

SUICIDE RATE		
Health	Health status and risks	

1. INDICATOR

- (a) **Name:** Suicide rate
- (b) **Brief Definition:** The number of deaths from suicide and intentional self-harm per 100 000 people.
- (c) **Unit of Measurement:** Deaths per 100 000 people.
- (d) **Placement in the CSD Indicator Set:** Health/Health status and risks.

2. POLICY RELEVANCE

(a) **Purpose:** The indicator measures the suicide rate, which is an important proxy for the prevalence of mental health disorders in a country. Moreover, in many countries suicide is a major cause of death, especially among adolescents and young adults, and, therefore, a major public health concern in its own.

(b) **Relevance to Sustainable/Unsustainable Development (theme/sub-theme):** The goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating diseases. Mental health disorders are a major impediment to the well-being of populations in developed and developing countries. Mental health disorders, especially depression and substance abuse, are associated with 90% of all suicides. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs. Consequently, there is a need for preventing and curing mental disorders as part of the efforts to strengthen the capacity of health-care systems.

(c) **International Conventions and Agreements:** None

(d) **International Targets/Recommended Standards:** None.

(e) **Linkages to Other Indicators:** This indicator is closely related to other health indicators as well as to indicators on poverty and social exclusion.

3. METHODOLOGICAL DESCRIPTION

(a) **Underlying Definitions and Concepts:** Suicide mortality statistics are collected under the international classification of diseases under the international classification of diseases and related health problems, "Suicide and intentional self-harm" (ICD-10 codes X60-X84).

Statistics on mental and behavioural disorders are also collected under the international classification of diseases and related health problems (ICD -10 codes F00-F99). However,

in many cases the data does not allow for meaningful aggregation across disorders and does not allow for meaningful comparisons across time and across countries. Therefore, suicide rate as proxy may provide a more reliable and robust indicator.

(b) Measurement Methods: The indicator is derived by dividing the number of deaths caused by suicide and intentional self-harm by the number of people, and then multiplying the result by 100 000. The indicator can be calculated separately for men, women and both sexes. In order to allow for international comparisons as well as for comparisons across sexes, standardized death rates are often used. These rates are adjusted by using a 'standard' population as defined by WHO.

(c) Limitations of the Indicator: The indicator provides only limited information about the prevalence of mental disorders. It cannot provide information on the causes of these disorders. Procedures for recording a death as a suicide are not uniform across countries. Cultural and social norms also play a role in determining suicide as cause of death. These factors limit the comparability of suicide rates across countries. Changes in procedures and in cultural and social norms may also affect changes in suicide rates over time.

(d) Status of the Methodology: Well established.

(e) Alternative Definitions/ Indicators: Indicators on the prevalence of mental disorders would provide an alternative or complementary measure.

4. ASSESSMENT OF DATA

(a) Data Needed to Compile the Indicator: Death registration data for the nominator and population data from censuses (or 'standardized' population data from the WHO) for the denominator.

(b) National and International Data Availability and Sources: Most countries maintain centralized or decentralized death registers and report them to the WHO, even though coverage greatly varies across countries.

(c) Data References: Time series data on suicide rates in 99 countries is available on the WHO website at :

http://www.who.int/mental_health/prevention/suicide/country_reports/en/index.html

Estimates on self-intentional death rates for all WHO member states are included in WHO's Global Burden of Disease Estimates, available at

<http://www.who.int/healthinfo/bodestimates/en/index.html>

5. AGENCIES INVOLVED IN THE DEVELOPMENT OF THE INDICATOR

(a) Lead Agency: The lead agency is the World Health Organization.

6. REFERENCES

(a) Readings:

World Health Organization (WHO), The World Health Report 2002 - Reducing Risks, Promoting Health Life, Geneva, 2002.

WHO, Mental Health Atlas 2005, Geneva, 2005.

WHO, International Classification of Diseases and Health Related Problems - 10th Revision, Second edition, Geneva, 2005.

(b) Internet sites:

http://www.who.int/mental_health/en/

<http://www.who.int/healthinfo/bod/en/index.html>