



Preventing Suicide in Bristol Annual Report 2025

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Acknowledgements

To the members of the Bristol Suicide Prevention Group, the Avon Suicide Prevention Audit Group and all those who work to make Bristol a safer and more compassionate city.

1.0 Introduction

Suicide is preventable. Suicide can have a lasting and devastating effect on individuals, their friends, families, colleagues, and communities. Every single life lost to suicide is one too many. The reasons leading to an individual taking their own life can be complex. There are many social, economic, psychological, and cultural factors that can all interact and have an impact. There are also many protective factors that can help to reduce suicide. These include being in full-time employment, having a strong and supportive network of friends and family and the ability to access effective mental health support.

In England one person will die every 2 hours by suicide and many more will attempt suicide.

Around 48 lives are lost to suicide among Bristol residents each year.

The current 3-year average (2022-2024) “all persons” suicide rate in Bristol is 13.1 per 100,000, which is higher than the England average of 10.9 per 100,000 population, although similar to other core cities.

In 2022 and 2023, Bristol reported higher than average suicides, 60 and 61 respectively. In 2024, the number reduced to 48. The higher numbers in 2022 and 2023 may reflect delays in Coroner process, post pandemic, as the year recorded for suicide relates to Coroner decision outcome rather than date of actual death.

The Bristol suicide rate for females is 7.6 per 100,000 population, above the England rate (5.5 per 100,000) and for males 18.7 per 100,000 population above the England rate (16.8 per 100,000), neither are statistically significant compared to England.

The “all persons” trend has remained relatively stable with each 3-year rate since 2005-07 reporting as being between 10.2 and 13.1 per 100,000 which equates to between 119 and 169 preventable deaths per 3-year period.

In September 2023 the Department of Health & Social Care (DHSC) launched the Suicide prevention strategy for England: 2023 to 2028 – comprising [Suicide prevention in England: 5-year cross-sector strategy](#) and the accompanying [Suicide prevention strategy: action plan](#). This strategy sets out key actions at national and local level.



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Mental ill health was also one of the four main health conditions included in the previous government's Major Conditions Strategy that was announced in August 2023.

In April 2025 NHS England published [“Staying safe from suicide: Best practice guidance for safety assessment, formulation and management”](#) to advise clinical services in supporting the government's work to reduce suicide and improve mental health services.

Bristol's 2026-2030 Suicide Prevention Strategy will be published in March 2026, alongside this report. It builds on the previous strategy and incorporates national evidence and other intelligence derived from our local real-time suspected suicide surveillance system.

In Bristol we continue to take a systems approach, through the Bristol Suicide Prevention Group and Avon wide partnerships to develop and deliver preventative work. The Bristol ambition is to become a zero suicide city.

2.0 Analysis of trends in suicide in Bristol

The analysis draws on data from a variety of different sources including the Primary Care Mortality Database, Office for National Statistics, Ministry of Justice and National Offender Management Service and Public Health Outcomes Framework.

Suicide deaths are defined as deaths from suicide and undetermined intent, classified by underlying cause of death, using international Classification of Diseases (ICD-10) codes X60-X84 (age 10+), Y10-Y34 (ages 15 and over).

Due to the small numbers of suicides in any one year, analysis is conducted over multiple years to ensure statistical significance. Rates are calculated using a three-year rolling average.

A note on the terminology used to describe suicide:

Suicide: The National Statistics definition of suicide includes all deaths from intentional self-harm for persons ages 10 and over, and deaths where the intent was undetermined for those aged 15 and over.

Suicidal behaviour: A range of behaviours that include thinking about suicide (or ideation), planning for suicide, attempting suicide and suicide itself. (World Health Organization, 2014)

Self-harm: The Royal College of Psychiatrists defines self-harm to an intentional act of self-poisoning or self-injury carried out by a person, irrespective of the type of motivation or degree of suicidal intent. (Royal College of Psychiatrist, 2010)



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Self-harm can be further classified based on suicidal intent as suicide attempt (some intent to die) and non-suicidal self-injury (no intent to die). However, establishing intent is not always straightforward. (NICE, 2025)

2.1 Suicides in Bristol from 2006 to 2024

The number of suicides in Bristol fluctuates from year to year; on average 48 Bristol residents die by suicide each year.

Bristol saw an increase in the number of deaths registered as suicide in 2018-2020 consistent with the pattern for England. This may be due to changes in the coroner's law. Before 2018, for a Coroner to return a verdict of suicide in an inquest, the determination that the deceased deliberately took his/her own life must have been established beyond reasonable doubt (criminal standard of proof). This was changed to the civil standard of proof i.e., the balance of probabilities following Maughan, R (On the Application Of) v Senior Coroner for Oxfordshire [2018] EWHC 1955 (Admin) case.

Table 1 Number of deaths from suicide and injury of undetermined intent in Bristol registered* between 2010 and 2024.

Year of registration	Male	Female	Total
2010	35	8	43
2011	41	10	51
2012	24	8	32
2013	32	14	46
2014	43	16	59
2015	27	15	42
2016	27	12	39
2017	29	9	38
2018	34	14	48
2019	43	9	52
2020	31	11	42
2021	30	16	46
2022	35	25	60
2023	45	16	61
2024	35	13	48

Source: Primary Care Mortality Database via NHS England Digital

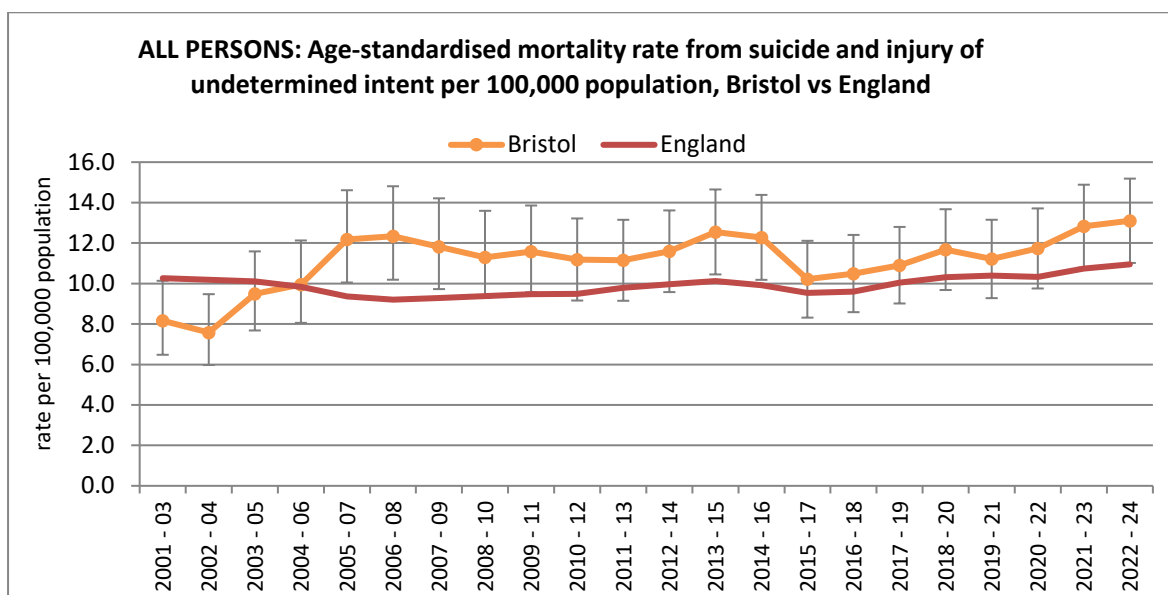
Table 1 shows that there were 48 suicides registered in 2024, fewer than last year (21.3% decrease since 2023).

As noted in the introduction section, the increase in suicide registrations in 2022 and 2023 is likely to have been influenced by the delay in the coroner's inquests during the

Covid-19 pandemic. Some of the deaths which have occurred in 2020 and 2021 have been registered in the following years. Reassigning these to the actual year of death is not possible without performing a specific case audit task.

Figure 1 below shows the age standardised mortality rate from suicide and injury of undetermined intent from 2001-2003 to 2022-2024. The rate has increased slightly in 2022-2024, but this rise is not statistically significant (as indicated by the confidence intervals of the Bristol rate overlapping the England rate). Between 2017-2019 and 2022-2024, the suicide rate in Bristol has been higher than England but not statistically different. Data suggests that the rate of death by suicide in Bristol has remained relatively stable since 2005. However, the latest rate of 13.1 per 100,000 for 2022-2024 has been classified by OHID as significantly higher than England as it falls into the highest 25th percentile in England.

Figure 1: ALL PERSONS: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, Bristol vs England.



Source: Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2026 <https://fingertips.phe.org.uk/> © Crown copyright 2026. Accessed in December 2025

2.2 Gender and age

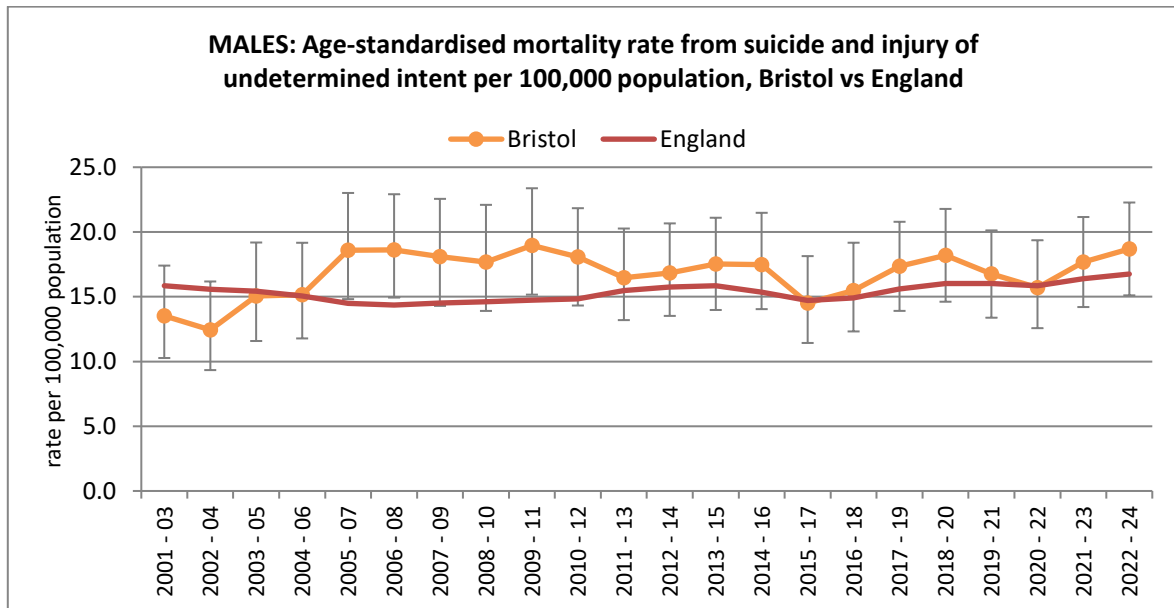
Historically, both in England and locally, the rate of male suicides has been consistently higher than female, although the ratio of male to female suicide rates has changed over time. The female rates peaked in the 1960s (Thomas and Gunnell, 2010).



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During the period 2022-2024 68% of suicides and undetermined death in Bristol were males. (Public Health Outcomes Framework, OHID); this represents a change in ratio from 3:1 (Male:Female) to 2:1 (Male:Female).

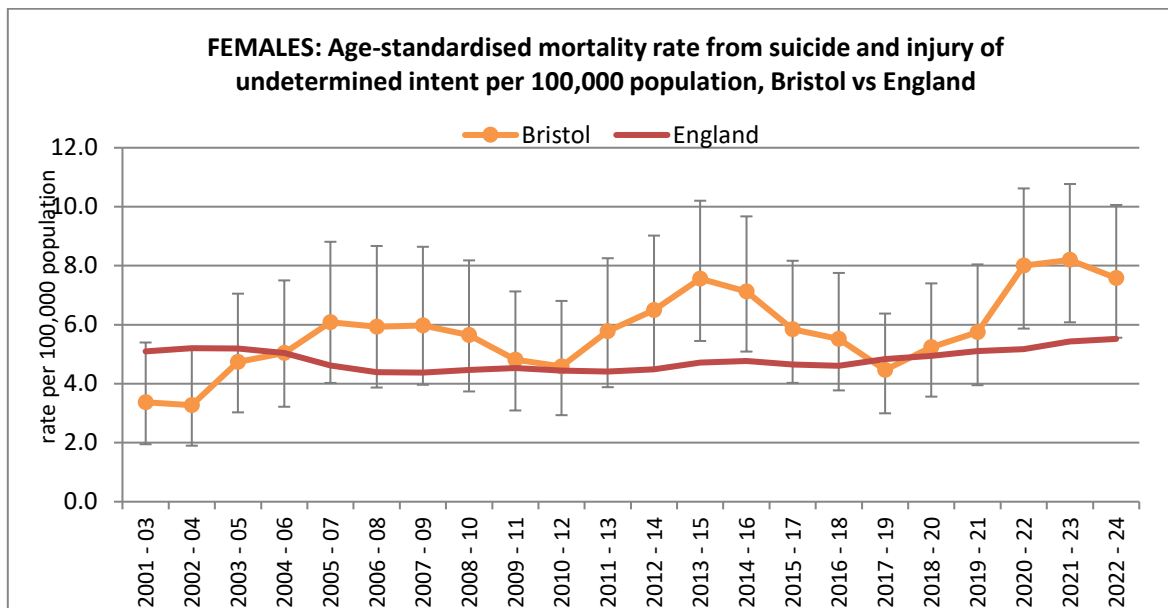
Figure 2: MALES: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, Bristol vs England.



Source: Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2026 <https://fingertips.phe.org.uk/> © Crown copyright 2026. Accessed in December 2025

Figure 2 shows the age-standardised mortality rate for males from suicide and injury of undetermined intent between 2001-2003 and 2022-2024. The rate of suicide among men has not significantly changed over this period. Between 2010 and 2024 the rate of suicide among men in Bristol has not been statistically different from the England average.

Figure 3: FEMALES: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, Bristol vs England.



Source: Public Health Outcomes Framework, Office for Health Improvement and Disparities. Public health profiles. 2026 <https://fingertips.phe.org.uk/> © Crown copyright 2026. Accessed in December 2025

Figure 3 illustrates the age standardised mortality rate for suicide and injury of undetermined intent among females from 2001-2003 to 2022-2024. The number of female suicides rose between 2011 and 2015 and again after 2018. In the 3-year periods of 2020-2022 and 2021-2023 the Bristol rate was statistically significantly higher than England average. In 2022-2024 the Bristol rate has dropped slightly to 7.6 per 100,000, but it remains in the worst 25th percentile of England suicide rates. Whilst the actual numbers of suicides was relatively small, this increase in rates was notable and prompted further investigation.



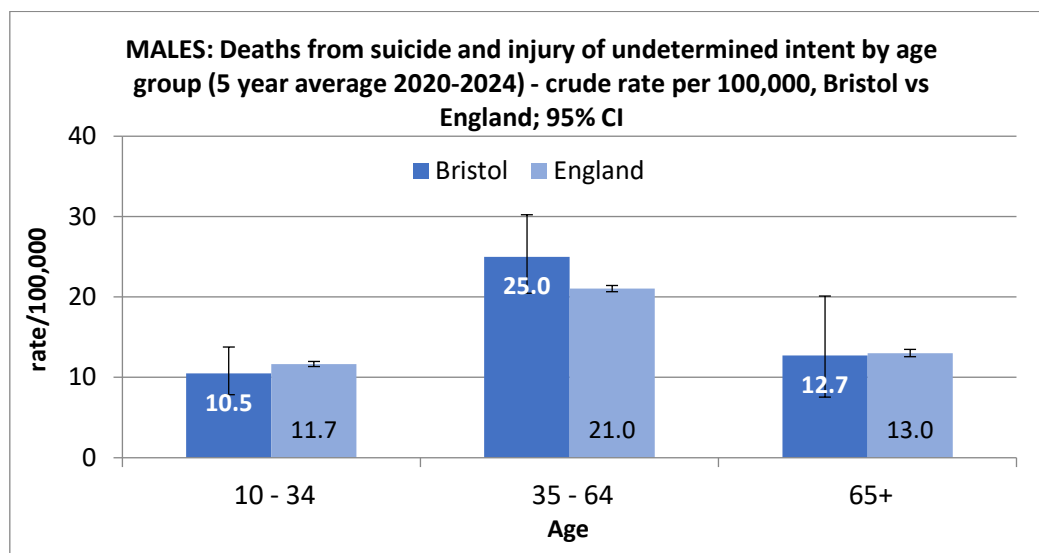
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Table 2: Deaths from suicide and injury of undetermined intent by age group (5-year averages; 2020-2024) – crude rate per 100,000.

Age band	Bristol		England	
	Male	Female	Male	Female
10 - 34	10.5	7.1	11.7	4.4
35 - 64	25.0	8.3	21.0	6.7
65+	12.7	6.6	13.0	4.1

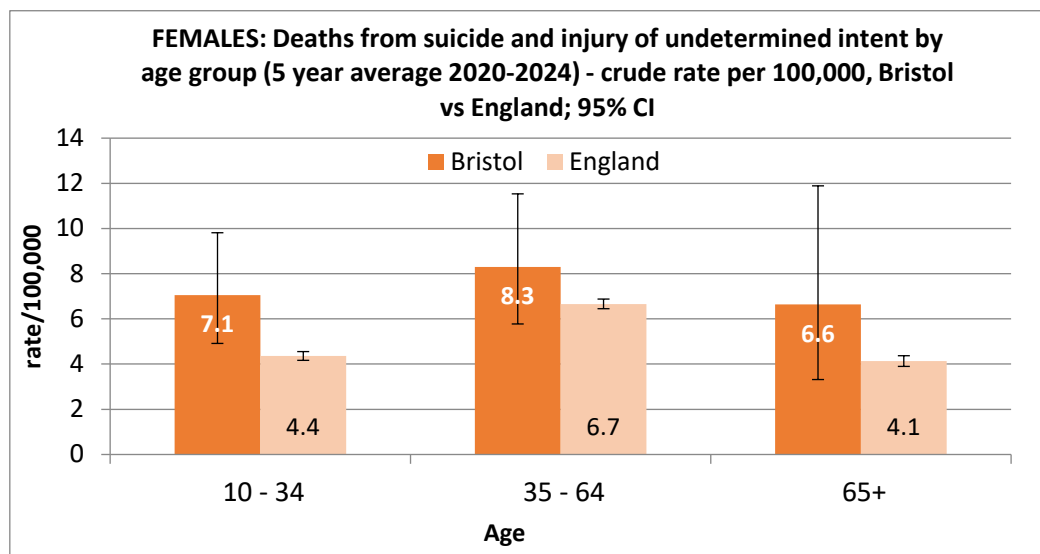
Source: Primary Care Mortality Database 2025 via NHS England Digital & ONS population estimates for Bristol values and ONS Suicides in England and Wales, 1981 to 2024

Figure 4: MALES: Deaths from suicide and injury of undetermined intent by age group (5-year averages, 2020-2024) – crude rate per 100,000



Source: Primary Care Mortality Database 2025 via NHS England Digital & ONS population estimates for Bristol values and ONS Suicides in England and Wales, 1981 to 2024

Figure 5: FEMALES: Deaths from suicide and injury of undetermined intent by age group (5-year averages; 2020-2024) – crude rate per 100,000.



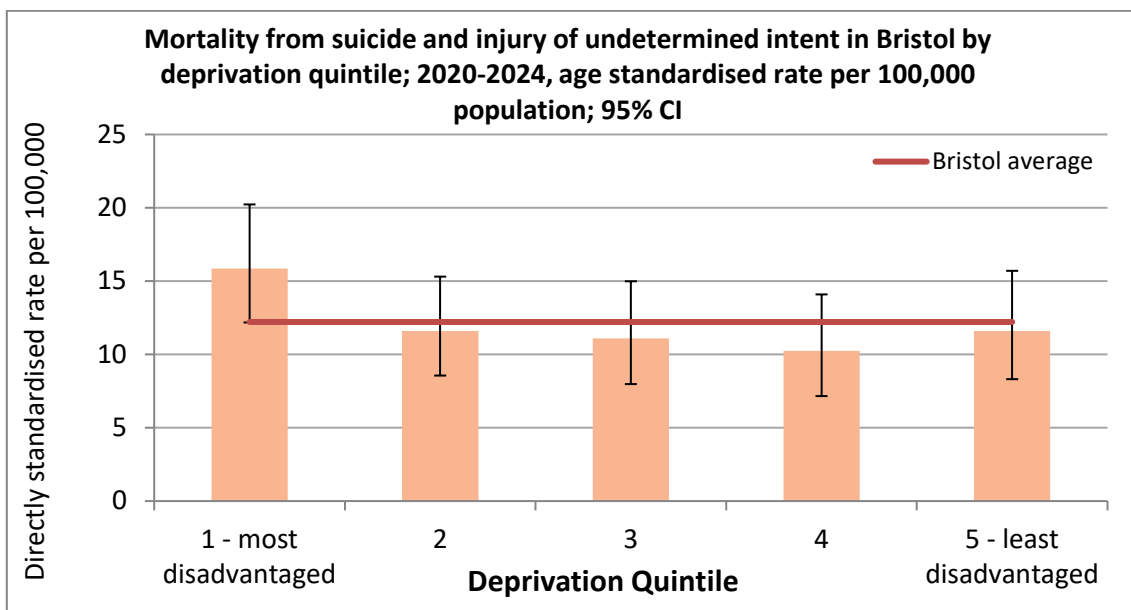
Source: Primary Care Mortality Database 2025 via NHS England Digital & ONS population estimates for Bristol values and ONS Suicides in England and Wales, 1981 to 2024

Table 2 and Figures 4 and 5 provide a breakdown of suicide death by age group for males and females. This shows that the rate of suicide is slightly above England rates, for females across all age categories and for males in the 35-64 age category. The highest rates are seen in the 35-64 age groups for men and women. Male suicides in the 10-34 years age group in Bristol are slightly below England average. In Figure 5, the confidence intervals for the 10-34 female age group for Bristol and England do not overlap. This shows that the suicide rate for females aged 10–34-year-old females is significantly higher than in England overall. It is important to note that this is based on crude rates, not age standardised rates

2.3 Socio-economic factors

The literature suggests a strong association between area level deprivation and suicide and suicidal behaviour (McDaid and Science, 2017). Nationally, people among the most deprived 10% of society are more than twice as likely to die by suicide than the least deprived.

Figure 6: Mortality from suicide and injury of undetermined intent in Bristol by deprivation quintile and gender; 2020-2024, age standardised rate per 100,000 population.



Source: Primary Care Mortality Database 2025 via NHS England Digital, ONS population estimates, English Indices of Deprivation 2025 - Department for Communities and Local Government

Table 3: Mortality from suicide and injury of undetermined intent in Bristol by deprivation quintile 2020-2024, age standardised rate per 100,000 population. Deprivation quintiles based on IMD 2025 deprivation scores.

Deprivation quintile	Number of deaths	ASR*	LL*	UL*
1 - most disadvantaged	69	15.8	12.2	20.2
2	53	11.6	8.6	15.3
3	47	11.1	8.0	15.0
4	44	10.2	7.2	14.1
5 - least disadvantaged	44	11.6	8.3	15.7
Bristol	257	12.2	10.7	13.9

*ASR age standardised rate; LL lower limit; UL upper limit

Figure 6 and Table 3 provide the breakdown of suicide death by deprivation in Bristol. There is an apparent trend linked to deprivation within Bristol, with the highest mortality rate from suicide of 15.8 per 100,000 seen in the most disadvantaged quintile. However, this is not statistically significant, meaning that this difference could be due to chance variation.



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The observation that the least disadvantaged group (quintile 5) have a relatively higher age-standardised rate is interesting, however the quintile 5 rate of 11.6 has a wide range between 8.3 and 15.7, which overlaps with the quintile 4 range of 7.2 to 14.1.

The higher rate in this data for quintile 5 is likely related to chance, although may reflect underlying experiences of those in Bristol with high socioeconomic status at a time of relative financial insecurity and pressure.

2.4 Method of death

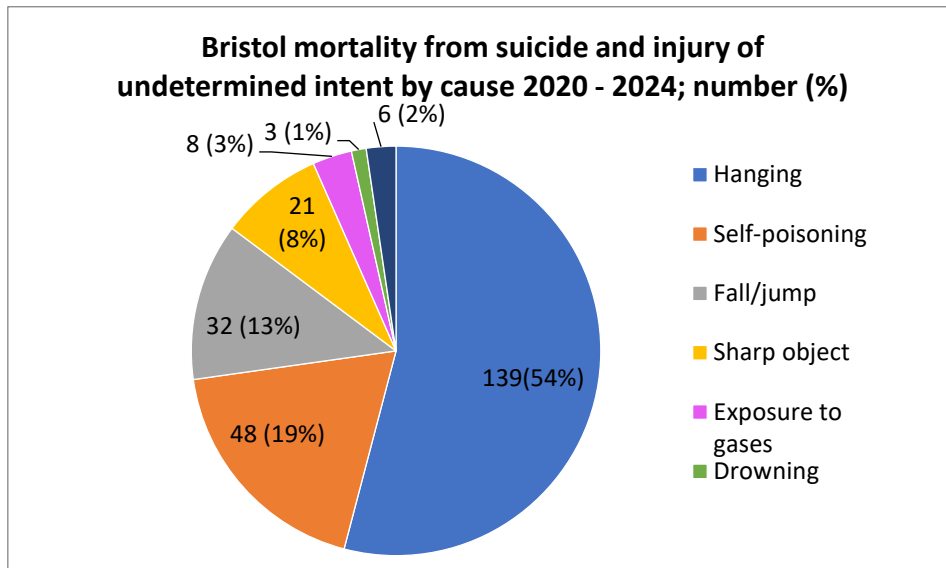
Hanging was the most common cause of mortality from suicide and undetermined death between 2020 and 2024 for both men and women, this is similar to the rest of England. This was followed by self-poisoning. There is a relatively high proportion of deaths from falling or jumping compared to the England average (one third of deaths due to a fall/jump have occurred in the vicinity of Avon Gorge and Clifton Suspension Bridge). There are different observed patterns for males and females, and Table 4 and Figure 7 provides summaries of the methods.

Table 4: Method of suicide by gender and cause 2020-2024.

Cause of death	Male (number)	%	Female (number)	%
Hanging	96	54.5%	43	53.1%
Self-poisoning	19	10.8%	29	35.8%
Fall/jump	27	15.3%	5	6.2%
Sharp object	19	10.8%	<5	2.5%
Exposure to gases	7	4.0%	<5	1.2%
Drowning	<5	1.1%	<5	1.2%
Other	6	3.4%	0	0.0%

Source: Primary Care Mortality Database 2025 via NHS England Digital

Figure 7: Mortality from suicide and injury of undetermined intent by cause, Bristol 2020-2024.



Source: Primary Care Mortality Database 2025 via NHS England Digital

Hanging is the most common method for both genders, although self-poisoning is used in over a third of female suicides. Jumping/falling or use of a sharp object are both methods used considerably more by males compared to females.

2.5 Place of death

In common with the rest of England, most suicides and deaths of undetermined intent took place at the person’s home; in Bristol, 54% of these deaths took place at home between 2020 and 2024.

In Bristol, 19% of suicides and undetermined intent deaths took place in a public place such as a park or railway. Six percent of deaths took place in the Avon Gorge/Portway area.

2.6 Safety in custody statistics

The number of apparent self-inflicted deaths and self-harm incidents recorded in Bristol Prison up to year 2025 are presented in tables 5 and 6 below.



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Table 5. Deaths in Bristol Prison between 2013 and 2025.

Bristol Prison	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21	2020-22	2021-23	2022-24	2023-25
Apparent self-inflicted deaths:	<5	8	9	8	<5	<5	<5	<5	8	8	8
Apparent natural cause deaths:	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5
Total deaths*:	6	12	14	13	7	7	5	7	11	12	12

** These data include a small number of cases with other causes of death or where causes are unknown*

Source: Ministry of Justice and National Offender Management Service, Safety in Custody Statistics: Safety in Custody summary tables to December 2025

Table 5 shows the number of apparent self-inflicted deaths within Bristol Prison peaked at 9 in period 2015-2017 but then reduced to fewer than 5 in the following 3 years period (2020-2022). Data for 2021-2023 to 2023-2025 shows that self-inflicted deaths has risen again to 8 in the 3 years period. The Independent Monitoring Board (IMB) inspection in 2023 reported a large increase in prisoners at HMP Bristol, up from 480 up to 580, and the latest report in 2025 indicates that prisoner numbers remain at that higher level. The prison population increase may have contributed to the suicide number increase.



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Table 6. Self-harm incidents in Bristol Prison between 2010 and 2024.

Year	Self-harm incidents
2010	131
2011	111
2012	87
2013	84
2014	80
2015	246
2016	256
2017	427
2018	426
2019	957
2020	878
2021	514
2022	472
2023	940
2024	674

Source: Ministry of Justice and National Offender Management Service, Safety in Custody Statistics: Safety in Custody summary tables to September 2025

Table 6 shows the number of self-harm incidents has increased significantly between 2015 and 2023. The highest number of self-harm incidents in the prison (957) were reported in 2019, while in 2022 there were 472. The lowest annual count of incidents was 80 in 2014. Following a large drop in self-harm incidents in 2021, and stable in 2022, the count of incidents nearly doubled in 2023 to 940 – almost the highest to date. The number of incidents has decreased again in 2024, to 674.

3.0 Self-harm

In 2024-25 in Bristol there were 1,135 emergency admissions to hospital due to intentional self-harm (the rate of 206.4 per 100,000 population, significantly higher than England¹ average of 117.0 per 100,000). However, this was a 7.4% decrease compared to 2023-24.

66% of the people admitted due to self-harm were female. The rates of intentional self-harm were almost 2 times higher among women than men. In 2024-25, there were 746 female admissions in Bristol, a rate of 258.9 per 100,000. The number of male

¹ The latest available data for 2023-24 for England



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admissions was significantly lower at 387 – a rate of 153.6 per 100,000 (Hospital Episode Statistics, NHS England Digital). However, since the majority of self-harm does not warrant hospital admission the numbers above are considered only the ‘tip of the iceberg’.

According to recent UK-wide research, 64% of patients over 10 years old who die by suicide have a history of self-harm ([NCISH | Annual report 2023: UK patient and general population data 2010-2020 \(manchester.ac.uk\)](#)) The risk of suicide is heightened within the first year after self-harm ([Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study — Nuffield Department of Primary Care Health Sciences, University of Oxford](#))

The Bristol self-harm register recorded detailed information on those presenting to emergency department in Bristol Royal Infirmary up until 2018. This information has not been collected after this time, so there is no update available however the 2018 data showed the following:

- 7% cited debt, money, finance or gambling as precipitating factors for self-harm
- 7.7% were indicated to be in patients who had experienced domestic violence. This excludes those who have experienced historic child abuse.

4.0 Progress from 2024-25 Action plan

Across Bristol, many services, organisations, and individuals remain deeply committed to suicide prevention. Their contributions span a wide range of activity: some are highly visible – such as the delivery of frontline services and public campaigns – whilst others are active behind the scenes. Together, these efforts play a vital role in supporting people at risk of suicide across our city. Below we highlight key areas of progress undertaken over the past year at Bristol City Council.

Improvement in real-time surveillance system

Access to timely data on suicide is essential for effective suicide prevention. The Avon Real-Time Surveillance System (RTSS) ensures that Bristol City Council and partner organisations receive prompt notifications of suspected suicides. This allows timely referrals to bereavement support services and supports the early identification of any emerging clusters, themes or trends that require a response.

We have worked closely with Avon and Somerset Police to improve reporting the consistency and timeliness of reporting into the RTSS. Police colleagues have introduced training and protocols to support data submission, strengthening the reliability of the RTSS.

Consolidating system and partnership working



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Working alongside our partners, we reviewed system structures to ensure our work remains efficient and aligned. As part of this, the Bristol North Somerset and South Gloucestershire Suicide Prevention Group has been stood down. The Bristol Suicide Prevention Group will continue to meet quarterly and feed directly into the Avon-wide suicide prevention group. This approach aims to continue strong cross-system engagement but avoid potential duplication.

Review of female suicides

In response to the increase in the female suicide rate, we completed a review of all suicide deaths in women between 2022 and 2024. While every person's circumstances are unique, the review identified several recurring themes. Many of the women had a history of mental health difficulties, self-harm or previous suicide attempts. Issues such as housing instability and unemployment also featured for several individuals.

To strengthen our understanding and inform tailored interventions, organisations that support women affected by these issues have been invited to join the Bristol Suicide Prevention Group

Recognising the wider determinants that affect suicide risk

Our suicide prevention strategy approach recognises the interplay between individual, social and environmental factors that shape suicide risk. We are working to ensure that suicide prevention is integrated into broader workstreams across Bristol City Council.

This has included completing a rapid review of gambling harms, recognising the strong link between harmful gambling and suicide risk.

Development of the Bristol Suicide Prevention Strategy 2026-2030 and Zero Suicide Bristol Campaign

Our new five-year Bristol Suicide Prevention Strategy will be published alongside this annual report. Its development has been guided by the expertise of the Bristol Suicide Prevention Group and informed by the data and analysis presented in this report. It also draws on the Department of Health and Social Care's cross-sector suicide prevention strategy and NHS England's Staying Safe from Suicide best practice guidance.

It will be supported by a re-launch of the Zero Suicide Bristol campaign which aims to make suicide everyone's business. Through this campaign, we want to empower businesses, organisations and residents to feel confident talking about suicide and recognise the role they can play in preventing it.

5.0 Summary

This annual report highlights the continued and significant impact of suicide and self-harm on individuals, families and communities in Bristol. Suicide remains a major concern for the city, with an average of 48 deaths per year among Bristol residents.



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There was reduction in the number of deaths by suicide in 2024, compared to the preceding years. However, Bristol's three-year suicide rate (2022 – 2024) of 13.1 per 100,000 remains higher than the England average and among the highest quartile nationally.

Men continue to account for around two-thirds of deaths. A rise in the female suicide rate prompted further investigation, although the rate has now slightly decreased. However, it is important to be aware of the gender differences in suicidal behaviour. Although age 35-64 is the highest risk group for women, the rate in younger women is higher than the national average. There also difference in means, with higher rates of self-poisoning than in men.

We have made progress across the system to strengthen our support for people at risk of suicide, but this report highlights that there is more work to be done. This data has been used to inform the development of the new 2026-2030 Bristol Suicide Prevention Strategy and the launch of the Zero Suicide Bristol campaign.

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