



Mental
Health
Reform

COALITION
CONVERSATIONS
Connecting Experiences

Suicide Reporting

Exploring how we define and measure suicide in Ireland

If you need support....



HSE

Your Mental Health

[HSE Bereavement](#)

[Support Guide](#)

The logo for Samaritans, consisting of the word 'SAMARITANS' in white, uppercase, sans-serif font, centered within a solid green rectangular background.

SAMARITANS

Samaritans

116 123 or email

jo@samaritans.ie

The logo for the 50808 Crisis Text Line, featuring the number '50808' in white, bold, sans-serif font, centered within a red speech bubble shape that points to the right.

50808

CRISIS TEXT LINE |

Text HELLO to 50808

to start a conversation

'Text About It' is

anonymous, free and here

for you 24/7.



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Burden of proof

Reporting Delay

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Sarah Stack

Panel Discussion

Connecting for Life

- Connecting for Life **Goal 7:** Better Data and Research
- To improve surveillance, evaluation and high quality research relating to suicidal behaviour.



Figure 1 Deaths due to suicide by year of occurrence and sex, 2011 - 2021



- **78.3%** of these deaths were males
- Travellers are **six times** more likely to die by suicide than the national average
- **55-59 year olds** were the cohort with the highest number of suicide deaths

Standard of Proof

Beyond a reasonable doubt

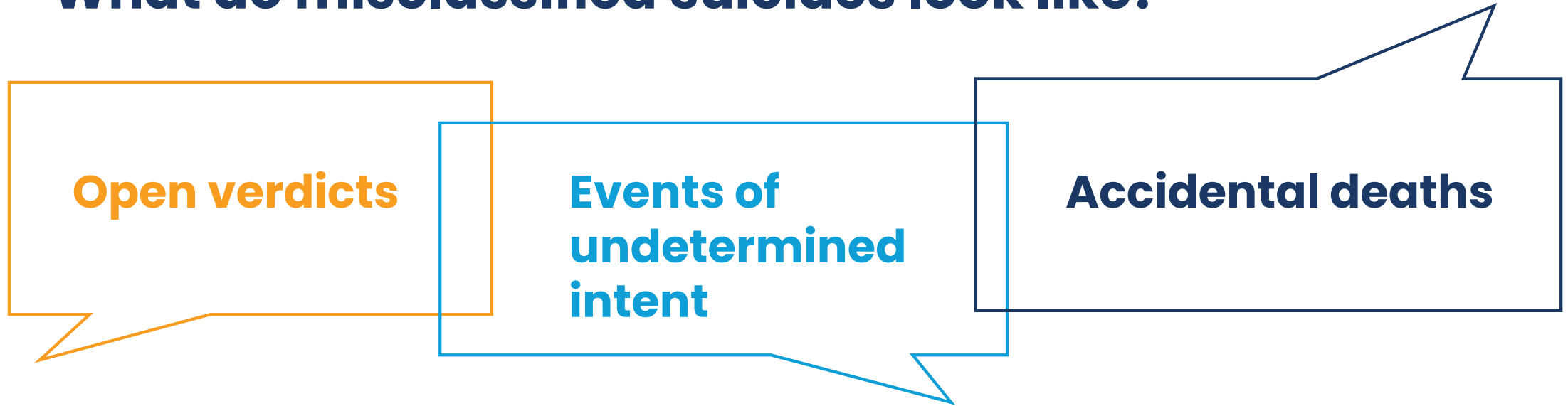
- there is no other logical or probable explanation of how the death occurred
- Criminal standard

On the balance of probabilities

- Suicide is the most likely cause of death.
- Civil standard

- In common law suicide was considered a crime against God and King and came with consequences in terms of forfeiting property and religious burial.
- These consequences existed until the late 1800s

What do misclassified suicides look like?



Some deaths are more likely to be misclassified than others

- Passive deaths (e.g. poisoning)
- Age – deaths of older adults are more likely to be deemed as accidental deaths
- Gender

Effects of Suicide Misclassification



**We misunderstand
the burden of
suicide**

**The outcome of an
inquest fails to
provide meaningful
answers**

**International
comparisons of
suicide rates are
inconsistent**

**Suicide
interventions and
postvention
services do not go
where they are
needed**

Changing standard of proof for suicide

- England & Wales

Is the applicable standard of proof in inquest proceedings in the case of suicide the balance of probabilities (the civil standard) or beyond reasonable doubt (the criminal standard)?

- The appellant's brother died by hanging in his prison cell in 2016.
- The senior coroner on this case proposed that this death could be considered a suicide based on a narrative verdict – on the balance of probabilities.
- The Supreme Court upheld this application of the civil standard



Lowering the standard of proof- what would happen?

In 2020 The Office for National Statistics reported that:

- Change was gradual rather than sudden
- Overall there were fewer deaths attributed to accidental drowning and accidental hanging
- Coroners coded fewer deaths as 'undetermined intent' and more to 'intentional self-harm'



Changing the burden of proof in Ireland

- Impact of Changes in Burden of Proof on Recorded Rate of Suicide in Ireland (Hugg, Indecon)
- Difference-in-difference analysis
- Using data from change in suicide proof in England and Wales versus Ireland
- 20 -25% increase in reported suicide deaths – or using more modest estimates (based on ICD-10 death categories) a 10-20% increase

Irish probable suicide Deaths Survey

- Estimated that 31% of actual suicide deaths in Ireland were misclassified
- Attributed to undetermined/open verdict, accident/misadventure, and no verdict

Reporting Timeline

- Possible unnatural deaths are subject to inquest
- For suicides these are determined or reported at a multi-year delay
- This allows for late reports
- The most recent official figures reported by CSO state that 512 people died by suicide in 2021.
- This figure rose by 14% since the 2021 annual report published in 2023.

Year	CSO Vital Statistics Suicide deaths
2024	351
2023	302
2022	436
2021	449

Real-Time Reporting Systems

1

'Suspected' or 'probable' suicides are recorded based on local police or coroner reports

2

Recorded electronically

3

Data gathered includes demographic information, circumstances of death, potential triggers, medical history.

4

Figures are compiled and shared on a need-to-know basis, or in monthly reports to the region's health department

5

High levels of completeness and accuracy

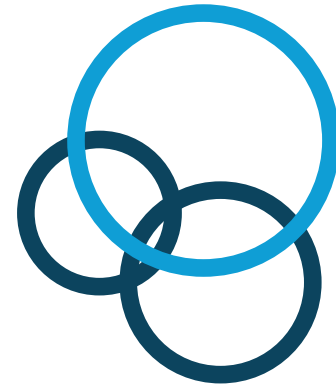
Applications of real-time suicide reporting systems



**Identifying changes
in suicides**
(rate, mode, location,
populations at risk)



**Directing
bereavement
supports**



**Cluster
Prevention**

Suicide Clusters

- Groups of suicides or suicide attempts occurring close together or in a short time frame.
- More so than would be expected in the community.

Suicide Contagion

When one suicide increases the risk of suicidal behaviour among others

- Clusters are a particular risk among adolescents & young people
- However they can be rapidly identified by real-time data analysis using scans

Cork & Kerry Suicide Observatory 2019 – 2022

Collected real-time suicide data from coroners in these regions

- Evaluation
 - Acceptable sensitivity & predictive quality
 - Data completion
 - Acceptable and useful according to stakeholders

Recommendations

- Standardise procedures
- Formal data sharing agreements
- Scale up the project while adapting to local needs
- Include self-harm data



Evaluation of the implementation and scalability of
the Suicide Observatory in Cork and Kerry
Final report

Coronial Suspected Suicide Data Sharing Service New Zealand

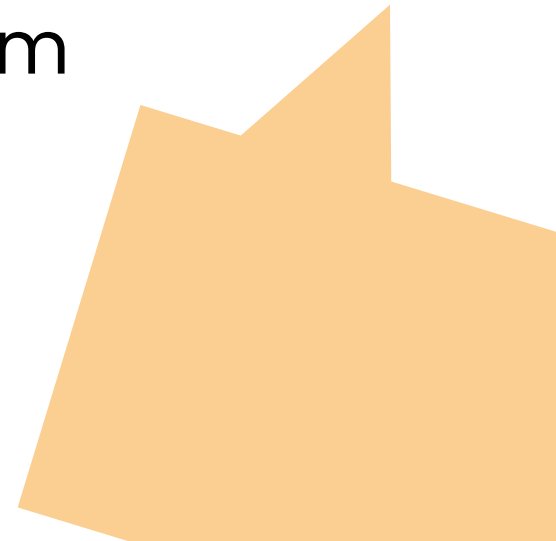
- District health Boards receive encrypted notifications of suspected suicides
- These cases are then used to direct community-based postvention supports to the bereaved community
- Also used to determine suicide clusters

<https://www.health.govt.nz/system/files/2015-02/coronial-data-sharing-service-faq-2016.pdf>



Why accurate, up-to-date reporting matters

- Accurate data drives effective prevention & resource allocation.
- Helps identify at-risk groups and emerging clusters.
- Reduces stigma by aligning legal proof with decriminalisation.
- Supports bereaved families faster (e.g., interim certificates, targeted supports)



Challenges for real-time reporting implementation



**Regionalisation of
the health system
in Ireland**



Data Security



**Social media as a
mode for suicide
contagion**



**Existing
infrastructure and
methods**



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