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Abstract. World Health Organisation suicide data 1960-1989 were examined by sex and age to clarify under-reporting of Irish suicide. Three broad age groups (15–29, 30–54 and 55+ years) were combined with 3 year moving averages to reduce annual fluctuations. Trends were compared with three neighbouring British nations whose major trends might be expected to broadly parallel Irish trends. Marked rises across all age/sex groups were found for Ireland but generally not the other countries. The Irish rises commenced uniformly around 1971/72 and were followed by a striking partial levelling out around 1976/78. The uniformity of the Irish suicide rate rises strongly points to a common factor(s) operating across all age/sex groups – most likely changes in reporting of suicide. Significant rises unrelated to reporting changes seem evident in males of all ages but not females. Data from 1978 onward is likely to be more valid than earlier data.

Key words: Suicide, under-reporting, Ireland

There has been much debate worldwide about the accuracy of official national suicide figures. Sainsbury and Barracough (1968) concluded that certification differences were not significant enough to invalidate cross country comparisons. However, official Irish suicide rates historically have tended to be seen as less reliable than most.

An early study suggested that suicide in Dublin was at least twice the official rate (McCarty & Walsh, 1966). Subsequently, Barraclough (1978) demonstrated that for the years 1968–1970 Eire had a disproportionate (excessive) number of deaths classified as undetermined or accidental. This was most obvious in deaths due to poisoning as opposed to more violent deaths. He concluded that for this period Eire’s suicide rate was probably half that of England and Wales and not one quarter, as was suggested in official statistics. Walsh (1976) described an approximate doubling of suicides during the period of 1968–76, noting rises crossed all age groups. A proportionate
rise in drownings reported as suicides led him to suggest that 32% of the overall increase might be a function of changing attitudes to the classification of drowning.

Subsequent work in Galway – Eire found a similar degree of under-reporting to that found in Dublin (McCarthy & Walsh, 1966). This was still evident in 1978 but was much reduced by 1987 (Walsh et al., 1990). Connolly and Cullen (1995) estimated under-reporting of suicide for County Mayo from 1978–92 to be about 35%. Contrary to Barracough’s (1978) suggestion that the misclassification of suicides as undetermined deaths might be a major factor, Clarke-Finnegan and Fahy (1983) suggested that undetermined deaths exerted a limited influence on the apparent rise in Eire.

More recently Kellett and Daly (1990) examined official external cause death rates from 1970–1985 suggesting that open verdicts, accidental drownings and accidental poisonings only declined, in conjunction with rising suicide rates, after 1980. They suggested that rising suicide rates were “genuine” and related them to increasing anomie as reflected by marriage, illegitimacy, alcohol admission and crime rates.

The present study explores the issue of under-reporting of suicide in Ireland further to more precisely define the likely size of the under-reporting, clarify age and sex issues to generate pointers to sources of under-reporting and describe any improvement in accuracy that may have recently emerged. The study was conducted as part of an international survey that took eight culturally affiliated predominately English-speaking nations and divided them into two groups of four. “Old World” countries were Ireland, Northern Ireland, Scotland and England/Wales. “New world” countries were the United States of America, Canada, Australia and New Zealand. Old world compared with New world countries have a number of common factors including long history, well established communities, more established national identities, less geographical isolation, proximity to services and relatively homogeneous ethnicities. While it is not our intention here to discuss New world issues, two hypotheses tested are relevant. First, that Old world countries would show generally similar age adjusted rates of suicide over time, which would differ from New world countries which would also be similar (within the New world). Second, the same would hold true if trends were substituted for absolute rates. Both hypotheses were strongly supported by the data (Cantor et al., in press). The implication for the present analysis is that broadly Irish suicide rates have features in common with Scotland, Northern Ireland and England/Wales.