

SAMARITANS

Suicide Statistics Report 2012 ***Data for 2008-2010***

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Samaritans – taking the lead to reduce suicide

Suicide remains a major public health issue and is a devastating event for families and communities. Samaritans' Strategy 2009-2015, outlines Samaritans' commitment to take the lead to reduce suicide. This will be achieved through the delivery of our helpline services, reaching out to high risk groups in communities, working with other organisations and services, and influencing public policy.

***“Samaritans believes that a reduction in Suicide is not only possible but that it is an urgent and important priority which does not receive enough attention”
– Samaritans' Strategy 2009-2015.***

⇒ In 2010, 20% of contacts with Samaritans (over 500,000) involved individuals expressing suicidal feelings.

Achieving a reduction in suicide involves reaching more people who may be at risk of taking their own lives; which can only be achieved by understanding which groups of individuals are particularly at risk of suicidal thoughts and behaviours.

This document provides a description of the numbers and rates of suicide within the UK and the Republic of Ireland (ROI), using the data which is available from the official statistical bodies; it does not provide explanations for the trends in suicide rates within or between nations.

The collation of suicide statistics for the UK, England, Wales, Scotland, Northern Ireland and ROI is not routinely provided by any other organisation. There are significant challenges in collating the suicide statistics from across the UK and ROI. There are variations in the calculation methods of suicide rates between the national statistical agencies and differences in the data. This leads to challenges in the collation and analysis of suicide statistics and comparisons across countries. In order to understand and prevent suicide it is very important that suicide data is as accurate and comprehensive as possible. This document also includes some comment on these issues, statistics and the availability of data.

Data sources – UK

The UK data in this document has been provided by the official statistical bodies: Office for National Statistics (ONS; overall UK data, England and Wales), the National Records of Scotland (NRS; Scotland; previously the General Register Office for Scotland), and the Northern Ireland Statistics and Research Agency (NISRA; Northern Ireland). The most recent data available and discussed in this document is from 2010 (data published in 2011).

All suicide rates shown have been calculated by the respective statistical agencies named above.

Rates provided by the ONS for the UK, England and Wales are age standardised to the European Standard Population.

Rates provided by NRS are age standardised for the overall male, female and person rates; rates broken down by age group are crude rates. All rates provided by NISRA are crude rates. Therefore these rates must be treated with caution when comparisons between countries are made.

Data sources – ROI

Suicide statistics for ROI are provided by the Central Statistics Office for Ireland (CSO) and are provided in this document separately to the UK data. This is because there are fundamental differences in the statistical categories used to that make up the suicide figures between the ROI and the UK, which means the statistics are not comparable.

Suicide definitions

The UK definition of suicide in statistical terms can be found in Box 1 on page 7. This is in line with guidance from the ONS as to how a death is classified as suicide; NRS and NISRA also use this definition. The statistics for ROI, however, do not include deaths classified as

undetermined intent as suicides and deaths by suicide are only classified by ICD-10 codes X6-X84 (see Box 1). It would therefore be misleading to include these statistics alongside those for the UK as this may imply that they are comparable.

Data for suicides in the ROI provided by the CSO for all three years shown relate to the number of deaths registered in that calendar year, rather than deaths occurring in that calendar year. The ONS, NISRA and NRS figures are all relating to deaths occurred in a given year.

See Box 1 and the Suicide Statistics Reliability section of this document for further explanation of why this may affect reporting and comparisons.

Note on the availability of suicide data

The data available on suicide from the official statistical bodies is limited. The different statistical bodies provide different demographic descriptors; for example, age bands provided differ and some will provide rates of all persons whereas others only provide male and female data separately. Additional information is sometimes available on request, but other information, such as ethnicity, is not included in the recording of a suicide.

The various Government Public Health or alternately Suicide Prevention agencies in each of the different nations generally undertake more in-depth analysis of suicide statistics, and may include data from other sources. This is done differently in each country. In some instances detailed analysis of suicide data is provided as part of annual reports on progress within the national suicide strategies; in other instances detailed reports are provided on an ad hoc basis.

Understanding suicide statistics

This document gives details about the numbers and rates of suicides in the UK and ROI. It is important to understand the differences between numbers and rates in order to use this information correctly.

Things to consider when using suicide statistics:

- The number of suicides in a group (for example, in a country or for a specific age group) can give a misleading picture of the prevalence of suicide when considered alone. Rates per 100,000 people are produced to take into account the effect of population size on the number of suicides. An area or group with a larger population may have a higher number of suicides because the population is larger; but the rate per 100,000 may be lower than a smaller area or group with a smaller number of suicides.
- The size of populations must also be considered when looking at suicide rates; smaller populations often produce rates that are less reliable as the rates per 100,000 are based on small numbers; therefore differences in the number of suicides may have a bigger impact on the rate than in a larger population. Examples of this might be suicide in older people, as the numbers and the population sizes are low.
- In the UK, a coroner is able to give a verdict of suicide for those as young as 10 years. However, rates per 100,000 produced by ONS are only available for ages 15 years and over. This is due to the known subjectivity between coroners with regards to classifying children's deaths as suicide. NISRA and NRS, however, do provide rates from as

young as 10 years and rates for all persons, males and females are based on all ages.

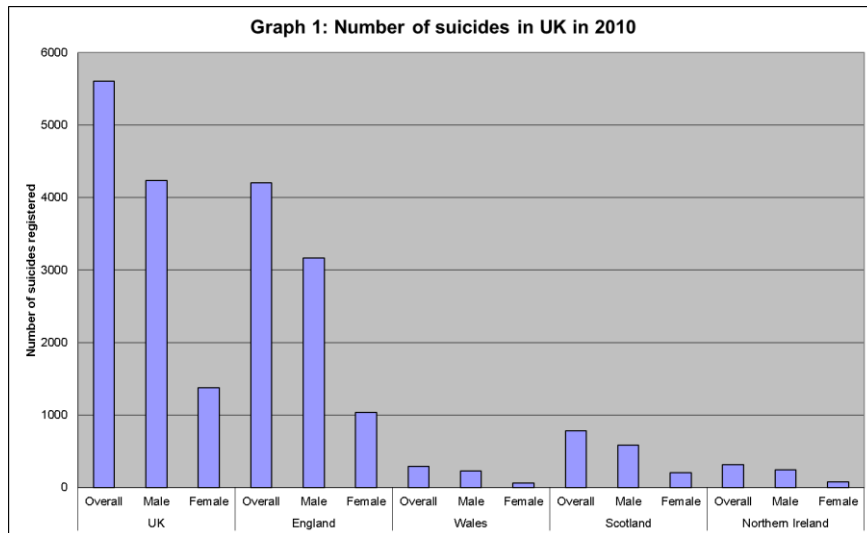
- The overall rates for all persons, males and females for ROI are based on those aged 15 and over also; however the rates for individual age groups are also produced for those as young as 10-14 years.
- When comparing trends over time it is important to look over a relatively long period. Increases and decreases for a year at a time should not be considered in isolation. There may be natural fluctuations year-on-year and these should not be viewed as 'true' increases or decreases that are attributable to any psycho-social predictors.
- Attention must also be paid as to whether rates that are produced are 'crude rates' or 'age standardised rates'. Crude rates are where the literal rate per 100,000 has been calculated (number of suicides divided by the number in the populations, multiplied by 100,000). Age standardised rates are rates that have been standardised to the European population so that comparisons between countries can be made with greater confidence.
- It is difficult to compare the age distribution of suicide rates across the UK and constituent nations. This is mainly because the three statistical agencies produce rates for different age groups. In particular, the age brackets provided by the ONS for UK, England and Wales are much broader and therefore incomparable to that of Scotland, Northern Ireland and ROI.

For the definition of suicide as used in the UK – see Box 1; for the definition of suicide as used in the ROI – see codes X6-X84 in Box 1.

For full data tables of numbers and rates see Tables 1-4 in Appendices.

Box 1.		National UK Statistics Definition of Suicide
ICD-9	ICD-10	Description
E950-E959	X60-X84*	Intentional Self Harm
E980-E989 ¹	Y10-Y34 ²	Injury/poisoning or undetermined intent
	Y87.0/Y87.2 ³	Sequelae of intentional self-harm / event of undetermined intent
¹ Excluding E988.8 for England and Wales.		
² Excluding Y33.9 where the coroner's verdict was pending in England and Wales for 2001-2006. From 2007 onwards, deaths previously coded as Y33.9 are coded to U50.9.		
³ Y87.0 and Y87.2 are not included for England and Wales.		
*Code used for classifying deaths described as suicide in the Republic of Ireland.		

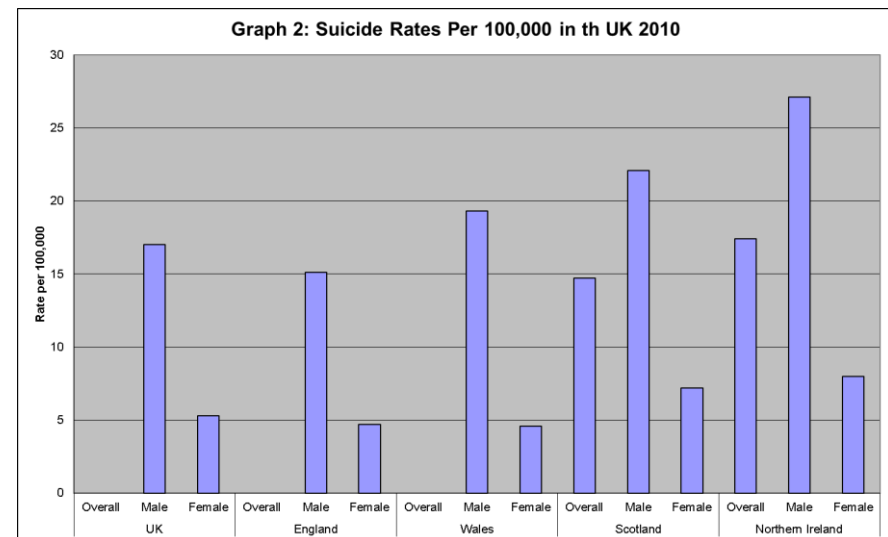
Suicide in the UK - 2010



Graph 1 shows that the highest number of suicides occurred in England for all persons, males and females. The lowest number of suicides for all persons, males and females occurred in Wales.

In the UK as a whole, male suicide rates are approximately 3 times that of females.

Only looking at the number of suicides in a nation may be misleading as to where suicide is more prevalent. This is due to difference in population size. Rates per 100,000 are used to give a truer picture of where suicide is more prevalent - see Graph 2 opposite.



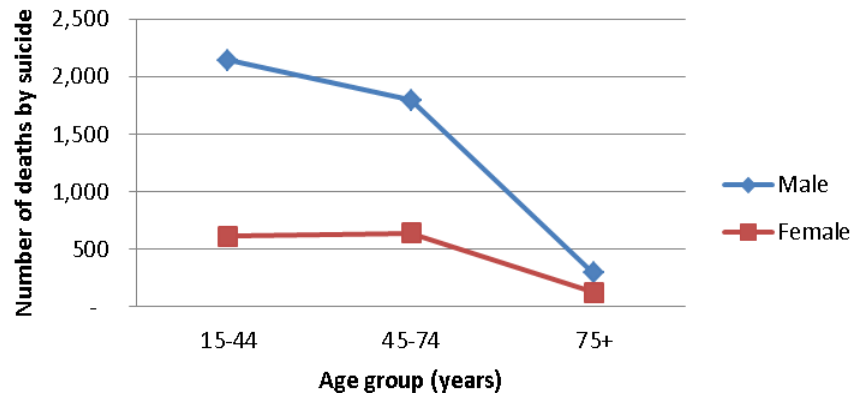
Graph 2 shows that the highest suicide rate per 100,000 for males was in Northern Ireland; the lowest was in England. The highest suicide rate per 100,000 for females was in Northern Ireland and the lowest was in Wales.

The suicide rate per 100,000 for all persons in the UK, England, and Wales is not shown in Graph 2. This is due to the ONS only publishing the rate split by gender. Rates are published in this way as the overall rate could give a misleading representation, as there are such significant differences between the two genders. NISRA and NRS, however, do produce this figure for all persons and it is shown here.

Across the UK, male suicide rates are consistently higher than female rates. This difference is most apparent in the middle age categories, where male rates are much higher than female (see next section for rates broken down by age group for the UK and each country).

Suicide numbers and rates in the UK by age group – 2010

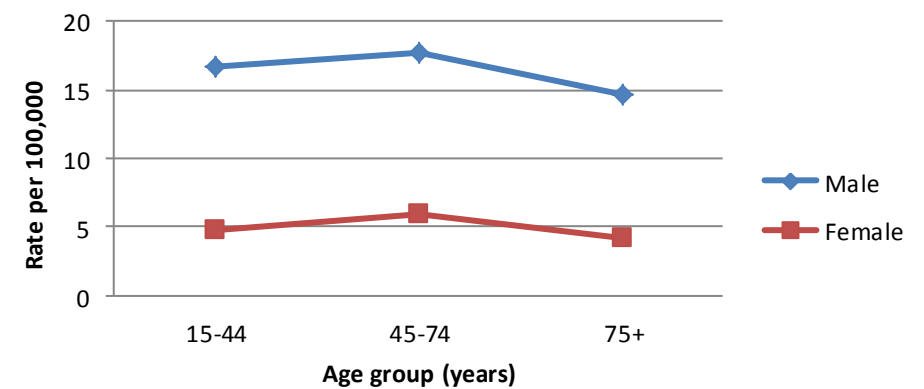
Graph 3: Suicide Numbers in the UK by Age Group in 2010



Graph 3 shows that in the UK, the age group with the highest number of suicides for males is 15-44 years; for females the highest number is in age group 45-74 years.

The very broad age categories provided by ONS for the UK, England and Wales, which do not equate well to stages of life (such as youth, middle or old age - in which the issues and experienced of people differ) means trends and differences by age group are not easily identified or analysed.

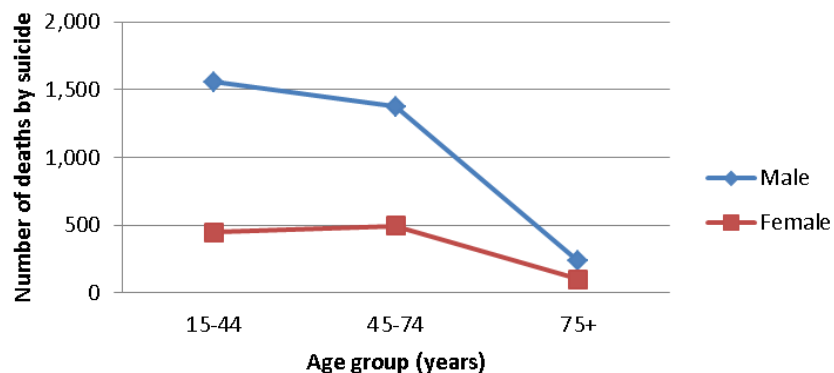
Graph 4: Suicide Rates in the UK by Age Group in 2010



Graph 4 shows that in the UK, the age group with the highest suicide rate per 100,000 for males is 45-74 years; for females the age group with the highest rate is also 45-74 years.

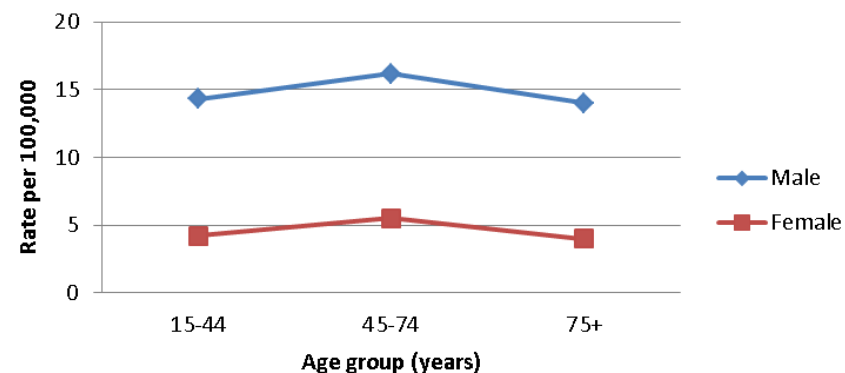
Graphs 3 and 4 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example, males aged 75+ have a lower number of suicides than females aged 45-74 (Graph 3) – however the rate is higher for the males aged 75+ (Graph 4). This is due to differences in the population size of these age and gender categories.

Graph 5: Suicide Numbers in England by Age Group in 2010



Graph 5 shows that in England, the age group with the highest suicide number for males is 15-44 years; for females the age group with the highest number is also 45-74 years.

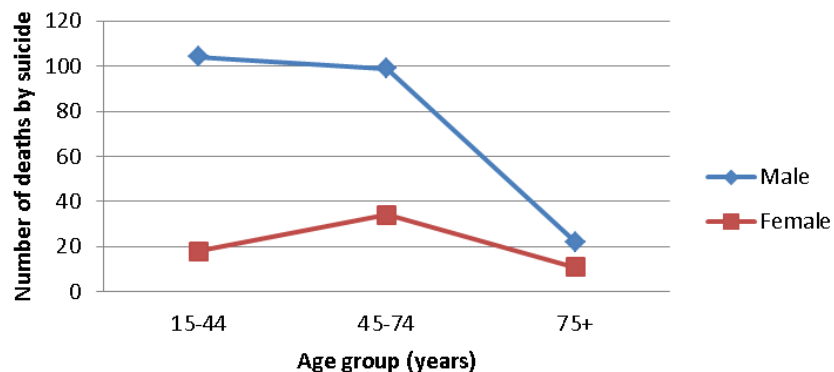
Graph 6: Suicide Rates in England by Age Group in 2010



Graph 6 shows that in England, the age group with the highest suicide rate per 100,000 for males is 45-74 years; for females the age group with the highest rate is also 45-74 years.

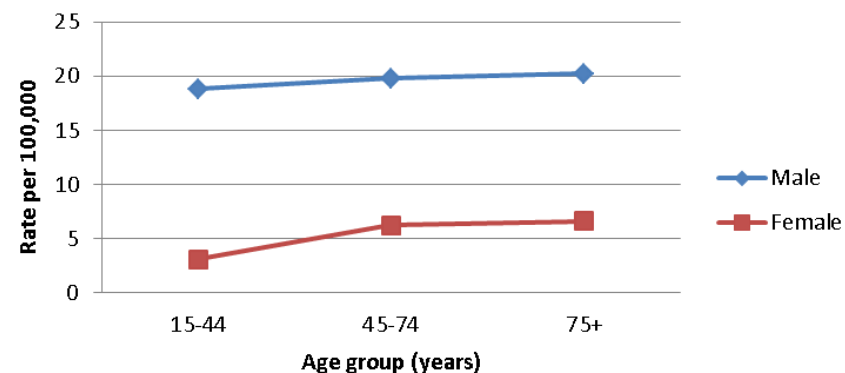
Graphs 5 and 6 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example males aged 45-74 have a lower number of suicides than males aged 15-44 (Graph 5) – however the rate is higher for the males aged 45-74 (Graph 6). This is due to differences in the population size of these age and gender categories.

Graph 7: Suicide Numbers in Wales by Age Group in 2010



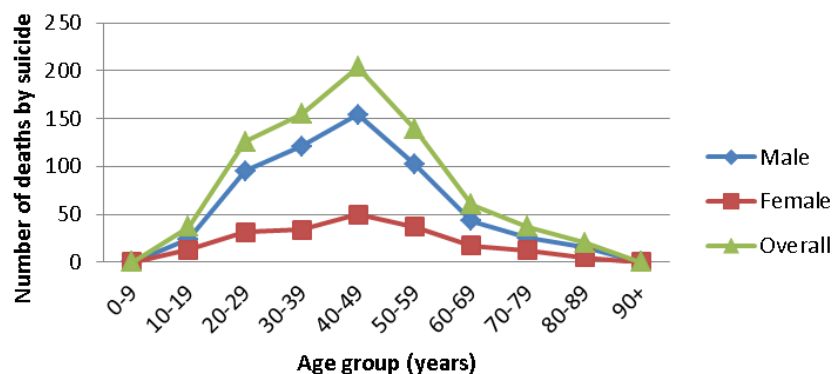
Graph 7 shows that in Wales, the age group with the highest number of suicide for males is 15-44 years; for females the age group with the highest number is 45-74 years.

Graph 8: Suicide Rates in Wales by Age Group in 2010



Graph 8 shows that in Wales, the age group with the highest suicide rate per 100,000 for males is 75+ years; for females the age group with the highest rate is also 75+ years (see notes regarding misleadingly high rates in smaller populations, p. 6; the ONS will only produce a rate per 100,000 when there are greater than 10 deaths in a category, as the figure would be susceptible to inaccurate interpretation because a rate produced with such a low number of deaths would not be reliable. For Wales there are only 11 deaths in the female 75+ category and 22 in the male 75+ category).

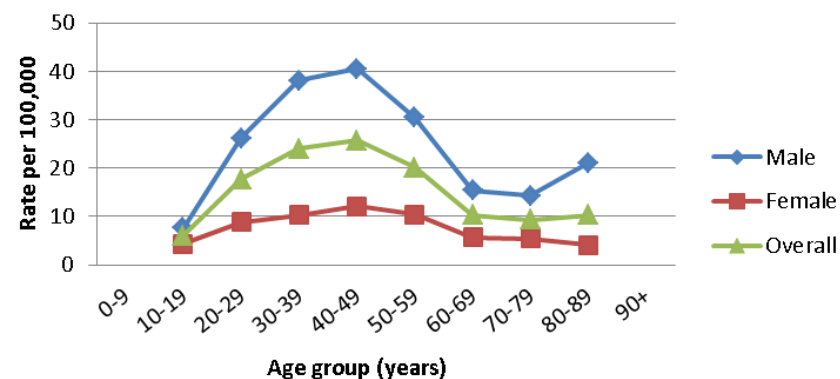
Graph 9: Suicide Numbers in Scotland by Age Group in 2010



Graph 9 shows that in Scotland, the age group with the highest number of suicides for all persons, males and females is 40-49 years.

Graphs 9 and 10 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example the number of suicides is highest in all persons aged 40-49 (Graph 9) - however the rate is highest in males aged 40-49 (Graph 10).

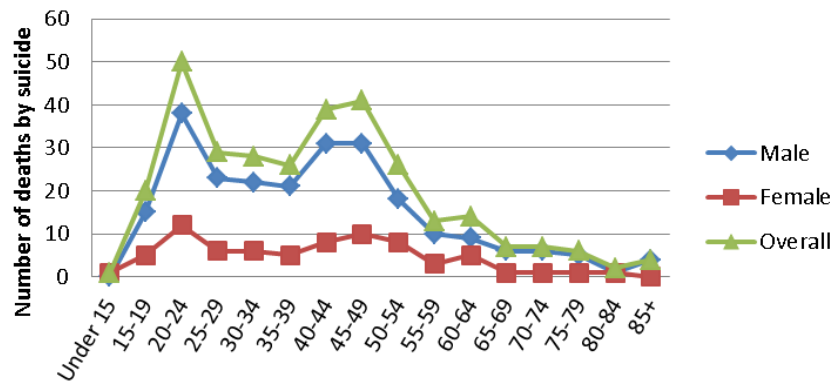
Graph 10: Suicide Rates in Scotland by Age Group in 2010



Graph 10 shows that in Scotland, the age group with the highest suicide rate per 100,000 for all persons, males and females is 40-49 years.

NRS give a detailed breakdown of age groups, which makes the trends in suicide rates clear across the different age groups. This shows that for both males and females (and all persons) there is a clear trend that the suicide rate is higher towards the middle age groups and lower at either end of the age spectrum.

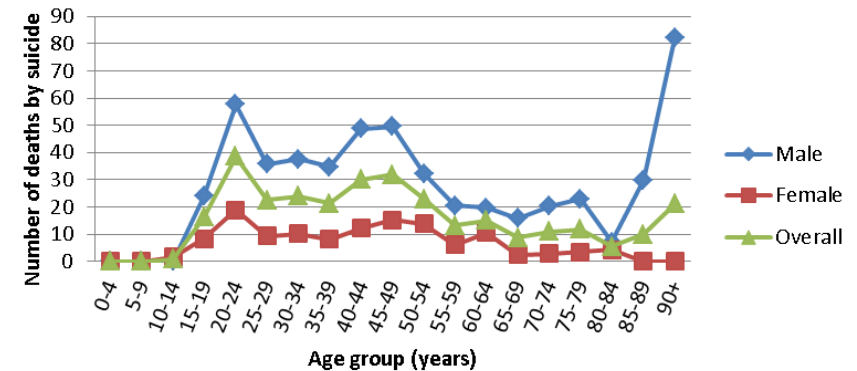
Graph 11: Suicide Numbers in Northern Ireland by Age Group in 2010



Graph 11 shows that in Northern Ireland, the age group with the highest number of suicides for all persons is 20-24 years; for males and females the age group with the highest number is 20-24 years.

As can be seen from graphs 11 and 12, NISRA give different age brackets for the numbers and rates of suicides. This makes comparisons between the two a little more difficult, but not impossible, since the age brackets are small.

Graph 12: Suicide Rates in Northern Ireland by Age Group in 2010



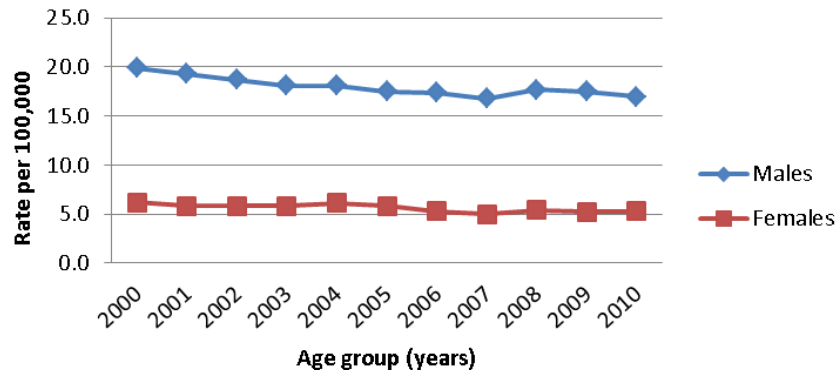
Graph 12 shows that in Northern Ireland, the age group with the highest suicide rate per 100,000 for males and females is 20-24 years.

NISRA gives a detailed breakdown of age groups; by five year groups. This shows the suicide rate for males and females is at its highest in the early twenties, unlike in Scotland (see Graph 10). However, similarly to Scotland, there are also high rates in those in mid-life, from 40-49.

Graph 12 also shows that the suicide rate is the highest for all persons in the 90+ years age group. However this could be due to the size of the population of that age group causing small fluctuations in numbers producing higher rates (see notes in 'Understanding suicide statistics, page 6).

Suicide rates in the UK – trends over time

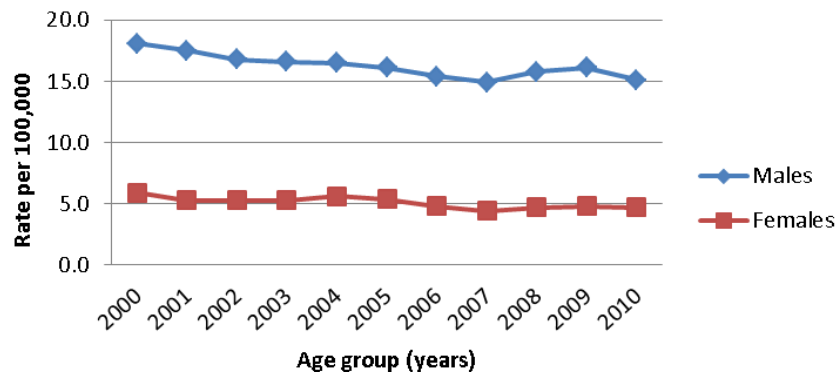
Graph 13: Suicide Rate per 100,000 in the UK 2000-2010



Graph 13 shows the trends for male and female suicides have stayed relatively stable in the UK over the last 10 years, with some fluctuations. Following a downward trend from 2000, 2008 saw a small increase in suicide rates among men.

Overall for males there has been a decrease over the ten year period of 3 per 100,000; for females there has been an overall decrease of less than 1 per 100,000 suicides.

Graph 14: Suicide Rate per 100,000 in England 2000-2010

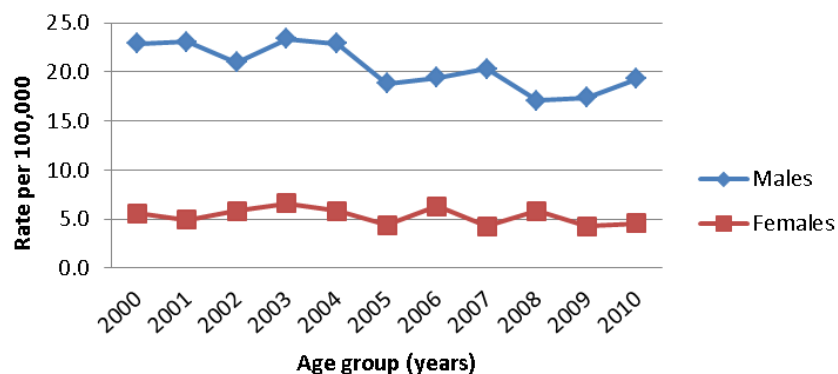


Graph 14 shows the trends for male and female suicides have stayed relatively stable in England over the last 10 years, with some fluctuations. Following a downward trend from 2000, 2008 and 2009 saw a small increase in suicide rates among men.

Overall for males there has been a decrease over the ten year period of 3 per 100,000; for females there has been an overall decrease of 1 per 100,000 suicides.

This trend is very similar to that of the UK.

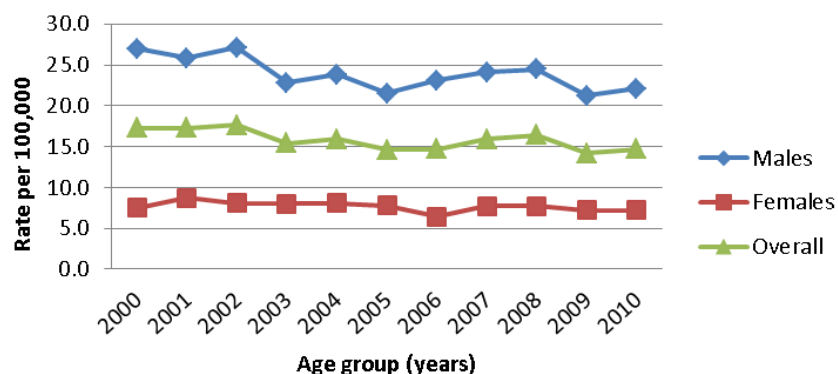
Graph 15: Suicide Rate per 100,000 in Wales 2000-2010



Graph 15 shows that in Wales, the trend for male suicides has fluctuated over the last ten years. The female rates for suicide have remained more stable, but have still experienced some fluctuations.

Overall for males there has been a decrease over the ten year period of 3 per 100,000; for females there has been an overall decrease of 1 per 100,000 suicides.

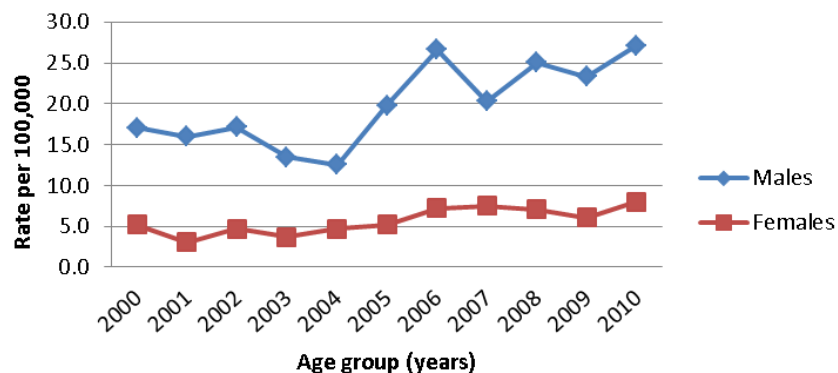
Graph 16: Suicide Rate per 100,000 in Scotland 2000-2010



Graph 16 shows that in Scotland, the trend for overall suicides follows a similar pattern to that of the UK but with more fluctuations over the last 10 years. The female rate has remained largely stable over time.

Overall there has been a decrease of 2 per 100,000 suicides over the ten year period; for males there has been a decrease over the ten year period of 5 per 100,000; for females there has been an overall decrease of less than 1 per 100,000 suicides.

Graph 17: Suicide Rate per 100,000 in Northern Ireland 2000-2010



Graph 17 shows that in Northern Ireland, the trend for male suicides has fluctuated over the last ten years, but overall has shown an increase over time. The female rates for suicide have remained more stable.

Overall for males there has been an increase over the ten year period of 10 per 100,000; for females there has been an overall increase of less than 3 per 100,000 suicides.

The trend in Northern Ireland is therefore different to the UK as whole and the other countries within the UK, it is has seen an increase in suicide rates over the last 10 years.

The UK and most counties within the UK follow a similar trend over the last ten years, but all experience fluctuations; the UK and each of the constituent countries, apart from Northern Ireland, have experienced an overall decrease in the suicide rate per 100,000 over the last 10 years. Generally, the rates among women have remained stable or shown a small decrease, while the rates among men have decreased.

However, Northern Ireland figures show that for both male and females there has been an increase in the suicide rate since 2000. The group that deviates most from the general trend is males in Northern Ireland, in which rates have increased markedly in the last five years. .

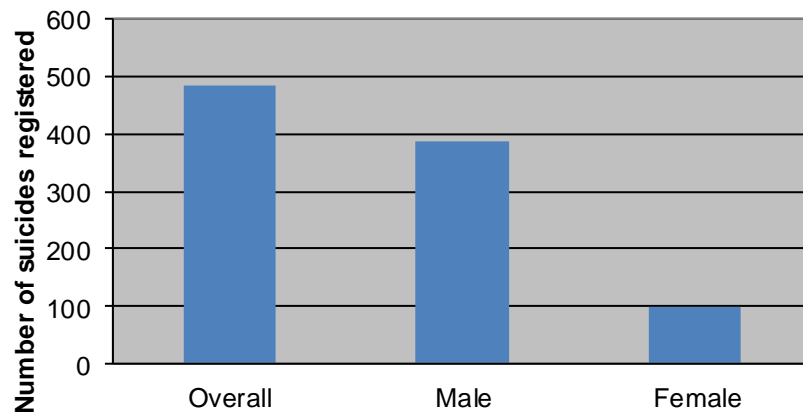
Suicide in the Republic of Ireland – 2010

The data for suicide in the Republic of Ireland (ROI) is presented in a separate section because these statistics are incomparable to those for the UK and its constituent countries.. For a full explanation of the reasons for this please see the Data sources and notes and Understanding suicide statistics sections and Box 1.

For full data tables see appendices 3 and 4.

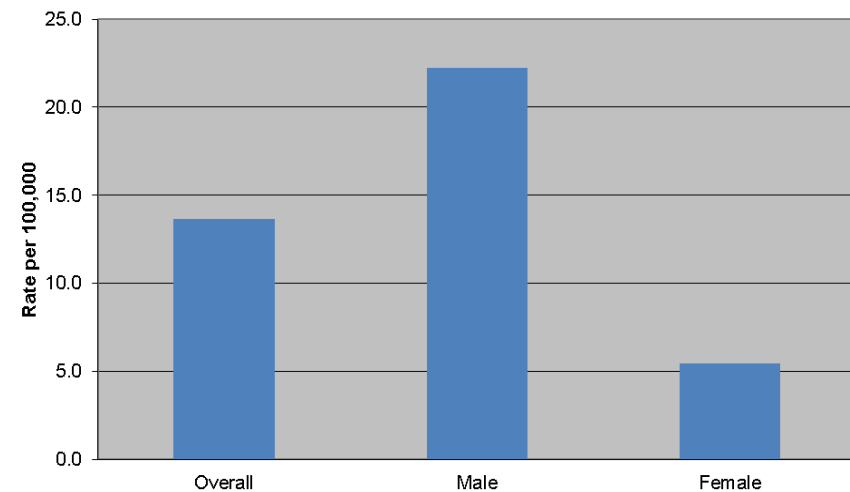
Further information about the consequences of having incomparable data can also be found in the final section of this document: The reliability of suicide statistics.

Graph 18: Number of suicides in ROI in 2010



Graph 18 shows that the highest number of suicides occurred in males; with almost four times as many male as female suicides.

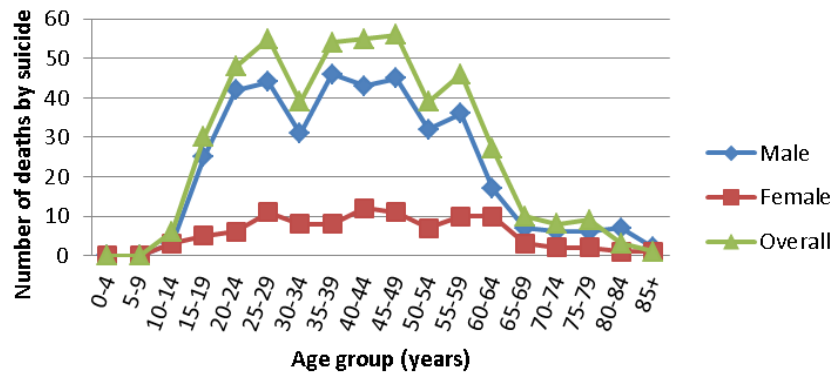
Graph 19: Suicide Rates Per 100,000 in ROI 2010



Graph 19 shows that the highest suicide rate per 100,000 was for males in the Republic of Ireland. The rate for male suicides is approximately 4 times that of females in ROI.

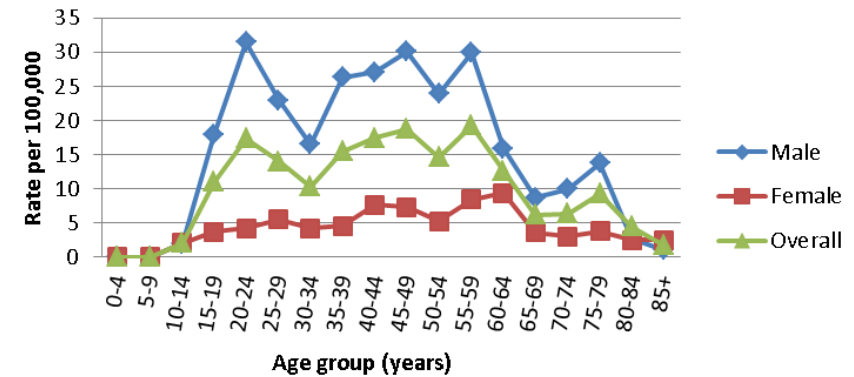
Suicide numbers and rates in the ROI by age group – 2010

Graph 20: Suicide Numbers in ROI by Age Group in 2010



Graph 20 shows that in ROI, the age group with the highest number of suicides for all persons is 45-49 years; for males is 35-39 years; for females is 40-44 years.

Graph 21: Suicide Rates in ROI by Age Group in 2010

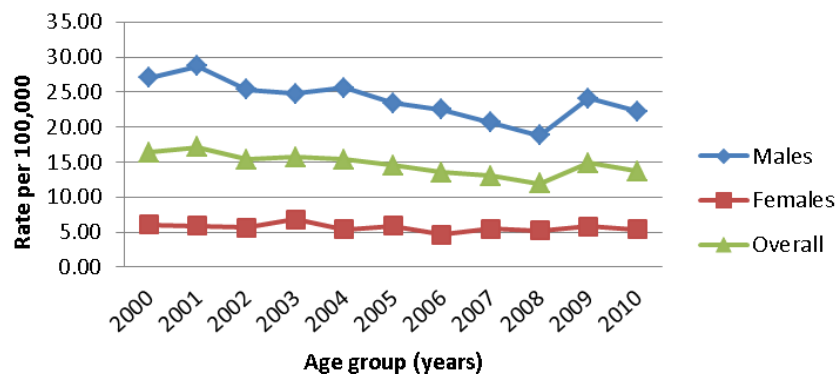


Graph 21 shows that in ROI, the age group with the highest suicide rate per 100,000 for all persons and males is 55-59 years, for females the highest rate is in age group 60-64 years.

Graphs 20 and 21 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example females in the 55-59 and 60-64 age groups have the same number of suicides (Graph 20); however the rate of suicide for 60-64 years is higher than for 55-59 years (Graph 21). This is due to differences in the population size of these age and gender categories.

Suicide rates in the ROI – trends over time

**Graph 22: Suicide Rate per 100,000 in ROI
2000-2010**



Graph 22 shows the trends for all persons and female suicides have stayed relatively stable in the ROI over the last 10 years.. Greater fluctuations can be seen in the rates for males over this period, but generally a downward trend can be seen from 2004 until an increase in 2009.

For all persons there has been a decrease over the ten year period of 3 per 100,000; for males there has been a decrease of 5 per 100,000; for females there has been a decrease of 1 per 100,000 suicides.

Over the last ten years, the ROI suicide rate has decreased in all persons, males and females. This trend over time is similar to that of most countries in the UK; with the exception of Northern Ireland.

The challenges with suicide statistics

The underreporting of suicide:

It is commonly acknowledged by professionals in the field of suicide research that official statistics underestimate the true number and rate of suicide. This is not only true of the UK and ROI but of most (if not all) countries. There are various reasons and explanations for this underreporting, which will be described in this section.

One of the main reasons for the underreporting of deaths by suicide is the misclassification of deaths. This would mean that the cause of death is coded as something other than suicide. An example of this may be where a coroner cannot establish whether there was intent by the individual to kill themselves, and the cause of death may be recorded as one of 'undetermined intent' or 'accidental'. This may occur in situations where the death involved a road traffic accident or where long term illnesses are involved. It could also be difficult to determine whether there was intent to die in situations of self-harm leading to suicide.

The difference in methods of suicide between males and females is discussed by many researchers; males seem to choose more 'final' and 'obvious' methods than females. It may be that in methods more commonly used by females, the intent cannot be determined as easily as in methods more common to males. This may in part explain some of the variation in rates between the genders, as there may be more underreporting of suicidal deaths in females (Cantor, Leenaars & Lester, 1997).

Some researchers also comment that the subjective nature of the coronal system could also lead to underreporting. There may be many reasons a coroner would classify a death as something other than suicide. It could be that the coroner believes there is not enough evidence to prove that suicide was the cause of death. There may be stigma attached to reporting a death as suicide. This could be in instances such as child deaths, or relate to the socio-cultural norms of the individual or their

families, cultural or religious taboos (for example, suicide rates in Islamic communities seem to be very low, this may be due to underreporting due to familial stigmas; De Leo 2002, 2009). It has been suggested that in the UK there continues to be a stigma attached to suicide from a time when it was a criminal offence. In some countries it is still a criminal offence and so there may be even more stigma attached, and therefore more underreporting of suicide.

In the UK, part of the solution to underreporting has been to include 'deaths of undetermined intent' within the official statistical category of suicide. This attempts to correct for the known underreporting and assumes that this is a more true reflection of the number of suicides in a given year. However, this may cause problems in the ability to compare suicide statistics across countries, as some do not include this category, for example, ROI.

In England and Wales, the use of narrative verdicts allows coroners to give a verdict that doesn't necessarily have to be restricted to one cause of death, whereby a narrative account is given of the circumstances surrounding a death, and therefore may eliminate some of these problems. However, when a narrative verdict is given by a coroner, the Office for National Statistics (ONS) is still required to assign a code to the death in the usual way. Where intent cannot be established and the ONS cannot be clear from the narrative verdict that the cause of death was suicide, the deaths are coded as 'accidental', rather than deaths of 'undetermined intent'; and so these deaths are therefore not included in the UK definition of suicide and may add further to the underreporting. However the ONS have undertaken analyses which confirm that the use of Narrative verdicts is not significantly impacting upon the suicide statistics at present; although it may have a significant impact if the use of narrative verdicts continues to increase.

However, it is also important to note that suicide is not the only cause of death that suffers underreporting through misclassification; there are other causes of death that also have error involved (for example, lung cancer has a 16% error) and it would be unrealistic to expect the reporting to have no error. This does not mean that all efforts shouldn't go into making statistics as true as possible.

The reliability of suicide statistics:

The reliability of suicide statistics is an important issue to address since the statistics are commonly used to directly influence decisions about public policy and public health strategies.

The reliability of statistics is obviously affected by the misclassification of deaths leading to underreporting (see section above). There are also several factors that add to the unreliability of suicide statistics, including the inconsistency of reporting between different coroners.

It has been suggested that there may be inconsistencies in coroners' processes to establish a cause of death; individual coroners may record death differently to others. For example, a coroner may decide not to give a statement of intent on the death registration in some situations, such as in the deaths of children, which may be out of sympathy for the family or sensitivity to the cultural/religious beliefs of a family. Differences may also arise in situations that prove difficult for the coroner to establish one cause of death; for example, when chronic illness is a factor in the death; or in road accidents where there may also have been the intent of suicide. Such situations leave room for interpretation and subjectivity, meaning that one coroner may classify a death differently to another.

As well as the death registration processes being subject to interpretation and inconsistencies within the UK, there will also be further inconsistencies between different countries; since there may be different death registration processes in place in different nations. Therefore it cannot be assumed that suicide statistics in the UK are of the same reliability as those in a different country. They could in fact be describing something very different if deaths are not registered in the same way.

Reliability is also affected by the multiple definitions of suicide. Silverman (2006) acknowledges that more than 27 definitions of suicide exist within research and this adds to the issue of reliability and the problem of misclassification. The clinical and legal definitions of suicide also differ; within a legal definition (used by coroners) more evidence is needed in order to classify a death as suicide as there must be proof that there was

intent to take one's life. Therefore if a certain amount of evidence is needed, this will contribute to issues of underreporting also, as there may not be enough evidence in every instance of suicide.

There are various positions within the research field as to the reliability of statistics and how they can be used effectively – or in fact whether they cannot. Some researchers suggest that suicide statistics cannot be used effectively since their reliability is so low;; however others argue that the statistics are in fact still reliable enough to be used to inform us about trends over time and the issues surrounding suicide. It can be argued that suicide statistics in fact have poor validity but reasonable reliability. This would mean that even if we accept the limitations to the statistics, the data still has some temporal stability and the issues are continuously an issue. This would mean that even if the numbers are not necessarily as correct as they could be, figures over time would suffer the same limitations, and therefore trends could be accepted to be truer than the statistics. Changes and fluctuations are still valid if the underreporting remains stable over time (Brugha & Walsh, 1978; Sainsbury & Jenkins, 1982). This will still give us valuable information about suicide over time and in different groups who may be at risk. Others, however, are more sceptical about the validity *and* reliability.

It is also worth noting that due to the human nature of registration and reporting, and the complexity of suicidal behaviour and actions, it is inevitable that suicide statistics will never be completely reliable. It can be argued that this will always be the case (Sainsbury & Jenkins, 1982); the subjective nature of recording deaths, and the differences between countries' registration processes will forever pose a problem for any official statistics and their wider use. However, this should not be taken to suggest that we should not raise these issues and continue to do everything possible to limit these confounding factors, so that the suicide statistics are as reliable as possible. Also, fluctuations and trends should not be ignored because of the issues of underreporting, misclassification and limited reliability. All mortality figures will be subject to some degree of error, but they do still provide valuable insights and predictive information about the epidemiology of issues such as suicide (Goldney, 2010).

Difficulties comparing suicide statistics:

As has been mentioned in the previous sections, there are some differences in the way different countries register deaths, and therefore how deaths are classified as suicides. This provides a problem when comparing suicide statistics across countries, as to compare a rate per 100,000 would assume that the figures are describing the same classification of death, when this is not necessarily the case. This is important to understand when comparing rates; lower or higher rates may be the result of poorer or better registration procedures in the different countries, rather than a representation of differing risks of suicide.

Some researchers suggest that direct comparisons of suicide statistics should be limited to within any given country and that cross-country comparison should not be made or assumed to provide any information about which countries may be at more risk of suicide (Sainsbury & Jenkins, 1982). Some researchers suggest that the differences in coding and registration of suicides pose problems that make comparisons difficult, but not impossible; that the comparative rates should be understood with caution (Gjertsen, 2000). In this view, the differences are not enough to stop comparisons between countries, and to do so would prove unhelpful in understanding suicide epidemiology.

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Appendix 1:

Table 1. Rate per 100,000 of deaths by suicide* in the UK 2008-2010

* Suicide as defined by the Office for National Statistics – for coding and definition see Box 1.

N.B: The Rate per 100,000 for both male and females combined is only produced for Scotland data by NRS and NISRA; the ONS do not produce this figure.

UK	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	5706	4331	1375	5675	4304	1371	5608	4231	1377
<i>Rate per 100,000</i>		17.7	5.4		17.5	5.2		17	5.3
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44		18.6	4.9		18	4.9		16.7	4.8
45-74		17	6.1		17.4	5.8		17.7	6
75+		14	4.5		13.6	4.7		14.6	4.2

England	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	4282	3263	1019	4390	3330	1060	4200	3165	1035
<i>Rate per 100,000</i>		15.8	4.7		16.1	4.8		15.1	4.7
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44		16	4.1		15.9	4.2		14.3	4.2
45-74		15.9	5.5		16.5	5.5		16.2	5.5
75+		13.5	4.4		13.9	4.8		14	4

Wales	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	266	195	71	258	201	57	288	225	63
<i>Rate per 100,000</i>		17	5.8		17.4	4.3		19.3	4.6
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44		19	5.6		18.8	4.1		18.8	3.1
45-74		14.1	6.1		15.9	4.5		19.8	6.2
75+		10.4	-		14			20.2	6.6

Scotland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	843	630	213	746	549	197	781	581	200
<i>Rate per 100,000</i>	16.3	25.2	8.0	14.2	21.2	7.2	14.7	22.1	7.2
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
0-9	-	-	-	-	-	-	-	-	-
10-19	5.8	8.7	2.6	6.3	8.5	4.0	6.0	7.7	4.4
20-29	19.7	29.7	9.4	19.4	30.0	8.4	17.7	26.2	8.9
30-39	30.3	51.9	10.0	23.5	36.2	11.4	24.0	38.1	10.3
40-49	25.2	35.8	15.3	22.9	35.1	11.6	25.8	40.6	12.1
50-59	18.8	25.1	12.7	19.8	29.5	10.6	20.1	30.4	10.4
60-69	14.5	24.2	5.5	10.5	15.3	6.0	10.3	15.4	5.6
70-79	10.3	17.1	5.0	7.7	9.9	5.9	9.4	14.3	5.4
80-89	11.1	23.8	4.1	5.2	11.5	1.6	10.3	21.1	4.1
90+	-	-	-	-	-	-	-	-	-

Northern Ireland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	282	218	64	260	205	55	313	240	73
<i>Rate per 100,000</i>	15.9	25	7.1	14.5	23.3	6	17.4	27.1	8.0
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
0-4	-	-	-	-	-	-	-	-	-
5-9	-	1.8	-	-	-	-	-	-	-
10-14	1.6	1.7	-	1.6	-	-	0.8	-	1.7
15-19	37.1	8.1	-	14.1	8.2	-	16.2	23.9	8.3
20-24	20.6	3.1	-	36.9	3.1	-	38.6	57.7	18.8
25-29	54	13.1	-	42.9	9.6	-	22.6	35.8	9.4
30-34	30.2	3.5	-	42.3	3.5	-	23.9	37.5	10.2
35-39	40.2	12.5	-	40.8	6.4	-	21.4	34.7	8.2
40-44	46.6	17.9	-	34.3	18	-	30.1	48.8	12.2
45-49	35	11.2	-	35.8	15.6	-	32	49.5	15.3
50-54	31.7	9.2	-	27.5	9	-	22.9	32.3	13.9
55-59	23	4.1	-	26.8	6.2	-	13.3	20.5	6.2
60-64	18	12.8	-	13.4	4.2	-	15	19.8	10.5
65-69	22.8	2.6	-	24.6	2.5	-	8.8	15.8	2.4
70-74	10.6	6	-	6.9	3	-	11	20.4	2.9
75-79	9.6	3.5	-	9.4	7	-	11.8	22.9	3.5

80-84	30.1	4.5	22.1	-	5.4	7.1	4.3
85+ (85-98)			-	-	9.9	29.9	-
(90+)					21.1	82.1	-

Appendix 2:

Table 2. Number of deaths by suicide* in the UK 2007-2009

* Suicide as defined by the Office for National Statistics – for coding and definition see Box 1.

UK	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	5706	4331	1375	5675	4304	1371	5608	4231	1377
<i>Rate per 100,000</i>		17.7	5.4		17.5	5.2		17	5.3
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44	3,006	2,385	621	2,930	2,309	621	2,756	2,144	612
45-74	2,305	1,681	624	2,344	1,733	611	2,438	1,797	641
75+	395	265	130	401	262	139	414	290	124

England	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	4282	3263	1019	4390	3330	1060	4200	3165	1035
<i>Rate per 100,000</i>		15.8	4.7		16.1	4.8		15.1	4.7
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44	2,184	1,742	442	2,188	1,733	455	2,000	1,556	444
45-74	1,774	1,305	469	1,853	1,370	483	1,867	1,375	492
75+	324	216	108	349	227	122	333	234	99

Wales	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	266	195	71	258	201	57	288	225	63
<i>Rate per 100,000</i>		17	5.8		17.4	4.3		19.3	4.6
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
15-44	145	113	32	132	108	24	122	104	18
45-74	102	71	31	105	79	26	133	99	34
75+	19	11	8	21	14	7	33	22	11

Scotland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	843	630	213	746	549	197	781	581	200
<i>Rate per 100,000</i>	16.3	25.2	8.0	14.2	21.2	7.2	14.7	22.1	7.2
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>0-9</i>	-	-	-	-	-	-	-	-	-
<i>10-19</i>	36	28	8	39	27	12	37	24	13
<i>20-29</i>	136	104	32	136	107	29	126	95	31
<i>30-39</i>	201	167	34	153	115	38	155	121	34
<i>40-49</i>	200	137	63	182	134	48	204	154	50
<i>50-59</i>	127	83	44	135	98	37	139	102	37
<i>60-69</i>	81	65	16	60	42	18	60	43	17
<i>70-79</i>	40	29	11	30	17	13	37	25	12
<i>80-89</i>	21	16	5	10	8	2	20	15	5
<i>90+</i>	-	-	-	-	-	-	-	-	-

Northern Ireland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	282	218	64	260	205	55	313	240	73
<i>Rate per 100,000</i>	15.9	25	7.1	14.5	23.3	6	17.4	27.1	8.0
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>0-4</i>	-	-	-	-	-	-	-	-	-
<i>5-9</i>	1	-	1	-	-	-	-	-	-
<i>10-14</i>	2	1	1	1	1	-	1	-	1
<i>15-19</i>	29	24	5	14	9	5	20	15	5
<i>20-24</i>	16	14	2	27	25	2	50	38	12
<i>25-29</i>	41	33	8	33	27	6	29	23	6
<i>30-34</i>	19	17	2	26	24	2	28	22	6
<i>35-39</i>	33	25	8	29	25	4	26	21	5
<i>40-44</i>	42	30	12	34	22	12	39	31	8
<i>45-49</i>	28	21	7	32	22	10	41	31	10
<i>50-54</i>	22	17	5	20	15	5	26	18	8
<i>55-59</i>	13	11	2	16	13	3	13	10	3
<i>60-64</i>	14	8	6	8	6	2	14	9	5
<i>65-69</i>	9	8	1	10	9	1	7	6	1
<i>70-74</i>	5	3	2	3	2	1	7	6	1
<i>75-79</i>	3	2	1	4	2	2	6	5	1

80-84	5	4	1	3	3	-	2	1	1
85-89	-	-	-	-	-	-	2	2	-
90+	-	-	-	-	-	-	2	2	-

Appendix 3:

Table 3. Rate per 100,000 of deaths by suicide* in the Republic of Ireland 2007-2009

* Suicide as defined by the Central statistics Office Ireland – for coding and definition see *note within Box 1.

Republic of Ireland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	424	92	332	527	422	105	486	386	100
<i>Rate per 100,000</i>	11.9	18.8	5.2	14.8	24.1	5.8	13.7	22.21	5.4
<i>Rate by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>0-4</i>	-	-	-	-	-	-	-	-	-
<i>5-9</i>	-	-	-	-	-	-	-	-	-
<i>10-14</i>	1.8	3.5	-	1.4	2.0	0.7	2.0	2.0	2.1
<i>15-19</i>	12.7	17.3	7.9	14.4	20.5	8.0	11.0	18.0	3.7
<i>20-24</i>	17.7	29.6	5.9	16.4	27.6	5.8	17.4	31.5	4.2
<i>25-29</i>	13.9	23.4	4.3	18.1	29.3	7.2	14.0	23.0	5.5
<i>30-34</i>	12.0	20.0	3.9	17.2	28.0	6.5	10.3	16.5	4.2
<i>35-39</i>	11.4	14.9	7.7	17.0	29.6	4.1	15.5	26.3	4.6
<i>40-44</i>	11.9	17.3	6.5	17.3	27.9	6.5	17.4	27.1	7.7
<i>45-49</i>	12.6	20.9	4.2	15.7	23.8	7.5	18.7	30.1	7.4
<i>50-54</i>	15.2	20.9	9.4	12.2	20.5	3.8	14.6	23.9	5.3
<i>55-59</i>	9.1	14.5	3.5	11.1	16.9	5.1	19.2	30.0	8.4
<i>60-64</i>	9.5	13.0	6.1	16.9	26.9	6.8	12.7	15.9	9.4
<i>65-69</i>	9.4	15.0	4.0	16.7	24.7	8.9	6.2	8.7	3.7
<i>70-74</i>	7.5	15.7	-	8.1	11.9	4.7	6.4	10.0	3.1
<i>75-79</i>	3.2	7.2	-	4.2	9.3	-	9.3	13.7	3.8
<i>80-84</i>	6.1	12.0	2.5	3.0	3.9	2.5	4.5	2.6	2.5
<i>85+</i>	1.9	6.0	-	-	-	-	1.7	1.1	2.5

Appendix 4:

Table 4. Number of deaths by suicide* in the Republic of Ireland 2007-2009

* Suicide as defined by the Central statistics Office Ireland – for coding and definition see *note within Box 1.

Republic of Ireland	2008			2009			2010		
	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
<i>Number of suicides</i>	424	92	332	527	422	105	486	386	100
<i>Rate per 100,000</i>	11.9	18.8	5.2	14.8	24.1	5.8	13.7	22.21	5.4
<i>Number by age group:</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>	<i>Overall</i>	<i>Male</i>	<i>Female</i>
0-4	-	-	-	-	-	-	-	-	-
5-9	-	-	-	-	-	-	-	-	-
10-14	5	5	-	4	3	1	6	3	3
15-19	36	25	11	40	29	11	30	25	5
20-24	59	49	10	50	41	9	48	42	6
25-29	58	49	9	75	60	15	55	44	11
30-34	44	37	7	64	52	12	39	31	8
35-39	39	26	13	59	52	7	54	46	8
40-44	37	27	10	54	44	10	55	43	12
45-49	36	30	6	46	35	11	56	45	11
50-54	39	27	12	32	27	5	39	32	7
55-59	21	17	4	26	20	6	46	36	10
60-64	19	13	6	35	28	7	27	17	10
65-69	14	11	3	26	19	7	10	7	3
70-74	9	9	-	10	7	3	8	6	2
75-79	3	3	-	4	4	-	9	6	2
80-84	4	3	1	2	1	1	3	7	1
85+	1	1	-	-	-	-	1	2	1