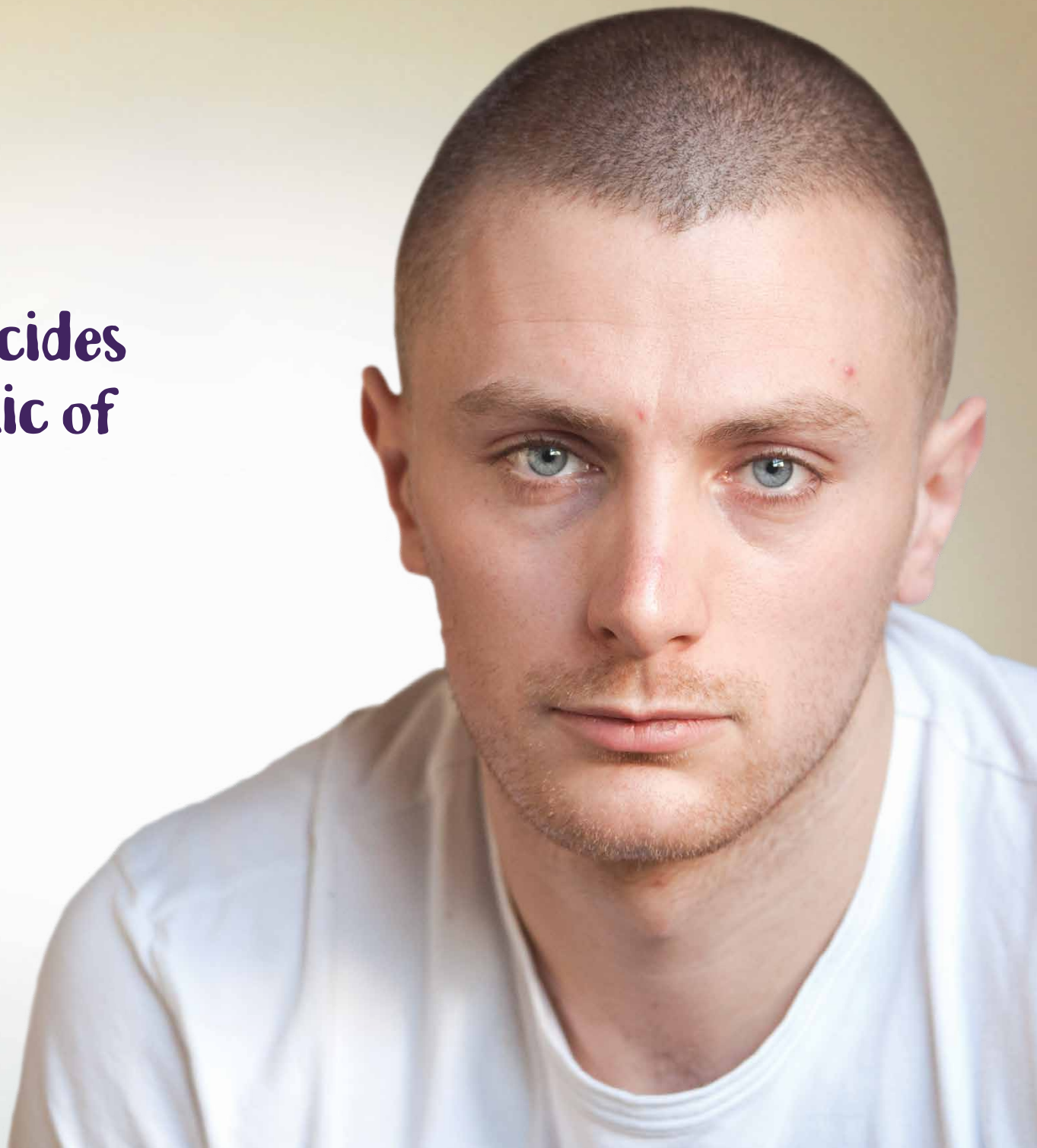
SUICIDE STATISTICS REPORT 2016

Including data for 2012-2014

SAMARITANS

Contents

There were 6,581 suicides in the UK and Republic of Ireland in 2014



Suicide statistics report 2016 Including data for 2012-2014

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Samaritans – working together to reduce suicide

Samaritans' vision is that fewer people die by suicide. Suicide is devastating for families and communities and there are significant social and gender inequalities.

Samaritans' strategy, *Working together to reduce suicide 2015-21*, outlines our commitment to work together to reduce suicide. Reducing suicide means reaching more people who may be at risk of taking their own lives. This can only be achieved by understanding which groups of individuals are particularly at risk of suicidal thoughts and behaviours.

This document provides data and a description of the suicide rates in the United Kingdom and the Republic of Ireland, using information that is available from the official statistics bodies. It also gives details about how to use (and how not to use) suicide data and the differences between countries' ways of producing them.

The collation of suicide statistics for the UK, England, Wales, Scotland, Northern Ireland and the Republic of Ireland is not routinely provided by any other organisation. There are significant challenges in collating the suicide statistics from across the UK and the Republic of Ireland. There are variations in the calculation methods of suicide rates between the national statistical agencies and differences in the data that they collect.

This leads to challenges in the collation and analysis of suicide statistics and comparisons across the above countries. In order to understand and prevent suicide, it is very important that suicide data is as accurate and as comprehensive as possible. This document also includes some further comments on these issues, specific details of suicide statistics and the availability of data.

We can choose to stand together in the face of a society which may often feel like a lonely and disconnected place, and we can choose to make a difference by making lives more liveable for those who struggle to cope. We believe we can do this because we know that people and organisations are stronger together.

Working together to reduce suicide 2015-21

Samaritans' response to recent trends in suicide

What are the recent trends?

- There were **6,581 suicides** in the UK and Republic of Ireland, in 2014.
- In 2014, 6,122 suicides were registered in the UK. This corresponds to a suicide **rate of 10.8 per 100,000 people** (16.8 per 100,000 for men and 5.2 per 100,000 for women).
- The **highest suicide rate** in the **UK** in 2014 was for **men aged 45-49** at 26.5 per 100,000.
- The **male suicide rate decreased** in the **UK** (by 5.6%), **England** (by less than 1%), **Wales** (by 37.6%), **Scotland** (by 17.6%), **Northern Ireland** (by 10.2%) and **Republic of Ireland** (by 6.4%) between 2013 and 2014.
- **Female suicide rates increased** in the **UK** (by 8.3%), **England** (by 14%), **Scotland** (by 7.8%) and **Republic of Ireland** (by 14.7%) between 2013 and 2014.
- Female suicide rates decreased in Wales (by 38.2%) and Northern Ireland (by 17.7%).
- The **female suicide rate in England is at its highest** since 2005.
- The **female suicide rate in the UK is at its highest** since 2011.
- Overall and female suicide rates in Wales in 2014 were at their lowest since 1981. The male suicide rate is the second lowest in this time.
- Scotland and Northern Ireland show higher suicide rates for males and females compared to the other nations, however rates are not necessarily directly comparable.
- Unlike the rest of the UK, the suicide rate in **Northern Ireland is significantly higher** than it was **thirty years ago**. However, the latest year of data does show a decrease in both males and females.
- Rates in the **Republic of Ireland have fluctuated** more than in the UK in recent years, but it is currently at its **lowest since 1993**.

What do the trends tell us?

The recent rise in female suicide could be an indication of the picture of suicide risk changing. It now appears that male rates are decreasing and female rates are increasing. However, we must be mindful that these changes are based on year-on-year data, which could be natural fluctuations, rather than the beginning of a longer-term trend. This needs careful monitoring.

Men remain more than three times more likely to take their own lives than women across the UK and Republic of Ireland, but we must pay attention to the risks in both genders. Research suggests that social and economic factors influence the risk of suicide in women as well as men (as described in our Men, Suicide and Society research), reinforcing the need to address inequalities to reduce suicide.

See the 'Trends over time' sections (pages 20-22 and page 25) for suicide trends from the UK (and each of the constituent nations) and the Republic of Ireland.

What will Samaritans do?

Suicide is not inevitable, it is preventable. Suicide is an inequality issue. We need to get better at identifying those most at risk and finding ways to reach them. Samaritans is committed to developing our work based on evidence.

We will continue to work with leading academics, to better understand who is most at risk of suicide and how to prevent it. This year we will produce a report examining the link between socio-economic disadvantage and suicidal behaviour, which will include recommendations for policy, practice and research.

We want to see a greater focus at local and regional levels on the co-ordination and prioritisation of suicide prevention activity, particularly targeting areas with high levels of socio-economic deprivation.

We are calling on every area of GB and Ireland to have an effective suicide prevention plan and active multi-agency group in place and will be working hard during the year to help make this happen. Good collaboration between different sectors and agencies is vital to reduce suicide. ▷

The causes of suicide are complex. We need to raise awareness of the issues, reduce stigma, encourage people to seek help before they reach a crisis point, ensure appropriate support and services are accessible to everyone and reduce access to means, for example by limiting physical access and ensuring responsible portrayal of suicide in the media.

Previous research has shown that call costs can deter some people from using our service. So in 2015, we were proud to launch our free-to-call number, 116 123. Anyone can now call Samaritans free of charge.

Data sources

Data sources – UK

The UK data in this document have been provided by official statistical bodies: Office for National Statistics (ONS) (for combined UK data, England, and Wales), the National Records of Scotland (NRS) (for Scotland with data compiled by the Scottish Public Health Observatory (ScotPHO)) and the Northern Ireland Statistics and Research Agency (NISRA)(for Northern Ireland).

The most recent data available and discussed in this document is from 2014 (data published or obtained in 2015 and 2016). All suicide rates shown have been calculated by the respective statistical agencies named above. ONS reproduce suicide rates for Scotland and Northern Ireland, however these differ slightly from the NRS and NISRA calculated rates. The rates produced by the respective national agencies are used within this report, rather than ONS rates for Scotland and Northern Ireland.

Rates provided by the ONS for the UK, England, and Wales, and by ScotPHO for Scotland are age standardised to the 2013 European Standard Population for overall male, female and person rates; rates broken down by age group are crude (age-specific) rates. All rates provided by NISRA are crude rates. For an explanation of these terms, see page 13.

Data sources – Republic of Ireland

Republic of Ireland data for number of deaths by suicide and population estimates are provided by the Central Statistics Office for Ireland (CSO). CSO have not provided suicide rates per 100,000 population for 2014 but provided Samaritans with data to perform crude rate calculations. CSO have previously calculated these. Samaritans has therefore calculated suicide rates for 2014 based on newly available provisional data, which is subject to future revision, and for 2013 based on final data that was previously provisional.

They are presented separately to UK data because there are fundamental differences between the Republic of Ireland and UK definitions of suicide, which means the figures are not comparable.

Local suicide data

ONS provides the number of suicides by Local Authority for England and Wales from 2002 to 2014, and age-standardised three-year aggregate suicide rates for the latest period (2012–2014), which can be downloaded from their website. ▷

Public Health England (PHE) also provide an online Suicide Prevention Profile. It includes a range of publically available data on suicide (rates by regions, local authority and levels of deprivation), risk factors eg self-reported well-being and prisoner population, and service related local data among groups at increased risk such as self-harm hospital admissions. This tool allows for comparison with other similar areas and the national average to support local planning.

ScotPHO provides the number, crude rates and age-standardised rates of suicide in aggregate five-year periods from 1985–2014 for NHS Boards and Local Authorities in Scotland, which can be downloaded from their website. Data broken down by deprivation, which shows that the most deprived areas of Scotland have the highest suicide rates, are also available on the ScotPHO website.

NISRA provides the number of suicide deaths per year in Northern Ireland, from 1997–2014, by Local Government District, Health and Social Care Trust, Parliamentary Constituency, Assembly Area, and by Urban Rural Classification. They also provide the number of suicide deaths by deprivation, from 2011–2014. No rates per 100,000 are available for this local or deprivation data.

Suicide definition

Suicide definition – UK

The UK definition of suicide in statistical terms can be found in Box 1 on page 12. This is in line with guidance from the ONS on how a death is classified as suicide; NRS and NISRA also use this definition. This definition combines deaths where the underlying cause (according to the International Statistical Classification of Diseases, Injuries, and Causes of Death 10th Revision; ICD-10) is **intentional self-harm** (ICD10: X60-X84) and **events of undetermined intent** (ICD10: Y10-Y34).

Data for the UK from ONS, NISRA and NRS all relate to deaths **registered** (but not necessarily occurring) in a given year.

In England, Wales and Northern Ireland, a coroner is able to give a verdict of suicide for those as young as 10 years old. All ONS data is for persons aged 10 and over. In previous years, ONS have only provided suicide data for those 15 years and over. In the latest bulletin presenting 2014 data, they have revised all previous years' data in line with the new definition to include deaths of those aged 10 and over.

However, NISRA produce rates for those younger than 10 years, since there are self-inflicted deaths with undetermined intent recorded in those younger than 10 years. NISRA produce rates for those aged '15 and under' but do not break down the age groups within this for disclosure reasons. They modify the data presented to ensure that information attributable to an individual is not revealed.

ScotPHO does not present annual numbers or crude rates for ages 0-14 and 85+ for reasons of robustness and comparability, as a higher proportion of probable suicide deaths in these extreme age groups are coded as events of undetermined intent. NRS does however provide rates for all age groups and rates for all persons, males and females are based on all ages.

Please note when reporting on suicides in the UK, or England and Wales combined, ONS include deaths of non-residents who died in England and Wales. However, when reporting on England and Wales as separate regions, deaths of non-residents are not included. Therefore, the total number of suicides reported for UK does not equal the sum of each nation as published by ONS. NRS and NISRA include deaths of non-residents as standard.

In 2011, the ONS, NRS and NISRA adopted a change in the classification of deaths in line with the new coding rules of the World Health Organisation (WHO). The change results in some deaths previously coded under 'mental and behavioural disorders' now being classed as 'self-poisoning of undetermined intent' and therefore included in the suicide figures[1]. Theoretically, this could mean that more deaths could be coded with an underlying cause of 'event of undetermined intent', which is included in the national definition of suicide (Box 1). ▷

1 Explanation taken from ScotPHO website, updated August 2015; www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points

ONS only produce data using the new coding rules since the change (data since 2011). They note that caution should be used when comparing data with old and new coding as they are not directly comparable. Preliminary analyses of the data suggest no significant change as a result of the coding changes; however this finding should still be treated with caution.

NRS produce two sets of suicide data for each year since the change to reflect what figures would show using both the old and new coding rules. They note that, when examining trends over time, data using the old coding rules should be used; 2011 onwards data, based on the new rules, is not directly comparable to old data.

Box 1: UK definition of suicide

ICD-10 code	Description
X60–X84	Intentional self-harm
Y10–Y34[1]	Injury/poisoning of undetermined intent
Y87.0/Y87.2[2]	Sequelae of intentional self-harm/injury/poisoning of undetermined intent

Table notes:

1. Excluding Y33.9 where the coroner's verdict was pending in England and Wales, up to 2006. From 2007, deaths which were previously coded to Y33.9 are coded to U50.9.
2. Y87.0 and Y87.2 are not included in England and Wales.

NISRA only produce data using the new coding rules since the change (data since 2011). Preliminary checks by NISRA have indicated only minimal differences to the coding change, and NISRA therefore does not expect that there will be a significant impact on the figures reported.

Suicide definition – Republic of Ireland

The Republic of Ireland definition **does not include** deaths classified as **undetermined intent** as suicides; suicide numbers and rates include only deaths classified as **intentional self-harm** (ICD-10 codes X60-X84, see Box 1). It would therefore be misleading to compare data for the Republic of Ireland directly with those for the UK. Data for suicides in the Republic of Ireland from the CSO for **2014** relate to the number of deaths **registered** in that year, but data for **previous years** reflect deaths ***occurring*** in a calendar year; provisional data is published initially and subsequently updated to reflect the number of deaths that occur in a given year.

CSO have previously provided rates for all persons, males and females based on all ages; Samaritans has replicated this procedure when calculating rates for 2013 and 2014 (see Data sources – Republic of Ireland section above).

The coding change adopted by UK agencies in 2011 does not affect Republic of Ireland data since their definition of suicide does not include deaths where the underlying cause is of undetermined intent.

Note on the availability of suicide data: Routine data on the epidemiology of suicide published by official national statistical bodies are limited to age and gender, and age bands differ between countries. Data on socio-economic status are collected by some statistical agencies but not routinely published, while other socio-demographic information (such as ethnicity) is typically not included in the recording of a suicide. The ONS provide details about suicide methods/cause of death, but these details are not included in this document.

Understanding suicide statistics

Understanding suicide statistics can be tricky. The figures are not always as straightforward as they might appear. Below are some important things to consider when using suicide statistics:

- **It's all about rates per 100,000 people**

  The number of suicides in a group (eg in a country or a specific age group) can give a misleading picture of the incidence of suicide when considered alone. Rates per 100,000 people are calculated in order to adjust for the underlying population size. An area or group with a larger population may have a higher number of suicides than an area or group with a smaller population, but the rate per 100,000 may be lower.

- **Age standardised vs crude rates**

  "Age standardised" rates have been standardised to the European population so that comparisons between countries can be made with greater confidence. "Crude rates" have not been standardised in this way and are a basic calculation of the number of deaths divided by the population (x100,000). The two types of rate are not necessarily comparable.

- **Be careful of small groups/populations**

  The size of populations should 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. An example of this might be suicide in older people, as the population size is lower than in younger age groups (eg over 80 years).

- **Rates for a whole country can mask regional variations**

  It is important to note that within countries there can be important regional and local differences in suicide rates.

- **Year-on-year fluctuations can be misleading**

  When examining suicide 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 fluctuations year-on-year but these should not be viewed as 'true' changes to the trend that are attributable to any specific psycho-social predictors (for example, unemployment). ▷

Sensitive and responsible reporting of suicide

When talking about suicide publically or in the media, it is crucial to do so sensitively and responsibly, to minimize the risk of contagion (a phenomenon of suicidal behaviours that seems to occur as a result of previous suicides or attempts by others). *Samaritans' Media Guidelines* provide advice for journalists about how to do this. These guidelines are often most related to reporting of occurrences of suicides, however, the principles of these guidelines should be followed for the reporting of suicide statistics and particularly when reporting on increases of suicides in particular groups.

For the definition of suicide see Box 1; for full data tables of numbers and rates – see tables in Appendices. More information on the challenges with suicide statistics can be found on page 26.

Suicide rates in the UK and Republic of Ireland: 2014

Rates are per 100,000 population.

Please note not all nations collect data on suicide in the same way and therefore rates are not necessarily comparable (see page 30).

Suicide in the UK – 2014

See Appendices 1 and 2 for full data tables including a breakdown of suicide by age groups. See page 30 for information about comparing suicide statistics between nations.

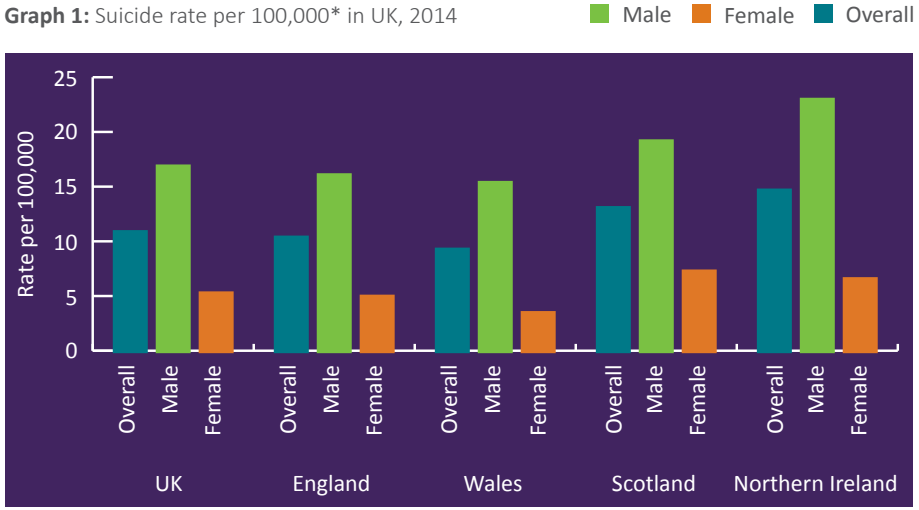
Table 1: Number of suicides in UK, 2014

	Overall	Male	Female
UK**	**6,122**	**4,630**	**1,492**
England	4,882	3,701	1,181
Wales	247	199	48
Scotland	696	497	199
Northern Ireland	268	207	61

Table 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. There was a 2% decrease in the number of suicides in the UK between 2013 and 2014.

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 1.

Graph 1: Suicide rate per 100,000* in UK, 2014



Graph 1 shows that the highest suicide rate per 100,000 for males and for all persons was in Northern Ireland, and for females was in Scotland; the lowest rates for these three groups were in Wales. Across the UK, male suicide rates are consistently higher than female rates. In Scotland, the male suicide rate is almost three times higher than the female rate. In UK as a whole, and in England and Northern Ireland, the male suicide rate is more than three times higher than the female rate. In Wales, the male suicide rate is more than four times higher than the female rate.

* Rates for UK, England, Wales, and Scotland are age standardised to the European Standard Population; Northern Ireland are crude rates.

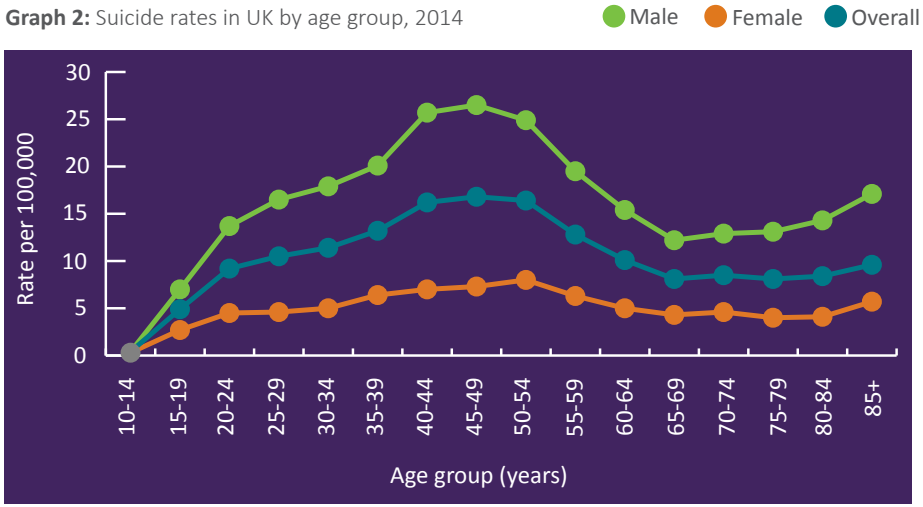
** Total number of deaths for the UK does not equal the sum of the constituent nations. This is due to ONS including the deaths of non-residents in the total figure but not in regional breakdown of deaths in England and Wales.

UK suicide by age group – 2014

Data presented in this section are of the suicide rate per 100,000 rather than the number of suicides in an age group.

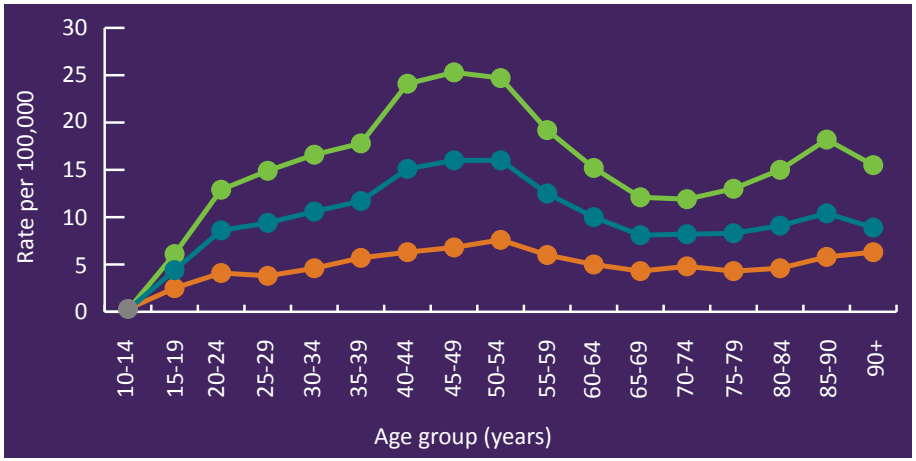
See page 13 for an explanation of why rates, rather than numbers, are used. The number of deaths by age group, and full data tables with numerical rates can be found in the tables within Appendices 1 and 2.

Graph 2: Suicide rates in UK by age group, 2014



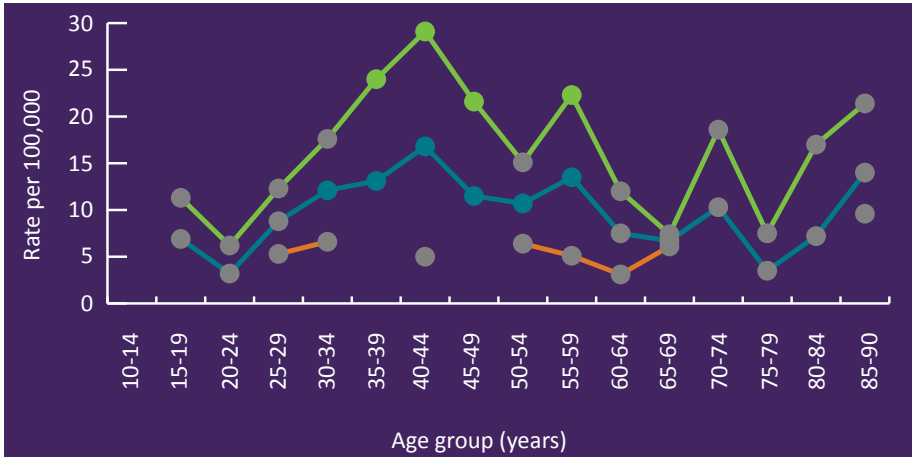
Graph 2 shows that in the UK the age group with the highest suicide rate per 100,000 for all persons and males is 45-49 years, and for females is 50-54 years. This data also indicates a slight bimodal distribution (where there are two 'modes'/peaks in the distribution across the ages) with peaks in the mid-years and those aged over 85 years. The ONS mark rates calculated from fewer than 20 counts as unreliable. The data in Graph 2 that is considered unreliable has been greyed out.

Graph 3: Suicide rates in England by age group, 2014



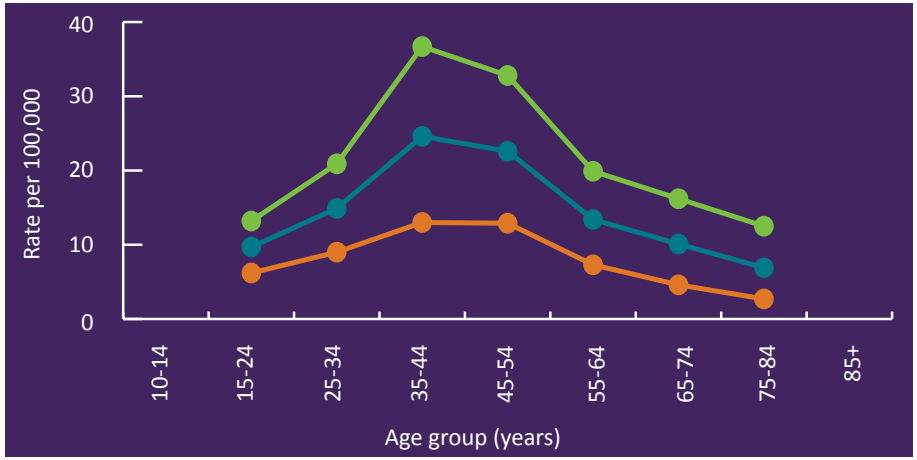
Graph 3 shows that in England, the age group with the highest suicide rate per 100,000 for all persons is 45-54 years; for males the age group with the highest rate is 45-49 years; for females the age group with the highest rate is 50-54 years. This data also indicates a slight bimodal distribution (where there are two 'modes'/peaks in the distribution across the ages) with peaks in the mid-years and those aged over 85 years, but a decrease after 90 years. The ONS mark rates calculated from fewer than 20 counts as unreliable. The data in Graph 3 that is considered unreliable has been greyed out.

Graph 4: Suicide rates in Wales by age group, 2014



Graph 4 shows that in Wales, the age group with the highest suicide rate per 100,000 for all persons and males is 40-44 years; for females the age group with the highest rate is 50-54 years. Among males, there is some suggestion of a bimodal age distribution (where there are two 'modes'/peaks in the distribution across the ages), as in England. As can be seen in Graph 4, for some age groups no rate is shown; the ONS do not produce a rate when there are fewer than three deaths in an age category. ONS also mark rates calculated from fewer than 20 counts as unreliable. The data in Graph 4 that is missing or considered unreliable has been greyed out. *Also see notes on page 13 in 'Understanding Suicide Statistics' for information on rates within small populations.*

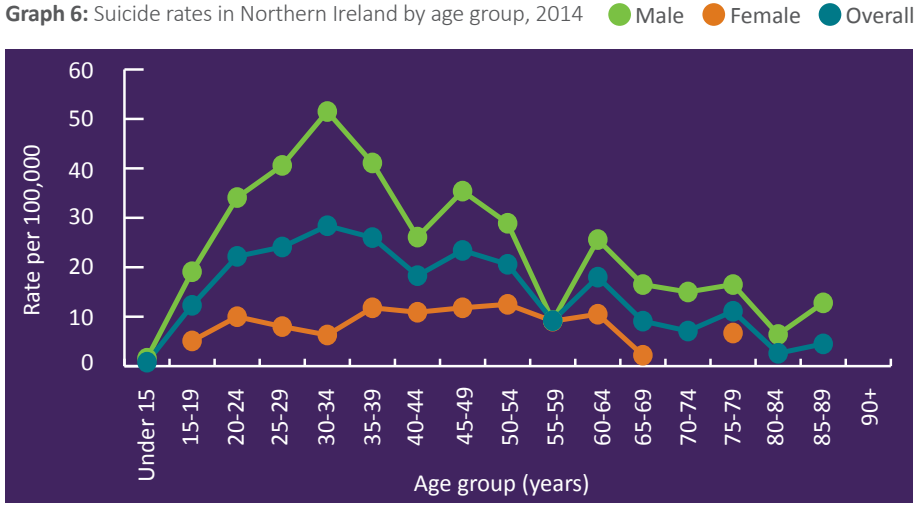
Graph 5: Suicide rates in Scotland by age group, 2014



Graph 5 shows that in Scotland, the age group with the highest suicide rate per 100,000 for all persons and males and females is 35-44 years. Unlike in England, there is no evidence of a bimodal age distribution (where there are two 'modes'/peaks in the distribution across the ages).

As can be seen in Graph 5, the youngest and oldest age groups have no rate per 100,000; the ScotPHO do not produce a rate per 100,000 for these groups "for reasons of robustness and comparability, as a higher proportion of probable suicide deaths in these extreme age groups are coded as events of undetermined intent". See notes on page 13 in Understanding Suicide Statistics for information on rates within small populations.

Graph 6: Suicide rates in Northern Ireland by age group, 2014



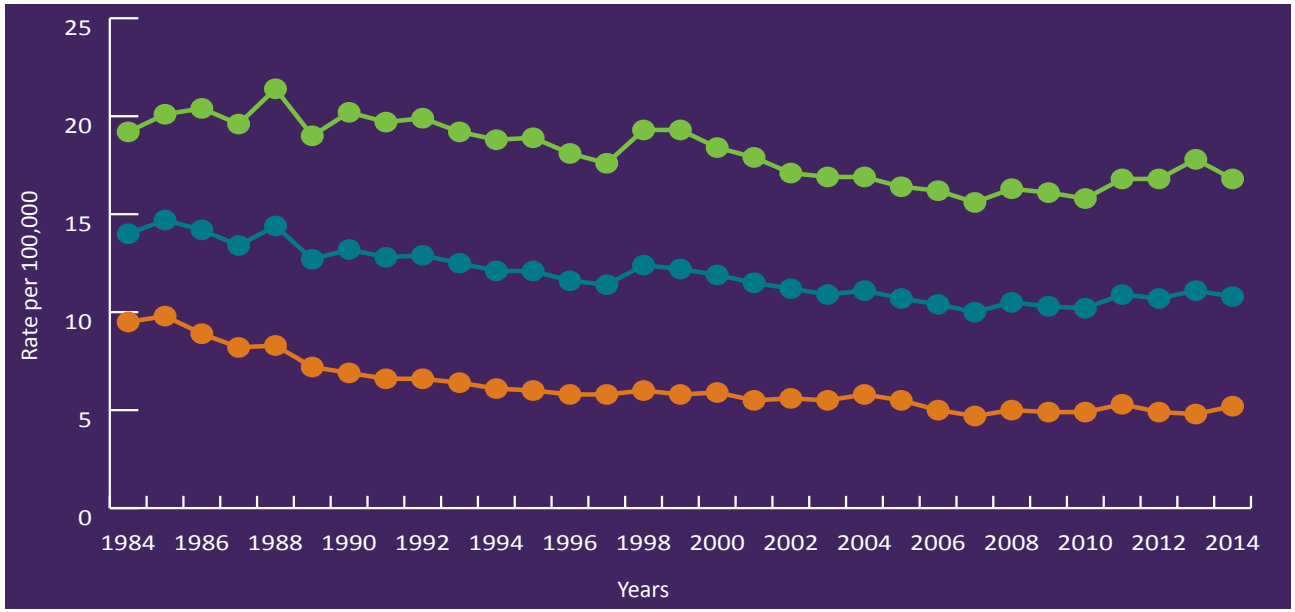
Graph 6 shows that in Northern Ireland, the age group with the highest suicide rate per 100,000 for all persons and males is 30-34 years; and for females is 35-39 and 45-49 years. Among males there is some suggestion of a bimodal age distribution (where there are two 'modes'/peaks in the distribution across the ages), as in England.

As can be seen in Graph 6, some age groups have no rate per 100,000; this indicates that there were zero suicides in these groups. NISRA do not have a minimum number of deaths required to produce a rate per 100,000 and some of the rates provided are based on only one death; see notes on page 13 in Understanding Suicide Statistics for information on rates within small populations.

UK suicide rates – trends over time

This section provides a narrative description of the suicide trends for the UK and each nation over the last thirty years (1984–2014). Commentary of percentage change for each set of data is based on rates, rather than numbers and is calculated by Samaritans where this has not been provided by the statistical agencies.

Graph 7: Suicide rate per 100,000 in the UK, 1984–2014



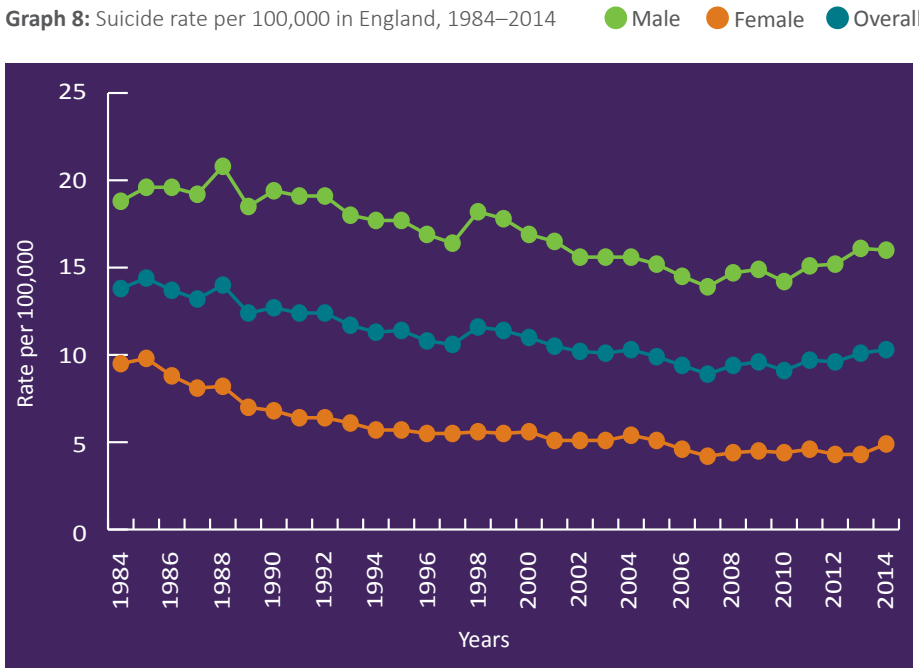
Commentary next to graphs regarding significance of changes in rates has been taken directly from the statistical agencies' publications for each nation's suicide data, and is not calculated by Samaritans.

Graph 7 shows that in the UK, while the rates for males and all persons decreased in 2014, the female rate increased. There has been a decreasing trend in the UK suicide rate until around 2007. Since then, there has been a general increase and suicide in the UK is now at its highest rate since 2004. There was a 2.7% decrease in UK between 2013 and 2014.

Male trend: Similar to the overall trend for the UK, the male suicide rate shows a general decrease until 2007, and a subsequent increase but the most recent year of data shows that male suicide in the UK decreased by 5.6% between 2013 and 2014.

Female trend: The UK female rate significantly decreased between 1983 and 2007 and has remained relatively constant since then with yearly fluctuations in 2011 and 2014. Between 2013 and 2014 the female suicide rate in the UK increased by 8.3%.

Graph 8: Suicide rate per 100,000 in England, 1984–2014

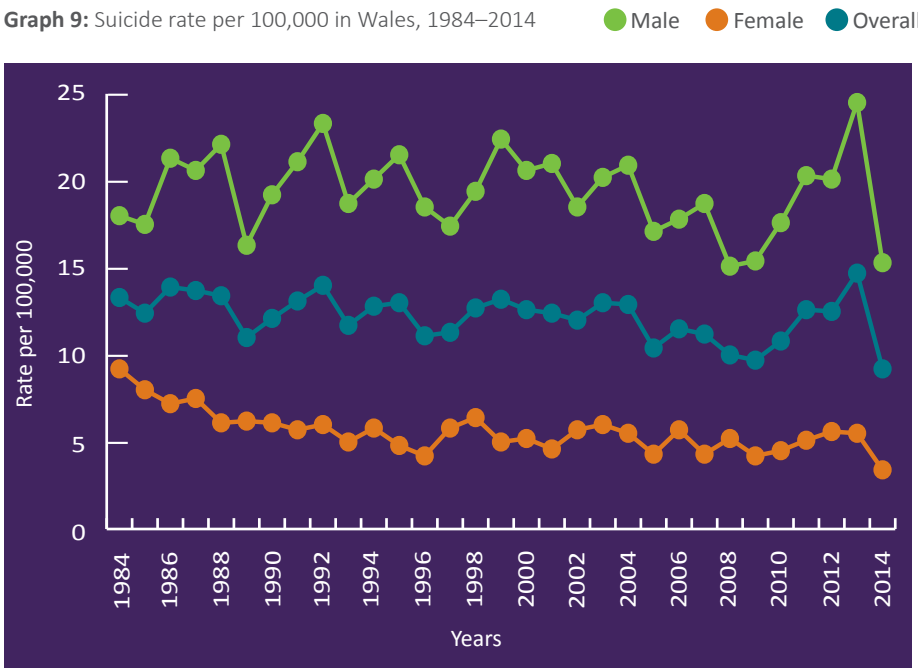


Graph 8 shows that an increase in suicide in England between 2013 and 2014 may be driven by the rise in female suicide and a relatively stable trend in male suicide. There has been a general decrease in suicide in England over the last 30 years, but the overall rate is currently at its highest since 2004. There has been an overall increase in suicide in England of 2% between 2013 and 2014.

Male trend: The male suicide rate has also generally decreased over the last 30 years. However, the increase in the last decade in the England suicide rate is driven by the male suicide rate increase in this period. Male suicide in England decreased by less than 1% between 2013 and 2014.

Female trend: The female suicide rate in England has seen a general decrease over the last 30 years, and has remained relatively constant over the last decade. However, the most recent year of data shows that there was an increase of 14% in female suicide between 2013 and 2014, which puts female suicide at its highest rate since 2005 in England.

Graph 9: Suicide rate per 100,000 in Wales, 1984–2014

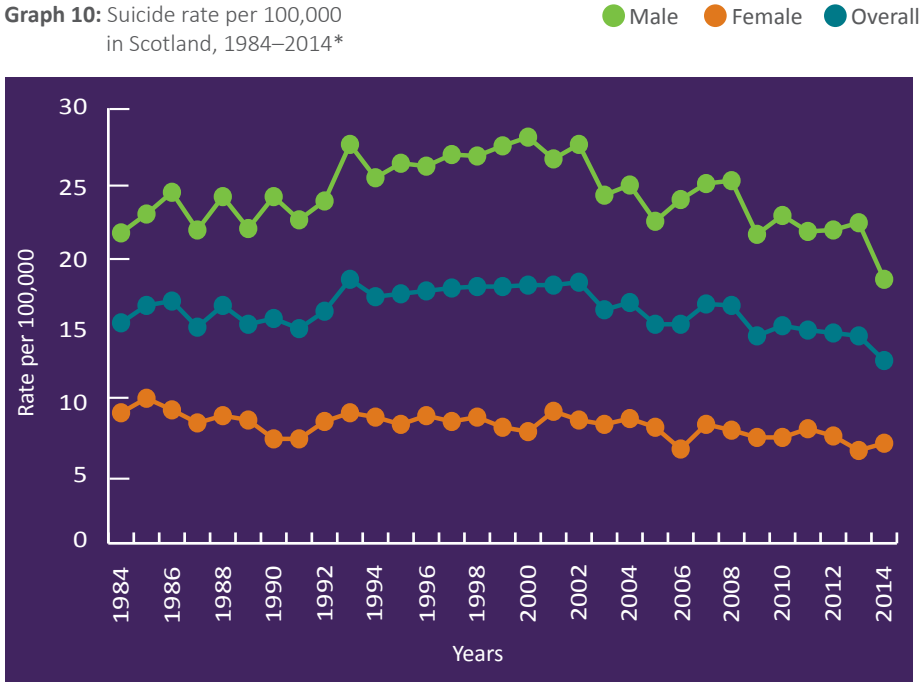


Graph 9 shows that there has been a significant decrease in suicide in Wales for both males and females between 2013 and 2014. There has been an overall decrease in suicide since 1984 in Wales and notably a decrease of 37.4% between 2013 and 2014.

Male trend: Over the last thirty years there has been a general decrease in suicide in Wales with notable fluctuations. After a more recent period of increase, the male suicide rate in Wales is at its lowest since 2008 and the current rate is the second lowest of the entire thirty year period. Between 2013 and 2014 the male suicide rate decreased by 37.6%.

Female trend: Female suicide in Wales has also decreased considerably over the last thirty years. Following fluctuations and a period of overall increase since 2007, the female suicide rate in Wales is its lowest for this entire thirty year period.

Graph 10: Suicide rate per 100,000 in Scotland, 1984–2014*



Graph 10 shows that the overall decrease in suicide in Scotland is driven by the decrease in male suicide in recent years.

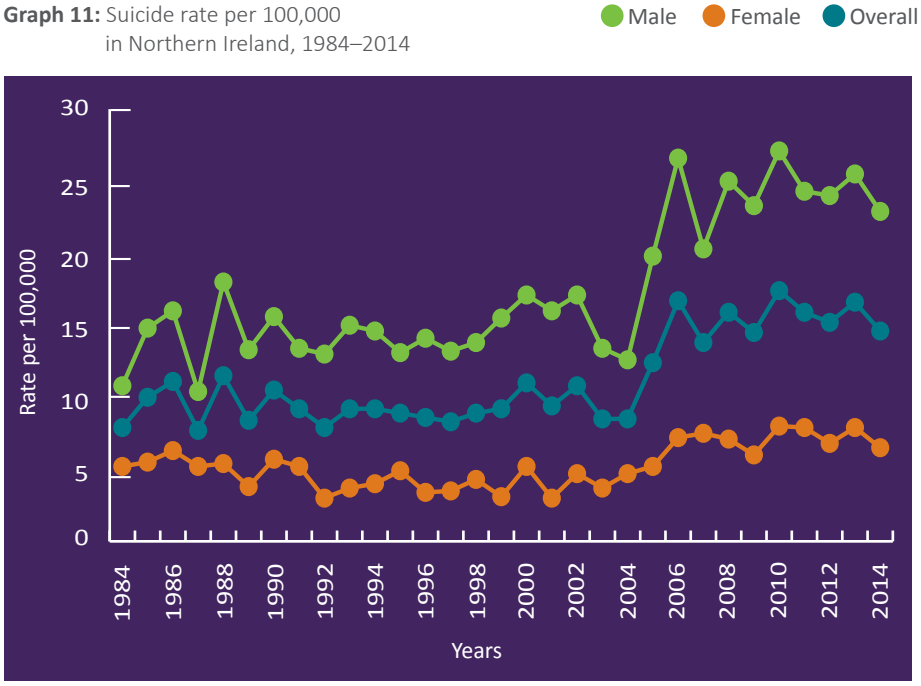
Male trend: The male rate showed a general increase during the 1990s, little change during the 1990s and a decrease since about 2000. The most recent year of data shows that there was a 17.6% decrease in male suicide in Scotland between 2013 and 2014.

Female trend: The female rate has gradually decreased over the thirty year period, with less fluctuation than the male rates. However, the female rate increased between 2013 and 2014 by 7.8% in Scotland.

In additional data, using five-year rolling averages (see ScotPHO, 2015), the most recent periods show a decrease in all persons, male and female rates between 2009–13 and 2010–14.

*Data in Graph 10 only includes deaths coded using 'old-rules' (see notes in UK suicide definition section, page 11). This is because data using 'new-rules' for 2011 to 2014 is not directly comparable to the previous years' data and, as advised by ScotPHO, 'old rules' data should be used when making comparisons over time.

Graph 11: Suicide rate per 100,000 in Northern Ireland, 1984–2014



Graph 11 shows that in Northern Ireland, there has been a general increase in the overall rate, with significant fluctuations and a marked increase around 2005-2007. However, there has been a decrease between 2013 and 2014 of 12%.

Male trend: The male suicide rate in 2014 is more than double what it was thirty years ago in 1984. Although, there has been a decrease of 10.2% between 2013 and 2014 and male suicide is at its lowest rate in Northern Ireland since 2007.

Female trend: In 2014, the female suicide rate is higher than it was thirty years ago in 1984. Although, there has been a decrease of 17.7% between 2013 and 2014 and female suicide is at its lowest rate in Northern Ireland since 2009.

Suicide in the Republic of Ireland – 2014

The data for suicide in the Republic of Ireland is presented in a separate section because these statistics are not comparable to those for the UK. For a full explanation of the reasons for this, please see the information on page 9.

For full data tables see Appendices 3 and 4.

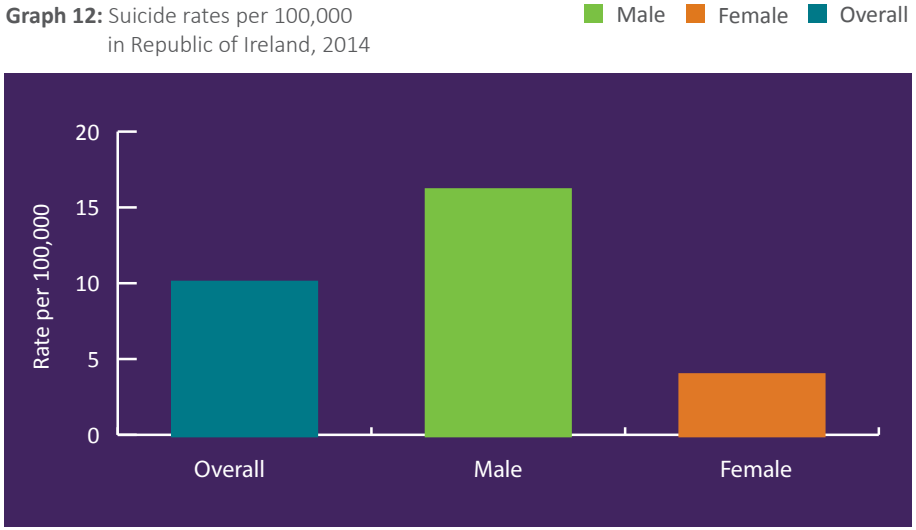
Table 2: Number of suicides in Republic of Ireland, 2014 (provisional)

	Overall	Male	Female
Republic of Ireland	459	368	91

Table 2 shows that the highest number of suicides occurred in males, with approximately four times as many male as female suicides.

Looking only at the number of suicides in a nation may be misleading because it ignores the size of the groups at risk. Rates per 100,000 are used to give a more accurate picture of differences between groups – see Graph 12.

Graph 12: Suicide rates per 100,000 in Republic of Ireland, 2014



Graph 12 shows that the suicide rate among males is approximately four times higher than the rate among females.

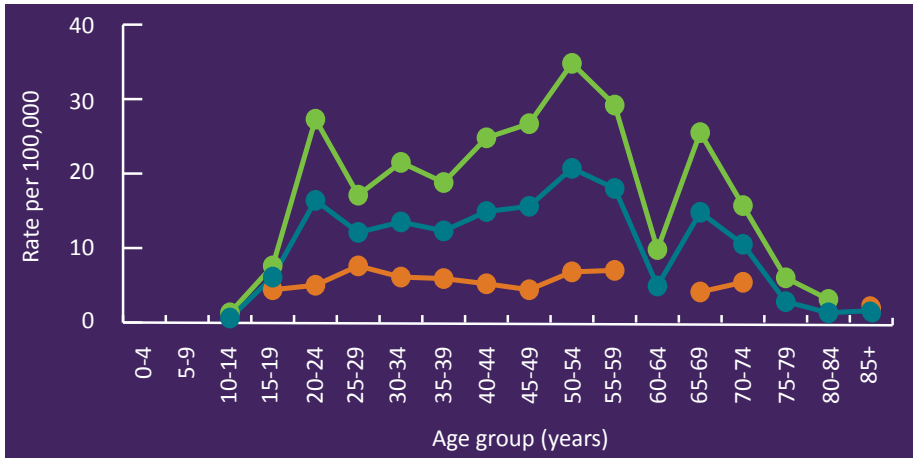
Republic of Ireland suicide by age group – 2014

Data in this section are of the suicide rate per 100,000, rather than the number of suicides in an age group; looking at the number of suicides may be misleading due to differences in population sizes.

Rates are used to give a truer picture of the groups in which suicide is more prevalent.

The number of deaths by age group, and full data tables with numerical rates can be found in the tables within Appendices 3 and 4.

Graph 13: Suicide rates in Republic of Ireland by age group, 2014



Graph 13 shows that, in the Republic of Ireland, the age group with the highest suicide rate per 100,000 is 50-54 years for all persons and males, and 25-29 years for females.

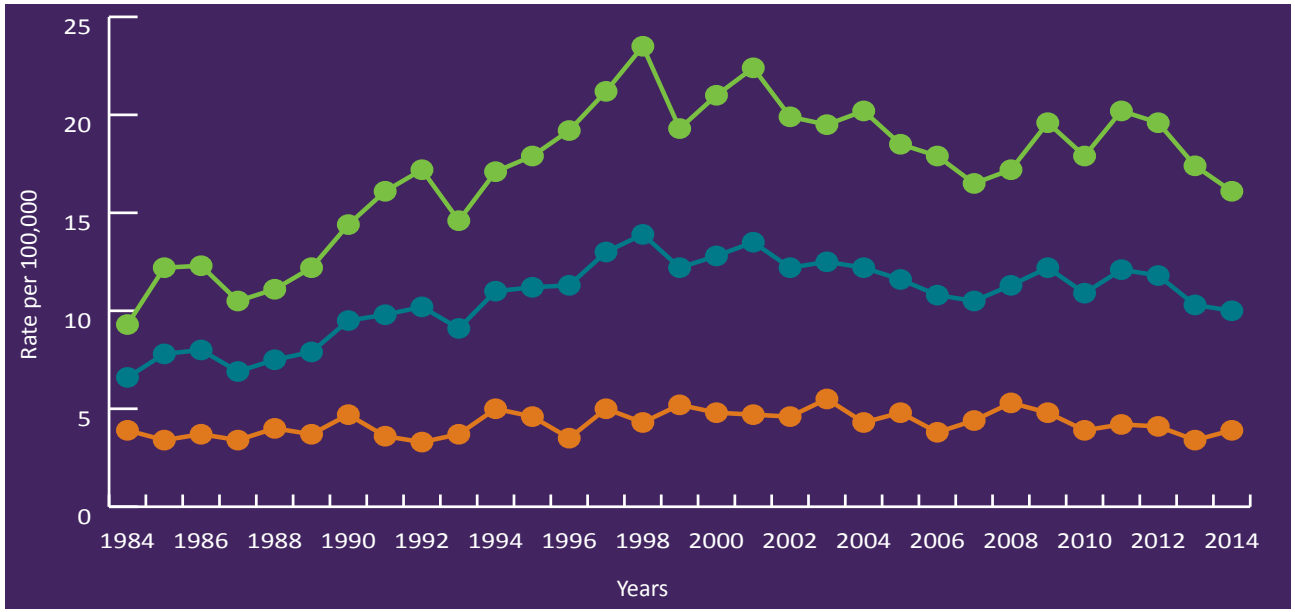
There is considerable variation across the male suicide rate between age groups, but the female rate shows less variation across the age groups in comparison.

As can be seen in Graph 13, some age groups have no rate per 100,000; this indicates that there were zero suicides in these groups. CSO do not have a minimum number of deaths required to produce a rate per 100,000 and some of the rates provided are based on only one death; see notes on page 13 in Understanding Suicide Statistics for information on rates within small populations.

Republic of Ireland suicide rates – trends over time

This section provides a narrative description of the trends in suicide for the Republic of Ireland over the last thirty years (1984-2014). Commentary of percentage change is based on rates, rather than numbers and is calculated by Samaritans.

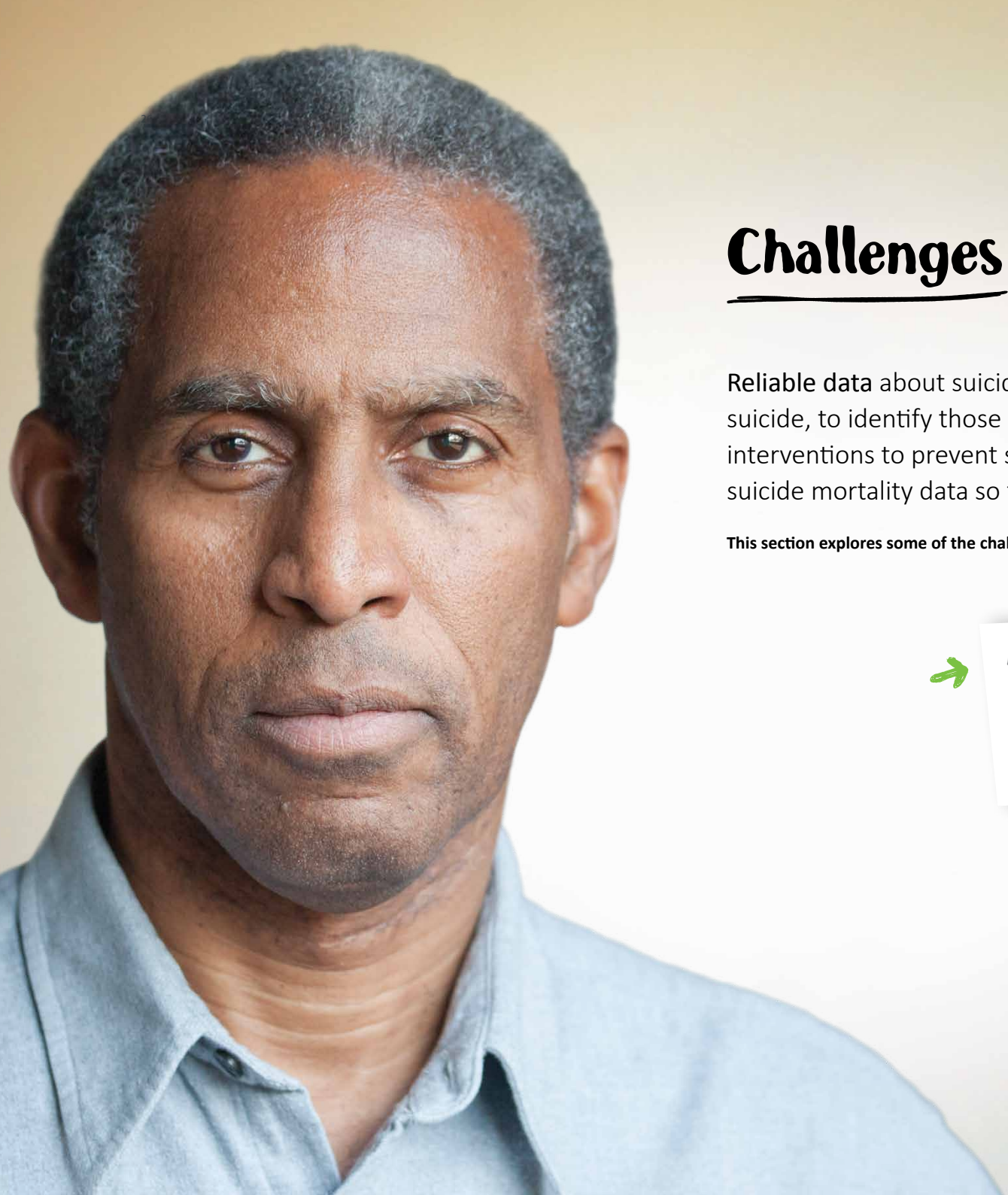
Graph 14: Suicide rate per 100,000 in Republic of Ireland, 1984–2014



Graph 14 shows there was an increase in the overall suicide rate in the Republic of Ireland between the early 1980s and the late 1990s: since then, there has been a declining trend. After a period of fluctuation, the Republic of Ireland suicide rate has been decreasing since 2011. The overall suicide rate in the Republic of Ireland is at its lowest since 1993 and between 2013 and 2014, there was a decrease of 3.3% in the overall rate per 100,000.

Male trend: The male suicide rate increased to a peak in 1998, since then it has decreased with some fluctuations and the male suicide rate is currently the lowest since 1993. The male suicide rate has decreased by 6.4% between 2013 and 2014.

Female trend: The female suicide rate in Republic of Ireland has remained relatively stable over time during this 30 year period. The current rate (2014) is comparable to the rate in 1984, having increased by 14.7% since 2013.



Challenges with suicide statistics

Reliable data about suicide is essential for understanding the scale of suicide, to identify those most at risk and to evaluate the effectiveness of interventions to prevent suicide. We need to recognise the limitations with suicide mortality data so that we draw the right conclusions from data.

This section explores some of the challenges with collecting and reporting on suicide data.

> Measuring the success, or lack thereof, of efforts to reduce suicides, suicide attempts or the impact of suicide on society at large requires access to reliable and valid data.
>
> World Health Organisation, 2014; Preventing suicide: A global imperative

The under-reporting of suicide

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

One of the main reasons for the under-reporting of suicide is the misclassification of deaths. This means that the cause of death is coded as something other than suicide. An example of this is where a coroner cannot establish whether there was intent by the individual to take their own life. Consequently, 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 there is long-term illness. 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 (or assumed) 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 under- reporting of suicidal deaths in females (Cantor, Leenaars & Lester, 1997).

Some researchers comment that the subjective nature of the coronial system could also lead to under-reporting. There may be many reasons that a coroner may 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. A coroner should record a cause of death based on the principle of 'beyond doubt' as opposed to 'on the balance of probabilities'.

There may be stigma attached to a death being reported as suicide. This could be particularly relevant for instances such as child deaths, or relate to the socio-cultural norms of the individual, their family or community, or to cultural or religious taboos (eg suicide rates in Islamic communities seem to be very low, which may be attributed to under-reporting due to familial stigma (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 under-reporting of suicide.

In the UK, part of the solution to under-reporting has been to include 'deaths of undetermined intent' within the official statistical category of suicide. This attempts to correct known under-reporting and is thought to produce a more accurate total (and rate) of suicide in a given year. However, this may cause problems in the ability to compare suicide statistics across countries, some of which, eg Republic of Ireland, do not include this category in the official operational definition of suicide. ▷

In England and Wales, the use of narrative verdicts allows coroners to give a verdict that does not necessarily have to be restricted to one cause of death: a narrative account is given of the circumstances surrounding a death and this may eliminate some of the problems of trying to restrict a verdict to one short form code. However, when a narrative verdict is given by a coroner, the ONS is still required to assign a code to the death in the usual way. Where intent cannot be established, and ONS cannot be clear from the narrative verdict that the cause of death was suicide, the death is coded as 'accidental', rather than of 'undetermined intent'. These deaths are therefore not included in the UK count of suicide and may add further to the under-reporting problem. The ONS has carried out analyses which originally suggested there was not a significant impact on suicide rates in previous years. However, it notes in their analysis this year that if all "hard-to-code" narrative verdict deaths, which are recorded as accidental hanging or accidental poisoning (because they have been given narrative verdicts) were recoded as intentional self-harm, the suicide rate in England would increase significantly (ONS, 2016).

It is also important to note that suicide is not the only cause of death that suffers under-reporting through misclassification. While it would be unrealistic to expect death reporting to have no error, since it is, after all, a human process based in part on judgement, every effort should be made to make sure statistics are as accurate as possible.

The reliability and validity of suicide statistics

It is important to assess the validity (are we measuring what we think we're measuring) and reliability (do we measure in the same way, over time) of suicide statistics since these are commonly used to directly influence decisions about public policy and public health (including suicide prevention) strategies.

The reliability of statistics is obviously affected by the misclassification of deaths leading to under-reporting (see section above). There are several other additional factors that need to be considered.

It has been suggested that there may be inconsistencies in coroners' processes to establish a cause of death and individual coroners may record deaths 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, possibly 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 eg when chronic illness is a factor in the death or in road accidents where there may also have been suicidal intent. Such situations leave room for interpretation and subjectivity.

As well as the death registration processes being subject to interpretation and inconsistencies within a country, there are also likely to be inconsistencies between countries. There are different death registration processes across the UK nations.

Therefore, it cannot be assumed that suicide statistics in one country are measuring the same phenomenon as those in another country.

Reliability is affected by the multiple definitions of suicide. Silverman (2006) claims that there are more than 27 definitions of suicide used in the research literature. This adds another dimension to the problem of reliability, as suicide is defined differently by different researchers and research disciplines, and in different contexts and professions. For example, the clinical and legal definitions of suicide differ; within a legal definition (used by coroners) there must be evidence that there was intent to take one's life, whereas a clinical definition is based on a less stringent concept of proof. Therefore, there may be under-reporting where there is insufficient evidence of suicide available to satisfy coronial requirements.

Researchers have different views about the reliability of suicide statistics and how, or even if, they can be used effectively. Some reject the use of official suicide statistics on the grounds of poor reliability; others argue that the statistics are still reliable enough to be used to establish trends over time.

It can be argued that suicide statistics have poor validity (they might not measure exactly what we think they measure) but reasonable reliability (they measure the same thing over time). This would mean that, even if we accept the limitations to the statistics, the data is still likely to have some temporal stability and any limiting factor would be reasonably constant over time.

Therefore, differences in suicide trends between countries could be validly explored. Changes in rates and fluctuations may be valid if under-reporting remains stable over time (Brugha & Walsh, 1978; Sainsbury & Jenkins, 1982). In this way, suicide statistics will still give us valuable information about suicide over time and about different groups who may be at risk. Others, however, are more skeptical about both validity and reliability of official statistics.

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, we still must address these issues and continue to do everything possible to limit these confounding factors, so that suicide statistics are as reliable as possible. Also, fluctuations and trends should not be ignored because of the issues of under-reporting, 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 (Goldney, 2010).

A recent systematic review (Tøllefsen, Hem & Ekeberg, 2012) concludes that there is a lack of research into the reliability of suicide statistics, but also that there is a tendency in international data to under-report suicide.

Difficulties comparing suicide statistics

As has been mentioned in previous sections, there are some differences in the way different countries register deaths and therefore how deaths are classified as suicides. This potentially undermines confidence in the value of comparing suicide statistics across countries. Lower or higher rates may be an artefact of lower or higher quality (or just different) registration procedures between countries, rather than a reflection of true differences in suicide risk. Consequently, some researchers suggest that cross-country comparison should not be made or assumed to provide any reliable information about which populations may be at more risk of suicide (Sainsbury & Jenkins, 1982). Other researchers suggest that the differences in coding and registration of suicides pose problems that make comparisons difficult, but not impossible, and that the rates should be compared 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 the epidemiology of suicide.

However, this document highlights the differences in the collection and presentation of suicide statistics across the UK and the Republic of Ireland, which seems unnecessary and unhelpful in a group of nations so socially, economically and politically linked. The difference in the operational definition of 'suicide' between the UK (all nations) and the Republic of Ireland (see pages 11-12) is the most obvious.

Furthermore, even within the UK, the constituent nations' statistics are not directly comparable. As a result of differences in the time taken to register a death in England and Wales compared to Northern Ireland or Scotland, some annual figures reflect a truer picture of the occurrence of suicide than others (see ONS, 2016). In this context, Samaritans would like to see greater collaboration between the statistical agencies and more consistency in the collection and presentation of suicide statistics, to enable greater sharing and learning across countries and ultimately improve suicide prevention efforts.

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Appendix 1: Rate per 100,000 of deaths by suicide* in the UK, 2012–2014

Table 3: UK suicide rates for all persons, males and females and by age group, 2012–2014

UK	2012			2013			2014		
Rate per 100,000 for persons aged 10+	Overall 10.7	Male 16.8	Female 4.9	Overall 11.1	Male 17.8	Female 4.8	Overall 10.8	Male 16.8	Female 5.2
Rate per 100,000 by age group (years)	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
10-14	**0.3†**	**0.5†**	--	**0.3†**	**0.3†**	**0.2†**	0.4†	0.4†	0.3†
15-19	4.2	6.4	1.9	4.4	7.0	1.6	4.9	7.0	2.7
20-24	9.4	15.5	3.2	9.0	14.3	3.5	9.2	13.7	4.5
25-29	11.7	18.4	5.1	9.6	15.9	3.4	10.5	16.5	4.6
30-34	12.2	19.7	4.8	12.2	19.5	4.9	11.4	17.9	5.0
35-39	14.3	23.1	5.5	15.4	23.6	7.2	13.2	20.1	6.4
40-44	16.1	25.9	6.6	16.7	26.9	6.7	16.2	25.7	7.0
45-49	16.3	25.0	7.9	17.1	26.8	7.7	16.8	26.5	7.3
50-54	15.7	23.5	8.0	15.7	24.7	6.9	16.4	24.9	8.0
55-59	12.9	19.9	6.1	14.8	23.3	6.4	12.8	19.5	6.3
60-64	9.5	14.1	5.1	11.2	18.4	4.2	10.1	15.4	5.0
65-69	7.6	11.6	3.8	7.7	11.5	4.0	8.1	12.2	4.3
70-74	6.8	10.6	3.4	8.0	13.0	3.5	8.5	12.9	4.6
75-79	7.0	10.9	3.8	7.8	12.3	4.0	8.1	13.1	4.0
80-84	8.0	11.9	5.2	8.8	14.4	4.7	8.4	14.3	4.1
85+	9.4	19.5	4.5	11.2	22.6	5.5	9.6	17.1	5.7

* Suicide as defined by the Office for National Statistics – for coding and definition see Box 1, page 12.

† Potentially unreliable rates due to low number of deaths in this age group.

Table 4: England suicide rates for all persons, males and females and by age group, 2012–2014

England	2012			2013			2014		
Rate per 100,000 for persons aged 10+	Overall 9.6	Male 15.2	Female 4.3	Overall 10.1	Male 16.1	Female 4.3	Overall 10.3	Male 16	Female 4.9
Rate per 100,000 by age group (years)	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**
10-14	0.2†	0.3†	-	0.2†	0.3†	-	0.2†	0.2†	0.3†
15-19	3.5	5.5	1.5	3.8	6.0	1.4	4.4	6.1	2.5
20-24	8.3	13.7	2.7	8.0	12.8	3.2	8.6	12.9	4.1
25-29	9.8	15.3	4.3	8.5	14.1	2.9	9.4	14.9	3.8
30-34	10.1	16.3	3.9	10.2	16.2	4.3	10.6	16.6	4.6
35-39	12.6	20.4	4.8	13.4	20.7	6.2	11.7	17.8	5.7
40-44	14.7	23.6	5.9	14.9	24.3	5.7	15.1	24.1	6.3
45-49	15.1	23.4	7.1	15.0	23.4	6.9	16	25.3	6.8
50-54	14.3	22.0	6.7	14.7	23.3	6.2	16	24.7	7.6
55-59	12.1	18.8	5.5	13.5	21.2	5.8	12.5	19.2	6
60-64	8.5	12.9	4.2	10.4	17.2	3.9	10	15.2	5
65-69	7.1	10.9	3.6	7.4	11.3	3.6	8.1	12.1	4.3
70-74	6.6	10.0	3.6	7.3	11.6	3.3	8.2	11.9	4.8
75-79	6.2	9.7	3.3	7.7	11.8	4.2	8.3	13	4.3
80-84	8.1	11.7	5.5	8.7	13.8	4.9	9.1	15	4.6
85-90	8.9	18.6	3.4†	11.9	23.0	5.4	10.4	18.2	5.8
90+	9.1	18.1	5.7†	10.4	22.8	5.6†	8.9	15.5	6.3

† Potentially unreliable rates due to low number of deaths in this age group.

Table 5: Wales suicide rates for all persons, males and females and by age group, 2012–2014

Wales	2012			2013			2014		
Rate per 100,000 for persons aged 15+	Overall 12.5	Male 20.1	Female 5.6	Overall 14.7	Male 24.5	Female 5.5	Overall 9.2	Male 15.3	Female 3.4
Rate per 100,000 by age group (years)	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**
10-14	-	-	-	-	-	-	-	-	-
15-19	4.1†	6†	-	5.7†	11.1†	-	6.9†	11.3†	-
20-24	9.3	13.6†	4.7†	11.9	18.8	4.7†	3.2†	6.2†	-
25-29	11.3	20.2†	-	10.1†	14.6†	5.4†	8.8†	12.3†	5.3†
30-34	24.2	38.4	10.1†	19.8	30.9	8.8†	12.1	17.6†	6.6†
35-39	17.9	31.6	4.6†	20.9	36.1	5.9†	13.1	24	-
40-44	16.7	29.3	4.7†	22.5	38.0	7.7†	16.8	29.1	5†
45-49	17.2	26.8	8†	26.4	46.5	7.1†	11.5	21.6	-
50-54	12.1	17.7†	6.6†	16.1	25.1	7.5†	10.7	15.1†	6.4†
55-59	13.3	18.4†	8.3†	20.0	33.3	7.2†	13.5	22.3	5.1†
60-64	14.3	19.8†	9.1†	13.7	24.7	3.1†	7.5†	12†	3.1†
65-69	9.9†	14.7†	5.4†	9.5†	8.6†	10.4†	6.7†	7.4†	6.1†
70-74	7.3†	12.2†	-	12.8†	22.2†	4.1†	10.3†	18.6†	-
75-79	12.7†	17.8†	8.4†	7.1†	13.5†	-	3.5†	7.5†	-
80-84	8.7†	14.8†	-	14.7†	32†	-	7.2†	17†	-
85-89	14.1†	27.9†	-	6.1†	-	-	14†	21.4†	9.6†
90+	14.6†	41.8†	-	18†	40.1†	-	-	-	-

† Potentially unreliable rates due to low number of deaths in this age group.

Table 6: Scotland suicide rates for all persons, males and females and by age group, 2012–2014

Scotland	2012			2013			2014		
Rate per 100,000 for all persons	All 15.8	Male 23.6	Female 8.0	All 15.2	Male 23.7	Female 6.7	All 13.3	Male 19.3	Female 7.2
Rate per 100,000 by age group (years)	**All**	**Male**	**Female**	**All**	**Male**	**Female**	**All**	**Male**	**Female**
0-14	-	-	-	-	-	-	-	-	-
15-24	11.7	17.5	5.8	9.6	15.1	4.1	9.7	13.2	6.2
25-34	23.1	35.9	10.7	20.8	34.6	7.4	14.9	20.9	9.0
35-44	26.9	41.2	13.2	26.3	40.8	12.5	24.6	36.7	13.0
45-54	26.2	36.6	16.2	24.1	37.7	11.2	22.6	32.8	12.9
55-64	16.2	24.1	8.6	17.9	28.4	8.0	13.4	19.9	7.3
65-74	8.3	13.8	3.4	9.8	15.0	5.1	10.1	16.2	4.6
75-84	9.7	16.2	5.0	8.3	14.3	3.9	6.9	12.5	2.7
85+	-	-	-	-	-	-	-	-	-

New coding rules for all years.

Table 7: Northern Ireland suicide rates for all persons, males and females and by age group, 2012–2014

Northern Ireland	2012			2013			2014		
Rate per 100,000 for all persons	Overall 15.2	Male 24.0	Female 6.8	Overall 16.6	Male 25.5	Female 7.9	Overall 14.6	Male 22.9	Female 6.5
Rate per 100,000 by age group (years)	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**
Under 15	1.4	1.6	1.1	0.6	0.5	0.6	0.8	1.6	-
15-19	11.3	17.4	4.9	10.6	17.4	3.3	12.3	19.1	5.1
20-24	21	39.7	1.6	20.5	30.7	9.9	22.2	34.1	10.0
25-29	32.8	53.5	12.6	18.5	32.6	4.8	24.1	40.6	8.0
30-34	21.3	35.4	8	23.6	40.3	7.9	28.4	51.5	6.3
35-39	22.8	36.3	9.9	32	46.1	18.5	26.0	41.1	11.8
40-44	20.8	34.5	7.5	30.5	40	21.4	18.3	26.1	10.9
45-49	15.8	22.9	8.9	30.7	44.2	17.7	23.4	35.4	11.8
50-54	30.7	43.7	18	25.1	37.7	12.8	20.6	28.9	12.5
55-59	18.5	27.2	9.7	19.8	30.3	9.4	9.2	9.2	9.1
60-64	12.8	13	12.7	21.4	34.5	8.5	18.0	25.6	10.5
65-69	15.1	21.7	-	8	16.7	-	9.1	16.5	2.2
70-74	6.1	13.2	0	10.3	18.8	2.8	7.1	15.0	-
75-79	5.8	8.8	3.4	7.6	12.8	3.4	11.1	16.5	6.7
80-84	5.4	13.7	0	5.3	6.6	4.4	2.6	6.4	-
85-89	4.6	13.5	-	9.1	26.5	-	4.5	12.8	-
90+	-	-	-	-	-	-	-	-	-

Appendix 2: Number of deaths by suicide* in the UK, 2012–2014

Table 8: UK suicide numbers for all persons, males and females and by age group, 2012–2014

UK	2012			2013			2014		
Number of deaths for persons aged 10+	Overall 5,993	Male 4,600	Female 1,393	Overall 6,242	Male 4,863	Female 1,379	Overall 6,122	Male 4,630	Female 1,492
Number of deaths by age group (years)	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
10-14	12	10	2	9	5	4	13	7	6
15-19	164	128	36	170	139	31	188	138	50
20-24	407	339	68	388	313	75	396	301	95
25-29	505	395	110	419	345	74	463	363	100
30-34	517	415	102	527	420	107	496	387	109
35-39	577	465	112	611	467	144	527	399	128
40-44	737	584	153	749	597	152	713	558	155
45-49	766	578	188	802	620	182	784	610	174
50-54	664	492	172	682	530	152	730	549	181
55-59	476	362	114	555	433	122	493	370	123
60-64	344	250	94	396	320	76	355	265	90
65-69	253	188	65	268	196	72	290	211	79
70-74	169	124	45	203	156	47	224	161	63
75-79	143	101	42	163	117	46	174	128	46
80-84	123	76	47	136	94	42	132	95	37
85+	136	93	43	164	111	53	144	88	56

* Suicide as defined by the Office for National Statistics – for coding and definition see Box 1, page 12.

Table 9: England suicide numbers for all persons, males and females and by age group, 2012–2014

England	2012			2013			2014		
Number of deaths for persons aged 10+	Overall 4,513	Male 3,488	Female 1,025	Overall 4,727	Male 3,688	Female 1,039	Overall 4,882	Male 3,701	Female 1,181
Number of deaths by age group (years)	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
10-14	6	5	1	5	4	1	7	3	4
15-19	116	92	24	123	101	22	142	102	40
20-24	300	252	48	290	234	56	310	237	73
25-29	358	280	78	314	260	54	349	278	71
30-34	363	293	70	376	297	79	392	307	85
35-39	430	348	82	452	348	104	398	301	97
40-44	563	448	115	566	457	109	561	443	118
45-49	594	453	141	590	453	137	625	490	135
50-54	503	384	119	531	417	114	596	454	142
55-59	369	284	85	419	327	92	399	303	96
60-64	256	191	65	305	247	58	291	217	74
65-69	199	148	51	215	161	54	240	175	65
70-74	136	97	39	153	116	37	179	124	55
75-79	106	75	31	134	94	40	148	107	41
80-84	104	63	41	113	76	37	119	84	35
85-89	70	53	17	94	67	27	84	55	29
90+	40	22	18	47	29	18	42	21	21

Table 10: Wales suicide numbers for all persons, males and females and by age group, 2012–2014

Wales	2012			2013			2014		
Number of deaths for persons aged 10+	Overall 334	Male 257	Female 77	Overall 393	Male 317	Female 76	Overall 247	Male 199	Female 48
Number of deaths by age group (years)	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**
10-14	0	0	0	0	0	0	0	0	0
15-19	8	6	2	11	11	0	13	11	2
20-24	20	15	5	26	21	5	7	7	0
25-29	21	19	2	19	14	5	17	12	5
30-34	43	34	9	36	28	8	22	16	6
35-39	31	27	4	35	30	5	22	20	2
40-44	35	30	5	46	38	8	33	28	5
45-49	38	29	9	58	50	8	25	23	2
50-54	25	18	7	34	26	8	23	16	7
55-59	25	17	8	38	31	7	26	21	5
60-64	28	19	9	26	23	3	14	11	3
65-69	18	13	5	18	8	10	13	7	6
70-74	10	8	2	18	15	3	15	13	2
75-79	14	9	5	8	7	1	4	4	0
80-84	7	5	2	12	11	1	6	6	0
85-89	7	5	2	3	1	2	7	4	3
90+	4	3	1	5	3	2	0	0	0

Table 11: Scotland suicide numbers for all persons, males and females and by age group, 2012–2014

Scotland	2012			2013			2014		
Number of deaths for persons aged 10+	All 830	Male 608	Female 222	All 795	Male 611	Female 184	All 696	Male 497	Female 199
Number of deaths by age group (years)	All	Male	Female	All	Male	Female	All	Male	Female
0-14	-	-	-	-	-	-	-	-	-
15-24	81	61	20	66	52	14	66	45	21
25-34	157	120	37	144	118	26	104	72	32
35-44	190	142	48	181	137	44	166	121	45
45-54	208	142	66	193	147	46	181	128	53
55-64	107	78	29	119	92	27	90	65	25
65-74	42	33	9	51	37	14	54	41	13
75-84	30	21	9	26	19	7	22	17	5
85+	-	-	-	-	-	-	-	-	-

Table 12: Northern Ireland suicide numbers for all persons, males and females and by age group, 2012–2014

Northern Ireland	2012			2013			2014		
Number of deaths for all persons	Overall 278	Male 215	Female 63	Overall 303	Male 229	Female 74	Overall 268	Male 207	Female 61
Number of deaths by age group (years)	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**	**Overall**	**Male**	**Female**
Under 15	5	3	2	2	1	1	3	3	-
15-19	14	11	3	13	11	2	15	12	3
20-24	26	25	1	25	19	6	27	21	6
25-29	41	33	8	23	20	3	30	25	5
30-34	26	21	5	29	24	5	35	31	4
35-39	27	21	6	37	26	11	30	23	7
40-44	27	22	5	39	25	14	23	16	7
45-49	21	15	6	41	29	12	31	23	8
50-54	37	26	11	31	23	8	26	18	8
55-59	19	14	5	21	16	5	10	5	5
60-64	12	6	6	20	16	4	17	12	5
65-69	13	9	4	7	7	-	8	7	1
70-74	4	4	0	7	6	1	5	5	-
75-79	3	2	1	4	3	1	6	4	2
80-84	2	2	0	2	1	1	1	1	-
85-89	1	1	0	2	2	-	1	1	-
90+	-	-	-	-	-	-	-	-	-

Appendix 3: Rate per 100,000 deaths by suicide* in Republic of Ireland, 2012–2014

Table 13: Republic of Ireland suicide rates for all persons, males and females and by age group, 2012–2014

Republic of Ireland	2012			2013			2014		
Rate per 100,000 for persons aged 15+	Overall 11.8	Male 19.6	Female 4.1	Overall 10.3	Male 17.4	Female 3.4	Overall 10.0	Male 16.3	Female 3.9
Rate per 100,00 by age group (years)	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
0-4	-	-	-	-	-	-	-	-	-
5-9	-	-	-	-	-	-	-	-	-
10-14	1.3	1.9	0.7	0.6	1.3	-	0.6	1.3	-
15-19	9.8	14.2	5.2	7.3	11.3	3.0	6.1	7.6	4.4
20-24	17.3	28.1	6.5	14.3	23.5	4.7	16.4	27.3	5.0
25-29	15.2	23.2	7.9	13.4	23.4	4.2	12.1	17.1	7.6
30-34	14.5	26.7	3.0	15.0	25.1	5.5	13.5	21.5	6.1
35-39	14.5	23.1	6.0	12.6	21.6	3.8	12.3	18.8	5.9
40-44	19.4	32.6	6.0	13.7	22.1	5.3	14.9	24.8	5.2
45-49	19.5	32.7	6.5	17.3	29.6	5.1	15.6	26.7	4.4
50-54	19.8	31.8	7.9	19.1	28.4	9.8	20.7	34.8	6.8
55-59	16.9	27.5	6.4	15.1	26.4	4.0	18.0	29.2	7.0
60-64	16.8	29.1	4.5	15.7	28.8	2.7	4.9	9.8	-
65-69	9.9	18.8	1.1	10.6	19.0	2.1	14.8	25.5	4.1
70-74	5.3	9.3	1.5	7.2	14.9	-	10.5	15.7	5.4
75-79	9.7	18.9	1.8	5.7	10.2	1.8	2.8	6.0	-
80-84	2.8	3.4	2.4	4.1	3.3	4.8	1.3	3.1	-
85+	6.6	20.6	-	3.3	10.0	0	1.6	-	2.3

* Suicide as defined by the CSO – for coding and definition see Box 1, page 12.

Appendix 4: Number of deaths by suicide* in Republic of Ireland, 2012–2014

Table 14: Republic of Ireland suicide numbers for all persons, males and females and by age group, 2012–2014

Republic of Ireland	2012			2013			2014		
Number of deaths for all persons	Overall 541	Male 445	Female 96	Overall 487	Male 391	Female 96	Overall 459	Male 368	Female 91
Number of deaths by age group (years)	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
0-4	-	-	-	0	0	0	0	0	0
5-9	-	-	-	0	0	0	0	0	0
10-14	4	3	1	2	2	0	2	2	0
15-19	27	20	7	20	16	4	17	11	6
20-24	48	39	9	37	31	6	40	34	6
25-29	52	38	14	43	36	7	37	25	12
30-34	57	51	6	58	47	11	51	39	12
35-39	53	42	11	46	39	7	45	34	11
40-44	65	55	10	47	38	9	52	43	9
45-49	60	50	10	54	46	8	49	42	7
50-54	55	44	11	54	40	14	60	50	10
55-59	42	34	8	38	33	5	46	37	9
60-64	37	32	5	35	32	3	11	11	0
65-69	18	17	1	20	18	2	29	25	4
70-74	7	6	1	10	10	0	15	11	4
75-79	10	9	1	6	5	1	3	3	0
80-84	2	1	1	3	2	1	1	1	0
85+	4	4	-	2	2	0	1	0	1

* Suicide as defined by the CSO – for coding and definition see Box 1, page 12.

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