Mental Health Reform

Suicide Reporting

Briefing Note

A Coalition Conversation

Mental Health Reform

COALITION CONVERSATIONS
Connecting Experiences

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Introduction

This paper marks the initial stage of Mental Health Reform's work on suicide reporting in Ireland. Over the coming months, with the support and expertise of our membership, we intend to build on this foundation by further engaging key stakeholders and advocating for the inclusion of real-time suicide data on the national policy agenda. In doing so, we also seek to address the current legal burden of proof required to classify a death as suicide, which contributes to underreporting and affects the accuracy of national data.

Suicide prevention and reporting sit at the intersection of multiple government departments, including the Department of Health; the Department of Justice, Home Affairs and Migration; the Department of Children, Disability, and Equality; and the Department of Education. This underscores the need for a coordinated, cross-sectoral approach. Strengthening the accuracy and timeliness of suicide data, while modernising legal and administrative processes, is essential to informing evidence-based prevention strategies and ensuring that policy responses are responsive, targeted, and effective.

Defining and monitoring suicides are a fundamental step in the public health model of prevention[1]. Ireland's National Suicide Prevention Policy, *Connecting for Life*, also set out to develop a better understanding of suicidal behaviour and to improve data and research into the issue. The purpose of this briefing note is to discuss how suicide deaths are recorded in Ireland and to present options for more accurate and timely reporting methods.

In 2021 the Central Statistics Office of Ireland reported that 512 people died by suicide [2]. While the country ranks among the lowest third in the European Union in terms of suicide rate[3] there is still a need to attend to suicide prevention and to continue to reduce suicide rates. Moreover, it is vital to examine the accuracy of these figures to ensure suicide deaths do not go unreported and unaddressed. Particular attention and intervention are needed for groups that are disproportionately at risk of dying by suicide. In Ireland approximately 80% of people who die by suicide are male[4]. However, data from anonymous surveys and mental health services suggest that deliberate self-harm is most common among women and adolescent girls [5] [6]. There are also significant sex differences in suicide intent which might indicate that males make more serious suicide attempts than females. Estimates suggest that the Irish Traveller community experience far higher rates of suicide than the general population. Such at-risk groups should be carefully considered in the research and design of suicide interventions; however, this is made more difficult by out-of-date, and potentially inaccurate data reporting.

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[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC4959537/

[2] https://www.cso.ie/en/releasesandpublications/ep/p-ss/suicidestatistics2021/

[3] https://ec.europa.eu/eurostat/databrowser/view/tps00122/default/table?lang=en&category=t_hlth.t_hlth_cdeath

[4] https://www.cso.ie/en/releasesandpublications/ep/p-ss/suicidestatistics2021/

[5] https://pmc.ncbi.nlm.nih.gov/articles/PMC2270271/#:~:text=Results,the%20most%20common%20DSH%20methods.

[6] https://imj.ie/an-exploratory-service-based-study-of-deliberate-self-harm-dsh-in-ireland-a-hidden-population/

Ireland has a relatively strict classification system used to determine if a death was a suicide. This standard of proof may misrepresent the reported number of suicides, as some deaths are considered 'accidental' or of unknown intent even when they are likely to be suicides. This possibility for misclassification means that Ireland may appear to have a lower suicide rate than other countries, because they use a different standard of proof.

The process of determining the intent of a death can also be influenced by biases resulting in particularly underreporting some modes of suicide, such as those involving drugs and alcohol, or suicides by a particular population group, such as women or older people.

The remainder of this paper will provide information on the standards of suicide reporting in Ireland at present, and will argue that these standards need to be updated to gain a more accurate picture of suicide rates in Ireland and to contribute to more effective suicide prevention.

Standard of Proof

In Ireland coroners decide whether a person has died by suicide based on available evidence. At present, in order to return a verdict of suicide there must be enough evidence to prove beyond a reasonable doubt that a deceased person caused their death intentionally[7]. This requirement is referred to as the standard of proof and was developed at a time in which suicide was a criminal act [8]. Suicide was decriminalised in Ireland in 1993 [9] however this change is not reflected in the official determination of a suicide. By contrast, a shift from a criminal to a civil standard of proof for suicide was made in England and Wales following a supreme court case in 2018[10].

The standard 'beyond a reasonable doubt' means that there is no other logical or probable explanation of how the death occurred. In the case of suicide it is difficult to meet such a standard because a decedent's intentions are unclear. For instance, the death could have been accidental as in a single vehicle collision, falling, or drowning. The alternative standard, referred to as 'on balance of probabilities', requires enough evidence to suggest that suicide is the most likely cause of death. It is a level of proof required in civil law cases.

In this paper we will argue that the burden of proof needed for a suicide should be lowered to 'the balance of probabilities'. This lower standard of proof would reflect the decriminalised status of suicide. Furthermore, it would align Ireland's legal standards with those of other countries such as the United Kingdom and Australia.

[7] https://books.google.ie/books/about/Coroners.html?id=clyhAAAACAAJ&redir_esc=y
[8] https://pureadmin.qub.ac.uk/ws/portalfiles/portal/295250694/MLJI_Suicide_at_Inquests.pdf
[9] https://www.irishstatutebook.ie/eli/1993/act/11/section/2/enacted/en/html
[10] https://www.inquest.org.uk/maughan-supreme-court

Evidence also indicates that lower standard of proof[11][12], i.e. on the balance of probabilities, would allow for more accurate official statistics on suicide deaths. Former coroner, Dr Brian Farrell said that the application of the 'balance of probabilities' standard or clinical test in researching statistics for suicides is necessary to allow for accurate information in relation to the suicide rate[13].

> *"I believe that then we will only really have for the first time some accurate information in relation to the suicide rate,"*

A study commissioned by the Healing Untold Grief Groups (HUGG) organisation and conducted by Indecon estimated that lowering the burden of proof for suicide would lead to an increase of 20-25% in number of deaths attributed to suicide in Ireland[14]. Consistent with this, research in several Western countries including Ireland indicates a number of deaths of an 'undetermined cause' were likely to be suicides that have been misclassified [15].

It should be noted that suicide underreporting varies according to several factors. Certain methods of death that are seen as less active are more likely to be classified as undetermined or 'open verdicts'[16]. Deaths of older people are also more likely to be classified as of 'undetermined intent' than adults in general[17]. Therefore, lowering the standard of proof may result in a disproportionate increase in recorded suicide rates for certain population groups such as women, and older people.

Reporting Delay

Official suicide statistics are published annually by the Central Statistics Office in Ireland. They are typically reported at a delay of two or more years, with more recent provisional figures available at the end of each year. The significant delay is the result of the time taken to conduct a coronial investigation, and to include 'late registered' deaths. For instance, the most recent official suicide statistic (for 2021) was reported as 449 in 2023 and then increased by 14% due to late registered deaths.

While taking time to gather accurate and complete mortality data is important, this reporting delay can impede efforts to prevent suicide. Samaritans Ireland have proposed the use of real-time suicide death data, including demographic characteristics, and

[11] https://www.drugsandalcohol.ie/41576/1/Indecon-Report-Impact-of-Changes-in-Burden-of-Proof-on-Recorded-Suicide.pdf
[12] https://link.springer.com/article/10.1007/s10654-024-01142-4
[13] https://www.irishtimes.com/news/ireland/irish-news/official-statistics-on-suicides-inaccurate-says-former-dublin-city-coroner-1.3286211
[14] https://www.drugsandalcohol.ie/41576/1/Indecon-Report-Impact-of-Changes-in-Burden-of-Proof-on-Recorded-Suicide.pdf
[15] https://link.springer.com/article/10.1007/s10597-014-9810-z
[16] https://www.tandfonline.com/doi/abs/10.1080/17441692.2020.1801789
[17] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2025.1609580/full#B70

information on risk factors and suicide method[18]. By having access to this information mental health support services, policy-makers and researchers could react to emerging patterns in suicides and tailor suicide prevention towards populations most at-risk.

In addition to impeding service provision and policy development, the time taken to determine and report a probable suicide can have a significant psychological toll on bereaved individuals. The receipt of a cause of death and death certificate are necessary for various health, financial and legal matters, and a lengthy inquest process can result in increased stress due to dealing with these issues.

> *"I think they should be able to issue an interim certificate … accounts were frozen, her life insurance couldn't move forward, her mortgagers were getting anxious, and wouldn't talk to us because we were not the mortgage holders, and the letters for legal action kept on coming because she was falling into arrears … They even had photographers coming to take pictures of the house to repossess it … And all of this for the death certificate, and all of this for eighteen months, because we had to wait for the inquest. Talk about adding pain on top of pain. We didn't have time to breathe the amount of pressure from things like that."*
>
> *(quote from a bereaved family member, 2021 ICCL report[19])*

Voicing Loss, UK research into the experience that bereaved people have during the coronial process demonstrates a mixture of responses to the delivery of a verdict with some people feeling satisfied with an open verdict in a case of suspected suicide:

> *"So I think, for me, the fact that it was an open verdict was transformational. Not in my grief, but in the fact it wasn't definitely suicide. It just made the whole thing different."[20]*

Others expressed distress in relation to the inquest process and verdict:

> *"… It was the beginning of realising that institutions aren't always as equal as they should be… You know, this stuff happened to me, and I was fighting for the truth… It's hardly fair, is it?"[21]*

The emotional distress of bereaved people during a suicide inquest is complex and can only be addressed via prioritising compassionate and flexible coronial services[22], reduction in suicide stigma[23], and provision of accessible information[24]. However,

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[18] https://www.samaritans.org/ireland/about-samaritans/research-policy-ireland/self-harm-and-suicide-statistics-in-ireland/
[19] https://www.iccl.ie/wp-content/uploads/2021/04/ICCL-Death-Investigations-Coroners-Inquests-the-Rights-of-the-Bereaved.pdf
[20] https://voicing-loss.icpr.org.uk/sites/default/files/2024-06/VL%20Research%20Findings%20No.1.pdf
[21] https://voicing-loss.icpr.org.uk/sites/default/files/2024-06/VL%20Research%20Findings%20No.1.pdf
[22] https://lr.law.qut.edu.au/article/download/696/596/696-1-2307-1-10-20161212.pdf
[23] https://www.tandfonline.com/doi/full/10.1080/17482631.2018.1563430#infos-holder
[24] https://voicing-loss.icpr.org.uk/sites/default/files/2024-06/VL%20Research%20Findings%20No.1.pdf

developing a robust system for identifying probable suicides could assist in directing assistance towards grieving families. This could involve issuing an interim death certificate more rapidly. Further, rapidly identifying probable suicides would allow for bereavement supports to be directed where they are needed. For example, in New Zealand coronial suspected suicide data has been used to provide local responses to the loved ones of the deceased[25]. Similar community-based supports and services are available in Ireland, and could be effectively directed towards those who need them most to alleviate distress and reduce risk of suicidal behaviour.

Suicide clusters are excessive numbers of suicides and/or suicide attempts occurring in a short timeframe, and a small locality or among people who are socially linked[26]. Research has identified clusters of suicides in Ireland in the past, with young people being particularly vulnerable to such patterns[27]. Real-time suicide registers have been used to identify and map possible clusters in a prototype system in Cork, Ireland and in Victoria, Australia[28].

Existing Real-time Reporting Systems

It is useful to see how real-time or near-to-real-time reporting systems for possible suicide deaths have been implemented in Ireland and abroad. These cases give insights into how information can best be collected, and the potential benefits of real-time reporting including early detection of trends.

Public Health England have developed resources for identifying and responding to suicide clusters which include establishing mechanisms for real-time suicide surveillance[29].

In considering how real-time reporting of suicide deaths could be implemented in Ireland it is helpful to examine how they have been introduced in other countries with similar cultures and legal systems.

In the United Kingdom suspected suicide deaths are recorded in local police reports and shared with the national council[30]. These cases are defined as any unexpected or sudden death which initially appears to police as having been caused by a deliberate self-inflicted act, or with underlying indicators of self-harm or if there was an injury. Within this system there is a standardised method of reporting and an assessment of death is made according to the Ovenstone criteria[31]. This set of criteria accounts for direct evidence (including the presence of a suicide note, prior statement of suicidal intent, or behaviour indicating suicidal intent) and indirect evidence (including previous suicide attempt, marked emotional reaction to a recent stress situation, and failure to adapt to a more

[25] https://www.health.govt.nz/system/files/2015-02/coronial-data-sharing-service-faq-2016.pdf
[26] https://www.undrr.org/understanding-disaster-risk/terminology/hips/so0303
[27] https://www.3ts.ie/docs/default-source/research-reports/suicide-in-ireland-survey-2003-2008-report.pdf?sfvrsn=292661e3_3
[28] https://psycnet.apa.org/record/2024-27567-001
[29] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf
[30] https://www.gov.uk/government/publications/methodology-near-to-real-time-suspected-suicide-surveillance-for-england/methodology-near-to-real-time-suspected-suicide-surveillance-nrtsss-for-england
[31] https://mentalhealth.bmj.com/content/26/1/e300643#ref-1

remote stress characterised by depression, withdrawal, and increased drug and alcohol intake)[32]. By accounting for indirect evidence, the Ovenstone criteria allow for intent to die to be inferred if it cannot be directly shown through evidence and thus reduces underreporting[33].

While all relevant information is not available at the time that is being investigated these reports have a completion rate of over 98% for the fields of age, gender, date, location and method of death. This high rate indicates that gathering demographic information about suicides at real-time is practically possible in Ireland too.

A similarly successful reporting model was used in Japan, accounting for the impact that current events might have on suicide rates as they are occurring. The Japanese Police Agency gather rapid-release suicide data which are published monthly, in addition to official figures which are provisionally reported at a 6-month delay. The rapidly available figures allow stakeholders to monitor and respond to suicides and to react to increases in suicide deaths, for instance during the COVID-19 pandemic or following a high-profile and widely reported suicide[34]. Moreover, near-to-real-time figures have been shown to be very accurate when compared against official numbers that are reported later, and by a different source.

An important element of the real-time suicide reporting systems that currently exist is the collection of demographic information. Collecting information related to race and minority status, health history, substance use etc would be helpful in identifying patterns of risk that exist among certain population groups. This in turn could help in the development of more specialised suicide prevention interventions. The National Office for Suicide Prevention and Department of Justice of Ireland have expressed support for a protocol which would allow for the sharing of real-time data on suspected suicides[35]. A collaboration between these agencies, researchers, civil society, and policy-maker would allow for suicide prevention efforts to reflect the needs of the most at-risk populations.

Why does accurate reporting matter?

Each suicide represents a deeply personal and complex loss, affected by a unique set of circumstances. Simultaneously, rate of suicides, and attempted suicides in a population are vital indicators of public health. Suicide rates are compared across time, population groups, and countries to establish threats to human life. At both an individual and system level, correctly classifying a death as a suicide allows for us to better understand why it occurred and to act towards preventing similar deaths in the future.

[32] https://library.college.police.uk/docs/appref/Suicide-Risk-Operational-Advice-Final.pdf
[33] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abs/psychiatric-approach-to-the-diagnosis-of-suicide-and-its-effect-upon-the-edinburgh-statistics/348030197A495649E6E8236752344749
[34] https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000829#_i8
[35] https://www.medicalindependent.ie/in-the-news/nosp-aims-to-progress-protocol-for-real-time-data-on-suspected-suicides/

More specifically changing the burden of proof to a civil standard not only addresses the ongoing concern of underreporting of suicides but reflects the positive decision to decriminalise suicide made by Ireland and other countries. Accurately determining manner of death drives relevant suicide research, surveillance and prevention policies. It ensures that adequate resources are allocated to suicide prevention, commensurate to the actual scale of the problem.

Furthermore, building more up-to-date and accurate suicide statistics is a vital step towards bringing these numbers down. This could be achieved by identifying population groups that are becoming more at risk of suicide, and by flagging clusters, methods, and locations of suicides that have become prevalent in Irish communities. Armed with this information, statutory and community organisations could provide pre-emptive interventions when and where they are needed to prevent further tragedies.

Conclusion

Both lowering standard of proof for suicide deaths, and real-time reporting systems have been applied successfully in other countries, and research suggests that these changes increase data accuracy. Community mental health organisations assert that accurate, up-to-date suicide death figures would better equip them to address and prevent suicide. As the Irish government continues to prioritise suicide prevention it is vital that they observe this evidence and adjust suicide reporting measures accordingly.

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