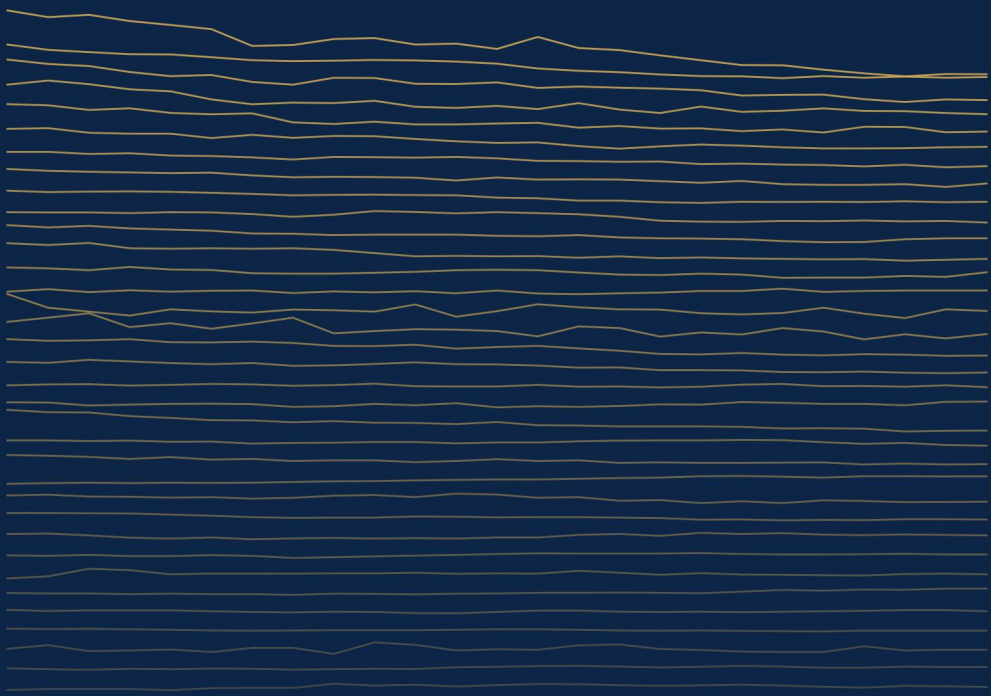
GLOBAL STRATEGY FILES

THE SILENT LEDGER

Suicide and Suicide Attempts in 35 Western Countries, 2004 to 2035: Rankings, Hidden Factors and the Decade Ahead



2.14 million deaths | 85 million attempts | 35 countries

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The Silent Ledger. Suicide and Suicide Attempts in 35 Western Countries, 2004 to 2035: Rankings, Hidden Factors and the Decade Ahead.

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This book is a collective work of the contributors of Global Strategy Files. All rankings, estimates, models and projections are original calculations by Global Strategy Files from public statistical sources listed in Appendix D. They are statistical analyses of populations. They are not clinical guidance and must not be used to assess any individual.

Data cut-off: November 2026.

Before you read

This book is about suicide. It treats the subject as a public health and strategic question, at the level of whole populations, and it follows international guidance on responsible reporting: it does not describe methods, it does not tell individual stories, and it uses the language of people who die by suicide rather than of crimes committed.

Behind each number in these pages there is a person and a circle of family, friends and colleagues. If reading it brings up difficult feelings, or if you are going through a hard time yourself, please reach out. Help is available, and suicidal crises do pass.

Where to find help now

United States: call or text 988 (Suicide and Crisis Lifeline).
Canada: call or text 9-8-8.
United Kingdom and Ireland: Samaritans, 116 123.
Australia: Lifeline, 13 11 14.
New Zealand: call or text 1737.
European Union: emergency number 112; many countries also run national crisis lines.
Elsewhere: findahelpline.com lists free, confidential services by country.

In an emergency, call your local emergency number.

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Executive Summary

This book builds, from the original death registers, a single and consistent account of suicide in 35 Western countries over a quarter of a century: the 27 members of the European Union, the United Kingdom, Norway, Switzerland, Iceland, the United States, Canada, Australia and New Zealand. Together they hold about 950 million people. Every rate in the book was recomputed by Global Strategy Files (GSF) from deaths by age and sex, standardised to the same reference population, so that a rate in Lithuania can be compared with a rate in Spain or in the United States. Every ranking, model, estimate and projection that follows was produced for this book. None is borrowed from other publications.

Ten findings

1. Two million lives in twenty years. Between 2004 and 2023 the 35 countries registered about 2.14 million suicide deaths. In 2023 alone the toll was about 113,500, more than the number of people killed on the roads of the same countries.

2. The West did not improve; Europe did. The population-weighted, age-standardised suicide rate of the 35 countries was 10.1 per 100,000 in 2004 and 9.8 in 2023: essentially flat. Behind that stillness, Europe fell by about a fifth (10.1 to 8.0) while the United States rose by more than a quarter (10.0 to 12.7). The annual number of deaths in the West rose by 11 percent.

3. The ranking by number is an American ranking. The United States alone accounts for 833,000 of the 2.14 million deaths (39 percent). Its share of all Western suicides rose from 29 percent in 2000 to 43 percent in 2023. Germany (196,000), France (190,000), Poland (108,000) and the United Kingdom (96,000) follow.

4. The ranking by rate is a Baltic and Central European ranking, but it is shrinking. Over twenty years Lithuania has the highest average rate (24.5), followed by Latvia, Hungary, Slovenia and Finland. These same countries recorded the steepest declines: Lithuania, Latvia, Bulgaria, Slovakia and Luxembourg roughly halved their rates. On the latest three years, the United States has risen to third place.

5. Attempts outnumber deaths by more than forty to one. The GSF Attempt Estimation Model, calibrated on national surveys in four countries, puts suicide attempts in the 35 countries at about 85 million over twenty years (80 percent interval 59 to 127 million), rising from 3.7 million in 2004 to about 5.0 million in 2023. The United States accounts for 44 percent of estimated attempts.

6. Convergence has stalled. High-rate countries fell faster than low-rate ones (a convergence half-life of 29 years), and the spread between Western countries narrowed by 40 percent between 2004 and 2014. Since 2014 it has not narrowed at all: a group of rising countries (the United States, the United Kingdom, Australia, the Netherlands, Spain) now offsets the decliners.

7. Suicide is getting younger in the Anglosphere. In the United States the rate at ages 10 to 24 rose by 42 percent and in the United Kingdom by 52 percent between 2004-06 and 2021-23, while it fell in most of continental Europe. In the West as a whole the age profile of suicide is flattening: old-age rates fall, youth rates do not. Since the pandemic, youth rates have also risen in France, Spain, Portugal, Slovenia and Austria.

8. The factors are layered, not single. The GSF Factor Map shows that differences between countries are explained mainly by a cluster of social cohesion indicators (violence, inequality, migration patterns), by geography (latitude), by urban and digital life, and by alcohol. Changes within countries over time are explained by family formation (fertility), prosperity, social cohesion and the labour market. A one-point rise in

unemployment raises the suicide rate by about 0.4 percent the same year; a one percent fall in income per head raises it by about 0.4 percent.

9. Registered rankings are fragile at the bottom. Up to a third of suicides may be recorded as deaths of undetermined intent in some countries. Counting all such deaths as suicides moves Slovakia from 31st to 3rd place and Portugal, Bulgaria and Poland sharply upward. Low-rate countries are not all low-risk countries.

10. The next decade: lower rates, more deaths. On current dynamics, 27 of the 35 countries will have a lower rate in 2035 than in 2024. Yet the GSF Ensemble Forecast projects that Western suicide deaths will rise from about 113,300 in 2024 to 117,800 in 2030 and 121,000 in 2035, because of American weight, ageing and population growth. Attempts would pass 5.2 million a year. A prevention dividend, achievable with policies already proven in parts of the West, would cut 2035 deaths to about 96,000 and save roughly 24,500 lives that year; a distress scenario would push them to about 131,000.

What the book offers

- Three twenty-year league tables of the West: by deaths, by rate and by attempts.
- A decomposition of every country's change into population, ageing and risk.
- The GSF Multi-Factor Model, combining fixed-effects econometrics, a Shapley decomposition and machine learning on twenty candidate factors.
- A typology of five suicide regimes of the West.
- Country projections for 2030 and 2035 with probability bands, and three scenarios.
- Case studies: the United States and Canada, five decliners, four risers, the Mediterranean shield and the Nordic paradox.

- A test of the pandemic years and the post-pandemic youth shift.
- Thirty-five three-page country profiles and complete data tables.

PART I

Foundations

How to count what societies would rather not see, and where the West stands in the world.

CHAPTER 1

Counting What Societies Would Rather Not See

Suicide is the only major cause of death whose statistics depend on a judgement about intention. A heart attack is recorded as a heart attack whatever the circumstances. A death by suicide, by contrast, is recorded as such only if a coroner, a medical examiner, a physician or a court concludes that the person intended to die, and if that conclusion survives the administrative chain that turns a death certificate into a national statistic. Every number in this book therefore carries two layers: the reality of lost lives, and the institutions that count them.

This first chapter explains how the GSF Western Suicide Panel was built, why age standardisation is indispensable, how gaps were filled, and how much confidence each country's figures deserve. Readers interested only in results can move to Chapter 2, but the choices described here shape every ranking that follows.

The 35 countries of the study

The book defines "the West" in the sense that has dominated strategic and economic literature since the end of the Cold War: the market democracies of Europe, North America and Oceania that share institutions, alliances and broadly comparable statistical systems. Concretely, the study covers the 27 member states of the European Union, the United Kingdom, Norway, Switzerland and Iceland, the United States and Canada, and Australia and New Zealand. These 35 countries had about 951 million inhabitants in 2024.

This definition is deliberately wide. It includes former Communist states that joined the European Union in 2004 and 2007, which carried very high suicide rates into the period, and small island states such as Malta and Cyprus whose rates are among the lowest in the world. That diversity is analytically valuable: it gives the models of Part IV enough contrast to separate the effects of economic transition, alcohol, family structure, geography and health systems.

What is counted as a suicide

The study uses the definition of the tenth revision of the International Classification of Diseases (ICD-10), applied in all 35 countries throughout the period: codes X60 to X84 (intentional self-harm) and Y87.0 (sequelae of intentional self-harm). These codes cover all deaths that the certifying authority attributes to a deliberate act. The book also tracks two related categories:

- deaths of undetermined intent (codes Y10 to Y34 and Y87.2), where the authority could not decide between accident, assault and self-harm;
- deaths by self-harm involving a firearm (codes X72 to X74), used only as an aggregate indicator of the lethality of available means, never as a description of methods.

Sources

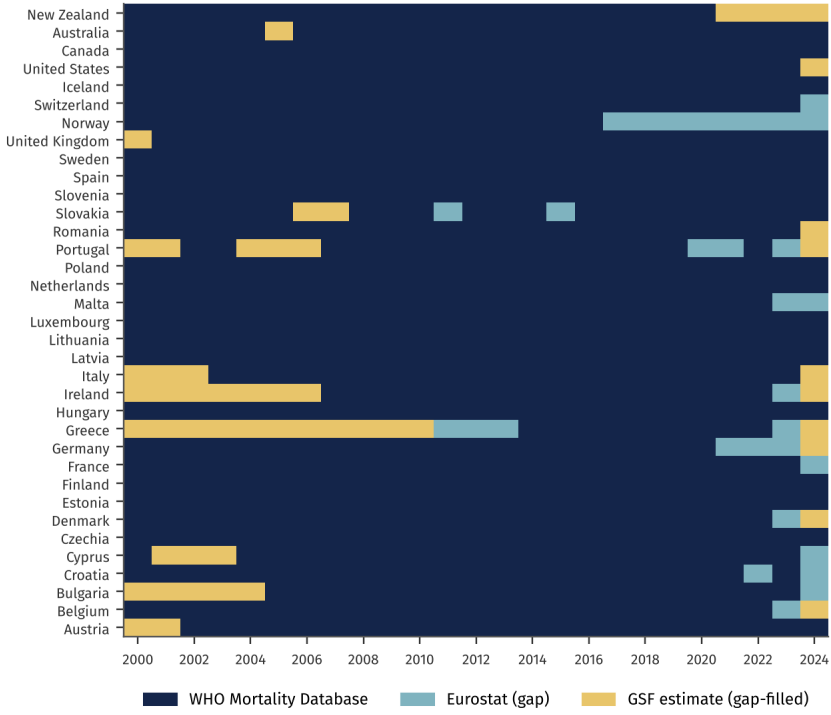
Three families of public sources feed the panel.

The **WHO Mortality Database** is the backbone. It compiles the deaths reported each year by national statistical offices, by cause, sex and five-year age group. GSF processed the complete ICD-10 raw files (more than five million records) and extracted, for each country and year from 2000 to 2024, deaths from suicide, firearm suicide, undetermined intent and all causes, by sex and age.

Eurostat publishes the same causes of death for European countries from 2011, with a faster release calendar. It was used to fill years missing from the WHO files (notably Germany for 2021 to 2023 and Norway for 2017 to 2024) and as an independent check.

UN World Population Prospects (2024 revision) provides population by sex and five-year age group, needed to compute rates, and the UN medium-variant projections used in Part V. The **World Bank World Development Indicators** and WHO Global Health Estimates provide the economic, social and health covariates of Part IV and the global benchmarks of Chapter 2.

Figure 1.1 Data coverage of the GSF Western Suicide Panel, 2000 to 2024



Source of each country-year observation. GSF estimates fill 53 of 875 cells (6 percent).

Why rates must be age-standardised

Suicide risk varies strongly with age, and the age structures of Western countries differ widely. Italy and Germany are among the oldest populations on earth; Ireland, Iceland and the United States are much younger. Comparing crude rates (deaths divided by population) would mix two different things: the risk at each age, and the number of people at each age.

The book therefore uses the direct method of age standardisation. For each country, year and sex, GSF computed the suicide rate in seventeen age groups (0 to 4, 5 to 9 and so on up to 80 and over), then averaged these rates using the fixed weights of the WHO world standard population (Appendix C). The result answers a simple question: what would the suicide rate of this country be if it had the age structure of the world standard population? Because the same weights are applied everywhere and in every year, differences in standardised rates reflect differences in risk, not in demography.

The distinction matters in practice. In 2023 Germany's crude rate was 12.3 per 100,000 but its standardised rate only 7.8, because so many Germans are old. In the United States, younger, the two rates were 14.4 and 12.7. The crude comparison suggests that the two countries are close; the standardised one shows that age-for-age, the American risk is about 60 percent higher.

Filling gaps without inventing trends

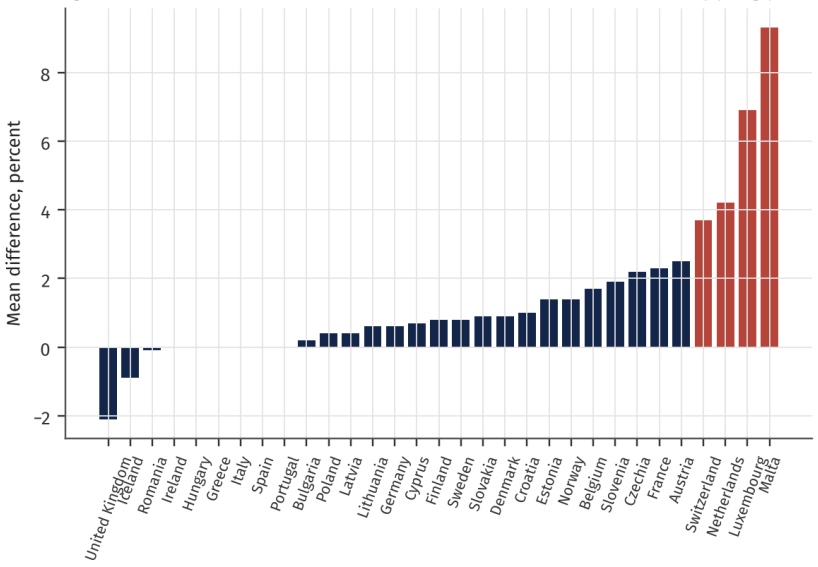
Of the 875 country-years in the panel (35 countries over 25 years), 822 come directly from a death register: 791 from the WHO database and 31 from Eurostat. The remaining 53 cells (6 percent) were missing in both. They are concentrated in Greece before 2011, Ireland before 2007, Italy and Portugal in the early 2000s, Bulgaria before 2005, and New Zealand after 2020.

GSF filled them with a transparent ratio method. WHO's Global Health Estimates provide a modelled rate for every country and year to 2021. For each missing year, GSF computed the ratio between the registered rate and the WHO estimate over the five nearest observed years, and applied that ratio to the WHO estimate of the missing year. This keeps each country's own level and uses the WHO series only for its year-to-year shape. Years after 2021 without either source (New Zealand 2021 to 2024, a handful of countries in 2024) were set to the average of the last three observed years. Filled cells are flagged in every table of Appendix B, and the twenty-year rankings change by at most one place if they are excluded.

How far the two registers agree

Because European countries report the same deaths to both WHO and Eurostat, the overlap offers a natural test of data consistency. For 31 countries, GSF compared the two counts year by year from 2011 to 2023.

Figure 1.2 Eurostat minus WHO counts of suicide deaths, overlapping years



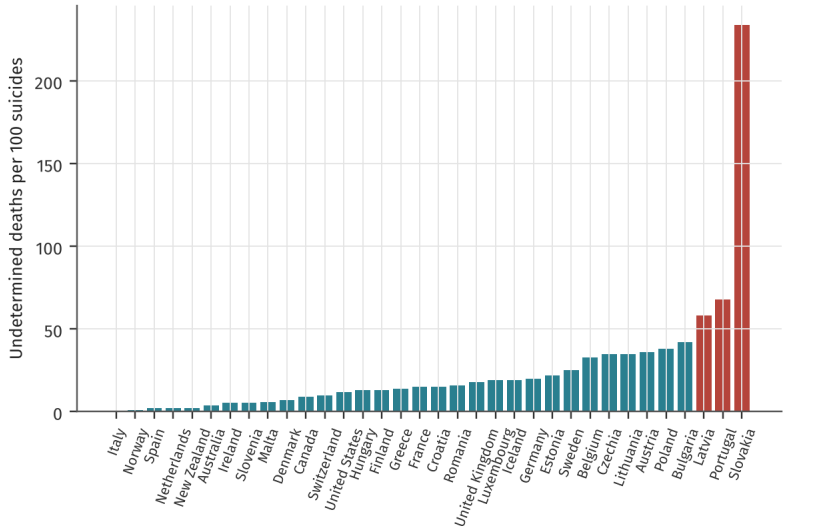
Average percentage gap between the two official registers, 2011 to 2023. Bars in red exceed 3 percent.

For most countries the two registers agree to within one or two percent; the small differences come from revisions and from the treatment of non-residents. Larger gaps appear in very small countries (Luxembourg and Malta, where a few deaths of non-residents move the count) and in the Netherlands and Switzerland, where Eurostat totals run 4 to 5 percent above WHO figures. None of these gaps is large enough to alter a ranking.

The undetermined zone

The more serious threat to comparability lies in deaths of undetermined intent. When the authority cannot establish intention, a suicide may be recorded as "event of undetermined intent", and the practice differs greatly between countries.

Figure 1.3 Deaths of undetermined intent per 100 registered suicides, 2015 to 2023



Median ratio over 2015 to 2023. High ratios signal that part of the true suicide toll is recorded elsewhere.

In most Western countries there are fewer than 20 undetermined deaths for every 100 registered suicides. In a minority the ratio is far higher: Slovakia records more than two undetermined deaths for every registered suicide, Portugal about two for three, Latvia more than one for two and Bulgaria about two for five. In these countries the registered suicide rate is very likely an underestimate. Chapter 10 measures how much the rankings would move under different assumptions.

WHAT THE READER SHOULD RETAIN

- All rates in this book are GSF calculations from deaths by age and sex, standardised to the WHO world population.
- 94 percent of country-years come directly from national death registers; 6 percent are flagged estimates.
- Registered counts are consistent across WHO and Eurostat, but the treatment of undetermined deaths varies, which matters for low-rate countries.

CHAPTER 2

The West in the World

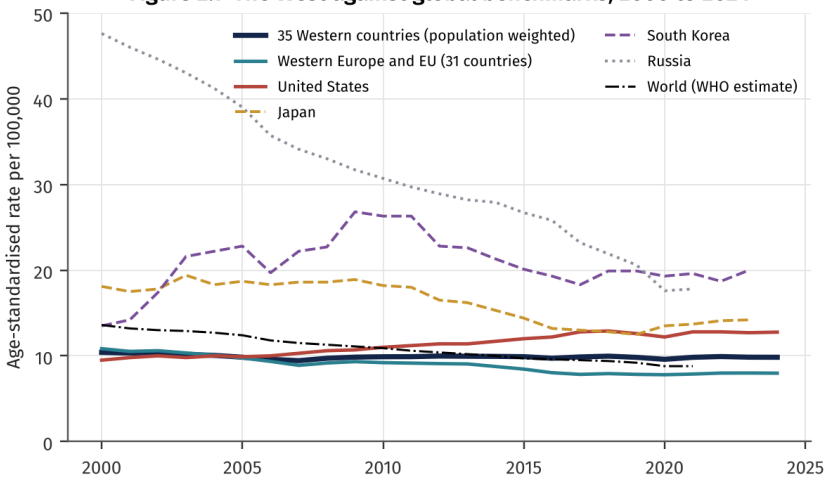
Before ranking Western countries against each other, it is worth asking where the West stands in the world. The question is less obvious than it seems. Public debate in Europe and North America often treats suicide as a disease of affluent, individualistic societies. The data tell a more complicated story.

A global decline that largely bypassed the West

According to WHO's Global Health Estimates, the age-standardised suicide rate of the world fell from 13.6 per 100,000 in 2000 to 8.8 in 2021, a decline of 35 percent. The fall came mostly from two sources visible in the same estimates: the collapse of very high rates in Russia, Belarus, Kazakhstan and Ukraine, and large declines in the two most populous countries, China (from 16.3 to 6.8) and India (from 17.6 to 12.6).

Over the same period, the population-weighted rate of the 35 Western countries computed by GSF barely moved: 10.4 in 2000, 9.8 in 2023. In 2000 the West was below the world average by about a quarter. By 2021 it was above it. That reversal is the first fact this book places on the table: in the twenty-first century the West has not been a leader in suicide reduction. It has been a laggard.

Figure 2.1 The West against global benchmarks, 2000 to 2024



Western series computed by GSF; Russia and World use WHO Global Health Estimates.

A middle position, with a long Western tail

Ranked against 158 countries for which WHO publishes estimates, Western countries occupy a middle position: the median Western country ranks 65th from the top. None is among the world's twenty highest. Lithuania ranks 20th, Belgium 28th, the United States 32nd and Slovenia 35th. At the other end, Cyprus, Greece and Italy are among the fifty lowest rates in the world.

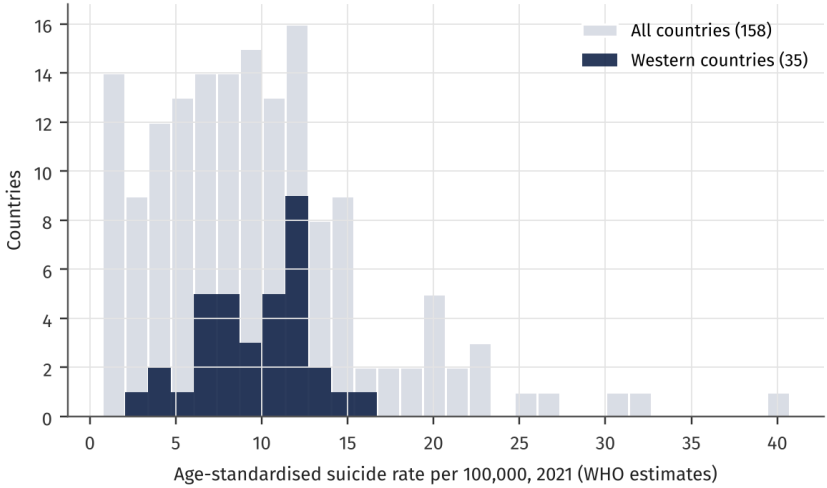
Table 2.1 Western countries in the world ranking of suicide rates, 2021 (158 countries)

World rank	Country	Rate 2021	Rate 2000	Men 2021	Women 2021
20	Lithuania	16.6	47.2	28.7	5.9
28	Belgium	14.4	18.4	20.9	8.0
32	United States	13.9	10.0	21.6	6.0
35	Slovenia	13.2	25.6	21.5	5.1
39	Finland	12.6	21.5	17.3	7.9
41	Estonia	12.4	25.2	20.3	5.3
44	Latvia	11.9	29.8	22.1	3.0
46	Sweden	11.8	12.0	16.3	7.1

World rank	Country	Rate 2021	Rate 2000	Men 2021	Women 2021
46	Australia	11.8	11.8	17.6	6.1
49	France	11.5	15.8	17.6	5.9
49	Poland	11.5	15.5	20.2	3.2
52	Norway	11.4	11.9	16.3	6.3
52	Hungary	11.4	26.6	19.0	4.8
56	New Zealand	11.2	12.4	16.5	5.9
57	Croatia	11.1	16.5	18.6	4.3
58	Iceland	10.8	12.9	13.0	8.4
61	Czechia	10.3	13.5	16.3	4.6
65	Austria	10.1	15.7	16.6	4.0
69	Switzerland	9.9	16.0	13.8	6.0
77	Netherlands	9.0	8.0	12.3	5.8
82	United Kingdom	8.7	7.7	13.4	4.1
84	Germany	8.1	11.1	12.2	4.2
86	Canada	8.0	11.1	12.0	4.0
90	Slovakia	7.6	12.7	13.6	2.3
90	Denmark	7.6	12.5	11.0	4.3
90	Ireland	7.6	11.8	11.2	4.1
97	Romania	7.2	11.2	12.5	2.3
99	Portugal	7.1	5.4	11.2	3.5
107	Bulgaria	6.3	14.5	10.6	2.6
109	Luxembourg	6.2	12.3	9.5	2.9
110	Spain	6.1	6.5	9.3	3.1
113	Malta	5.6	6.0	7.6	3.3
124	Italy	4.6	5.7	7.1	2.2
135	Greece	3.4	3.0	5.7	1.2
140	Cyprus	2.5	1.8	3.5	1.5

WHO Global Health Estimates (age-standardised), ranked by GSF. These modelled estimates differ slightly from the registered rates used elsewhere in this book.

Figure 2.2 Where the West sits in the world distribution of suicide rates



WHO Global Health Estimates for 158 countries, 2021, processed by GSF.

Three comparisons help place Western rates in context.

Against East Asia. South Korea is the high-income country with the highest suicide rate. Its registered, age-standardised rate (GSF calculation on the same method) rose from 13.5 in 2000 to a peak of 26.8 in 2009 and stood at 20.0 in 2023, more than double the Western average. Japan fell from 19.4 in 2003 to 12.5 in 2019, then rose again to 14.2 in 2023. No Western country is at Korean levels, Lithuania included; several, including the United States, are now at Japanese levels.

Against the post-Soviet world. Russia's WHO-estimated rate fell from 47.6 in 2000 to 17.8 in 2021. Belarus and Kazakhstan show the same shape. The Baltic states, which belong to the West in this study, followed the same trajectory at a lower level. Part of the steep decline of Lithuania and Latvia belongs to this wider post-transition recovery rather than to a specifically Western dynamic.

Against Latin America. Most Latin American countries have low rates, but they are rising: Brazil from 4.3 to 7.4 and Mexico from 3.8 to

6.8 between 2000 and 2023. Uruguay, at 20.4 in 2023, now has a higher rate than any Western country. The direction of change in these countries resembles the United States more than Europe.

Why the global picture matters for the West

The comparison yields two lessons that shape the rest of the book.

First, high rates are not a fixed feature of a culture. Countries with very different histories (Russia, Lithuania, China, Switzerland) have achieved large declines within a generation. Suicide rates respond to social conditions and to policy.

Second, prosperity alone does not protect. The richest Western countries are spread across the whole Western distribution, and the richest of all, the United States, is one of the few whose rate rose markedly. Chapter 15 shows that, once other factors are held constant, higher income per head is associated with lower rates, but that its weight is modest compared with the social and geographic factors that distinguish countries.

KEY FINDINGS

- The world suicide rate fell by 35 percent between 2000 and 2021; the Western rate fell by about 6 percent.
- No Western country is among the world's twenty highest rates, but the West moved from below to above the world average.
- The United States has reached Japanese levels; no Western country is at Korean levels.
- Large declines elsewhere show that national rates can fall quickly when conditions change.

PART II

Twenty Years of Rankings

Deaths, rates and attempts: the three league tables of the West, 2004 to 2023.

CHAPTER 3

The First League Table: Number of Deaths

The first way to rank countries is the bluntest: how many people died. The number of deaths is what fills hospital mortuaries, what families experience, and what determines the scale of the response a health system must organise. It is also the measure most affected by population size, which is why it must always be read alongside the rates of Chapter 4.

Two million lives

From 2004 to 2023, the 35 Western countries recorded about 2,141,600 suicide deaths: on average 107,000 a year, 293 a day, one every five minutes. The annual figure was 101,900 in 2004 and 113,500 in 2023, a rise of 11 percent while the population of the 35 countries grew by 11 percent. The burden of suicide, in other words, grew at the same pace as the population it strikes.

Table 3.1 Ranking of 35 Western countries by suicide deaths, 2004 to 2023

Rank	Country	Deaths 2004 to 2023	Share of West	Average per year	Deaths 2023
1	United States	833,474	38.9%	41,674	49,316
2	Germany	196,423	9.2%	9,821	10,426
3	France	190,228	8.9%	9,511	8,696
4	Poland	108,071	5.0%	5,404	4,554
5	United Kingdom	96,319	4.5%	4,816	6,400
6	Canada	80,801	3.8%	4,040	3,837
7	Italy	78,516	3.7%	3,926	3,821

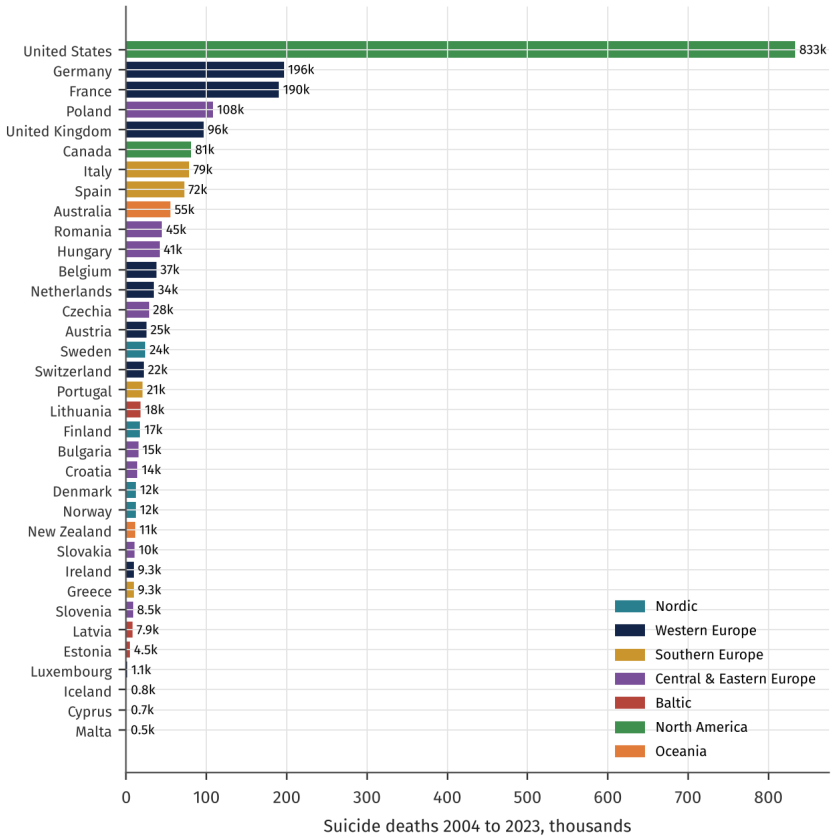
Rank	Country	Deaths 2004 to 2023	Share of West	Average per year	Deaths 2023
8	Spain	72,330	3.4%	3,616	4,118
9	Australia	55,204	2.6%	2,760	3,300
10	Romania	44,588	2.1%	2,229	1,587
11	Hungary	41,476	1.9%	2,074	1,593
12	Belgium	37,498	1.8%	1,875	1,585
13	Netherlands	34,439	1.6%	1,722	1,865
14	Czechia	28,231	1.3%	1,412	1,253
15	Austria	25,139	1.2%	1,257	1,310
16	Sweden	23,988	1.1%	1,199	1,329
17	Switzerland	21,943	1.0%	1,097	996
18	Portugal	20,576	1.0%	1,029	1,046
19	Lithuania	18,077	0.8%	904	562
20	Finland	17,412	0.8%	871	751
21	Bulgaria	15,002	0.7%	750	451
22	Croatia	14,133	0.7%	707	546
23	Denmark	11,942	0.6%	597	534
24	Norway	11,735	0.5%	587	728
25	New Zealand	11,219	0.5%	561	649
26	Slovakia	10,316	0.5%	516	341
27	Ireland	9,281	0.4%	464	453
28	Greece	9,270	0.4%	463	488
29	Slovenia	8,462	0.4%	423	358
30	Latvia	7,929	0.4%	396	266
31	Estonia	4,518	0.2%	226	192
32	Luxembourg	1,078	0.1%	54	42
33	Iceland	767	0.0%	38	47
34	Cyprus	659	0.0%	33	37
35	Malta	516	0.0%	26	31

Total: 2,141,560 deaths. Includes GSF estimates for 53 missing country-years (see Chapter 1).

A ranking dominated by one country

The United States accounts for about 833,000 deaths over the period, 39 percent of the Western total, although it holds 36 percent of the population. Five countries (the United States, Germany, France, Poland and the United Kingdom) account for two thirds of all Western suicide deaths.

Figure 3.1 Twenty years of suicide deaths, ranked by number

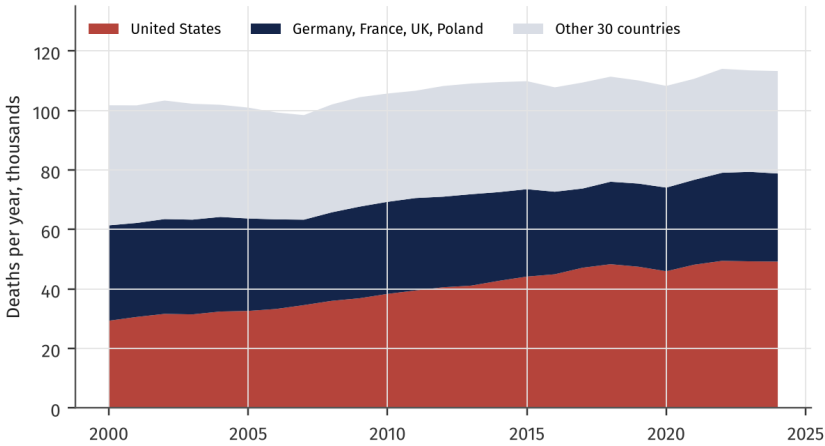


Registered suicide deaths (ICD-10 X60 to X84, Y87.0), 2004 to 2023, with GSF estimates for missing years.

The American weight has grown steadily. In 2000 the United States recorded 29 percent of Western suicide deaths. In 2023 it recorded 43

percent. The other 34 countries together registered about 69,500 deaths in 2004 and 64,200 in 2023, a decline of 8 percent. Over the same years American deaths rose from 32,400 to 49,300, an increase of 52 percent. The entire growth of the Western total, and more, is an American phenomenon.

Figure 3.2 Annual suicide deaths in the West, 2000 to 2024



The American share rose from 29 percent of Western suicide deaths in 2000 to 43 percent in 2023.

Movements in the middle of the table

Behind the leading group, the ranking contains several notable changes.

The United Kingdom moved up. Its annual deaths rose from about 4,100 in 2004-06 to 6,100 in 2021-23 (plus 47 percent), the largest relative increase among the large European countries. By 2023 it recorded more suicides than Poland.

France moved the other way. It registered about 10,600 deaths a year in 2004-06 and 8,800 in 2021-23 despite a growing and ageing population, a decline of 17 percent.

Germany was stable in number (about 10,000 a year) but this stability hides two opposite forces: a lower risk at every age and a much older population, as Chapter 6 shows.

Poland and Romania fell markedly in number, Poland from about 6,000 to 4,500 a year and Romania from 2,700 to 1,700.

Spain and the Netherlands rose in number by about 20 percent each, Spain from 3,400 to 4,100 and the Netherlands from 1,500 to 1,900.

The small countries

At the bottom of the table, Malta (516 deaths in 20 years), Cyprus (659), Iceland (767) and Luxembourg (1,078) carry the smallest absolute burden. In these countries a handful of deaths can move the annual rate by 20 percent or more, which is why rates for them are always discussed as multi-year averages.

What the number ranking does and does not show

The ranking by number answers questions of scale: where the largest number of lives can be saved, where crisis services face the heaviest load, where prevention spending has the largest absolute return. On that basis the United States is, by a wide margin, the decisive arena of suicide prevention in the West: a 10 percent reduction there would save about as many lives as eliminating suicide entirely in the fifteen smallest Western countries combined.

It does not answer questions of risk. A citizen of Lithuania, 19th by number, faced on average twice the risk of a citizen of the United States over the twenty years. That is the subject of the next chapter.

KEY FINDINGS

- 2.14 million suicide deaths in the West, 2004 to 2023; 113,500 in 2023.
- The United States accounts for 39 percent of the twenty-year total and 43 percent of 2023 deaths.
- Outside the United States, annual deaths fell by 8 percent; in the United States they rose by 52 percent.
- The United Kingdom, Spain and the Netherlands rose in number; France, Poland and Romania fell.

CHAPTER 4

The Second League Table: Suicide Rates

If the number of deaths measures the size of the problem, the age-standardised rate measures the intensity of the risk. It is the figure that answers the question a citizen, a doctor or a policy maker actually asks: how likely is a person in this country, compared with an otherwise similar person elsewhere, to die by suicide?

The twenty-year ranking

Table 4.1 Ranking by age-standardised suicide rate (per 100,000), 2004 to 2023

Rank	Country	20-year average	Men	Women	2004 to 2006	2021 to 2023	Change
1	Lithuania	24.5	43.9	7.5	32.5	14.6	-55%
2	Latvia	15.6	28.5	4.4	19.8	10.1	-49%
3	Hungary	15.4	26.0	6.3	20.2	11.5	-43%
4	Slovenia	15.0	24.8	5.8	19.8	13.3	-33%
5	Finland	14.2	21.5	7.0	17.3	11.9	-31%
6	Estonia	13.7	23.9	4.8	17.3	11.5	-34%
7	Belgium	13.7	20.3	7.4	15.7	11.4	-27%
8	Croatia	12.1	19.9	5.2	14.7	9.7	-34%
9	Poland	11.9	21.2	3.1	13.5	10.0	-26%
10	New Zealand	11.8	17.7	6.1	12.1	12.2	+1%
11	France	11.6	18.2	5.6	14.0	10.1	-28%
12	United States	11.6	18.1	5.0	10.0	12.8	+28%
13	Czechia	10.8	18.1	3.8	11.9	9.3	-22%
14	Australia	10.7	16.4	5.2	9.8	11.3	+16%
15	Iceland	10.6	16.0	5.0	10.5	9.4	-11%

Rank	Country	20-year average	Men	Women	2004 to 2006	2021 to 2023	Change
16	Austria	10.6	17.1	4.6	12.9	9.1	-29%
17	Norway	10.4	14.6	6.2	10.7	10.8	+1%
18	Sweden	10.4	14.6	6.2	10.9	10.2	-6%
19	Switzerland	10.2	15.0	5.8	13.2	8.3	-37%
20	Canada	10.0	14.9	5.1	9.9	9.2	-7%
21	Ireland	9.4	15.0	3.9	9.8	8.1	-17%
22	Romania	8.9	15.7	2.6	10.6	6.7	-37%
23	Germany	8.3	13.0	4.0	9.3	7.7	-17%
24	Netherlands	8.3	11.5	5.1	7.9	8.5	+8%
25	Denmark	8.2	12.2	4.3	9.5	7.0	-26%
26	Luxembourg	8.0	11.9	4.2	10.4	5.1	-51%
27	Slovakia	7.8	13.9	2.1	10.9	5.3	-51%
28	Bulgaria	7.1	11.7	3.0	9.5	4.8	-49%
29	United Kingdom	6.7	10.5	3.0	6.1	8.1	+34%
30	Portugal	6.7	11.0	2.9	6.6	6.4	-4%
31	Spain	5.7	8.8	2.8	5.8	6.2	+6%
32	Malta	4.9	8.2	1.6	4.6	5.0	+9%
33	Italy	4.7	7.6	2.0	4.8	4.6	-3%
34	Greece	3.3	5.4	1.3	2.7	3.5	+28%
35	Cyprus	2.4	3.8	1.0	1.2	2.2	+76%

Rates standardised to the WHO world standard population. Change compares three-year averages.

Averaged over 2004 to 2023, Lithuania stands alone at the top with 24.5 deaths per 100,000, a level more than ten times that of Cyprus and five times that of Italy. A second group follows at around 14 to 16: Latvia, Hungary, Slovenia, Finland, Estonia and Belgium. A broad middle group of nineteen countries lies between 8 and 12.5, including France and the United States (both at 11.6), the Nordic countries, the German-speaking countries, Canada and Oceania. At the bottom, Southern Europe forms a clear low-rate belt: Cyprus (2.4), Greece (3.3),

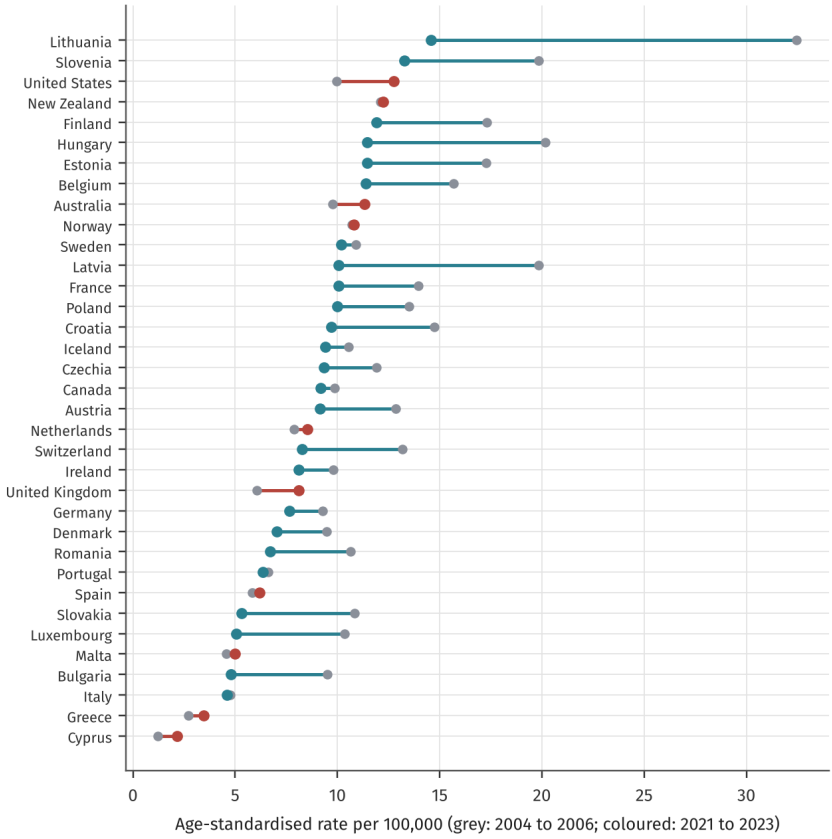
Italy (4.7), Malta (4.9), Spain (5.7) and Portugal (6.7), joined by the United Kingdom (6.7) and Bulgaria (7.1).

The geography is striking. The high-rate countries form an arc running from the Baltic through Central Europe to Belgium and Finland. The low-rate countries line the Mediterranean. The Anglophone countries outside Europe sit in the upper middle. Part IV tests how much of this geography survives once economic and social factors are taken into account.

A table in motion

A twenty-year average hides movement. Comparing the three years 2004 to 2006 with the three years 2021 to 2023, twenty-five countries saw their rate fall and ten saw it rise or stay level.

Figure 4.1 From 2004 to 2023: who improved, who deteriorated

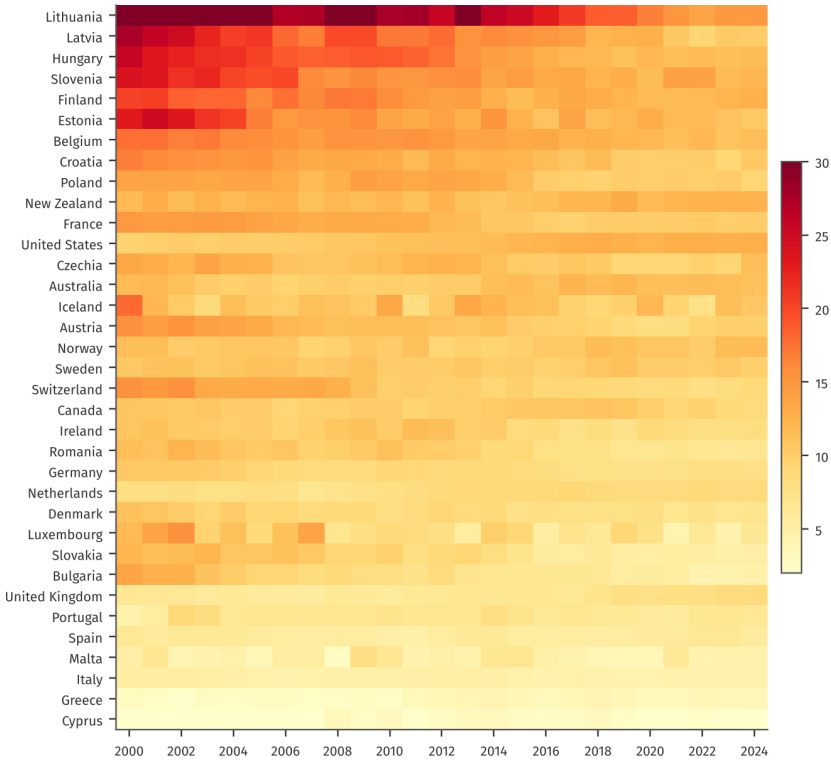


Three-year averages. Red: rate increased; teal: rate decreased.

The declines were concentrated where rates had been highest. Lithuania's rate fell by 55 percent, from 32.5 to 14.6. Latvia, Bulgaria, Slovakia and Luxembourg roughly halved theirs. Hungary fell by 43 percent, Switzerland and Romania by 37 percent, Croatia, Estonia and Slovenia by about a third, Finland by 31 percent. France (minus 28 percent), Belgium (minus 27), Austria (minus 29) and Denmark (minus 26) recorded declines that would have been celebrated as historic in any other field of public health.

The increases form a distinct group. Cyprus (plus 76 percent, from a very low base), the United Kingdom (plus 34), the United States (plus 28) and Greece (plus 28) recorded the largest rises, followed by Australia (plus 16), Malta (plus 10), the Netherlands (plus 8) and Spain (plus 6). New Zealand and Norway were level.

Figure 4.2 Heat map of age-standardised suicide rates, 2000 to 2024

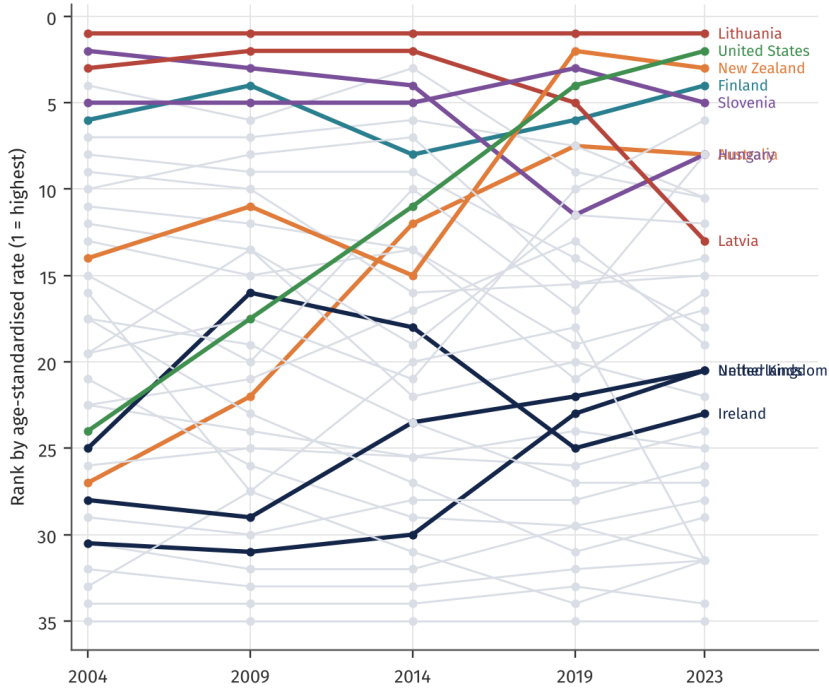


Countries ordered by their 20-year average rate.

The new top of the table

The result is a reshuffled league. In 2004 the United States ranked 24th of 35 by age-standardised rate. In 2023 it ranked 2nd, behind only Lithuania. New Zealand moved from 14th to 3rd, Australia from 27th to 8th, the United Kingdom from 30th to 20th. Hungary moved down from 2nd to 8th, Latvia from 3rd to 13th, France from 9th to 15th.

Figure 4.3 The moving league table: ranks at five dates



Rank 1 is the highest rate among 35 Western countries.

On the latest three-year average (2021 to 2023), the top ten are Lithuania (14.6), Slovenia (13.3), the United States (12.8), New Zealand (12.2), Finland (11.9), Hungary and Estonia (11.5), Belgium (11.4), Australia (11.3) and Norway (10.8). Four of the ten are now outside continental Europe. Twenty years earlier there were none.

Men and women do not share the same ranking

The rankings by sex differ in instructive ways. For men in 2021 to 2023, the highest rates are in Lithuania (25.2), Slovenia (21.4), the United States (20.0), Hungary (19.2) and Latvia (18.6). For women, the top of the table is entirely Nordic and Oceanian: Finland and New Zealand (6.7), Belgium (6.5), Norway (6.2), Sweden (6.0) and Iceland (5.8). Countries where male suicide is extremely high are not, in

general, the countries where female suicide is highest. Chapter 7 explores this divergence.

KEY FINDINGS

- Twenty-year ranking by rate: Lithuania, Latvia, Hungary, Slovenia and Finland lead; Cyprus, Greece, Italy, Malta and Spain are lowest.
- 25 countries reduced their rate between 2004-06 and 2021-23; the largest declines were in the highest-rate countries.
- The United States climbed from 24th to 2nd place between 2004 and 2023; New Zealand, Australia and the United Kingdom also climbed.
- Female suicide is highest in the Nordic countries, New Zealand and Belgium; male suicide in the Baltic and Central European belt and the United States.

CHAPTER 5

The Third League Table: Suicide Attempts

For every person who dies by suicide, many more survive an attempt. Attempts matter for three reasons. They are the strongest single predictor of later death by suicide; they impose a large burden of injury, disability and family distress; and they reveal the extent of suicidal crisis in a society better than deaths do, because deaths also depend on how lethal the available means are and on how quickly emergency care arrives.

Yet no Western country counts attempts the way it counts deaths. There is no international register of suicide attempts. Hospital records capture only those who reach a hospital and are recognised as having self-harmed; surveys capture only those who are willing to tell an interviewer. This chapter builds, for the first time on a common basis, an estimate of suicide attempts for all 35 countries and twenty years.

The GSF Attempt Estimation Model

The model rests on one observable quantity, the ratio of attempts to deaths, and on four countries where that ratio can be measured from large national surveys asking adults whether they attempted suicide in the past twelve months.

Table 5.1 Calibration anchors for the GSF Attempt Estimation Model

Country	Survey year	Estimated attempts	Suicide deaths	Attempts per death
United States	2024	2,900,000	48,824	59
England	2023/24	410,000	5,700	72

Country	Survey year	Estimated attempts	Suicide deaths	Attempts per death
Australia	2020-22	54,800	3,220	17
France	2021	255,000	8,788	29
France	2024	192,000	8,784	22

Attempts derived by GSF from national survey prevalence (NSDUH; Adult Psychiatric Morbidity Survey; National Study of Mental Health and Wellbeing; Barometre de Sante publique France) applied to the surveyed population.

GSF converted each survey prevalence into a number of attempts by applying it to the surveyed population, and divided by the registered suicide deaths of the same year. The four anchors give ratios from 17 attempts per death (Australia) to 72 (England), with a geometric mean of 34. The spread is wide, and it carries information: surveys differ in wording and age range, and countries differ in how often an attempt ends in death.

The model then proceeds in three steps.

Step 1: a structural ratio. For each country and year, the attempt-to-death ratio is drawn around the anchor mean, adjusted by an elasticity to the country's death rate. The rationale is empirical: across Western populations, the prevalence of suicidal thoughts and attempts varies much less than the death rate does, so a country with a death rate half the reference level is expected to have a ratio above the reference. The elasticity is uncertain and is drawn between 0.1 and 0.9 (mean 0.5) in each simulation.

Step 2: national calibration. For the four anchor countries, the ratio is pulled three-quarters of the way toward the survey evidence, with its own time path (the English surveys show attempts doubling relative to deaths between 2000 and 2023; the American surveys show a rise from about 44 to 59 attempts per death between 2008 and 2024).

Step 3: uncertainty. Each country-year is simulated 4,000 times, combining uncertainty in the anchor mean, in the elasticity and a

country-specific deviation. The book reports the median and the 80 percent interval.

The model estimates self-reported attempts among people aged about 12 and over. It does not estimate non-suicidal self-harm, which is several times more common, nor attempts by younger children.

Eighty-five million attempts

On these assumptions, the 35 Western countries recorded about 85 million suicide attempts between 2004 and 2023, with an 80 percent interval of 59 to 127 million. The annual number rose from about 3.7 million in 2004 to 3.9 million in 2009, 4.6 million in 2019 and 5.0 million in 2023. On average, there were about 40 attempts for every death, and roughly one person in 190 attempted suicide each year.

Table 5.2 Ranking by estimated suicide attempts, 2004 to 2023 (GSF Attempt Estimation Model)

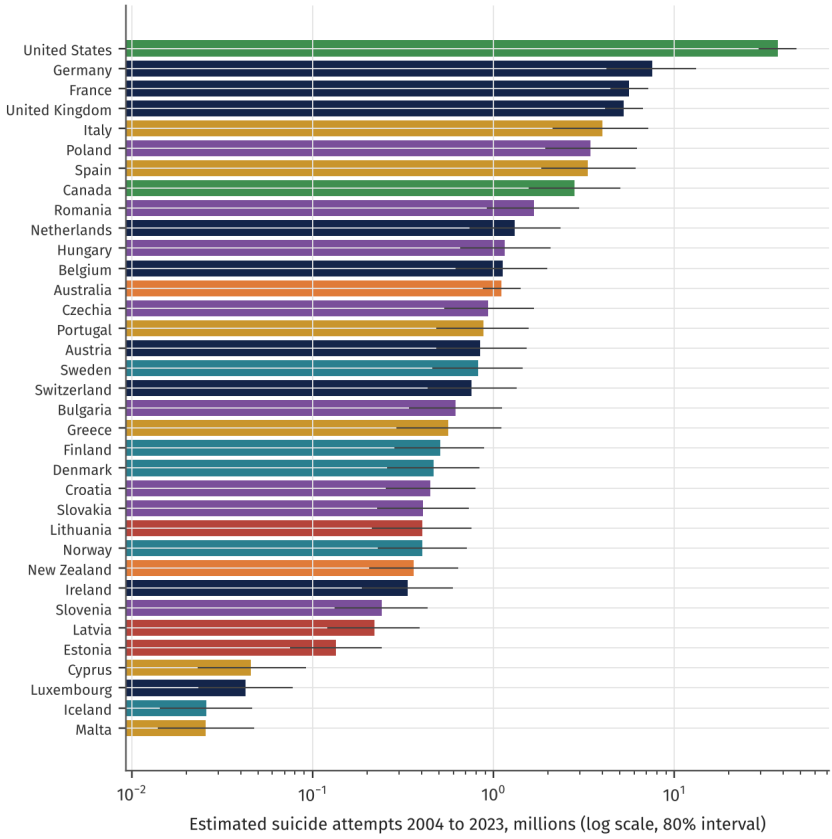
Rank	Country	Attempts, median	80% interval	Per 100,000 a year	Rank by rate	Attempts per death
1	United States	37,319,936	29,321k to 47,533k	578	4	44
2	Germany	7,524,567	4,215k to 13,218k	457	12	38
3	France	5,624,618	4,417k to 7,148k	439	15	30
4	United Kingdom	5,254,980	4,129k to 6,702k	404	21	54
5	Italy	3,991,960	2,118k to 7,177k	333	31	51
6	Poland	3,435,151	1,930k to 6,198k	450	13	32
7	Spain	3,319,766	1,832k to 6,115k	357	30	46
8	Canada	2,808,513	1,565k to 5,014k	395	23	35
9	Romania	1,672,012	921k to 2,970k	415	19	38

Rank	Country	Attempts, median	80% interval	Per 100,000 a year	Rank by rate	Attempts per death
10	Netherlands	1,309,073	740k to 2,340k	383	27	38
11	Hungary	1,155,519	653k to 2,069k	584	3	28
12	Belgium	1,124,196	617k to 1,987k	506	7	30
13	Australia	1,110,832	872k to 1,417k	236	34	20
14	Czechia	938,215	533k to 1,675k	447	14	33
15	Portugal	882,189	484k to 1,559k	422	17	43
16	Austria	844,221	482k to 1,532k	492	9	34
17	Sweden	819,816	460k to 1,451k	422	18	34
18	Switzerland	755,639	432k to 1,339k	467	11	35
19	Bulgaria	618,729	342k to 1,120k	425	16	42
20	Greece	564,722	290k to 1,103k	260	33	62
21	Finland	506,277	284k to 889k	467	10	29
22	Denmark	465,002	259k to 838k	412	20	39
23	Croatia	445,700	254k to 796k	535	6	32
24	Slovakia	406,213	228k to 730k	375	28	41
25	Lithuania	403,720	213k to 759k	670	1	23
26	Norway	402,933	229k to 715k	397	22	34
27	New Zealand	360,937	206k to 638k	394	24	32

Rank	Country	Attempts, median	80% interval	Per 100,000 a year	Rank by rate	Attempts per death
28	Ireland	336,472	187k to 596k	359	29	36
29	Slovenia	241,397	133k to 432k	587	2	29
30	Latvia	220,073	120k to 392k	538	5	29
31	Estonia	134,215	75k to 241k	503	8	30
32	Cyprus	45,759	23k to 92k	191	35	74
33	Luxembourg	42,488	23k to 77k	387	26	40
34	Iceland	25,865	14k to 46k	387	25	34
35	Malta	25,541	14k to 47k	281	32	51

Self-reported past-year attempts, all ages from about 12 years. Intervals combine anchor, elasticity and country uncertainty (4,000 draws).

Figure 5.1 Twenty years of suicide attempts: the GSF estimates



GSF Attempt Estimation Model, 4,000 Monte Carlo draws per country and year.

The ranking by number

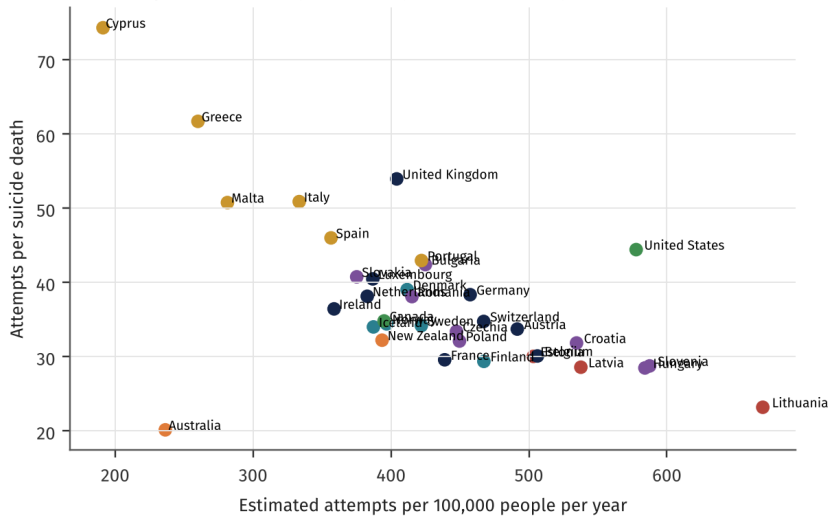
The ranking by number of attempts resembles the ranking by deaths, with important differences. The United States leads overwhelmingly with about 37 million attempts over twenty years (44 percent of the Western total), followed by Germany (7.5 million), France (5.6 million), the United Kingdom (5.3 million) and Italy (4.0 million). Italy and Spain rank higher by attempts than by deaths: low death rates in Southern Europe coexist with ordinary levels of suicidal crisis. The

United Kingdom ranks fourth by attempts but fifth by deaths, reflecting the very high ratio measured in English surveys.

The ranking by rate

Per 100,000 people, the highest estimated attempt rates are in Lithuania (about 670 a year), Slovenia (587), Hungary (584), the United States (578), Latvia (538), Croatia (535), Belgium (506) and Estonia (503). The lowest are in Cyprus (191), Australia (236), Greece (260), Malta (281) and Italy (333).

Figure 5.2 Attempt intensity and the attempt-to-death ratio



Model medians, 2004 to 2023 averages.

Two features stand out. First, the gap between the highest and lowest countries is about 3.5 to 1 for attempts, against 10 to 1 for deaths. Suicidal crisis is far more evenly distributed across the West than suicide mortality. Second, the United States combines a high death rate with a high attempt ratio. It ranks fourth by estimated attempt rate and third by death rate in 2021 to 2023, a combination that signals both widespread crisis and high lethality.

Reading the estimates responsibly

These estimates are the least certain numbers in this book, and the intervals are wide on purpose. They rest on four countries' surveys, on an assumed elasticity, and on the premise that the relation observed in those countries holds elsewhere. Their value lies in orders of magnitude and in comparisons: whatever the precise figure, attempts in the West number in the millions each year, have risen by about a third in twenty years, and are concentrated in the United States in absolute terms and in the Baltic and Central European belt in relative terms.

The policy conclusion is direct. A system that measures only deaths sees perhaps one in forty of the people in suicidal crisis who reach the point of acting. Systematic, comparable surveillance of attempts, through hospital records and repeated national surveys, is the missing instrument of suicide prevention in most Western countries.

KEY FINDINGS

- About 85 million suicide attempts in the West, 2004 to 2023 (80 percent interval 59 to 127 million), about 40 per death.
- Annual attempts rose from 3.7 million to about 5.0 million.
- The United States accounts for 44 percent of attempts; Lithuania, Slovenia, Hungary and the United States have the highest attempt rates.
- Attempts are far more evenly spread across countries than deaths: the gap is 3.5 to 1 against 10 to 1.

CHAPTER 6

Two Wests: Convergence, Divergence and the Arithmetic of Change

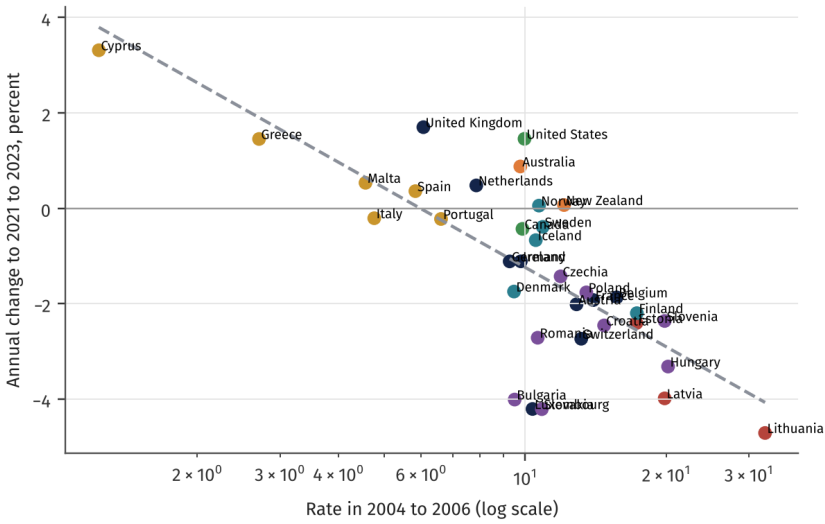
The three league tables of Part II describe positions. This chapter asks what drove the movements between them. Did Western countries become more alike? Why did the number of deaths rise while most rates fell? And is the West still one suicide landscape, or has it split into two?

Convergence, then a stall

Economists use two tests to measure whether a group of countries is converging. Beta convergence asks whether countries that started high fell faster. Sigma convergence asks whether the dispersion between them shrank.

The answer to the first question is unambiguous. Regressing each country's average annual change in its rate between 2004-06 and 2021-23 on its initial level gives a coefficient of minus 0.024 (standard error 0.004). The initial level alone explains 57 percent of the differences in trajectories. On this pace, the gap between any country and the Western average halves every 29 years.

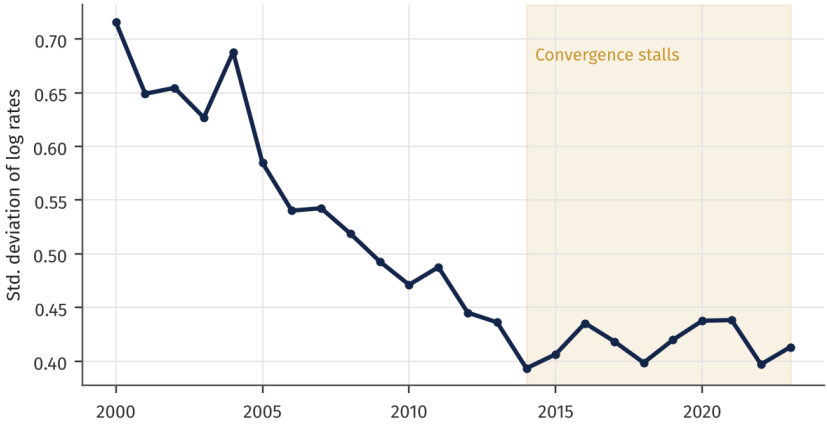
Figure 6.1 Beta convergence: high-rate countries fell fastest



Each point is a country. The dashed line is the GSF convergence regression.

The second test tells a more interesting story. The dispersion of log rates across the 35 countries fell from 0.69 in 2004 to 0.39 in 2014, a narrowing of 43 percent in ten years. Since 2014 it has stopped falling and stood at 0.41 in 2023.

Figure 6.2 Sigma convergence: the gap between Western countries



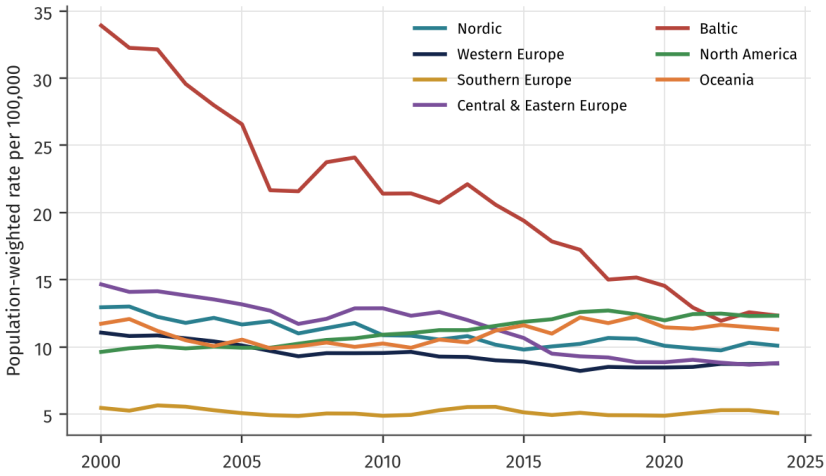
Dispersion of age-standardised rates across the 35 countries.

The reason is that convergence has become two-sided. Until the early 2010s, the narrowing came almost entirely from the collapse of very high rates in the Baltic and Central European countries. After 2014 these declines continued, but they were matched by rises at the other end: the United States, the United Kingdom, Australia, the Netherlands, Spain and Greece moved up from low or middling positions. The West is no longer converging toward a lower common level. It is converging toward the middle from both sides, and the middle itself is not falling.

Seven regions, seven trajectories

Grouping the countries into seven regions makes the pattern visible.

Figure 6.4 Seven Western regions, seven trajectories



Population-weighted age-standardised rates.

The **Baltic** states fell from a population-weighted rate of 28.0 in 2004 to 12.6 in 2023. **Central and Eastern Europe** fell from 13.5 to 8.7, **Western Europe** from 10.4 to 8.7, and the **Nordic** countries from 12.2 to 10.3. **Southern Europe** stayed exactly where it was, at 5.3. **North America** rose from 10.0 to 12.3, driven by the United States, and **Oceania** from 10.1 to 11.5.

In 2004 the regional ranking ran Baltic, Central Europe, Nordic, Western Europe, Oceania, North America, Southern Europe. In 2023 it ran Baltic, North America, Oceania, Nordic, Western Europe, Central Europe, Southern Europe. The two non-European regions of the West have climbed from the bottom half to the top half.

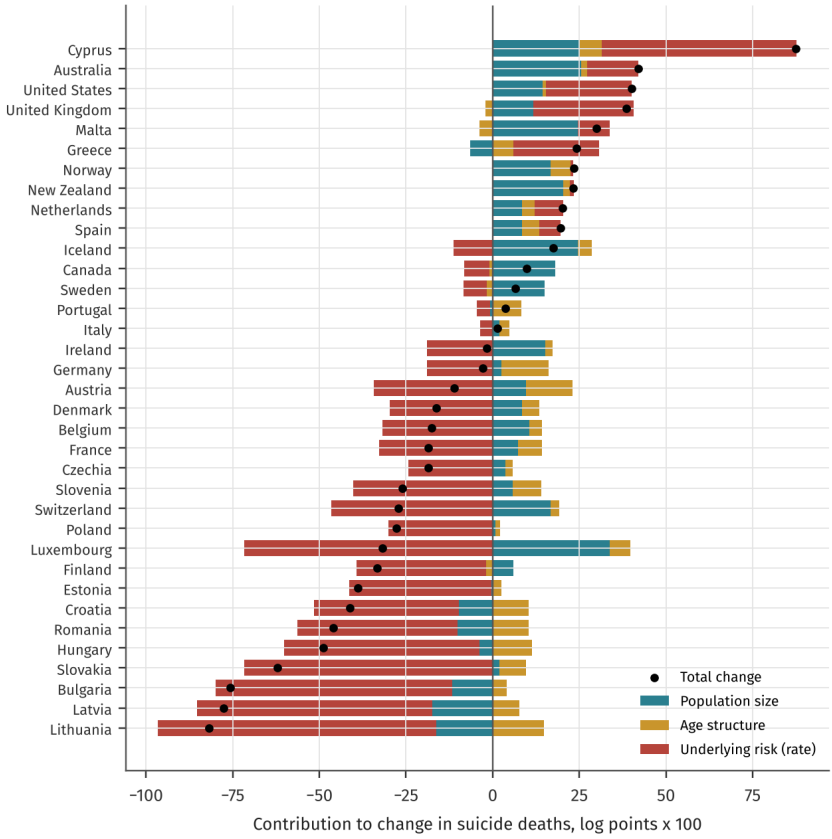
Why the number of deaths rose while rates fell

How can the number of deaths in the West rise by 11 percent while 25 of 35 countries reduced their rate? The GSF three-factor decomposition answers the question for each country. The change in the logarithm of deaths between 2004-06 and 2021-23 is split exactly into three parts:

- a **population effect**: the change in total population;
- an **age-structure effect**: the change in the ratio between the crude rate and the age-standardised rate, which captures how ageing moves a population toward or away from high-risk ages;
- a **risk effect**: the change in the age-standardised rate itself.

ln(Deaths) = ln(Population) + ln(Crude rate / Standardised rate) + ln(Standardised rate)

Figure 6.3 Why the number of deaths changed, 2004-06 to 2021-23



GSF three-factor decomposition: population, age structure and risk.

For the West as a whole, the 11 percent rise in annual deaths breaks down into 9.3 log points from population growth, 1.6 from ageing and only 0.4 from risk. In other words, the average Western citizen of a given age faced almost exactly the same risk in 2021-23 as in 2004-06; the West simply has more people, and older ones.

At the country level, the decomposition reveals three distinct situations.

Risk-driven declines. In Lithuania, Latvia, Bulgaria, Slovakia, Hungary, Romania and Croatia, the risk effect dominates everything:

falls of 40 to 80 log points in underlying risk overwhelm modest effects of ageing, while in most of them emigration also reduced the population.

Ageing offsets. In Germany and Austria, ageing alone added about 14 log points to deaths, enough to cancel most of the decline in risk. Germany's number of suicides was stable not because its risk was stable but because its declining risk was applied to a steadily older population. Portugal and Italy show the same mechanism at a smaller scale.

Risk-driven increases. In the United States, the United Kingdom, Greece, Cyprus and, to a smaller degree, Australia, Spain and the Netherlands, rising risk adds to population growth. In the United States, a 25 log point rise in risk combined with 15 log points of population growth produced a 40 log point rise in deaths (plus 49 percent).

Table 6.1 Decomposition of the change in annual suicide deaths, 2004-06 to 2021-23

Country	Deaths 2004-06	Deaths 2021-23	Total	Population	Age structure	Risk
Lithuania	1,250	551	-56%	-16.4	+14.8	-80.1
Latvia	538	248	-54%	-17.4	+7.7	-67.8
Bulgaria	1,023	480	-53%	-11.6	+4.1	-68.2
Slovakia	686	369	-46%	+1.9	+7.7	-71.7
Hungary	2,608	1,600	-39%	-3.8	+11.4	-56.5
Romania	2,681	1,694	-37%	-10.1	+10.3	-46.2
Croatia	848	562	-34%	-9.8	+10.4	-41.8
Estonia	281	190	-32%	-0.4	+2.4	-40.9
Finland	1,038	745	-28%	+6.0	-1.8	-37.4
Luxembourg	59	43	-27%	+33.8	+5.8	-71.6
Poland	5,974	4,521	-24%	+0.7	+1.4	-30.0
Switzerland	1,297	988	-24%	+16.8	+2.5	-46.5
Slovenia	515	396	-23%	+5.7	+8.4	-40.2
Czechia	1,516	1,259	-17%	+3.7	+2.0	-24.3
France	10,647	8,844	-17%	+7.3	+6.9	-32.7

Country	Deaths 2004-06	Deaths 2021-23	Total	Population	Age structure	Risk
Belgium	1,984	1,664	-16%	+10.5	+3.8	-31.8
Denmark	647	550	-15%	+8.5	+5.0	-29.7
Austria	1,373	1,228	-11%	+9.6	+13.5	-34.3
Germany	10,262	9,980	-3%	+2.6	+13.6	-19.0
Ireland	453	446	-2%	+15.1	+2.2	-18.9
Italy	3,811	3,860	+1%	+1.9	+2.9	-3.6
Portugal	968	1,003	+4%	-0.8	+8.3	-3.8
Sweden	1,190	1,270	+7%	+14.9	-1.8	-6.6
Canada	3,623	3,994	+10%	+18.0	-0.9	-7.4
Iceland	33	40	+19%	+24.5	+4.1	-11.4
Spain	3,385	4,117	+22%	+8.4	+5.0	+6.1
Netherlands	1,538	1,883	+22%	+8.4	+3.7	+8.1
New Zealand	512	646	+26%	+20.4	+1.8	+1.1
Norway	531	671	+26%	+16.6	+5.8	+0.9
Greece	385	490	+27%	-6.5	+5.9	+24.7
Malta	23	31	+35%	+24.6	-3.8	+9.1
United Kingdom	4,117	6,056	+47%	+11.8	-2.1	+28.9
United States	32,792	48,992	+49%	+14.5	+0.9	+24.8
Australia	2,158	3,287	+52%	+25.4	+1.7	+14.9
Cyprus	14	34	+140%	+25.1	+6.3	+56.3

Population, age and risk are additive contributions in log points x 100; they sum to the total change in log deaths.

One West or two?

The evidence of this chapter supports a precise answer. On levels, there is still one Western landscape, with most countries between 8 and 12 per 100,000 and a dispersion far smaller than in 2004. On trajectories, there are two Wests. One, mostly continental European, is still on a path of declining risk that began in the 1980s or 1990s. The other, mostly Anglophone and outside continental Europe, reversed that path around 2000 to 2010 and has been rising since. The second West is

smaller in number of countries, but because it contains the United States, it now accounts for the majority of the Western suicide burden.

KEY FINDINGS

- High-rate countries fell fastest (convergence half-life 29 years), but the dispersion between countries has not narrowed since 2014.
- Southern Europe was flat at 5.3; North America and Oceania rose; the Baltic states more than halved their rate.
- For the West as a whole, the rise in deaths came from population growth (9.3 log points) and ageing (1.6), not from risk (0.4).
- Ageing cancelled most of the decline in risk in Germany and Austria.

THE SILENT LEDGER

Between 2004 and 2023, about 2.14 million people died by suicide in the 35 countries of the West, and some 85 million survived an attempt. Europe reduced its suicide rate by a fifth; the United States raised its own by more than a quarter. The West as a whole did not improve.

This book rebuilds the record from the death registers themselves. It ranks every Western country by deaths, by rate and by attempts over twenty years; decomposes each country's change into population, ageing and risk; tests twenty economic, social, health and geographic factors with econometric and machine-learning models; identifies five suicide regimes; and projects deaths and attempts to 2030 and 2035 under three scenarios.

Its conclusion is sobering and practical: on current dynamics most countries will lower their rates, yet Western suicide deaths will rise to about 121,000 a year by 2035. A prevention dividend already within reach would save some 24,500 lives in that year alone.

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