GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Deaths by suspected suicide 2022-2023

Version 1.0 – January 2024

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh

Contents

Main Points

1. Collecting and sharing data via Real Time Suspected Suicide Surveillance allows action to prevent future deaths by suspected suicide to be taken in a timely way, by providing up to date intelligence to users on national and regional patterns.
2. This is the first year of data collection and analysis will develop as further data are collected. Users should be cautious when using the data due to the shortness of the time series and small numbers in some categories.
3. Deaths by suspected suicide are reported to Public Health Wales before a coroner's inquest. It is anticipated that the number of deaths by suspected suicide may be higher than the number of suicides as determined by a Coroner, as some deaths by suspected suicide may be found to have a different cause following a Coroner's investigation and inquest.
4. From 1 April 2022 – 31 March 2023 there were 356 deaths by suspected suicide of Welsh residents who died in or outside of Wales, giving a rate of 12.6 per 100,000 people.
5. Males accounted for 78% of deaths by suspected suicide. The age-specific rate was highest in males aged 35-44 years (29.4 per 100,000), followed by males aged 25-34 years (29.2 per 100,000).
6. By regional area of residence, Mid and West Wales had the highest rate of death by suspected suicide (15.7 per 100,000), which was statistically significantly different to the all-Wales rate and with North Wales and South-East Wales.
7. The rates of deaths by suspected suicide in residents in the most deprived and next most deprived areas (13.9 per 100,000 and 13.7 per 100,000) were statistically significantly higher than the rate in residents in the least deprived areas (9.5 per 100,000).
8. The rate of deaths by suspected suicide in people who were reported to be unemployed was 114.1 per 100,000, which was at least 12 times higher than in any other employment status group.
9. 74% of the deaths by suspected suicide were in people previously known to the police.

Background

Real Time Suspected Suicide Surveillance (RTSSS) was established in Wales on 1 April 2022. The RTSSS collects information on deaths by suspected suicide that occur in Wales, as well as deaths of Welsh residents that occur outside of Wales.

The aim of the RTSSS is to act as a central national repository for deaths by suspected suicide in Wales and to generate the intelligence to inform suicide prevention activity across Wales.

Deaths by suspected suicide are reported to the RTSSS before a coroner's inquest. It is anticipated that the number of deaths by suspected suicide may be higher than the number of suicides as determined by a Coroner, as some deaths by suspected suicide may be found to have a different cause following a coroner's investigation and inquest.

Data on deaths by suspected suicide reported by RTSSS are different from suicide data as reported by the Office for National Statistics (ONS). Suicides reported by the ONS include deaths which are registered following an inquest where a coroner has determined:

- a suicide conclusion
- a narrative conclusion (where the death may be recorded as intentional self-harm or injury or poisoning of undetermined intent, based on the information provided by the coroner)
- an open conclusion (where the death may be coded as injury or poisoning of undetermined intent based on the information provided by the coroner).

(Suicide rates in the UK QMI. 2019, ONS)

Suicide statistics published by the ONS are the official statistics on suicide and should be used for strategic planning and comparison purposes. ONS statistics on deaths registered in 2022 were published on 19 December 2023.

Using RTSSS data

The inquest process means that it can take from months to years for a death to be registered. As official suicide statistics are for deaths registered during a calendar year, they may not reflect any actual changes in the rate of deaths by suspected suicide occurring that year. RTSSS data is intended to be available earlier than official statistics so that suicide prevention leads, multi-agency local suicide prevention fora, local public health teams, police, third sector organisations and other agencies involved in suicide prevention, can respond quickly to any regional or national emerging patterns in order to prevent future deaths. Users have requested data to be made available for this purpose. Future reports will allow us to understand trends in a timely manner.

Further information on RTSSS can be found at Public Health Wales – Real Time Suspected Suicide Surveillance. We welcome feedback on this report. Please direct any feedback, comments, or queries to PHW.RTSSS@wales.nhs.uk.

Considerate Journalism

If you are a journalist covering news relating to suicide, please follow the Samaritans' media guidelines and the Independent Press Standards Organisation reporting suicide guidance which

advise on how to reduce the risk of media coverage negatively impacting on people who may be vulnerable.

Support

If you need support, information on sources of support in Wales can be found here: Get Help Now - NHS SSHP. The Samaritans can be contacted for free day or night, 365 days a year on 116 123 (UK and the Republic of Ireland) or by email at jo@samaritans.org, or visit www.samaritans.org to find your nearest branch. Additional sources of support are listed at NHS help for suicidal thoughts webpage.

Measuring the data

Data sources

Data in this report were obtained from the RTSSS database. Information is provided to RTSSS mainly by the four Welsh police forces and the British Transport Police, using a template developed by the British Transport Police for the National Police Chief's Council Suicide Prevention Portfolio. Other sources include ad-hoc reports from services outside of Wales, the National Collaborative Commissioning Unit, and media reports.

Deaths by suspected suicide have been determined to be suspected suicides by the Police (see 'suspected suicide' in glossary).

Welsh Index of Multiple Deprivation 2019 (WIMD) was used as the estimate of deprivation. It is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is made up of eight separate domains/types of deprivation: Income, Employment, Health, Education, Access to Services, Housing, Community Safety and Physical Environment.

The ONS mid-year estimates (MYE) were used as the denominator when calculating rates. The ONS is the official source of population sizes, produced annually, covering populations of local authorities, counties, regions and countries of the UK by age and sex. Denominator for rates were based on lower super output areas, MYE 2020.

ONS Census 2021 data was used for estimating employment rates.

Location data were derived from postcodes, What Three Words and grid reference data provided by the data suppliers, on the British National Grid.

Data analysis

The rates referred to in this report are crude rates as they are most suitable to inform action, which is one of the aims of the RTSSS. A crude rate is the number of deaths by suspected suicide occurring in a population over a specific time period, expressed as the number of deaths per 100,000 of the population. Both the numerator (number of events) and denominator (mid-year population estimate) are based on the same geographical area and should be based on the same time period, however, 2020 mid-year estimates were used as these were the latest available for lower super output areas.

Region, health board, sex, age/sex, and deprivation rates are estimated rates. 95% confidence intervals around these rates were calculated to give an indication of the precision of the estimate of the rate.

For comparisons between:

- regional estimates
- health board estimates
- deprivation estimates
- sex estimates

and the all-Wales rate, the all-Wales rate is treated as an exact reference (no confidence interval). This is a widely adopted method for national level estimates, with the random error deemed negligible for large populations. If the confidence interval of the estimate lies outside of the all-Wales rate, then the difference is statistically significant. If the confidence interval of the estimate overlaps the all-Wales rate, the difference is not statistically significant.

For comparisons between two estimates such as:

- regional estimates with another regional estimate
- health board estimates with another health board estimate
- deprivation estimates with another deprivation estimate
- sex estimates with another sex estimate

non-overlapping confidence intervals between values indicate that the difference is unlikely to have arisen from random fluctuation (i.e., statistically significant). However, when the confidence intervals overlap, we cannot determine if there is a statistically significant difference or not by comparing confidence intervals alone, so a more exact test is required. The pairwise comparison looked at the difference between the rates and the 95% confidence intervals of the difference. When the confidence interval of the rate difference is above zero, the two rates are considered significantly different with 95% confidence.

Therefore, where estimated rates are compared with each other, a difference is statistically significant if either:

- the confidence intervals of the values do not overlap
- the confidence intervals overlap, but the confidence interval for the difference between the rates does not include zero

Where appropriate, the mean (average) number of cases and standard deviation were estimated. It is expected that counts are within one standard deviation above or below the mean two thirds of the time. This gives a measure of whether there are counts or trends of concern.

Strengths

Figures are for deaths that occurred during the stated time period and provide a timely indication of deaths by suspected suicide. This compares with official statistics which are published by year of registration, so the actual occurrence of those deaths may have been months or years prior.

Limitations

The data collected are surveillance data so although we are able to provide more timely data than official statistics, the data is not as of high quality.

There is no trend data available, as only data from 1 April 2022 are available.

This report contains small numbers which are prone to fluctuation.

There are large confidence intervals around the rate estimates.

Deaths of all Welsh residents by suspected suicide may not be fully captured, because:

- We do not yet have fully established links with other RTSSS teams outside of Wales, so we may not have captured all deaths of Welsh residents that occurred outside Wales.
- We do not yet have an established process for capturing deaths by suspected suicide where the death occurred in hospital after the event.

Data on ethnic group, sexual orientation and occupation were incomplete so were not included in this report.

Data on mental illness and whether the person was known to mental health services was largely based on data from Police systems not health systems, although some Police forces do include data from health systems in their data return to RTSSS and we are able to validate some, but not all, data

on mental health services with other sources.

The extent of data capture may vary between Police forces as different systems are accessed to obtain data.

A list of data fields has been developed for the RTSSS, but we are not yet able to collect all of the data, e.g., religion, disability status.

Findings

Deaths by suspected suicide in Wales

From 1 April 2022 to 31 March 2023, there were 356 deaths by suspected suicide of Welsh residents that occurred in Wales or outside Wales. There were 19 deaths by suspected suicide of non-Welsh residents that occurred in Wales.

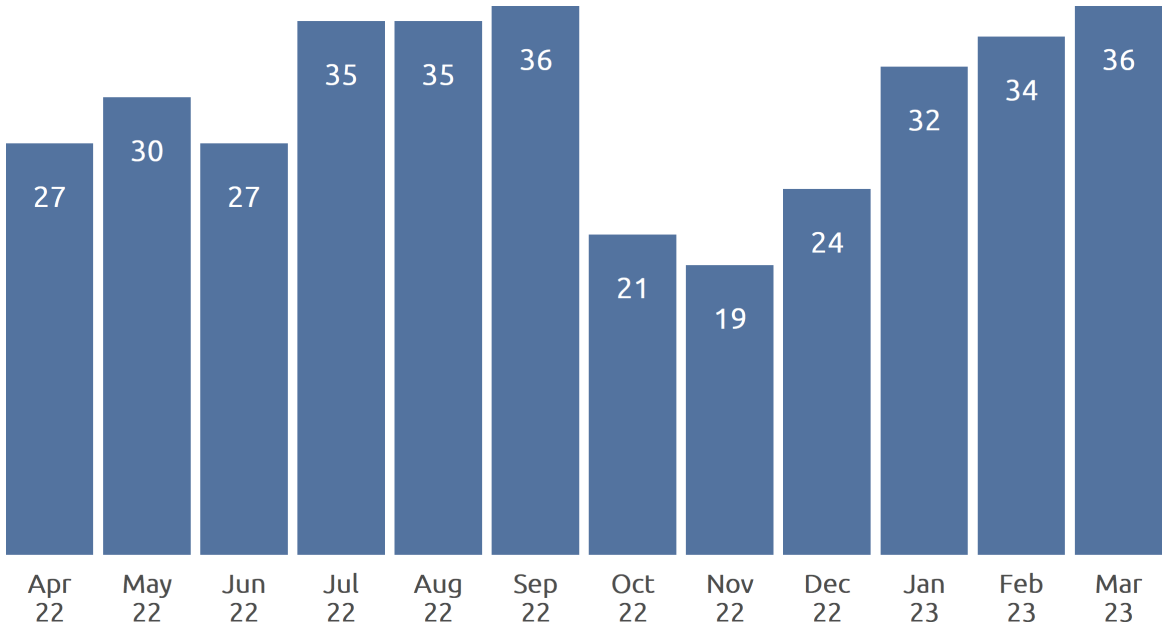
The analyses presented in this report is of the 356 deaths by suspected suicide of Welsh residents only.

Deaths by suspected suicide, Welsh residents, by month

The number of deaths by suspected suicide ranged from 19 deaths in November 2022 to 36 deaths in September 2022 and March 2023. The mean (average) number of deaths was 30 per month and the standard deviation was 6. It is expected that around two thirds of the time that counts would be inside one standard deviation of the mean, and this was the case for 10 out of 12 months, so the variation seen is what would be expected.

From these data you cannot conclude that there was any significant variation in the number of deaths by suspected suicide month on month.

Figure 1. Deaths by suspected suicide, by month, all persons, all ages, counts, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data

Deaths by suspected suicide, by region of residence

Comparisons between regional estimates and the all-Wales rate

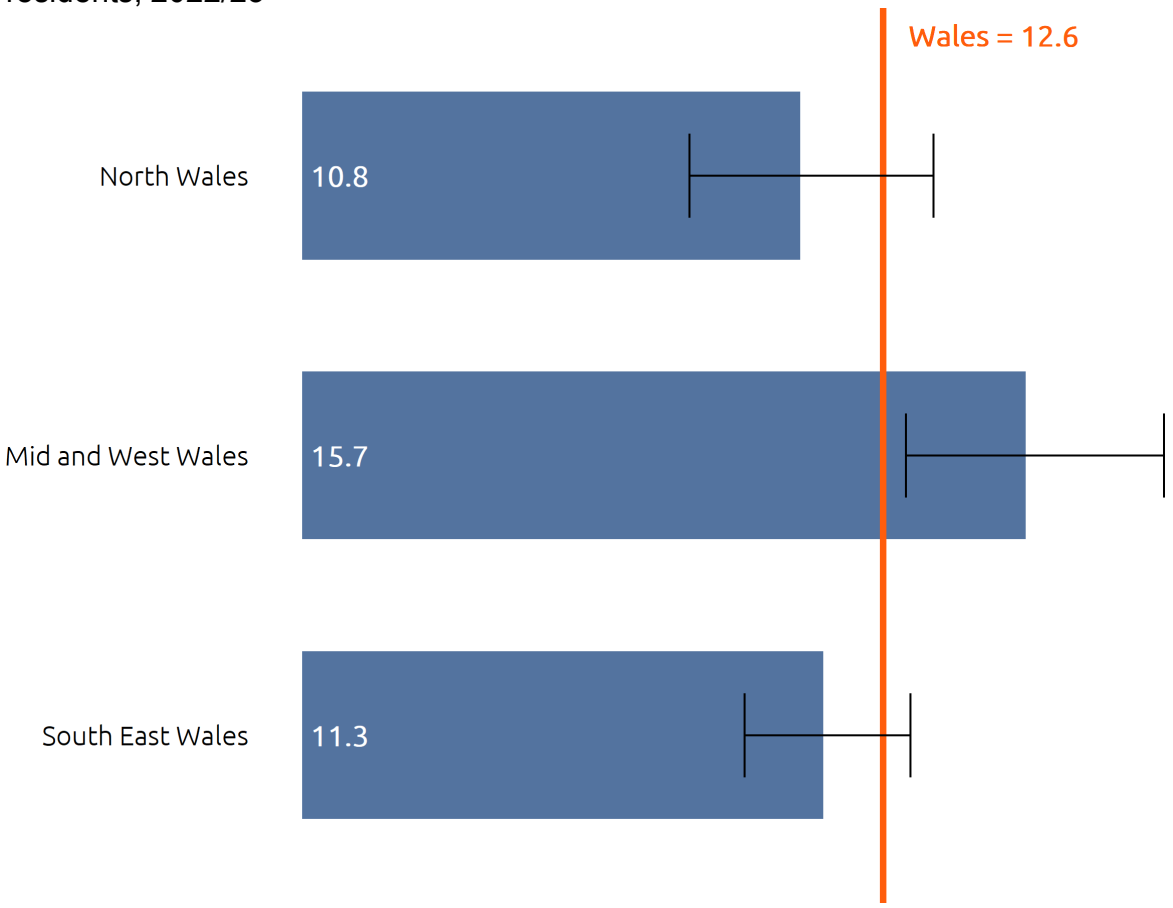
The rate of deaths by suspected suicide was statistically significantly higher in Mid and West Wales (15.7 per 100,000, 95% CI 13.1-18.7 per 100,000) compared with the all-Wales rate (12.6 per 100,000), as the confidence interval of the rate in Mid and West Wales did not overlap with the all-Wales rate. The rates in North Wales and South-East Wales were lower than the all-Wales rate, but this difference was not statistically significant, as the confidence intervals included the all-Wales rate.

Comparisons between regional estimates

The 95% confidence intervals of the regional rate estimates overlap but since two estimates with overlapping confidence intervals can still be statistically significantly different, further testing using the pairwise comparison of regions was done. It showed that the rate in Mid and West Wales was statistically significantly higher than the rate in North Wales and the rate in South-East Wales (see results in Appendix).

From these data you can conclude that the rate of deaths by suspected suicide was statistically significantly higher in Mid and West Wales compared with the all-Wales rate, and with the rate in North Wales and South-East Wales.

Figure 2. Deaths by suspected suicide, by region of residence*, crude rate per 100,000, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data and MYE (ONS)
*4 cases were missing region data therefore are not included.

Deaths by suspected suicide, by health board area of residence

Comparisons between health board estimates and the all-Wales rate
The rate of deaths by suspected suicide was statistically significantly higher in residents of Powys Teaching Health Board (19.9 per 100,000, 95% CI 12.8-29.6 per 100,000) compared with the all-Wales rate (12.6 per 100,000). However, the confidence intervals around the rate were wide due to the rate being based on 24 deaths in a relatively small population. Changes in small numbers may make a rate appear to be significant when it could still be due to random fluctuation.

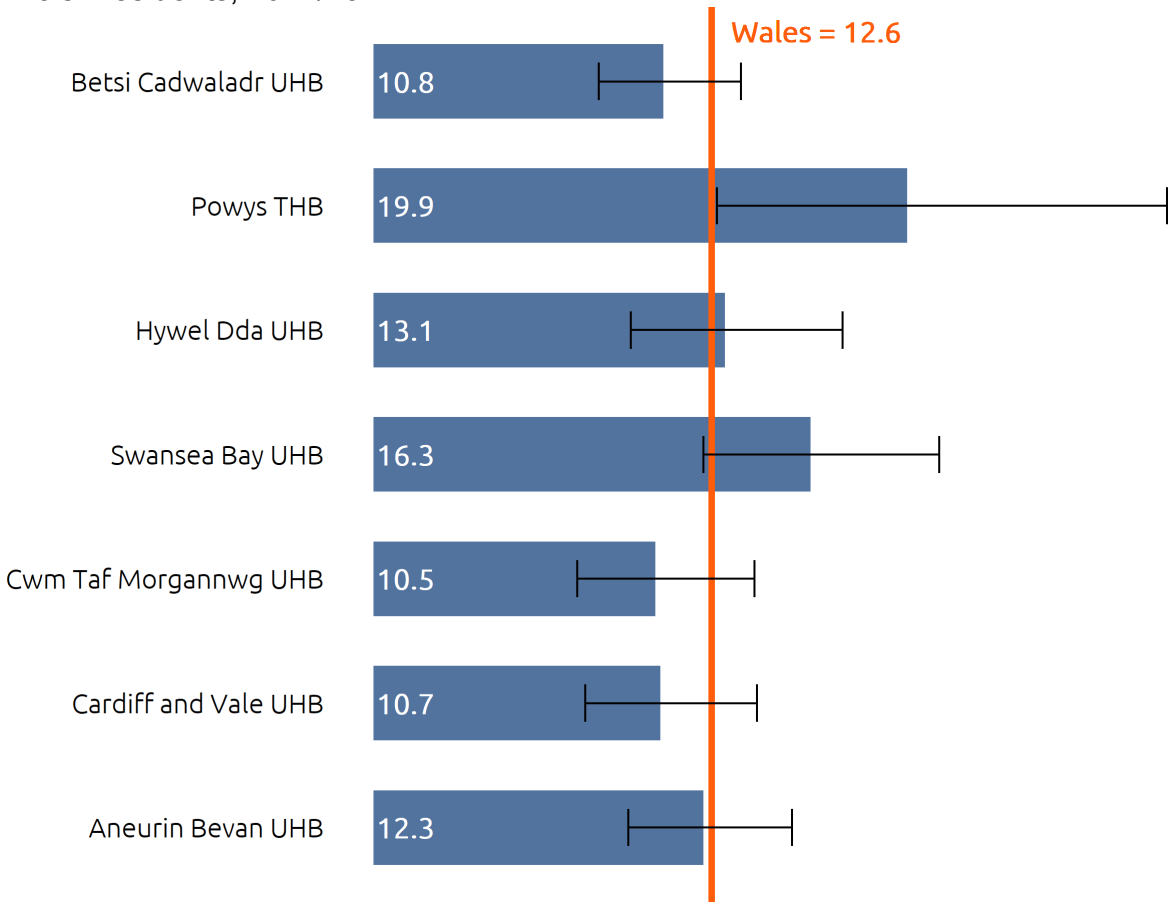
The rates in residents of Swansea Bay University Health Board (16.3 per 100,000) and Hywel Dda University Health Board (13.1 per 100,000) were also higher than the all-Wales rate but the confidence intervals overlapped the all-Wales rate, so they did not reach statistical significance. The remaining health board areas had lower rates than the all-Wales rate, although they were not statistically significantly different to the all-Wales rate.

Comparisons between health board estimates

The 95% confidence intervals of the health board rate estimates overlap but since two estimates with overlapping confidence intervals can still be statistically significantly different, further testing using the pairwise comparison of health boards was done. It showed that the rates in residents of Powys Teaching Health Board and Swansea Bay University Health Board were statistically significantly higher than the rates in residents of Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Boards. There were no other statistically significantly differences between the remaining health boards.

From these data you can conclude that the rate of deaths by suspected suicide was higher in residents of Powys Teaching Health Board compared with the all-Wales rate and with residents of Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Boards. The rate of deaths by suspected suicide was higher in residents of Swansea Bay University Health Board compared with residents of Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Boards.

Figure 3. Deaths by suspected suicide, by health board area of residence*, crude rate per 100,000, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data and MYE (ONS)
*6 cases were missing health board area of residence data therefore are not included.

Deaths by suspected suicide, by area deprivation

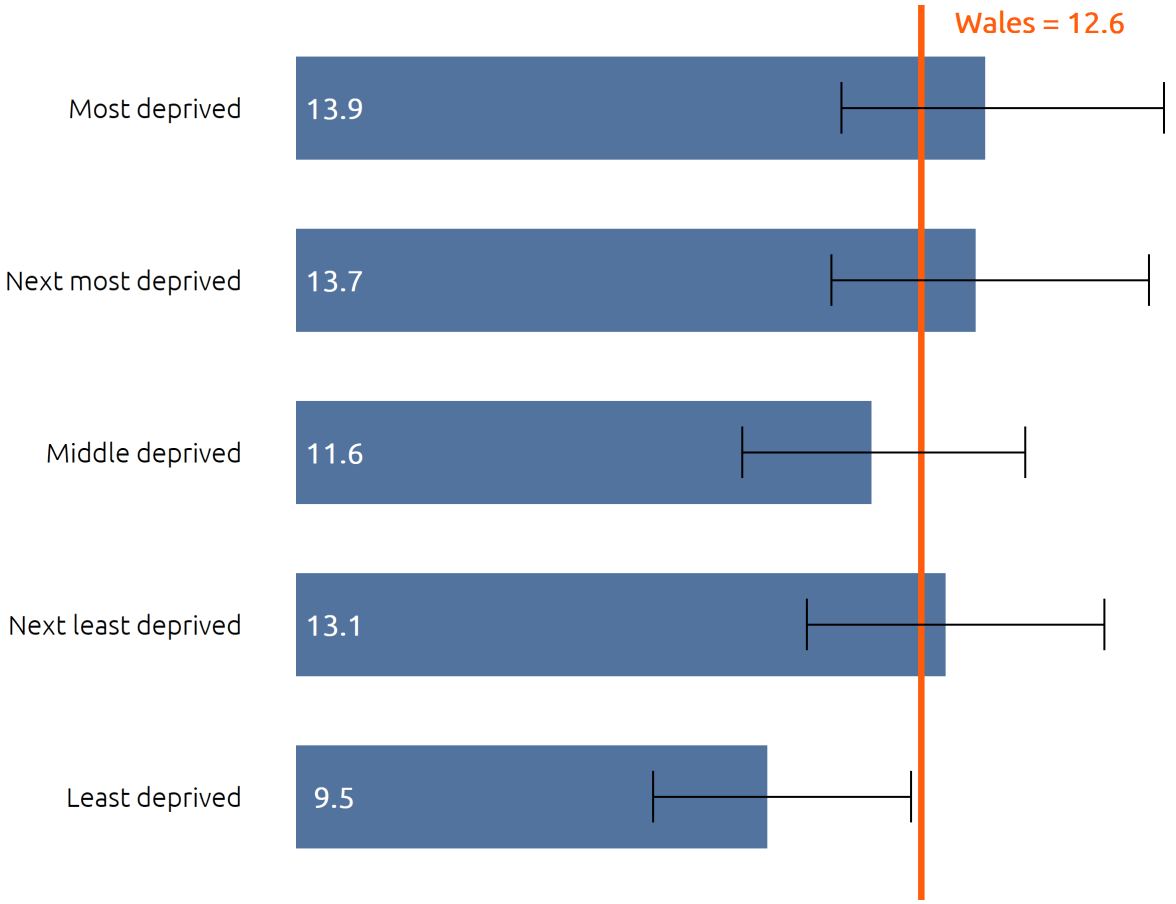
Comparisons between area deprivation estimates and the all-Wales rate
The rate of deaths by suspected suicide was statistically significantly lower in residents who lived in the least deprived areas at 9.5 per 100,000 (95% CI 7.2-12.4 per 100,000) compared with the all-Wales rate (12.6 per 100,000). The rates were higher than the all-Wales rate in residents who lived in the most deprived, next most deprived and next least deprived areas, but the confidence intervals around the rates overlapped with the all-Wales rate so these were not statistically significant.

Comparisons between area deprivation estimates
The 95% confidence intervals of the deprivation rate estimates overlap each other, but since two estimates with overlapping confidence intervals can still be statistically significantly different, further testing using the pairwise comparison of regions was done. It showed that the rates of suspected

suicide in residents who lived in the most deprived and next most deprived areas (13.9 per 100,000 and 13.7 per 100,000) were statistically significantly higher than the rate in residents who lived in the least deprived areas (9.5 per 100,000).

From these data you can conclude that the rate of deaths by suspected suicide was statistically significantly higher in residents in the most deprived areas compared with the least deprived areas.

Figure 4. Deaths by suspected suicide, by deprivation fifth*, crude rate per 100,000, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data and WIMD 2019 (WG)
*7 cases were missing residence data therefore are not included.

Deaths by suspected suicide, by age and sex

The highest rate of deaths by suspected suicide occurred in males aged 35-44 years (29.4 per 100,000), followed by males aged 25-34 years (29.2 per 100,000).

The non-overlapping confidence intervals showed that the rate in males aged 35-44 years and 25-34

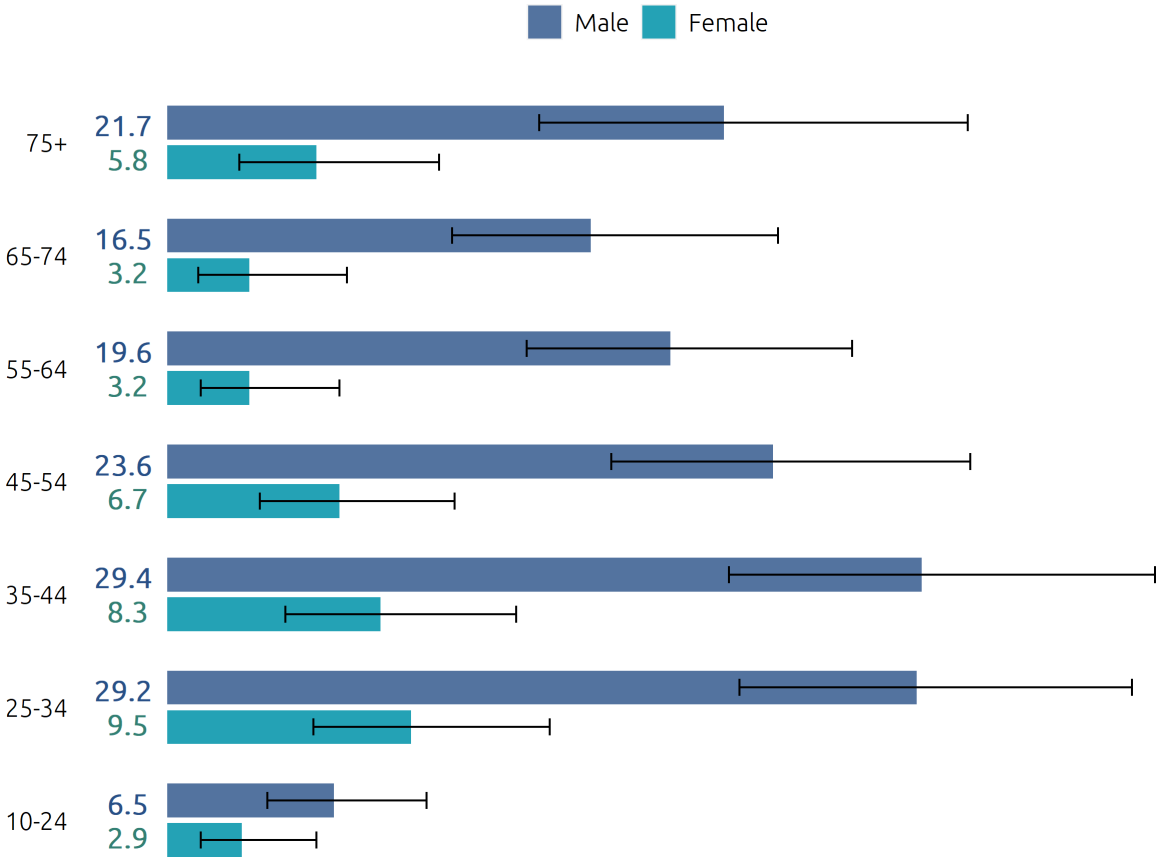
years was statistically significantly higher than in all female age groups and males aged 10-24 years. Additionally, the pairwise test (see appendix) showed that the rate in males aged 35-44 years was statistically significantly higher than in males aged 65-74 years and the rate in males aged 25-34 years was statistically significantly higher than in males aged 55-64 years and 65-74 years.

The rate was higher in males compared to females in every age group. The difference in the rate for males and females was statistically significantly different in all age groups (as shown by non-overlapping confidence intervals) apart from the 10-24 years age group, which was confirmed to be not statistically significantly different by the pairwise test (see appendix).

The highest rate in females was in the 25-34 years age group (9.5 per 100,000), followed by the 35-44 years age group (8.3 per 100,000).

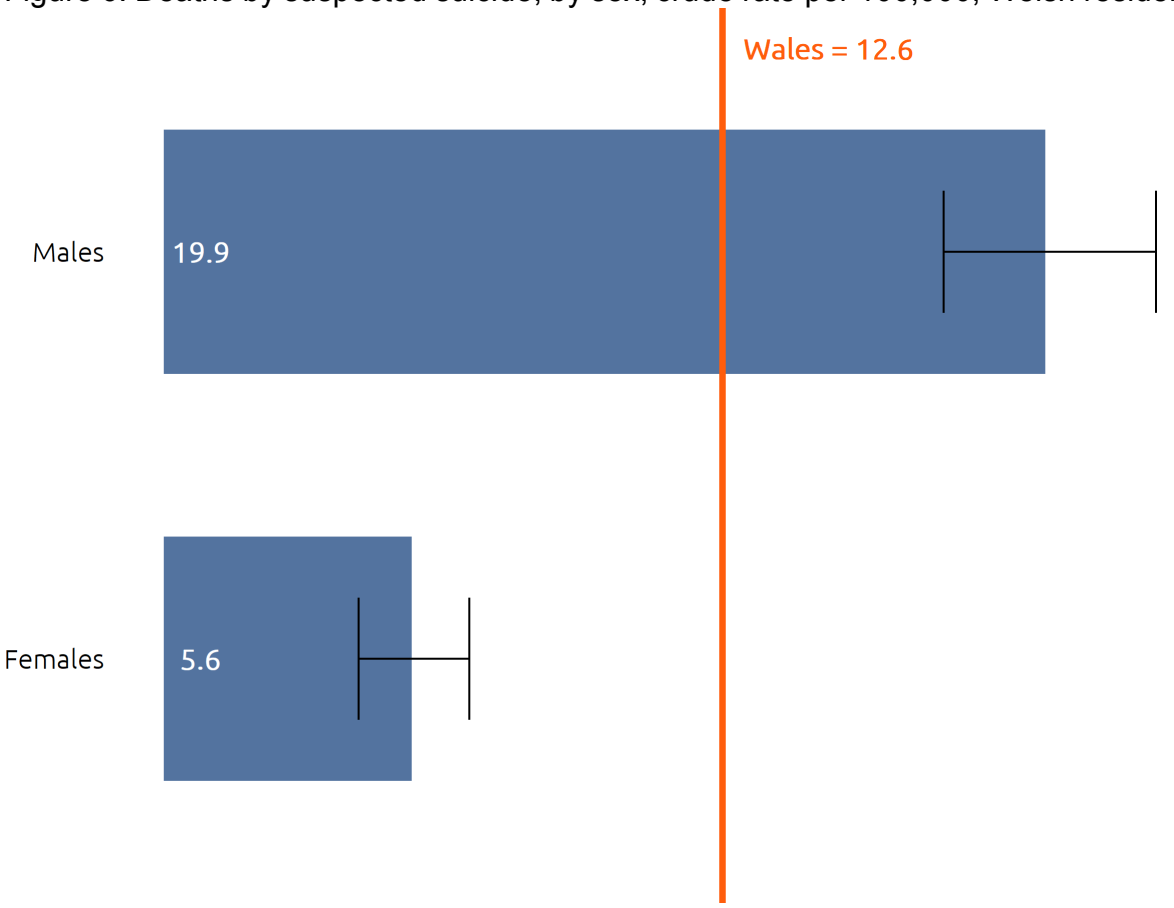
Males accounted for 78% (276 out 356) of deaths by suspected suicide. The rate in males (19.9 per 100,000, 95% CI 17.6-22.4 per 100,000) was statistically significantly higher compared with the all-Wales rate (12.6 per 100,000) and with the rate of deaths in females (5.6 per 100,000, 95% CI 4.4-6.9 per 100,000). The rate of death in females was statistically significantly lower than all-Wales rate.

Figure 5. Deaths by suspected suicide, by age group and sex*, all persons, crude rate per 100,000, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data and MYE (ONS)
*1 female case was missing age data therefore are not included.

Figure 6. Deaths by suspected suicide, by sex, crude rate per 100,000, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data and MYE (ONS)

Deaths by suspected suicide by employment status

The highest rate of deaths by suspected suicide was in people where employment status was recorded as unemployed (114.1 per 100,000). This was statistically significantly higher than any other employment status group and over 12 times higher than the next highest group which was people who were retired (9.2 per 100,000). However, it should be noted that in 20% of deaths by suspected suicide the employment status was unknown. This could affect the findings (by increasing or decreasing the rate) if those who had unknown employment status were more likely or less likely to be unemployed.

From these data you can conclude that the rate of deaths by suspected suicide was statistically significantly higher in people who were reported to be unemployed compared with any other employment status group.

Figure 7. Deaths by suspected suicide, by employment status*, crude rate per 100,000, aged 16+, Welsh residents, 2022/23

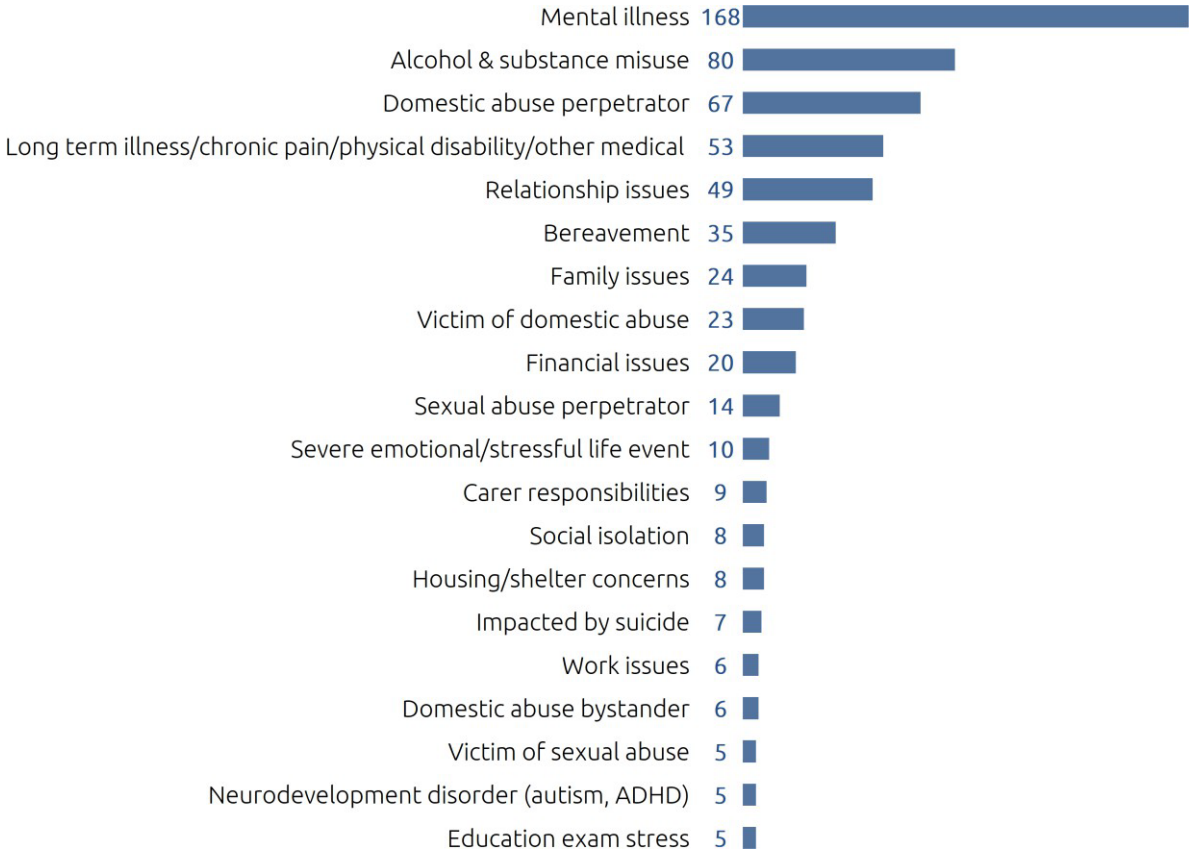
Produced by Public Health Wales Observatory, using RTSSS data and Economic activity status data (ONS)
*72 cases had an unknown employment status therefore are not included.

Deaths by suspected suicide and associated factors

The most common associated factor was mental illness, which was reported in 168 out of 356 (47%) people who died by suspected suicide. Alcohol and substance misuse was reported in 80 out of 356 (22%) and a domestic abuse perpetrator history was reported in 67 out of 356 (19%) of people who died by suspected suicide.

From these data you cannot conclude what the risk of suicide was in someone who had a mental illness or other associated factor, as denominator data were not available.

Figure 8. Deaths by suspected suicide, by associated factors*, all persons, all ages, count*, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data
*Multiple associated factors listed, therefore, some may be counted in more than one category
*Counts under 5 have been removed

Deaths by suspected suicide, by whether people were known to mental health services

Of the 356 people who died by suspected suicide, 96 (27%) were known to mental health services, 152 (43%) were not known to mental health services, and for 108 (30%) it was unknown whether they were known to mental health services (figure 9), so it is possible that this figure is underestimated.

Not all people who were known to mental health services had a known mental illness. Of the 168 people who died by suspected suicide where these was an associated factor of mental illness, 71 (42%) were known to mental health services, 47 (28%) were not known to mental health services and for 50 (30%) it was unknown whether they were known to mental health services (not shown on

chart).

From these data you cannot conclude what is meant by ‘known to mental health services’. There is not yet enough information to determine how people were known to services.

Figure 9. Deaths by suspected suicide, by whether known to mental health services, all persons, all ages, count, Welsh residents, 2022/23

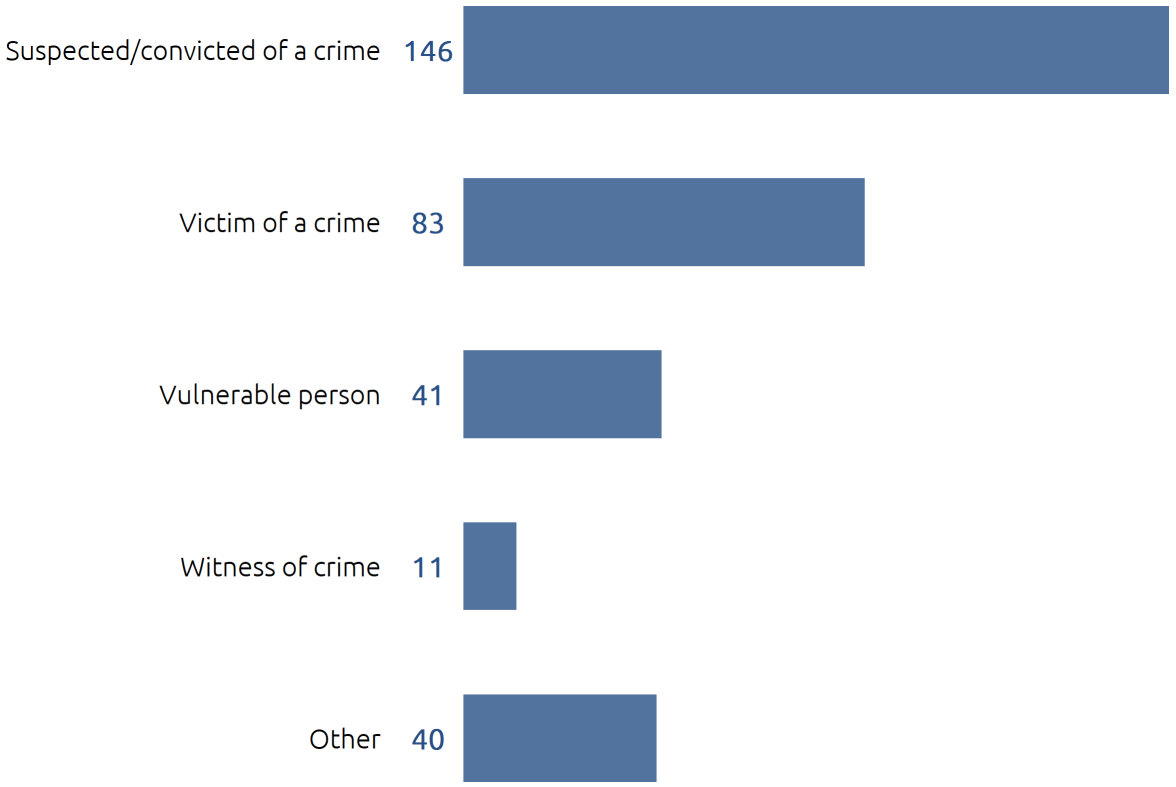
Produced by Public Health Wales Observatory, using RTSSS data

Deaths by suspected suicide, by whether people were previously known to police

Out of 356 deaths by suspected suicide, 263 (74%) of people were previously known to police at any point in their lives prior to their death. There is no indication of the time between being known to police and death by suspected suicide. The most common reason for being known to the police was from being suspected/convicted of a crime (146 out of 356, 41%).

From these data you cannot conclude what the risk of suicide was in someone who was suspected/convicted of a crime, was a victim or witness of a crime, or was a vulnerable person, as denominator data were not available.

Figure 10. Deaths by suspected suicide, by reasons previously known to police*, all persons, all ages, count, Welsh residents, 2022/23

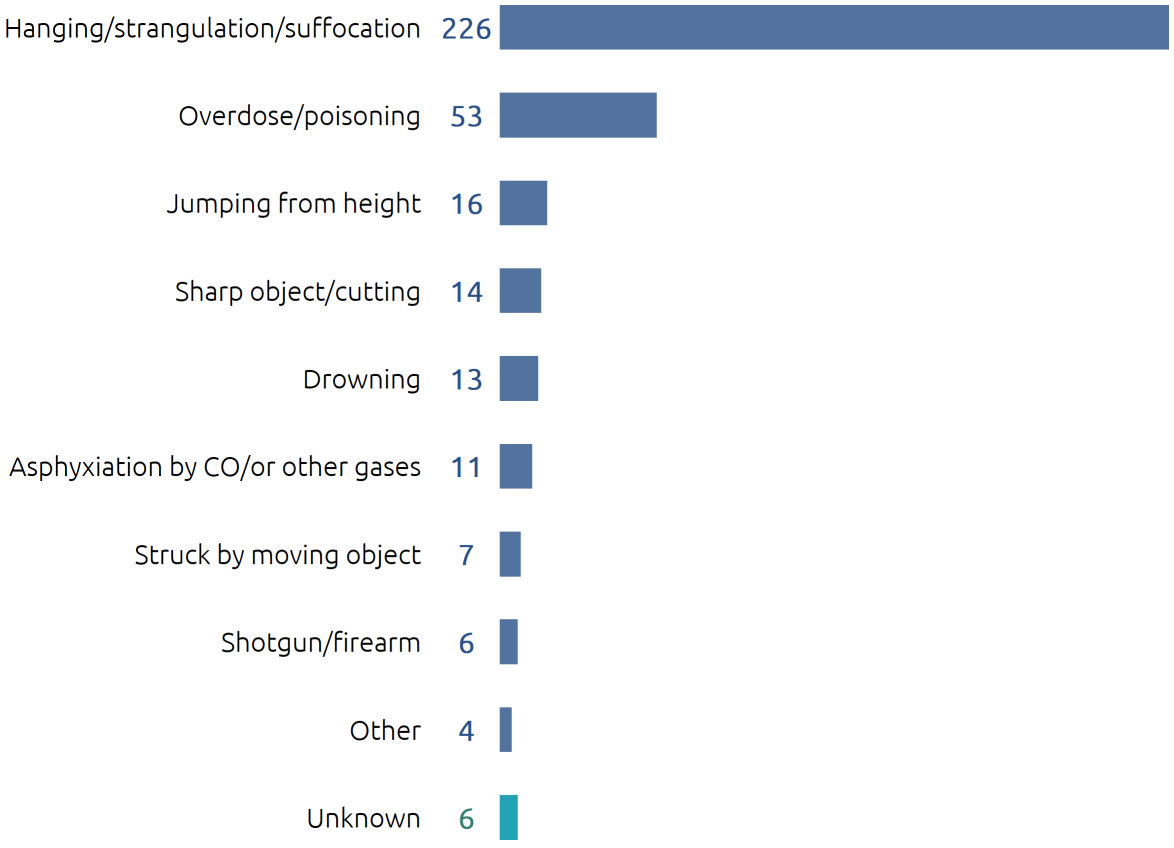


Produced by Public Health Wales Observatory, using RTSSS data
*Some may be counted in more than one category.

Deaths by suspected suicide, by mode of death

Hanging/strangulation/ suffocation was the most common mode of death, accounting for 226 out of 356 (63%) deaths by suspected suicide. The second most common mode of death was overdose which accounted for 53 out of 356 (15%) deaths.

Figure 11. Deaths by suspected suicide, by mode of death, all persons, all ages, count*, Welsh residents, 2022/23

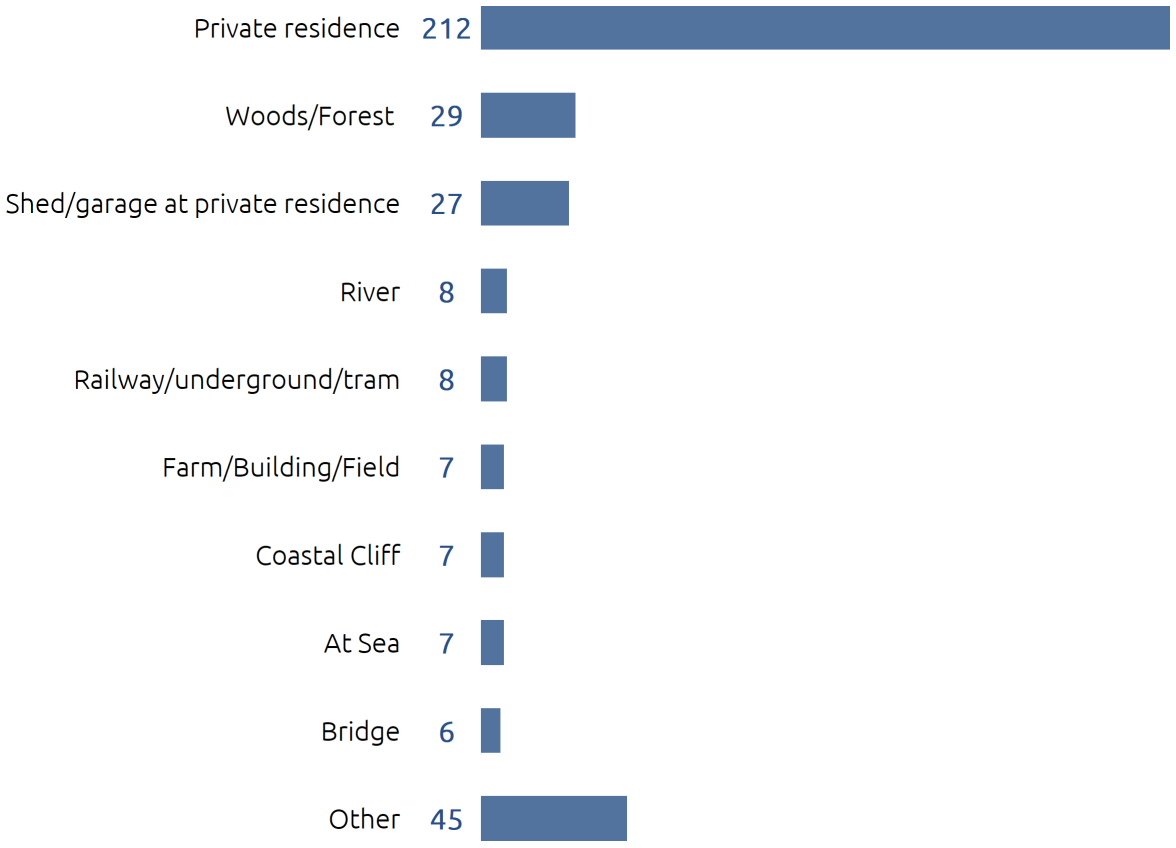


Produced by Public Health Wales Observatory, using RTSSS data
*Counts under 5 are included in the 'Other' category

Deaths by suspected suicide, by location type

Incidents that led to death by suspected suicide most commonly occurred in private residences, accounting for the majority (212) of the 356 incidents (60%). Woods and forests were the next most common, accounting for 29 (8%) out of 356 incidents.

Figure 12. Deaths by suspected suicide, by location type, all persons, all ages, count*, Welsh residents, 2022/23



Produced by Public Health Wales Observatory, using RTSSS data
*Counts under 5 included in the 'Other' category

Conclusion

There were 356 deaths by suspected suicide of Welsh residents who died in or outside of Wales, between 1 April 2022 and 31 March 2023, giving a rate of 12.6 per 100,000 people. Males accounted for 78% of deaths by suspected suicide. The age-specific rate was highest in males aged 35-44 years (29.4 per 100,000) and males aged 25-34 years (29.2 per 100,000). Mid and West Wales had the highest rate of death by suspected suicide (15.7 per 100,000), which was statistically significantly different to the all-Wales rate and with North Wales and South-East Wales.

The rates of deaths by suspected suicide in residents in the most deprived and next most deprived areas (13.9 per 100,000 and 13.7 per 100,000) were statistically significantly higher than the rate in residents in the least deprived area (9.5 per 100,000). The rate of deaths by suspected suicide in people who were reported to be unemployed was 114.1 per 100,000, which was at least 12 times

higher than in any other employment status group. 74% of the deaths by suspected suicide were in people previously known to the police.

This information will be useful to inform suicide prevention work in Wales in order to reduce the number of suicides in the Welsh population.

Glossary

Confidence interval
Confidence intervals are indications of the natural variation that would be expected around a rate and they should be considered when assessing or interpreting a rate. The size of the confidence interval is dependent on the number of events occurring and the size of the population from which the events came. In general, rates based on small numbers of events and small populations are likely to have wider confidence intervals. Conversely, rates based on large populations are likely to have narrower confidence intervals. A 95% confidence interval means that we are 95% confident that the true value of the estimate lies within the range.

Count
The count is the number of deaths by suspected suicide that occurred over a particular period of time.

Crude rate
A crude rate is the number of deaths by suspected suicide occurring in a population over a specific time period, expressed as the number of deaths per 100,000 of the population. These rates were used as they are most suitable to inform action, which is one of the aims of the RTSSS.

Mean
The average number of deaths.

Rate
The rates in this report are crude rates (see above).

Regions
The three regions of North Wales, Mid and West Wales and South-East Wales are defined below and are consistent with the regional suicide prevention fora in Wales.

North Wales – Health board: Betsi Cadwaladr University Health Board. Local authorities: Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham.

Mid and West Wales – Health boards: Hywel Dda University Health Board, Swansea Bay University

Health Board, Powys Teaching Health Board. Local authorities: Carmarthenshire, Ceredigion, Pembrokeshire, Swansea, Neath Port Talbot, Powys.

South-East Wales – Health Boards: Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff & Vale University Health Board. Local authorities: Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen, Bridgend, Merthyr Tydfil, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan.

Standard deviation
A measure of the amount of variation of a set of values in relation to the mean.

Statistical significance
Statistical significance when comparing local area estimates to the all-Wales value was determined using 95% confidence intervals. The local area estimate is statistically significantly different if its confidence interval lies outside the Wales value. If the confidence interval overlaps with the Wales value then the difference is not statistically significant.

When comparing local area estimates with another local area estimate, age groups by sex, and deprivation fifths, non-overlapping confidence intervals between values indicate that the difference is unlikely to have arisen from random fluctuation (i.e. statistically significant). However, when the confidence intervals overlap, we cannot determine if there is a statistically significant difference or not by comparing confidence intervals alone, so a more exact test is required. The pairwise comparison looked at the difference between the rates and the 95% confidence intervals of the difference. When the confidence interval of the rate difference is above zero, the two rates are considered significantly different with 95% confidence.

Suspected suicide
A death by suspected suicide as reported here has been determined by the Police. The College of Policing have outlined the classification of suspected suicide and state that:

"..There is often a requirement for an initial judgment to be made on whether a case is potentially suicide. … Officers should use their professional judgment – based on all the known facts – and supported by the national decision model (NDM), to record whether a fatality is a suspected suicide. Witness accounts, CCTV material, the presence of a suicide note and other available evidence will help in this determination. The 'Ovenstone criteria' (Ovenstone, 1973) may be used as a tool to support decision making on whether a death was more likely to have been suicide than not. Any judgement made in the first instance must be reviewed as further information becomes available."

Appendix

Deaths by suspected suicide, Real Time Suspected Suicide Surveillance data, overall significance, all persons, Wales, April 2022 to March 2023

Breakdown 1	Breakdown 2	Rate Difference	LCL Difference	UCL Difference	Overall Significance (5%)
Aneurin Bevan UHB	Betsi Cadwaladr UHB	1.44	-2.49	5.38	Not significantly different
Aneurin Bevan UHB	Cardiff and Vale UHB	1.50	-2.75	5.76	Not significantly different
Aneurin Bevan UHB	Cwm Taf Morgannwg UHB	1.72	-2.64	6.08	Not significantly different
Aneurin Bevan UHB	Hywel Dda UHB	0.86	-3.96	5.68	Not significantly different
Aneurin Bevan UHB	Powys THB	7.66	-0.84	16.17	Not significantly different
Aneurin Bevan UHB	Swansea Bay UHB	4.03	-1.14	9.20	Not significantly different
Betsi Cadwaladr UHB	Aneurin Bevan UHB	1.44	-2.49	5.38	Not significantly different
Betsi Cadwaladr UHB	Cardiff and Vale UHB	0.06	-3.92	4.04	Not significantly different
Betsi Cadwaladr UHB	Cwm Taf Morgannwg UHB	0.27	-3.82	4.37	Not significantly different
Betsi Cadwaladr UHB	Hywel Dda UHB	2.31	-2.27	6.89	Not significantly different
Betsi Cadwaladr UHB	Powys THB	9.11	0.73	17.48	Significantly different
Betsi Cadwaladr UHB	Swansea Bay UHB	5.47	0.52	10.42	Significantly different
Cardiff and Vale UHB	Aneurin Bevan UHB	1.50	-2.75	5.76	Not significantly different
Cardiff and Vale UHB	Betsi Cadwaladr UHB	0.06	-3.92	4.04	Not significantly different
Cardiff and Vale UHB	Cwm Taf Morgannwg UHB	0.21	-4.19	4.62	Not significantly different
Cardiff and Vale UHB	Hywel Dda UHB	2.37	-2.49	7.23	Not significantly different
Cardiff and Vale UHB	Powys THB	9.17	0.64	17.70	Significantly different
Cardiff and Vale UHB	Swansea Bay UHB	5.53	0.32	10.74	Significantly different

Cwm Taf Morgannwg UHB	Aneurin Bevan UHB	1.72	-2.64	6.08	Not significantly different
Cwm Taf Morgannwg UHB	Betsi Cadwaladr UHB	0.27	-3.82	4.37	Not significantly different
Cwm Taf Morgannwg UHB	Cardiff and Vale UHB	0.21	-4.19	4.62	Not significantly different
Cwm Taf Morgannwg UHB	Hywel Dda UHB	2.58	-2.37	7.53	Not significantly different
Cwm Taf Morgannwg UHB	Powys THB	9.38	0.80	17.96	Significantly different
Cwm Taf Morgannwg UHB	Swansea Bay UHB	5.74	0.45	11.04	Significantly different
Hywel Dda UHB	Aneurin Bevan UHB	0.86	-3.96	5.68	Not significantly different
Hywel Dda UHB	Betsi Cadwaladr UHB	2.31	-2.27	6.89	Not significantly different
Hywel Dda UHB	Cardiff and Vale UHB	2.37	-2.49	7.23	Not significantly different
Hywel Dda UHB	Cwm Taf Morgannwg UHB	2.58	-2.37	7.53	Not significantly different
Hywel Dda UHB	Powys THB	6.80	-2.02	15.62	Not significantly different
Hywel Dda UHB	Swansea Bay UHB	3.16	-2.51	8.84	Not significantly different
Powys THB	Aneurin Bevan UHB	7.66	-0.84	16.17	Not significantly different
Powys THB	Betsi Cadwaladr UHB	9.11	0.73	17.48	Significantly different
Powys THB	Cardiff and Vale UHB	9.17	0.64	17.70	Significantly different
Powys THB	Cwm Taf Morgannwg UHB	9.38	0.80	17.96	Significantly different
Powys THB	Hywel Dda UHB	6.80	-2.02	15.62	Not significantly different
Powys THB	Swansea Bay UHB	3.64	-5.38	12.66	Not significantly different
Swansea Bay UHB	Aneurin Bevan UHB	4.03	-1.14	9.20	Not significantly different

Swansea Bay UHB	Betsi Cadwaladr UHB	5.47	0.52	10.42	Significantly different
Swansea Bay UHB	Cardiff and Vale UHB	5.53	0.32	10.74	Significantly different
Swansea Bay UHB	Cwm Taf Morgannwg UHB	5.74	0.45	11.04	Significantly different
Swansea Bay UHB	Hywel Dda UHB	3.16	-2.51	8.84	Not significantly different
Swansea Bay UHB	Powys THB	3.64	-5.38	12.66	Not significantly different
Mid and West Wales	North Wales	4.90	1.16	8.63	Significantly different
Mid and West Wales	South East Wales	4.44	1.20	7.68	Significantly different
North Wales	Mid and West Wales	4.90	1.16	8.63	Significantly different
North Wales	South East Wales	0.46	-2.66	3.58	Not significantly different
South East Wales	Mid and West Wales	4.44	1.20	7.68	Significantly different
South East Wales	North Wales	0.46	-2.66	3.58	Not significantly different
Least deprived	Next least deprived	3.54	-0.34	7.42	Not significantly different
Least deprived	Middle deprived	2.10	-1.65	5.85	Not significantly different
Least deprived	Next most deprived	4.23	0.23	8.22	Significantly different
Least deprived	Most deprived	4.41	0.36	8.46	Significantly different
Next least deprived	Least deprived	3.54	-0.34	7.42	Not significantly different
Next least deprived	Middle deprived	1.44	-2.59	5.47	Not significantly different
Next least deprived	Next most deprived	0.69	-3.58	4.95	Not significantly different
Next least deprived	Most deprived	0.87	-3.44	5.18	Not significantly different
Middle deprived	Least deprived	2.10	-1.65	5.85	Not significantly different
Middle deprived	Next least deprived	1.44	-2.59	5.47	Not significantly different

Middle deprived	Next most deprived	2.13	-2.02	6.27	Not significantly different
Middle deprived	Most deprived	2.31	-1.88	6.50	Not significantly different
Next most deprived	Least deprived	4.23	0.23	8.22	Significantly different
Next most deprived	Next least deprived	0.69	-3.58	4.95	Not significantly different
Next most deprived	Middle deprived	2.13	-2.02	6.27	Not significantly different
Next most deprived	Most deprived	0.18	-4.23	4.60	Not significantly different
Most deprived	Least deprived	4.41	0.36	8.46	Significantly different
Most deprived	Next least deprived	0.87	-3.44	5.18	Not significantly different
Most deprived	Middle deprived	2.31	-1.88	6.50	Not significantly different
Most deprived	Next most deprived	0.18	-4.23	4.60	Not significantly different
10-24 Male	10-24 Female	3.54	-0.02	7.10	Not significantly different
10-24 Male	25-34 Male	22.72	14.77	30.66	Significantly different
10-24 Male	25-34 Female	3.05	-2.14	8.23	Not significantly different
10-24 Male	35-44 Male	22.89	14.39	31.39	Significantly different
10-24 Male	35-44 Female	1.77	-3.33	6.86	Not significantly different
10-24 Male	45-54 Male	17.08	9.74	24.43	Significantly different
10-24 Male	45-54 Female	0.18	-4.37	4.73	Not significantly different
10-24 Male	55-64 Male	13.12	6.38	19.86	Significantly different
10-24 Male	55-64 Female	3.24	-0.54	7.02	Not significantly different
10-24 Male	65-74 Male	10.06	3.37	16.75	Significantly different
10-24 Male	65-74 Female	3.27	-0.62	7.16	Not significantly different

10-24 Male	75+ Male	15.24	6.81	23.67	Significantly different
10-24 Male	75+ Female	0.71	-3.90	5.33	Not significantly different
10-24 Female	10-24 Male	3.54	-0.02	7.10	Not significantly different
10-24 Female	25-34 Male	26.26	18.59	33.93	Significantly different
10-24 Female	25-34 Female	6.59	1.84	11.34	Significantly different
10-24 Female	35-44 Male	26.43	18.19	34.67	Significantly different
10-24 Female	35-44 Female	5.31	0.66	9.96	Significantly different
10-24 Female	45-54 Male	20.63	13.59	27.67	Significantly different
10-24 Female	45-54 Female	3.72	-0.32	7.77	Not significantly different
10-24 Female	55-64 Male	16.67	10.26	23.08	Significantly different
10-24 Female	55-64 Female	0.30	-2.85	3.46	Not significantly different
10-24 Female	65-74 Male	13.60	7.24	19.96	Significantly different
10-24 Female	65-74 Female	0.27	-3.01	3.56	Not significantly different
10-24 Female	75+ Male	18.79	10.62	26.95	Significantly different
10-24 Female	75+ Female	2.83	-1.29	6.95	Not significantly different
25-34 Male	10-24 Male	22.72	14.77	30.66	Significantly different
25-34 Male	10-24 Female	26.26	18.59	33.93	Significantly different
25-34 Male	25-34 Female	19.67	11.13	28.21	Significantly different
25-34 Male	35-44 Male	0.17	-10.71	11.05	Not significantly different
25-34 Male	35-44 Female	20.95	12.46	29.44	Significantly different
25-34 Male	45-54 Male	5.63	-4.37	15.63	Not significantly different

25-34 Male	45-54 Female	22.54	14.36	30.71	Significantly different
25-34 Male	55-64 Male	9.60	0.03	19.16	Significantly different
25-34 Male	55-64 Female	25.96	18.19	33.73	Significantly different
25-34 Male	65-74 Male	12.66	3.13	22.19	Significantly different
25-34 Male	65-74 Female	25.99	18.16	33.81	Significantly different
25-34 Male	75+ Male	7.48	-3.35	18.30	Not significantly different
25-34 Male	75+ Female	23.43	15.22	31.64	Significantly different
25-34 Female	10-24 Male	3.05	-2.14	8.23	Not significantly different
25-34 Female	10-24 Female	6.59	1.84	11.34	Significantly different
25-34 Female	25-34 Male	19.67	11.13	28.21	Significantly different
25-34 Female	35-44 Male	19.843446	10.78	28.91	Significantly different
25-34 Female	35-44 Female	1.280381	-4.70	7.26	Not significantly different
25-34 Female	45-54 Male	14.037953	6.05	22.02	Significantly different
25-34 Female	45-54 Female	2.866154	-2.66	8.39	Not significantly different
25-34 Female	55-64 Male	10.076296	2.64	17.51	Significantly different
25-34 Female	55-64 Female	6.285811	1.37	11.20	Significantly different
25-34 Female	65-74 Male	7.011043	-0.38	14.40	Not significantly different
25-34 Female	65-74 Female	6.315464	1.32	11.31	Significantly different
25-34 Female	75+ Male	12.196285	3.20	21.19	Significantly different
25-34 Female	75+ Female	3.760992	-1.82	9.34	Not significantly different
35-44 Male	10-24 Male	22.890272	14.39	31.39	Significantly different

35-44 Male	10-24 Female	26.432427	18.19	34.67	Significantly different
35-44 Male	25-34 Male	0.172045	-10.71	11.05	Not significantly different
35-44 Male	25-34 Female	19.843446	10.78	28.91	Significantly different
35-44 Male	35-44 Female	21.123827	12.11	30.13	Significantly different
35-44 Male	45-54 Male	5.805493	-4.64	16.25	Not significantly different
35-44 Male	45-54 Female	22.7096	14.00	31.42	Significantly different
35-44 Male	55-64 Male	9.76715	-0.27	19.80	Not significantly different
35-44 Male	55-64 Female	26.129257	17.79	34.47	Significantly different
35-44 Male	65-74 Male	12.832403	2.83	22.83	Significantly different
35-44 Male	65-74 Female	26.15891	17.77	34.55	Significantly different
35-44 Male	75+ Male	7.647161	-3.59	18.89	Not significantly different
35-44 Male	75+ Female	23.604438	14.86	32.35	Significantly different
35-44 Female	10-24 Male	1.766445	-3.33	6.86	Not significantly different
35-44 Female	10-24 Female	5.3086	0.66	9.96	Significantly different
35-44 Female	25-34 Male	20.951782	12.46	29.44	Significantly different
35-44 Female	25-34 Female	1.280381	-4.70	7.26	Not significantly different
35-44 Female	35-44 Male	21.123827	12.11	30.13	Significantly different
35-44 Female	45-54 Male	15.318334	7.39	23.25	Significantly different
35-44 Female	45-54 Female	1.585773	-3.86	7.03	Not significantly different
35-44 Female	55-64 Male	11.356677	3.98	18.73	Significantly different
35-44 Female	55-64 Female	5.00543	0.19	9.82	Significantly different

35-44 Female	65-74 Male	8.291424	0.96	15.62	Significantly different
35-44 Female	65-74 Female	5.035083	0.13	9.94	Significantly different
35-44 Female	75+ Male	13.476666	4.53	22.42	Significantly different
35-44 Female	75+ Female	2.480611	-3.02	7.98	Not significantly different
45-54 Male	10-24 Male	17.084779	9.74	24.43	Significantly different
45-54 Male	10-24 Female	20.626934	13.59	27.67	Significantly different
45-54 Male	25-34 Male	5.633448	-4.37	15.63	Not significantly different
45-54 Male	25-34 Female	14.037953	6.05	22.02	Significantly different
45-54 Male	35-44 Male	5.805493	-4.64	16.25	Not significantly different
45-54 Male	35-44 Female	15.318334	7.39	23.25	Significantly different
45-54 Male	45-54 Female	16.904107	9.31	24.49	Significantly different
45-54 Male	55-64 Male	3.961657	-5.11	13.04	Not significantly different
45-54 Male	55-64 Female	20.323764	13.17	27.48	Significantly different
45-54 Male	65-74 Male	7.02691	-2.01	16.06	Not significantly different
45-54 Male	65-74 Female	20.353417	13.14	27.57	Significantly different
45-54 Male	75+ Male	1.841668	-8.55	12.23	Not significantly different
45-54 Male	75+ Female	17.798945	10.17	25.43	Significantly different
45-54 Female	10-24 Male	0.180672	-4.37	4.73	Not significantly different
45-54 Female	10-24 Female	3.722827	-0.32	7.77	Not significantly different
45-54 Female	25-34 Male	22.537555	14.36	30.71	Significantly different
45-54 Female	25-34 Female	2.866154	-2.66	8.39	Not significantly different

45-54 Female	35-44 Male	22.7096	14.00	31.42	Significantly different
45-54 Female	35-44 Female	1.585773	-3.86	7.03	Not significantly different
45-54 Female	45-54 Male	16.904107	9.31	24.49	Significantly different
45-54 Female	55-64 Male	12.94245	5.93	19.95	Significantly different
45-54 Female	55-64 Female	3.419657	-0.82	7.66	Not significantly different
45-54 Female	65-74 Male	9.877197	2.92	16.84	Significantly different
45-54 Female	65-74 Female	3.44931	-0.89	7.79	Not significantly different
45-54 Female	75+ Male	15.062439	6.42	23.71	Significantly different
45-54 Female	75+ Female	0.894838	-4.10	5.89	Not significantly different
55-64 Male	10-24 Male	13.123122	6.38	19.86	Significantly different
55-64 Male	10-24 Female	16.665277	10.26	23.08	Significantly different
55-64 Male	25-34 Male	9.595105	0.03	19.16	Significantly different
55-64 Male	25-34 Female	10.076296	2.64	17.51	Significantly different
55-64 Male	35-44 Male	9.76715	-0.27	19.80	Not significantly different
55-64 Male	35-44 Female	11.356677	3.98	18.73	Significantly different
55-64 Male	45-54 Male	3.961657	-5.11	13.04	Not significantly different
55-64 Male	45-54 Female	12.94245	5.93	19.95	Significantly different
55-64 Male	55-64 Female	16.362107	9.83	22.90	Significantly different
55-64 Male	65-74 Male	3.065253	-5.49	11.62	Not significantly different
55-64 Male	65-74 Female	16.39176	9.79	22.99	Significantly different
55-64 Male	75+ Male	2.119989	-7.85	12.09	Not significantly different

55-64 Male	75+ Female	13.837288	6.79	20.89	Significantly different
55-64 Female	10-24 Male	3.238985	-0.54	7.02	Not significantly different
55-64 Female	10-24 Female	0.30317	-2.85	3.46	Not significantly different
55-64 Female	25-34 Male	25.957212	18.19	33.73	Significantly different
55-64 Female	25-34 Female	6.285811	1.37	11.20	Significantly different
55-64 Female	35-44 Male	26.129257	17.79	34.47	Significantly different
55-64 Female	35-44 Female	5.00543	0.19	9.82	Significantly different
55-64 Female	45-54 Male	20.323764	13.17	27.48	Significantly different
55-64 Female	45-54 Female	3.419657	-0.82	7.66	Not significantly different
55-64 Female	55-64 Male	16.362107	9.83	22.90	Significantly different
55-64 Female	65-74 Male	13.296854	6.81	19.78	Significantly different
55-64 Female	65-74 Female	0.029653	-3.49	3.55	Not significantly different
55-64 Female	75+ Male	18.482096	10.22	26.75	Significantly different
55-64 Female	75+ Female	2.524819	-1.79	6.83	Not significantly different
65-74 Male	10-24 Male	10.057869	3.37	16.75	Significantly different
65-74 Male	10-24 Female	13.600024	7.24	19.96	Significantly different
65-74 Male	25-34 Male	12.660358	3.13	22.19	Significantly different
65-74 Male	25-34 Female	7.011043	-0.38	14.40	Not significantly different
65-74 Male	35-44 Male	12.832403	2.83	22.83	Significantly different
65-74 Male	35-44 Female	8.291424	0.96	15.62	Significantly different
65-74 Male	45-54 Male	7.02691	-2.01	16.06	Not significantly different

65-74 Male	45-54 Female	9.877197	2.92	16.84	Significantly different
65-74 Male	55-64 Male	3.065253	-5.49	11.62	Not significantly different
65-74 Male	55-64 Female	13.296854	6.81	19.78	Significantly different
65-74 Male	65-74 Female	13.326507	6.78	19.87	Significantly different
65-74 Male	75+ Male	5.185242	-4.75	15.12	Not significantly different
65-74 Male	75+ Female	10.772035	3.77	17.78	Significantly different
65-74 Female	10-24 Male	3.268638	-0.62	7.16	Not significantly different
65-74 Female	10-24 Female	0.273517	-3.01	3.56	Not significantly different
65-74 Female	25-34 Male	25.986865	18.16	33.81	Significantly different
65-74 Female	25-34 Female	6.315464	1.32	11.31	Significantly different
65-74 Female	35-44 Male	26.15891	17.77	34.55	Significantly different
65-74 Female	35-44 Female	5.035083	0.13	9.94	Significantly different
65-74 Female	45-54 Male	20.353417	13.14	27.57	Significantly different
65-74 Female	45-54 Female	3.44931	-0.89	7.79	Not significantly different
65-74 Female	55-64 Male	16.39176	9.79	22.99	Significantly different
65-74 Female	55-64 Female	0.029653	-3.49	3.55	Not significantly different
65-74 Female	65-74 Male	13.326507	6.78	19.87	Significantly different
65-74 Female	75+ Male	18.511749	10.20	26.83	Significantly different
65-74 Female	75+ Female	2.554472	-1.85	6.96	Not significantly different
75+ Male	10-24 Male	15.243111	6.81	23.67	Significantly different
75+ Male	10-24 Female	18.785266	10.62	26.95	Significantly different

75+ Male	25-34 Male	7.475116	-3.35	18.30	Not significantly different
75+ Male	25-34 Female	12.196285	3.20	21.19	Significantly different
75+ Male	35-44 Male	7.647161	-3.59	18.89	Not significantly different
75+ Male	35-44 Female	13.476666	4.53	22.42	Significantly different
75+ Male	45-54 Male	1.841668	-8.55	12.23	Not significantly different
75+ Male	45-54 Female	15.062439	6.42	23.71	Significantly different
75+ Male	55-64 Male	2.119989	-7.85	12.09	Not significantly different
75+ Male	55-64 Female	18.482096	10.22	26.75	Significantly different
75+ Male	65-74 Male	5.185242	-4.75	15.12	Not significantly different
75+ Male	65-74 Female	18.511749	10.20	26.83	Significantly different
75+ Male	75+ Female	15.957277	7.28	24.64	Significantly different
75+ Female	10-24 Male	0.714166	-3.90	5.33	Not significantly different
75+ Female	10-24 Female	2.827989	-1.29	6.95	Not significantly different
75+ Female	25-34 Male	23.432393	15.22	31.64	Significantly different
75+ Female	25-34 Female	3.760992	-1.82	9.34	Not significantly different
75+ Female	35-44 Male	23.604438	14.86	32.35	Significantly different
75+ Female	35-44 Female	2.480611	-3.02	7.98	Not significantly different
75+ Female	45-54 Male	17.798945	10.17	25.43	Significantly different
75+ Female	45-54 Female	0.894838	-4.10	5.89	Not significantly different
75+ Female	55-64 Male	13.837288	6.79	20.89	Significantly different
75+ Female	55-64 Female	2.524819	-1.79	6.83	Not significantly different

75+ Female	65-74 Male	10.772035	3.77	17.78	Significantly different
75+ Female	65-74 Female	2.554472	-1.85	6.96	Not significantly different
75+ Female	75+ Male	15.957277	7.28	24.64	Significantly different

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales

ISBN: 978-1-83766-307-1