

# Guidance Note to Users on Suicide Statistics in Northern Ireland

## updated October 2020

### Issue

Provisional 'cause of death' statistics for Q4 2019 were published by NISRA on 30th June 2020 (<https://www.nisra.gov.uk/publications/registrar-general-quarterly-tables-2019>) and along with the previous quarterly releases, enable users to form a provisional 2019 total for suicides.

The 2019 provisional total (197) is a significant fall on previous years (307 in 2018). This decrease has been primarily driven by improvements in the statistical collection and collation process, including the quality of the suicide data at source. This has ultimately reduced the number of deaths coded with a finding of 'undetermined intent', while increasing the numbers coded as 'accidental' which fall outside the definition of suicide (see below).

In light of these refinements to the 2019 data, NISRA is working with the Coroners' Service to review and revise, as necessary, drug related deaths within the 'undetermined deaths' category from 2015 to 2018. At this stage revisions further back are not considered necessary due to different processes being in place at that time (see below); however if a break in the series is evident on completion of the review this will be assessed and a course of action agreed in conjunction with the Coroners' Service.

This note provides further detail for users, including guidance on the most reliable series to refer to in the meantime.

### Background

Suicide deaths in Northern Ireland are defined as deaths from Self-inflicted Injury 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	Self-inflicted Injury
Y10-Y34, Y87.2	Events of Undetermined Intent

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.

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?

The recently published 2019 provisional total is a significant fall on previous years as shown in series B below. The change in the numbers of undetermined cases (series D) is an issue closely aligned to the number of drug related deaths increasing over time (series E).

### Why review from 2015 onwards?

Prior to 2015 ICD 10 coding of deaths was done within the GRO by a dedicated coder which allowed for case by case scrutiny, including a process by which further information could be sought from the Coroner in relation to 'undetermined deaths'. ICD 10 coding was then transferred to ONS, working in conjunction with the NISRA Vital Statistics Unit. All drug related deaths registered after being referred to the Coroner were statistically classed as 'undetermined', unless NISRA received specific documentation from the Coroner which indicated that the death was the result of self-inflicted injury or was an accident and therefore not within the definition of suicide.

**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%
Provisional 2019	197	187	10	-

Following a quality exercise between NISRA and the Coroners' Service, to better understand drug-related deaths and intent, improvements have been made in order to reduce the number of deaths coded as 'undetermined':

1. Since 2019, all documentation received by NISRA and going back to Q3 2018, which involved a drug-related death without an indication of intent, was flagged to the Coroners Service, in order for a verdict of accidental/ suicide or undetermined intent to be provided. Of 86 cases reviewed, 66% were deemed accidental.
2. In late 2019, the Coroners' Service introduced a new I.T. system within which all drug-related deaths must be assigned as either accidental/suicide or undetermined intent at point of processing.

Together, these changes have resulted in a discontinuity in the statistical series, with the number of 'undetermined' deaths reducing from 132 in 2017 to 10 in 2019. There has also been a small impact in 2018 due to checks carried out at (1) above.

### Timeline

The timeline for the review to complete is estimated to be around May 2021. Once complete, NISRA will prepare a dedicated official statistics output based on the new time series, including key background information on why and how this review was undertaken.

### Advice to Users

NISRA recommends that until this review has completed users should refer to the sub-series relating to self-inflicted injury 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/registrars-general-annual-report-2018-cause-death>

**NISRA**

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