

Suicide rates in the United Kingdom, 2006 to 2010



Coverage: UK

Date: 26 January 2012

Geographical Area: Region

Theme: Health and Social Care

Theme: Population

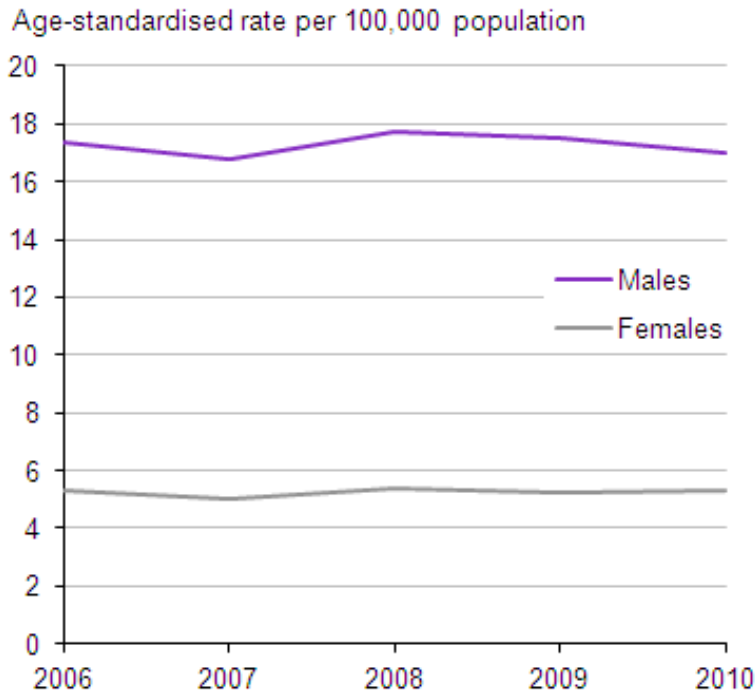
Key points

- In 2010 there were 5,608 suicides in people aged 15 years and over in the UK, 67 fewer than the 5,675 recorded in 2009
- There were 4,231 suicides among men in 2010 (17.0 per 100,000 population)
- In women there were 1,377 suicides in 2010 (5.3 per 100,000 population)
- In 2010 suicide rates were highest in those aged 45–74 at 17.7 per 100,000 for men and 6.0 per 100,000 for women
- Suicide rates at national and regional level in England and Wales have not been significantly affected by the increasing number of narrative verdicts returned by coroners

Summary

This bulletin presents the latest suicide figures for the UK, England, Wales, and Regions in England. New figures are presented for 2010 with previously released figures for 2006 to 2009 for comparison purposes. The potential impact of the increasing use of narrative verdicts by coroners on suicide rates at regional level in England, and in Wales, is also presented.

Chart 1. Age-standardised suicide rates: by sex, United Kingdom, 2006 to 2010



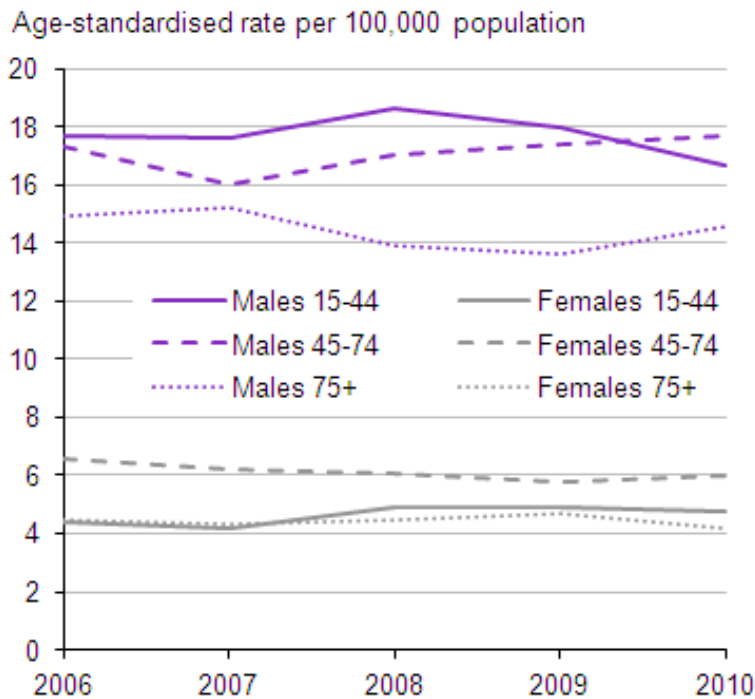
Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

Notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for persons aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are included.
5. Figures are for deaths registered in each calendar year.

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Chart 2. Age-standardised suicide rates: by sex and age group, United Kingdom, 2006 to 2010

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 below under 'Definition'.
2. Figures are for persons aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are included.
5. Figures are for deaths registered in each calendar year.

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Suicide rates**Results for the United Kingdom**

In 2010 there were 5,608 suicides in people aged 15 years and over in the UK (4,231 men and 1,377 women). This was a small decrease of 67 compared with the 5,675 suicides recorded in 2009. Although there was a sharp increase of 329 in 2008, the number of suicides has generally been falling over the last decade. This may be due to the actions taken as part of the suicide prevention strategies outlined below under 'Context of suicide statistics'.

Suicide rates continue to be higher for men than for women. The suicide rates in 2010 were 17.0 per 100,000 population for men and 5.3 per 100,000 for women. Although the numbers have been gradually falling, these rates have remained fairly steady over the 2006 to 2010 period (Chart 1).

Suicide rates tend to be highest among young men aged 15–44 and they peaked for this group at 18.6 per 100,000 in 2008 (Chart 2). Since 2007, rates for men aged 45–74 have been increasing and in 2010 they experienced the highest suicide rate at 17.7 per 100,000, although this was not significantly different to the rate for men aged 15–44 at 16.7 per 100,000. The lowest suicide rate among men in 2010 was for those aged 75 and over at 14.6 per 100,000.

Between 2006 and 2010, the highest suicide rates for females were in those aged 45–74. In 2010 the rate for this group was 6.0 per 100,000. This figure was significantly higher than the rates for women aged 15–44 (4.8 per 100,000) and 75 and over (4.2 per 100,000).

Results for England and Wales

England

There were 4,200 suicides among adults aged 15 and over in England in 2010 (3,165 males and 1,035 females). This was 190 lower than the 4,390 recorded in 2009. Despite a large increase of 289 between 2007 and 2008, the number of suicides has been gradually declining.

Suicide rates for males and females were steady over the 2006 to 2010 period. In 2010 the rates were 15.1 per 100,000 for men and 4.7 per 100,000 for women.

In men there is no clear trend in suicide rates across the age groups. The rate was highest in males aged 45–74 in 2010 at 16.2 per 100,000. This was significantly higher than the rate for men aged 15–44 (14.3 per 100,000), but not significantly higher than the rate for men aged 75 and over (14.0 per 100,000).

The trend in suicides among women has been more consistent. Between 2006 and 2010, rates were highest in those aged 45–74. The rate for this group in 2010 was 5.5 per 100,000, which was significantly higher than the rates for those aged 15–44 (4.2 per 100,000) and 75 and over (4.0 per 100,000).

Wales

In Wales there were 288 suicides in those aged 15 years and over in 2010 (225 males and 63 females), 30 more than the 258 recorded in 2009, but 12 lower than the 300 recorded in 2006. Although there have been small year on year fluctuations, the number of suicides has been relatively stable in recent years.

In 2010 the suicide rate was 19.3 per 100,000 for men and 4.6 per 100,000 for women. The male rate was 4.2 per 100,000 higher than the rate for England (15.1 per 100,000), which was significant. However, the rates for females in Wales and in England were similar.

For males, suicide rates across the age groups were not significantly different in 2010. They varied from 18.8 per 100,000 in those aged 15–44, 19.8 per 100,000 in those aged 45–74, to 20.2 per 100,000 in those aged 75 and over.

Consistent with previous findings, suicide rates for females were much lower than rates for males over the 2006 to 2010 period. There were no significant differences in rates across the age groups in 2010, varying from 3.1 per 100,000 in those aged 15–44, 6.2 per 100,000 in those aged 45–74, to 6.6 per 100,000 in those aged 75 and over.

Regions in England

There was no clear regional pattern in suicide rates between 2006 and 2010. In 2010 male suicide rates were highest in the South West (17.6 per 100,000) and North West (17.4 per 100,000) and lowest in the East Midlands (13.5 per 100,000) and Yorkshire and The Humber (13.6 per 100,000). In females, there was smaller variation in suicide rates. In 2010 rates varied from 3.8 per 100,000 in the East of England to 5.7 per 100,000 in the North East and South West.

Results for Scotland and Northern Ireland

Suicide figures for Scotland are produced by National Records of Scotland (formerly the General Register Office for Scotland) and can be found at the following link:

www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/suicides/

Suicide figures for Northern Ireland are produced by the Northern Ireland Statistics and Research Agency and can be found at the following link:

www.nisra.gov.uk/demography/default.asp31.htm

Suicide rates - Tables

Table 1. Male suicide rates: by country and region, United Kingdom, 2006 to 2010

Rate per 100,000 population

Country/ Region	2006	2007	2008	2009	2010
United Kingdom	17.4	16.8	17.7	17.5	17.0
England	15.4	14.9	15.8	16.1	15.1
North East	17.5	17.0	17.8	19.2	16.9
North West	18.3	18.5	17.7	19.8	17.4
Yorkshire and The Humber	15.3	16.3	17.0	15.4	13.6
East Midlands	14.9	15.2	14.0	15.2	13.5
West Midlands	14.6	12.9	17.1	15.8	15.4
East of England	14.1	14.3	15.9	13.7	14.9
London	14.6	13.3	14.3	13.6	14.0
South East	14.7	13.9	15.0	15.9	14.6
South West	17.1	14.5	15.8	18.9	17.6
Wales	19.4	20.3	17.1	17.4	19.3

Table source: Office for National Statistics

Table notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for males aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are included in figures for the UK, but excluded in figures for England, Wales and Regions.
5. Figures are for deaths registered in each calendar year.

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Table 2. Number of male suicides: by country and region, United Kingdom, 2006 to 2010

	Number				
Country/ Region	2006	2007	2008	2009	2010
United Kingdom	4,196	4,085	4,331	4,304	4,231
England	3,131	3,043	3,263	3,330	3,165
North East	177	169	180	194	172
North West	491	498	478	538	479
Yorkshire and The Humber	311	335	353	321	286
East Midlands	263	271	250	270	239
West Midlands	310	273	365	336	334
East of England	311	318	365	321	352
London	437	410	444	431	434
South East	483	464	498	530	500
South West	348	305	330	389	369
Wales	223	232	195	201	225

Table source: Office for National Statistics

Table notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for males aged 15 years and over.
3. Deaths of non-residents are included in figures for the UK, but excluded in figures for England, Wales and Regions.
4. Figures are for deaths registered in each calendar year.

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Table 3. Female suicide rates: by country and region, United Kingdom, 2006 to 2010

Rate per 100,000 population

Country/ Region	2006	2007	2008	2009	2010
United Kingdom	5.3	5.0	5.4	5.2	5.3
England	4.8	4.4	4.7	4.8	4.7
North East	4.7	4.3	4.9	4.0	5.7
North West	5.2	4.9	4.7	5.9	4.7
Yorkshire and The Humber	4.2	4.1	4.5	3.6	4.3
East Midlands	5.1	4.0	4.6	5.3	4.6
West Midlands	4.6	4.0	4.6	4.7	4.9
East of England	4.7	4.3	5.1	4.2	3.8
London	4.7	4.4	4.6	4.4	4.4
South East	5.3	4.4	4.6	5.2	5.0
South West	4.8	4.8	4.9	5.7	5.7
Wales	6.3	4.3	5.8	4.3	4.6

Table source: Office for National Statistics**Table notes:**

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for females aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are included in figures for the UK, but excluded in figures for England, Wales and Regions.
5. Figures are for deaths registered in each calendar year.

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Table 4. Number of female suicides: by country and region, United Kingdom, 2006 to 2010

Country/ Region	2006	2007	2008	2009	2010
United Kingdom	1,358	1,292	1,375	1,371	1,377
England	1,044	950	1,019	1,060	1,035
North East	51	47	52	43	63
North West	145	139	135	167	137
Yorkshire and The Humber	91	90	99	80	94
East Midlands	95	73	83	103	84
West Midlands	101	89	101	110	116
East of England	113	104	124	102	93
London	151	139	147	139	140
South East	186	158	166	191	182
South West	111	111	112	125	126
Wales	77	57	71	57	63

Table source: Office for National Statistics

Table notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for females aged 15 years and over.
3. Deaths of non-residents are included in figures for the UK, but excluded in figures for England, Wales and Regions.
4. Figures are for deaths registered in each calendar year.

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Narrative verdicts

Annually, there are around 30,000 coroner's inquests held in England and Wales that conclude with a verdict. 'Short form' verdicts such as accident or misadventure; natural causes; suicide; and homicide make up the majority of all verdict conclusions. 'Narrative' verdicts can be used by a coroner or jury instead of a short form verdict to express their conclusions as to the cause of death following an inquest.

In recent years there has been a large increase in the number of narrative verdicts returned by coroners in England and Wales (Table 5). In England, there was almost double the number of narrative verdicts in 2010 (3,170) than in 2006 (1,592). In Wales, the number increased almost three-fold over the same period from 52 in 2006 to 147 in 2010.

Table 5. Number of narrative verdicts, England, Regions in England, and Wales, 2006 to 2010

Country/ Region	2006	2007	2008	2009	2010
England	1,592	2,033	2,452	2,848	3,170
North East	84	102	124	135	168
North West	233	375	562	738	782
Yorkshire and The Humber	169	202	219	255	238
East Midlands	97	129	155	198	222
West Midlands	466	524	565	509	663
East of England	97	156	188	288	309
London	156	179	226	243	260
South East	178	217	224	241	293
South West	112	149	189	241	235
Wales	52	134	162	149	147

Table source: Office for National Statistics

Table notes:

1. Number of narrative verdicts defined by ONS as 'hard to code'.
2. Deaths of non-residents are excluded.
3. Figures are for deaths registered in each calendar year.

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In cases of deaths from injury and poisoning, some narrative verdicts clearly state the intent and mechanism. However, in a proportion of injury and poisoning deaths where a narrative verdict has been returned, the Office for National Statistics (ONS) has no indication from the information provided by the coroner of whether the fatal injury or toxic substance was self-administered or if there was deliberate intent to self-harm (these are defined by ONS as 'hard to code'). The rules of coding cause of death dictate that, where no indication of intent has been given by the certifier, deaths from injury or poisoning must be coded as accidents. Consequently, the net effect of the increase in narrative verdicts could potentially be to inflate the number of deaths classified as

accidents and decrease the number classified as intentional self-harm. This is important, as trends in these types of deaths are closely monitored.

An analysis to assess the [impact of narrative verdicts on suicide rates in England and Wales](#) was undertaken by ONS in 2011 (Hill and Cook, 2011). Simulated age-standardised suicide rates were calculated for the years 2001 to 2009 using two different assumptions:

Scenario 1 – suicide rates were calculated assuming all deaths, where a hard to code narrative verdict had caused the death to be coded as an accidental hanging (ICD-10 codes W75–W76) or accidental poisoning (ICD-10 codes X40–X49), were intentional self-harm.

Scenario 2 – suicide rates were calculated assuming that half of these deaths were intentional self-harm.

Hangings and poisonings were used as these are the two most common methods of intentional self-harm in England and Wales. In 2010, these methods accounted for 74 per cent of all suicides.

The results showed that there were no statistically significant differences between the published and simulated suicide rates at national level. However, there is some variation in the practices of coroners locally and there is concern that the increasing use of narrative verdicts may be affecting sub-national suicide rates (Gunnell et al, 2011). ONS has therefore repeated the above analysis on the figures presented in this bulletin for England, Regions in England, and for Wales, to examine this.

The analysis was based on the country/region of usual residence of the deceased. It should be noted that regions are not coterminous with coroner district areas so it is possible that narrative verdicts returned by an individual coroner may fall within one or more regions.

Table 1 (males) and Table 3 (females) above show the existing suicide rates for England, Regions in England, and Wales, for 2006 to 2010.

Table 6 (males) and Table 7 (females) show results for Scenario 1 of combining all accidental hangings and accidental poisonings coded from hard to code narrative verdicts with existing suicide rates, for England, Regions in England, and Wales, for 2006 to 2010. (Results for other simulations in Scenario 1 and Scenario 2 can be found on the [ONS website](#)).

In men, the addition of deaths where the verdict was a hard to code narrative and the underlying cause was accidental hanging or accidental poisoning to existing suicide rates caused increases ranging from 0.1 in the North East and West Midlands to 0.6 in the North West in 2006. In 2010, the increases ranged from 0.4 in the South West to 2.8 in Wales. Across the 2006 to 2010 period, the greatest increases were observed in Wales, the North West and the East Midlands, while the least affected areas were the South West, London and the South East.

For women, the differences between existing and simulated suicide rates were smaller, ranging from 0.0 in Wales to 0.4 in the North West and Yorkshire and The Humber in 2006, and from 0.2 in London and the South East to 1.3 in Wales in 2010. During this period, the areas with the greatest increases were Wales and the North West.

Although the results show apparent increases in simulated suicide rates, it is important to note that none of the increases recorded in Scenario 1 (or in Scenario 2) were statistically significant.

Table 6. Scenario 1: Addition of deaths where the verdict was a hard to code narrative and the underlying cause of death was accidental hanging or accidental poisoning to male suicide rates, England, Regions in England, and Wales, 2010

Country/ Region	Rate per 100,000 population				
	2006	2007	2008	2009	2010
England	15.7	15.4	16.6	16.9	16.0
North East	17.6	17.1	18.0	20.6	18.4
North West	18.9	19.5	19.3	21.3	18.7
Yorkshire and The Humber	15.8	16.8	18.1	16.4	14.5
East Midlands	15.3	15.8	16.1	16.2	14.9
West Midlands	14.7	13.4	17.8	16.8	16.1
East of England	14.4	14.5	16.3	14.6	16.2
London	15.0	13.7	14.8	13.9	14.5
South East	15.0	14.5	15.5	16.3	15.1
South West	17.3	14.9	16.1	19.6	18.0
Wales	19.6	21.7	19.1	20.7	22.1

Table source: Office for National Statistics

Table notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for males aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are excluded.
5. Figures are for deaths registered in each calendar year.

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Table 7. Scenario 1: Addition of deaths where the verdict was a hard to code narrative and the underlying cause of death was accidental hanging or accidental poisoning to female suicide rates, England, Regions in England, and Wales, 2010

Country/ Region	Rate per 100,000 population				
	2006	2007	2008	2009	2010
England	5.0	4.5	5.1	5.2	5.1
North East	4.9	4.3	4.9	4.4	6.2
North West	5.6	5.1	5.2	6.5	5.4
Yorkshire and The Humber	4.6	4.4	4.8	3.8	4.6
East Midlands	5.2	4.3	5.3	5.9	4.9
West Midlands	4.7	4.2	5.0	4.9	5.5
East of England	4.8	4.4	5.3	4.6	4.3
London	4.9	4.5	4.9	4.6	4.6
South East	5.4	4.7	4.8	5.4	5.2
South West	4.9	4.9	5.0	6.1	6.0
Wales	6.3	5.1	6.6	4.5	5.9

Table source: Office for National Statistics

Table notes:

1. The National Statistics definition of suicide is given below under 'Definition'.
2. Figures are for females aged 15 years and over.
3. Rates per 100,000 population, standardised to the European Standard Population.
4. Deaths of non-residents are excluded.
5. Figures are for deaths registered in each calendar year.

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The results from this analysis show that existing suicide rates at national and regional level in England and Wales have not been significantly affected by the increasing number of narrative verdicts returned by coroners. However, if current trends in the use of narrative verdicts continue, the effect on mortality rates may become large enough to affect the reliability of National Statistics.

To help overcome this, some improvements have been made to the coding frame used by ONS to record the manner of death following an inquest. This new coding frame has been used for all deaths registered from January 2011 onwards and ONS will publish information on the impact of this change with the first release of the 2011 death registration figures. ONS has also provided advice

to coroners on the types of narrative verdicts that are hard to code, elements of which the Local Government Committee of the Coroners Advisory Group have incorporated into an advice note.

Results on the Office for National Statistics website

Suicide figures for the UK, England and Wales, England, Wales, and Regions in England, and results from the analysis of the impact of hard to code narrative verdicts returned by coroners in England and Wales, can be found in a Microsoft Excel workbook on the [Office for National Statistics website](#).

The workbook contains:

- Age-standardised suicide rates per 100,000 population (with 95 per cent confidence limits) and numbers of suicides: by sex and broad age groups (15 and over, 15–44, 45–74 and 75 and over), for the UK, England and Wales, England, and Wales, 1991 to 2010
- Age-standardised suicide rates per 100,000 population (with 95 per cent confidence limits) and numbers of suicides: by sex, ages 15 years and over, for Regions in England, 1991 to 2010
- Age-standardised simulated suicide rates per 100,000 population (with 95 per cent confidence limits) from Scenario 1 and Scenario 2 (see above): by sex, ages 15 years and over, for England, Regions in England, and Wales, 2006 to 2010

Context of suicide statistics

Use of the statistics

Suicide statistics provide an indicator of mental health and are important for monitoring trends in deaths resulting from intentional (and probable) self-harm. The statistics are widely used to inform policy, planning and research in both public and private sectors and they enable policy makers and support services to target their resources most effectively. Key users include the Department of Health and other devolved health administrations, public health observatories, local and health authorities, academics, and charity organisations.

Policy context

Each constituent country of the UK has a suicide prevention strategy in place to identify risk factors, take action via cross-sector organisations, and reduce suicide rates.

In July 2011, the [Department of Health](#) launched a [Consultation on preventing suicide in England](#) which presents a strategy to reduce the suicide rate and improve support for those affected by suicide. This follows an earlier [National Suicide Prevention Strategy](#) which was launched in 2002. Specifically, the new proposed strategy outlines six areas for action, which include reducing the risk of suicide in key high-risk groups (for example, people in the care of mental health services, people with a history of self-harm, people in contact with the criminal justice system, and adult men aged under 50), reducing access to the means of suicide, and supporting research, data collection and monitoring. It is documented that both individual- and multi-agency approaches will be required to implement the strategy at local and national levels and that the roles of organisations across all sectors, including health, social services, education, the environment, housing, employment, the

police and criminal justice system, transport, and the voluntary sector, are fundamental. The final strategy is due to be published early in 2012.

Following a public consultation in 2009, the [Welsh Government](#) published [Talk to Me: The National Action Plan to Reduce Suicide and Self Harm in Wales, 2009–2014](#). This is based on a strategic aim 'to deliver co-ordinated action across all sectors of society for improving the mental health and wellbeing of the population of Wales, promoting resilience within individuals and communities, delivering timely and effective services to those people identified as being at risk and thereby reducing the rate of suicide and self harm in Wales'. The aim is underpinned by seven objectives, which include promoting mental health and wellbeing, delivering early intervention, improving information on suicide and suicide prevention, and restricting access to the means of suicide. The Action Plan also highlights a Suicide Prevention Health Gain Target that has been in place since 2002 to reduce the European age-standardised rate by 10 per cent by 2012. Progress towards this target was most recently reported in the [Chief Medical Officer for Wales Annual Report 2010](#).

In Scotland, a 10-year [Choose Life](#) suicide prevention strategy and action plan was launched in 2002 by the Scottish Executive with the overarching aim to reduce suicide in Scotland by 20 per cent by 2013. A summary of progress to date and recommended objectives (which are similar to those in England and Wales) for the final phase of the strategy are reported in [Refreshing the National Strategy and Action Plan to Prevent Suicide in Scotland](#), published by the [Scottish Government](#) in 2010.

In 2006, the [Department of Health, Social Services and Public Safety](#) in Northern Ireland published [Protect Life: A Shared Vision – The Northern Ireland Suicide Prevention Strategy and Action Plan, 2006–2011](#). The strategy includes two targets: (i) to obtain a 10 per cent reduction in the overall suicide rate by 2008; and (ii) to reduce the overall suicide rate by a further five per cent by 2011. The aim, objectives and approach are similar to those in other UK countries and specific actions focussing on both the general population and the target population are also highlighted. The latest information on suicide in Northern Ireland can be found in the [National Confidential Inquiry into Suicide and Homicide by People with Mental Illness - Suicide and homicide in Northern Ireland](#), published in June 2011.

The [National Confidential Inquiry into Suicide and Homicide by People with Mental Illness – Annual Report: England, Wales, and Scotland](#) was published in July 2011.

Comparison with other countries

The suicide statistics presented in this bulletin are not always comparable with those produced by other countries because definitions and suicide registration methods vary. For example, deaths from injuries and poisonings of undetermined intent are included in UK suicide figures based on the assumption that these deaths were self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves (Adelstein and Mardon, 1975). As this cannot be assumed in children, UK figures usually only include adults aged 15 years and over (although data for all ages are available).

[Eurostat](#) publish [suicide figures for European countries](#) based on a broadly comparable definition of deaths from intentional self-harm only. These are available for all ages and rates for males and

females are age-standardised to the European Standard Population. Age-specific (or 'crude') rates for particular age groups are also available.

The [World Health Organization](#) (WHO) publishes [suicide figures for countries around the world](#). The information presented represents official figures made available to the WHO by its Member States or by their national officers responsible for suicide prevention. In turn, these are based on actual death certificates signed by legally authorised personnel, usually doctors and to a lesser extent police officers. Although they are not all directly comparable or timely, the suicide figures published by the WHO give an overall perspective of the extent of suicide deaths around the world.

Definition of suicide

The National Statistics definition of suicide includes deaths given an underlying cause of intentional self harm or an injury/poisoning of undetermined intent. In England and Wales, it has been customary to assume that most injuries and poisonings of undetermined intent are cases where the harm was self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves (Adelstein and Mardon, 1975). This convention has been adopted across the UK. However, it cannot be applied to children due to the possibility that these deaths were caused by unverifiable accidents, neglect or abuse. Therefore, only adults aged 15 years and over are included in the figures.

In the UK, deaths are currently coded using the International Classification of Diseases, Tenth Revision (ICD-10). The codes used to define the suicide figures presented in this bulletin are shown below:

ICD-10	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

Notes for Definition of suicide

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 for England and Wales.

References

Adelstein A and Mardon C (1975) 'Suicides 1961–1974', *Population Trends* 02, 48–55.

Gunnell D, Hawton K and Kapur N (2011) 'Coroner's verdicts and suicide statistics in England and Wales', *BMJ*, 343:d6030.

Hill C and Cook L (2011) 'Narrative verdicts of their impact on mortality statistics in England and Wales', *Health Statistics Quarterly* 49, 81–100.

Background notes

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 (formerly the General Register Office for Scotland) and the Northern Ireland Statistics and Research Agency.
2. Information about the underlying mortality data, including details on how the data are collected and coded, is available in the [mortality metadata \(2.46 Mb Pdf\)](#).
3. This bulletin presents age-standardised (also known as 'directly-standardised') rates, standardised to the European Standard Population. These make allowances for differences in the age structure of the population, over time and between sexes. The age-standardised rate for a particular cause of death is that which would have occurred if the observed age-specific rates for that cause had applied in the given standard population.
4. Within this bulletin, a difference which is described as 'statistically significant' has been assessed using 95 per cent confidence intervals. Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.
5. [Coroners statistics \(including statistics on the verdicts returned at inquests\)](#) are available from the Ministry of Justice website
6. Special extracts and tabulations of suicide (and other causes of mortality) data for England and Wales are available to order for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such requests or enquiries should be made to:

Mortality Analysis Team, Health and Life Events Division

Office for National Statistics

Government Buildings

Cardiff Road

Newport

Gwent NP10 8XG

Tel: 01633 456736

E-mail: mortality@ons.gsi.gov.uk

7. As a valued user of our statistics, we would welcome feedback on this release, in particular, on the content, format and structure. This is in line with the Health and Life Events user engagement strategy, available to [download](#) from the ONS website.
Please send feedback to the postal or e-mail address above.
8. Details of the policy governing the release of new data are available from the Media Relations Office.
9. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

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This document is also available on our website at www.ons.gov.uk.

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Next Publication Date:

22 January 2013

Issuing Body:

Office for National Statistics

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