

CO4.4: Teenage suicides

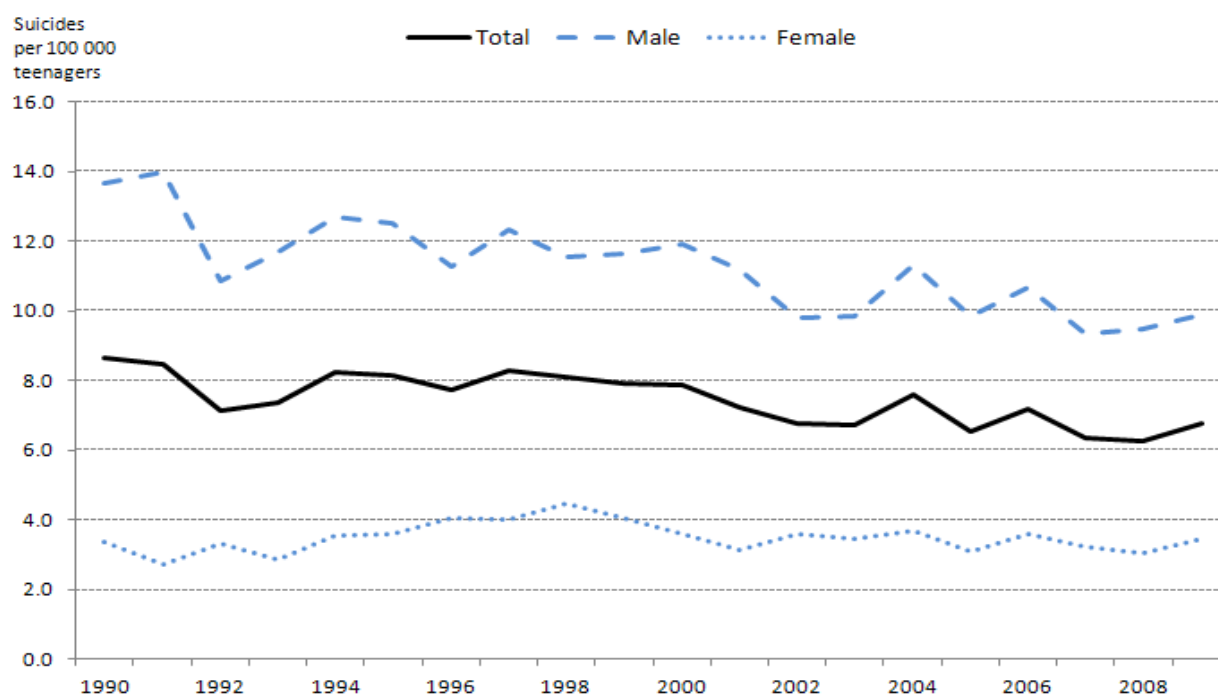
Definitions and methodology

Data presented here on suicide rates of adolescents aged 15 to 19 are based on official registers on “causes of death” per person per year. The suicide rate reflects the number of teenage suicides per 100 000 of the age group population.

Key findings

There has been little change in average teenage suicide rates across the OECD in the past two decades, although the number of suicides among young men has declined since the early 1990s (Chart CO4.4.A). On average, teenage suicides were just under 7 deaths per 100 000 teenagers in 2009, with suicides much more likely among young men (about 10 per 100 000 young men) than young women (just over 3 suicides per 100 000 young women).

Chart CO4.4.A: Suicide rates among 15-19 year olds, per 100 000 of the age group population
unweighted OECD average, 1990-2009

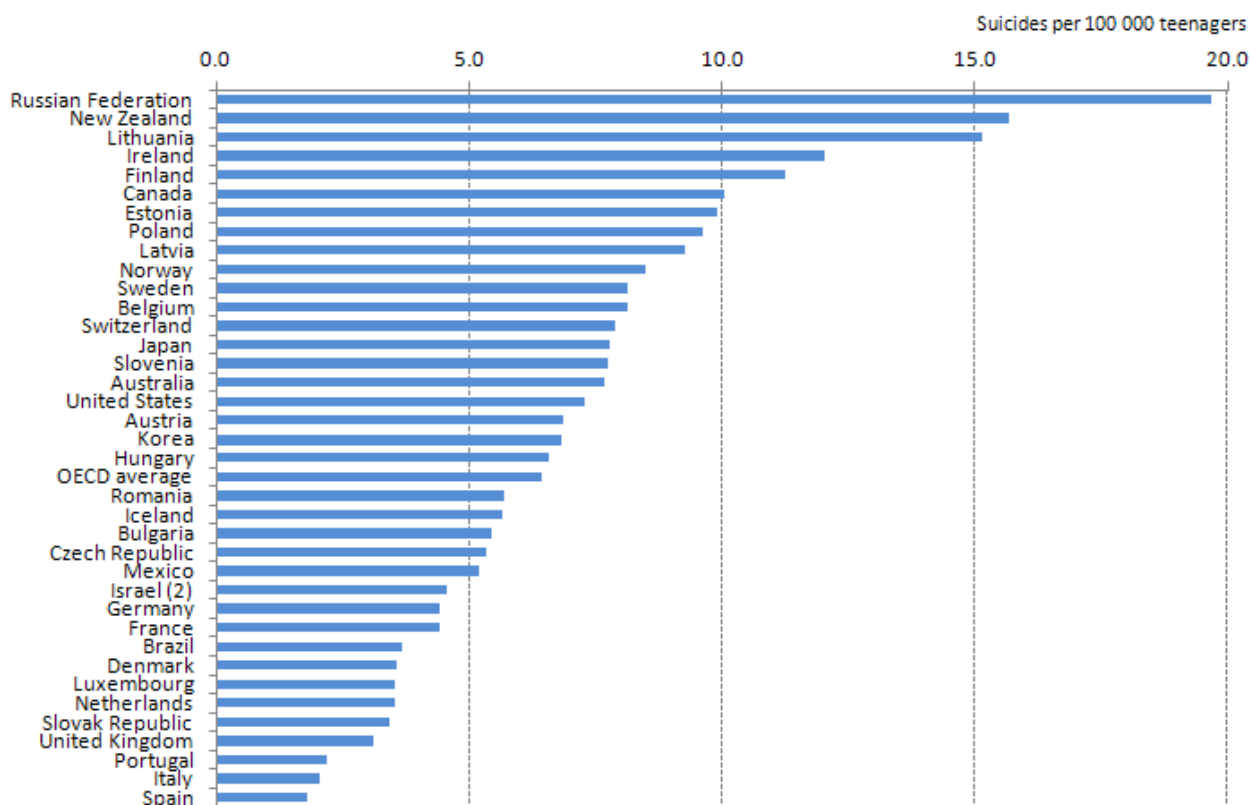


Source: WHO mortality database, v July 2011

Other relevant indicators: CO3.5 Young people not in education or employment; CO4.3 Substance abuse by young people.

Chart CO4.4.B shows there is considerable variation in teenage suicide rates across countries. At over 15 suicides per 100 000 teenagers, suicide rates in Lithuania, New Zealand and the Russian Federation are much higher than elsewhere. By contrast at less than 3 suicides per 100 000 young people, suicide rates are lowest in Greece, Italy, Malta, Portugal and Spain.

Chart CO4.4.B Suicides among 15-19 year olds per 100 000 of the age group population, 2009 or latest data¹



Countries are ranked by descending order of total suicide rates

Due to the small population size data for Luxembourg and Malt are spurious and have not been included.

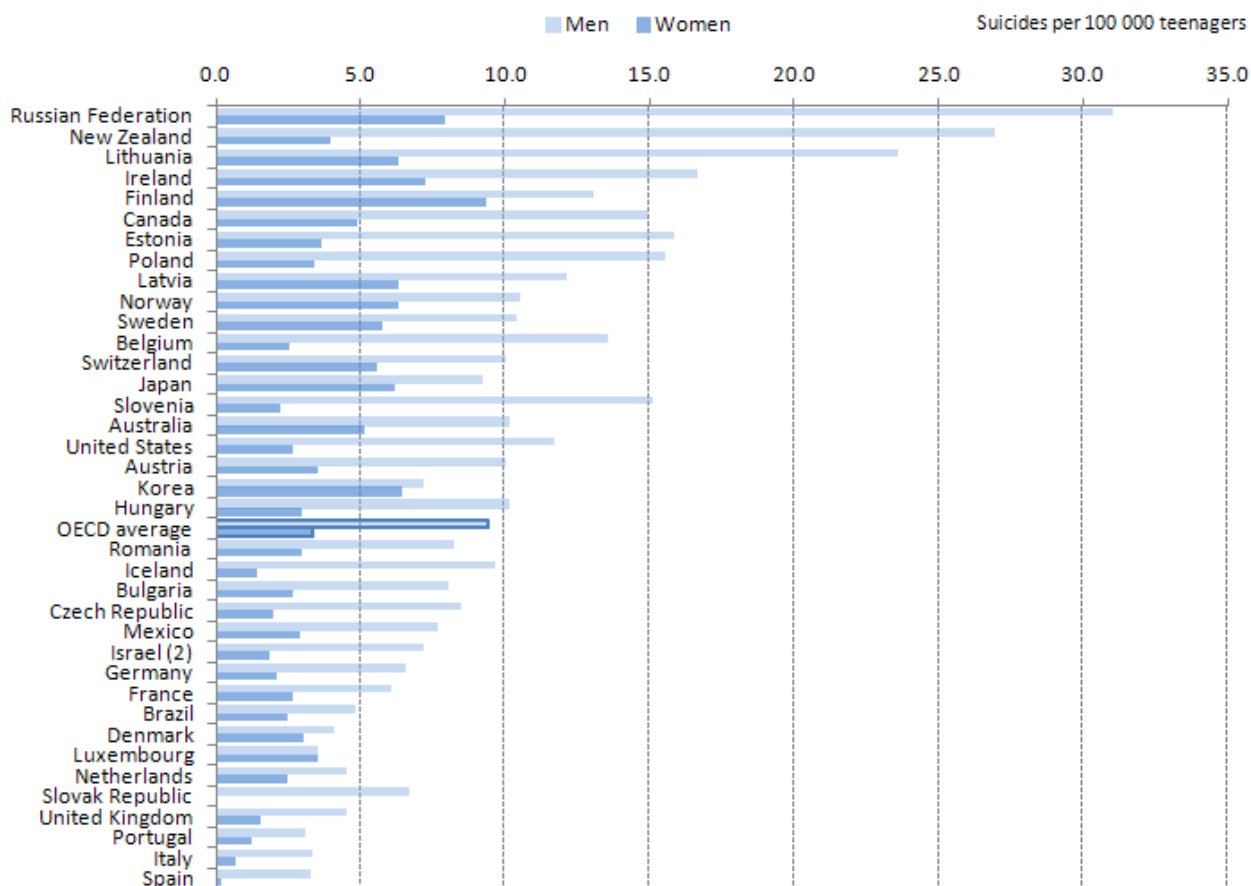
¹ 2009 for Austria, Bulgaria, the Czech Republic, Estonia, Finland, Hungary, Iceland, Ireland, Japan, Latvia, Lithuania, the Netherlands, Poland, Romania and Slovenia; 2007 for Australia, Denmark, Germany, Greece, Korea, New Zealand and the Russian Federation; 2006 for Brazil, Mexico, the Slovak Republic, Spain and the United States, 2005 for Belgium and Canada; 2004 for Portugal

² The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Source: WHO mortality database, v July 2011.

Overall suicide rates for young people have changed little over time, and while suicide rates for young men have declined (see above), suicides remain a predominantly male phenomenon: on average, for each young woman who commits suicide there are about three young men who take their own life. This ratio is considerably higher in Belgium, Iceland, New Zealand, Slovenia, the Slovak Republic and Spain, where for each young female suicide there are at least five suicides amongst young men (Chart CO4.4.C). By contrast, gender differences in suicide rates among young people are negligible in Denmark, Finland, Greece, Japan, Korea and Luxembourg.

Chart CO4.4.C Suicides among 15-19 year olds per 100 000 of the age group population, by gender, 2009 or latest data¹



Countries are ranked by descending order of total suicide rates

Due to the small population size data for Luxembourg and Malt are spurious and have not been included.

1 and 2, see notes 1 and 2 for Chart CO4.4.B

Source: WHO mortality database, v July 2011.

Comparability and data issues

The International Statistical Classification of Diseases and Related Health Problems (ICD) provide a cross-national framework for the recording of the causes of death. Nevertheless, the comparability of suicide data between countries could be affected by a number of reporting criteria, including: the establishment of a person's intention to kill him or herself, the authority responsible for completing the death certificate, the need to carry out a forensic examination of the corpse, and possible provisions on the confidentiality on the cause of death. Suicide data should thus be interpreted with care, although comparability issues should not be exaggerated; Sainsbury and Jenkins (1982) show that errors in the reporting of suicides are random.

Sources and further reading: WHO mortality database, 2010; Sainsbury P. and J.S. Jenkins (1982), "The accuracy of officially reported suicide statistics for purposes of epidemiological research", *Journal of Epidemiology and Community Health*, 36: 43-48; OECD (2011), *Society at a Glance 2011*. OECD (2011) *Doing Better for Families*