

Suicide

Suicide is a significant cause of death in many OECD countries and accounted for over 152 000 deaths in 2016, which represents about 12 suicides per 100 000 people.

The reasons for committing suicide are complex, with multiple risk factors that can predispose a person to attempt to take their own life.

In 2016, suicide rates were lowest in Turkey, Greece, Israel and South Africa, at five or fewer deaths per 100 000 population (Figure 7.10). Latvia, Slovenia, Korea, Lithuania and the Russian Federation stood at the top of the ranking, with more than 18 deaths per 100 000 population caused by suicide. There is a thirteen-fold difference between Turkey and Lithuania, the two countries with respectively the lowest and highest suicide rates.

Death rates from suicide are three-to-four times higher for men than for women across OECD countries (Figure 7.10). In Iceland and Poland, men are at least seven times more likely to commit suicide than women. While the gender gap is smaller in Netherlands, Norway and Sweden, male suicide rates are still at least twice as high as female suicide rates.

Suicide rates increased in the 1970s and peaked in the early 1980s (Figure 7.11). **Since the mid-1980s, suicide rates have decreased by around one third across OECD countries**, with pronounced declines in Hungary, for example. At the same time, suicide rates have increased in countries such as Japan and Korea. In these countries, there was a sharp rise in the mid- to late 1990s, coinciding with the Asian financial crisis, but rates have started to decline in more recent years. In some other countries, suicide rates have increased in the last decade. For instance, in the United States the rates increased from 11.2 per 100 000 in 2000 to 13.8 in 2015, and most recent data show that suicide numbers and rates in the United States have continued to increase in 2016 and 2017 (NCHS, 2018). A similar trend is observed in Mexico and Portugal. Finland provides an example of a country that achieved significant reductions in suicide rates over the past few decades, through the implementation of suicide prevention campaigns, although suicide rates still remain high in comparison with other Nordic countries (OECD/EC, 2018).

On average, older people are more likely to take their own lives, with 20 people aged 70 years or more per 100 000 compared with ten people aged 15-29 years (Figure 7.12), but this pattern is not general across the OECD. Denmark, France, Hungary and Korea are examples where older people take their own lives more often than young people. The largest increasing age gradient is found in Korea, where rates amongst the eldest group are almost 13 times higher than those of teenagers. In a minority of OECD countries like Iceland, Ireland, Mexico and New Zealand, young people are more likely to take their own lives than older people. Suicide rates among under 30s are highest in Estonia, Iceland and New Zealand, with 15 or more suicides per 100 000 youth.

The rates are lowest in Mediterranean European countries and Luxembourg.

Differences in suicide rates between men and women become particularly important from 80-years old, where suicide rates are five times greater for men than for women. This pattern may reflect higher social isolation, possibly following ending of a long-term partnership, of older men compared to older women. It could also come from higher incidence of diseases among men leading to suicides.

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 people's intention of killing themselves is ascertained, who is responsible for completing the death certificate, whether a forensic investigation is carried out, and what the provisions for confidentiality of the cause of death are. Caution is required therefore in interpreting variations across countries, as 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 are based on the numbers of deaths registered in a country in a given year divided by the size of the corresponding population. The rates have been age-standardised to the 2010 OECD population to remove variations arising from differences in age structures across countries and over time. The source for the death rates is the WHO Mortality Database.

Further reading

National Center for Health Statistics (2018), Mortality in the United States, 2017, NCHS Data Brief, no. 328, www.cdc.gov/nchs/data/databriefs/db328-h.pdf.

OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2017-en.

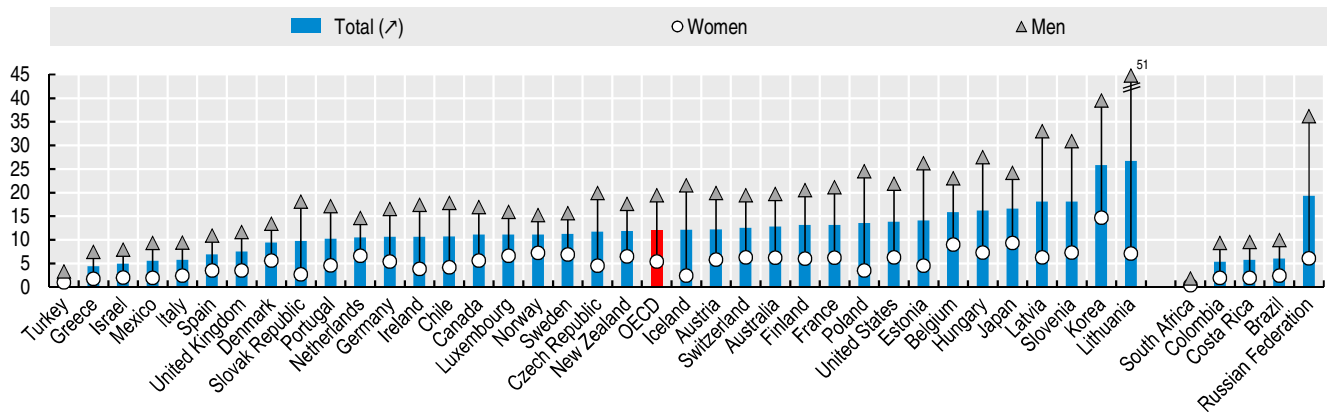
OECD/EU (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris/EU, Brussels, https://doi.org/10.1787/health_glance_eur-2018-en.

Figure notes

Figure 7.10 and Figure 7.12: See Statlink for precise latest years ranging from 2013 to 2016.

7.10. Suicide rates are three-to-four times higher for men than for women on average across OECD countries

Age-standardised suicide rate per 100 000 population by gender, 2016 (or nearest year)

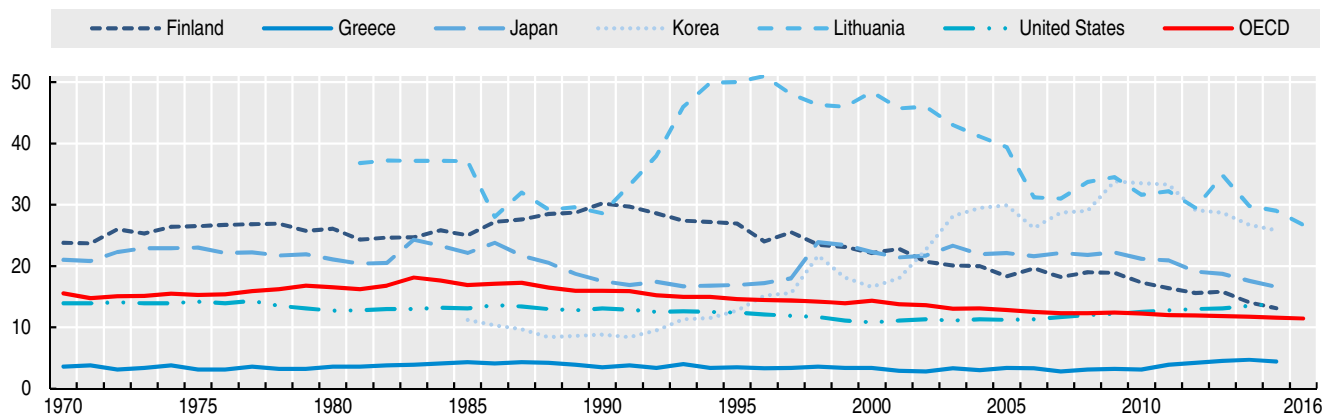


Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939465>

7.11. Suicide rates have been falling on average, but countries display a diverse trend pattern

Trends in age-standardised suicide rate per 100 000 population, selected OECD countries, 1970-2016

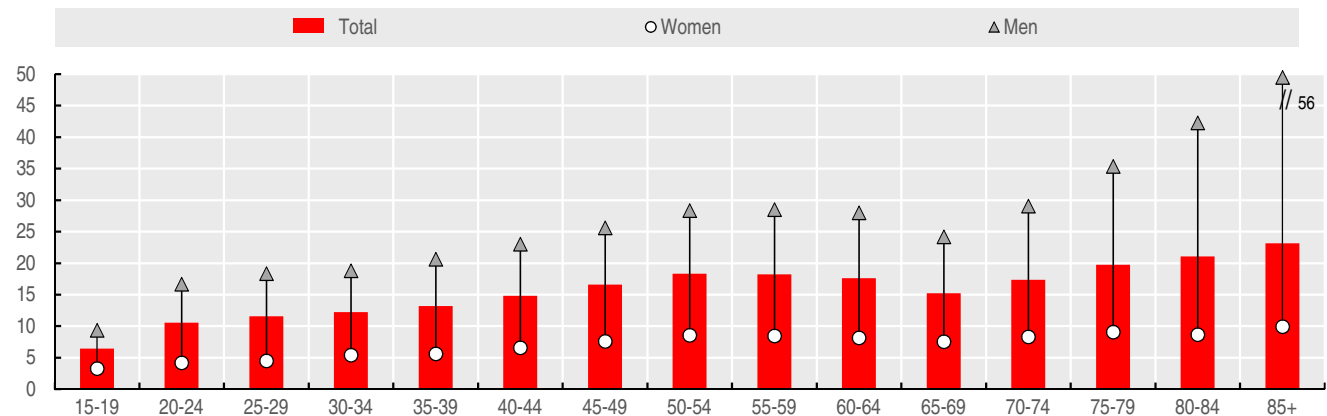


Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939484>

7.12. Suicide rates increase with age, except in the first years of retirement

Suicide rate per 100 000 population, by age-group and gender, OECD average, 2016 (or nearest year)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en> and OECD Secretariat calculations from WHO Mortality database, www.who.int/healthinfo/mortality_data/en.

StatLink <http://dx.doi.org/10.1787/888933939503>



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