years of a cancer diagnosis: A national study in Scotland, UK. *BJC* 2007; 96: 752-757.

Gunnell D, Hawton K, Kapur N. [Coroners' verdicts and suicide statistics in England and Wales](#). *BMJ* 2011;343: d6030.

Hawton K (ed). Prevention and treatment of suicidal behaviour: from science to practice. *Oxford University Press*, 2005.

Levin KA, Leyland AH. Urban/rural inequalities in suicide in Scotland, 1981-1999. *Soc Sci Med* 2005; 60: 2877-90.

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

Platt S, Boyle P, Crombie I, Feng Z, Exeter D. [The epidemiology of suicide in Scotland 1989-2004](#): an examination of temporal trends and risk factors at national and local levels. Scottish Executive, 2007.

[Risk and Protective Factors for Suicide and Suicidal Behaviour](#): A systematic international literature review of review-level data on suicide risk factors and primary evidence of protective factors against suicide. Scottish Government, 2008.

A report by Meltzer and others titled [Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain](#) (631kb) presents the analysis of the data on suicidal thoughts and attempts collected in the 2000 ONS survey of psychiatric morbidity among adults in Great Britain.

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

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

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

[Towards a Mentally Flourishing Scotland, 2009-2011](#): This policy and action plan outlines the Government's plans for mental health improvement for the period 2009-2011. Scottish Government, 2009

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

### Effectiveness evidence

ScotPHO's purpose is to describe the pattern of health across the Scottish population. As a supplementary service to users, we include the following links to external sources of quality-assured evidence on effectiveness of interventions which may include relevant material for this topic. These links are provided as an aid to users. They are by no means exhaustive nor should they be necessarily viewed as authoritative.

[NHS Health Scotland: Scottish briefings on NICE public health guidance](#)

[Centre for Reviews and Dissemination](#)

[Cochrane Library: Browse by topic](#)

[EPPI-Centre: Evidence library](#)

[National Institute for Health and Care Excellence \(NICE\) Evidence services: Evidence search](#)

[National Institute for Health and Care Excellence \(NICE\) Guidance: Find guidance](#)

[Scottish Intercollegiate Guidelines Network \(SIGN\)](#)

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## 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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## 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 2021 - August 2022 \(615KB\)](#)

#### Archive reports

[Suicide Statistics to 2020 - August 2021 \(615KB\)](#)

[Suicide Statistics to 2019 - November 2020 \(809KB\)](#)

[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\(167KB\)](#)

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