

Reporting of suicide data in New Zealand

In New Zealand suicide data is reported by both the Ministry of Health and the Chief Coroner. The information on this page is to help you understand how suicide data is reported in New Zealand. It provides information on the suicide datasets, the key differences in the data released by the Ministry of Health and the Chief Coroner, and how to look at trends in suicide data.

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Need more information about suicide data reported by the Ministry of Health?

You can find more suicide data and information [published on the Ministry of Health website](#).

If you require information that is not included in the reports, the Ministry of Health is able to customise data extracts tailored to your needs. These may incur a charge.

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Determining whether a death is a suicide

In New Zealand a death can only be determined as suicide by a coroner

Suicide is the act of intentionally killing oneself. Whether or not a person intended to kill themselves is determined by a coroner. A death is confirmed as a suicide if there is evidence, beyond reasonable doubt, that the person who died intended to kill themselves. Some deaths suspected to be suicide may be confirmed as a death from another cause after the coroner's inquiry. For more information about coronial inquiries please visit:

<https://coronialservices.justice.govt.nz/suicide/>

Sources of suicide data in New Zealand

There are two sources of suicide data in New Zealand:

- The Chief Coroner releases provisional self-inflicted death data, commonly referred to as 'suspected suicides'
- The Ministry of Health releases official suicide data.

There are differences between the data sets reported and, therefore, the data is not comparable. These differences are outlined below.

Differences between data reported by the Chief Coroner and data reported by the Ministry of Health

The reporting periods are different

- The Chief Coroner reports data for the financial year (year ending 30 June).
- The Ministry of Health reports data for the calendar year (year ending 31 December).

The deaths included in the data are not always confirmed suicides

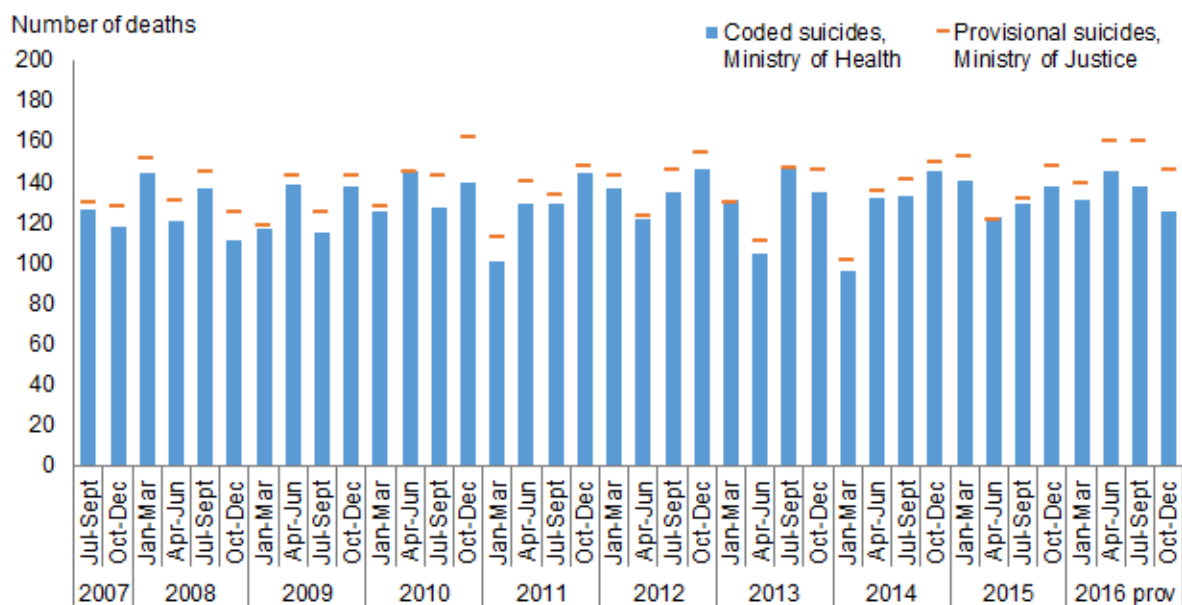
- Statistics reported by the Chief Coroner are published as provisional. They are a count of all suspected self-inflicted deaths, including those where the coroner has not yet established if the person intended to kill themselves. These are often referred to as 'suspected suicides'. After an inquiry the coroner may rule that some of these deaths were not suicide.
- The Ministry of Health codes and publishes the number of suicide deaths that have been determined to be a suicide by the coroner. This official suicide data also includes some deaths provisionally coded as suicide, prior to the coroner determining if the death was intentionally self-inflicted. The Ministry of Health only codes a death as provisionally suicide when enough information has been received to suggest the coroner will eventually confirm the cause to be suicide.

The numbers reported by the Chief Coroner are generally higher than those reported by the Ministry of Health

Because of the differences between the two datasets, the numbers reported by the Chief Coroner are generally higher than the numbers reported by the Ministry of Health.

In the following chart, both sets of suicide data were analysed by yearly quarter so the data can be compared more easily. It shows the number of suicides that were reported as provisional ‘suspected suicides’ by the coroner, and the subsequent total number of suicides, coded by the Ministry of Health for the same time period, once the coroners have determined the deaths to be suicide.

Comparison of deaths coded as suicides (Ministry of Health) and provisional suicides (Ministry of Justice) by quarter, July 2007–December 2016



Note: At the time the data was extracted there were 45 coroners' cases for 1996–2016 with no known cause of death (including 21 for 2016) and another 662 deaths with a provisional cause of death code, still awaiting the final coroners' findings (114 for 2016). The final cause of death may be different from the provisional cause of death.

In the above graph, the Ministry of Health suicide data is based on date of death rather than the date of death registration. As a result, the total number of suicides for a year will differ from those reported in the Suicide Facts: 1996–2016 data tables.

Timing of suicide data releases in New Zealand

The Ministry of Health official suicide data is published much later than the Chief Coroner's provisional data

- The Chief Coroner publishes provisional suicide data approximately two months after the period of interest, typically in August or September following the end of the financial year (30 June).

- The Ministry of Health publishes confirmed suicide data approximately 2–3 years after the period of interest, after the coroners have completed most investigations for that time period.

Ministry of Health official suicide data is published when most investigations into deaths are completed

The Ministry of Health delays publishing suicide statistics until most of the deaths referred to the coroner, for the time period of interest, have been fully investigated.

This makes the data more accurate; it is less likely that any updates to information in the Ministry of Health's Mortality Collection, after data publication, will substantially change the cause of death numbers and rates for the time period of interest.

- The Ministry of Health publishes final suicide data and updates mortality data when there are 10 or fewer deaths under coronial investigation with no cause of death determined.

Note: The Ministry of Health aims to release data within two years of the year of interest, under the Government's Open Data programme. To meet this timeframe, a provisional suicide dataset is released, usually a few months before the final suicide data. This is different to the Chief Coroner's provisional data release. The Ministry of Health provisional data is released when the number of deaths referred to the coroner, for which the Ministry still has no information about the cause of death, is no higher than 30 and the number of provisionally coded deaths (any cause) is under 250.

Where to find New Zealand suicide data

Ministry of Health suicide data

You can find official suicide data on the Ministry of Health website in both suicide and mortality reports:

Suicide reports:

<https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/suicide-data-and-stats>

- Provisional (Ministry of Health) suicide data tables are usually released within two years of the end of the time period of interest.
- Final suicide data tables are usually released within 2–3 years of the end of the time period of interest.

Mortality reports:

<https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/mortality-data-and-stats>

- Mortality data tables (single year analysis) are published when data is considered complete (refer criteria above).
- Mortality: Historical summary (long term trends) is published alongside final mortality data tables.

Note: Data reported as final includes all suicides for the time period of interest at the time the data was extracted. The Mortality Collection database is continually updated, so numbers may change from previous publications.

Chief Coroner suspected self-inflicted death data

You can find provisional suicide data released by the Chief Coroner here:

<https://coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/>

Understanding numbers and rates of suicide deaths

The number of suicides and the rate of suicides are two different terms.

- The **number** of suicide deaths measures how often a suicide death occurs in a given time period.
- A suicide **rate** measures how often a suicide death occurs relative to the number of people in the population, in a given time period. Suicide rates are typically reported 'per 100,000 population'; measuring how often a suicide death occurs for every 100,000 people in the population.

Every suicide death is one too many. People working in suicide prevention may look at numbers of suicide deaths as a total to illustrate the size of the problem in New Zealand in the current year, and the resources required for suicide prevention.

The data shows the number of suicide deaths in New Zealand changes over time, but this might be because the number of people in New Zealand changes over time, we cannot be sure. Rates are more meaningful than numbers when comparing suicide data over time. This is because a rate shows the number of suicides that would occur if the number of people in the population for each year had been the same (eg 100,000 people).

Likewise rates are also useful for comparing suicide data between population groups of different sizes eg, between Māori and non-Māori or between males and females. The rate shows the number of suicides that would have occurred if the number of people in each population group had been the same.

For groups where suicide numbers are very small, rates are not reliable.

When a rate is calculated for groups that have very small numbers of suicide (eg, some ethnic groups or DHBs with small populations), rates can change greatly between years and not be reliable. This is because, for these groups, a change of one or two suicide deaths, or a cluster of suicides in a year, will result in a very different rate to previous years.

To avoid these rates leading to misleading conclusions:

- rates might not be calculated where a category has a small number of deaths (usually fewer than five suicide deaths) per year
- numbers might be aggregated over five-year periods, to give sufficient numbers (and population) with which to calculate a robust rate.

If a suicide rate looks substantially different to previous years, it can be worth looking more closely at the data or asking for more information.

Interpreting suicide data over time

Suicide trends are determined over long periods of time

Numbers of suicides vary from year to year. Because of this, it can be hard to tell whether suicides are increasing or decreasing by looking at data over a short time period. Looking at a single year of data might help you to identify a cluster of related suicides, but looking at a time period of five years or more will help you to decide if suicides are increasing or decreasing over time.

Sometimes the average number of suicide deaths for the preceding three or five years (a rolling or moving average) is reported. Moving averages are useful for highlighting longer term trends over 10 or 20 years. This is because any unusually high or low rates (eg, caused by a cluster of suicides over a short time period) do not influence the overall trend as much when the average is calculated.

Comparing international suicide data

Be cautious when comparing New Zealand suicide rates to rates from other countries.

You can compare the suicide rate in New Zealand with rates in other countries, however, you should be cautious drawing conclusions from this data as not all suicide reporting practices are the same:

- Data becomes available at different times for different countries so reporting periods may not be the same.
- Different countries use different standards to determine whether a death is suicide, eg, an investigation is not always undertaken, and the level of proof required for a death to be recorded as suicide is not the same in all countries.
- In some countries, issues including religion, social class, occupation of the victim, or the criminal status of suicide in a country may also influence whether a death is recorded as suicide.

The Ministry of Health data releases generally include international comparisons. You can find more international suicide data on websites for the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO):

<https://data.oecd.org/healthstat/suicide-rates.htm>

http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

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