

Statistical bulletin

Suicides in the UK: 2015 registrations

Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.



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1 . Main points

Deaths from suicide in the UK rose slightly from 6,122 deaths in 2014 to 6,188 deaths in 2015 with a subsequent increase in the rate from 10.8 to 10.9 deaths per 100,000 population.

UK male suicide rate decreases whilst female rate increases to its highest rate in a decade.

England and Scotland saw decreases in the total number of suicides, whilst Wales and Northern Ireland saw increases.

Of the English regions, Yorkshire and The Humber had the highest suicide rate at 11.6 deaths per 100,000 population and the East of England had the lowest at 9.3 deaths per 100,000.

Across all broad age groups, the rate for males was around 3 times higher than females.

The most common method of suicide amongst males and females in the UK in 2015 was hanging.

2 . Statistician's quote

"While the increase in the suicide rate this year is a result of an increase in female suicides, males still account for three quarters of all suicides. There has also been a continued increase in suicides for males under the age of 30, however, these remain lower than the peak seen in the late 1990's and remains significantly lower than the suicide rate for middle-aged males despite falls in recent years."

Jodie Withers, Health Analysis and Life Events, Office for National Statistics

3 . Things you need to know about this release

Information for the media

If you are a journalist covering a suicide-related issue, please consider following the [Samaritans' media guidelines on the reporting of suicide](#), due to the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise including links to sources of support for anyone affected by the themes in the article, such as [Samaritans](#).

Suicide definition

The National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over. This definition was revised in January 2016 and further information on the impact can be found in the [2014 suicide registrations bulletin](#).

In England and Wales, all suicides are certified by a coroner following an inquest. The death cannot be registered until the inquest is completed, which can take months or even years, and we are not notified that a death has occurred until it is registered.

The death registration system in Northern Ireland is similar to that used in England and Wales, in that all suspected suicides are referred to the coroner.

In Scotland, a death must be registered within 8 days. The Procurator Fiscal has a duty to investigate all sudden, suspicious, accidental, unexpected or unexplained deaths and any death occurring in circumstances that give rise to serious public concern, and a Fatal Accident Inquiry may follow. If the results of toxicological tests or a post-mortem are not yet known, the cause of death can be given as “unascertained, pending investigations” and the actual cause of death will be entered at a later date. Therefore, National Records of Scotland (NRS) receive notification of deaths more quickly than us at the Office for National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA).

However, although NRS may know what caused the death (for example, hanging, poisoning), they may not be told whether it was due to an accident, assault or intentional self-harm until after the statistical database has been “frozen” for the year. Therefore, NRS may have to code the death as an event of undetermined intent, which would be counted as a probable suicide. Consequently, Scotland has proportionally more deaths coded as being due to events of undetermined intent (and hence as probable suicides), compared with England, Wales and Northern Ireland.

ONS holds mortality data for England and Wales. Figures for the UK include data kindly provided by National Records of Scotland and the Northern Ireland Statistics and Research Agency.

Registration delays

In common with most other UK mortality statistics, suicide figures are presented for deaths registered in a particular calendar year, which enables figures to be published in a timely manner. The alternative would be to publish statistics based on the year in which the death occurred, however, this would delay the publication, cause repeated revisions to historical data and be inconsistent with other published mortality figures.

Publishing suicide figures based on year of registration means that many deaths appear in the statistics of a year that is later than the year in which the death occurred. Differences in the death registration systems in England, Wales, Scotland and Northern Ireland mean that the length of registration delays varies between these countries and has implications for the comparability of mortality statistics across the UK. That is, the UK suicide figures for deaths registered in 2015 will comprise deaths occurring in different time periods for different countries of the UK. However, as suicide trends tend to change relatively slowly over time, this is unlikely to have a great impact on the usability of UK suicide statistics.

Figure 9 in the Registration delays section presents data on the length of time taken to register a death (also known as the registration delay) for suicides. This is calculated as the difference between the date each death occurred and the date it was registered, measured in days. Data where the exact date of death was unknown were excluded from this analysis. Approximately 0.01% of the data were excluded for this reason.

Analysis showed that the data were positively skewed, which suggests that taking the mean is not appropriate and also contained some deaths with very long registration delays. Therefore, the registration delay has been presented using the median value, as this is not influenced by extreme values. The median is defined as the middle value if the delays were sorted by size. The lower and upper quartiles are also presented in Reference Table 18 in the [Suicide registrations in the UK dataset](#) to give an indication of the spread of registration delays that are found with suicides. The lower quartile is the smallest values below which 25% of the values lie; the upper quartile is the smallest values below which 75% of the values lie.

Where to go for help

If you are struggling to cope, please call Samaritans for free at any time, from any phone on 116 123 (UK and ROI), email jo@samaritans.org, or visit [the Samaritans website](#) to find details of the nearest branch. Samaritans is available round the clock, every single day of the year, providing a safe place for anyone struggling to cope, whoever they are, however they feel, whatever life has done to them.

Resources are also available online: "[U can Cope](#)" includes a film and resources that are designed for people in distress and those trying to support them, to instil hope, promote appropriate self-help and inform people regarding useful strategies and how they can access help and support; "[Staying safe if you're not sure life's worth living](#)" includes practical, compassionate advice and many useful links for people in distress.

4 . UK male suicide rate decreases whilst female suicide rate increases to its highest rate in a decade

In 2015, the suicide rate in the UK rose slightly to 10.9 deaths per 100,000 population, up from 10.8 in 2014 (see Figure 1). This was made up of a decrease in the male suicide rate from 16.8 to 16.6 deaths per 100,000 population and an increase in the female rate from 5.2 to 5.4 deaths per 100,000, the highest female suicide rate since 2005.

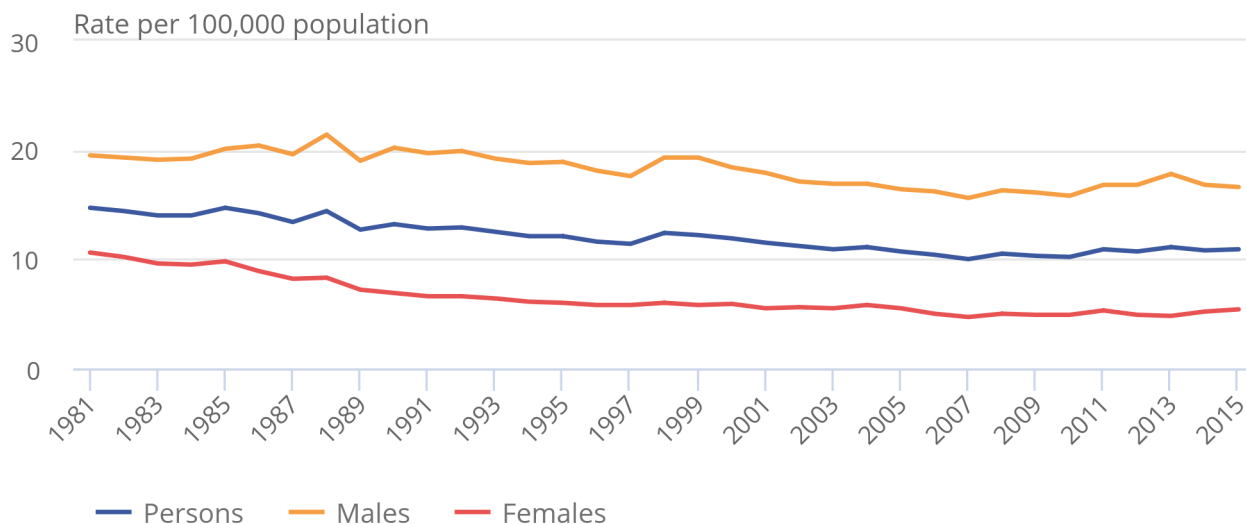
Of the total number of suicides (6,188 deaths) registered in the UK in 2015, three-quarters (75%) were males and one-quarter (25%) were females.

Figure 1: Age-standardised suicide rates by sex, deaths registered between 1981 and 2015

UK

Figure 1: Age-standardised suicide rates by sex, deaths registered between 1981 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
2. Figures are for persons aged 10 years and over.
3. Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. Age-standardised rates are used to allow comparison between populations which may contain different proportions of people of different ages.
4. Figures include deaths of non-residents.
5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.

5 . Northern Ireland suicide rate reached a record high in 2015

There were variations in the suicide rate across the constituent countries of the UK in 2015. Scotland and England saw decreases in the rate, whilst Wales and Northern Ireland saw large increases (see Figure 2), which were largely driven by their increases in male suicide deaths. Additionally, Wales and Northern Ireland saw large decreases in their suicide rates in 2014, which makes the increase in 2015 look larger. The decline in hard-to-code narrative conclusions in Wales could explain the large increase in Wales ([see Table 1 in the Narrative conclusions in England and Wales section](#)).

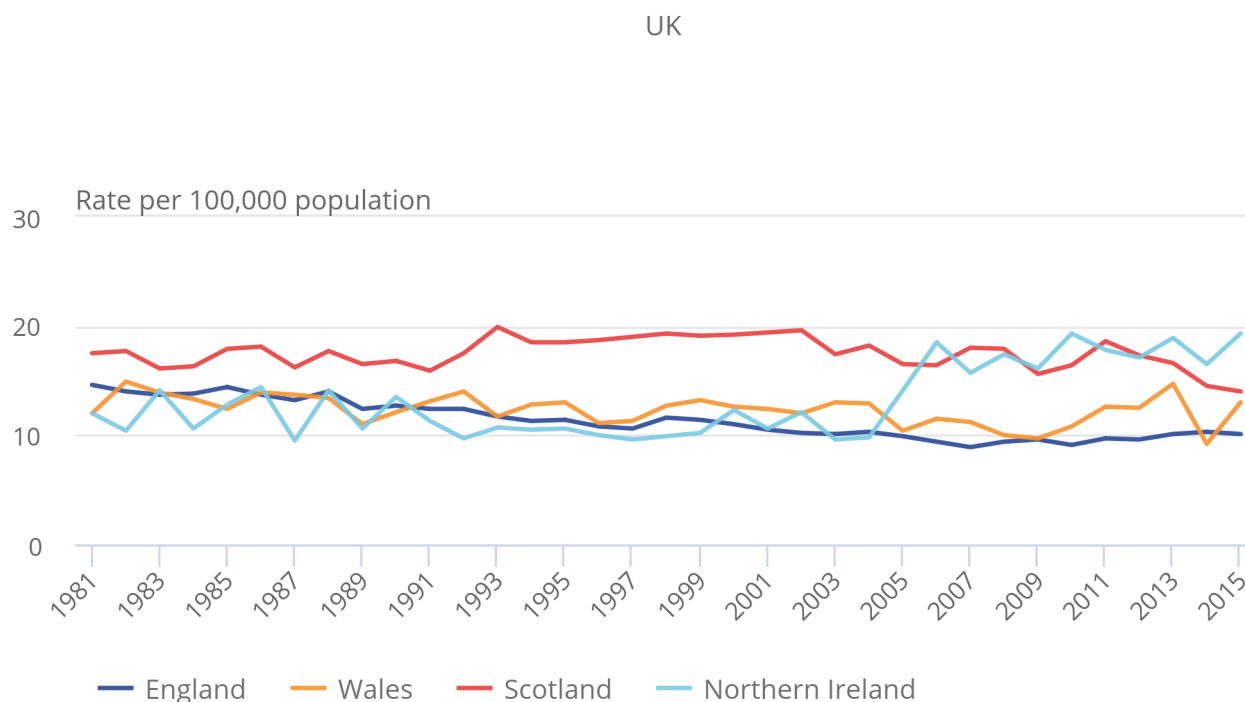
Northern Ireland had the highest suicide rate in the UK at 19.3 deaths per 100,000 population, which was also significantly higher than the rate in any of the other constituent countries. In 2015, the rate in Northern Ireland was the same as that observed in 2010 and is currently the highest on record. The large increase seen in Northern Ireland between 2004 and 2006 coincides with a change to the Coroner's Service. Prior to April 2006, there were 7 Coroner's districts in Northern Ireland. Following a review of the Coroner's Service, the separate districts were amalgamated into one centralised Coroner's Service.

Scotland and Wales had rates of 13.9 and 13.0 deaths per 100,000 population respectively, whilst England had the lowest rate at 10.1 deaths per 100,000. The rate for Scotland was the lowest it has ever been across the 4 decades on record. Part of the fall could be due to a change in the information that Procurators Fiscal (who investigate all sudden and suspicious deaths in Scotland) have provided regarding poisoning deaths. There has been an increase in the percentage of poisoning deaths described as accidents and a corresponding fall in the proportion described as being due to events of undetermined intent, and hence a fall in the number of probable suicides. However, it did not cause the whole of the fall: National Records of Scotland (NRS) has estimated that, had there been no variation in the percentage of poisoning deaths classed as accidental, there would still have been fewer probable suicides (based on the old coding rules) in 2015 (and 2014) than in the previous 5 or more years and that the latest year's number would still have been well below the level seen around the year 2000. More information can be found in the NRS's [Probable Suicides report](#).

Figure 2: Age-standardised suicide rates by country, all persons, deaths registered between 1981 and 2015

UK

Figure 2: Age-standardised suicide rates by country, all persons, deaths registered between 1981 and 2015



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
2. Figures are for persons aged 10 years and over.
3. Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. Age-standardised rates are used to allow comparison between populations which may contain different proportions of people of different ages.
4. Figures include deaths of non-residents.
5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.
6. Please note, rates presented here for Northern Ireland may vary to those published by the Northern Ireland Statistics and Research Agency due to differences in the methodology used.

Male suicide rates increased in all constituent countries except for England

The suicide rate for males in Northern Ireland was between 1.5 and 2 times higher than any other UK country in 2015, when it reached a record high of 30.3 deaths per 100,000 population (see Figure 3). Wales saw a significant increase in the male suicide rate in 2015, rising to 21.0 deaths per 100,000 population. The rate in Scotland also increased after the dramatic decrease observed in 2014.

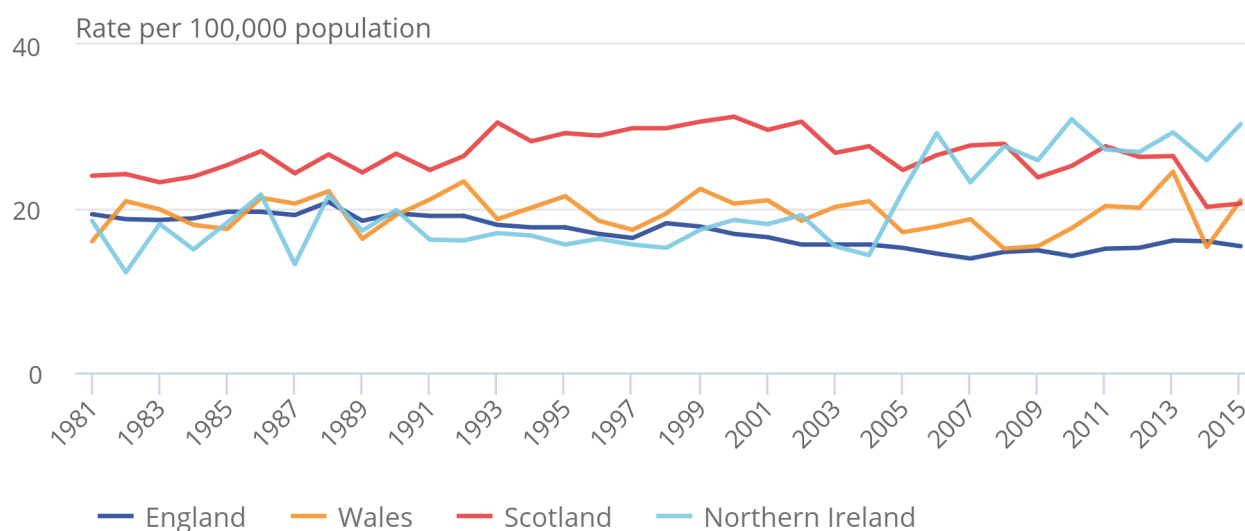
In contrast with the other constituent countries of the UK, the male suicide rate decreased in England in 2015 from 16.0 to 15.4 deaths per 100,000 population. This was the second year-on-year decrease observed in England, but it is still too soon to tell if this is the beginning of a decreasing trend.

Figure 3: Age-standardised suicide rates by country, males, deaths registered between 1981 and 2015

UK

Figure 3: Age-standardised suicide rates by country, males, deaths registered between 1981 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
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6. Please note, rates presented here for Northern Ireland may vary to those published by the Northern Ireland Statistics and Research Agency due to differences in the methodology used.

Scotland saw the only decrease in female suicide rate across the UK

There were no significant changes in the suicide rates for females across the UK between 2014 and 2015, although there were some variations across the constituent countries (see Figure 4). Scotland was the only country to have a lower suicide rate than the previous year, decreasing from 8.6 to 7.9 deaths per 100,000 population, making it the second highest suicide rate in the UK, in contrast with the previous year where it was the highest. Meanwhile, all other countries saw an increase, with Northern Ireland once again having the highest suicide rate for females at 8.8 deaths per 100,000 population.

The suicide rate for females in England increased for the second year in a row, in contrast with the decreases seen for males. In 2015, the suicide rate was 5.0 deaths per 100,000; the highest rate observed in the last decade.

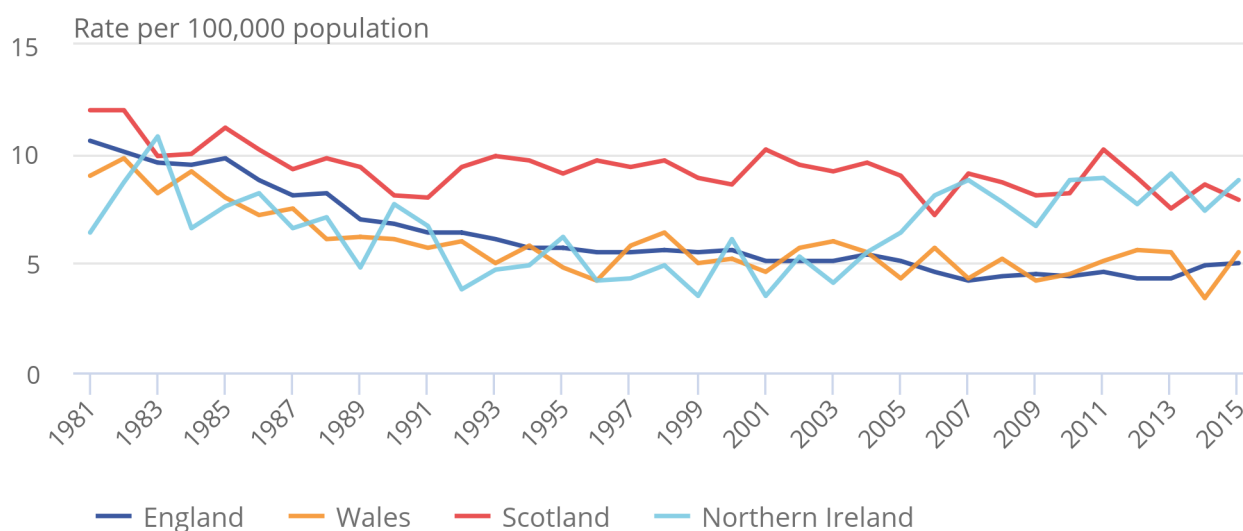
After the large drop in the female suicide rate in Wales in 2014, the rate increased to 5.5 deaths per 100,000 in 2015. This was the same rate as observed in 2013.

Figure 4: Age-standardised suicide rates by country, females, deaths registered between 1981 and 2015

UK

Figure 4: Age-standardised suicide rates by country, females, deaths registered between 1981 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
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3. Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. Age-standardised rates are used to allow comparison between populations which may contain different proportions of people of different ages.
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6. Please note, rates presented here for Northern Ireland may vary to those published by the Northern Ireland Statistics and Research Agency due to differences in the methodology used.

Yorkshire and The Humber had the highest regional suicide rate for the first time since 1987

In England, the north-south divide that is typically observed in the majority of mortality statistics was not clearly evident in suicide rates in 2015 (see Figure 5).

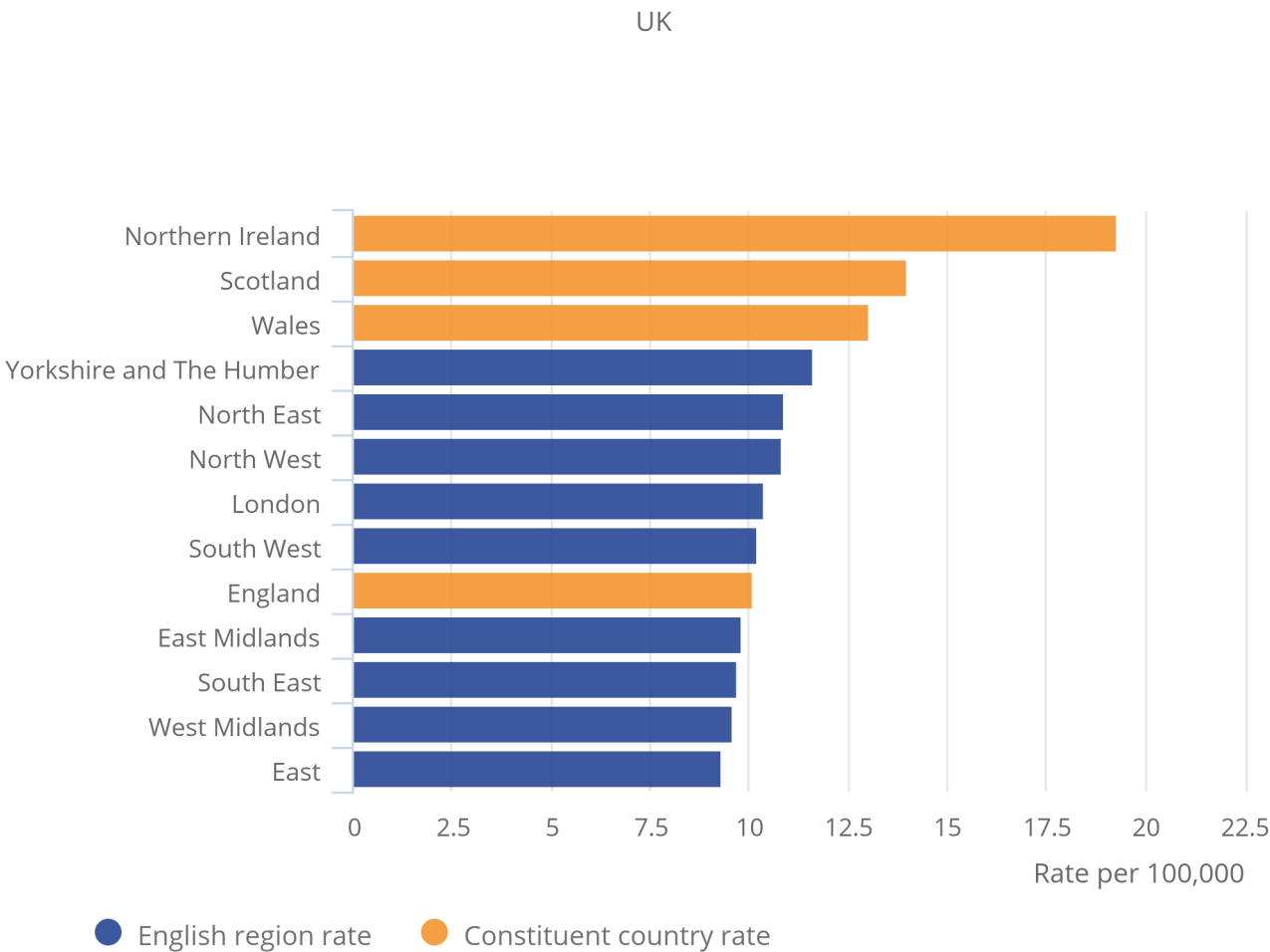
Of the English regions in 2015, the suicide rate was highest in Yorkshire and The Humber at 11.6 per 100,000 population. The suicide rate in Yorkshire and The Humber was significantly higher than the West Midlands, South East and the East of England, which had the lowest rate at 9.3 per 100,000. However, the rates for the English regions were lower in comparison with Wales, Scotland and Northern Ireland.

Suicide rates decreased across all English regions in 2015 compared with 2014, with the exception of Yorkshire and The Humber and London. The largest percentage increase was seen in London where the rate increased by 33%, from 7.8 in 2014 to 10.4 deaths per 100,000 population in 2015. This could be due to the median registration delays continuing to be the longest in London of the English regions for the second year running.

Figure 5: Age-standardised suicide rate by constituent country and English region, persons, deaths registered in 2015

UK

Figure 5: Age-standardised suicide rate by constituent country and English region, persons, deaths registered in 2015



Notes:

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2. Figures are for persons aged 10 years and over.
3. Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. Age-standardised rates are used to allow comparison between populations which may contain different proportions of people of different ages.
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5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.
6. Please note, rates presented here for Northern Ireland may vary to those published by the Northern Ireland Statistics and Research Agency due to differences in the methodology used.

The male suicide rate was highest in Yorkshire and The Humber at 17.9 per 100,000 population in 2015. This rate was significantly higher than the East of England and the South East. In contrast, the male suicide rate was lowest in the East of England at 14.5 per 100,000, which was significantly lower than all other English regions.

Since 2014, increases in suicide rates were observed in Yorkshire and The Humber and London with percentage increases of 15% and 28% respectively. Subsequently, this could be because these 2 regions had 2 of the lowest rates in 2014.

In comparison, the female suicide rate was highest in the South West at 5.7 per 100,000 population in 2015. The lowest female suicide rate was in the West Midlands at 4.1 per 100,000 population, which was significantly lower than all other English regions.

As found with males, Yorkshire and The Humber and London were the only regions to observe increases to female suicide rates since 2014 at 37% and 54% respectively. The rates were lower for females compared with males hence the larger percentage increases. Also, these 2 regions had the lowest rates in 2014 for females, which are driving the large percentage increases.

Overall, the female suicide rates across all English regions were around a third of the rates that were observed for males. Also, the variations in rates among the highest and lowest English regions were also twice as wide for males compared with females.

Please note that deaths, rates and median registration delays are available for English and Welsh local authorities in the [local authority datasets](#).

6 . Across all broad age groups, the rate for males was around 3 times higher than females

In 2015, males aged 45 to 59 continued to have the highest suicide rate of 22.3 deaths per 100,000 population (see Figure 6). Although it remains the highest rate amongst males, the rate has been steadily declining since 2013. Also, this rate was significantly higher than males in the other broad age groups, with the exception of males aged 30 to 44.

Males aged 30 to 44 had the second highest suicide rate, at 21.0 deaths per 100,000 population in 2015, which has also been declining since 2013. It appears that the gap between the rates in males aged 30 to 44 and 45 to 59 is beginning to narrow once again.

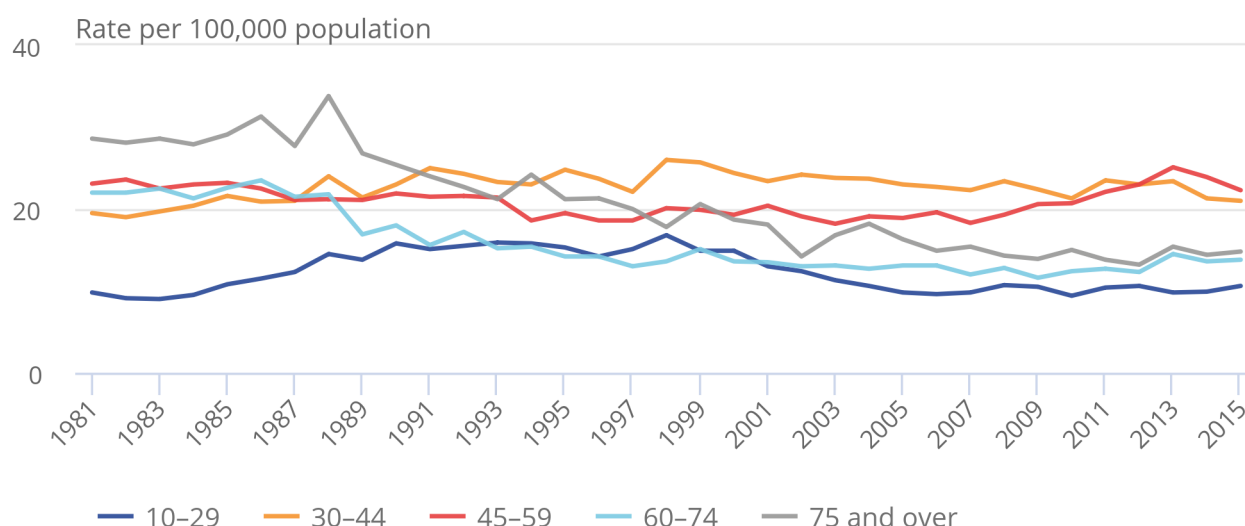
On the other hand, although the rate for the youngest males aged under 30 remains the smallest rate (as it has done since 2001), the rate has been steadily increasing over recent years. However, the rate was significantly lower compared with all other broad age groups for males.

Figure 6: Age-specific suicide rate, males, deaths registered between 1981 and 2015

UK

Figure 6: Age-specific suicide rate, males, deaths registered between 1981 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
2. Figures are for persons aged 10 years and over.
3. Age-specific suicide rate per 100,000 population.
4. Figures include deaths of non-residents.
5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.

Females aged 45 to 59 had the highest suicide rate for the 13th year running at 7.6 per 100,000 population in 2015 (see Figure 7). This rate was significantly higher compared with the other broad age groups.

Females aged 30 to 44 continued to have the second highest suicide rate at 6.0 per 100,000 population. This was the only broad age group for females to show a decline in rate since 2014.

Although the rates for females aged 10 to 29 remained the lowest, this was the only age group to have a slightly higher rate in 2015 compared with 1981 at 3.2 per 100,000 population. The rate for females aged 10 to 29 in 2015 was significantly lower compared with other broad age groups with the rate remaining the same as observed in 2014.

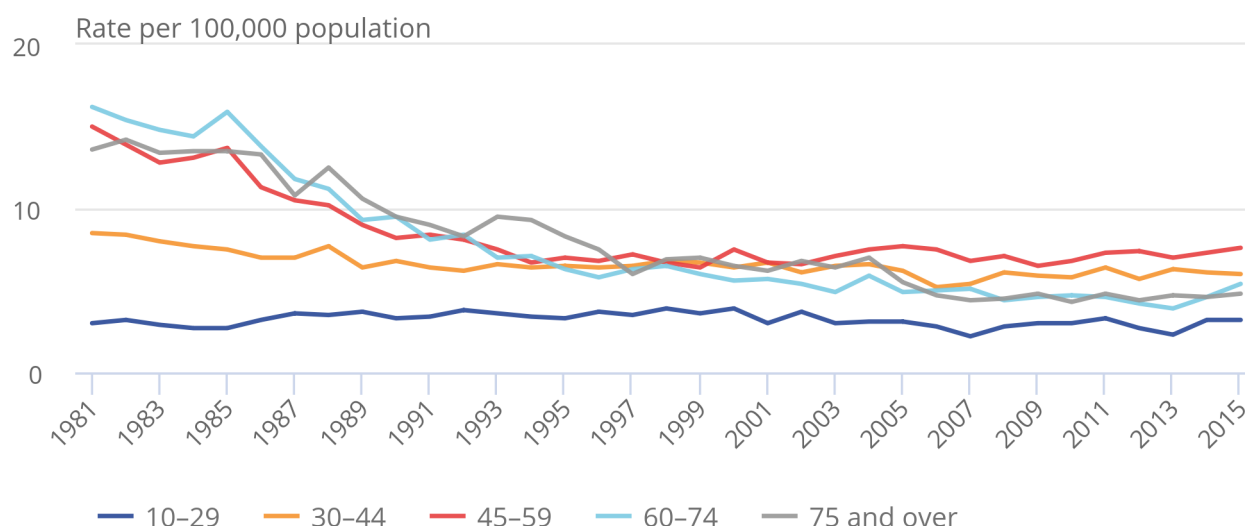
In 2015, both of the older age groups' rates had increased since 2014 (where they had the same rate) with the 60 to 74 age group increasing slightly more than those aged 75 and over, with a rate of 5.4 compared with 4.8 per 100,000 population respectively.

Figure 7: Age-specific suicide rate, females, deaths registered between 1981 and 2015

UK

Figure 7: Age-specific suicide rate, females, deaths registered between 1981 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

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2. Figures are for persons aged 10 years and over.
3. Age-specific suicide rate per 100,000 population.
4. Figures include deaths of non-residents.
5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.

Overall, there appears to be slightly more variation amongst the broad age groups for males compared with females.

Please note that data by 5 year age groups can be found in Reference Table 11 in the [Suicide registrations in the UK dataset](#).

7 . Most common suicide method in the UK in 2015 was hanging

As found in previous years, the most common method of suicide in 2015 amongst males and females in the UK was hanging (see Figure 8). For both males and females, the proportion of deaths from hanging has increased slightly since 2014 to 58% and 43% respectively. In contrast, the second most common method of suicide was poisoning, which has fallen slightly to 18% for males and 35% for females.

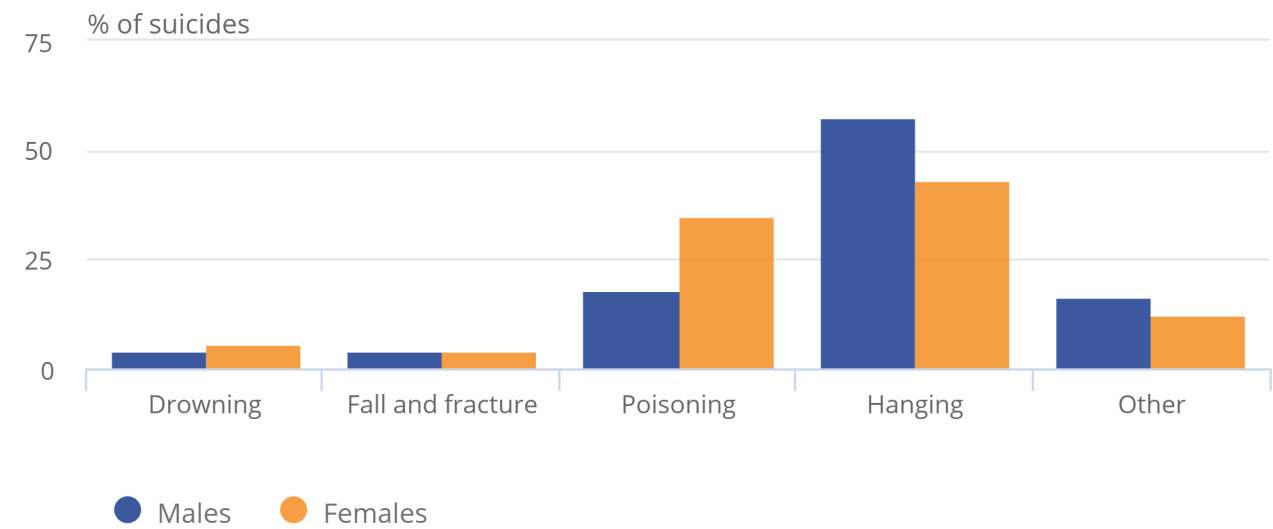
The proportion of suicides involving drowning, falls and other methods have remained fairly consistent over the past decade.

Figure 8: Proportion of suicides by method and sex, deaths registered in 2015

UK

Figure 8: Proportion of suicides by method and sex, deaths registered in 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

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2. Figures are for persons aged 10 years and over.
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A [study by the World Health Organisation \(WHO\) in 2008, which compared methods of suicide by country](#), found that methods vary between countries and that this difference is driven primarily by the availability of means. For example, while hanging was the most common method in the majority of countries, suicide involving firearms was the most common method in the United States and jumping from a height was the most common method in Hong Kong.

The report also highlighted differences in method between the sexes, with males tending to choose a more violent mechanism, such as hanging or suicide by firearm, whereas females choose less violent mechanisms such as poisoning.

The increase in the proportion of suicides from hanging seen in the UK, in particular in women, may be related to restrictions on the availability of other methods, for example, drugs used in overdose and to a misconception that hanging is a quick and painless way to die (Biddle et al, 2010). Analysis conducted using our data by [Hawton et al](#) in 2012 revealed that there was a major reduction in deaths involving co-proxamol following its withdrawal in 2005. In a separate [study](#) published in 2013, Hawton et al found that UK legislation to reduce the size of paracetamol packages was followed by a significant reduction in the number of deaths due to paracetamol overdose.

8 . Registration delays

Figure 9 shows that in 2015, the median registration delay for suicides in England was 144 days. Of the 4,820 suicides registered in 2015 in England, 45% occurred before 2015. The average registration delay has remained fairly stable in England and was since days shorter than 2014 and at its lowest since 2007.

In Wales, the median registration delay has been steadily decreasing since 2009 and in 2015 was 127 days, which was 6 days shorter than 2014. Out of the 350 suicides registered in 2015 in Wales, 46% occurred before 2015 compared with 42% in the previous year. Therefore, part of the rise in the number of suicides registered in Wales in 2015 can be explained by a higher proportion of suicides occurring in previous years being included in this year's figures.

On the other hand, in Northern Ireland, the median registration delay in 2015 was 165 days, which was an increase of 19 days compared with 2014. This was the longest median registration delay since 2010 where it was 171 days. Therefore, as it was taking longer for a death to become registered, there could be more 2014 death occurrences in the 2015 figures than usual. This could explain why Northern Ireland's suicide rate was at a record high in 2015 at 19.3 per 100,000 population. Similarly, the last time the rate was a record high (also at a rate of 19.3) was in 2010.

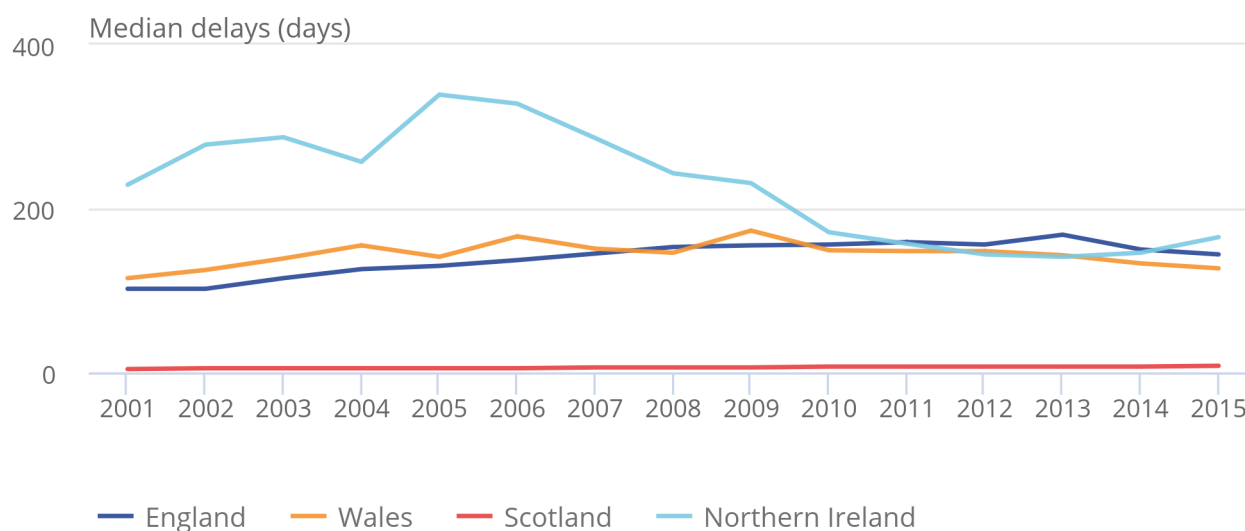
In 2015, the median registration delay in Scotland was just 8 days. Scotland has a different registration system to the rest of the UK, which results in far more timely registrations. Although the registration delay has slightly increased from 4 days in 2001 to 8 days in 2015, almost all suicides in Scotland are registered in the year that they occur.

Figure 9: Median registration delay for suicides, deaths registered between 2001 and 2015

UK

Figure 9: Median registration delay for suicides, deaths registered between 2001 and 2015

UK



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given in the 'Suicide definition' section within the reference tables.
2. Figures are for persons aged 10 years and over.
3. The registration delay is calculated as the difference between the date each death occurred and the date it was registered, measured in days. Additional information on the calculation of registration delays is provided in the UK suicide bulletin.
4. Figures include deaths of non-residents.
5. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.

Additional information on registration delays for suicides, including separate figures for males and females and an indication of the range of registration delays (the lower and upper quartile) can be found in Reference Table 18 in the [Suicide registrations in the UK dataset](#).

9 . Narrative conclusions in England and Wales

There are around 30,000 coroner's inquests held in England and Wales each year. In 2015, around 90% of these inquests received a "short form" conclusion such as accident, misadventure, natural causes, suicide or homicide. The remaining 10% were "narrative conclusions", which can be used by a coroner or jury instead of a short form conclusion to express their findings as the cause of death.

Some narrative conclusions clearly state the intent (for example, accidental) and mechanism (for example, hanging, poisoning) of death. However, in other cases, the coroner may not indicate unambiguously whether the fatal injury was accidental, intentional or otherwise. We define deaths where the intent has not been specified as "hard-to-code". The rules for coding cause of deaths mean that, if no indication of intent has been provided by the certifier, a death from injury or poisoning must be coded as accidental.

There is considerable variation in the use of narrative conclusions between coroners and therefore between regions (see Table 1). This leads to concerns that the use of narrative conclusions could be distorting local area suicide statistics.

Table 1: Hard-to-code narrative conclusions as a percentage of all inquest verdicts by country and Region, deaths registered between 2010 and 2015

England, English regions and Wales	%					
	2010	2011	2012	2013	2014	2015
England	12	6	7	8	8	7
North East	8	2	3	3	3	2
North West	15	6	7	7	10	9
Yorkshire and The Humber	10	9	11	10	10	8
East Midlands	11	5	8	10	11	11
West Midlands	20	8	8	8	5	3
East	13	10	11	12	9	7
London	8	6	6	8	9	7
South East	8	5	5	7	7	6
South West	8	5	6	7	8	6
Wales	8	4	5	4	13	6

Source: Office for National Statistics

Notes:

1. Narrative conclusions are a factual record of how, and in what circumstances the death occurred. They are sometimes returned where the cause of death does not easily fit any of the standard verdicts. Hard-to-code narrative conclusions are those where no indication of the deceased's intent has been given by the certifier, which makes it difficult for ONS to assign an underlying cause of death. A more in depth explanation can be found in the 'Narrative conclusions in England and Wales' section of the bulletin.

2. Figures exclude deaths of non-residents.

3. Based on boundaries as of August 2016.

4. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered.

5. Percentages are calculated as the number of hard-to-code narrative conclusions as a percentage of all inquest verdicts.

Although the number of hard-to-code conclusions has been rising over recent years, in 2015, there has been a decline of 13 in England (from 2,252 to 2,239) and 84 in Wales (from 203 to 119) since 2014.

The North East continued to have the lowest number of hard-to-code narrative conclusions; 69 in 2015, which accounted for 2% of all inquests. Across all English regions and Wales, this was the lowest percentage.

In order to assess the impact of narrative verdicts on suicide rates in England and Wales, simulated age-standardised suicide rates were calculated using 2 different assumptions:

- Scenario 1: assuming all deaths, where a hard-to-code narrative conclusion meant that the death has been coded as an accidental hanging (ICD-10 codes W75 to W76) or accidental poisoning (ICD-10 codes X40 to X49), were intentional self-harm
- Scenario 2: suicide rates were calculated assuming that half of these deaths were intentional self-harm

For the purposes of the simulation, all deaths from undetermined intent to children aged 10 to 14 were also included.

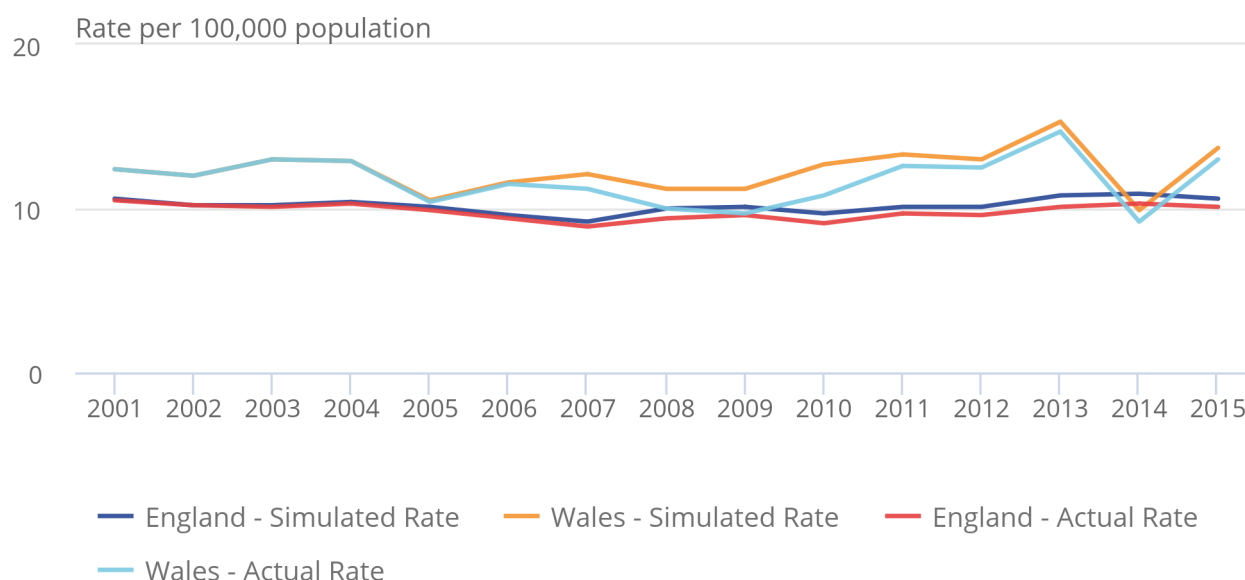
There were no significant differences found in 2015 for Scenario 1 (see Figure 10). Scenario 1 can be considered a worst-case scenario, as it is unlikely that all of the extra deaths which were included were actually suicides. Scenario 2 is more realistic and it follows that there were no significant differences observed between the simulated rates and the standard suicide rates in this scenario either. See Reference Table 17 in the [Suicide registrations in the UK dataset](#) for more information.

Figure 10: Scenario 1 simulated suicide rate, deaths registered between 2001 and 2015

UK

Figure 10: Scenario 1 simulated suicide rate, deaths registered between 2001 and 2015

UK



Source: Office for National Statistics

Notes:

1. Suicide rates were calculated assuming all deaths where a hard-to-code narrative verdict meant that the death has been coded as an accidental hanging (ICD-10 codes W75-W76) or accidental poisoning (ICD-10 codes X40-X49) were intentional self-harm. These deaths were added to those already included in the National Statistics suicide definition, and suicide rates were recalculated.
2. Figures are for persons aged 10 years and over.
3. Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. Age-standardised rates are used to allow comparison between populations which may contain different proportions of people of different ages.
4. Figures exclude deaths of non-residents.
5. Based on boundaries as of August 2016.
6. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the registration delays section.

10 . Quality and Methodology

1. The Office for National Statistics holds mortality data for England and Wales. Figures for the UK include data kindly provided by National Records of Scotland and the Northern Ireland Statistics and Research Agency.
2. Information about the underlying mortality data, including details on how the data is collected and coded are available in the [mortality metadata](#).
3. The [User guide to mortality statistics](#) provides further information on the collection, production and quality of the underlying mortality data on which suicide death statistics are based.
4. The Suicide rates [Quality and Methodology Information document](#) contains important information on:
 - The strengths and limitations of the data
 - The quality of the output: including the accuracy of the data and how it compares with related data
 - Policy context and uses of the data
 - How the output was created
 - Comparability between countries
5. Age-standardised mortality rates were calculated using the number of suicides registered in each year as the numerator and the mid-year population estimate for that year as the denominator. Please see the [Quality and Methodology information](#) for more details about the calculation of confidence intervals and the interpretation of age-standardised rates.
6. The [ONS revisions policy](#) is available on our website.

11 . References

1. Biddle L, Donovan J, Owen-Smith A, Potokar J, Longson D, Hawton K, Kapur N, Gunnell D (2010) '[Factors influencing the decision to use hanging as a method of suicide: qualitative study](#)' Accessed on 15 December 2015
2. [Coroners' and Justice Act 2009](#). Accessed on 15 December 2015
3. Department of Health (2012) '[Preventing suicide in England: A cross-government outcomes strategy to save lives](#)'. Accessed on 15 December 2015
4. Department of Health, Social Services and Public Safety (2006) '[Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy and Action Plan 2006–2011](#)'. Accessed on 15 December 2015
5. Department of Health, Social Services and Public Safety (2012) '[Evaluation of the Implementation of the NI Protect Life Suicide Prevention Strategy and Action Plan 2006–2011](#)' Accessed on 15 December 2015
6. Eurostat (2015) '[Deaths from suicide — standardised death rate, 2012](#)' Accessed on 15 December 2015
7. Hawton et al (2012) '[Six-Year Follow-Up of Impact of Co-proxamol Withdrawal in England and Wales on Prescribing and Deaths: Time-Series Study](#)' Accessed on 14 January 2016
8. National Records of Scotland (2015) '[Probable suicides: deaths which are the result of intentional self harm or events of undetermined intent](#)'. Accessed on 15 December 2015
9. National Records of Scotland (2015) '[Probable suicides and accidental deaths: how the statistics may have been affected by changes in the views of Procurators Fiscal on the nature of deaths](#)'. Accessed on 23 November 2016

10. Northern Ireland Statistics and Research Agency (2015) '[Suicide Deaths 2015](#)'. Accessed on 22 November 2016
11. Office for National Statistics (2011) '[Impact of registration delays on mortality statistics, 2011](#)'. Accessed on 13 January 2015
12. Office for National Statistics (2014) '[The impact of using the 2013 European Standard Population to calculate mortality and cancer incidence rates](#)'. Accessed on 15 December 2015
13. Office for National Statistics (2015) '[Mortality Metadata](#)'. Accessed on 15 December 2015
14. Office for National Statistics (2015) '[Suicides in the United Kingdom, index page](#)'. Accessed on 15 December 2015
15. Office for National Statistics (2016) [Mortality Statistics: Deaths Registered in England and Wales \(Series DR\), 2015](#). Accessed on 22 November 2016
16. Samaritans (2012) '[Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide](#)'. Accessed on 15 December 2015
17. Samaritans (2015) '[Suicide Statistics Report 2015](#)' Accessed on 16 December 2015
18. Scottish Executive (2002) '[Choose life: Making it work together – A National Strategy and Action Plan to Prevent Suicide in Scotland](#)' Accessed on 15 December 2015
19. The Scottish Government (2010) '[Refreshing the national strategy and action plan to prevent suicide in Scotland: Report of the national suicide prevention working group](#)'. Accessed on 15 December 2015
20. The Scottish Government (2013) '[Suicide Prevention Strategy 2013–2016](#)'. Accessed on 15 December 2015
21. Welsh Assembly Government (2009) '[Talk to me: The National Action Plan to Reduce Suicide and Self harm in Wales 2009–2014](#)'. Accessed on 15 December 2015
22. Welsh Assembly Government (2015) '[Talk to me 2](#)' Accessed on 15 December 2015
23. World Health Organisation – WHO (2008) – Ajdacic-Gross, V., Weiss, M. G., Ring, M., Hep, U., Bopp, M., Gutzwiller, G., Rossler, W., '[Methods of suicide: international suicide patterns derived from the WHO mortality database](#)' Accessed on 15 December 2015