

Guidance Note to Users on Suicide Statistics in Northern Ireland

updated October 2021

Issue

1. The 2019 suicide total of 209 (provisional figure of 197 previously quoted) showed a 32% fall on the 2018 total of 307, with provisional 2020 figures currently more in line with pre-2015 totals. The decreases have primarily been driven by improvements in the statistical collection and collation process, and in particular the classification of 'drug related' deaths in terms of their intent (i.e. whether they were deemed to be caused by intentional self-harm, an accident or of an undetermined nature) assigned via the Coronial process.
2. In addition, there was a lowering of the standard of proof (in 2018) for suicide from a criminal standard (beyond reasonable doubt), to a civil standard (on balance of probabilities).
3. In light of this, NISRA has been working with the Coroners Service to review and revise undetermined drug related deaths from 2015 to 2018 against the new standard of proof, which applies retrospectively. At this stage revisions further back are not considered necessary due to different coding processes being in place at that time but the review has now been extended to revisit the provisional 2020 deaths of undetermined intent (see below). A break in series between 2014 and 2015 is likely due to the impact of both the classification correction and the change in the standard of proof.
4. This note provides further detail for users, including guidance on the most reliable series to use while the review is ongoing.

Background

5. Suicide deaths in Northern Ireland are defined as deaths due to intentional self-harm as well as Events of Undetermined Intent. This is consistent with the UK National Statistics definition. The codes used to define the suicide figures are shown below:

Table 1: ICD10 codes relating to Suicide Deaths

ICD-10 Underlying Cause Code	Description
X60-X84, Y87.0	Intentional self-harm
Y10-Y34, Y87.2	Events of Undetermined Intent

6. Where a person has died from any cause other than natural illness, for which they have been seen and treated by a registered medical practitioner within 28 days prior to the death, the death must be referred to the Coroner. A death which is suspected to be suicide must therefore be referred to the Coroner and can only be registered after the Coroner has completed his/her investigation.
7. The information provided by coroners at registration of the death is used to code the underlying cause of death. In some instances, it can be difficult to establish whether the cause of death was suicide. If it is not clear, or the Coroner has not specifically stated that it is a suicide, these are coded as 'Undetermined'.

What has changed?

8. The publication of the 2019 total showed a significant fall on previous years as shown in series B below. Provisional 2020 figures are also currently more in line with totals pre-2015 (though the review will re-visit these based on learning to date). Between 2015 and 2018 the number of undetermined deaths (series D) was impacted by the increasing number of drug related deaths (series E) and how these were subsequently classified both at source within the Coroners system, and subsequently at point of coding by NISRA. These two issues have resulted in a significant number of accidental drug related deaths being classed as 'undetermined' and therefore incorrectly included in the suicide definition.
9. In addition, the lowering of the standard of proof (in 2018) for suicide from a criminal standard to a civil standard may have an impact on the numbers of deaths classed as 'undetermined', however this will need to be monitored over time. Users may find the ONS report at the attached link useful.
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/changeinthestandardofproofusedbycoronersandtheimpactonsuicidedeathregistrationsdatainenglandandwales/2020-12-08>

Why initially review from 2015 to 2018?

10. Prior to 2015 ICD 10¹ coding of deaths was done within the GRO by a dedicated coder which enabled case by case scrutiny, including a process by which further information could be sought from the Coroner for deaths classed as 'drug related' but with no indication of intent in the paperwork. In 2015, ICD 10 coding transferred to ONS, working in conjunction with the NISRA Vital Statistics Unit. At this point the GRO case by case checking procedure was lost and these deaths were subsequently auto-coded by ONS as 'accidental' in absence of any other indication of intent; however, these were then overwritten by NISRA as 'undetermined' based on GRO experience that the majority of their checks resulted in the cases being agreed with the Coroner as 'undetermined'.
11. In 2019, the Coroners Service introduced a new I.T. system, within which all deaths must be assigned as either accidental, intentional self-harm or undetermined intent. This in turn ensures, moving forward, that there will be no ambiguity for the deaths coding team (ONS) and statistics production team (NISRA).

Other (non-drug) undetermined cases

12. At the time of writing, NISRA understands that the issues outlined at para.10 may also apply to the other (non-drugs) undetermined deaths for 2015-2018 but this is currently being assessed. If necessary, these cases will also be reviewed and corrected, ideally within the same time frame.

Extension of Review to include 2020

13. The review initially set out to cover undetermined drug related cases from 2015-2018; however, NISRA and the Coroners Service will also revisit the provisional 2020 undetermined deaths. While the number (65) is currently more in keeping with pre-2015 levels, it is considered high when taking account of the lowered standard of proof. An additional quality assurance check will assist in providing maximum confidence in the updated process and the revised statistics.

¹ International Classification of Diseases, Tenth Revision (ICD-10)

Table 2: Analysis of Suicide Deaths and Intent Over Time

A	B	C	D	E
Registration year	Total number of suicides	Of which: Self-inflicted	Undermined	Proportion of undetermined deaths which are also drug related
2011	289	220	69	81%
2012	278	203	75	81%
2013	303	243	60	78%
2014	268	191	77	82%
2015	318	204	114	96%
2016	298	149	149	71%
2017	305	173	132	78%
2018	307	184	123	93%
2019	209	192	17	88%
Provisional 2020	263	198	65	-

Timeline

14. The timeline for the review has been revised in light of the inclusion of 2020 cases and is now expected to be completed by March 2022. Once complete, NISRA will prepare a report based on the new time series, including the impact of the drug related changes, and separately the impact of any other revisions to the non-drug related undetermined cases for 2015-2018. Key background information on why and how this review was undertaken will be included.

Advice to Users

15. NISRA recommends that until this review has completed users should refer to the sub-series relating to intentional self-harm only (series C above) (*ICD-10 codes X60-X84, Y87.0*), as this is unaffected by the discontinuity outlined above and remains a reliable indication of the trend in suicides over recent years. Published figures on deaths due to self-inflicted injury are available at: <https://www.nisra.gov.uk/publications/registrar-general-annual-report-2018-cause-death>

16. Users are asked to note that due to the ongoing review, the Annual Report of the Registrar General (RG) 2020, due to publish on 21 October 2021, will not provide the usual detail on external causes of death (including the suicide sub series of intentional self-harm and deaths of undetermined intent). Instead, this information will publish as an addendum, once the review has concluded.

Ongoing Surveillance of Suspected Suicides

17. It is important to stress that official suicide statistics are not timely enough or detailed enough (due to potential disclosure issues) to pick up on important emerging trends to enable 'on the ground' intervention and support. However, The Police Service for Northern Ireland in partnership with the Public Health Agency and Health & Social Care Trusts operates an early warning system for monitoring suspected suicides at the time of a sudden death. This is used to offer and direct rapid support services to families of the bereaved and also to help give public authorities operational, early evidence of potential clusters of suicides. This process is an early indication of **suspected** suicides and not official statistics,

therefore no details are published from this source and it is not possible to report the proportion of these cases which are subsequently confirmed as suicide.

NISRA

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