

Suicides in Scotland in the COVID-19 pandemic

A comparison of pre-pandemic and pandemic characteristics

An Official Statistics release for Scotland

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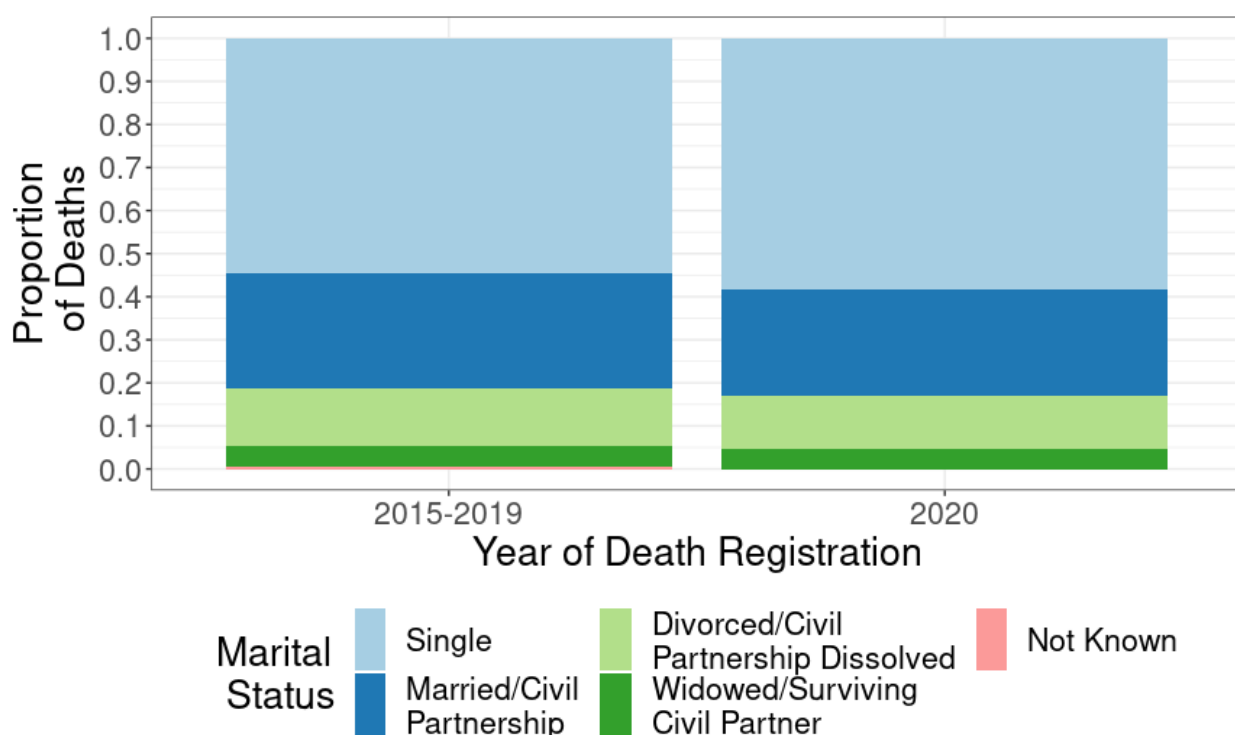
About this release

This release by Public Health Scotland (PHS) presents data on probable suicide deaths registered with the National Records of Scotland (NRS) during the calendar years 2015 to 2020. Within this period, 2020 data are compared to 2015-2019 data in order to determine whether the characteristics of individuals who died by suicide during the COVID-19 pandemic differ from the characteristics of individuals who died prior to the pandemic.

Main points

- 792 residents of Scotland died by suicide in 2020 compared to an average of 727 per year in 2015-2019, ranging from 662 to 816. On the basis of these data, it is not possible to state with certainty that the suicide rate in 2020 differs from 2015-2019.
- There were no differences between deaths in 2020 and deaths in 2015-2019 with respect to composition by age group, sex, socio-economic deprivation and employment status.
- Compared to the distribution of marital status in 2015-2019, a greater proportion of those who died in 2020 were single.

Deaths caused by probable suicide by marital status – persons aged 16 and over, Scottish residents 2015-2019 vs 2020



- A smaller proportion of deaths in 2020 were due to poisoning compared to deaths in 2015-2019.
- There was no difference between 2020 and 2015-2019 with regards to overall contact with healthcare services in the period before death.

Background

This report presents an analysis of selected information held on the Scottish Suicide Information Database (ScotSID). Established in 2009, the overall purpose of ScotSID is to provide a central repository for information on all probable suicide deaths in Scotland, in order to support epidemiology, policy-making and preventive activity.

ScotSID links the finalised NRS death records for probable suicides with selected data sources held by PHS. For this release, linked information on prescriptions, A&E attendances, psychiatric outpatient appointments, acute and psychiatric hospital stays, and contacts with Unscheduled Care services was used.

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