Main points

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1. Overall number, and trends

There were 784 probable suicides registered in Scotland in 2018, 104 (15 per cent) more than in the previous year. These figures are based on the new coding rules that apply in Scotland with effect from 2011 (see the Methodology paper). It is estimated that only 753 of these deaths would have been counted as probable suicides under the old coding rules: 89 (13 per cent) more than the corresponding estimate for 2017. Further information can be found in Table 1.

Chart 1 shows the number of probable suicides in each year from 1974, using the old coding rules for 2011 onwards. It is clear that there have been many year-to-year fluctuations. From time to time, there have been big changes, some of which have been followed by a large change in the opposite direction. However, some clear trends can be observed. Broadly speaking, the annual number of probable suicides (using the old coding rules) was roughly 650 in the mid-1970s, rose during the rest of the decade, was around 700-750 during the 1980s, increased in the 1990s to almost 900 at the start of the new century, then fell: it was about 750-800 between 2009 and 2013, then dropped to just over 650 in 2014, 2015 and 2017 (and a slightly higher figure in 2016). The large rise in 2018 might (or might not) represent the end of the generally downward trend over the previous 15-or-so years (it will depend on what the numbers are in future years: for example, it might - or might not - turn out that the 2018 figure was an unusual 'blip').

Because the number of probable suicides may fluctuate from year to year, the chart also shows the 5-year moving annual average (which uses the old coding rules for 2011 onwards), as an indication of any overall trend, and the likely range of statistical variability around it (which is explained in the Methodology paper). The 5-year moving annual average shows the trends more clearly: it rose briefly, then remained between 715 and 750 (from the period centred on 1978 to the period centred on 1990), then increased fairly steadily to a peak of slightly under 900 (in the period centred on 2000), then fell back to a level that was last seen in the early 1980s: its recent value of 684 (for the period centred on 2015) was the lowest since that seen for the period centred on 1976 (which was 674). The latest value of the 5-year moving average (686, centred on 2016) is slightly higher, which suggests that the downward trend has ended and that the numbers are more-or-less 'levelling off'.

The figures for a period of a few years may not reflect the overall trend around that time because there may be large percentage fluctuations in individual years' numbers. For example, although there has been a general downward trend since around the start of the new century, year to year fluctuations during much of the first decade led to little change in the 5-year moving annual averages centred on the years from 2004 to 2009 (all were between 791 and 811). More recently, there was a clearer downward trend with the 5-year moving average (using the old coding rules for 2011 onwards) falling from 796 for the period centred on 2009 to 684 for the period centred on 2015. However, there was not much difference between the numbers of probable suicides in three of the latest five years: the figures for 2014, 2015 and 2017 were, using the old coding rules, 659, 656 and 664 (or, using the new coding rules, 696, 672 and 680); the number in 2016 was a few percent above that level (697 on the old basis, 728 on the new basis); and the 2018 figure was much

higher (753 on the old basis, 784 on the new basis). So it does appear that the downward trend has ended. Further information can be found in Table 1.

In 2009, how National Records of Scotland (NRS) obtains information about the nature of death changed. Since then, there has been a large increase in the percentage of poisoning deaths described as accidental, and a fall in those described as being due to events of undetermined intent. This caused part of the fall in the number of probable suicides after 2010: more information is available in the methodology paper.

2. Sex and age

Roughly three-quarters of all probable suicides are men: 74% in 2018 and between 70% and 77% in every year from 1986 (further information can be found in Table 1).

The likelihood of suicide varies with age. In 2018, using the figures on the basis of the new coding rules, the 45-49 year old age-group had the largest number of probable suicides (94, or 12 per cent), followed by 50-54 year olds (86 or 11 per cent), people aged 35-39 (81, or 10 per cent), the 40-44 age-group (77, or 10 per cent), and 30-34 year olds (74, or 9 per cent). However, the number of suicides by age fluctuates from year to year. Using the figures based on the old coding rules, the largest numbers of suicides over the latest five years have been in the following age-groups: 45-49 (87 per year, on average); 50-54 (80 per year, on average); 40-44 (76 per year, on average); 35-39 (65 per year, on average); 55-59 (62 per year, on average); 25-29 (59 per year, on average); and 30-34 (55 per year, on average). The pattern has changed over the years. In the second half of the 1990s the largest numbers were in the following age-groups: 25-29, 30-34 and 35-39, for which the annual averages (over the period from 1995 to 1999) were 108, 106 and 93, respectively. The corresponding figure for 45-49 year olds was only 78 (further information can be found in Table 3). The equivalent figures for males and females are given in Table 3M and Table 3F.

3. Area of residence

Only a couple of per cent of the probable suicides in Scotland each year are people whose usual residence was outwith Scotland (further information can be found in Table 2).

Table 4 and Table 5 give figures for each Health Board and council area, which can fluctuate markedly from year to year, so the tables include 5-year moving annual averages, which should indicate better any overall trend.

4. Method of suicide

In 2018, using the figures based on the new coding rules, the most common method of suicide was ‘hanging, strangulation and suffocation’ (50 per cent) followed by ‘poison’ (27 per cent). In addition, 6 per cent died by jumping or falling from a high place, 5 per cent by drowning or submersion, and 2 per cent used firearms or explosives. However, the figures for 2018 using the old coding rules have a greater gap between the percentages for ‘hanging, strangulation and suffocation’ (52 per

cent) and ‘poison’ (24 per cent), because fewer deaths were counted as ‘poisoning’ under the old rules.

Methods of suicide have changed over the years: in the 1970s, over half took poison, on average only about 13% hanged themselves, and almost a fifth drowned (further information can be found in Table 2).

5. Nature of death

As explained in the Methodology paper, 'probable suicides' are deaths which are believed to be due either to intentional self-harm or to events of undetermined intent. Chart 2 shows how the numbers for each of these ‘natures of death’ have changed: for example, most of the past 15-or-so years had between roughly 500 and 600 deaths from intentional self-harm plus a number of deaths from events of undetermined intent which has fluctuated greatly in percentage terms (for example, the ‘undetermined intent’ figures for 2011 and 2016, respectively, were 245 and 94 based on the old coding rules, and were 362 and 125 based on the new coding rules). Table 2b shows the numbers for each nature of death broken down by the method of death. In the latest ten-or-so years, ‘hanging, strangulation and suffocation’ was the cause of most of the deaths from intentional self-harm, whereas ‘poison’ has been the main cause of deaths from events of undetermined intent. The right hand side of Table 2b shows that the main reason for the fluctuations in the figures for undetermined intent deaths over the years since 1974 is large rises and falls in the number which were due to poisoning: in comparison, there are usually relatively few undetermined intent deaths by other methods, and their numbers have not changed as much.