Office for National Statistics

Statistical bulletin

Suicides in England and Wales: 1981 to 2024

Deaths from suicide in England and Wales, analysed by sex, age, area of usual residence of the deceased, and suicide method.

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1 . Main points

All deaths by suicide in England and Wales are certified by a coroner and cannot be registered until an inquest is complete. This results in a delay between the date the suicide occurred and the date it is registered and received by the Office for National Statistics (ONS); for example, in 2024, of the suicide deaths registered, only 38.7% of the deaths actually occurred in that year.

Currently, we publish suicide statistics on a registration basis, that is, the year in which the suicide was registered. Death registration records also include the actual date of death; we use this to produce suicide numbers by year of occurrence, which is currently published in a separate dataset. Registration data relate to the previous year and the occurrence data have a lag of an additional year to allow for inquest times. For example, in this release we have published 2024 suicide registrations and 2023 suicide occurrences.

We continue to focus the majority of our commentary on registration data because of these reasons, but in response to a recent engagement exercise, we are presenting some commentary on occurrence based statistics, with a view to broadening this in future.

2024 suicide registrations

- There were 6,190 suicides registered in England and Wales (11.4 suicide deaths registered per 100,000 people) in 2024; a similar rate to 2023, with 11.3 suicide deaths registered per 100,000 people.
- For males, the suicide rate in England and Wales remained relatively unchanged in 2024 at 17.6 suicide deaths registered per 100,000 people, compared with 17.4 suicide deaths registered per 100,000 people in 2023; the suicide rate remained stable for females at 5.7 suicide deaths registered per 100,000 people in 2024 and in 2023.
- The age-specific suicide rate was highest for males aged 50 to 54 years (27.5 suicide deaths registered per 100,000 people), and for females aged 45 to 49 years (7.9 suicide deaths registered per 100,000 people).
- In 2024, the suicide rate in Wales (15.7 suicide deaths registered per 100,000 people) was higher than in England (11.1 suicide deaths registered per 100,000 people), this was an increase in Wales with the rate in 2023 being 14.0 suicide deaths registered per 100,000 people.
- London had the lowest suicide rate in 2024 of any region in England (8.3 suicide deaths registered per 100,000 people); the highest rate was in the North East (15.1 suicide deaths registered per 100,000 people).

2023 suicide occurrences

For comparison with previous years, we have used provisional death registration data for 2025 in our occurrence-based suicide numbers for 2023. For future releases in this series, we will use improved statistical methods to produce suicide occurrence estimates, that will account for the long registration times and allow for reliable comparisons between years (for more information, see our blog How suicide statistics are changing).

Reporting data on suicide occurrences in a year is an important contrast to the number of suicide deaths registered in a year. Based on 2023 registration data, we have previously reported that the rate of suicides registered is at its highest level since 1999. This is true, but when focusing on the rate of suicides occurring in a year the pattern is quite different.

- There were 5,570 suicide deaths that occurred in England and Wales in 2023 and were registered by the end of March 2025, equivalent to a rate of 10.4 suicide deaths per 100,000 people; compared with 5,554 suicide deaths that occurred in 2022 and were registered by the end of March 2024 (10.5 suicide deaths per 100,000 people).

- Based on this adjusted registration period (registered within 15 months of the end of occurrence year), suicide occurrence rates have been fairly stable from 2018 (10.7 suicide deaths per 100,000 people) to 2023 (10.4 suicide deaths per 100,000 people).

If you are a journalist covering a suicide-related issue, please consider following the Samaritans' media guidelines on the reporting of suicide because of the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise on terminology and include links to sources of support for anyone affected by the themes in the bulletin.

If you are struggling to cope, please call Samaritans for free on 116 123 (UK and Ireland) or contact other sources of support, such as those listed on the NHS help for suicidal thoughts web page. Support is available 24 hours a day, every day of the year, providing a safe place for you, whoever you are and however you are feeling.

For information on the UK government's ambitions and actions towards suicide prevention in England, see GOV.UK's Suicide prevention strategy for England: 2023 to 2028. The Welsh Government have also published a Suicide prevention and self-harm: strategy and delivery plan for Wales.

We have published new official statistics in development, modelling the association between temperature and suicides. Further information and modelled estimates based on experimental methods can be found in Section 10: Data sources and quality.

2 . Suicides registered in England and Wales

Suicide deaths are all certified by a coroner, with a certain level of evidence needed to conclude whether a death was caused by suicide; this is referred to as the “standard of proof”. On 26 July 2018, this standard was lowered to the "civil standard", on the balance of probabilities. Previously a "criminal standard" was applied, beyond all reasonable doubt.

From separate analysis, we have concluded that it is likely that the change in the standard of proof did increase deaths registered as suicide. The change affected the overall suicide rate and how deaths are classified within the definition of suicides. It is an important factor to consider when examining suicide figures over time, as the change in the standard of proof does affect the comparability of figures. However, the change was not large enough to create a discontinuity in our time series from 1981. For more information, please see our Understanding suicide registrations following a change to the standard of proof in England and Wales article.

The suicide data in this release includes all deaths from intentional self-harm for persons aged 10 years and over, and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. In that case the age-standardised mortality rates (ASMR) quoted will represent a rate per 100,000 people (aged 10 years and over).

In 2024, the ASMR for suicide deaths in England was 11.1 suicide deaths registered per 100,000 people (5,717 suicide deaths registered), a similar rate to 2023, where it was 11.2 suicide deaths registered per 100,000 people (5,656 suicide deaths registered).

In Wales, there were 15.7 suicide deaths registered per 100,000 people in 2024 (436 suicide deaths registered), an increase compared with 2023, where the rate was 14.0 suicide deaths registered per 100,000 people (386 suicide deaths registered).

Figure 1: In 2024, suicide registration rates increased in Wales but remained stable in England

Age-standardised suicide rates (for those aged 10 years and over), England and Wales, registered between 1981 and 2024

Notes:

1. The accredited official statistics definition of suicide is available in Section 9: Glossary.

2. Figures are for those aged 10 years and over.

3. In this figure, age-standardised mortality rate (ASMR) refers to a weighted average of the age-specific mortality rates per 100,000 people, standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations, and therefore, allow valid comparisons to be made between geographic areas, between sexes, and over time.

4. Includes deaths of non-residents.

5. Figures are for deaths registered, rather than deaths that occurred in each calendar year. Because of the length of time it takes to complete a coroner's inquest, it can take months, or even years, for a suicide to be registered.

6. On 26 July 2018, the standard of proof for suicides was lowered to the "civil standard"; balance of probabilities. Previously, a "criminal standard" was applied; beyond all reasonable doubt.

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The increase in the suicide rate was seen for both males and females in Wales, with 25.0 suicide deaths registered per 100,000 people for males in 2024, compared with 22.0 suicide deaths registered per 100,000 people in 2023.

For females in Wales, the suicide rate showed a small increase from 6.3 suicide deaths registered per 100,000 people in 2023 to 6.8 suicide deaths registered per 100,000 people in 2024. Because of relatively low numbers of suicides in Wales, there is some volatility in the rates for Wales year-on-year (Figure 1).

In England, there was little change for both sexes in the rate of suicide deaths registered.

3 . Suicide registrations by region

In England, the highest rate for suicide deaths registered in 2024 was in the North East (15.1 suicide deaths registered per 100,000 people). The lowest rate in 2024 was in London (8.3 suicide deaths registered per 100,000 people), lower than any other English region (Figure 2).

When comparing 2023 and 2024, the rate of suicides registered increased in four of nine regions in England. The largest increase was in Yorkshire and The Humber with the rate of suicides registered increasing from 12.2 to 13.7 suicide deaths registered per 100,000 people. Of the regions seeing drops in the rate of suicide deaths registered, the biggest decrease was in the East of England, with the rate of suicide deaths registered decreasing from 10.9 to 9.6 suicide deaths registered per 100,000 people.

Figure 2: The North East was the English region with the highest rate for suicide deaths registered in 2024

Age-standardised suicide rates (for those aged 10 years and over) for England, Wales, and English regions, deaths registered in 2024

Notes:

1. The accredited official statistics definition of suicide is available in Section 9: Glossary.

2. Figures are for those aged 10 years and over.

3. In this figure, age-standardised mortality rate (ASMR) refers to a weighted average of the age-specific mortality rates per 100,000 people, standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations, and therefore, allow valid comparisons to be made between geographic areas, between sexes, and over time.

4. The area is based on the persons usual residence as provided by the informant upon registration in England and Wales. Figures for England and Wales combined include death of non-residents. Figures for England and Wales separately and for regions of England exclude death of non-residents and are based on the latest available postcode boundaries (May 2025).

5. Figures are for deaths registered, rather than deaths that occurred in each calendar year. Because of the length of time it takes to complete a coroner's inquest, it can take months, or even years, for a suicide to be registered.

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4 . Suicide registrations patterns by age

Those aged 50 to 54 years had the highest suicide rate again in 2024, at 17.0 deaths registered per 100,000 people (Figure 3). This age group have had the highest rate for suicide deaths registered each year since 2021.

Figure 3: Those aged 50 to 54 years had the highest rate for suicide deaths registered in 2024

Age-specific suicide rates by five-year age groups, England and Wales, registered between 1981 and 2024

Notes:

1. Age-specific suicide rate per 100,000 population.

2. Unreliable rates, with fewer than twenty deaths, are excluded.

3. The accredited official statistics definition of suicide is available in Section 9: Glossary.

4. Figures are for those aged 10 years and over.

5. Includes deaths of non-residents.

6. Figures are for deaths registered, rather than deaths that occurred in each calendar year. Because of the length of time it takes to complete a coroner's inquest, it can take months, or even years, for a suicide to be registered.

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Changes between 2023 and 2024

In England and Wales, males aged 50 to 54 years had the highest suicide rate across all age groups (27.5 suicide deaths registered per 100,000 people). This is a change from 2023 where males aged 45 to 49 years had the highest rate for suicide deaths registered.

For females there was also a change between years. In 2024 females aged 45 to 49 years had the highest rate at 7.9 suicide deaths registered per 100,000 people. A change from 2023 where females aged 50 to 54 years had the highest suicide rate at 9.2 suicide deaths registered per 100,000 people.

5 . Suicide methods (registrations data)

The most common method of suicide in England and Wales continued to be hanging, strangulation and suffocation, which accounted for 56.6% of all suicides in 2024 (3,504 deaths). This is, however, a decrease in proportion compared with 2023, where 58.8% of suicide deaths registered (3,569 suicide deaths) were because of hanging, strangulation or suffocation. The second most common method in 2024 continued to be poisoning (21.5% of suicide deaths registered; 1,331 deaths). This is an increase compared with 2023 where poisoning accounted for 19.8% of suicide deaths registered (1,202 suicide deaths).

Figure 4: The percentage of suicides caused by hanging decreased slightly in 2024, and the percentage caused by poisoning slightly increased

Percentage of suicides by method, England and Wales, registered between 2001 and 2024

Notes:

1. The "Other" category includes methods of suicide such as firearm, smoke, fire and flames, and unspecified events.
2. For more information regarding definitions, see the "Notes" worksheet in our Suicides in England and Wales dataset.
3. The accredited official statistics definition of suicide is available in Section 9: Glossary.
4. Figures are for those aged 10 years and over.
5. Includes deaths of non-residents.
6. Figures are for deaths registered, rather than deaths that occurred in each calendar year. Because of the length of time it takes to complete a coroner’s inquest, it can take months, or even years, for a suicide to be registered.

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6 . Suicides occurring in England and Wales

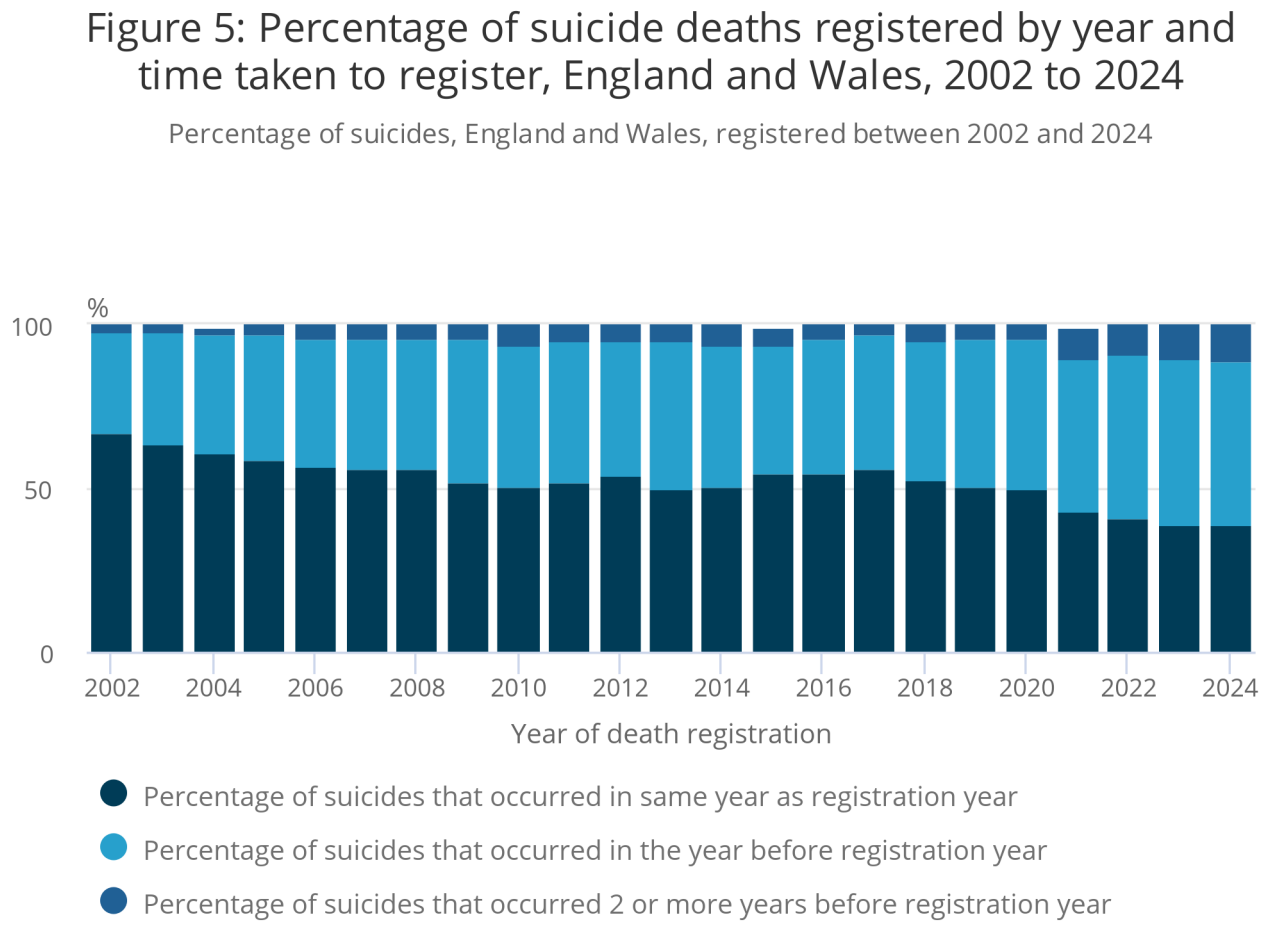
Because of the length of time it takes for a suicide death to be officially registered, there is always a lag in when we can publish data on suicide occurrences. A coroner must certify a suicide death, usually following an inquest. The median time taken to register a suicide death in 2024 was 199 days in England and 269 days in Wales.

Data on suicide occurrences is continually refreshed to take account of late registrations; the number of suicide occurrences for previous years may therefore not match those previously published.

Figure 5 shows the percentage of suicides registered in a given year, broken down by the actual year in which the suicide occurred. This data shows a growing delay in registration; over time, with a decreasing proportion of suicides registered in a given year also occurring within that same year. Only 39% of suicides registered in 2024 had a date of death in 2024, compared with 67% in 2002, when a much higher proportion of registrations reflected suicides from the same year.

Figure 5: Percentage of suicide deaths registered by year and time taken to register, England and Wales, 2002 to 2024

Percentage of suicides, England and Wales, registered between 2002 and 2024



Source: Suicides in England and Wales from the Office for National Statistics

Notes:

1. The accredited official statistics definition of suicide is available in Section 9: Glossary.
2. Figures are for those aged 10 years and over.
3. Includes deaths of non-residents.
4. Because of rounding percentages may not sum to 100.

To provide more reliable comparisons between years, for 2023 suicide occurrences, we have used provisional registration data to include deaths registered by the end of March 2025. This gives us a minimum of 15 months of death registration data up to a maximum of 27 months for suicide occurrences in 2023, with the length of registration period being dependent on when the death occurred within the year. Based on death registration data up to the end of March 2025, we are aware of 5,570 suicide deaths that occurred in 2023 in England and Wales, equivalent to a rate of 10.4 suicide deaths per 100,000 people.

Table 1 provides suicide deaths by year of occurrence based on all available finalised death registration data (up to the end of 2024) but also where each occurrence year prior to 2023 is limited to a registration period within 15 months of the end of occurrence year, and 2023 occurrences are based on registration data to March 2025. For example, we know that 5,846 suicides occurred in 2022 and were registered by the end of 2024, but we only knew about 5,554 of these, with deaths registered to the end of March 2024. This approach does not account for the increase seen in registration delays but gives a fairer indication of whether 2023 suicide occurrences are higher than previous years or not.

Table 1: Suicide deaths occurring in England and Wales, 2010 to 2023

Year of death occurrence	Number of suicide deaths (finalised 2024 death registrations)	Rate of suicide deaths per 100,000 (finalised 2024 death registrations)	Number of suicide deaths (registered within 15 months of the end of occurrence year)	Rate of suicide deaths per 100,000 (registered within 15 months of the end of occurrence year)
2023	5,418	10.1	5,570	10.4
2022	5,846	11.1	5,554	10.5
2021	5,819	11.1	5,379	10.3
2020	5,797	11.1	5,427	10.4
2019	5,873	11.3	5,419	10.4
2018	5,780	11.1	5,544	10.7
2017	5,235	10.2	5,074	9.9
2016	5,006	9.8	4,821	9.4
2015	5,055	10	4,955	9.8
2014	4,872	9.7	4,780	9.5
2013	5,056	10.2	4,887	9.8
2012	5,207	10.5	5,011	10.1
2011	4,782	9.7	4,627	9.4
2010	4,664	9.6	4,497	9.2

Source: Suicides in England and Wales from the Office for National Statistics

Notes

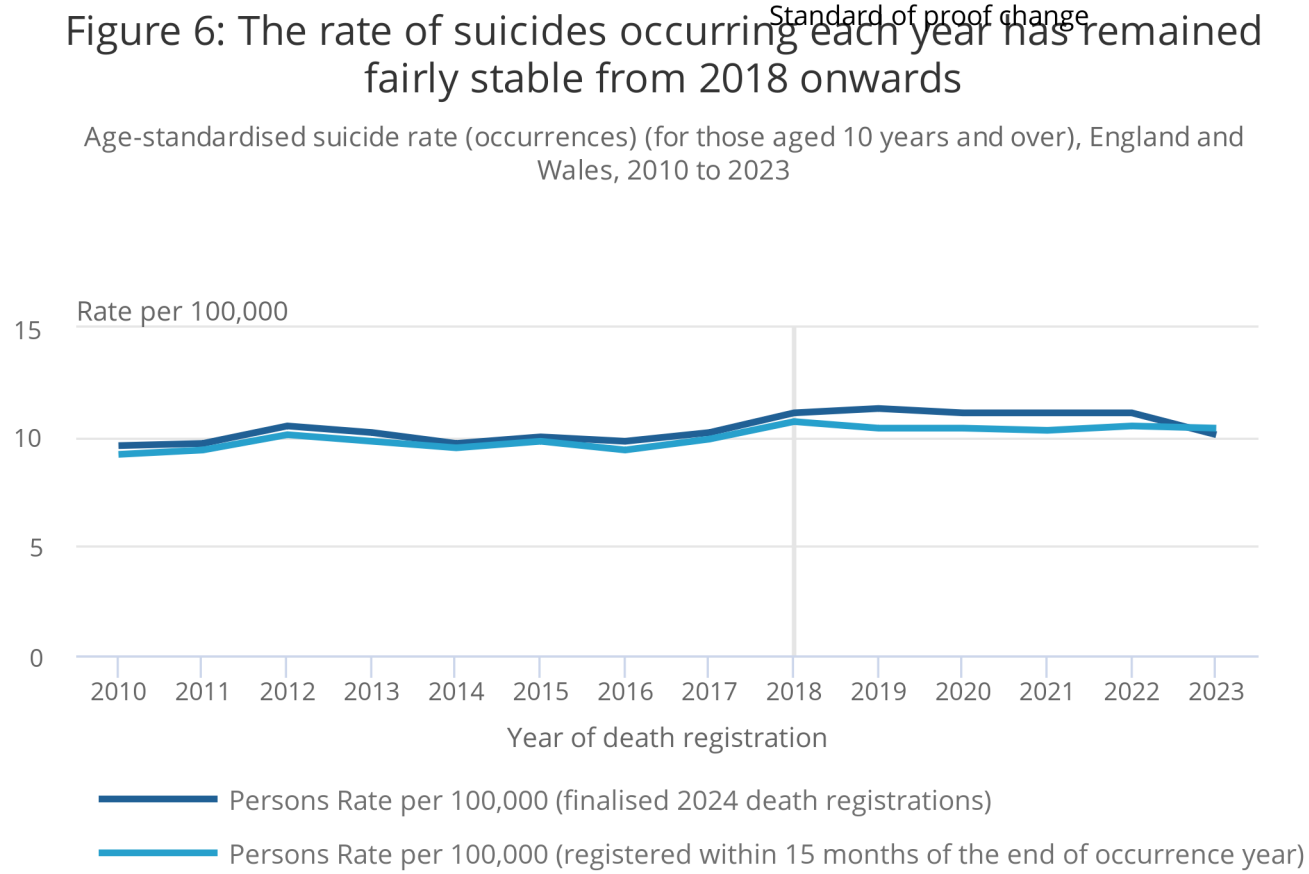
1. The accredited official statistics definition of suicide is available in Section 9: Glossary.
2. Figures are for persons aged 10 years and over.
3. Age-standardised mortality rate (ASMR) in this table refers to a weighted average of the age-specific mortality rates per 100,000 people, and standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations and therefore allow valid comparisons to be made between geographic areas, between the sexes, and over time.
4. Includes deaths of non-residents.
5. Figures are for deaths occurring in each calendar year. With the numbers subject to change as more deaths are registered.
6. Standard of proof for suicides was lowered on 26 July 2018, to the "civil standard"; on the balance of probabilities. Previously a "criminal standard" was applied; beyond all reasonable doubt.

Figure 6 illustrates why it is difficult to look at trends over time when using occurrence data rather than registrations. As more suicide deaths are registered the number of suicide occurrences in a year will increase, particularly in recent years. In the chart we can see that using the latest finalised death registrations (up to the end of 2024) for all years, it appears there was a decrease in the number of suicides that occurred in 2023 compared with previous years. However, because of registration times, we know that there will likely be more suicide deaths registered throughout 2025, and subsequent years, that will have occurred in 2023.

To help look at the trend, in Figure 6 we have also plotted suicide occurrence rates where the registration period is comparable for all occurrence years. Using the data in this way, we can see that the number of suicides occurring each year has remained fairly stable since 2018, with 2023 following the trend. The change in the standard of proof for determining a suicide in England and Wales is likely to have contributed to the increase in suicide occurrences between 2017 and 2018. For more information, please see our Understanding suicide registrations following a change to the standard of proof in England and Wales article.

Figure 6: The rate of suicides occurring each year has remained fairly stable from 2018 onwards

Age-standardised suicide rate (occurrences) (for those aged 10 years and over), England and Wales, 2010 to 2023



Source: Suicides in England and Wales from the Office for National Statistics

Notes:

1. The accredited official statistics definition of suicide is available in Section 9: Glossary.
2. Figures are for those aged 10 years and over.
3. In this figure, age-standardised mortality rate (ASMR) refers to a weighted average of the age-specific mortality rates per 100,000 people, standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations, and therefore, allow valid comparisons to be made between geographic areas, between sexes, and over time.
4. Includes deaths of non-residents.
5. Figures are for deaths occurring in each calendar year, with numbers subject to change as more deaths are registered.
6. Standard of proof for suicides was lowered on 26 July 2018, to the "civil standard"; on the balance of probabilities. Previously a "criminal standard" was applied, beyond all reasonable doubt.

7 . Suicides attributable to extreme heat

The statistics in this section are being developed as part of the Standards for Official Statistics on Climate-Health Interactions (SOSCHI) project. They are official statistics in development. This project is an international collaboration led by the Office for National Statistics (ONS) and funded by Wellcome (Grant number 224682/Z/21/Z). It aims to develop a standardised and globally generalisable statistical framework and online Climate and Health Platform to assist in the production of official statistics on climate and health.

“Suicides attributable to extreme heat” is an indicator within that framework. The indicator assesses the short-term impact of heat on suicides by providing estimates of the excess risk of suicide attributable to higher outdoor temperatures.

The estimates in this section are official statistics in development. These are modelled estimates and not observed counts of individual suicides. Figures include all suicides that occurred in 2001 to 2023 and were registered by 31 December 2024. Deaths occurring in 2024 have not been included, as the data are too incomplete. Because of late death registrations, figures for all years are subject to change. This has greatest impact for the 2022 to 2023 period, read more in Section 6: Suicides occurring in England and Wales.

Climate-related threats to mental health and well-being are increasing (outlined on the Cambridge University Press website). Climate change is leading to more frequent and extreme hazards that have direct and indirect effects on populations. Increased temperatures and extreme weather events have been found to show an impact on mental health, as seen by the increased risk of suicides (detailed on the Cambridge University Press website).

While suicide is not a direct measure of the incidence or prevalence of mental health conditions, it is a useful proxy for some types of mental health challenges which may be exacerbated by extreme heat. These estimates can give insights into how more frequent and intense hot days may be affecting mental health and can help to inform adaptation needs. However, it is important to be aware that the exact mechanism by which heat affects the risk of suicide is not yet understood. There may be no single causal pathway, and it is possible that heat may act as a multiplier of existing vulnerabilities (for example, pre-existing mental health conditions or substance use).

We developed an experimental method based on existing scientific literature and consultation with leading experts worldwide. The method has been applied to England and Wales data on suicides occurring between 2001 and 2023, using registration data up to the end of 2024. Further guidance on the data sources and methods can be found in the Methods used to produce estimates on suicides attributable to extreme heat and the SOSCHI indicator documentation.

For this analysis, extreme heat is defined as days where the mean temperature was in the top 2.5% of daily temperatures, based on the temperature distribution between 2001 and 2023 for each region (on average, less than 10 days a year). This ranges from 17.5 degrees Celsius in the North East to 21.6 degrees Celsius in London. The word “extreme” therefore refers to the relative rarity of these higher temperatures in the UK, not to an absolute value, which would be very different for many other parts of the world.

Results from the statistical modelling suggest that, between 2001 and 2023, there were a total of 614 suicides attributable to extreme heat in England, and 48 in Wales. This equates to approximately 1 in every 179 suicides in England and 1 in every 159 suicides in Wales. This pattern varies seasonally, with 1 in every 32 suicides for England and 1 in every 29 suicides for Wales in the month of July attributable to extreme heat over the same period.

There is evidence that, as average temperatures increase across England and Wales, the proportion of suicides attributable to extreme heat is also increasing. More detail on these trends over time and by area can be explored in our accompanying dataset.

This association of an increased risk of suicide with higher temperatures in both England and Wales is presented in Figure 7. This association varied regionally in England, with the East Midlands, West Midlands, North West, North East, and Yorkshire and The Humber experiencing higher risk levels at more extreme temperatures, compared with other regions. The pattern in the South West was notably different, with suicide risk reducing at higher temperatures.

Figure 7: Relative risk of suicide increases with higher mean temperatures, but varies by area

Relative risk of suicide by mean temperature, England and Wales, 2001 to 2023

Notes:

1. Relative risk indicates the likelihood of an individual dying by suicide during, or shortly after, exposure to a certain temperature. When a temperature has a relative risk of one, this means there is neither an increase nor a decrease in the likelihood of the individual dying during, or shortly after, exposure to that temperature, compared with a reference temperature. In this case, the reference temperature is where the suicide risk is lowest between the first and fiftieth percentiles of daily mean temperature for the associated geography. A relative risk of 1.1 denotes a 10% increase in suicide risk. A relative risk of below one may suggest that, in the context of the model, extreme heat is associated with a reduction in risk (an inverse relationship).

2. Estimates are based on those usually resident in each area, based on postcode boundaries as of May 2025. Excludes deaths of non-residents.

3. The accredited official statistics definition of suicide is available in Section 9: Glossary.

4. Estimates are modelled based on the date the death occurred, rather than the date it was registered. Figures include all deaths that were registered by 31 December 2024. Because of the length of time it takes to complete a coroner's inquest, it can take months, or even years, for a suicide to be registered.

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8 . Data on suicides in England and Wales

Suicides in England and Wales
Dataset | Released 3 October 2025
Number of suicides and suicide rates, by sex and age, in England and Wales, registered from 1981 to 2024. Provides information on conclusion type, proportion of suicides by method, and median registration delay.

Suicides in England and Wales by local authority
Dataset | Released 3 October 2025
Number of suicides, suicide rates and median registration delays, by local authority in England and Wales, registered from 2001 to 2024.

Suicide occurrences, England and Wales
Dataset | Released 3 October 2025
Number of suicides and suicide rates, by sex and age, for England and Wales.

Suicides attributable to extreme heat, England and Wales
Dataset | Released 3 October 2025
Official statistics in development on modelled estimates of suicides attributable to extreme heat, produced as part of the Standards for Official Statistics on Climate-Health Interactions (SOSCHI) project.

9 . Glossary

Suicide

This release is based on the accredited official statistics definition of suicide. This includes all deaths from intentional self-harm for persons aged 10 years and over, and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. For further information on the definition, see our Suicide rates in the UK quality and methodology information (QMI) report.

Registration delay

Figures are based on deaths registered in each calendar year, rather than the date on which the death occurs. The difference between these dates is known as the registration delay.

Age-specific mortality rate

Age-specific mortality rate is the total number of deaths per 100,000 people of an age group, used to allow comparisons between specified age groups.

Age-standardised mortality rate

In this bulletin, age-standardised mortality rate (ASMR) refers to a weighted average of the age-specific mortality rates per 100,000 people (aged 10 years and over) and standardised to the 2013 European Standard Population. ASMRs allow for differences in the age structure of populations and for valid comparisons to be made between geographic areas, between sexes, and over time.

Standard of proof

The level of evidence needed by coroners when determining whether a death was caused by suicide, which was changed from the criminal standard of “beyond all reasonable doubt” to the civil standard of “on the balance of probabilities” on 26 July 2018.

10 . Data sources and quality

Mortality statistics are derived from information provided when deaths are certified and registered.

Accreditation

Statistics relating to Section 7: Suicides attributable to extreme heat are labelled as “official statistics in development”. Until September 2023, these were called “experimental statistics”. Read more about the change in the guide to official statistics in development.

We are developing how we collect and produce the data to improve the quality of these statistics. Once the developments are complete, we will review the statistics with the Statistics Head of Profession. We will decide whether the statistics are of sufficient quality and value to be published as official statistics, or whether further development is needed. Production may be stopped if they are not of sufficient quality or value, but users will be informed of the outcome and any changes.

All other statistics in this release are classed as accredited official statistics and were independently reviewed by the Office for Statistics Regulation in February 2013. They comply with the standards of trustworthiness, quality, and value in the Code of Practice for Statistics and should be labelled "accredited official statistics".

How to use and interpret these statistics

It is possible to compare trends over time using these data, with the caveat that the change in the standard of proof used to determine a suicide changed in July 2018. This is likely to have contributed to an increased number of deaths recorded as suicide.

When using the statistics in this release, it is possible to find suicides, all of which fall within a range (or confidence interval) that shows the level of uncertainty around the estimate. Coroners have certified these deaths so you can be confident in the quality of our data.

These data can be used to examine trends in suicide by local authority, but we advise focusing on longer-term trends because short-term trends can vary more.

It is important to note that these statistics cannot be used to examine real-time trends in suicide occurrences because of the length of time it takes for suicide deaths to be registered. It is also not possible to assume that data on an occurrence basis are final, as there may be more suicide deaths that have not yet been registered for any given period. Further detail on our data collection and analysis methods is available in our Suicide rates in the UK quality and methodology information (QMI). Further detail on the change in the standard of proof and the impact on the suicide time series can be found in our Understanding suicide registrations following a change to the standard of proof in England and Wales article.

Near to real-time suspected suicide surveillance

If you are interested in real time trends in suicides across England and Wales, the Office for Health Improvement and Disparities (OHID) publishes data on Near to real-time suspected suicide surveillance for England, and Public Health Wales publishes Real Time Suspected Suicide Surveillance (RTSSS) for Wales.

Because of registration delays, 38.7% of deaths registered in 2024 had a date of death in the same year, 49.7% occurred in 2023 and the remaining deaths occurred in 2022 or earlier.

Populations

Mortality rates are calculated using the number of deaths and our mid-year population estimates. Revised population estimates have been used in this release for the years 2022 and 2023, following revisions to population estimates for mid-2022 and mid-2023. As a result, suicide rates may not be comparable with previous releases for these years.

Comparing with other statistics

Scotland and Northern Ireland each produce their own suicide statistics through the National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA), respectively, which are comparable with those in this bulletin. The Office for Health Improvement and Disparities provide data, using their Suicide Prevention profiles, on a range of indicators related to suicide, including mortality and years of life lost.

Monitoring suicide rates is a requirement under the Sustainable Development Goals (SDGs). The statistics in this bulletin will be used to monitor progress towards these goals. UK data on the SDG indicators can be explored on the SDGs reporting platform.

User-requested data

Extracts of suicide data for England and Wales are available to order for a charge (subject to legal frameworks, disclosure control, resources, and agreement of costs). To enquire, please email health.data@ons.gov.uk.

Strengths

Age-standardised rates allow for differences in age structure of populations and therefore allow valid comparisons to be made between the sexes and geographies.

Reliable age-standardised rates can be calculated for groups that have at least 20 deaths. In our accompanying suicide rate datasets, rates have been marked as unreliable where there are fewer than 20 deaths. Rates and are not produced for age-standardised rates based on fewer than 10 deaths, and age-specific rates based on fewer than three deaths.

Suicide deaths are compiled using information supplied when a death is registered, which gives complete population coverage. The release uses the accredited official statistics definition of suicide.

Registration delays

In England and Wales, when someone dies unexpectedly, a coroner investigates to establish the cause of death; this can take years in some cases. The length of time it takes to hold an inquest creates a delay between the date of death and the registration. For deaths caused by suicide, this means that around half of the deaths registered each year will have occurred in the previous year or earlier.

Change in the standard of proof used by coroners

In July 2018, the standard of proof used to determine whether a death was caused by suicide was lowered to the "civil standard" of “balance of probabilities”. Previously a "criminal standard" of “beyond all reasonable doubt”, was applied.

Quality and methodology information

More quality and methodology information (QMI) on strengths, limitations, appropriate uses, and how the data were created is available in our Mortality statistics in England and Wales QMI, our Suicide rates in the UK QMI and our User guide to mortality statistics.

11 . Related links

Deaths related to drug poisoning in England and Wales: 2023 registrations
Bulletin | Released 23 October 2024
Deaths related to drug poisoning in England and Wales from 1993 to 2023, by cause of death, sex, age, and substances involved in the death.

Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2019
Article | Released 26 January 2023
The risk of suicide and drug-related deaths among prisoners, based on confidential matching of data from HM Prison and Probation Service and Office for National Statistics mortality records.

Estimating suicide among higher education students, England and Wales: August 2016 to July 2023
Article | Released 9 September 2025
Estimates of suicides by sex, age, ethnicity, type of study, and term-time accommodation, using mortality records linked to Higher Education Statistics Agency student records. These are official statistics in development.

User engagement with suicide statistics: registration and occurrence data
Article | Released 3 October 2025
Analysis of responses to a user engagement survey exploring improvements to the reporting of official suicide statistics by date of registration and date of occurrence.

Understanding suicide registrations following a change to the standard of proof in England and Wales
Article | Released 3 October 2025
Trends in suicide registrations following the change in the standard of proof, which is the evidence threshold used by coroners in England and Wales.

12 . Cite this statistical bulletin

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