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To the Editors:

WHO suicide statistics – a cautionary tale

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On the 4th September 2014 the World Health Organisation (WHO) released their first global report on suicide prevention [1]. The main objective of the report was to raise awareness of suicide as a public health issue and to prioritise suicide prevention around the world. In order to give a global picture of the epidemiology of suicide, this report used data submitted to the WHO mortality database to estimate suicide rates for all its member states. The report cautions readers that the quality of the mortality data for 112 of its 172 member states is poor and needs to be interpreted with caution, especially for low and middle income countries.

Sri Lanka was one of the 112 member states for which WHO recommended caution. Following the publication of this report media groups in Sri Lanka reported, with some concern, that Sri Lanka had the 4th highest suicide rate in the world at 28.8 per 100,000 (male rate - 46.4 per 100,000 ; female rate - 12.8 per 100,000). This rate was modelled using the latest mortality data submitted to the WHO; the last submission for Sri Lanka was 8 years ago in 2006. This data is out of date since there have been year on year declines in the suicide rate since the mid-1990s [2] (Figure). Using data collected annually by the Department of Police, Division of Statistics, Sri Lanka we have calculated the age standardised suicide rate in Sri Lanka as 17.1 per 100,000 in 2012, 26% lower than in 2006 (police data were similar to suicide mortality data for 2006). The suicide rate in men was higher (27.7 per 100,000) than in women (7.7 per 100,000) (figure 1). Using these updated figures, Sri Lanka is ranked 22nd in the global league table of suicide incidence - a considerable improvement over previous decades. It is thought that recent reductions have been driven by Sri Lanka's robust approach to regulating the availability of toxic pesticides [3].

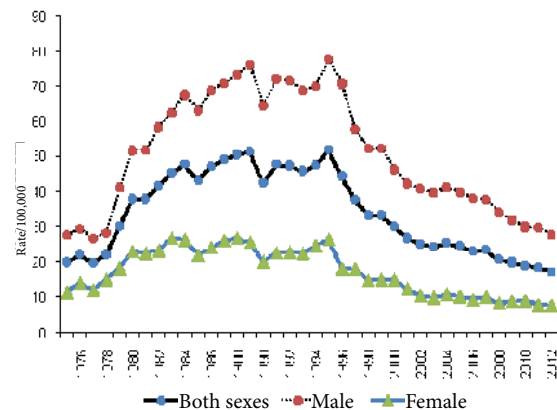


Figure 1. Age Standardised Suicide Rate for Sri Lanka - 1975-2012

This case study highlights the importance of users of the WHO suicide data to do so with caution and if used ensure that readers are aware of the limitations of this data source.

References

1. WHO. Preventing suicide - A global imperative. 2014, WHO: Geneva.
2. Knipe, DW, Metcalfe C, Fernando R, *et al.* Suicide in Sri Lanka 1975-2012: age, period and cohort analysis of police and hospital data. *BMC Public Health* 2014. **14**: 839.
3. Gunnell, D., R. Fernando, M. Hewagama, *et al.* The impact of pesticide regulations on suicide in Sri Lanka. *Int J Epidemiol* 2007. **36**: 1235-42.

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