

Suicide is a significant cause of death in many EU member states. Approximately 60 000 people committed suicides in 2013 across all EU countries. Suicide rates vary widely across countries, with the lowest rates in Southern European countries – Greece, Malta, Cyprus and Italy – as well as in the United Kingdom, and the highest rates in Lithuania, followed by Slovenia, Hungary and Latvia (Figure 3.17). There is an eight-fold difference between Lithuania and Cyprus, the countries with the highest and lowest death rates from suicides. The high suicide rates in Lithuania are driven by exceptionally high rates among men, which are six times higher than among women. These very high rates of suicide are associated with a range of factors, including high levels of psychological and social insecurity, and high rates of addictions to alcohol and illegal drugs.

Death rates from suicide are almost four times greater for men than for women on average across EU countries. The gender gap is narrower for attempted suicides, reflecting the fact that women tend to use less fatal methods than men. Suicide risk also generally increases with age.

Between 2000 and 2013, suicide rates have decreased by 20% across European countries, with pronounced declines of over 40% in some countries such as Estonia and Latvia, although suicide rates in these two countries still remain above the EU average (Figure 3.18). In Lithuania, suicide rates fell between 2000 and 2007, but started to go back up at the beginning of the economic crisis in 2008 and went up again in 2013.

Suicide is often linked with depression and the abuse of alcohol and other substances. Early detection of these psycho-social problems in high-risk groups by families and health professionals is an important part of suicide prevention campaigns, together with the provision of effective support and treatment. Many countries are developing national strategies for prevention, focusing on at-risk groups. Further efforts are also needed to remove the stigma associated with seeking care (OECD, 2014).

Previous studies have shown a strong link between adverse economic conditions and higher levels of suicide (e.g. van Gool and Pearson, 2014). Suicide rates rose slightly at the start of the economic crisis in 2008 in a number of European countries, mainly among men (Chang et al., 2013), but this trend did not persist in most countries. In Greece, mortality rates from suicide remain relatively low, but the absolute number of deaths due to suicides has increased substantially in recent years, from 328 in 2007 to 532 in 2013. This amounts to an increase of over 60% in absolute number over this six-year period. All countries need to continue monitoring developments closely in order to be able to respond quickly, including monitoring high-risk populations such as the unemployed and those with psychiatric disorders.

The EU-Compass for Action on Mental Health and Wellbeing, launched in 2015, is a mechanism to collect and

exchange information on policies and activities related to mental health. It focuses on seven priority areas, including preventing depression and promoting resilience, better access to mental health services, providing community-based mental health services, and preventing suicide (European Commission, 2016).

Definition and comparability

The World Health Organization defines suicide as an act deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome. The number of suicides in certain countries may be under-reported because of the stigma associated with the act (for religious, cultural or other reasons). The comparability of suicide data between countries is also affected by a number of reporting criteria, including how a person's intention of killing themselves is ascertained, who is responsible for completing the death certificate, whether a forensic investigation is carried out, and the provisions for confidentiality of the cause of death. Caution is therefore required in interpreting variations across countries.

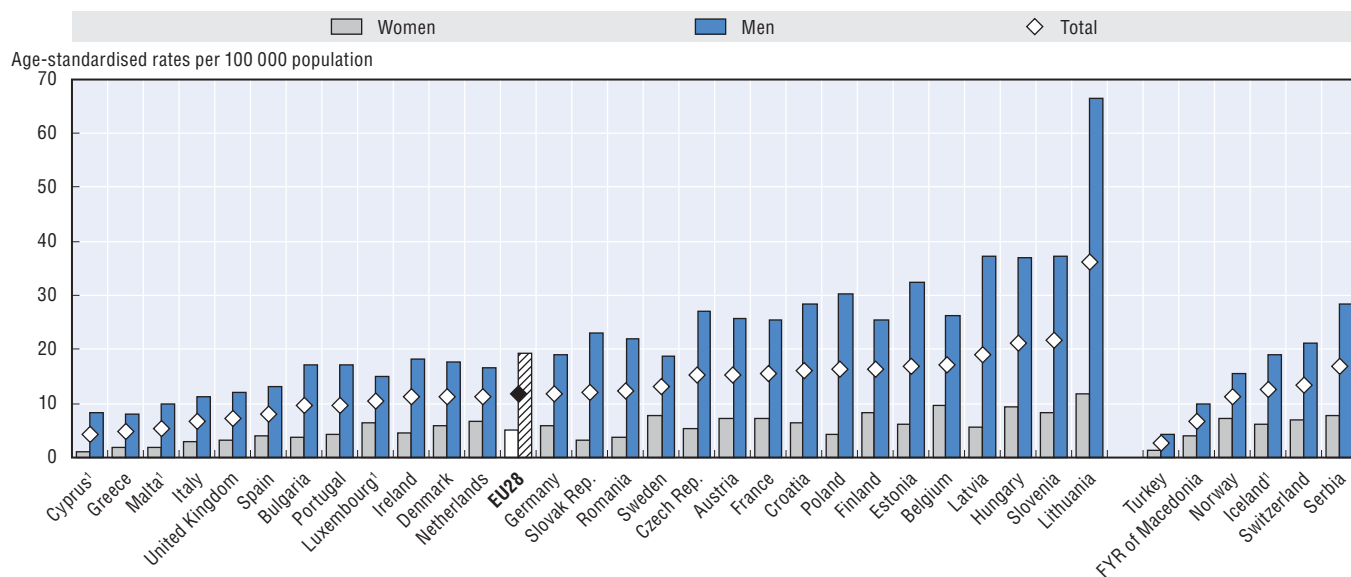
Mortality rates have been age-standardised to the revised European standard population adopted by Eurostat in 2012 (Including EU countries and EFTA countries), to remove variations arising from differences in age structures across countries and over time.

Deaths from suicide relate to ICD-10 codes X60-X84 and Y870.

References

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3.17. Suicide mortality rates, 2013

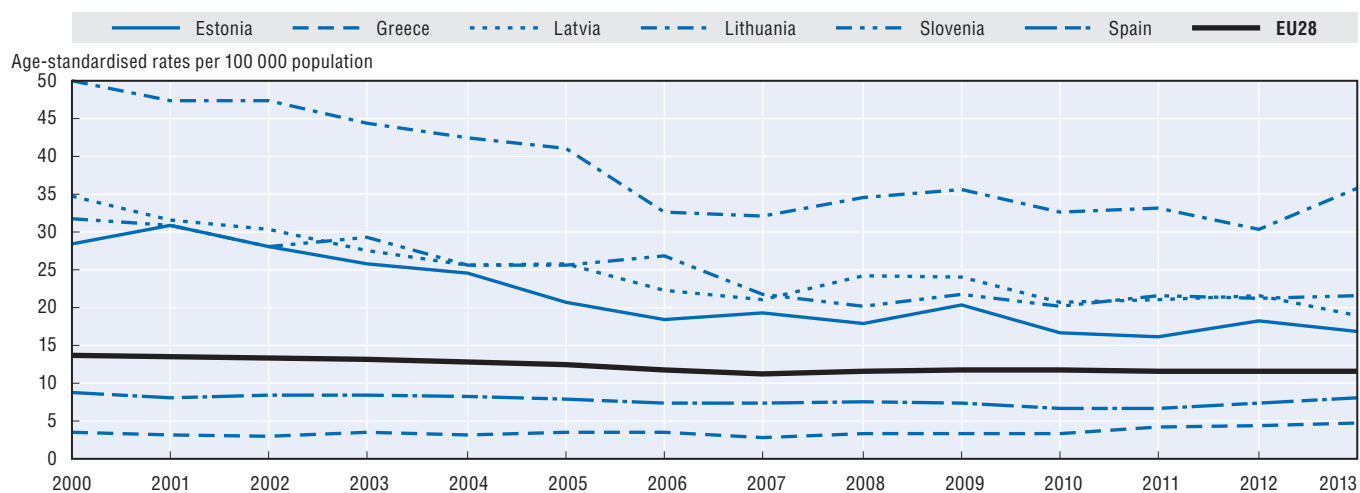


1. Three-year average (2011-13, except for Iceland: 2007-09).

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428679>

3.18. Trends in suicide rates, selected European countries, 2000-13



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428686>



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