

Suicide

Suicide is a significant cause of death in many OECD countries, and accounted for over 150 000 deaths in 2011. There are a complex set of reasons why some people choose to attempt or commit suicide, with multiple risk-factors that can predispose a person to attempt to take their own life.

Suicide rates in 2011 were lowest in Brazil, Greece, Italy, Mexico and Turkey, at six or fewer deaths per 100 000 population (Figure 6.6). In Hungary, Japan, Korea and the Russian Federation, on the other hand, more than 20 deaths per 100 000 population were caused by suicide. **There is a ten-fold difference between Greece and Korea, the two countries with respectively the lowest and highest suicide rates.** However, the number of suicides in certain countries may be under-reported because of the stigma that is associated with the act, or because of data issues associated with reporting criteria.

Death rates from suicide are four times greater for men than for women across OECD countries. In Greece and Poland, men are at least seven times more likely to commit suicide than women. The gap in these two countries has widened in recent years. While the gender gap is smaller in Luxembourg and the Netherlands, male suicide rates are still twice as high as those of females.

Since 1990, suicide rates have decreased by more than 20% across OECD countries, with pronounced declines of over 40% in some countries, for example Hungary (Figure 6.7). In Estonia, rates fell by nearly 50% over the 20-year period, but not before rising substantially in the mid-1990s. Death rates from suicides have increased in countries such as Japan and Korea. In Japan, there was a sharp rise in the mid- to late 1990s, coinciding with the Asian financial crisis, but have remained stable since. Suicide rates also rose sharply at this time in Korea, but unlike Japan, rates have continued to increase. It is now the fourth leading cause of death in Korea (Jeon, 2011).

Previous studies have shown a strong link between adverse economic conditions and higher levels of suicide (Ceccherini-Nelli et al., 2011; Classen and Dunn, 2012; Zivin et al., 2011). Figure 6.7 shows suicide rates for a number of countries that have been hard hit by the recent economic crisis. Suicide rates rose slightly at the start of the economic crisis in countries such as Ireland, but more recent data suggests that this trend did not persist. In Greece, overall suicide rates have been stable in 2009 and 2010, despite worsening economic conditions. This underlines that **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.

Definition and measurement

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. Comparability of data between countries is 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 required therefore in interpreting variations across countries.

Mortality rates are based on numbers of deaths registered in a country in a year divided by the size of the corresponding population. The rates have been directly age-standardised to the 2010 OECD population to remove variations arising from differences in age structures across countries and over time. The source is the *WHO Mortality Database*. Deaths from suicide are classified to ICD-10 codes X60-X84.

Further reading

- Ceccherini-Nelli, A. and S. Priebe (2011), "Economic Factors and Suicide Rates: Associations over Time in Four Countries", *Social Psychiatry and Psychiatric Epidemiology*, Vol. 46, No. 10, pp. 975-982.
- Classen, T.J. and R.A. Dunn (2012), "The Effect of Job Loss and Unemployment Duration on Suicide Risk in the United States: A New Look Using Mass-Layoffs and Unemployment Duration", *Health Economics*, Vol. 21, No. 3, pp. 338-350.
- Jeon, Hong Jin (2011), "Depression and Suicide", *Journal of the Korean Medical Association*, Vol. 54, No. 4, pp. 370-375.
- OECD (2013), *Health at a Glance 2013: OECD Indicators*, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2013-en.
- Zivin, K., M. Paczkowski and S. Galea (2011), "Economic Downturns and Population Mental Health: Research Findings, Gaps, Challenges and Priorities", *Psychological Medicine*, Vol. 41, No. 07, pp. 1343-1348.

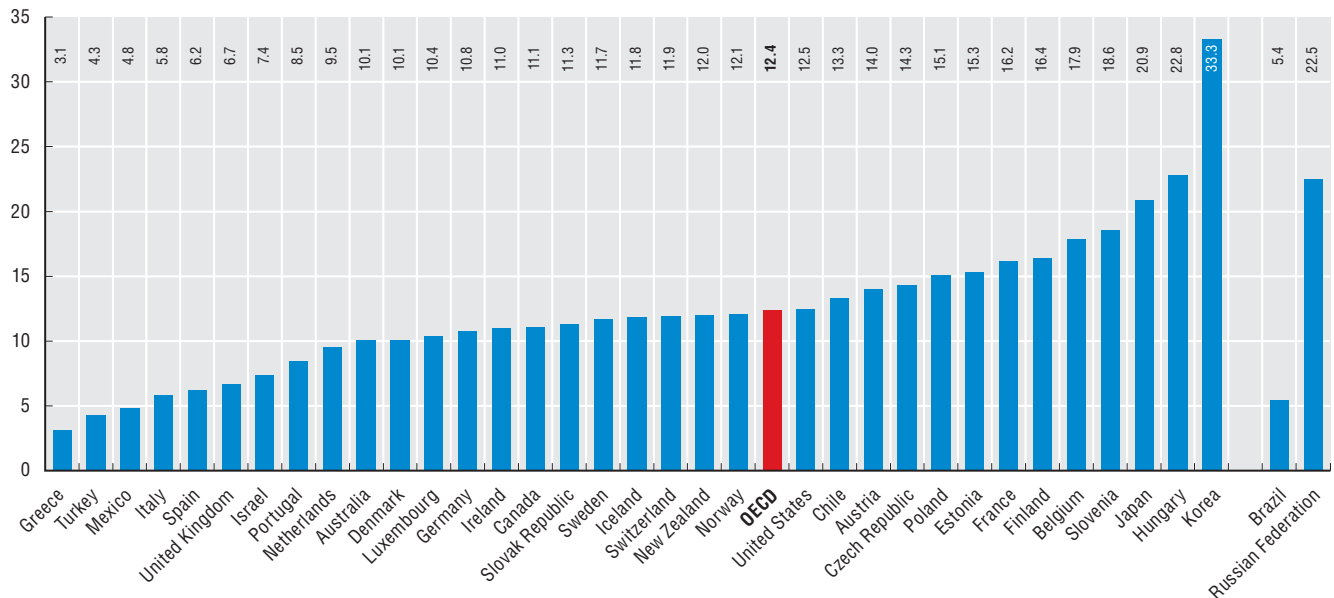
Figure notes

Figure 6.6: 2009 for Belgium, Canada, Chile, France, Iceland, New Zealand; 2010 for Greece, Ireland, Israel, Italy, Mexico, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, United States, Brazil and Russian Federation.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

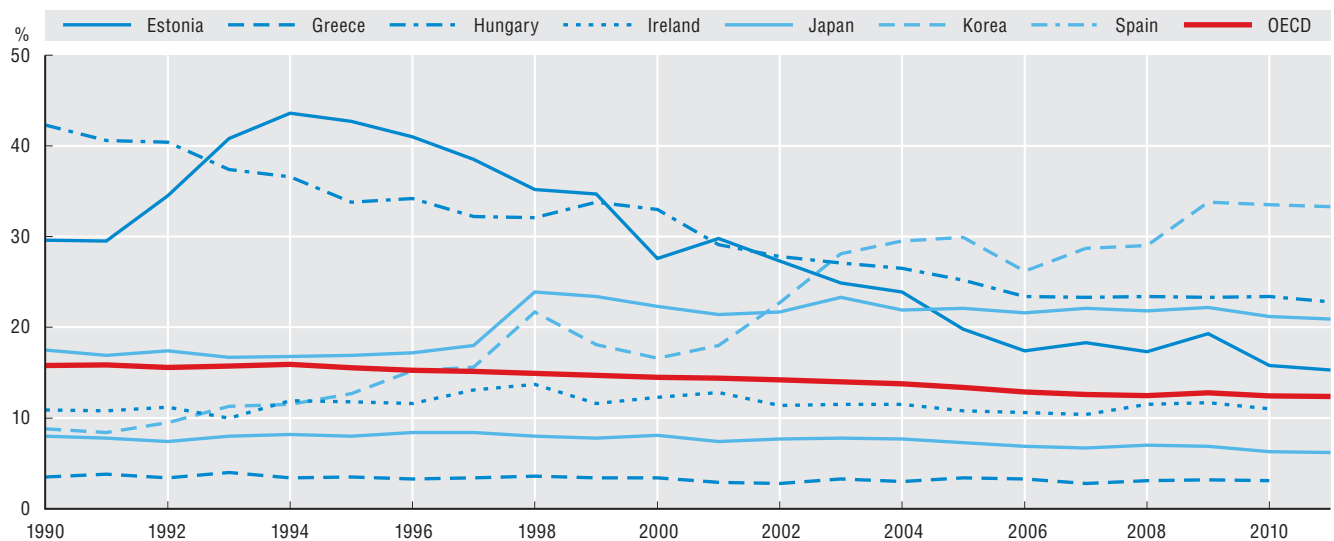
6.6. Ten-fold difference between countries with highest and lowest suicide rates

Age-standardised suicide mortality rate per 100 000 persons, 2011 or nearest year




6.7. The economic crisis does not appear to have led to a sharp change in overall suicide rates

Trends in age-standardised suicide mortality rate per 100 000 persons, selected OECD countries, 1990-2011



Source: OECD Health Statistics 2013, (<http://dx.doi.org/10.1787/health-data-en>).

StatLink  <http://dx.doi.org/10.1787/888932966599>



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