



Suicide Factsheet

Factsheet

The causes and consequences of suicide are complex and there are many myths and misunderstandings associated with the subject. Raising awareness of the complexities and encouraging responsible reporting can help prevent suicide.

The suicide rate in the UK is continuing to fall. However, the number of suicides is still a concern. It is estimated that in England and Wales, at least 140,000 people go to hospital each year having attempted suicide.

South West London and St George's Mental Health NHS Trust has developed this factsheet to help dispel some of the myths surrounding suicide and encourage a greater understanding of the facts.

How many suicides and attempted suicides are there each year?

Although the overall rate of death by suicide is falling, more than 4,300 people still die by suicide in England and Wales each year. [2]

Many more suicide *attempts* are made. At least one person in every 100 who ends up in hospital after a suicide attempt will succeed within a year, and up to five per cent do so over the following decade. [3]

A study looking at figures for attempted suicides from several European countries, including the UK, suggests that the figures might be higher - possibly as many as two per cent of people who have attempted suicide will kill themselves within a year of the previous attempt. [4]

The study also found that about seven per cent of people in the study died by suicide within the next decade. A British study found that women who have a history of deliberate self-harm (including overdose) are 15 times more likely to die by suicide compared with other women.

The risk is particularly high during the six months following deliberate self-harm. [5]

Which sex is most at risk of suicide?

Suicide rates are higher for men than women of all age groups, and currently men are almost three times more likely than women to die by suicide. This gender gap has widened considerably over the past few decades: in 1979 the female-to-male ratio for suicides was 2:3, but by 2005 it was about 1:3.

Suicide rates for both men and women have varied over the last 30 years, however. Between 1975 and 1990, the rate increased for men but decreased for women whereas between 1990 and 1997 rates decreased for both men and women. [6]

Between 1997 and 1999, there were some increases in overall numbers of suicides, and since 2000 the numbers have gone down for men but have remained fairly stable for women.[7]

The gender difference in the suicide rate is particularly striking for young people. Between the ages of 20 and 24 years, men are more than four times more likely than women to kill themselves. [8]

Amongst 15-19-year-olds girls are more likely to attempt suicide, but boys are much more likely to die as a result of a suicide attempt. [9]

Which age groups are most at risk of suicide?

The group at highest risk of suicide has changed over the years. It used to be men over 65 years of age: 24 per 100,000 population in 1979. [10]

In the past decade, the group at highest risk has been men aged 25-34 years. However, in 2002, the risk of suicide in this age group was the same as in men aged 35-44 years: 22 per 100,000 population. During the late 1980s and 1990s, suicide was the most common cause of death for men aged 15-44 years. [11]

The suicide rate has gone down since then, however, and suicide is now the second most common cause of death in this age group, behind accidental death. [12]

In men aged 15-24 years the suicide rate rose from nine per 100,000 population in 1979 to 13 per 100,000 in 1999; a rise of almost 50 per cent. Since 1999, the figures have shown a downward trend. [13] Among men, the highest rate of suicide since 1997 has been in those aged 15-44 years.

The pattern is different for women. Among women, the highest suicide rate in 2005 was for those aged 45-74 years. [14]

Which group has the lowest risk of suicide?

Young women in the 15-24 year age group are at the lowest risk. The suicide rate in this group has remained fairly constant since 1979, and is now fewer than three per 100,000 population. [15]

Suicide mortality

Mortality from suicide in England and Wales, by gender

Men Women Total Year Actual number Rate per 100,000 Actual number Rate per 100,000 Actual number Rate per 100,000

Year	Men	Rate per	Women	Rate per	Total	Rate per
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	actual number	100,000	actual number	100,00	actual number	100,000
1996	3654	14.6	1239	4.7	4893	9.5
1997	3722	14.8	1259	4.8	4981	9.7
1998	3929	15.6	1225	4.6	5154	10
1999	3904	15.4	1284	4.8	5188	10
2000	3659	14.3	1262	4.7	4921	9.4
2001	3531	13.8	1163	4.3	4694	9.0
2002	3468	13.5	1194	4.4	4662	8.9
2003	3455	13.4	1197	4.4	4652	8.8
2004	3388	13.0	1205	4.5	4593	8.7
2005	3223	12.3	1113	4.1	4336	8.1

Source: ONS, 2007, Mortality statistics, Series DH2 no. 32

Factors that increase the risk of suicide

The likelihood of a person dying by suicide depends on several factors: [16]

- mental and physical illness
- social problems: particularly family stress, separation, divorce, social isolation, death of a loved one and unemployment
- ease of access to the means of suicide.

According to a World Health Organization working group, there is ample evidence that social conditions that are liable to change (such as the constant risk of losing one's job) are among the determinants of suicide.

Marital status affects a person's risk of suicide. In the early 1970s and late 1980s, suicides among men under 45 years of age were linked to remaining single or becoming divorced. [17]

More recent research suggests that divorce is still a risk factor for suicide, particularly for men. [18]

Alcohol and drug misuse can also influence suicide risk. [19]. Rates of drug and alcohol consumption are higher among men than women, and are particularly high among younger people. [20]

For many people, a combination of factors is more likely to increase their risk of suicide rather than one single cause. [21]

Suicide and mental health

A number of studies show that as many as 90 per cent of people who die by suicide had one or more psychiatric disorders at the time of death, and that each diagnosed mental illness was associated with an increased suicide risk. In one research study, 36 of 44 disorders considered were associated with significantly higher standardised mortality rates for suicide, leading the authors to conclude that virtually all mental disorders increase the risk of suicide except, possibly, dementia and agoraphobia. [22]

Functional mental disorders such as schizophrenia and depression are associated with the highest risk overall; substance misuse and organic disorders are associated with a lesser degree of risk.

Safer Services reported that one in four people who took their own lives - about 1,000 people each year - were subsequently found to have been in contact with specialist mental health services in the year before death. [23]

Of these, 16 per cent were inpatients at the time of their death, and 24 per cent had been discharged from hospital within the previous three months. Many were not fully compliant with treatment when discharged, and in most cases staff perceived the immediate risk of suicide to be low. Safer Services also recorded that about half of the suicides were by people with a history of self-harm and either substance misuse or previous admission to hospital. [24]

Depression

In the case of depression, studies have shown that, on average, the risk of suicide is about 15 times higher than the average for the general population. [25]

However, this is likely to be an underestimate, as many who die by suicide may have been experiencing undiagnosed depressive illness.

The Mental Health Foundation estimates that 70 per cent of recorded suicides are by people experiencing depression, [26] often undiagnosed.

Schizophrenia

People with a diagnosis of schizophrenia are at an increased risk of suicide, particularly when they are young. The onset of schizophrenia tends to be between 17 and 25 years of age, at a time when many are struggling to establish an adult identity and relationships. The arrival of distressing symptoms at this time, along with the stigma attached to the diagnosis, increases the risk of suicide. [27]

A lifetime risk of up to 10 per cent has been suggested, but even this may be an underestimate, and there is growing concern that suicide risk is increasing. [28]

Suicide and unemployment

Links between unemployment and suicide have been clearly demonstrated in several studies.[29]

In an international study of male suicides in 22 countries between 1974 and 1988, unemployment was found to be a leading factor. [30]

Further studies in the UK confirm the links between unemployment, suicide and attempted suicide. [31]

The link between suicide and unemployment appears to be particularly strong for young men.[32]

Suicide and employment

Men in unskilled occupations are four times more likely to die by suicide than are those in professional work. [33]

However, certain occupational groups such as doctors, nurses, pharmacists, vets and farmers are at higher risk of suicide. This is thought to be partly because of ease of access to the means of suicide. [34]

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Short and brief taken from NHS Choices

Suicide and men

- Three-quarters of suicides in the UK are by men.
- Men aged 25-34 are at highest risk of suicide, followed by men aged 35-44.
- Suicide is the second most common cause of death in men aged 15-44, after accidental death.

Suicide and young people

- Suicide is the second most common cause of death in people aged 15-24, behind accidental death.
- It is estimated that 7-14% of adolescents will self-harm at some point in their life.

Suicide and the elderly

- In 2006, 217 people aged 80 or above took their own lives. This represents 5.2% of all deaths from suicide.

Suicide and mental illness

- Research has shown that almost all people who end their life by suicide have a mental illness, most commonly depression.
- About 10-15% of people with bipolar disorder will die by suicide.
- About 4% of people with schizophrenia will die by suicide, often soon after their illness starts.