

SAMARITANS

Suicide Statistics Report 2011

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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 states that, Samaritans commitment is 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 at the time of contact.

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 such 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 aim to provide the reasons behind trends in suicide rates within or between nations. This collation of such information from the UK and ROI is not currently routinely provided by another organisation.

There are, however, significant challenges in providing this information in a collective way. There are variations in the calculation methods of suicide rates between statistical agencies and differences in the data. This leads to challenges in the collection and analysis of suicide statistics and comparisons across countries; and there are some particular challenges in the UK and ROI. 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 comment on these issues statistics and the availability of data.

Data Sources

The data in this document has been provided by the official statistical bodies: Office for National Statistics (ONS; overall UK data, England and Wales), the General Register Office Scotland (GROS; Scotland), and the Northern Ireland Statistics and Research Agency (NISRA; Northern Ireland). The most recent data available and discussed in this document is from 2009 (data published in 2010).

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

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

Rates provided by GROS 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 for the Republic of Ireland

Suicide statistics provided for the Republic of Ireland by the Central Statistics Office for Ireland (CSO) are provided in a separate section from the UK figures. This is because there are fundamental differences in the definitions of suicide between the Republic of Ireland and the UK.

The definition of suicide for the UK in statistical terms can be seen in Box 1. This is in line with guidance from the ONS as to how a death is classified as suicide; GROS and NISRA also use this definition. The statistics for the Republic of Ireland, 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 2008 and 2009 relate to the number of deaths registered in that calendar year, rather than deaths occurring in that calendar year. The ONS, NISRA and GROS 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 will affect reporting and comparison procedures.

Note on the availability of suicide data

The data available on suicide from the official statistical bodies is limited. For example, the recoding of suicide does not include ethnicity. In addition, the different statistical bodies provide different figures; for example, age bands provided differ. Additional information is available on request, but at a fee.

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 and the ROI; 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 Republic of Ireland. It is important that the differences between these two representations are understood in order to use this information correctly.

Things to consider when using suicide statistics:

- The number of suicides in a group, e.g. in a Nation or for a specific age group can be misleading about the prevalence of suicide when considered alone. Rates per 100,000 people are produced so that it becomes easier to understand how the population size affects the number of suicides that are being recorded.
- An area or group with a larger population may be seen to have a high number of suicides but the rate per 100,000 may be lower than that of a group with a smaller number.
- 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 and therefore small differences may be viewed as being more drastic than in a larger population. Examples of this might be suicide in older people, as the numbers and the population sizes are low.
- Rates per 100,000 produced by the Office for National Statistics (ONS) are only available for ages 15 years and over. This is due to the subjectivity between coroners with regards to classifying children's deaths as suicide. Northern Ireland Statistics and Research Agency (NISRA) and General Register Office Scotland (GROS) however do provide rates from as young as 10 years (in the UK a coroner is able to give a verdict of suicide for those as young as 10 years)

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. 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. It is not possible to ascertain whether the UK, England and Wales also follow this pattern as the age brackets produced by the ONS are much broader and therefore incomparable to that of Scotland and Northern Ireland.

For the Definition of Suicide as used in the UK – see 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

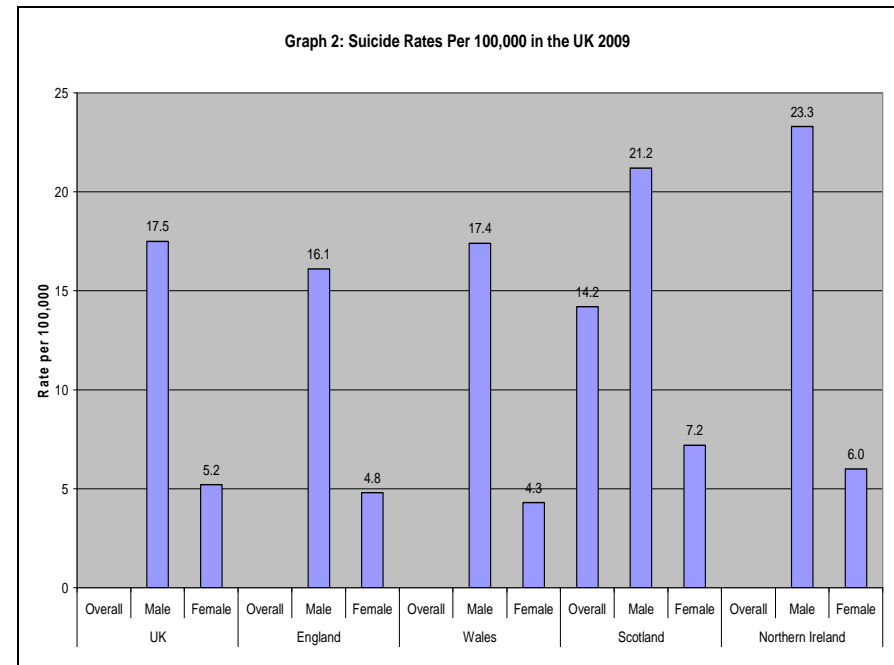
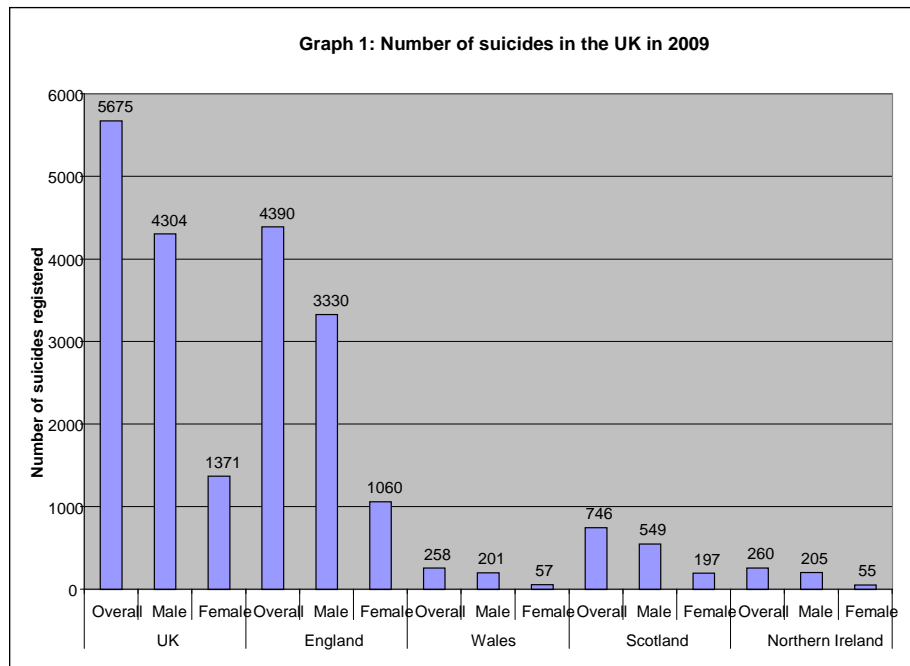
¹ Excluding E988.8 for England and Wales.

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 - 2009



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 and males occurred in Wales; and for females in Northern Ireland.

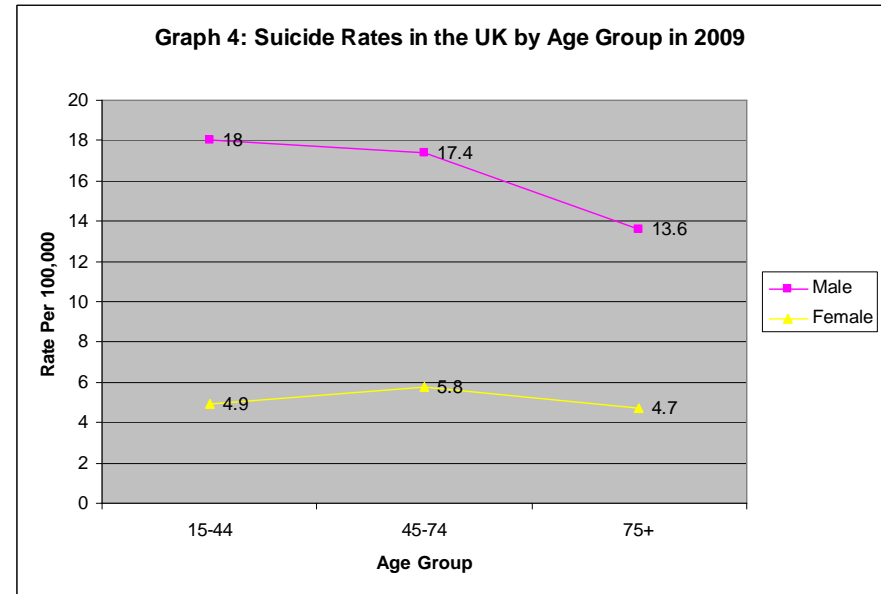
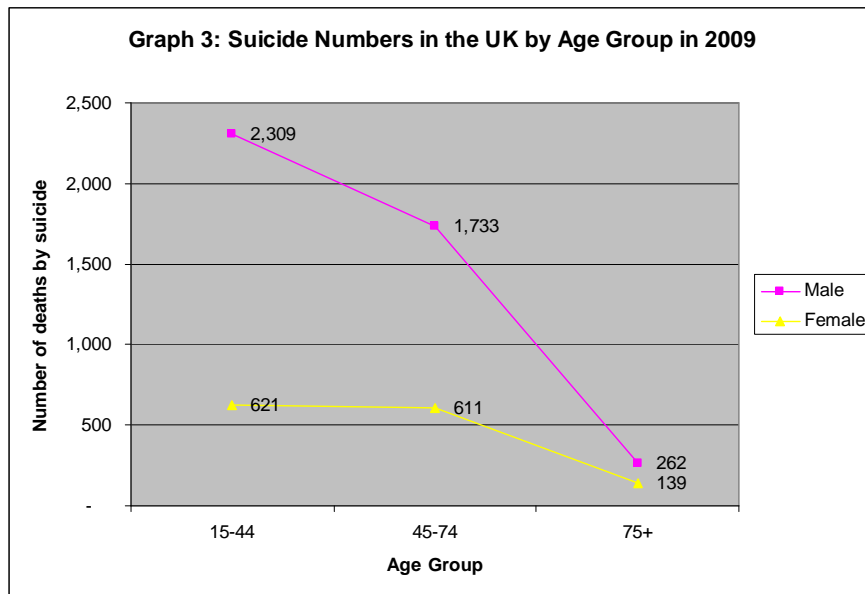
Only looking at the number of suicides in a nation may be misleading as to where suicide is more prevalent. This is due to difference in population size. Rates per 100,000 are used to give a truer picture of where more suicides occur - see Graph 2 opposite.

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 Scotland and the lowest was in Wales.

The suicide rate per 100,000 for all persons in the UK, England, Wales and Northern Ireland is not shown in Graph 2. This is due to ONS and NISRA 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. GROS however do produce this figure for all persons and it is shown here.

Across the UK male suicide rates are consistently higher than females. This difference is most apparent in the middle age categories where male rates seem much higher than female.

Suicide Numbers and Rates in the UK by Age Group - 2009

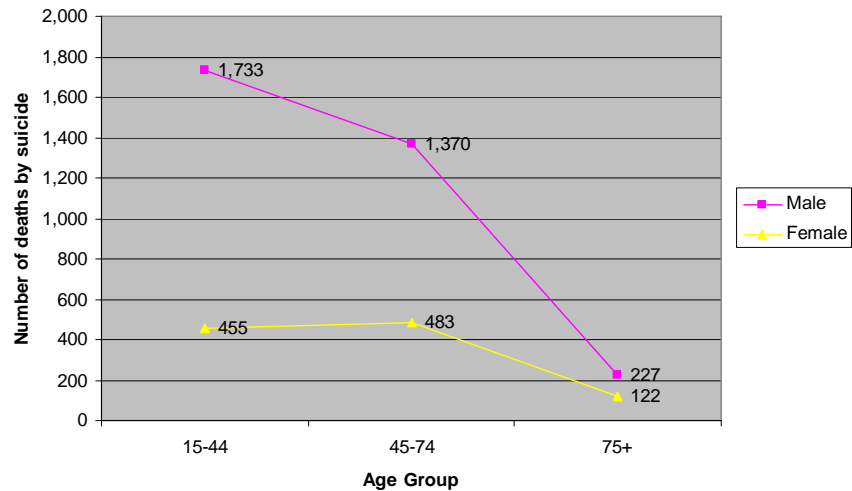


Graph 3 shows that in the UK, the age group with the highest number of suicides for males is 15-44 years; for females the highest age group is also 15-44 years.

Graph 4 shows that in the UK, the age group with the highest suicide rate per 100,000 for males is 15-44 years; for females the highest age group is 45-74 years.

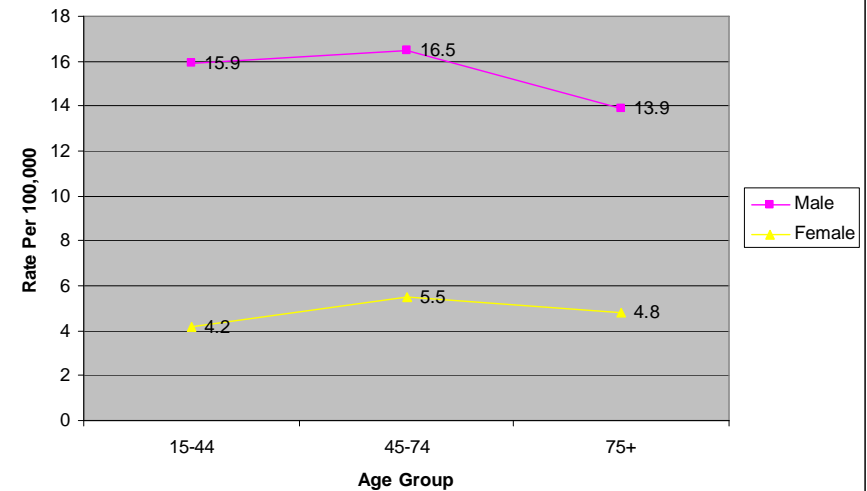
Graphs 3 and 4 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example males aged 75+ have a lower number of suicides than females aged 45-74 (Graph 3) – however the rate is higher for the males aged 75+ (Graph 4). This is due to differences in the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

Graph 5: Suicide Numbers in England by Age Group in 2009



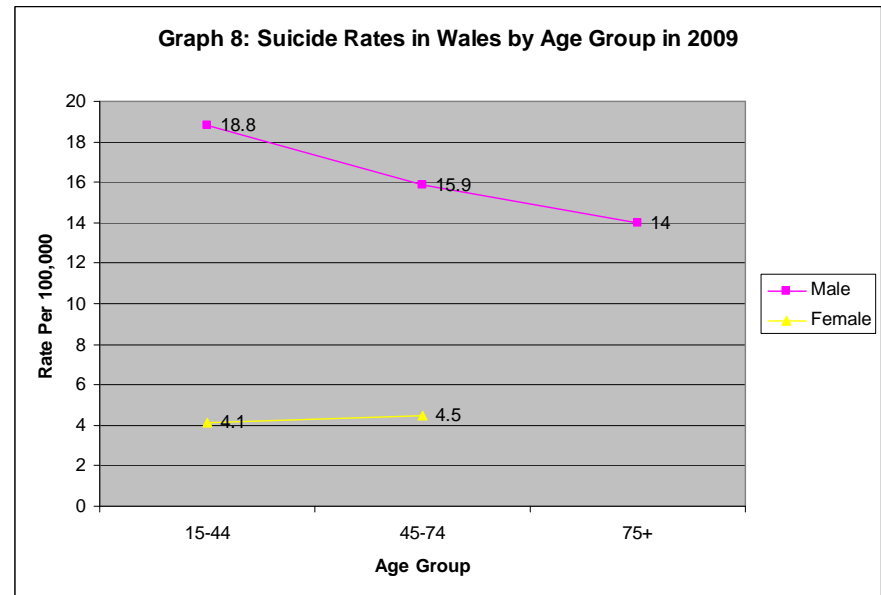
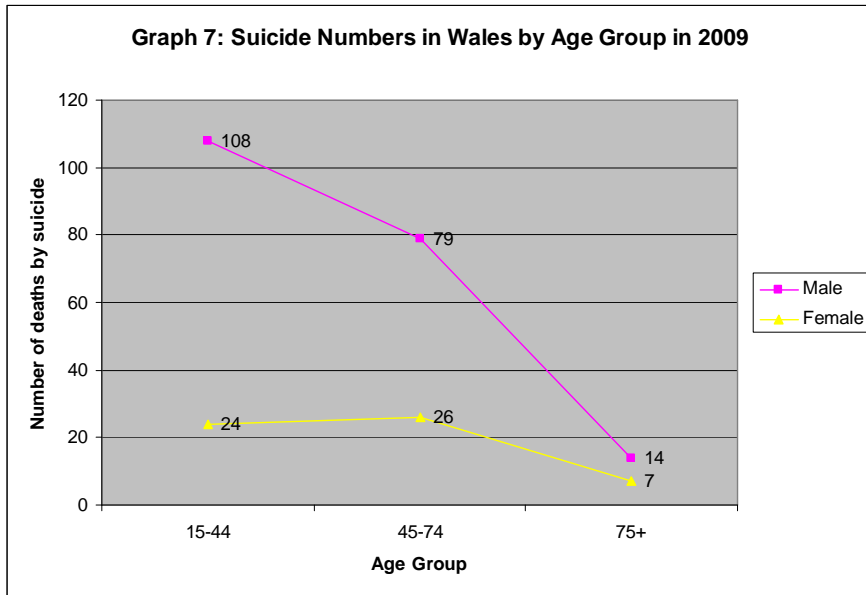
Graph 5 shows that in England the age group with the highest suicide number for males is 15-44 years; for females the highest age group is also 45-74 years.

Graph 6: Suicide Rates in England by Age Group in 2009



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 highest age group 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.

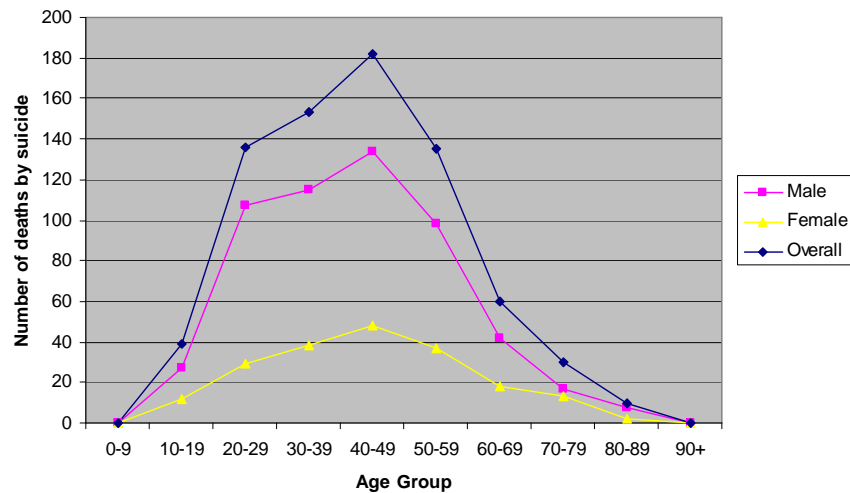


Graph 7 shows that in Wales the age group with the highest number of suicide for males is 15-44 years; for females the highest age group is 45-74 years.

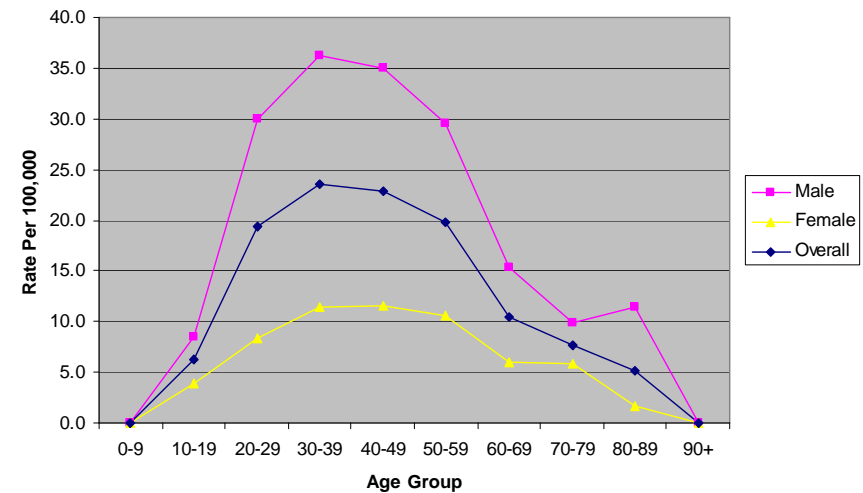
Graph 8 shows that in Wales the age group with the highest suicide rate per 100,000 for males is 15-44 years; for females the highest age group is 45-74 years.

There is no rate produced for the 75+ age group by the ONS (for UK, England and Wales). This is because when there are fewer than 10 deaths in a category a rate is not calculated as the figure would be susceptible to inaccurate interpretation; a rate produced with such a low number of deaths would not be reliable.

Graph 9: Suicide Numbers in Scotland by Age Group in 2009



Graph 10: Suicide Rates in Scotland by Age Group in 2009



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

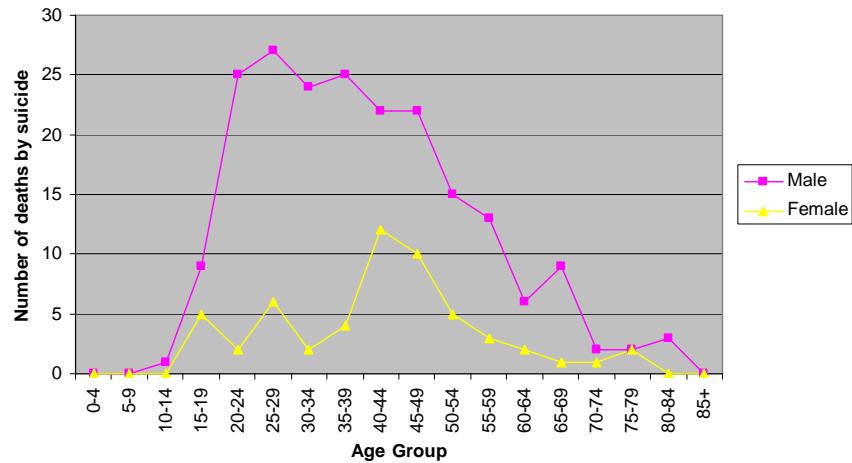
Graphs 9 and 10 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example the number of suicides is highest in the 40-49 age groups (Graph 9) - however the age group with the highest rate for males and all persons is 30-39 years (Graph 10).

This can also be seen in the number of male suicides for 80-89 being lower than 70-79 years; however the rate for males aged 80-89 is higher than 70-79.

Graph 10 shows that in Scotland the age group with the highest suicide rate per 100,000 for all persons and males is 30-39 years; for females the highest age group is 40-49 years.

GROS give a good break down of age groups displaying a trend of the suicide rate over different age groups. This shows that for both males and females (and combined) 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; with particularly steep increases between the 10-19 and 20-29 year age groups for males and similar decreases between 50-59 and 60-69 years.

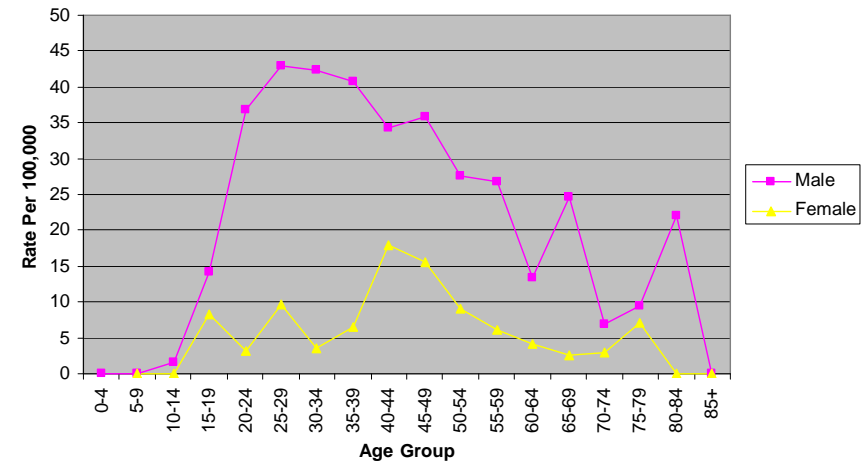
Graph 11: Suicide Numbers in Northern Ireland by Age Group in 2009



Graph 11 shows that in Northern Ireland the age group with the highest number of suicides for males is 25-29 years; for females the highest age group is 40-44 years.

Graphs 11 and 12 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example the number of suicides for females in age groups 15-19 and 25-29 are higher than 20-24 and 30-34 (Graph 11) – however the rate for 20-24 and 30-34 are higher than the groups with higher numbers (Graph 12).

Graph 12: Suicide Rates in Northern Ireland by Age Group in 2009

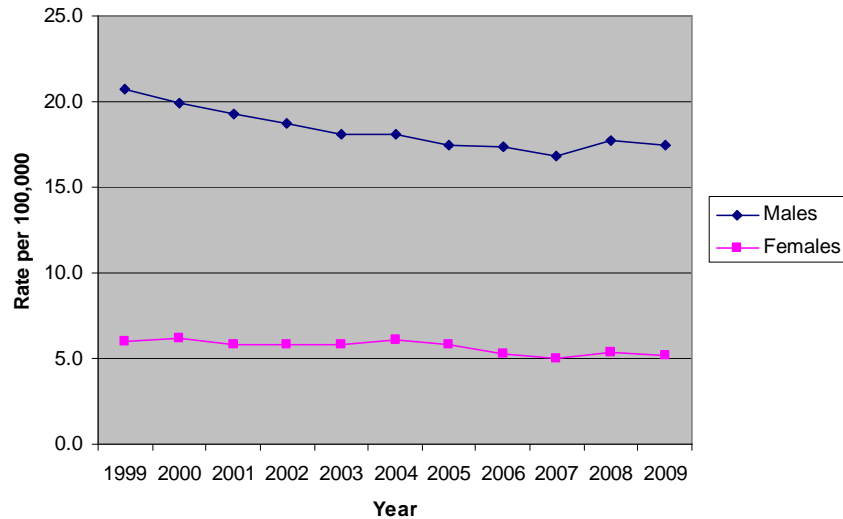


Graph 12 shows that in Northern Ireland the age group with the highest suicide rate per 100,000 for males is 25-29 years; for females the highest age group is 40-44 years.

NISRA also gives a good breakdown of age groups; by five year groups. This shows that the trend for males and females is not particularly similar in Northern Ireland. There are many fluctuations within the trends for both genders. It seems that for males, there is an increase from 15-19 years to 20-24 years with a decrease starting from 40-44 years onwards; however this decrease is not linear towards the later age groups. For females in Northern Ireland there doesn't seem to be an obvious trend but the rate does peak within the mid age groups, like other nations and the UK.

Suicide Rates in the UK – Trends Over Time

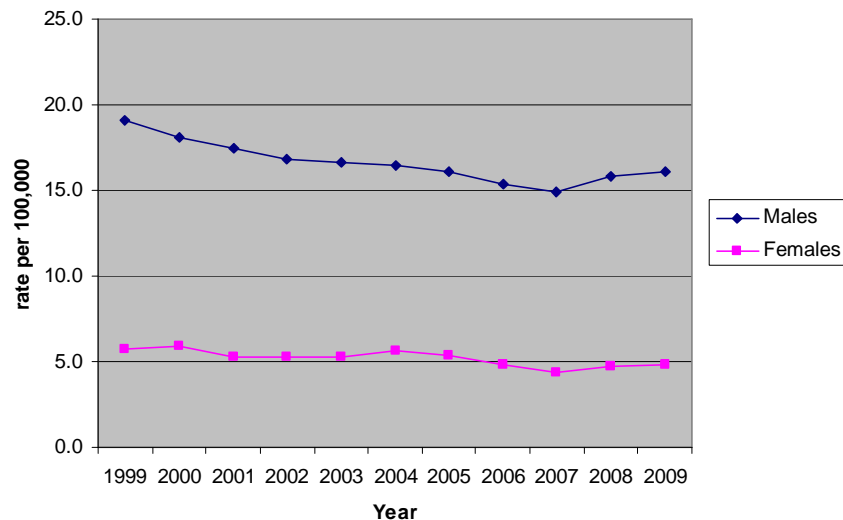
Graph 13: Suicide Rate per 100,000 in the UK 1999-2009



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.

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 1999-2009

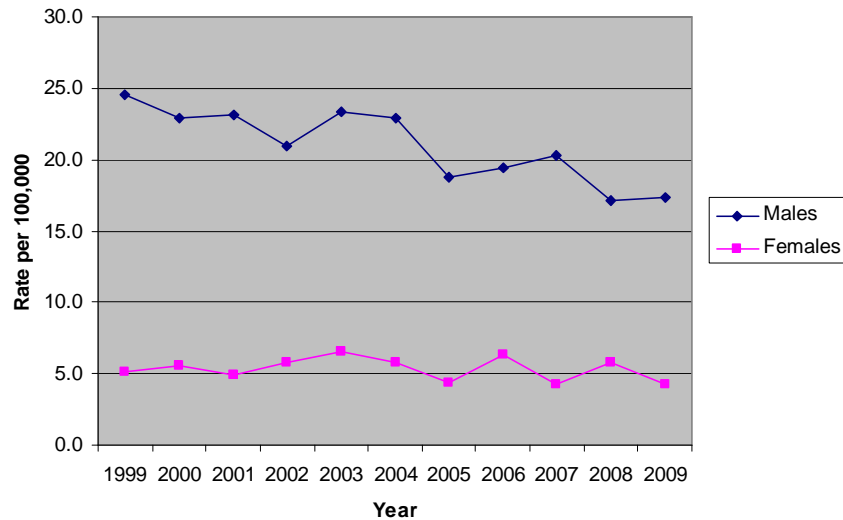


Graph 14 shows the trends for male and female suicides have stayed relatively stable in England over the last 10 years with some fluctuations.

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 less than 1 per 100,000 suicides.

This trend is very similar to the UK trend.

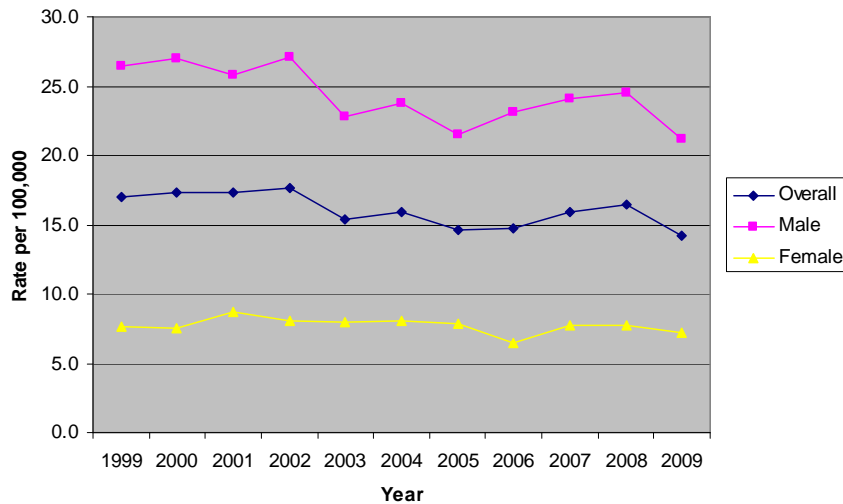
Graph 15: Suicide Rate per 100,000 in Wales 1999-2009



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

Overall for males there has been a decrease over the ten year period of 7 per 100,000; for females there has been an overall decrease of less than 1 per 100,000 suicides.

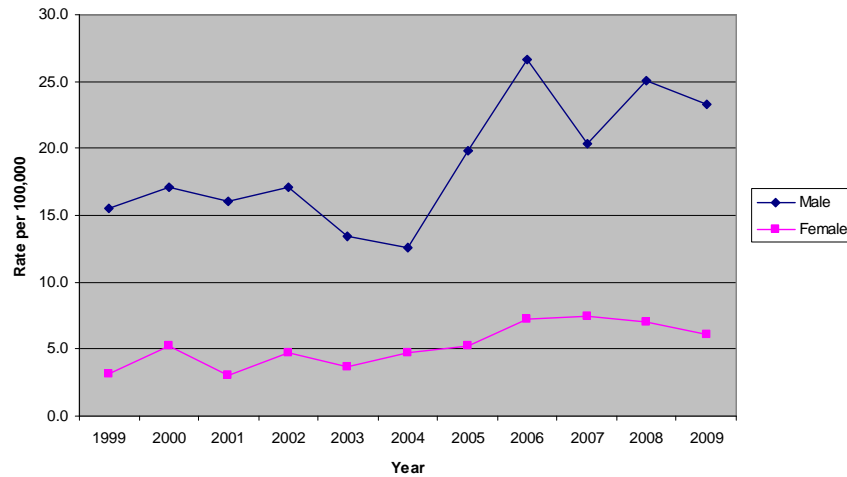
Graph 16: Suicide Rate per 100,000 in Scotland 1999-2009



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 the most stable over time.

Overall there has been a decrease of less than 3 per 100,000 suicides since 1999; 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 1999-2009



Graph 17 shows that in Northern Ireland the trend for male suicides has fluctuated over the last ten years. The female rates for suicide has remained more stable as a trend but has still experienced some fluctuations.

Overall for males there has been an increase over the ten year period of 8 per 100,000; for females there has been an overall increase of 3 per 100,000 suicides.

The UK and each of the constituent nations apart from Northern Ireland have experienced an overall decrease in suicide rate per 100,000 over the last 10 years. Northern Ireland figures show that for both male and females there has been an overall increase since 1999.

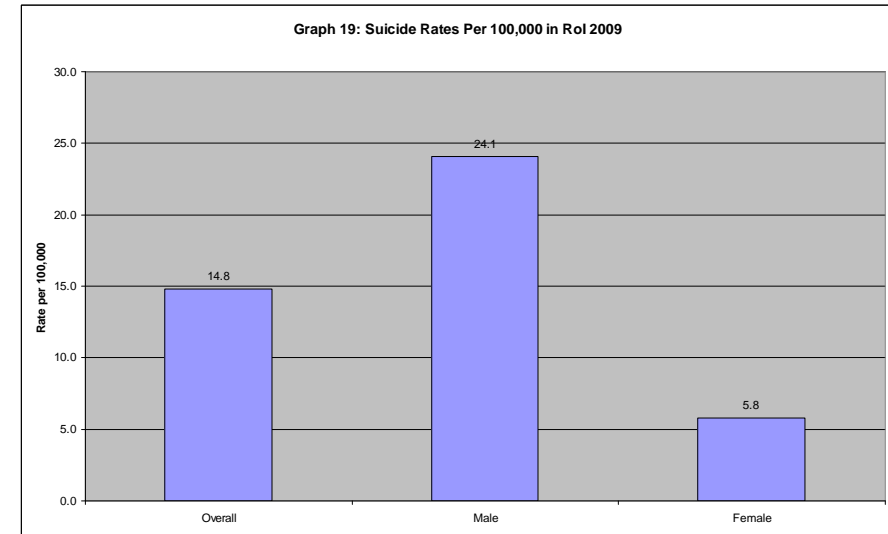
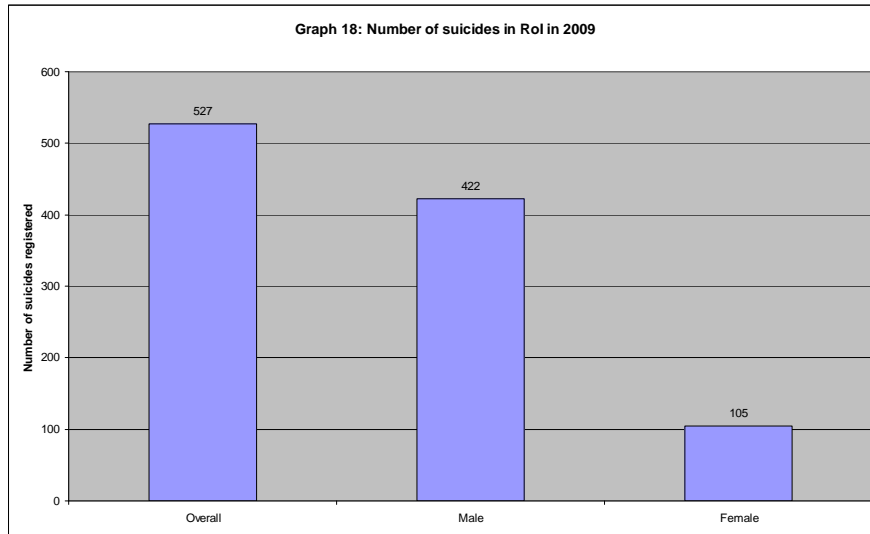
The UK and most nations follow similar trends over the last ten years, but all experience fluctuations. The group that deviates from this trend most dramatically are males in Northern Ireland in more recent years.

Suicide in the Republic of Ireland - 2009

The data for suicide in the Republic of Ireland is presented in a separate section due to the incomparable nature of the data. 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; Suicide Statistics Reliability.

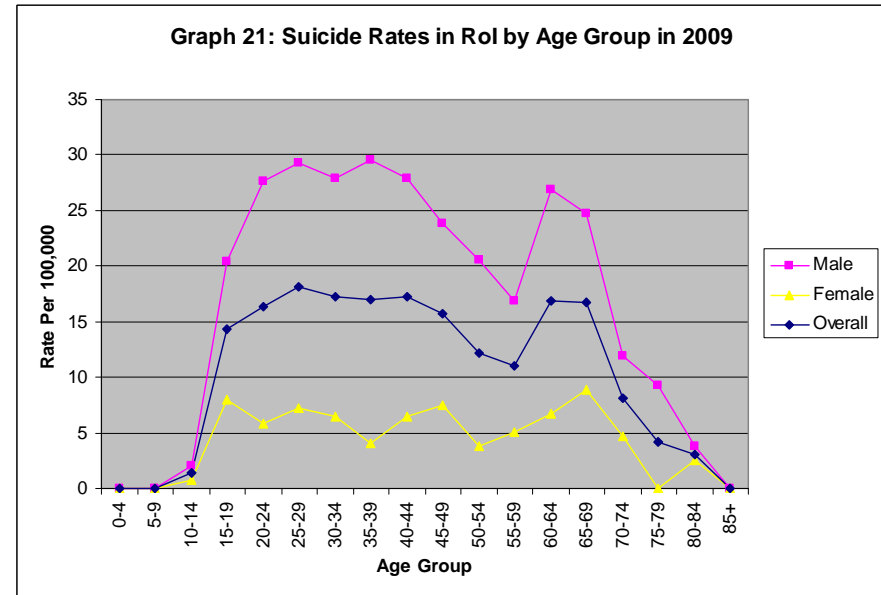
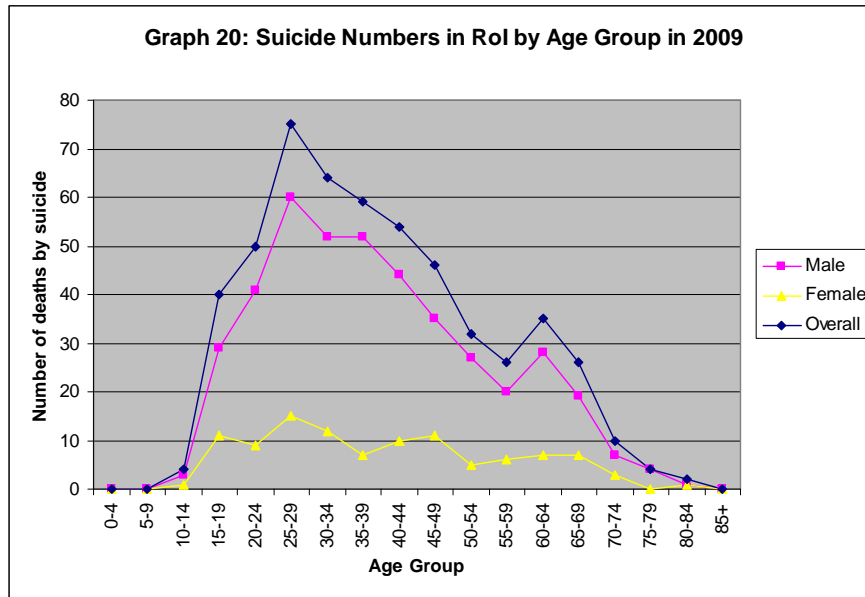


Graph 18 shows that the highest number of suicides occurred in males; with almost three times as many male as female suicides (a similar pattern to the number of suicides in the UK).

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 more suicides occur - see Graph 19 opposite.

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 the Republic of Ireland.

Suicide Numbers and Rates in the Rol by Age Group – 2009



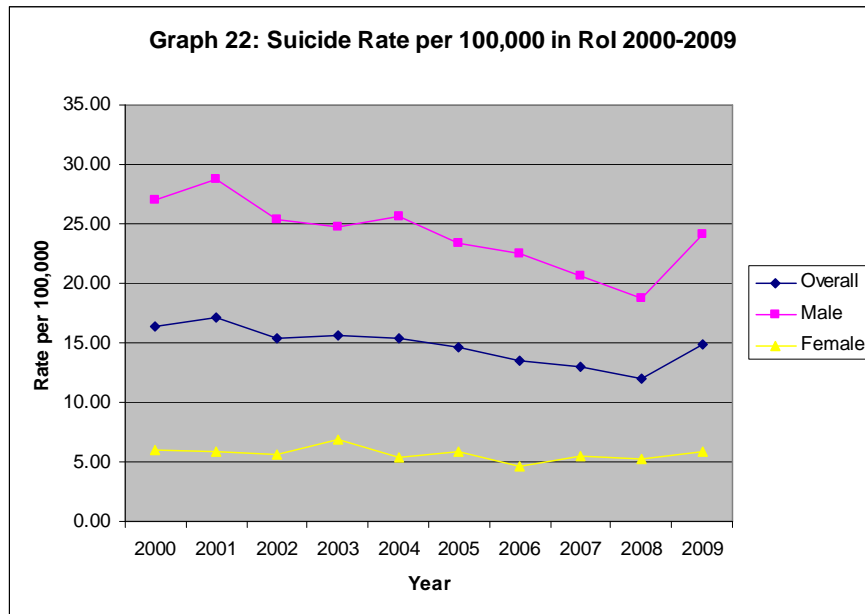
Graph 20 shows that in the Rol, the age group with the highest number of suicides for males, females and all persons is 25-29 years.

This however does not mean that this is the age group most at risk from suicide. See Graph 21 opposite.

Graph 21 shows that in the Rol, the age group with the highest suicide rate per 100,000 for all persons is 25-29 years; for males the highest age group 35-39 years; for females the highest age group is 65-69 years.

Graphs 20 and 21 demonstrate that higher numbers of suicides do not necessarily equate to higher rates per 100,000. For example males in the 30-34 and 35-39 age groups have the same number of suicides (Graph 20) however the rate of suicide for 35-39 years is higher than for 30-34 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 shows the trends for all persons and female suicides have stayed relatively stable in the RoI over the last 10 years with some fluctuations. Greater fluctuations can be seen in the rates for males over this period.

For all persons there has been a decrease over the ten year period of 1.5 per 100,000; for males there has been a decrease of almost 3 per 100,000; for females there has been an overall 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 nations in the UK; with the exception of Northern Ireland.

In more recent years however, the trend seems to be beginning to increase (see Graph 22).

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; that males seem to choose more 'final' and 'obvious' methods than females. It may be that the 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 within females.

Some researchers also comment that the subjective nature of the coronal system could also lead to underreporting. There may be many reasons that a coroner would classify a death as something other than suicide. This could be that there is not enough evidence to prove that suicide was the cause of death; there also might be stigma attached to reporting a death as suicide, this could be in instances such as child deaths, the socio-cultural norms of the individual or their families, cultural or religious taboos (e.g. 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 from a time when suicide 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.

Many of these reasons present coroners with difficult decisions when trying to classify a death which may lead to underreporting through misclassification. In the UK part of the solution to underreporting has been to include 'deaths of undetermined intent' within the official definition 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, in comparative terms, this may cause problems in the ability to compare suicide statistics across countries as some do not include this category e.g. the Republic of Ireland.

In the UK 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) are still required to code the death in the usual way. However where intent cannot be established in these cases the deaths are coded as accidental, rather than deaths of undetermined intent; and so these deaths are therefore also not included in the UK definition of suicide and will add further to the underreporting.

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 e.g. lung cancer also has a 16% error and it would be unrealistic to expect the reporting to have no error. Although, this should 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 public policy decision making 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.

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, e.g. 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, e.g. when chronic illness is a factor in the death, or in road accidents but there also may have been 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 that are available of suicide. Silverman (2006) acknowledges that more than 27 definitions of suicide exist within research and therefore this adds to the issue of reliability, and the problem of misclassification. It has also been noted that the clinical and legal definitions of suicide also differ; within a legal definition more evidence is needed in order to classify a death as suicide to prove 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 purport 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 could be suggested 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. 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 there is an inevitability of unreliability. It can be suggested that this will always be the case, 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 as much as possible, so that the suicide statistics are as reliable as possible. Also, that fluctuations and trends should not be ignored or presumed unreliable because of an understanding 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.

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 suicide is classified; and various reasons have been presented for this. 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. It 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 and assumed to provide any information about which countries may be at more risk of suicide. 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 just be understood with caution. In this view, the differences are not enough to stop comparisons between countries, and to do so would prove unhelpful in understanding suicide epidemiology.

Key references:

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Appendix 1:

Table 1. Rate per 100,000 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.

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

UK	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	5377	4085	1292	5706	4331	1375	5675	4304	1371
<i>Rate per 100,000</i>		16.8	5		17.7	5.4		17.5	5.2
<i>Rate by age group:</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44		17.6	4.2		18.6	4.9		18	4.9
45-74		16	6.2		17	6.1		17.4	5.8
75+		15.2	4.3		14	4.5		13.6	4.7

England	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	3993	3043	950	4282	3263	1019	4390	3330	1060
<i>Rate per 100,000</i>		14.9	4.4		15.8	4.7		16.1	4.8
<i>Rate by age group:</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44		15.2	3.7		16	4.1		15.9	4.2
45-74		14.5	5.3		15.9	5.5		16.5	5.5
75+		14.3	4.2		13.5	4.4		13.9	4.8

Wales	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	289	232	57	266	195	71	258	201	57
<i>Rate per 100,000</i>		20.3	4.3		17	5.8		17.4	4.3
<i>Rate by age group:</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44		19.9	3.7		19	5.6		18.8	4.1
45-74		14.1	4.9		14.1	6.1		15.9	4.5
75+		10.4	6.5		10.4	-		14	

Scotland	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
Number of suicides	838	620	218	843	630	213	746	549	197
Rate per 100,000	16.3	24.9	8.2	16.3	25.2	8.0	14.2	21.2	7.2
Rate by age group:	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
0-9	-	-	-	-	-	-	-	-	-
10-19	7.4	10.5	4.2	5.8	8.7	2.6	6.3	8.5	4.0
20-29	20.4	34.8	5.7	19.7	29.7	9.4	19.4	30.0	8.4
30-39	26.4	43.5	10.5	30.3	51.9	10.0	23.5	36.2	11.4
40-49	24.4	39.3	10.5	25.2	35.8	15.3	22.9	35.1	11.6
50-59	18.8	22.4	15.4	18.8	25.1	12.7	19.8	29.5	10.6
60-69	15.2	21.1	9.8	14.5	24.2	5.5	10.5	15.3	6.0
70-79	13.5	20.4	8.3	10.3	17.1	5.0	7.7	9.9	5.9
80-89	8.1	13.8	5.0	11.1	23.8	4.1	5.2	11.5	1.6
90+	-	-	-	-	-	-	-	-	-

Northern Ireland	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
Number of suicides	242	175	67	282	218	64	260	205	55
Rate per 100,000	13.8	20.3	7.5	15.9	25	7.1	14.5	23.3	6
Rate by age group:	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
0-4	-	-	-	-	-	-	-	-	-
5-9	-	-	-	-	-	1.8	-	-	-
10-14	4.7	1.7	-	1.6	1.7	-	1.6	-	-
15-19	16.7	3.2	-	37.1	8.1	-	14.1	8.2	-
20-24	26.5	9.3	-	20.6	3.1	-	36.9	3.1	-
25-29	24.2	10.3	-	54	13.1	-	42.9	9.6	-
30-34	28.3	12	-	30.2	3.5	-	42.3	3.5	-
35-39	33.5	4.6	-	40.2	12.5	-	40.8	6.4	-
40-44	31.2	12	-	46.6	17.9	-	34.3	18	-
45-49	37.6	13	-	35	11.2	-	35.8	15.6	-
50-54	22.9	17.2	-	31.7	9.2	-	27.5	9	-

55-59	31.6	14.4	23	4.1	26.8	6.2
60-64	13.7	4.3	18	12.8	13.4	4.2
65-69	20.7	16.1	22.8	2.6	24.6	2.5
70-74	3.6	3	10.6	6	6.9	3
75-79	39.3	3.5	9.6	3.5	9.4	7
80-84	-	-	30.1	4.5	22.1	-
85-89	12.2	-	-	-	-	-
90+					-	-

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	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	5377	4085	1292	5706	4331	1375	5675	4304	1371
<i>Rate per 100,000</i>		16.8	5		17.7	5.4		17.5	5.2
<i>Number by age group</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44	2,783	2,247	536	3,006	2,385	621	2,930	2,309	621
45-74	2,187	1,558	629	2,305	1,681	624	2,344	1,733	611
75+	407	280	127	395	265	130	401	262	139

England	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	3993	3043	950	4282	3263	1019	4390	3330	1060
<i>Rate per 100,000</i>		14.9	4.4		15.8	4.7		16.1	4.8
<i>Number by age group</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44	2,039	1,644	395	2,184	1,742	442	2,188	1,733	455
45-74	1,625	1,174	451	1,774	1,305	469	1,853	1,370	483
75+	329	225	104	324	216	108	349	227	122

Wales	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	289	232	57	266	195	71	258	201	57
<i>Rate per 100,000</i>		20.3	4.3		17	5.8		17.4	4.3
<i>Number by age group</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
15-44	142	122	20	145	113	32	132	108	24
45-74	118	91	27	102	71	31	105	79	26
75+	29	19	10	19	11	8	21	14	7

Scotland	2007			2008			2009		
	<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>	838	620	218	843	630	213	746	549	197
<i>Rate per 100,000</i>	16.3	24.9	8.2	16.3	25.2	8.0	14.2	21.2	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>
0-9	-	-	-	-	-	-	-	-	-
10-19	47	34	13	36	28	8	39	27	12
20-29	137	118	19	136	104	32	136	107	29
30-39	180	143	37	201	167	34	153	115	38
40-49	193	150	43	200	137	63	182	134	48
50-59	127	74	53	127	83	44	135	98	37
60-69	83	55	28	81	65	16	60	42	18
70-79	52	34	18	40	29	11	30	17	13
80-89	15	9	6	21	16	5	10	8	2
90+	-	-	-	-	-	-	-	-	-

Northern Ireland	2007			2008			2009		
	<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>	242	175	67	282	218	64	260	205	55
<i>Rate per 100,000</i>	13.8	20.3	7.5	15.9	25	7.1	14.5	23.3	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>
0-4	-	-	-	-	-	-	-	-	-
5-9	-	-	-	1	-	1	-	-	-
10-14	4	3	1	2	1	1	1	1	-
15-19	13	11	2	29	24	5	14	9	5
20-24	24	18	6	16	14	2	27	25	2
25-29	20	14	6	41	33	8	33	27	6
30-34	23	16	7	19	17	2	26	24	2
35-39	24	21	3	33	25	8	29	25	4
40-44	28	20	8	42	30	12	34	22	12
45-49	30	22	8	28	21	7	32	22	10
50-54	21	12	9	22	17	5	20	15	5

55-59	22	15	7	13	11	2	16	13	3
60-64	8	6	2	14	8	6	8	6	2
65-69	13	7	6	9	8	1	10	9	1
70-74	2	1	1	5	3	2	3	2	1
75-79	9	8	1	3	2	1	4	2	2
80-84	-	-	-	5	4	1	3	3	-
85-89	1	1	-	-	-	-	-	-	-
90+	-	-	-	-	-	-	-	-	-

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	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	458	379	81	424	92	332	527	422	105
<i>Rate per 100,000</i>	13	20.6	5.4	11.9	18.8	5.2	14.8	24.1	5.8
<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	-	-	-	-	-	-	-	-	-
10-14	2.9	4.95	0.75	1.78	3.47	-	1.39	2.03	0.71
15-19	9.09	13.07	4.98	12.68	17.29	7.9	14.36	20.45	8.04
20-24	18.69	32.57	4.63	17.66	29.57	5.94	16.4	27.59	5.77
25-29	16.05	25.4	6.49	13.92	23.4	4.34	18.14	29.33	7.18
30-34	12.57	21.36	3.42	11.99	19.97	3.85	17.23	27.96	6.47
35-39	12.96	17.74	8	11.4	14.94	7.73	16.95	29.61	4.06
40-44	13.08	21.48	4.6	11.93	17.34	6.47	17.28	27.94	6.45
45-49	13.58	19.91	7.18	12.58	20.92	4.2	15.67	23.81	7.51
50-54	17.02	22.03	11.95	15.16	20.9	9.38	12.23	20.53	3.84
55-59	11.43	17.41	5.33	9.05	14.53	3.48	11.05	16.88	5.13
60-64	10.5	15.63	5.29	9.54	12.95	6.07	16.87	26.85	6.78
65-69	10.45	18.23	2.77	9.41	14.95	3.99	16.74	24.71	8.93
70-74	10.91	22.97	-	7.45	15.65	-	8.12	11.93	4.65
75-79	7.6	12.32	3.88	3.21	7.18	-	4.2	9.32	-
80-84	6.12	12	2.48	6.13	12	2.49	3.03	3.86	2.5
85+	-	-	-	1.88	6.02	-	-	-	-

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	2007			2008			2009		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<i>Number of suicides</i>	458	379	81	424	92	332	527	422	105
<i>Rate per 100,000</i>	13	20.6	5.4	11.9	18.8	5.2	14.8	24.1	5.8
<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	8	7	1	5	5	-	4	3	1
15-19	26	19	7	36	25	11	40	29	11
20-24	65	57	8	59	49	10	50	41	9
25-29	65	52	13	58	49	9	75	60	15
30-34	45	39	6	44	37	7	64	52	12
35-39	43	30	13	39	26	13	59	52	7
40-44	40	33	7	37	27	10	54	44	10
45-49	38	28	10	36	30	6	46	35	11
50-54	43	28	15	39	27	12	32	27	5
55-59	26	20	6	21	17	4	26	20	6
60-64	20	15	5	19	13	6	35	28	7
65-69	15	13	2	14	11	3	26	19	7
70-74	13	13	-	9	9	-	10	7	3
75-79	7	5	2	3	3	-	4	4	-
80-84	4	3	1	4	3	1	2	1	1
85+	-	-	-	1	1	-	-	-	-