



Final statistics

Statistical bulletin

# Finalised Suicide Statistics in Northern Ireland, 2015 – 2021

Published: 30<sup>th</sup> November 2022

This report presents the finalised suicide statistical series for 2015 to 2021 (revised figures for 2018-2020 were published in May 2022 and remain unchanged) and encompasses the full findings of the review of NI Suicide Statistics (2015-2020), an exercise which was undertaken by the Northern Ireland Statistics and Research Agency (NISRA) and the Coroners Service for Northern Ireland (CSNI), following the identification of a classification issue in published statistics for the period 2015-2020.

## **Key points**

- There were 237 suicide deaths registered in Northern Ireland in 2021. This is the highest number since 2015 and represents an increase of 18 (8.2 per cent) from the 219 suicide deaths registered in 2020.
- The age-standardised suicide rate in Northern Ireland increased from 13.3 deaths per 100,000 in 2020 to 14.3 deaths per 100,000 in 2021.
- 176 (74.3 per cent) of the total suicide deaths were males and 61 (25.7 per cent) were females. The suicide death rate (standardised for age) for both males and females has been on a general upward trajectory since 2019. The rate for males increased from 19.1 per 100,000 males in 2019 to 21.5 in 2021, while for females, the equivalent rate increased from 6.0 per 100,000 females in 2019 to 7.3 in 2021.
- The Northern Ireland 2021 age-standardised rate of 14.3 suicides per 100,000 population was slightly higher than the rate for <u>Scotland</u> (14.0 suicides per 100,000 population) while the rate for <u>England and Wales</u> was the lowest at 10.5 suicides per 100,000 in 2021. It should be noted, however, that cross country comparisons will be affected by differences in different data collection and collation processes in the separate jurisdictions.
- The Belfast Trust had the highest suicide rate at 17.9 deaths per 100,000 in 2021, followed by the Western Trust (16.0 deaths per 100,000). Northern Trust had the lowest suicide rate in 2021 at 10.4 deaths per 100,000.

- Northern Ireland's most deprived areas had a suicide rate that was almost twice that of the least deprived areas in 2020 (19.7 deaths per 100,000 in the most deprived areas, 10.8 per 100,000 in the least deprived).
- The most common method of suicide in Northern Ireland in 2021 was hanging, suffocation or strangulation accounting for 67.5 per cent of all suicides; followed by drug poisoning (17.7 per cent of all suicides).

## Where to go for help

If you are struggling to cope, please call one of the organisations below. There is help available around the clock, every single day of the year, providing a safe place for anyone struggling to cope, whoever they are, however they feel.

**Minding Your Head** - find out more about mental health and the issues that can affect it; early warning signs that a mental health issue may be developing; tips on how to maintain good mental health.

Website http://www.mindingyourhead.info/

**Lifeline** - A Free 24-hour crisis response helpline for people who are experiencing distress or despair, where trained counsellors will listen and help immediately on the phone and follow up with other support if necessary.

Phone 0808 808 8000 Website http://www.lifelinehelpline.info

**Samaritans** – a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout UK and Ireland, often through their telephone helpline or online chat.

Freephone 116 123 Website <u>https://www.samaritans.org/</u>

## Information for the media

There is strong evidence that sensationalist media reports about suicide and the nature of suicide deaths can lead to subsequent additional suicidal behaviours (suicides and suicide attempts) or indeed increase the likelihood of copycat deaths.

Media professionals should exercise caution and sensitivity in reporting on suicide, balancing the public's "right to know" against the risk of causing harm. It is therefore important that those reporting on suicide statistics adhere to the guidelines of safe reporting from <u>WHO/IASP</u> and <u>Samaritans</u>.

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## What you need to know

## Background

Suicide deaths in Northern Ireland are defined as deaths due to intentional self-harm as well as events of undetermined intent. This is consistent with the UK National Statistics definition, a fuller description of which is provided in Annex A.

Where a person has died from any cause other than natural illness, for which they have been seen and treated by a registered medical practitioner within 28 days prior to the death, the death must be referred to the Coroner. Such deaths can only be registered after the Coroner has completed his/her investigation.

In 2019, NISRA and CSNI commenced a review of suicide statistics for the period 2015-2020 and this report marks its conclusion, presenting finalised figures for 2015-2017 for the first time, along with disaggregated data for 2021 following the headline figure being published via the recent Registrar General's Annual report 2021. Full details of the issues prompting the review and the impact of the revisions on the previously published time series are available in the <u>May 2022 review report</u> also presented finalised figures for 2018-2020 and an estimate of the likely impact on the earlier years (2015-2017).

This review marks a major revision to this important statistical series and has had a significant impact on the existing NI narrative in relation to suicide rates compared with other nations.

79 per cent of all cases reviewed (2015 to 2020), out of 535 in total, moved from undetermined cause of death into accidental cause of death categories which fall outside the suicide definition, thus reducing the number of deaths classified as suicide in NI between 2015 and 2020. See Annex B for further details.

#### Change in Standard of Proof

The standard of proof - the level of evidence needed by coroners to conclude whether a death was caused by suicide - for a verdict of suicide was changed from the criminal standard of "beyond all reasonable doubt", to the civil standard of "on the balance of probabilities" as a result of an English case in July 2018 and confirmed in NI in November 2018. Please note that the review of suicide statistics was carried out on this new basis.

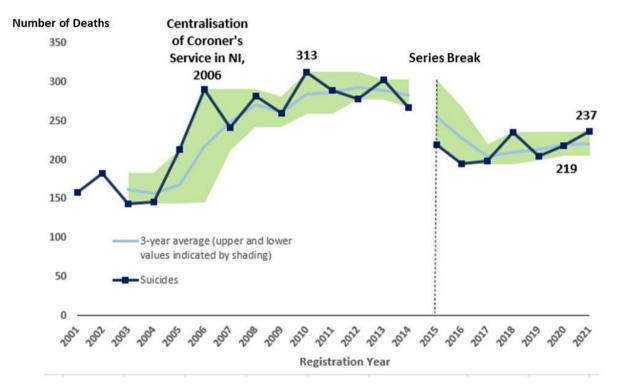
<u>The Office for National Statistics (ONS)</u> have reported that the change has led to the proportion of deaths in England and Wales with an underlying cause of intentional-self harm increasing, whereas the proportion coded to undetermined intent has decreased.

## **Statistical Series for Suicides in Northern Ireland**

#### Number of Suicide Deaths in Northern Ireland, 2001 to 2021

There were 237 suicide deaths registered in Northern Ireland in 2021. This is the highest number since 2015 and represents an increase of 18 (8.2 per cent) from the 219 suicide deaths registered in 2020.

Fluctuations year on year are not necessarily an indication of a 'true' change and it is important to look at suicide trends over time. Figure 1 below, shows the number of suicide deaths from 2001 to 2021 with a three-year rolling average to give an indication of trend; however, comparisons with earlier data prior to 2015 should be treated cautiously





There has been much speculation across the world about the impact of the COVID-19 pandemic on mental health and suicide rates. It is important to note that the rising numbers of *registered* suicide deaths shown in 2020 and 2021 cannot be interpreted as being as a result of the pandemic. For example, of the 456 registered suicide deaths in 2020 and 2021 when the COVID-19 pandemic was at its height, just over half (53.7 per cent, 245) *occurred* after the first death from COVID-19 was registered in Northern Ireland on the 19 March 2020. This illustrates the delay involved from the time a suspected suicide takes place to the time it is registered. A longer time series will thus be needed to show whether suicide rates have increased during and subsequent to the COVID-19 pandemic. (see section entitled 'Occurrence Year Analysis' below for further information).

#### Age & Sex

176 (74.3 per cent) of the total suicide deaths in 2021 were males and 61 (25.7 per cent) were females. In every year since 2001, more than 70 per cent of suicide deaths have been male.

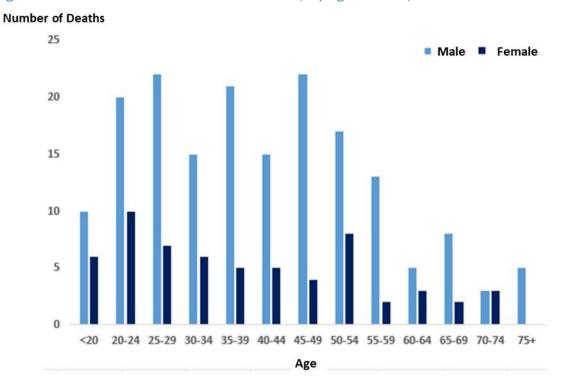




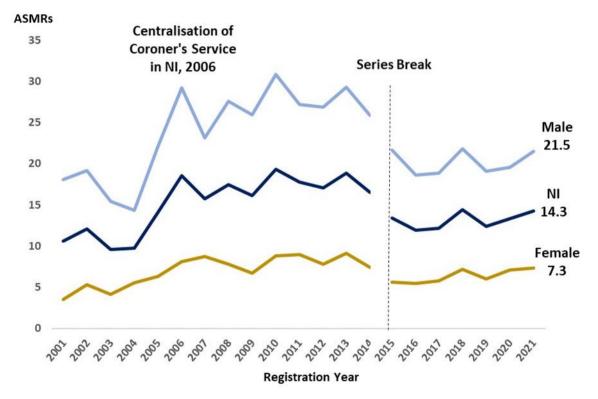
Figure 2 above shows that in 2021, suicide deaths were highest for men between the ages of 25 and 29 and 45 and 49, while for women the highest number of suicide deaths were between the ages of 20 and 24. Overall in 2021, one in every three suicide deaths was someone under the age of 30. This is similar to previous years.

#### Age-standardised Suicide Rate for NI

The age-standardised suicide death rate in NI increased from 13.3 deaths per 100,000 in 2020 to 14.3 deaths per 100,000 in 2021.

#### What are Age-Standardised Mortality Rates (ASMRs)?

Age-standardised mortality rates adjust for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time. In this bulletin, age-standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population.



#### Figure 3 Age-standardised Suicide Rate by Sex, Northern Ireland, 2001 to 2021

In 2021, the suicide rate for males was 21.5 deaths per 100,000, up from 19.6 deaths per 100,000 in 2020. The corresponding rates among females were 7.3 deaths per 100,000 in 2020, up from 7.1 deaths per 100,000 in 2020.

## Health Trust

Figure 4 shows that, of the five Heath and Social Care Trusts, Belfast had the highest suicide rate at 17.9 deaths per 100,000 in 2021. This was followed by the Western (16.0 deaths per 100,000) and South Eastern Trusts (15.6 deaths per 100,000). These three Trusts had a suicide rate higher than the Northern Ireland average (14.3 deaths per 100,000).

Two Trusts had suicide rates lower than the average: Southern Trust had a suicide rate at 13.2 deaths per 100,000 while the Trust with the lowest suicide rate in 2021 was the Northern Trust, with a rate of 10.4 deaths per 100,000.

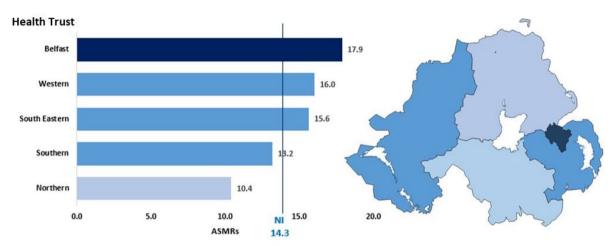


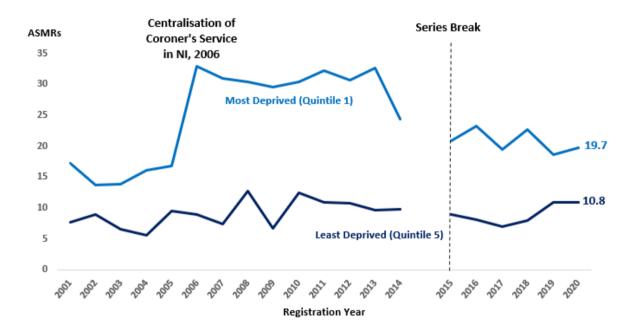
Figure 4: Age-standardised suicide rates by NI Health Trust, 2021

#### Deprivation

Northern Ireland's most deprived areas (most deprived quintile) had a suicide rate that was almost twice that of the least deprived areas in 2020 (Figure 4), based on the NIMDM 2017 (see box below). Mid-Year Population Estimates for 2021 by NIMDM are currently unavailable; it has therefore not been possible to produce ASMRs for deprived areas for 2021.

In 2020, the areas that comprised the most deprived 20% had an age-standardised suicide rate of 19.7 deaths per 100,000 people. In the 20% least deprived areas, the rate was 10.8 per 100,000.

Figure 5: Age-standardised Suicide Rate by Index of Multiple Deprivation quintiles, NI, 2001 to 2020



#### What is Northern Ireland's Index of Multiple Deprivation?

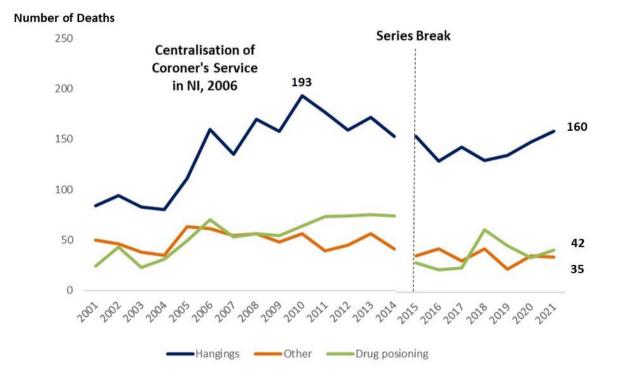
This is a measure of how deprived an area is. A score is given to all of NI's small areas based on multiple indicators of deprivation. The areas are then ranked 1 to 4,537 based on their score. Subsequently, the rankings are split into 10 equally sized groups forming deciles and five groups for quintiles.

**More information available at:** <u>Northern Ireland Multiple Deprivation Measure 2017</u> (NIMDM2017) | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

#### Method of suicide

As in previous years, the most common method of suicide in Northern Ireland was hanging, suffocation or strangulation. In 2021, this accounted for 67.5 per cent of all suicide deaths (160 deaths) (see Figure 6).

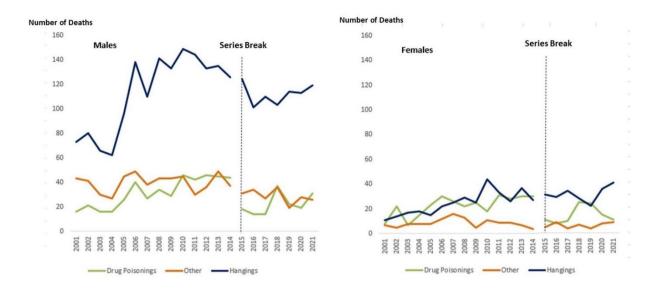
The next most common method of suicide in 2021 was drug poisoning, accounting for 17.7 per cent of all suicides (42 deaths). The remaining 14.8 per cent were made up of other methods of suicide such as drowning, firearms, smoke, fire and flames, unspecified events, and other poisonings.



#### Figure 6: Number of suicide deaths by Method, Northern Ireland, 2001 to 2021

Following the review, the number of drug poisonings dropped from being the second most common method of suicide to the least common method between 2015 and 2017 and has fluctuated since, accounting for 17.7 per cent of suicides in 2021.

When looking further at analysis by sex (Figure 7 & 8), the number of hangings among males dropped notably from 2015 to 2016 after which the numbers have shown a general increase with 119 deaths of males from hangings registered in 2021.

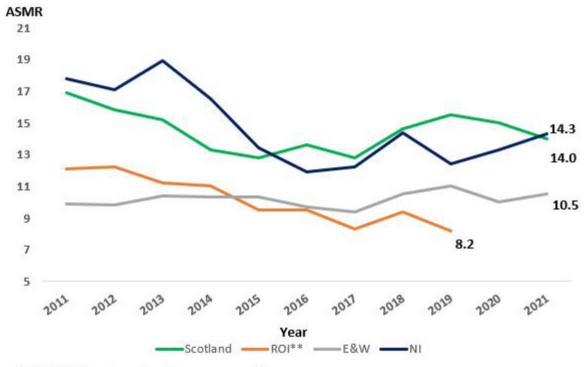


#### Figure 7 & 8: Male and Female suicide deaths in N Ireland by method, 2001-2021

In contrast, the most common method of suicide over time for females fluctuates between hanging and drug poisoning but in recent years hanging is generally the most common method of suicide in females. In 2021, 41 female suicide deaths were registered from hanging compared to 11 from drug poisoning.

#### Age-standardised Mortality Rates by Country

ASMRs allow populations with different age structures to be compared. Suicides are more common in certain age groups; therefore, it is important to adjust for age. Figure 9 shows that after accounting for the age structure of each country across the United Kingdom and Republic of Ireland, the suicide ASMRs for Northern Ireland have fallen as a result of the review and are more closely aligned with Scotland rates (although it is important to note that the standard of proof change was only applied to England and Wales and Northern Ireland rates.)





\*\* ROI ASMR are based on Occurrence year figures

For the latest year, 2021, the Northern Ireland rate was 14.3 suicides per 100,000 population. This is slightly higher than the 14.0 suicides per 100,000 population for <u>Scotland</u> but notably above the rate for <u>England and Wales</u> at 10.5 suicides per 100,000. Again, it should be remembered that cross country comparisons will be affected by differences in different data collection and collation processes in the separate jurisdictions.

The definition used for the Republic of Ireland rates is not directly comparable to Northern Ireland rates as the coverage includes fewer ICD10 codes and is based on the date of occurrence and not date of registration. More analysis on comparisons between Northern Ireland and the Republic of Ireland are available later in the report.

## **Occurrence Year Analysis**

A death which is suspected to be suicide must be referred to the Coroner and can only be registered after the Coroner has completed his/her investigation. Registration of a suicide death can therefore take many months or even years.

NISRA is not notified that a death has occurred until it is registered with the General Register Office, therefore a significant number of suicide deaths registered in any year will have occurred in earlier years. For example, of the 237 such deaths registered in 2021, 92 occurred in 2021, 109 in 2020, 24 in 2019, with the remaining 10 occurring in 2018 or earlier.

Suicide death statistics and mortality statistics more generally are published by NISRA as the number of deaths *registered* within a calendar year, as opposed to the number of deaths that *occurred* in that period. This method ensures timely data but introduces a limitation to the statistics within a policy context.

Figure 10 presents a comparison of the number of deaths registered from suicide in Northern Ireland and the number occurring. Fluctuations year on year are expected between these two series, given the median registration delay is constantly changing. The general trend however has remained consistent.



Figure 10: Number of suicide deaths in NI by Registration and Occurrence Year, 2001-2021

While annual data based on the date of occurrence are accurate if enough time has lapsed, for more recent years they will be incomplete as more registrations will follow. Most suicide deaths (98 per cent) are registered within three years of the death occurring, so for more recent statistics, registration-based figures are more reliable and will provide a better indication of trend.

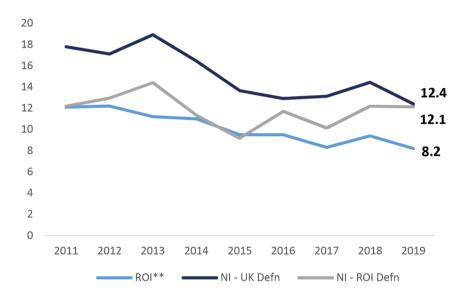
## **ROI Definition**

Across the UK, the National Statistics definition of suicide includes deaths of 'undetermined intent', as well as deaths where the underlying cause is 'intentional self-harm'. However, in the Republic of Ireland (ROI) deaths of undetermined intent are not included in the national definition.

The ROI definition also differs from the UK definition in that it is based on the year that the death *occurred* and not the year that the death was *registered*.

Figure 11 below looks at the NI suicide rate calculated using both definitions and allows a direct comparison with ROI.

Figure 11: Age-standardised Suicide Rate based on Republic of Ireland Definition, 2011 to 2019



Regardless of the definition used for comparison, NI's suicide rate is higher than that in ROI. The suicide rate in ROI in 2019 (latest available) was 8.2 deaths per 100,000 and the comparative figure for NI was 12.1 deaths per 100,000.

## Annex A - Definitions and further information

#### National Statistics definition of suicide deaths

The National Statistics definition of suicide was revised in January 2016 to include deaths from intentional self-harm in children aged 10 to 14 years. Previously, suicides in young children were not included due to the very small numbers involved. However, after discussions with public health agencies and the constituent countries of the UK, it was decided that it was appropriate to include them.

Deaths from an event of undetermined intent in 10 to 14-year-olds are not included in these suicide statistics, because although for older teenagers and adults we assume that in these deaths the harm was self-inflicted, for younger children it is not clear whether this assumption is appropriate.

ICD-10 Code	Description	Notes
X60-X84, Y87.0	Self-inflicted Injury	Persons aged 10 years and above
Y10-Y34, Y87.2	Events of Undetermined Intent	Persons aged 15 years and

**Underlying cause**: underlying cause of death is the disease or injury that initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.

**Age-standardised mortality rates (ASMRs)** Age-standardised mortality rates adjust for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time. In this bulletin, age-standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population.

**Urban/Rural** Eight Settlement Bands (A-H) based on the 2011 Census population were used to classify settlements<sup>1</sup>. Settlements with a population of greater than or equal to 5,000 people were classified as 'urban' while settlements with a population of less than 5,000 people were classified as 'rural'.

<sup>&</sup>lt;sup>1</sup> https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/settlement15-guidance.pdf

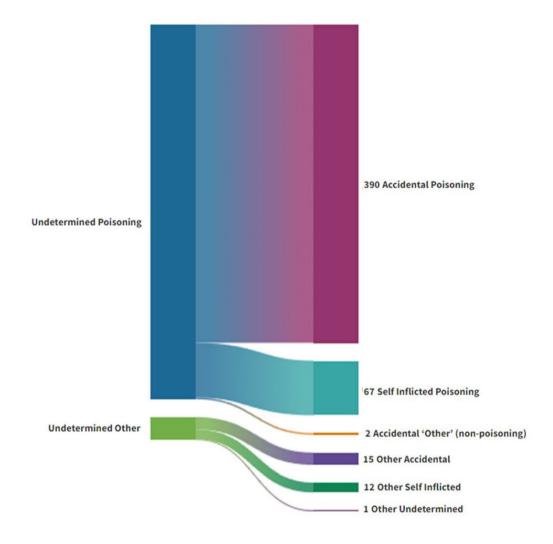
Registration Year	Drug related deaths classified as 'undetermined'	2020 deaths classified as 'undetermined'	Non-Drug related deaths classified as 'undetermined'	Total
2015	109	-	5	114
2016	106	-	42	148
2017	103	-	28	159
2018	75	-	8	83
2019	-	-	1	1
2020	-	65	-	65
Total	393	65	84	542

#### Table B1: Breakdown of Cases Included in Review of Suicide Statistics in NI

In total, 542 cases, previously classed as being of undetermined intent and therefore counted as suicides, were revisited by the CSNI and a new or confirmed indication of intent provided. This information was anonymised and made available to the deaths coding team in ONS, along with cause of death details for each case to be recoded and a new underlying cause of death selected if appropriate.

Figure B1 shows the out-workings of the review and the movement of deaths classed originally as undetermined intent to both accidental and self-inflicted categories.

## Figure B1: Breakdown of 542 reviewed cases, 2015 to 2020



#### Links to relevant publications

Probable Suicides in Scotland

Suicides in England and Wales - Office for National Statistics (ons.gov.uk)

Suicide Statistics - CSO - Central Statistics Office

#### List of Tables

Data accompanying this bulletin are available from the NISRA website in Excel format. The <u>spreadsheet</u> includes the following tables.

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#### This is a National Statistics publication.

National Statistics are produced to high professional standards set out in the <u>Code of</u> <u>Practice for Official Statistics</u>. They are produced free from any political interference.

The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs
- are well explained and readily accessible
- are produced according to sound methods
- are managed impartially and objectively in the public interest

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

#### **Contact Details**

We welcome feedback from users, please contact: E-mail: <u>demography@nisra.gov.uk</u> Telephone: +44 (0)300 200 7836 Twitter: <u>@NISRA</u> <u>NISRA website</u> NISRA Vital Statistics, Northern Ireland Statistics and Research Agency, Colby House, Stranmillis Court, Belfast BT9 5RR