Suicide in Canada

Update of the Report of the Task Force on Suicide in Canada

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2 Figures 4.1 to 4.8 cover the years 1924-1990 inclusive.

3 See introduction to Appendix 6 for note about age standardization.

FOREWORD

This version of *Suicide in Canada* is an update of the report published in 1987. The original report was the work of a National Task Force on Suicide whose mandate was to investigate and better define the dimensions of suicide, and to consider effective strategies for responding to the problem. Appendix 1 summarizes the goals, objectives, and recommendations of the Task Force.

The 1987 report proved to be an important resource for people across Canada involved in suicide prevention, intervention, postvention and research. In order to revise and update the report for the 1990s, an expert working group was convened, including some members of the original Task Force. The members of this group (listed on the following page), along with many others, gave invaluable time, effort and information towards the completion of this project.

As with the original Task Force, there was considerable diversity of perspectives and philosophies, reflecting the range of views in an expanding and sometimes controversial field of study. Accordingly, in revising the text, the group has emphasized the multidimensional nature of suicide. The intent has been to provide an overview of key issues and information, while avoiding categorical statements about matters that remain the subject of ongoing debate and research. Even so, the revised report, like its predecessor, reflects some tensions between different explanatory models of suicide.

Because of the breadth of the issue and the tremendous (and growing) volume of research and program information available, this document does not purport to be a comprehensive, in-depth review of the field. Rather, it is our hope that it will serve as a useful overview of key findings, a convenient source of Canadian data, and a gateway towards further study and consensus building.

Sincere thanks and appreciation are due not only to the members of the expert working group but to staff of the Mental Health Division of Health Canada and many others for contributing their efforts and expertise to this project: Barbara Brady, for coordinating the project and the work of the expert group; Thomas Lips and Dr. Natacha Joubert, for carrying out detailed reviews and extensive revisions and editing; the staff of Health Canada's Departmental Library and Alberta's Suicide Information and Education Centre, for their assistance in locating articles and verifying references; Catherine Marleau, for her patient and professional work in formatting the text and figures for publication; Danielle Monneron and colleagues at the Translation Bureau, Public Works and Government Services Canada; and everyone who assisted by providing review comments, responding to questions, and offering encouragement and practical help. We gratefully acknowledge the contribution of updated statistical information and other input by Kathryn Wilkins and colleagues at Statistics Canada and by the Health Protection Branch and Medical Services Branch of Health Canada.

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EXECUTIVE SUMMARY

There are many unanswered questions about suicide, and a multitude of conflicting theories. The role of environmental influences and mental disorder, the existence and nature of predisposing genetic or biochemical factors, and the parallel issues of proper and effective treatment and prevention — these and other central questions are complex. Suicide is an action; it is not an illness. Identifying the chain of causal and triggering factors - which may in any case be highly individual - and deriving from this an overall prevention strategy is one of the most vexing problems facing professionals in the health sciences (National Task Force on Suicide in Canada, 1987).

The Task Force Report of 1987 provided an extensive review of the state of then-current knowledge about suicide. Not only did the report deal with the nature and extent of suicide and suicide-related problems, discuss demographic and sociological parameters, and identify the Canadian groups at greatest risk, it also summarized knowledge of etiological processes and gathered information on programs of suicide prevention, intervention, and postvention. Moreover, 40 recommendations were brought forward, addressed to various sectors and jurisdictions.

In 1991, following several discussions with a number of experts in suicidology in Canada, including members of the Canadian Association for Suicide Prevention, Health and Welfare Canada took the initiative to begin updating the Task Force Report of 1987. An expert working group on suicide was formed. Its mandate was to examine the original report and determine what material should be updated to make the information and recommendations relevant for today.

The results of the labour of this group are contained in this report. Readers will quickly note that the format has undergone a revision; some sections of the original report have been merged with other sections or omitted, while others have been expanded. In all that has been done, the expert working group has attempted to maintain the integrity of the original report while at the same time making the information appropriate for the current time frame.

Introduction

In the introduction, the breadth of the problem is immediately realized. It is clear that a recognition of the self-destructive and suicidal aspects of a variety of behaviours is crucial if these behaviours are to be effectively recognized, met with appropriate interventions and, more importantly, prevented from occurring in the first place.

Epidemiology

The 1987 report of the National Task Force on Suicide in Canada provided suicide mortality figures up to the year 1985; the present edition updates these data to 1992. Overall suicide rates for men and women were only marginally higher in 1992 than in 1985; particular age groups show considerable fluctuation, but few demonstrate a decisive upward or downward trend between the two years.

Epidemiological data and comparisons are presented in several tables and figures in this chapter and in Appendix 6. These data indicate, for example, that suicide ranks fourth among major causes of "potential years of life lost" for both genders combined (Figure 1.1). Age group analysis reveals that young men (20-29) and senior men (75+), in particular, continue to be at high risk, with suicide rates in the vicinity of 30 per 100,000 (see for example Figures 3.3, 3.4 and 3.14 to 3.16). In comparing the age-standardized suicide rates of the provinces and territories for the years 1989-1992 it was found that the Northwest Territories ranked first for suicide in males, followed by Alberta, Quebec and Prince Edward Island (Figure 5.1). For suicide in females, the top four were the Northwest Territories, Alberta, Quebec and British Columbia (Figure 5.2). The Northwest Territories had the highest overall rate, followed by Alberta, Quebec, and Saskatchewan (Figure 5.3). In interpreting the rank order, readers should take into account the large differences in the base populations of the provinces and territories, which makes meaningful comparison of rates difficult (see Chapter 1, Section A, part 2, "Regional variations"). Comparison of methods used by males and females to commit suicide revealed that males were more likely to use firearms and females were more likely to use poisoning (see Table 3).

Suicidal behaviour is not an illness, but the end-result of a complex interaction of a number of neurobiological, psychological, cultural and social factors that have had an impact on the person. These factors have different levels of effect on the person, and no single one of them has been found to be a necessary or sufficient cause of suicide.

This report identifies a variety of factors that have been closely associated with suicidal behaviour. Biological factors that can influence vulnerability include genetic predispositions to particular mental disorders, low levels of brain serotonergic neurotransmission and potentially terminal conditions, such as AIDS. Psychological factors may include depression, feelings of helplessness and hopelessness, low self-esteem, negative attitudes about self, impulsivity, and lack of the skills or energy needed for coping. Sociocultural influences identified in this report include demoralization or fragmentation of society, permissive attitudes that may facilitate suicide, media attention to celebrity suicides, social isolation or lack of a solid social network, role models or peers committing suicide, unemployment, and environmental factors that are conducive to suicidal behaviour, such as the availability of firearms. The necessity for a multi-dimensional approach in understanding suicidal behaviours is discussed.

This section of the report also elaborates upon "high-risk" groups. Included among these groups are those suffering from certain mental disorders and alcohol or other substance abuse disorders, youth, the elderly, aboriginal populations, gay men and lesbians, persons in custody and persons who previously have engaged in parasuicide behaviours.

Prevention, Intervention and Postvention

These three headings are used to discuss strategies and approaches for the reduction and prevention of suicide. *Prevention* refers to the implementation of measures to prevent the onset of suicidal crises by eliminating or mitigating particular

"attractive hazards" (situations of heightened risk); by promoting life-enhancing conditions; and by reducing negative societal conditions. Several such measures are discussed, including improved approaches to media coverage, broader-based public education programs (disseminating information about how to recognize a potentially suicidal person, what to do and where to go for help), and a reduction in the availability and lethality of means.

Intervention refers to actions aimed at the immediate management of the suicidal crisis and the longer-term care, treatment and support of persons at risk. Actions involved include identification of potential sources of referral, crisis recognition, risk assessment, reducing the intensity of the crisis, and treatment and support of the person at risk. This report recommends education and training for health care professionals and gatekeepers, especially in areas such as "first-aid" interventions and methods of treatment for those who are in acute and chronic suicidal crises.

Postvention refers to activity undertaken to deal with the aftermath of a suicide. The purpose of such actions is twofold: to provide social support and counselling to bereaved persons, and to collect psychological autopsy information for the purpose of reconstructing the social and psychological circumstances associated with the suicide.

Suicide and the Law

During the past years, a number of issues have been raised with respect to suicide and the law. Evolving social and religious attitudes have been reflected in the decriminalization of attempted suicide. Provinces have mental health legislation empowering physicians and peace officers to detain, without consent, people who are considered to be a danger to themselves or others as a result of mental illness. Issues related to such legislation are discussed in this section of the report, as are issues related to confidentiality.

Increasing attention has also been given to questions related to euthanasia and assisted suicide during the past several years. In this updated report, the expert working group felt it necessary to touch briefly on the ethical concerns surrounding euthanasia, mercy killing and suicide among the terminally ill. A full discussion was beyond the scope of this project.

Research and Evaluation

This report highlights the pressing need for more information about suicidal behaviours. Four specific areas for research are emphasized: 1) epidemiological studies, which can be useful not only in identifying high-risk groups and changes in their suicidal behaviour over time, but also in providing baseline data for testing the outcomes associated with specific intervention and prevention programs; 2) studies assessing the contribution to suicide of the interaction between biological, psychological and social factors; 3) studies assessing the most effective approaches to the treatment of suicide attempters and for dealing with the aftermath of suicide; and 4) evaluation studies examining the impact of the full range of suicide prevention activities.

I INTRODUCTION

Suicide is a tragic and perplexing phenomenon that eventually, in one way or another, touches the lives of most Canadians. It is a world-wide problem whose incidence has preoccupied professionals from a variety of disciplines. Given the breadth of research in this area, there is a need for a review of the state of current knowledge, one which may provide a better understanding of the multidimensional nature of the problem. This should yield new directions for research, and assist health care workers and professionals, as well as policy makers, in the development of more effective preventive strategies and intervention techniques.

There are many unanswered questions about suicide, and a multitude of conflicting theories concerning the roles played by environmental influences and mental disorder, the existence and nature of predisposing genetic or biochemical factors, and the parallel issues of proper and effective treatment and prevention. The questions are as complex as they are obvious. Suicide is an action; it is not an illness. Identifying the chain of causal and triggering factors, which may in any case be highly individual, and deriving from this an overall prevention and treatment strategy is perhaps one of the most challenging problems facing professionals in the health sciences.

Yet immediate action is necessary even in the face of imperfect knowledge. Society will not await the development of more scientifically satisfying statistics or models. Thus, the professional and the policy-maker are inevitably forced to design approaches to deal with the problem.

The best strategy is to cast as wide a net as possible, to derive from the various professional disciplines and voluntary systems whatever clues and findings may exist to assist in the understanding and treatment of the problem. Professional parochialism is often seen as a necessary evil in a world where the state of knowledge and the demands of research are so specialized that truly global understanding has exceeded the grasp of the individual. Yet with a problem such as suicide, where causes and treatment options are unclear and multidimensional, an integrated approach is the only appropriate one.

It is a symptom of the fundamental nature of the debate over suicide that the definition of "suicidal behaviours" has itself been a subject of considerable controversy. Of course, suicidal behaviours in the strictest sense can be defined as the intentional self-infliction of injuries or death. Yet there is a range of related behaviours that are obviously self-destructive in nature, insofar as they may lead to injury or premature death. Here, however, the aspect of intentionality is both elusive and difficult to define. Émile Durkheim, in his classic study *Suicide*, states:

Suicides do not form, as may be thought, a wholly distinct group, an isolated class of monstrous phenomena unrelated to other forms of conduct, but rather are related to them by a continuous series of intermediate causes. They are merely the exaggerated form of common practices...they result from similar states of mind, since they also entail mortal risks known to the agent, and the prospect of these is no deterrent; the sole difference is a lesser chance of death (Durkheim, 1897/1951).

Many behaviours could be said to fall within the broad spectrum of "intentional" risk or self-harm: chronic substance abuse, habitual risk-taking (e.g. while driving), wilful self-neglect, and non-compliance with the treatment of serious physical illness. The degree to which such behaviours share a common basis with suicide in cause and treatment is a matter of debate. Nevertheless, it is clear that a recognition of the self-destructive and suicidal aspects of these behaviours is crucial if these conditions are to be effectively diagnosed and treated. Similarly, the prevention of suicide per se may be advanced by the study of these related behaviours.

As noted above, the element of *intention* has been considered a key defining characteristic of suicide; related self-destructive behaviours have been seen as somewhat less intentional and self-conscious in nature. The question of intention is linked to the debate over the *rationality* of suicide. On one hand, intention is a necessary condition for suicide to be regarded as rational; goal-directed, rational behaviour is by definition intentional. On the other hand, rationality is not a necessary condition for intentionality. The "intention to die" may be based on irrational factors or cognitive distortions.

Some types of suicide, conceived of as an escape from adversity, or as an act of heroism, have been regarded by western cultures as "rational." Pretzel (1968) has identified four such categories of suicide:

1. suicide in the service of a "good" cause, such as religious martyrdom or military heroism;
2. suicide as an escape from an apparently hopeless and painful situation, such as terminal illness;
3. suicide as a solution to a life of abject unhappiness; and
4. suicide as an aesthetic act or a demonstration of dedication, such as the so-called "love pact".

This range of behaviours prompts two observations. First, attitudes towards the rationality of suicide have clearly changed over time; there is little doubt that some Canadians would consider irrational what other countries or times may have seen as not only rational, but laudable. Conversely, some Canadians may view as rational actions that, in other societies, would be considered irrational. Secondly, there is an obvious connection between the designation of suicide as "rational" and its social acceptability.

At present, many mental health professionals regard most suicidal behaviour as the result of irrational mental states (for example, distorted perceptions, impaired judgment, extremes of mood) induced by mental illness. Indeed, as is made clear in this report, there is considerable evidence of a link between certain mental disorders and suicidal behaviour. The problem arises in seeing all suicides as irrational, and in drawing a direct causal link between mental disorder and suicide. Mental disorder is not a sufficient cause of suicide, given the large number of mentally ill individuals who do not commit suicide. On the other hand, the idea that suicide is a rational response to adversity is unacceptable to many. Adversity is common; suicide is rare.

It was not the intention of the Task Force to resolve this controversy; its source and solution lie in ongoing research and in the broader philosophical debate between and within the so-called “hard” and “soft” sciences. Nevertheless, an awareness of this debate is important in reviewing the state of knowledge in the field.

In North America and most European countries, suicide has ranked among the top 5-10 causes of death for many years. Any issue related to suicide prevention has become, therefore, an important issue of public health responsibility. Despite this, suicide has not received the same level of attention as other public health problems which account for far fewer deaths annually; there is a clear need for increased awareness, research and attention to suicide and its prevention (Mishara, 1993).

II EPIDEMIOLOGY

This section discusses recent data on the extent of suicide in Canada and identifies several factors related to suicide. The spectrum of suicidal behaviours covered in this report includes suicidal ideation (thinking about suicide), parasuicide (non-lethal, attempted suicide and deliberate self-harm) and completed suicide (death by suicide).

Most epidemiological research has addressed completed suicides, because data on deaths identified as suicides are systematically gathered. Parasuicide is more difficult to study because there are no generally accepted reporting procedures: provinces do not gather systematic data on suicide attempts, and many non-lethal attempts are not identified as such. Suicidal ideation is even more difficult to study since researchers must rely on self-reports from surveys or interviews.

Data presented in this chapter and the accompanying tables and figures are drawn primarily from the mortality database of Statistics Canada and from published research from Canada and abroad. For a discussion of the reliability and validity of official suicide mortality statistics, see Appendix 4.

Data on suicide are important, in order to understand the extent of the problem in Canada, to help identify subgroups of the population at higher risk of suicide, and to learn about factors related to suicidal behaviour. Knowledge of these factors may suggest means of prevention, intervention, and postvention, which are discussed in Section III. This section begins with a presentation of the extent of the problem in general and among specific subgroups of Canadians.

A. Prevalence

The 1987 report of the National Task Force on Suicide in Canada provided suicide mortality figures up to the year 1985; the present edition updates these data to 1992 (see Appendix 6). Overall suicide rates for men and women were only marginally higher in 1992 than in 1985; particular age groups show considerable fluctuation, but few demonstrate a decisive upward or downward trend over this period.

Since 1978, approximately thirty-five hundred Canadians, almost four times as many males as females, have committed suicide annually. Table 1 shows the five-year death toll caused by suicide in men and women in Canada during the years 1988 to 1992, the most recent period for which statistics are available. Canadian suicide rates overtook U.S. rates during the 1970s and have stayed consistently ahead. A major concern is the increase among young persons since the 1950s, especially males in their late teens and early twenties. This trend toward an increasing proportion of younger suicides means that suicide ranks third in causes of potential years of life lost among men, using 75 years as the average potential lifespan. Among Canadian women, suicide ranks sixth as a cause for years of life lost, significantly ahead of some other serious health problems (Figure 1).

In 1992, suicide accounted for approximately 1.9% of all deaths in Canada. Although the numbers of deaths and years of life lost can be counted, it is impossible to assess the waste of economic potential for Canada and the legacy of human misery that suicides leave behind to surviving families and friends.

A study by Ramsay and Bagley (1985) found that thirteen percent of urban adults in Calgary made plans for suicide and 10 percent made suicide attempts during their lifetimes. A larger community survey in Edmonton a few years later found the lifetime prevalence of suicidal ideation to be 11.5 percent, and of attempts to be 3.6 percent (Dyck, Bland, Newman & Orn, 1988). The Quebec Health Survey (Emond et al., 1988) found that more than 10 percent of Quebeckers had seriously considered suicide at some point in their lives, and 3.7 percent of males and 4.1 percent of females had thought about taking their own lives in the year preceding the study. These findings accord with preliminary findings from the large (9,953 person) Mental Health supplement to the Ontario Health Survey of 1990 (Ontario Ministry of Health,1992) and also with those of the U.S. Epidemiologic Catchment Area Study (18,571 adults) (Petronis et al., 1990). The above studies surveyed population samples aged 15 years and older.

The prevalence of suicidal behaviours among teenagers is of serious concern. Joffe, Offord and Boyle (1988) found that in Ontario, 5-10 percent of boys and 10-20 percent of girls aged 12-16 years had experienced suicidal ideation or attempted suicide within the previous six months.

1. Suicide by Age Groups

Suicide rates for five-year age groups between 1950 and 1992 are given in Figures 3.1-3.16, and for ten-year groups between 1924 and 1990 in Figures 4.1-4.8.[1] Figures 6.2 and 6.3 show the age breakdown of suicide deaths for the period 1989-91. See also Appendix 6.

(i) Children and Youth

Between 1950 and 1992 no certified suicides were recorded in the 0-4 age group in Canada. During the same period a total of 18 suicides were certified in the 5-9 age group (of which 13 were males), and the age-specific suicide rate for this group (males and females combined) peaked at 0.2 deaths per 100,000 population in 1975. With such small numbers it is difficult to assess trends, but the fact that all the suicides referred to occurred after 1970 suggests an increase over time (or increased willingness to certify suicides in young children). As with other age groups, it is prudent to assume a degree of under-reporting. While completed suicides are rare in children under age 10, young children are capable of deliberate self-harm and suicidal acts. Studies of children in the general school population have found that almost all children have a basic understanding of what suicide is by grade 5, and that small percentages report suicidal thoughts or “mild” attempts (Normand & Mishara, 1992). Studies of children hospitalized for psychiatric disturbances have found high rates of suicidal ideation and suicide attempts (Marciano & Kazdin, 1994; Milling, Campbell, Laughlin & Bush, 1994).

1 Figures 4.1 to 4.8 should be interpreted with caution, since the base population changes significantly between 1924 and 1990. Quebec figures are not included until 1926; Newfoundland figures are included as of 1949; and figures from the Yukon and Northwest Territories as of 1956.

Youth suicide rates have been increasing for several decades. For persons aged 10-19 years the rates began to increase dramatically in the mid-1950s, appreciably more in males than in females, and reached their zenith in the early 1980s (Figure 4.1). The actual numbers of deaths (rates per 100,000 are in parentheses) in the 10-14-year age group, however, are small, varying from one death in 1951 (0.1) to 34 deaths (1.8) in 1992. For the same years the death toll in the 15-19-year group was 19 (1.8) and 249 (12.9) respectively.

(ii) Young Adults

In the succeeding two five-year groups, which span the period of young adulthood (Figures 3.3, 3.4 and 4.2) the suicide rates began to increase in the mid-1950s to reach a rate in the high 30s in males and high single digits for females. By the early 1980s suicide rates in young men aged 20-29 had caught up with those of older men in the traditionally high-risk groups (age 50+). Figure 4.2 illustrates the rise in suicide rates in young men aged 20-29 (an age when they would have been entering the work force) during the Great Depression years, the fall in rates during World War II, and the most recent increase that began during the 1950s and went on into the 1980s. The substantial rise in suicide in this age group during this last period exceeds the legendary increase experienced by men during the years of the economic depression of the late 1920s and early 1930s.

Figures 3.5 and 3.6 show similar profiles for adults aged 30-34 and 35-39. Although suicide rates in men continued their rise through the 1980s, the increase peaked during the mid-1970s for women. Figure 4.3 shows that suicide rates in men 30-39 were higher than in the 20-29 age group during the late Depression years, and contributed to the overall increase between the 1960s and 1980s.

(iii) Middle-aged and Elderly Persons

The phenomenon of the rise in suicide rates that occurred after World War II continues to be clearly shown for each five-year age group for men and women between 40-54 (Figures 3.7-3.9), but by age 55 there is a change in the direction of the curve. In Figure 3.10 (ages 55-59) there is no longer a discernible increase in male suicide rates, and in Figures 3.11, 3.12 and 4.6 (ages 60-69) the trend declines slightly. Thus, rates for middle- to late middle-aged men have not increased dramatically over the years and may indeed have fallen. However, for middle-aged women the graph does show a transient increase during the 1970s and a fall through the 1980s, and this picture continues until age 70-74 (Figures 3.11-3.13 and 4.6-4.7).

(iv) Late Old Age

In late old age, there is a further change in the direction of suicide rates in males, with an increase beginning in the mid-1970s (Figures 3.14-3.15). The smaller number of deaths confers a measure of volatility to these rates. In women of this age range there is an overall shallow climb in suicide rates, and Figure 4.7 matches these features in those aged 70 and beyond.

(v) All Ages Combined

Figure 9 illustrates the trends in suicide rates for all ages combined from 1950 to 1992 and Figure 4.8 from 1924 to 1990. As noted, the dramatic rise in suicide in men during the Depression of the late 1920s did not quite match the even greater heights reached overall during the end of the 1970s and beginning of the 1980s. Notably, there was not a significant rise during the Depression in rates for women. The phenomenon of the large increase in men's suicide rates since the 1960s was, however, mirrored at a lesser rate among women. These epidemiologic features have been documented by Sakinofsky and Roberts (1987); Huchcroft and Tanney (1988); Dyck, Newman & Thompson, (1988); and Mao et al. (1990).

2. Regional Variations

Figures 5.1-5.3 compare the mean (average) suicide rates by gender during 1989-92 for each of the provinces and territories. Using rates averaged over several years helps to compensate for fluctuations in annual rates. The mean rates have been age-standardized using the direct method; that is, they have been adjusted to compensate for the different distribution of age groups in the populations being compared. (See Appendix 6, introductory note.) "Error bars" appear above and below the mean rate that has been calculated for each province and territory. These show the 95% confidence intervals (CI), that is, they represent the range of values within which the true mean rate for the population falls with a probability of 95%. Tables 4.1. to 4.3 show the actual numbers of suicides (yearly averages) as well as the mean rates and confidence intervals on which figures 5.1-5.3 are based.

If the mean rate for Canada lies within the range of values ("error bars" or "confidence intervals") for a specific province, then the suicide rate for that province is not *significantly* different from that for the country as a whole, even though the province's age-adjusted mean rate may be higher. Similarly, if the confidence intervals for one region overlap those of another, then the likelihood that their suicide rates are significantly different is less than one chance in 20.

A straight comparison of rates among regions with base populations that differ greatly in size can be misleading; presenting confidence intervals partially compensates for this problem. Generally, the possibility of precision increases with the size of the population being studied. Accordingly, in Figures 5.1 - 5.3 the "error bars" are largest for the regions with the smallest populations. By comparing both their age-adjusted mean rates and their confidence intervals one gets a sense of the relative rank order of these regions, together with the degree of confidence with which it is possible to hold that their apparent differences are statistically significant (i.e. not the result of chance). The actual numbers of suicide cases per annum for the respective regions should also be considered when making comparisons between them.

In Figure 5.1 (suicide rates in males) the suicide rates for Newfoundland and Ontario are significantly lower than for Canada as whole, and those for Quebec, Alberta and the Northwest Territories (NWT) are significantly higher. In comparing mean suicide rates for the different regions, that for the NWT is significantly greater than those for all the other regions. (Although the error bars for Prince Edward Island and the NWT overlap slightly, a test of the difference between

their confidence intervals shows that it is statistically significant.) After the NWT, Alberta (mean suicide rate 25.94; 95% CI, 23.12-28.76) and Quebec (mean, 25.63; 95% CI, 23.95-27.30) follow closely together. Inspection of their confidence limits shows that their suicide rates are clearly not significantly different from each other. Note that there were only 19 male suicides per year in the NWT as compared with 902 in Quebec and 328 in Alberta, which puts the leading rank of the NWT in greater perspective. Newfoundland and Ontario bring up the rear with rates of 13.8 (based on 38 cases/year) and 14.87 (based on 766 cases/year) respectively.

Figure 5.2 (rates in females) again shows rates for Newfoundland and Ontario to be significantly lower than for Canada as a whole, and those for Quebec and Alberta to be significantly higher. Although the mean rate for Alberta is higher than that for Quebec, their confidence intervals overlap. The confidence intervals for both Alberta and Quebec also overlap with those of other regions with rates that appear to rank relatively high (NWT, British Columbia, Saskatchewan and Manitoba) indicating that the differences among these regions are unlikely to be statistically significant. Newfoundland and Ontario again bring up the rear, ranking significantly lower than Alberta and Quebec.

Trends in rank order for the provinces at 10-year intervals are shown in Tables 2.1 and 2.2 in this chapter. Non-standardized (crude) suicide rates and ranks are shown for the first year of each decade since the 1950s. Rates in Yukon and Northwest Territories (NWT) should be cautiously interpreted because of their small base populations and the fact that suicide accounts for a relatively small number of deaths. Current data from the NWT Coroner's office are included in Table 2.3.

Among the provinces, Quebec and Alberta had the highest male suicide rates in 1990. In Quebec (Table 2.1) the male suicide rates have increased more than five-fold since 1950 and have progressively raised the rank order of comparison of male suicide rates in that province from ninth to first place.[2] Rates in Ontario, on the other hand, after rising during 1970 and 1980, have returned to previous levels, and in 1990 that province occupied tenth place for male suicide among the provinces.

In Table 2.2 Alberta is shown to be consistently among the highest ranking provinces for female suicide rates. Its female suicide rates have doubled since 1950, and in both 1980 and 1990 it was first in rank order. Prince Edward Island, however, has consistently had a negligible suicide rate in females and ranked tenth in four of the five years sampled.

3. Suicide Clusters

As the term suggests, a suicide cluster is a sequence of suicides in close temporal and geographical proximity. Clusters are reported to account for from one to five percent of youth suicides in the U.S. (Centers for Disease Control, 1988). There is evidence that there has been an increase in this type of suicide in recent years, and that it is more common among Aboriginal youth than in the general population (Kirmayer, 1994). Suicide clusters among young people are most often attributed to a "contagion effect" resulting from exposure to media accounts of a celebrity suicide or from

2 The rank order of the provinces changes slightly when multi-year averages and/or age-standardized rates are used; see Figures 5.1-5.3.

personal ties and emotional identification with a person who commits suicide. In the United States, Phillips and Carstensen (1986) showed that clusters of teenage suicides followed television news stories of suicides aired between 1973 and 1979. Several other studies have followed, supporting this finding (see Kirmayer, 1994, p. 16), but there is controversy in this area. The consensus seems to be that true stories about suicide, particularly repeated stories of celebrities, can be powerful inducers of imitation. Fictional stories are less so.

It would appear that a contagion effect is most likely to affect persons already at risk, influencing their choice of method, time and place for an attempt. The degree to which contagion affects the total prevalence of completed suicide remains a matter of debate; exposure to a contagion effect during a period of heightened vulnerability may arguably serve to precipitate a suicide that would not otherwise occur. Hoberman (1988) argued that media attention to suicide and the weakening of the societal taboo increase the likelihood that impulsive, "psychiatrically impaired" youths with deficient social skills and relationships will turn in desperation to suicide or self-injury when encountering normal stresses of life.

Suicide clusters may also be related to the death (usually by suicide or traffic or other accident) of a high-profile peer in a small community. Brent and colleagues (1989) reported the suicide of a student in high school followed within weeks by those of two friends. Over the following two weeks seven other students attempted suicide and 23 more were thinking suicidally. Three-quarters of the 32 students involved in this cluster were later found to have previous emotional problems which may well have made them vulnerable.

4. Murder-Suicide

Murder followed by suicide is a particularly grisly variant of self-destructive behaviour. Murder-suicide is fortunately uncommon. In the United States the rate is about 0.22 per 100,000 (West, 1986). West's study is the largest so far, but no family or friends were contacted; the data came from police and coroners' files. Rosenbaum (1990), however, studied 12 couple murder-suicide cases in Albuquerque, New Mexico and contacted relatives and friends in all cases. Three-quarters of the perpetrators were found to be depressed and 4 out of 12 cases had an antisocial personality disorder. Only two were psychoactive substance abusers and none had psychotic delusions. Combining his data with those from an earlier study, Rosenbaum found that 22 out of 23 perpetrators of murder-suicide were male. The couple relationships in these situations had been chaotic, with physical abuse in 7 of the 12 couples, and several of the men had histories of violent behaviour. Three of the 12 instigators were in therapy at the time of the murder-suicides.

5. Suicide Rates and Birth Cohorts

Several analyses suggest that certain birth cohorts (people who grew up in the same time period) may have higher suicide rates than other cohorts throughout their lifespan. Hellon and Solomon (1980) and Solomon and Hellon (1980) described such an effect for Albertans between 1951 and 1977. Barnes, Ennis and Schober (1986) reported similar findings for Ontarians between 1877 and 1976, as did Reed, Camus and Last (1985) for all Canadians. These data suggest that persons who grew up during certain periods, and were therefore exposed as a group to similar negative influences, may, as a result, have increased suicide risk throughout their lifespan. The

possible effects of belonging to a birth cohort, however, are difficult to separate from the effects of changes in age and time period (Newman and Dyck, 1988; Trovato, 1988; Last, 1988; Trovato, 1989 and Mao et al., 1990). Over long periods, changes in data-gathering practices may also complicate the picture.

6. Methods of Suicide

Males and females commonly use different methods of suicide (Table 3). In the period 1990-1992, over one-third of the suicides in males were by means of firearms and 30 percent were by hanging. Just over 11 percent of male suicides used gases and vapours (likely carbon monoxide poisoning). Women, on the other hand, resorted to guns in less than one-tenth of cases; their preferred methods were poisoning* (over one-third) and hanging (over one-fifth). Huchcroft and Tanney (1989) found that poisoning with solids or liquids (drug overdoses) declined for women between 1971 and 1985, but poisoning with non-domestic gases (car exhaust carbon monoxide – a more lethal method) had increased for both genders, particularly men. Table 3 shows similar trends between 1980-82 and 1990-92. It appears that the use of more violent methods in suicides by males contributes to the male-dominated gender ratio in completed suicides.

According to Statistics Canada data, 36 percent of the males and 9 percent of the females who committed suicide during the period 1988-92 used firearms. Firearms thus comprise the largest category of suicide method for men in Canada and a significant, though smaller, category for women. Only a minority of the guns employed (3%) were handguns; most were long guns (shotguns and rifles) or "other" types of guns (e.g. combat weapons such as semi-automatic or automatic long guns).

In many cases firearms suicides appear to be committed impulsively and without careful premeditation. Adolescent males are particularly vulnerable to impulsive suicide after suffering an academic or relationship setback or a conflict with authority. Access to a firearm, an instantly lethal method, means that there is no enforced period of waiting or planning during which a distressed person might have a chance to get over what might be a temporary downturn in mood.

In one American study, Brent, Perper, Moritz et al. (1993) found that adolescent suicide victims without apparent psychiatric disorder were more likely to have had a loaded gun in the home than were adolescent victims with a psychiatric disorder. In another study the same team compared 47 adolescent suicide victims with suicide attempters who survived their attempts. Guns were twice as likely to be found in the homes of the suicide victims as in those of the surviving attempters. Handguns were not more prevalent than long guns. Even guns stored locked, or separate from ammunition, were associated with suicide by firearms (Brent, Perper, Allman et al., 1991). In a large study of suicide in homes in two U.S. counties, Kellerman, Rivara, Somes et al. (1992) found that firearm availability in homes increased the suicide risk fivefold.

(For further discussion of suicide methods in the context of prevention, see "Reducing the Availability and Lethality of Means" in Chapter III.)

* mainly drug overdoses

7. International trends and comparisons

O'Carroll (1989, p. 8) reviewed studies of the cross-national reliability of suicide rates. Several investigators have concluded that cross-national comparisons may be inappropriate because of widely differing methods of death certification used in different countries.[3] However, procedural differences do not necessarily result in important differences in trends. Some studies (e.g. Sainsbury & Barraclough, 1968; Ross & Kreitman, 1975) have lent credibility to cross-national comparisons, while others (e.g. Atkinson, Kessel & Dalgaard, 1975; Clarke-Finnegan & Fahy, 1983) have cast doubt on their usefulness. In addition to differences in the death certification procedure, the methods and timeliness of data collection and publication vary from country to country, making it difficult to develop detailed comparisons of several countries in terms of age-standardized rates and trends for similar population groups in the same years. Thus all international comparisons should be interpreted with caution.

Pritchard (1992) compared standardized general and youth suicide mortality figures for 21 western countries at 1973 and 1987. The 1987 male suicide mortality rate (all ages) was at least 20% higher than the 1973 rate in 17 of the 21 countries, with the average change being an increase of 35%. Changes ranged from an increase of 108% (Ireland) to a decrease of 10% (Germany); the increase for Canada was 23%.[4]

For females (all ages) the picture was much more scattered, ranging from an increase of 79% in Norway and Ireland to a decrease of 20% for Germany and the U.S. The average change was an increase of 17%; in Canada, there was a decrease of 13%.

In Pritchard's study, Canada's suicide rate for males (all ages) ranked 9th in 1973 (at 18 per 100,000) and 11th in 1987 (at 22.1 per 100,000). The range for 1973 was from 4.0 (Greece) to 37.6 (Finland) per 100,000; in 1987, male suicide rates ranged from 6.0 (Greece) to 44.6 (Finland). In the same comparison, the United States ranked 10th in 1973 (rate: 17.7/100,000) and 13th in 1987 (rate: 20.5/100,000).

For female rates (all ages), Canada ranked 12th in 1973 (7.1/100,000) and 13th in 1987 (6.2/100,000). The range for 1973 was from 1.9 (Ireland) to 18.5 (Denmark) per 100,000. The United States ranked 13th in 1973 (6.5/100,000) and 15th in 1987 (5.2/100,000).

In 1973, Canada was the only country in which the suicide rate among male youths (age 15-24) equalled or exceeded the general rate for males; in 1987, four other countries shared this characteristic (New Zealand, Norway, Australia, and the U.S.) (Pritchard, 1992).

3 See Appendix 4, The Determination of Suicide: Data Collection and Certification.

4 It should be noted that, during the period between 1973 and 1987, Canada's rate rose considerably higher than it was in either of those years; see Figure 3.16. This demonstrates the drawbacks of comparing data from single years as a means of assessing trends.

B. Factors Contributing to Suicide and Suicidal Behaviours

Suicide is an act of grim finality; it is a process in which neurobiological, psychological, cultural and social variables contribute to produce the end result. These many factors carry unequal weights and no single one of them has been proven to be necessary or sufficient to cause suicide.

However, because of their biological and social environment, some people may be especially vulnerable to suicide when faced by a stressor or combination of stressors that have such dark or intolerable personal meaning, cause such anguish and despair, or such frustration and resentment, that they are unable or unwilling to bear with the stressor, or to resolve it in a more positive manner.

1. Sociological, Economic and Cultural Factors

Émile Durkheim, the 19th-century sociologist, regarded the macroscopic state of society as all-important in the genesis of suicide and tended to dismiss the effects of mental illness or stressful individual predicaments. He believed that *cohesion* (integration of societal forces) reduced suicidal activity within a community, while *anomie* (social disorganization) promoted it (Durkheim, 1897/1951).

Sociocultural factors might include a general state of societal demoralization or fragmentation, permissive social attitudes towards suicide, media attention to celebrity suicides, social isolation from a supportive network, suicide of role models or peers, unemployment, and an environment that facilitates suicide, such as one that permits the ready availability of guns.

(i) Unemployment-related Factors

Although the literature supports the hypothesis of a link between unemployment and increased rates of suicide and parasuicide, it is a controversial link. Methodological difficulties in studies give rise to inconsistent results. British studies (Moser et al., 1984; Moser et al., 1986; Moser et al., 1987) that have tracked unemployed men over several years suggest that there is a 20-30 percent excess mortality (from all causes, not suicide in particular) in unemployed men, and also a 20 percent excess mortality in their wives and other women of the household.

One possible contributor to unemployment is large increases in the sizes of successive birth cohorts. Ahlburg and Schapiro (1984) found that when larger cohorts of young persons followed on the heels of smaller cohorts of older persons, there was a tendency toward increased suicide rates in the younger men and women and a decrease in suicide rates in the older men. Such a demographic phenomenon would obviously create an unemployment bottleneck similar to that reported by Sakinofsky and Roberts (1987) in Canadian studies.

Sakinofsky and Roberts (1987) analyzed the relationship between changes in provincial suicide rates and psychosocial variables between 1971 and 1981. In the provinces with the greater increases in suicide, the most significant variables that emerged were higher unemployment rates for men and women, combined with increased

demand for jobs by more people than before. Paradoxically, these provinces were also prosperous ones in which median incomes were higher.

In a Quebec study, Cormier and Klerman (1985B) found unemployment and suicide rates in Quebec were consistently correlated between 1950 and 1981 for males while correlated only during 1966-81 for females. One hypothesis would be that this difference is related to an increase during the 1960s and later in women's expectations, aspirations, needs and/or perceived opportunities for paid employment, and a corresponding increase in the negative value attached to unemployment.

In his extensive review of the literature relating unemployment to suicide, Platt (1984) concluded that unemployed persons attempt and complete suicide more frequently than people who are employed. Although being unemployed has been found to increase the risk of suicide in individuals, cross-sectional population studies rarely find higher suicide rates in regions or neighbourhoods with higher rates of unemployment.

In a recent cross-sectional Canadian study, Hasselback et al. (1991) found no significant correlation between unemployment rates and suicide rates. In aggregate studies of geographic units, such as those described above, the results must be interpreted cautiously and need to be confirmed by studies of individual suicides.

As with any single variable contributing to suicide, it is difficult to eliminate the confounding influence of other variables associated with unemployment. Recent analyses in Quebec by Boyer and Langelier-Biron (1991) concluded that receiving one's income from social assistance or unemployment insurance was related to suicide only when no other factors were considered. There was no significant relationship between source of income and suicide, when controlled for age and low levels of education.

(ii) Income

There does not appear to be a straightforward and predictable link between income and suicide risk. Available evidence is inconsistent; it does not permit us to say with confidence that poverty (whether defined as low individual income or low average income in a region) is, in itself, an independent factor in promoting suicide. This does not necessarily mean that income is irrelevant; income adequacy is associated in more or less complex ways with other phenomena which may in turn have an impact on suicide risk. For example, the 1991 General Social Survey found strong correlations between self-reported financial well-being and emotional well-being (Statistics Canada, 1994).

In many developed countries whose gross national product has been increasing over the past decades, suicide rates have also been increasing. Maris (1969) found a concentration of suicide in the wealthiest areas of Chicago, as well as among the homeless. Using the Quebec Health Survey, Boyer and Langelier- Biron (1991) found no correlation between income per family member and suicide.

By contrast, Wilkins, Adams and Brancker (1989), analyzing mortality data from Canadian urban areas by income quintile, found significantly higher age-standardized rates of suicide among residents of the poorest neighbourhoods. People in the poorest quintile had a suicide mortality rate 1.5 times that of the wealthiest quintile in 1971, and more than twice as high in 1986.

2. Psychiatric Conditions

As a group, people who have been diagnosed with clinically severe depression or some other psychiatric disorder face a statistically higher risk of suicide than the general population. However, existing evidence indicates that no single determinant (including psychiatric disorder) is either necessary or sufficient to bring about suicide, but that each suicide involves the complex interaction of various factors. This means that identifying the small minority of persons within any "high-risk" group who will actually attempt or commit suicide is extremely difficult.

Tanney's (1992) recent review of the literature concurs with an earlier literature review by Miles (1977) in finding that mental disorders are more common in populations of persons completing suicide, and that suicide and suicidal behaviours occur much more frequently in populations of psychiatric patients. Tanney warns, however: "If a person's receiving a mental disorder diagnosis is sufficient to enable us to predict an increased risk of suicide for that person, this association does not mean that mental disorders *cause* suicide....The diagnosis of a mental disorder is not a sufficient explanation for suicidal behaviour. Among the heterogeneity of causes, mental disorder can lay claim to a position in the first rank of the matrix of causation. But the issue is complex, and multiple explanations may be operating simultaneously" (pp. 289, 309-10).

Retrospective studies based on psychological autopsies (reconstruction of events leading up to a suicide) and/or record linkage (review of medical, psychological and social records of persons who have completed suicide) have been conducted in various countries. The majority of these report the presence of a mental disorder or a recent history of mental disorder in a high proportion of persons who die by suicide (ranging from 11% to 92%); the few prospective studies that have been done support this association (Tanney, 1992, pp. 281-284). Many studies identify mood disorders (particularly depression) as the most frequent disorders in persons who complete suicide, affecting from 30% to 70% (Hoberman, 1988, pp. 193-194; Tanney, 1992, p. 298). Other disorders found more commonly among suicide completers than in the general population include substance abuse disorders, schizophrenia and, to a lesser extent, personality disorders, anxiety disorders and eating disorders (Tanney, 1992, p. 310; Hoberman, 1988, p. 196). A recent Quebec study (Lesage, Boyer, Grunberg et al., 1994) compared male suicides aged 18-35 with living matched controls, using standardized interviews of the person best acquainted with each subject to determine the frequency of psychiatric problems. The authors found the six-month prevalence of DSM-III-R Axis I psychiatric diagnoses among the 75 suicides to be 88 percent, as compared with 37.3 percent among the living controls. Major depressive disorder was found in 39 percent of the suicides but was present in only 5 percent of the living controls. Mishara (1994) questions the validity of these findings, arguing that the high rate of

mental illness retrospectively diagnosed in the control group suggests that the diagnostic criteria used by the researchers were too sensitive, so that non-pathological distress was categorized as mental illness.

Interpreting and summarizing findings concerning the association between mental disorder and suicide is difficult, partly because studies have used different definitions and diagnostic criteria (e.g. for depression) and have focused on different populations. Moreover, research has not established which of a number of possible mechanisms may account for the statistical association (Tanney, 1992, pp. 304-308). Some of the processes which might be at work in a given case include

- distortion of decision-making capacity or disinhibition of suicidal impulses, as a direct result of mental disorder (or acute intoxication);
- interaction of mental disorder with other medical or psychosocial problems (e.g. to reduce coping skills);
- artifactual association, e.g. overlap between diagnostic criteria for mental disorder and criteria for determining suicide;
- a common etiology leading to both a mental disorder and suicide;
- choice of suicide as a response to losses and perceived hopelessness associated with a serious mental disorder.

(i) Depression

Many studies have found that persons with depressive disorders are at significantly higher risk than the general population, both for suicide and for non-fatal suicidal behaviours (Tanney, 1992, p. 298). Some have found rates of depression as high as 70% among suicide completers (Barraclough, Bunch, Nelson & Sainsbury, 1974). Tanney (1992, p. 298) notes that the distinction between depression as a symptom or syndrome and depression as a mental disorder (e.g. unipolar or bipolar disorder, dysthymic disorder) is not consistently addressed in epidemiological studies. This makes it difficult to make confident assertions about the frequency of specific depressive disorders among suicide completers. A further complication is that depression among suicide completers or attempters may often be secondary to another mental disorder, or interacting with substance abuse, or triggered/ aggravated by stressful life events with which the person is unable to cope.

Researchers have tried to distinguish the potential suicides among persons with depressive illness. In a 10-year follow-up study of almost 1000 patients with major depressive illness, Fawcett and his colleagues (1990) identified six features predictive of suicide within the first year: panic attacks, severe anxiety, reduced ability to concentrate, insomnia at all stages of the night, moderate alcohol abuse and severe loss of capacity for enjoyment. Severe hopelessness or suicidal thinking at the time of the illness and a history of parasuicide were associated with suicide after one year.

Such predictor variables are useful in conceptualizing suicidality in a group of clinically depressed people; however, a clinician dealing with an individual patient cannot rely solely on such predictors.

(ii) Abuse of Alcohol and Other Substances

Many studies have found that persons with alcoholism are over-represented among suicides, and a disproportionately high rate of suicide has been found among alcoholics. The rate of alcoholism among suicide completers may be as high as 21%, and as many as 15-18% of alcoholics may ultimately complete suicide.[5] In Ontario, Smart & Mann (1990) found correlations between rates of suicide and rates of alcohol consumption and alcohol problems. However, the contribution that alcoholism (or alcohol abuse) in itself makes to overall suicide risk remains imperfectly understood. Other variables, such as the presence of psychiatric symptoms or disorders (especially depression), as well as demographic and social characteristics, appear to interact in important ways with alcohol abuse in influencing the risk of suicide (Lester, 1992B, p. 322, 324-325).

Suicide in alcoholics most often occurs late in the course of their struggle with their problem, in late middle age (Barraclough et al., 1974); this may be a particularly stressful period for this population, marked by interpersonal losses such as marriage breakup and severe job difficulties (Lester, 1992B, p. 328).

Several reasons have been proposed for the apparent link between alcoholism/ alcohol abuse and suicide (Roy & Linnoila, 1986; Lester, 1992B):

- Alcohol abuse may be seen as a self-destructive behaviour related in principle to suicide, motivated by a desire to escape circumstances considered intolerable.
- Depressive syndromes and disorders, which are known risk factors for suicide, are common in persons with alcoholism, and can be causally related to alcoholism.
- Many of the physiological, psychological and social effects of severe alcohol abuse (disruption of social ties, impairment of work performance and coping skills, lowering of normal restraints on behaviour, increased impulsivity, increased self-depreciation and depression) may reasonably be expected to increase the likelihood of suicidal behaviour.
- Consumption of large quantities of alcohol may increase the risk of fatal outcome in suicide attempts.
- Alcohol abuse may reduce levels of the neurotransmitter serotonin in the central nervous system, and some studies have found a link between suicide and decreased levels of serotonin.
- Other mediating variables may include stressful life events and personality disorders.

Abuse of other psychoactive substances appears to be similarly (though less strongly) associated with a heightened risk of suicide and, in particular, with non-fatal suicidal behaviours. The drug abuser has access to overdose as a means of suicide, and

5 Murphy and Wetzel (1990) have questioned the high-end estimates of the proportion of alcoholics who ultimately die by suicide, suggesting that it is only 3.4% of those who have been hospitalized for alcoholism.

may also use alcohol or other drugs deliberately to achieve a state of mind in which a suicide plan can be carried out (Lester, 1992B, pp. 321-323). As in the case of alcohol, the link between drug abuse and suicidal behaviour appears to be mediated by many other variables (including psychiatric history and symptoms, socioeconomic and demographic factors, and stressful life events) (Lester, 1992B, pp. 327-328). The proportion of suicides with substance abuse disorder rises in those under 30 years of age (Rich et al., 1986). To date, little research has been done to identify variables that would help to identify drug abusers who are at the highest risk for suicide.

(iii) Schizophrenia

Suicide is the major cause of premature death in persons with schizophrenia (Allebeck, 1989). Miles (1977), reviewing follow-up studies, concluded that as many as 10% of persons diagnosed with schizophrenia eventually die by suicide. However, there are large variations among studies addressing suicide risk in this population, with estimates ranging from 15 to 75 times the risk found in the general population. Suicide risk appears to be greatest in young, unmarried, unemployed males who are depressed. Often there is a history of previous suicide attempts and recent stressful life events (Roy, 1982, 1986).

Suicide in this population is rarely attributable to florid psychotic symptoms (hallucinations, delusions); it is more likely to occur in periods of remission or improved functioning (Roy, 1986, pp. 105-106). Several studies have indicated that depression and hopelessness are important factors in suicides by persons with schizophrenia, supporting the view that suicide in this population tends to be a planned action (Tanney, 1992, p. 297).

(iv) Other Disorders

Studies reviewed by Tanney (1992, pp. 301-302) show an increased rate of suicide and non-fatal suicidal behaviour among persons with anxiety disorders, in particular panic disorder, and in those with borderline and antisocial personality disorders. An estimated 6.5% of persons with borderline personality disorder and 5% of persons with antisocial personality disorder ultimately complete suicide. Comorbidity with depression and/or substance abuse is frequently involved, as is a history of non-fatal suicidal behaviour.

3. Neurobiological Findings

Recent studies in neurobiology have implicated deficient neurotransmission of serotonin (a chemical messenger) in the brain in suicide cases across several diagnostic groups, including major depression, schizophrenia, borderline and antisocial personality disorders. (See for example Lester, 1988.) Low levels of the serotonin metabolite 5-HIAA in the cerebrospinal fluid of depressed patients have been found to predict a 10-20 times higher mortality from suicide within a year of discharge from the hospital (Asberg et al., 1986). The precise mechanism of action in suicide may be due to diminished control of impulsivity and aggression rather than a simple correlation with the severity of the depression. The results of chemical analyses of the brains of suicide victims, and of studies involving biochemical challenges

with fenfluramine,[6] support the serotonin theory (Mann and Kapur, 1991). Full understanding of the process by which serotonergic dysregulation may play a part in suicide has still to be worked out (Arato, Tekes, Tothfalusi et al., 1991). Although the current focus of attention is on serotonin, it is likely that serotonin acts in concert with other messenger chemicals in the brain.

A Canadian study recently examined the neurochemistry of parasuicide. Mancini and Brown (1992) found that suicide attempters had higher urinary noradrenaline than patients who merely considered suicide but did not attempt it. Their findings contradict previous research published in the literature. (e.g. Ostroff, Giller, Bonese et al., 1982; Ostroff, Giller, Harkness et al., 1985; Prasad, 1985).

Although knowledge in this area is increasing, Lester (1992B, p. 330) concludes that "we are a long way from having a clear idea of the biochemical causes of depression, suicide, impulsive behavior, or assaultive behavior. It is unlikely that a specific biochemical predictor of suicide will soon be discovered, since the potential predictors appear to be associated with a wide variety of other pathological behaviours."

4. Genetic and Family Background

There is some evidence that suicide tends to run in families. Recent reviews by Roy (1992) and Lester (1992A) point out that it is difficult to differentiate between possible genetic factors involved in suicide, the presence of a family member as a role model, and psychiatric disturbance in families. It is possible that, although suicide itself is not inherited, some families may have greater probabilities of transmitting psychiatric disorders that increase the risk of suicide. Kety (1990) points out that neither environmental nor genetic influences alone may be sufficient to cause suicide. Twin studies and studies of children adopted at birth afford some support for a weak genetic factor in suicide. Kety suggests that the major inherited factor is an inability to control impulsive behaviour.

In a review of family relations and suicide, Tousignant, Bastien and Hamel (1993) concluded that a poor relationship with parents is an important factor. In a study of Montreal area adolescents, however, Tousignant et al. found no highly significant relationship between coming from a divorced or separated family and being suicidal. Separation was not a significant factor when the quality of the relationship with the parents was taken into consideration.

Death of a parent has also been associated with suicide. Kosky (1983) found that 80 percent of suicidal youths with chronic mental disorders had suffered the death of a parent, compared to 20 percent of a non-suicidal psychiatric control group. Many other studies, reviewed by Adam (1990), found significant relationships between parental loss and increased risk of suicide.

5. Life Events

Rich, Richard, Fogarty and Young (1988) found that between 27 and 39 percent of people who completed suicide had experienced a stressful life event within the six weeks preceding their suicide attempt. The majority of these precipitating events were losses or interpersonal conflicts. Those who were diagnosed as suffering from drug or alcohol abuse were more likely to have an

6 Fenfluramine hydrochloride is an amphetamine derivative with serotonin-depleting properties.

identifiable precipitating event before their suicide than those with other psychiatric diagnoses. Paykel, Prusoff and Myers (1975) found that, in a clinical sample, the events that best differentiated between suicidal and non-suicidal persons were severe conflict with the partner or spouse, serious illness in the family and serious illness (hospitalization or absence from work over one month) in the suicidal person.

Tousignant and Hanigan (1993) found that among Montreal area CEGEP students, those students who attempted suicide or had serious suicidal ideation could be differentiated from non-suicidal groups. The following variables accounted for the differences: running away from home, dropping out of school, "bad trips," rejection from social group and being physically attacked. Suicidal adolescent girls more frequently had abortions, pregnancies or fear of pregnancy. Broken love relationships, broken friendships and moving to a new home were also associated with suicidal tendencies. Stressful events that were experienced by the students' parents or parents' peers, however, were not associated with suicidality in the students. Jacobs (1967) found that 58 percent of young people who attempted suicide had recently been involved in the breakup of a relationship. Similarly, Wenz (1979) found that 33 percent of young people who had broken a relationship thought seriously of suicide. Chabrol (1984) found that failure in interpersonal relationships and school problems did not result in suicide unless they occurred in a chaotic or disturbed family context.

6. AIDS/Terminal Illness

Suicide prevention centres report receiving numerous calls from AIDS patients who are considering suicide. Although there have not been any published Canadian studies on completed suicides in AIDS patients, studies in California (Kizer et al., 1988), New York City (Marzuk et al., 1988) and Texas (Plott et al., 1989) found astonishingly high rates of completed suicide in patients, equivalent to 463 per 100,000 per year in California; 681 per 100,000 per year in New York City; and 222 per 100,000 per year in Texas.

The fact that a person is terminally ill is not, in itself, sufficient cause for suicide. As with other suicidal acts, there is generally considerable ambivalence on the part of the suicidal person, despite the terminal illness (Federal Centre for AIDS Working Group, 1992). As with any other suicidal individual, it is important to evaluate to what extent appropriate interventions may alleviate the physical or psychological pain the person is experiencing, and thus diminish the suicidal risk. In many cases, chronic physical pain may be reduced by appropriate interventions. Depression caused by social isolation and the strain of being terminally ill may be diminished by appropriate psychotherapeutic interventions, and by the support of family, friends, and the community.

(For related discussion, see Chapter IV, Section E, "Euthanasia and Assisted Suicide.")

7. Personality and Psychological Influences

Psychological influences that engender suicidality in specific persons involve the emotions and/or personality attributes. Among disturbed emotional states the experience of feeling severely depressed, hopeless, anhedonic (having lost the capacity for enjoyment), or frantically anxious is common in persons who feel suicidal. The risk is heightened if these emotional states are combined with characteristics such as an inability to compromise with adverse circumstances, poor self-esteem, negative attitudes about the self, or being given to impulsive or aggressive action. Lester (1992A) reviewed studies during the 1980s in 42 different categories of personality research, including neuroticism, anxiety, risk taking, intelligence and time perception. He concluded that, although much of the research may be criticized methodologically, several consistent findings emerged: Parasuicidal individuals tend to have more academic failures, higher levels of anxiety, an external locus of control, higher neuroticism scores, lower self-esteem, more irrational thinking and poor problem-solving skills. As with many other variables considered in this review, any individual personality factor cannot be considered alone but must be evaluated within the context of the other variables associated with suicidal behaviour, including psychiatric disturbance.

Recent research in psychology has focused upon the way individuals cope with stressful situations. People in similar stressful situations may react differently and may encounter different consequences arising from distressful life events. Coping, as conceived by Lazarus and Folkman (1984), consists of ways in which individuals react to stressful situations by either acting to change the situation or reducing their perceived stress. Coping mechanisms include the ways one interprets situations in order to feel better about what has transpired, the use of confidants to discuss problems, seeking professional help, finding diversions such as sports or leisure activities, finding alternative situations that reward one by success and improve one's self-esteem and sense of mastery, and working to change the situation. In some cases, people tend to resort to negative coping through the use of mind-altering substances that (temporarily) obliterate the pain and replace it with a transitory feeling of pleasure; in the long or short run such approaches tend merely to compound their problems.

C. High-Risk Groups

The previous section addressed some of the factors that have been found to contribute to the risk of suicide or non-lethal suicidal behaviours; these include psychiatric conditions, substance abuse, genetic and family background, sociological and biological factors, and stressful life events. The interaction of such factors and others not yet understood may help to explain why certain groups within the Canadian population commit suicide at higher-than-average rates.

Populations of special concern include Aboriginal people, certain age groups, persons in custody (criminal justice system), gays and lesbians, and persons who have previously attempted suicide. (Persons with mental disorders are not discussed here as a separate high-risk group, since the role of mental disorder is addressed in the previous section.)

The reasons for elevated risk in a particular population are multiple and complex, and "high-risk" categories often overlap. It is important to recognize that a comparatively high statistical risk in a certain population (based on past trends) does not translate into high risk for all members of that population.

1. Adolescents and Young Adults

In the period 1989-1991, suicide was the second leading cause of death (after motor vehicle traffic accidents) for Canadians aged 15-19, 20-24, and 25-29[7] (Data from Laboratory Centre for Disease Control, Health Canada). Although adolescents in the general population (age 15-19) complete suicide at a lower rate than many other age groups, they represent a group of special concern because of a dramatic upward trend in their rate over the past forty years (from 3.3 per 100,000 in 1950 to 13.8 in 1991). Leenaars and Lester (1990) note that the Canadian rate for this age group has surpassed that in the United States. In the Ontario Child Survey, Joffe, Offord and Boyle (1988) discovered that 5-10 percent of boys and 10-20 percent of girls aged 12-16 reported suicidal thinking or parasuicide within the previous six months. This was usually linked to the presence of conduct or emotional disorder and somatization (physical complaints without an organic basis). Family dysfunction and parental arrests were two variables independently related to suicidality.

Suicide in youth often occurs impulsively. Shaffer (1988), reviewing the risk factors for suicide in children and teenagers, found that the availability of firearms was an important factor, especially among male substance abusers. In Canada firearms are used by 45 percent of male youths and by 18 percent of young women under age 20 who commit suicide. An important subgroup of suicidal youth consists of well-behaved, anxious, perfectionistic youngsters who cope poorly with change. However, the majority of suicides occur in depressed and/or substance abusing youngsters, often with a seemingly trivial humiliation as a precipitating factor.

Many studies (e.g. Stack, 1990) attest to the adverse effects of publicizing suicides of well-known persons, often celebrities who may serve as role models to the young person. Sometimes the publicity has the paradoxical effect of portraying the suicide as a heroic figure, further increasing the attractiveness of suicide and the likelihood of imitation. Youth are also at risk of contagion and cluster suicide among peers in schools and neighbourhoods.

Current cross-sectional data indicate that suicide rates for males peak in the 20-34 age range and again in old age (80+). Among females the rate peaks in the 35-49 age range and declines gradually thereafter (see Figure 8). No simple explanation can be offered for the elevated risk faced by young adult males. Relevant factors might include a range of stressors associated with the transition to adult roles and relationships (higher education, work, marriage, etc.), the timing of the onset of mental disorders (notably schizophrenia), and adults' easier access to alcohol, drugs and firearms.

7 Males and females combined. The ranking of causes of death alters when males and females are considered separately (see for example Figure 7).

2. Late Middle-aged and Elderly Persons

The age distribution of suicide has varied significantly over the past 70 years. While a high rate of suicide among young people is a relatively new phenomenon, late middle-aged and elderly persons have consistently had high suicide rates (see Figures 4-1-4.8). Males in the oldest (and fastest-growing) age groups (80+) have the highest suicide rates of any age group.[8] Medical advances have extended the lifespan of the very old, but their quality of life has yet to catch up with this increased longevity.

Suggested risk factors for suicide among seniors are generally similar to those for other groups, and include unemployment, isolation, poor health, pain, depression, alcoholism, low self-esteem, feeling rejected, a history of mental illness, and previous suicide attempts (Whanger, 1989; Shulman, 1978). Loss is the major theme in suicide among the elderly - loss of companions, of health, of mobility, of usefulness to others, and of independence. Anticipation of being placed in a nursing home is sometimes a trigger factor; such placement may be all the more feared because it may involve separation from a spouse.

Parasuicide in the elderly is less common, generally more violent and more serious medically than in younger age groups; it is more predictive of later suicide. Depression is a major precursor of suicide in elderly people, sometimes compounded by misuse of alcohol, possibly in an attempt to fight off sleeplessness and despair (Shulman, 1978). Utterances such as “tired, better off dead” and “feel a burden” are ominous. In American studies handguns and asphyxiation feature prominently as methods of suicide. However, depression may also lead less directly to death: in an Epidemiologic Catchment Area study, 3000 persons over the age of 55 were followed for 15 months. The odds of dying were found to be four times greater among those with mood disorder (controlling for physical health). Self-neglect, brought on by depression, apparently hastened death from natural causes (Bruce and Leaf, 1989).

Despite this grim picture of suicide in elderly persons, preventive measures hold promise. These include ensuring that seniors have continued social support, valued social roles, and an adequate quality of life (for example, appropriate housing). Clinical depression in seniors should be recognized and adequately treated. In the month before committing suicide, three-quarters of elderly suicides visited their physicians, and during the week before, one-third visited their physicians (Willis, 1987; Richardson, Lowenstein and Weissberg, 1989). Clearly opportunities for intervention exist.

3. Aboriginal Communities

Aboriginal communities frequently have much higher suicide rates than those observed in the general population. Although existing databases do not permit the calculation of highly accurate national rates for Aboriginal people, a recent analysis of available data indicates that the overall risk of suicide among registered Indians is about 2.5 times that of the general population (Mao et al., 1992). A federal government report on Aboriginal health states that “the 1990 age-standardized suicide rate for Indians is 22 per 100,000 population, compared to 11 per 100,000

8 It should be noted that, although the **rates** are high, the population base of very old males is relatively small, and the actual **numbers** of suicide deaths are correspondingly small (e.g. about 40 deaths per year among males aged 80-84). From 1988 to 1992, the average number of suicides by males aged 65+ was 329 per year.

population for Canada as a whole" (Health and Welfare Canada, 1992, p. 33). Figure 10 reports data on suicide rates among registered Indians, from the Medical Services Branch, Health Canada.

Studies of particular Aboriginal communities have often revealed much higher rates. In a study of Aboriginal suicides in British Columbia from 1984 to 1989, Cooper et al. (1992) found that rates for Aboriginals living off-reserve were similar to those for the general population of the province, while rates on reserves were at least twice as high. They concluded that a high suicide rate tended to be associated with various community characteristics, including a higher number of occupants per household, more single-parent families, fewer elders, lower average income and lower average education.

Ross and Davis (1986) reported a suicide rate of 77 per 100,000 in a remote, northern community. Parasuicide was "epidemic" among the teenagers. In a prospective mortality study of 35 Alberta reserves and native communities, Jarvis and Boldt (1982) found that death rates were high in general, and violence accounted for almost half the deaths. In fully 90 percent of violent deaths of all types the victims were, to varying degrees, under the influence of alcohol. These results are consistent with those of Hlady and Middaugh (1988), who studied suicide in Alaskan natives and found detectable alcohol in 79 percent of suicides. In three-quarters of the deaths guns were the method used.

In Berlin's (1985 and 1987) studies, alcoholism had become a major problem for the U.S. tribes that had high suicide rates, and inhalant and alcohol abuse were rife among the adolescents. Many of the youngsters were sent great distances to boarding schools that were overcrowded and understaffed and had neglectful environments. Manson et al.(1989) found that, in such demoralizing social environments, one-third of the students admitted having suicidal ideation within the previous month. Those particularly at risk reported greater degrees of depression, alcohol abuse or little family support.

National data on suicide in Inuit communities are even more difficult to obtain; nevertheless, "the escalation of suicides in Inuit communities is widely acknowledged as being one of the most serious social problems facing Inuit today" (Pauktuutit Inuit Women's Association, 1993). Surveys of Inuit mortality in Canada, Greenland and Alaska indicate a disturbing rise in suicide rates over the last three decades, with young single males accounting for the largest number of suicides (Young, Moffatt & O'Neill, 1992; Bjerregaard, 1991; Thorslund, 1990; Forbes & Van der Hyde, 1988). Possible related factors identified in the literature are multidimensional, and similar to those identified for other aboriginal peoples. They include alcohol abuse (Kettl & Bixler, 1993), depression, family instability, lack of social control, loss of dignity (Kahn, 1986); changing lifestyles, economic change, prevalence of firearms (Kettl & Bixler, 1991); and (for youth in particular) acculturation, resettlement, a sense of hopelessness and helplessness, family violence, isolation, delinquent behaviour and rejection by significant others (Charles, 1991).

Suicide rates vary considerably from community to community, and in some the rates may be similar to those of the general population. In high-suicide First Nations communities, suicide appears to be fostered by rampant anomie. Berlin (1985) reviewed the literature regarding adolescent suicide among native tribes. The family

backgrounds of these youngsters had been chaotic, characterized by multiple caretakers during childhood, conflict among family members, frequent moves and a 50 percent prevalence of parental divorce or desertion. In 20 percent a parent, relative or friend had attempted suicide. It appears that these youth felt under pressure both to belong to their traditional culture and to succeed in the North American culture. This was particularly so in native children adopted into non-native families, a situation which produced in them a confusion of values. The essence of this dilemma has been captured in the phrase "flower of two soils" (Beiser, 1984).

Ward and Fox (1977) described an epidemic of suicide among young adults on a Manitoulin Island reserve, which was characterized by breakdown of tradition, family discord and the abuse of alcohol. Five years later, suicidal behaviour had subsided following an intervention program, although social conditions on the reserve had not changed. Timpson (1984) has described an interventive network in the Sioux Lookout area of Northern Ontario in response to suicidal behaviour among indigenous people.

Kirmayer (1994) has published an extensive overview of research on suicide among Canadian Aboriginal peoples, in the context of the wider literature on suicide. At the time of writing, a major report on the subject was also being prepared under the auspices of the Royal Commission on Aboriginal Peoples. Kirmayer argues for an approach that integrates psychiatric and sociological perspectives, citing the need for improved clinical and social services as well as social and political analyses and interventions:

> *The final common pathway of suicide is the hopelessness and pain of the individual. This hopelessness and despair is fueled both by psychiatric disorders and by existential problems that follow directly from the rapidity of social change, the suppression of traditional knowledge, history and identity, as well as from persistent economic disadvantage and racism in the larger society.... The fact that the mental health literature tends to focus on individual problems and solutions should not obscure this need for a broader perspective on suicide among Aboriginal peoples (p. 42).*

(For further discussion on suicide in Aboriginal communities, see Appendix 3.)

4. Gay men and lesbians

Several studies have found male and female homosexuals to be up to six and two times, respectively, more likely to attempt suicide than comparable control groups of unmarried male and female heterosexuals (Bell & Weinberg, 1978; Saghir & Robins, 1973; Jay & Young, 1979). The U.S. Secretary's Task Force Report on Youth Suicide reviewed more recent studies and found similar results (Gibson, 1989). Gay men are reported to be more likely to attempt suicide during their adolescent years, in the context of the stresses associated with acknowledging their sexual orientation to their families, their communities and themselves. Lesbian women are reported to be more likely to attempt suicide at a later age, in the context of the breakup of a relationship.

Further research is required to clarify the epidemiology of suicide and parasuicide among gay men and lesbians. Tanney (1992, p. 303) argues that the existing data base linking suicidal behaviour with sexual orientation "is too thin and the studies too overinterpreted to allow meaningful conclusions at present." Data on completed suicides in these populations are scarce. Established data collection methods do not include sexual orientation as a variable, and the stigma and discrimination associated with homosexual orientation discourage disclosure by persons at risk and by relatives of suicide victims. However, the available data on the prevalence of known risk factors (e.g. previous attempts, substance abuse, interrupted social ties) in gay and lesbian populations suggests that the rate of completed suicide may be quite high. Theoretical models linking suicide risk to stress and alienation tend to support this view (Saunders & Valente, 1987). Gibson (1989) estimates that gay and lesbian youth account for as many as 30 percent of completed youth suicides each year. He attributes the problem to a society which discriminates against and stigmatizes homosexuals, and which fails to recognize that a substantial number of young people have a gay or lesbian orientation. This makes it difficult for gay and lesbian youth to identify positive role models, obtain appropriate counselling, and maintain the self-esteem, skills and social, family and interpersonal ties that protect against suicide.

5. Persons in Custody

Persons in custody constitute another high-risk group. A Correctional Service Canada study (Bureau of Management Consulting, 1981) found a gradation of frequency of suicides in the prison system from none at all in minimum-security institutions, to more frequent suicide in medium-security prisons, rising to the highest rate in maximum-security facilities. Most suicides took place in general cells by hanging, in spite of the presence of other prisoners. Inmates who had committed crimes against another person had a higher rate than those who had offended against property. The incidence of attempted suicide (non-fatal self-injury) followed a similar trend to that of completed suicide in the minimum-, medium- and maximum-security prisons. However, unlike suicide, attempted suicide was more frequent in segregated quarters than in the general cells.

A study of penitentiary inmates in Quebec (Hodgins & Côté, 1990) found high lifetime prevalence rates for major mental disorders and severe substance abuse and dependence. These conditions are frequently identified as risk factors for suicide. Bland, Newman, Dyck & Orn (1990) found that male prisoners in Edmonton correctional centres were more likely than a general community sample to have a lifetime and/or six-month history of mental illness. The prisoners included disproportionate numbers of unmarried and less well educated men, and Aboriginal men were over-represented.

A recent Correctional Service Canada publication (1992, p.3) reported a decline in the rate of federal penitentiary inmate suicide during the last half of the 1980s from 19.7 to 8.7 per 10,000 inmates,[9] followed by an increase to 13.6 per 10,000 (16 deaths) in 1991-92. The decline in the late 1980s reflects, but far exceeds, the decline observed in suicide rates for the general population during the same period (see Figure 9). Even at the lower figure, however, the suicide rate for persons in custody would be at least six times that of the general population. (Note that, because the population base is small, a slight change in the number of deaths can have a dramatic effect on the rate.)

The authors of the report identify a number of methodological limitations that make it difficult to generalize from existing studies of suicide in the correctional institutions of various countries. The Correctional Service of Canada has developed a National Strategy for the Prevention of Suicide and Reduction of Self-Injury (Correctional Service Canada, 1991, 1992B).

Dooley (1990) undertook a retrospective investigation of prison deaths by suicide between 1972 and 1987 in England and Wales. He found that the suicide rate was four times greater than in the general public. Causes appeared related to being in custody: inability to face the length of the sentence, actual or perceived victimization by other inmates, inability to cope with being confined, or lack of communication with their families. Outside pressures included the receipt of bad news (such as failure of an appeal or concerning home problems) or threats to an important relationship. Guilt about the offence in cases where another person had been harmed accounted for one in eight of the suicides, including a minority of this subgroup who had murdered their spouses. One-third of those who suicided had a previous history of psychiatric illness and one-quarter had been psychiatrically admitted as in-patients. Alcohol abuse was known in 29 percent and drug abuse in 23 percent of the cases. One in five of the suicides were considered to have killed themselves because of their psychiatric illness, and there was a trend for the mentally disordered patients to have previously attempted suicide.

Dooley concluded that the remand period is an especially vulnerable period for suicide. Although only 11 percent of the custodial population was on remand, 47 percent of the suicides came from this group. The vast majority of suicides occurred at dead of night, even in overcrowded cells, by hanging from the cell bars. Late summer, seemed to be the time of the year when most suicides occurred. This was possibly related to the effect of court holidays. People who committed suicide were more likely than not to be facing or serving longer sentences than others, and it is reasonable to believe that these prisoners saw no future for themselves.

Green, Andre, Kendall et al. (1992) examined the files of 133 cases of suicide in Canadian federal penitentiaries between 1977 and 1988, comparing their findings with the results of other major studies. Consistent with previous studies, they found that inmate suicide was more common among males; that being single, separated, divorced or widowed appeared to be a risk factor; that hanging was the most common method; that a previous history of

9 Or, to use the standard form for suicide statistics, from (the equivalent of) 197 to (the equivalent of) 87 per 100,000. By comparison, rates in the general population (both sexes) declined from a high of 14.8 per 100,000 in 1978 to a low of 12.7 per 100,000 in 1990.

psychiatric hospitalization or outpatient psychiatric treatment was common; and that a high proportion of persons who committed suicide had made an attempt within the previous year.

Unlike some other studies, Green et al. found an even age distribution among suicides, without remarkable peaks; no strong pattern in terms of time of day or time of year; and no obvious correlation between suicide and length of sentence. In the majority of cases the suicide occurred in the prisoner's own cell. Two-thirds of the individuals had a history of alcohol abuse, and 54% had a history of drug abuse. Regardless of the offence or the length of sentence, the first six months after sentencing represent a high-risk period, with about half of the suicides occurring during this period. There was a moderate association between violent or weapons-related offenses and suicide. As in many other studies, the authors do not report any comparisons between the 133 suicides and the general prison population, making it difficult to judge the predictive value of the characteristics they highlight.

6. Parasuicide as a Risk Factor

Parasuicide (non-lethal suicidal behaviour, commonly referred to as "attempted suicide") occurs most frequently in young persons, particularly females. Long-term follow-up studies by Sakinofsky et al. (1990) found that 10 to 13 percent of parasuicides ultimately take their lives. The prevalence of suicide attempts is believed to be grossly underestimated because most studies report only hospital contacts (Meehan et al., 1992). Two Canadian studies using different methodologies in different decades have estimated the ratio between non-lethal suicidal behaviours and suicide to be at least 100:1 (Ramsay and Bagley, 1985; Whitehead et al., 1973);[10] it is expected that the ratio varies according to age, sex, and other factors, such as the operational definition used for "suicide attempt," "parasuicide" or "non-lethal suicidal behaviour." Shaffer and Bacon (1989), extrapolating from available studies, suggest a possible ratio of between 30 and 50 attempts for every completed male suicide, and between 150 and 300 attempts for every completed female suicide. In adolescents the ratios could range from 60:1 for older male teenagers to 600:1 for younger female teenagers. They note a consistent finding that only 25 to 40 percent of persons who complete suicide have made a previously known attempt, and point to the ongoing debate about whether suicide and parasuicide are distinct (though overlapping) phenomena or aspects of the same phenomenon.

The observed differences in the attempt-to-completion ratio for males and females, and for various age groups, have not yet been clearly explained by research. While the contrasting ratios might be attributable to differences in the strength of the motivation to die, or to differences in psychopathology, another crucial factor is the different efficacy of the methods chosen by (or available to) the various groups of attempters. It is difficult to determine if and when the choice of a less lethal method reflects a different level of motivation to die (Shaffer & Bacon, 1989).

Nevertheless, the majority of parasuicidal acts are seen as "cries for help" or attempts to postpone dealing with a situation the person finds unbearable, rather than as expressions of a clear desire to die.

10 Data from the Mental Health Supplement to the Ontario Health Survey indicate a ratio of 26 suicide attempts to 1 completed suicide (Sakinofsky & Webster, 1994).

Although Ennis et al. (1989) diagnosed major depression in almost one-third of their parasuicidal patients, they concluded that the high depression scores were related to extreme distress rather than to formal psychiatric illness. This finding is consistent with that reported by Sakinofsky et al. (1990), who found adjustment disorders in one-half their patients and affective disorders in 40 percent. Personality disorder was present in half, the majority of whom would have been classified as having borderline or antisocial disorder. These authors followed 228 parasuicides for a year in order to determine whether resolution of their presenting problems reduced the need for further suicidal behaviour. Three months after their attempts, those who had overcome their difficulties were significantly less depressed, and were less hostile and isolated than they were initially. Their self-esteem had risen and they did not feel as powerless as before. The resolvers also experienced improvements in their marital and family relationships significantly more often than the non-resolvers. The non-resolvers, however, continued to fare poorly in all these respects.

In spite of this better outcome in the resolver subgroup, repetition rates in both groups (16 percent) were similar at the three-month follow-up visits. Sakinofsky and Roberts (1990) compared the repeaters and non-repeaters from both the resolvers and non-resolver groups. The repeaters were significantly younger at their first attempts and had a greater number of prior episodes. They perceived their problems as more severe than the non-repeaters and were imbued with hostility to others, feelings of powerlessness, and attitudes about social behaviours that were dissonant from the values of mainstream society.

The indications are that there is a small subset of persistent repeaters who acquire parasuicidal behaviour as a habitual pattern of response to stressful predicaments. The briefer period leading up to their acts suggests they are more impulsive than the non-repeaters. Their greater impulsivity has aroused interest in the possibility of brain serotonergic dysregulation in this group (Roy and Linnoila, 1988).

Wenz (1979) characterized the early home environment of the parasuicide as a family anomie syndrome, i.e., families of the potential parasuicides were in turmoil, with open intrafamilial conflict and disruptions. Lack of secure attachments in childhood has been highlighted by Adam (1986) and recently also by Van der Kolk et al. (1991). Sakinofsky (1978) reported that sixty percent of parasuicides have a history of chaotic family background, marked by dissension, separations, divorce or parental death.

A London, Ontario, study found that parasuicides appeared to congregate in the disadvantaged urban core areas (Jarvis et al., 1982). Other studies (Sakinofsky, 1979; Platt and Kreitman, 1990) found that unemployment rates among parasuicides are high.

Barnes (1986) found that repeaters were more likely than first-ever parasuicides to complete suicide. In the study by Sakinofsky et al. (1990), almost two percent of their subjects had suicided within the first year of follow-up. In two other studies, one in North America and one in Europe, persons who attempted suicide were on average 40 times more at risk of suicide than individuals in the general population with no history of parasuicide (Motto & Tanney, 1990; Lonnqvist, 1983). Attempts at providing psychosocial counselling do not

appear to reduce the frequency of repetition, although counselling may improve the social circumstances of such patients and their families.

Trautman (1989) found only limited support in the research literature for the idea that contact with a helping professional reduces subsequent suicide rates among attempters. He notes that this group is characterized by multiple problems and resistance to (or non-compliance with) treatment. Possible foci for intervention include major depressive disorder, aggression or conduct disorder, associated physical illness, drug and alcohol abuse, parental psychiatric illness, marital conflict, and parent-child conflict. For adolescent attempters, Trautman identifies the need for brief, active therapy that "teaches skills, uses outside resources, engages the patient in problem-solving, and involves the family." He sees promise in cognitive-behavioural approaches, as do Brent and Lerner (1994).

Table 1: Suicide Deaths in Canada, 1988-1992

Year	Males	(%)	Females	(%)	Total
1988	2734	(77.9)	776	(22.1)	3510
1989	2696	(77.2)	796	(22.8)	3492
1990	2673	(79.1)	706	(20.9)	3379
1991	2875	(80.0)	718	(20.0)	3593
1992	2923	(78.8)	786	(21.2)	3709
5 yr. Total	**13901**	**(78.6)**	**3782**	**(21.4)**	**17683**

Data Source: Statistics Canada

Table 2.1: Male Suicide Rates & Rank Order of Provinces at 10-Year Intervals*

	1950	*Rank*	1960	*Rank*	1970	*Rank*	1980	*Rank*	1990	*Rank*
Region										
PEI	6.1	*8*	15.3	*4*	21.6	*2*	21.2	*5*	21.7	*4*
Nova Scotia	10.5	*6*	11.6	*7*	16	*7*	20.8	*6*	21.7	*4*
New Brunswick	9.6	*7*	7.4	*9*	8.3	*10*	20.5	*7*	19.6	*7*
Quebec	5.2	*9*	7.7	*8*	13.3	*8*	23.1	*3*	27.2	*1*
Ontario	13.6	*4*	13.4	*6*	16.2	*6*	18.9	*8*	14.1	*10*
Manitoba	17.6	*2*	18.7	*1*	19.7	*4*	16	*9*	20.7	*6*
Saskatchewan	12.4	*5*	14.3	*5*	18.2	*5*	24.9	*2*	24.9	*3*
Alberta	14	*3*	15.5	*2*	20.1	*3*	26.7	*1*	25.7	*2*
British Columbia	26.5	*1*	15.4	*3*	22.4	*1*	23.1	*3*	19.4	*8*
Newfoundland	3.9	*10*	4.8	*10*	8.7	*9*	6.3	*10*	15.8	*9*
Yukon	61.2		25.3		97.7		84.8		36.7	
NWT	44.4		16.1		17.2		38.4		57.4	

* Non-standardized (crude) rates, expressed as the number of deaths per 100,000 population. The Yukon and Northwest Territories are excluded from the ranking here because of their small population base. See Figures 5.1-5.3 for comparisons based on age-standardized rates.

Table 2.2: Female Suicide Rates & Rank Order of Provinces at 10-Year Intervals*

	1950	*Rank*	1960	*Rank*	1970	*Rank*	1980	*Rank*	1990	*Rank*
Region										
PEI	0	*9.5*	0	*10*	0	*10*	1.6	*9*	0	*10*
Nova Scotia	3.5	*3.5*	4.2	*2*	2.6	*8*	2.3	*8*	4.4	*7*
New Brunswick	2	*8*	1.7	*7*	3.5	*7*	2.9	7	3.8	*9*
Quebec	2.1	*7*	2.2	*6*	4.6	*6*	6.8	*5*	5.9	*3*
Ontario	4.1	*2*	3.8	*3*	8.2	*2*	7.4	*3*	4.3	*8*
Manitoba	2.7	*5*	3.4	*4*	5.9	*4*	7.7	*2*	5.2	*5*
Saskatchewan	2.5	*6*	1.6	*8*	4.8	*5*	6.9	*4*	5.6	*4*
Alberta	3.5	*3.5*	2.4	*5*	6.4	*3*	9.3	*1*	6.9	*1*
British Columbia	9.2	*1*	4.6	*1*	9.6	*1*	6.7	*6*	6.2	*2*
Newfoundland	0	*9.5*	0.5	*9*	0.8	*9*	0.4	*10*	4.5	*6*
Yukon	0		0		51.2		9.5		0	
NWT	14.3		0		0		0		7.6	

Data Source: Statistics Canada
* See note for Table 2.1

Table 2.3: Suicides by Sex and Ethnicity, Northwest Territories, 1984 to 1993

	Inuit		Dene		Other*		Total
	M	**F**	**M**	**F**	**M**	**F**	
Year							
1984	9	1	5	0	2	1	18
1985	10	1	5	0	3	0	19
1986	8	2	1	1	5	1	17
1987	5	5	4	1	1	0	16
1988	13	3	2	1	1	1	21
1989	14	4	7	1	5	1	32
1990	9	3	4	0	5	1	22
1991	13	1	0	0	7	2	23
1992	14	2	1	0	2	0	19
1993	19	3	3	1	5	1	32
Totals	**114**	**25**	**32**	**4**	**36**	**8**	**219**

Source: Coroner's Office, Department of Health, NWT.
* "Other" includes Métis as well as non-Aboriginal people.

Table 3: Methods of Suicide, Canada 1980-1982 and 1990-1992

	1980-82		1990-92		1980-82		1990-92	
	Males				Females			
	Deaths	**%**	**Deaths**	**%**	**Deaths**	**%**	**Deaths**	**%**
Guns, explosives	3,218	41.10	3,019	35.64	277	11.29	195	8.82
Hanging	1,920	24.52	2,612	30.83	463	18.87	492	22.26
Poisoning	844	10.78	811	9.57	993	40.46	827	37.42
Gases, vapours	843	10.77	991	11.70	198	8.07	253	11.45
Jumping	321	4.10	372	4.39	157	6.40	150	6.79
Drowning	333	4.25	266	3.14	208	8.48	156	7.06
Cutting, piercing	141	1.80	159	1.88	43	1.18	37	1.67
Other	210	2.68	241	2.85	115	4.69	100	4.52
Total	**7,830**	**100**	**8,471**	**100**	**2,454**	**100**	**2,210**	**100**

Data Source: Statistics Canada, Causes of Death, Cat. 84-203 [for 1980-82]; Health Reports Supplement No. 11, 1992, Vol, 4, No.1: Causes of Death 1990, Cat. 82-003511; Causes of Death, 1991 and Causes of Death 1992, Cat. 84-208.

Table 4.1: Mean Age-Adjusted Suicide Rates (Males)*, Canada and Provinces/Territories, 1989-1992, with Average Number of Suicides per Year

Province	Cases/Year (Average)	Mean Rate	Confidence Intervals	
			Lower	Upper
Canada	2792	20.16		
Newfoundland	38	13.28	9.03	17.53
Prince Edward Island	15	23.28	11.27	35.29
Nova Scotia	88	19.43	15.37	23.49
New Brunswick	74	20.2	15.59	24.82
Quebec	902	25.63	23.95	27.3
Ontario	766	14.87	13.81	15.92
Manitoba	112	20.63	16.8	24.46
Saskatchewan	109	22.44	18.19	26.68
Alberta	328	25.94	23.12	28.76
British Columbia	336	20.07	17.92	22.22
Yukon	4	23.64	0	49.2
Northwest Territories	19	54.8	29.38	80.22

*** 95% confidence intervals; Direct standardization (Canada 1991 population). See also Figure 5.1.**
Data Source: Statistics Canada

Table 4.2: Mean Age-Adjusted Suicide Rates (Females)*, Canada and Provinces/Territories, 1989-1992, with Average Number of Suicides per Year

Province	Cases/Year (Average)	Mean Rate	Confidence Intervals	
			Lower	Upper
Canada	752	5.34		
Newfoundland	6	2.14	0.44	3.85
Prince Edward Island	1	1.98	0	5.46
Nova Scotia	17	3.73	1.96	5.5
New Brunswick	13	3.34	1.49	5.2
Quebec	226	6.18	5.38	6.99
Ontario	237	4.49	3.92	5.06
Manitoba	27	4.88	3.01	6.73
Saskatchewan	26	5.53	3.40	7.67
Alberta	97	7.81	6.24	9.38
British Columbia	98	5.80	4.66	6.95
Yukon	1	3.42	0	12.94
Northwest Territories	3	9.17	0	19.86

*** 95% confidence intervals; Direct standardization (Canada 1991 population). See also Figure 5.2.**
Data Source: Statistics Canada

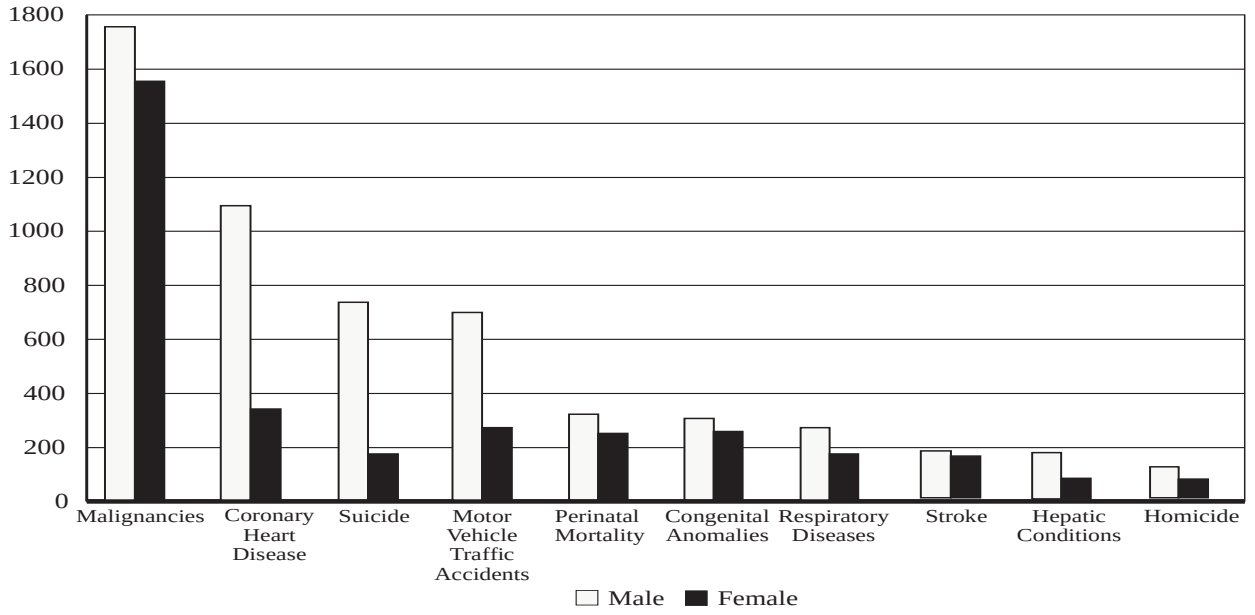
Table 4.3: Mean Age-Adjusted Suicide Rates (Both Sexes)*, Canada and Provinces/Territories, 1989-1992, with Average Number of Suicides per Year

Province	Cases/Year (Average)	Mean Rate	Confidence Intervals	
			Lower	Upper
Canada	3543	12.69		
Newfoundland	45	7.44	5.44	10.04
Prince Edward Island	16	12.57	6.35	18.79
Nova Scotia	105	11.51	9.31	13.71
New Brunswick	87	11.71	9.24	14.18
Quebec	1129	15.77	14.85	16.69
Ontario	1003	9.61	9.01	10.2
Manitoba	139	12.73	10.60	14.85
Saskatchewan	135	14.03	11.65	16.42
Alberta	425	16.95	15.33	18.57
British Columbia	434	12.93	11.71	14.15
Yukon	4	13.98	0	28.31
Northwest Territories	22	32.58	18.46	46.7

*** 95% confidence intervals; Direct standardization (Canada 1991 population). See also Figure 5.3.**
Data Source: Statistics Canada

Figure 1 : Potential Years of Life Lost (to age 75), Canada, 1991

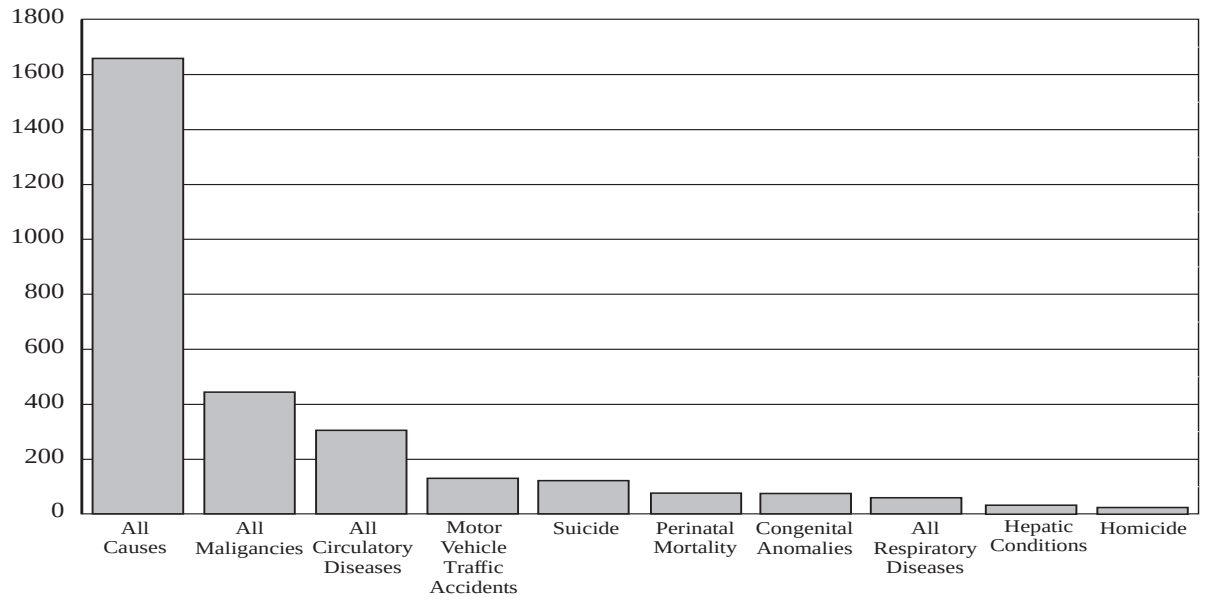
(Rates per 100,000 population)



Data Source: Laboratory Centre for Disease Control,
Bureau of Chronic Disease Epidemiology
Health Canada

Figure 1.1: Potential Years of Life Lost , Male and Female Combined (to age 75), Selected Causes, Canada, 1991

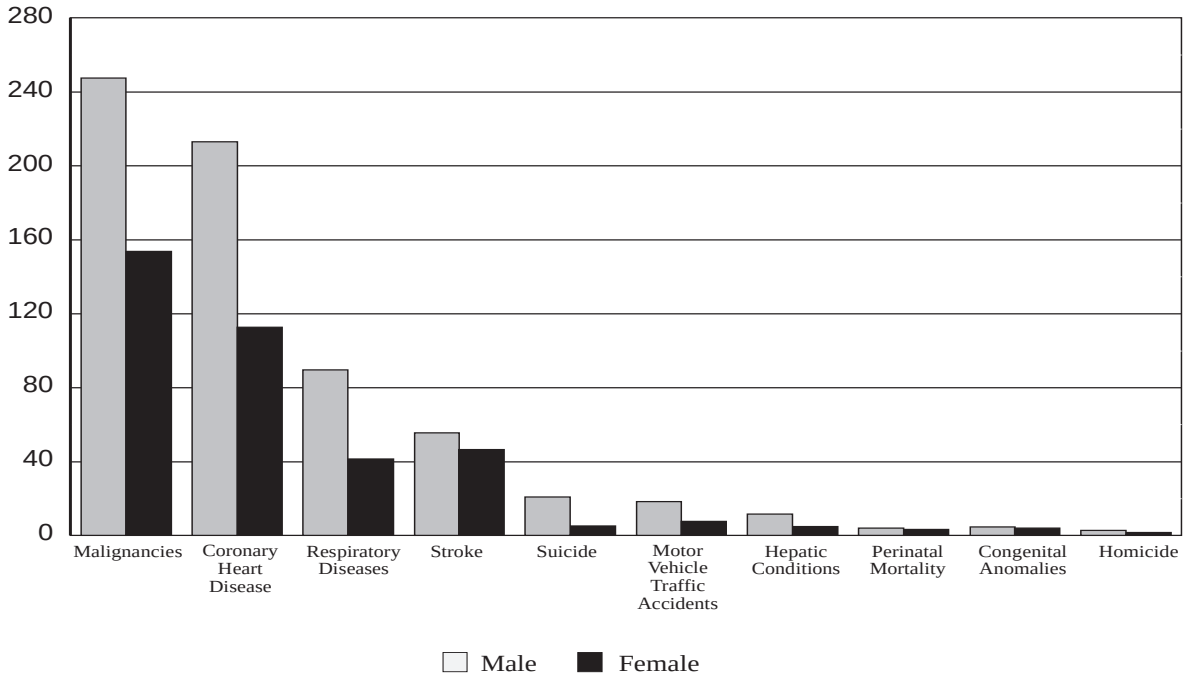
(in thousands of years)



Data Source: Laboratory Centre for Disease Control,
Bureau of Chronic Disease Epidemiology
Health Canada

Figure 2: Rates of Death from Selected Causes, Canada, 1991

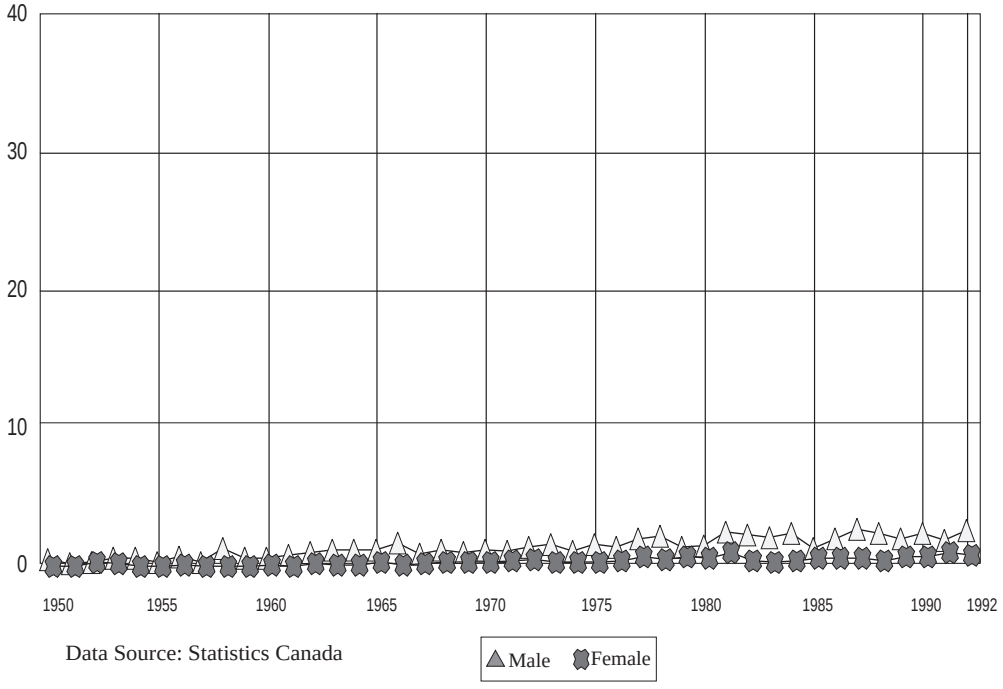
(Rates per 100,000; all ages, age-standarized to Canada 1991 population)



Data Source: Statistics Canada

Figure 3.1: Canada: Sex-Specific Suicide Rates, Age 10-14

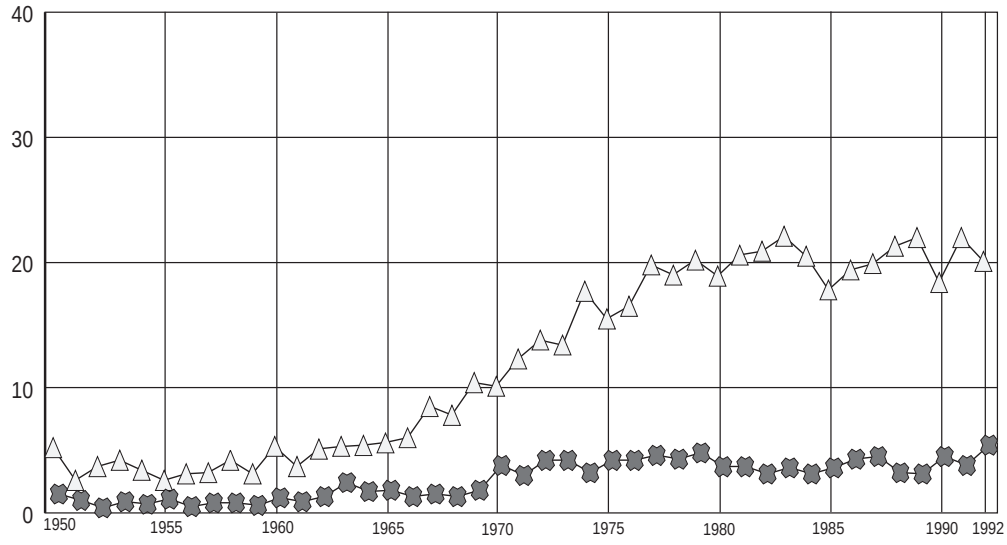
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.2: Canadan: Sex-Specific Suicide Rates, Age 15-19

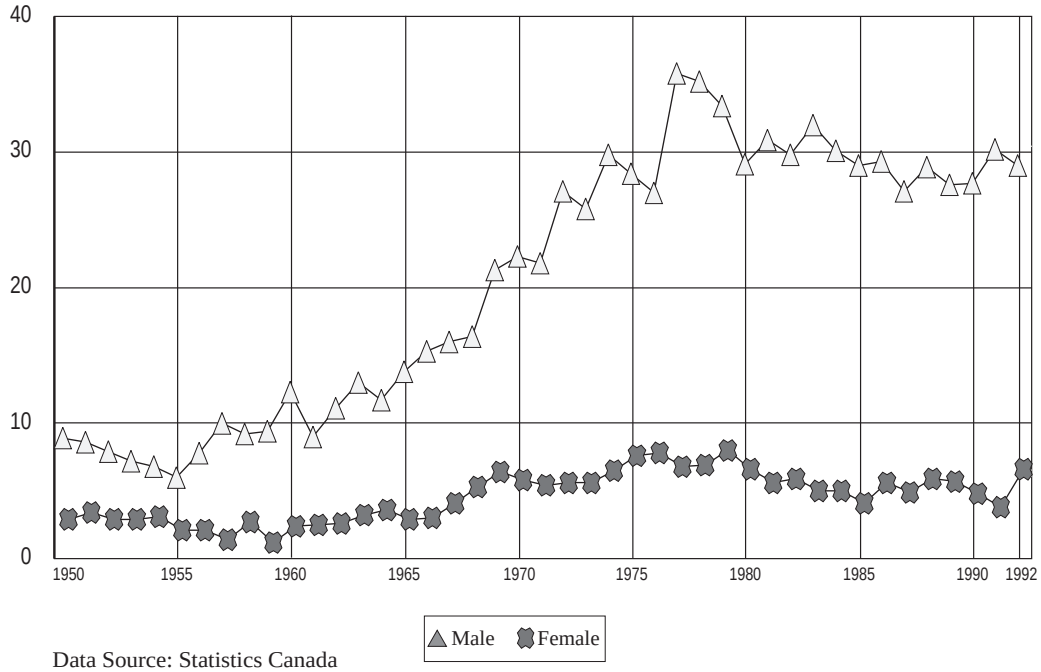
(Per 100,000 Population)



Source: Statistics Canada

Figure 3.3: Canada: Sex-Specific Suicide Rates, Age 20-24

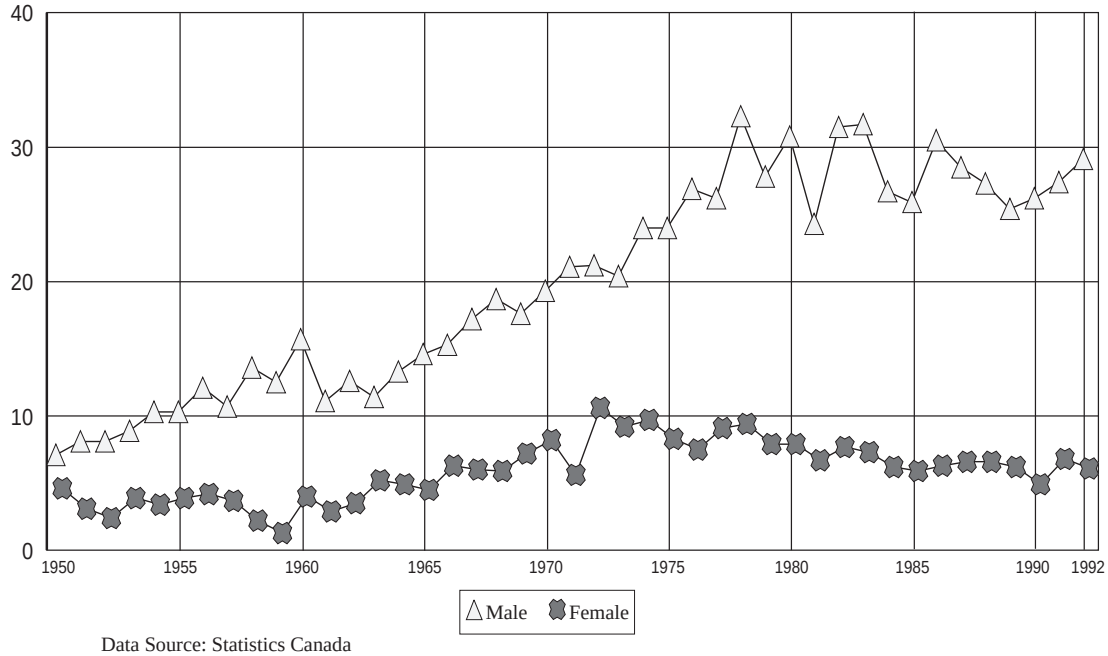
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.4: Canada: Sex-Specific Suicide Rates, Age 25-29

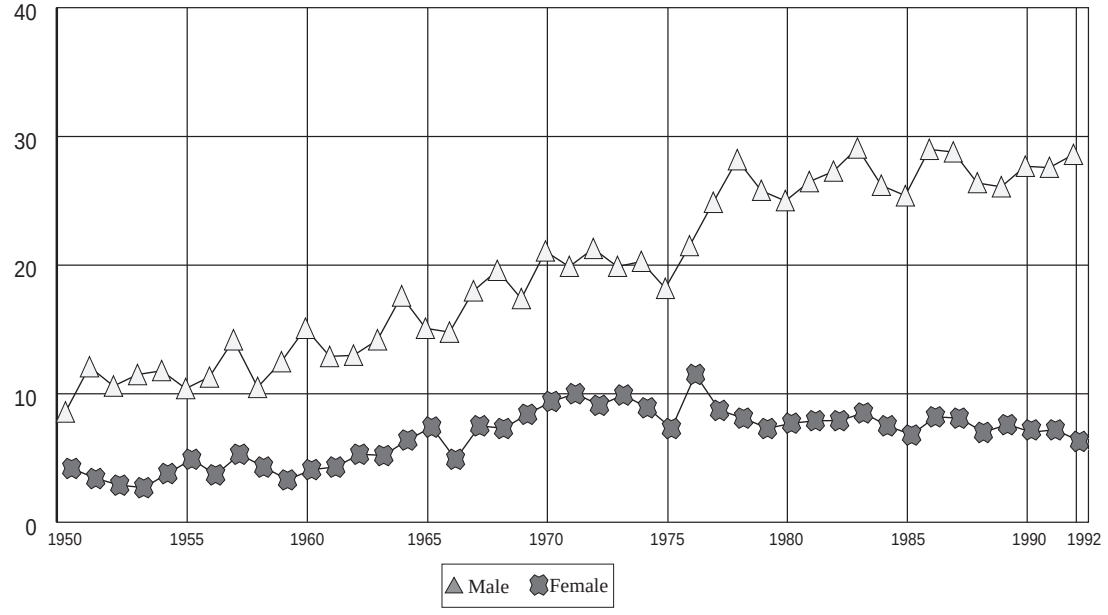
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.5: Canada: Sex-Specific Suicide Rates, Age 30-34

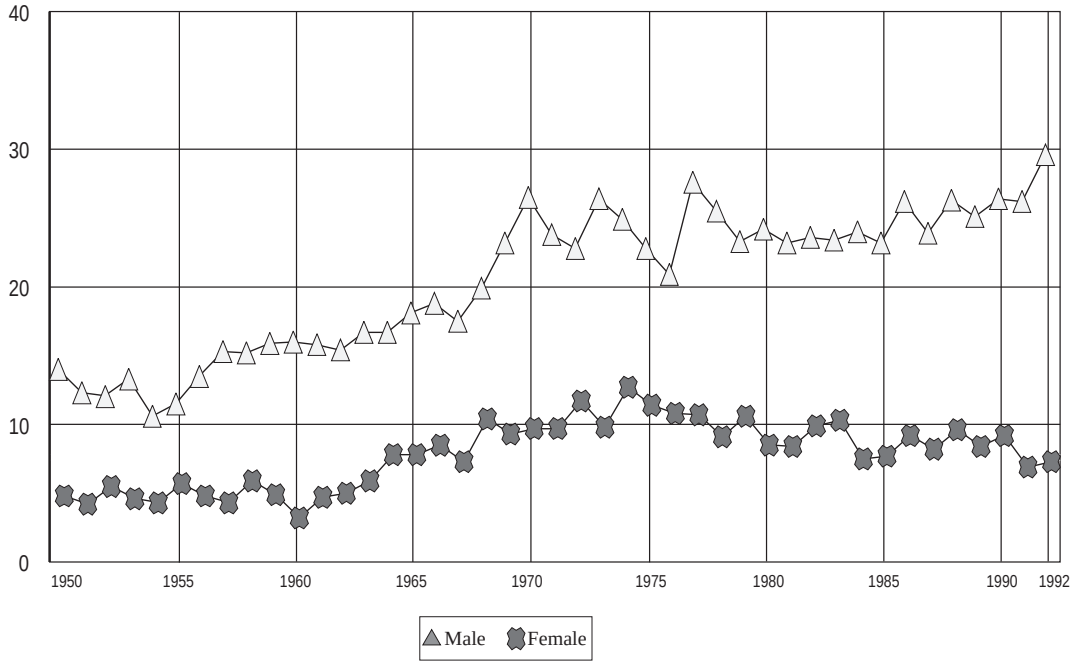
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.6: Canada: Sex-Specific Suicide Rates, Age 35-39

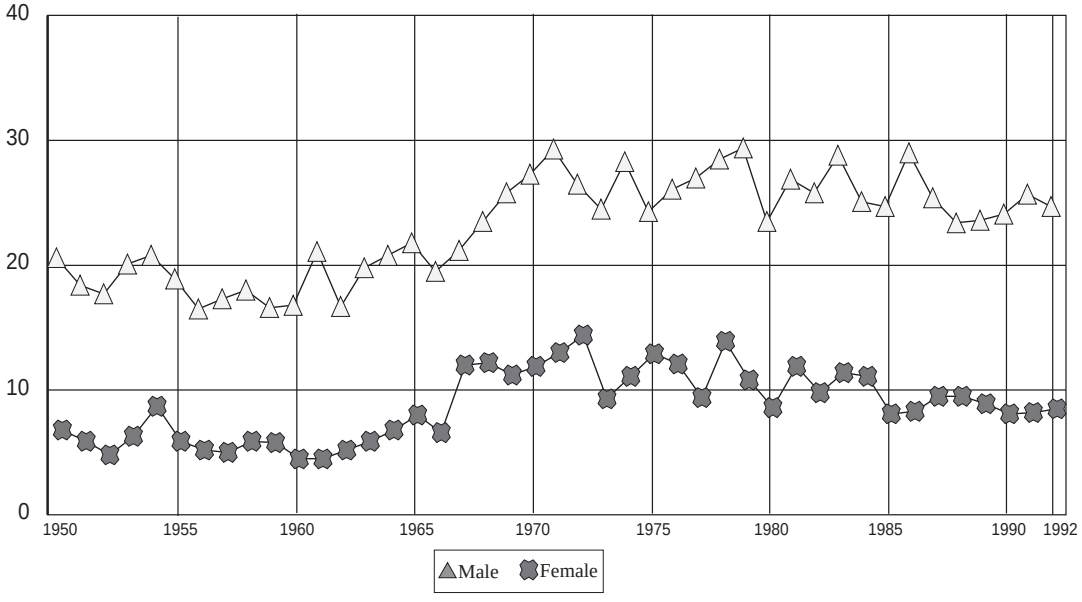
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.7: Canada: Sex-Specific Suicide Rates, Age 40-44

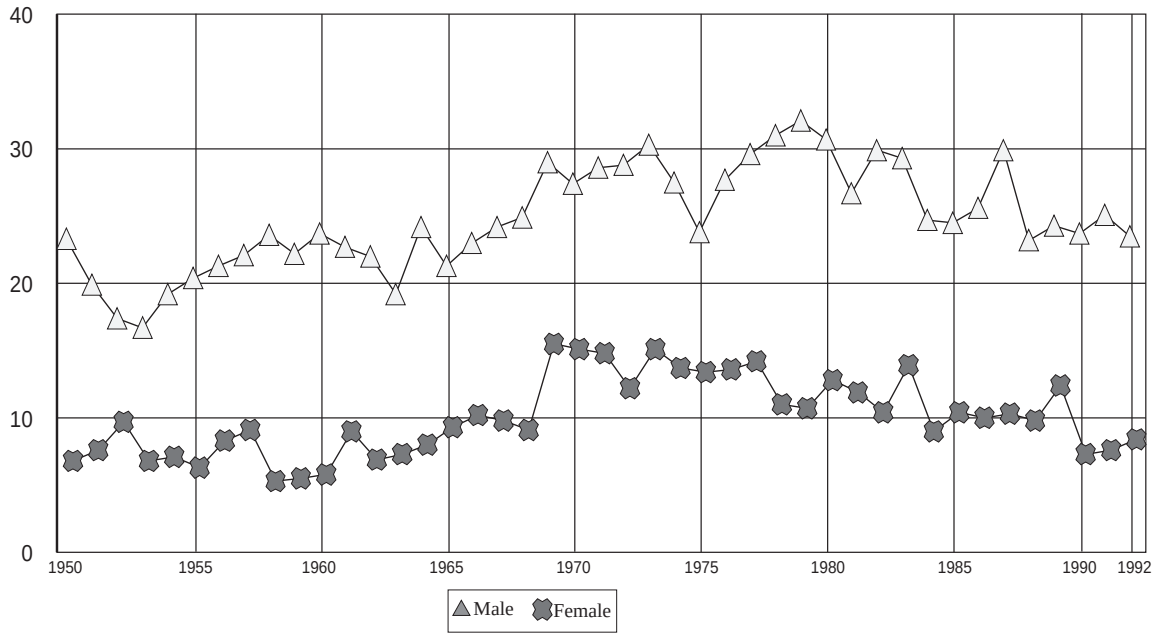
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.8: Canada: Sex-Specific Suicide Rates, Age 45-49

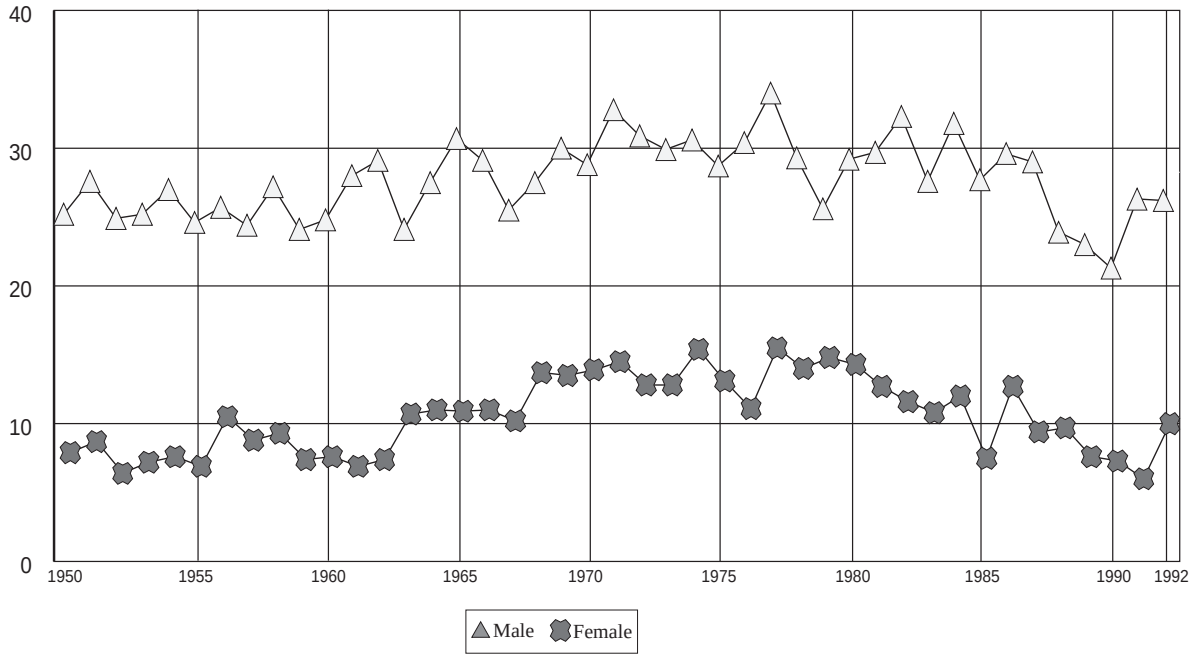
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.9: Canada: Sex-Specific Suicide Rates, Age 50-54

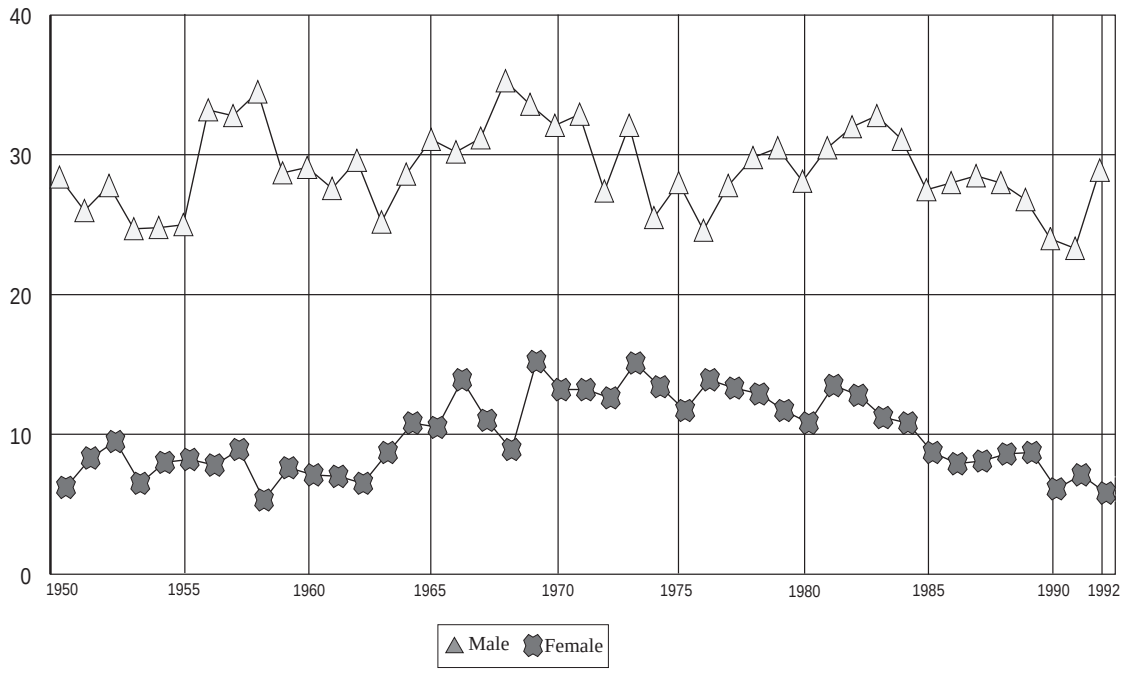
(Per 100,000 Population)



Data Source: Statistics Canada

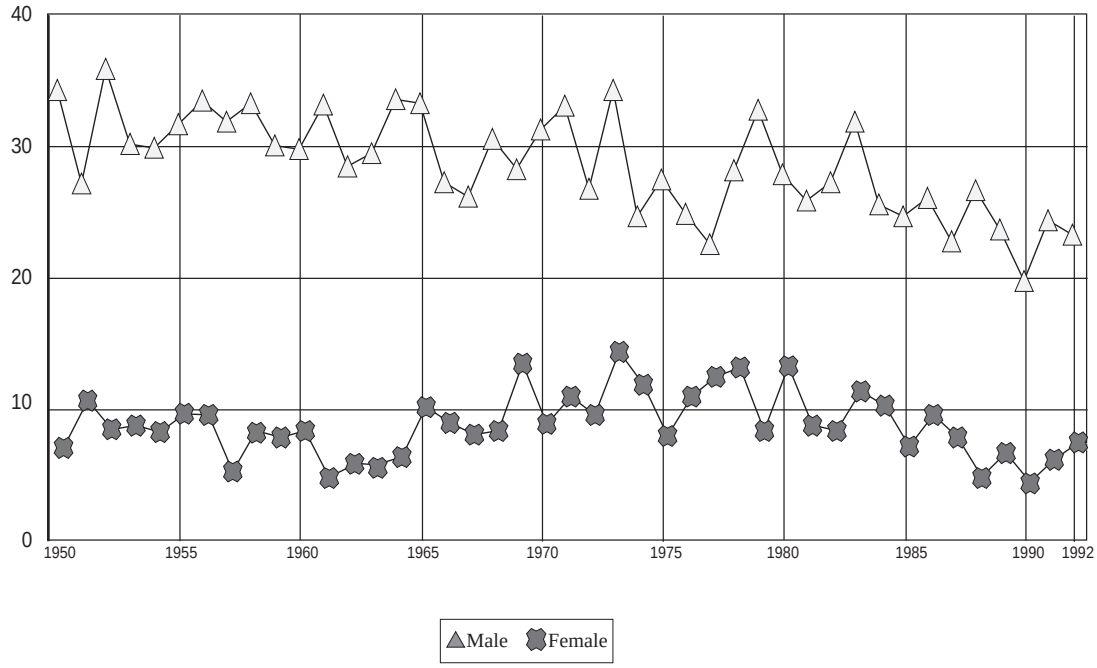
Figure 3.10: Canada: Sex-Specific Suicide Rates, Age 55-59

(Per 100,000 Population)



Data Source: Statistics Canada

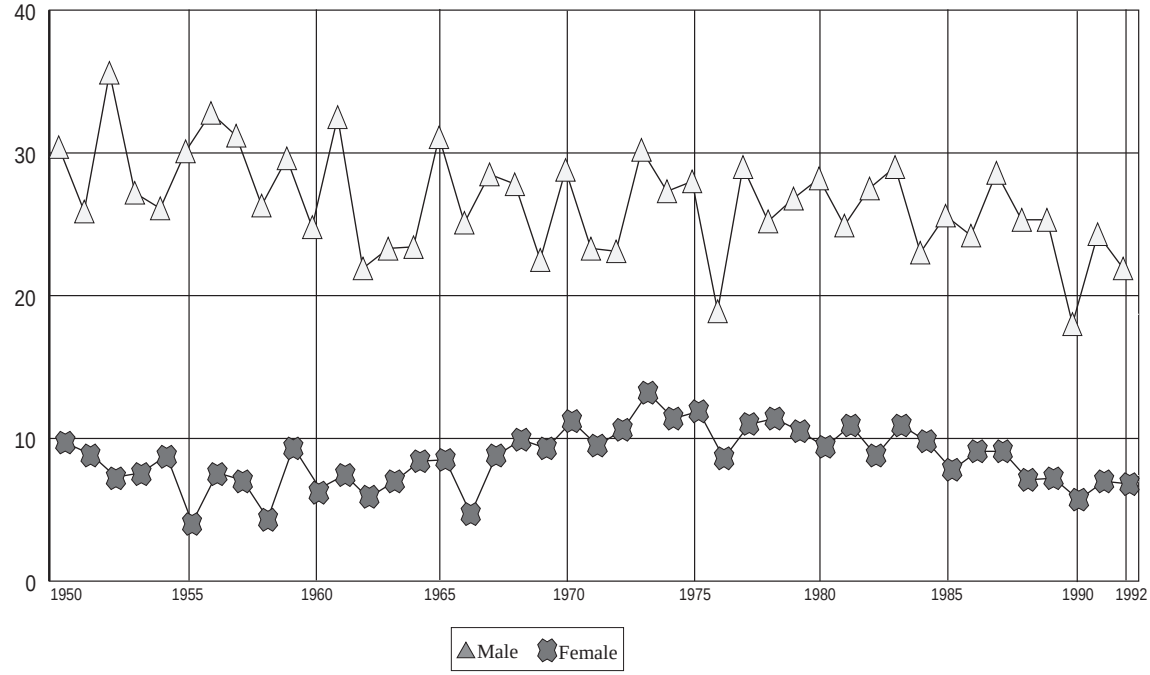
Figure 3.11: Canada: Sex-Specific Suicide Rates, Age 60-64



Data Source: Statistics Canada

Figure 3.12: Canada: Sex-Specific Suicide Rates, Age 65-69

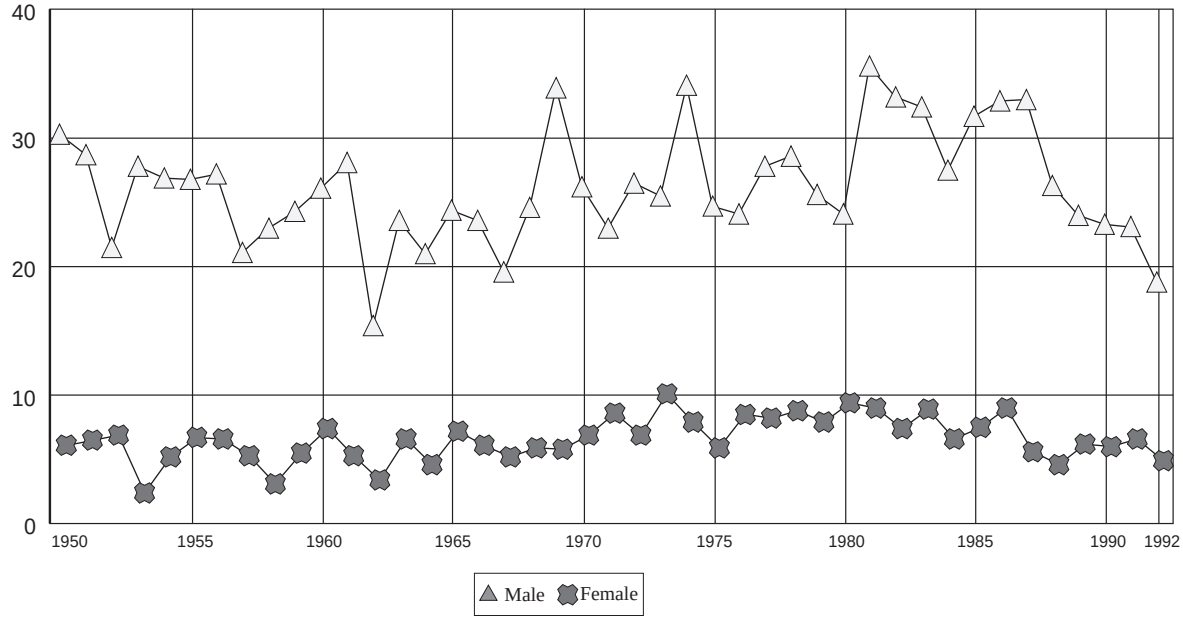
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.13: Canada: Sex-Specific Suicide Rates, Age 70-74

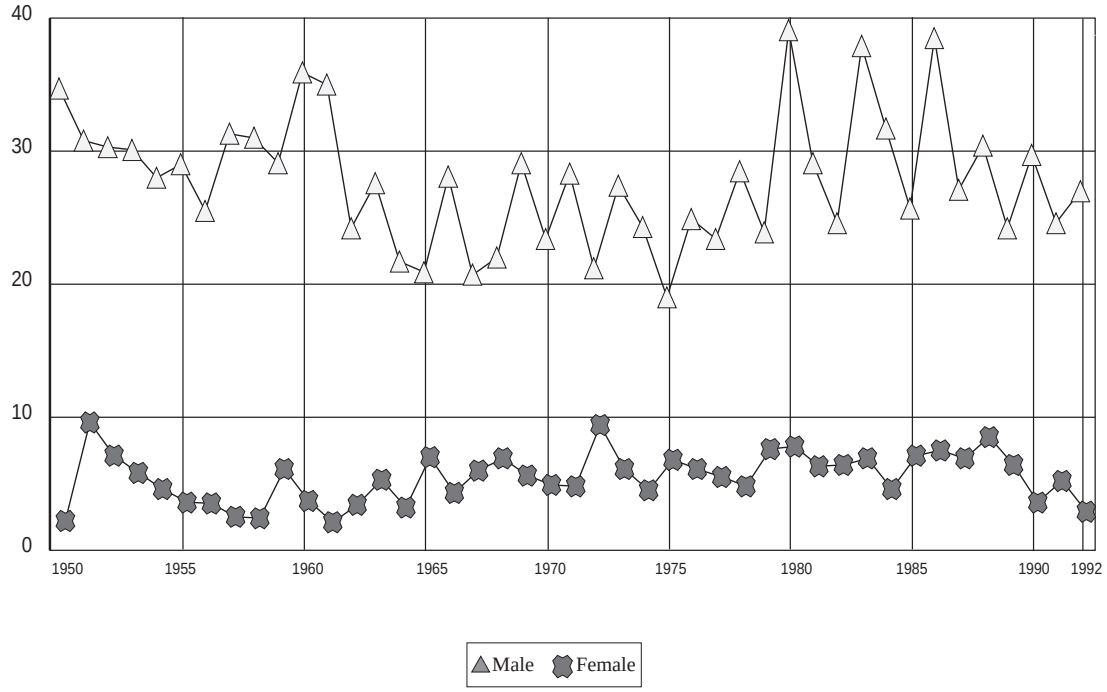
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.14: Canada: Sex-Specific Suicide Rates, Age 75-79

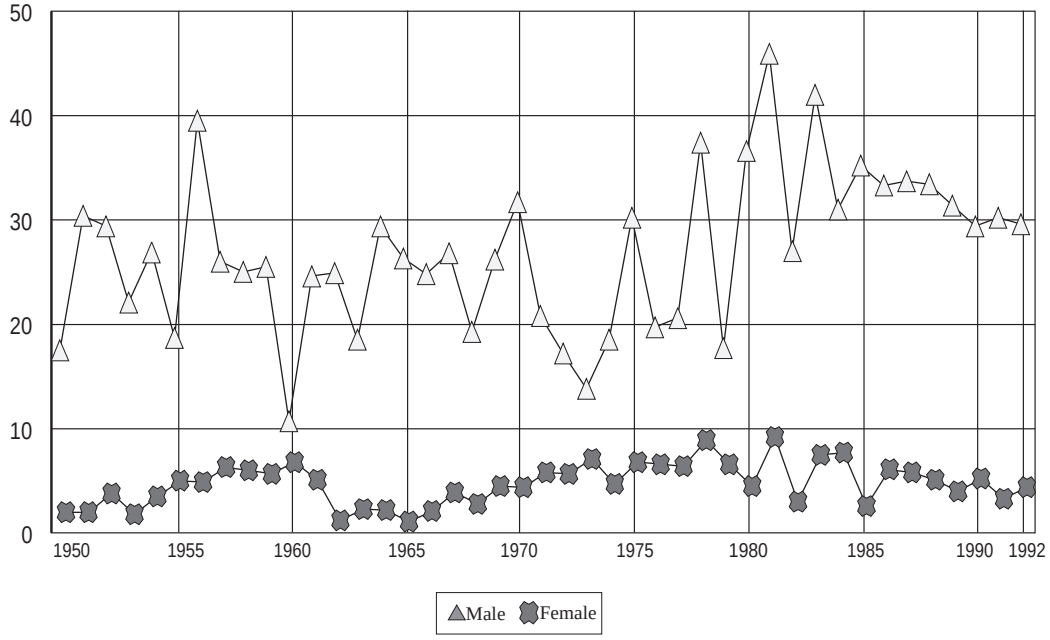
(Per 100,000 Population)



Data Source: Statistics Canada

Figure 3.15: Canada: Sex-Specific Suicide Rates, Age 80-84

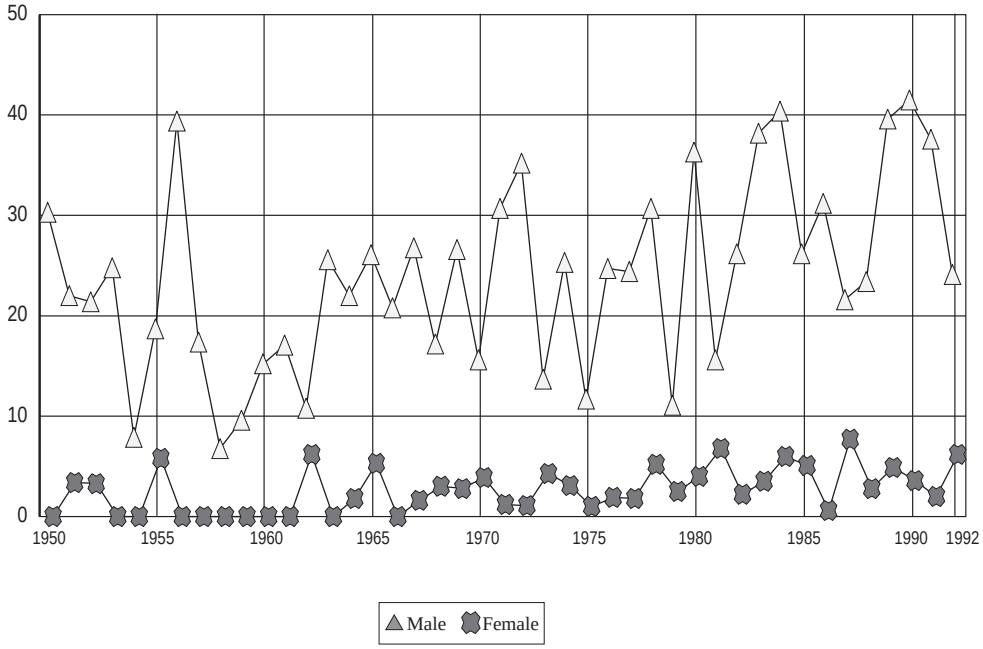
(Per 100,000 Population)



Data Source: Statistics Canada

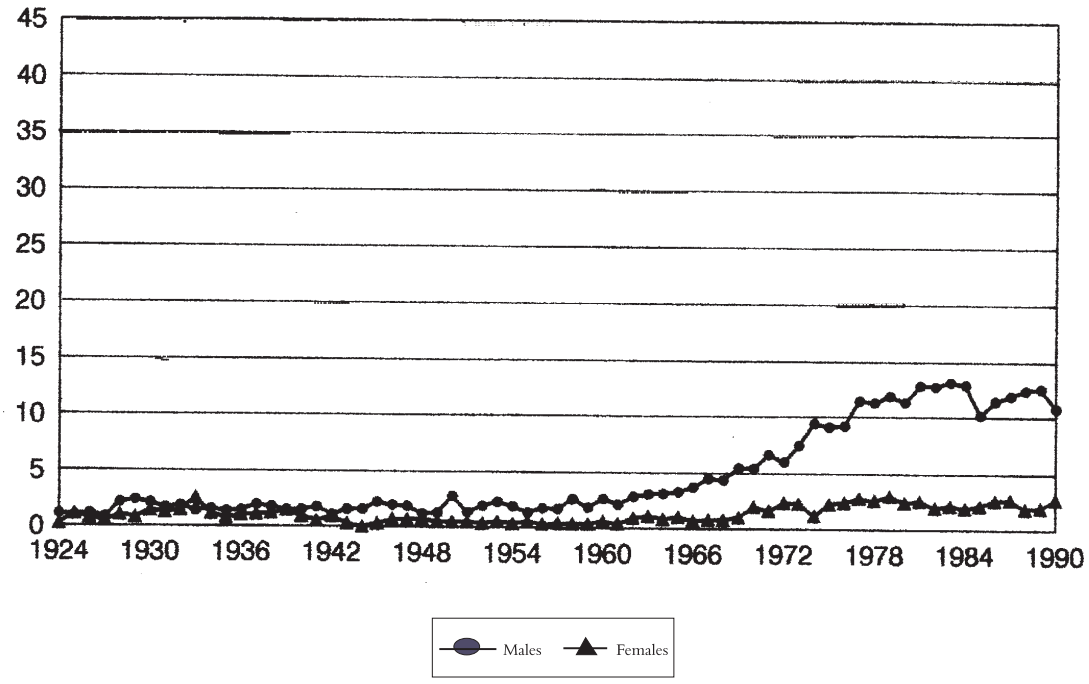
Figure 3.16: Canada: Sex-Specific Suicide Rates, Age 85+

(Per 100,000 Population)



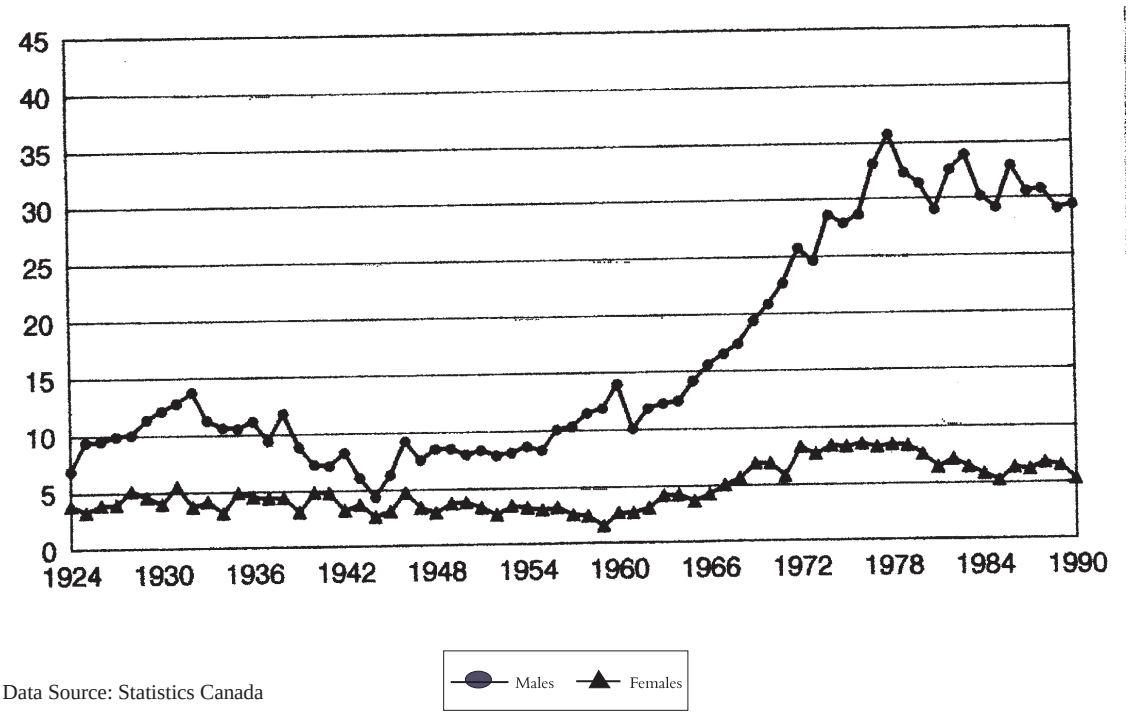
Data Source: Statistics Canada

Figure 4.1: Canada: Sex-Specific Suicide Rates, Age 10-19*



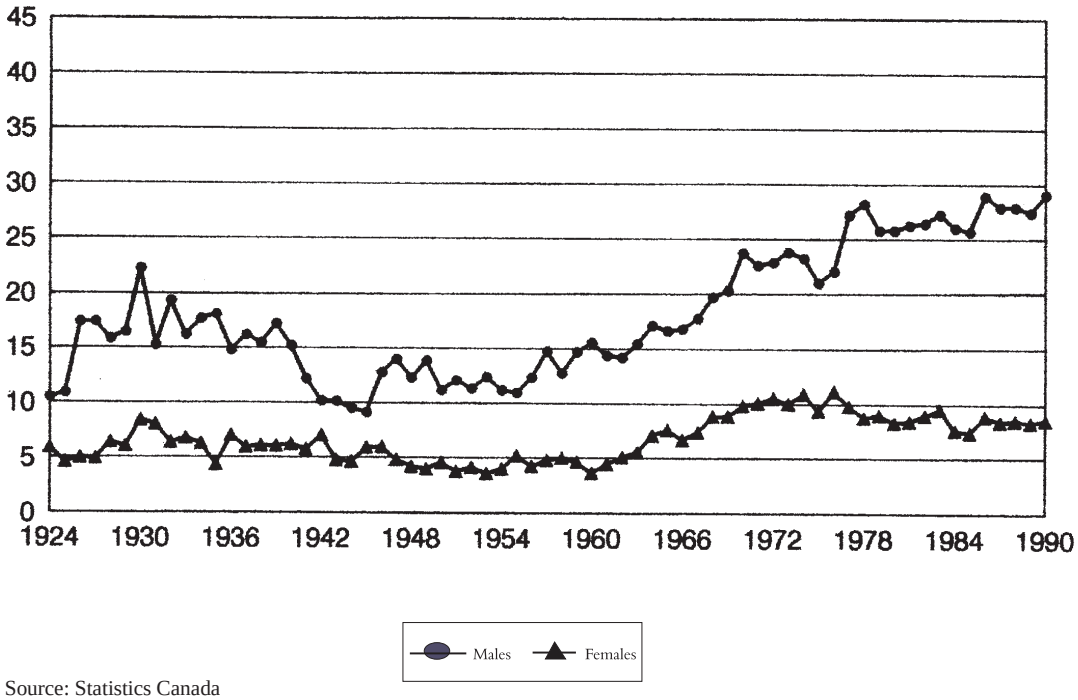
*See footnote p.5

Figure 4.2: Canada: Sex-Specific Suicide Rates, Age 20-29*



Data Source: Statistics Canada

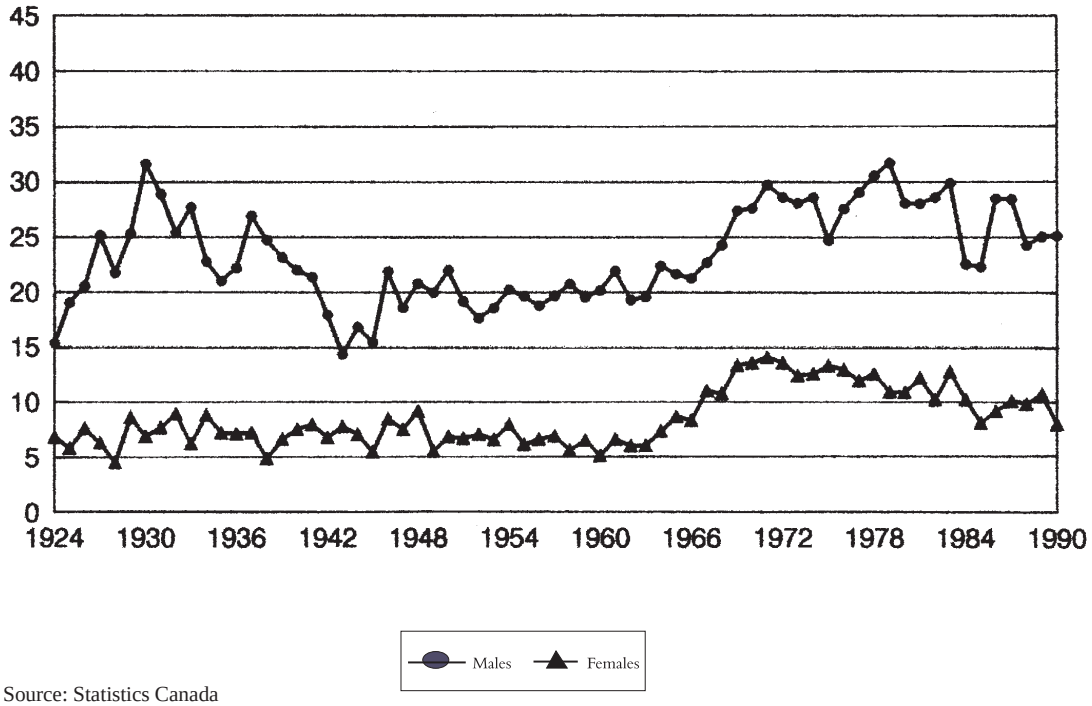
Figure 4.3: Canada: Sex-Specific Suicide Rates, Age 30-39*



Data Source: Statistics Canada

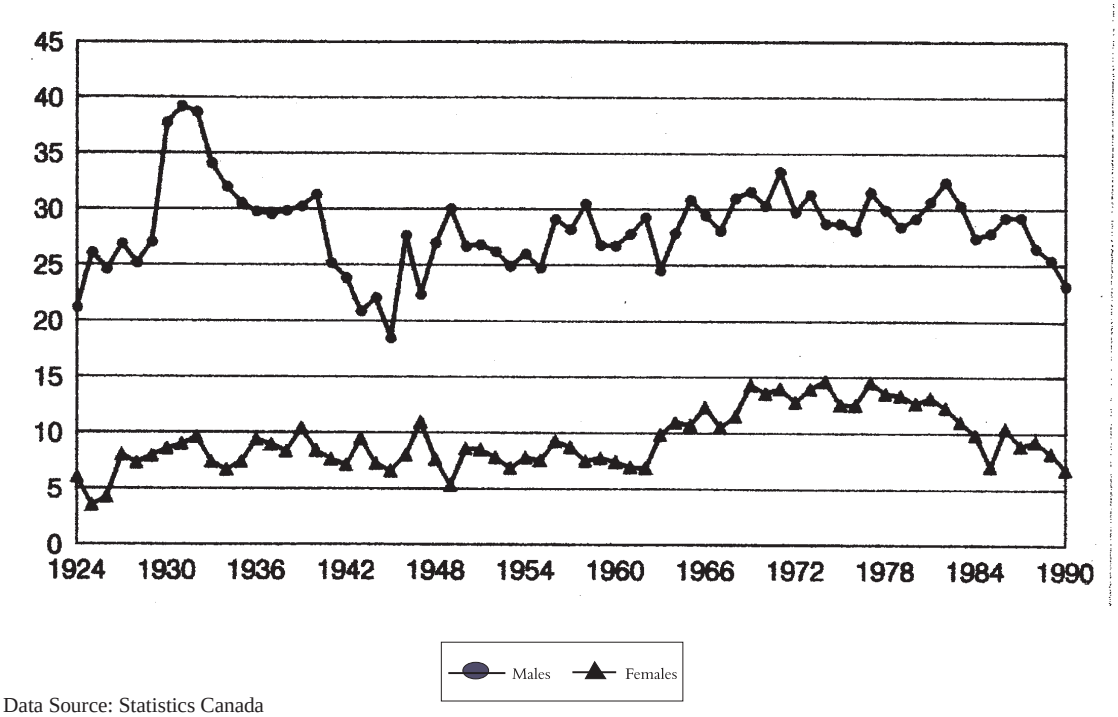
*See footnote p.5

Figure 4.4: Canada: Sex-Specific Suicide Rates, Age 40-49*



Data Source: Statistics Canada

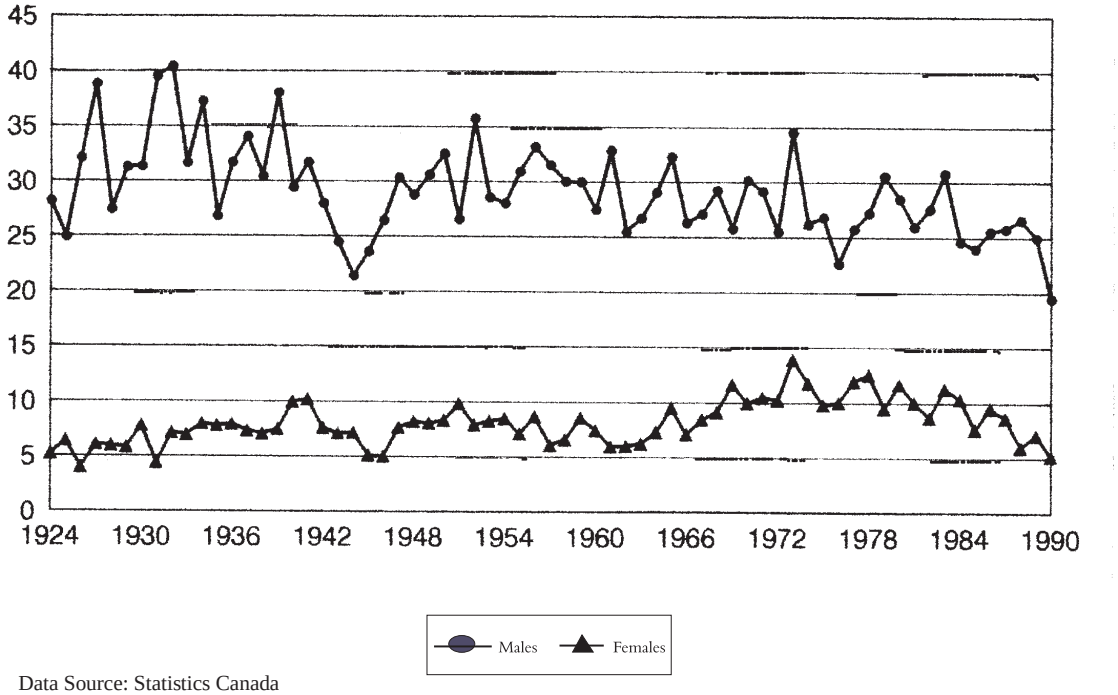
Figure 4.5: Canada: Sex-Specific Suicide Rates, Age 50-59*



Data Source: Statistics Canada

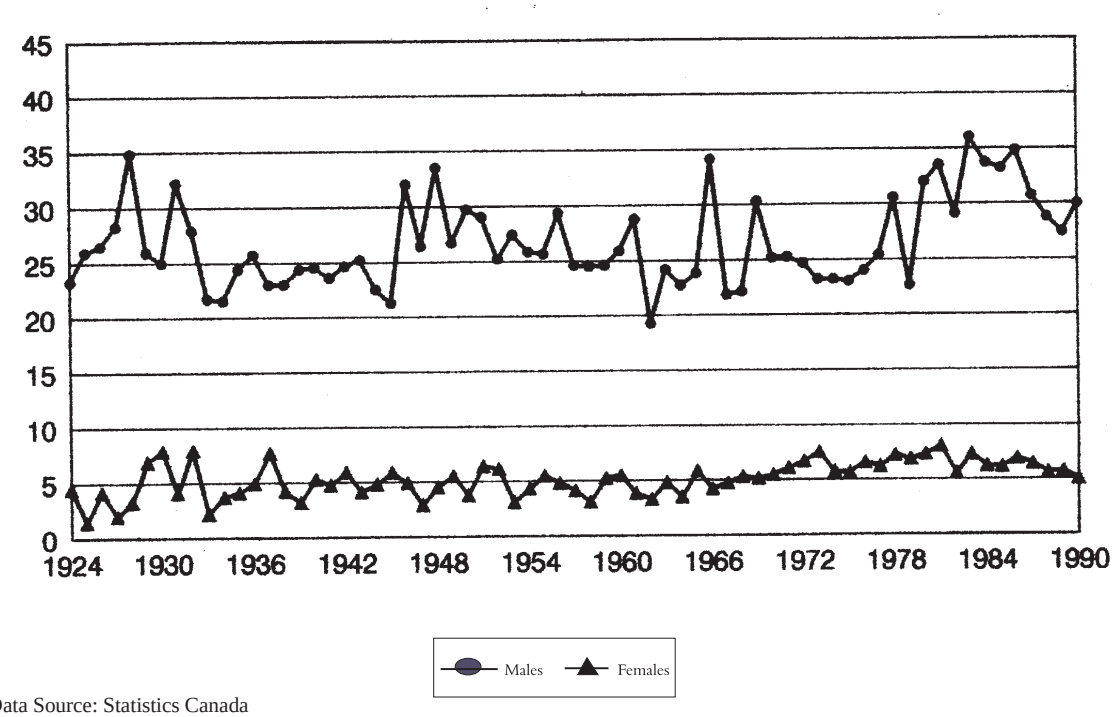
*See footnote p.5

Figure 4.6: Canada: Sex-Specific Suicide Rates, Age 60-69*



Data Source: Statistics Canada

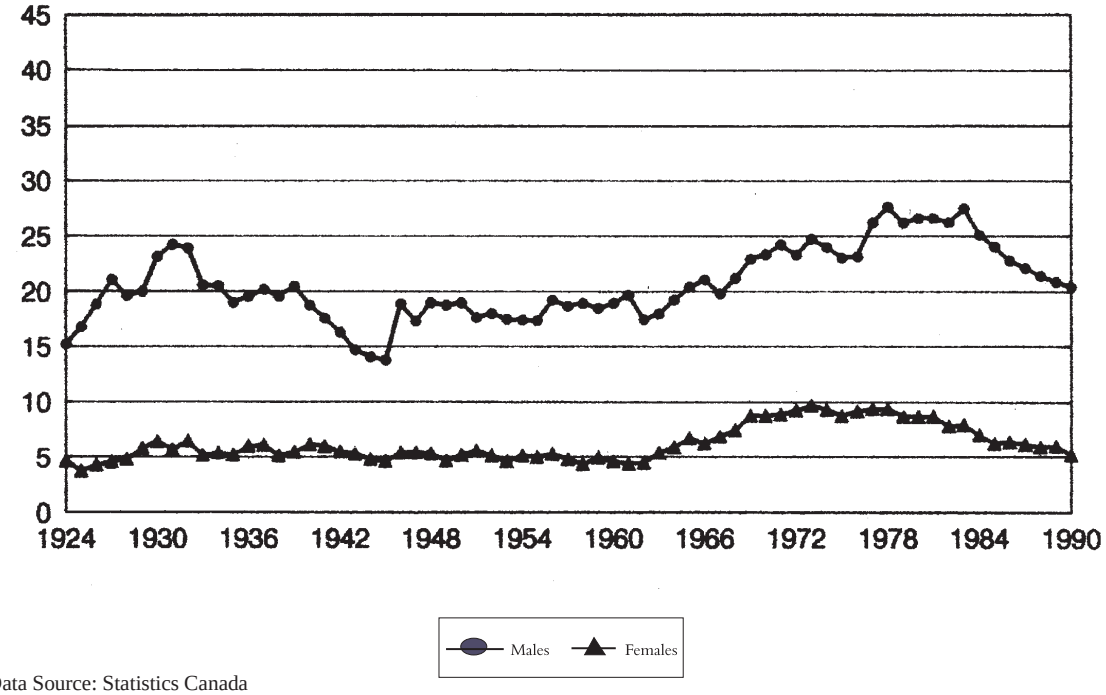
Figure 4.7: Canada: Sex-Specific Suicide Rates, Age 70 +*



Data Source: Statistics Canada

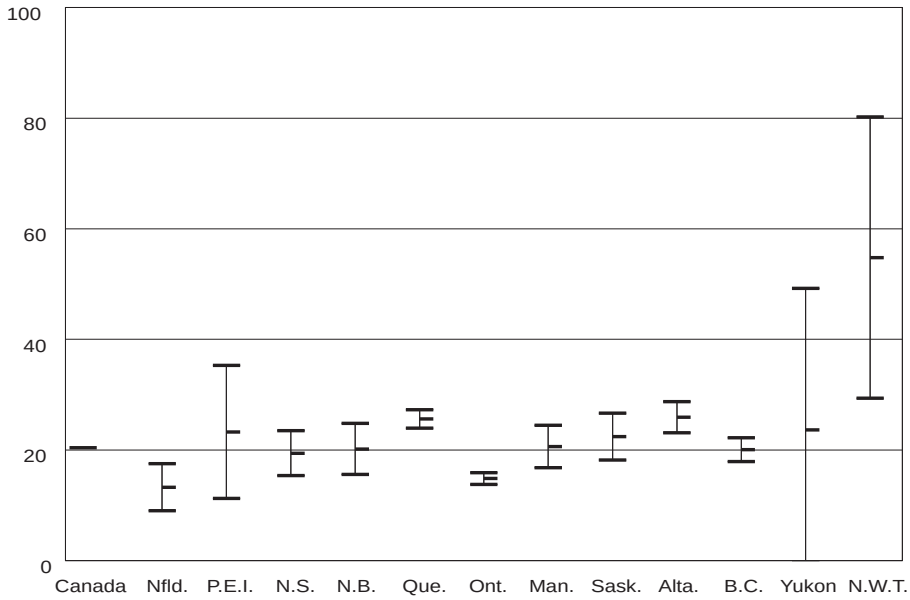
*See footnote p.5

Figure 4.8: Canada: Sex-Specific Suicide Rates, Ages 10 and Older



Data Source: Statistics Canada

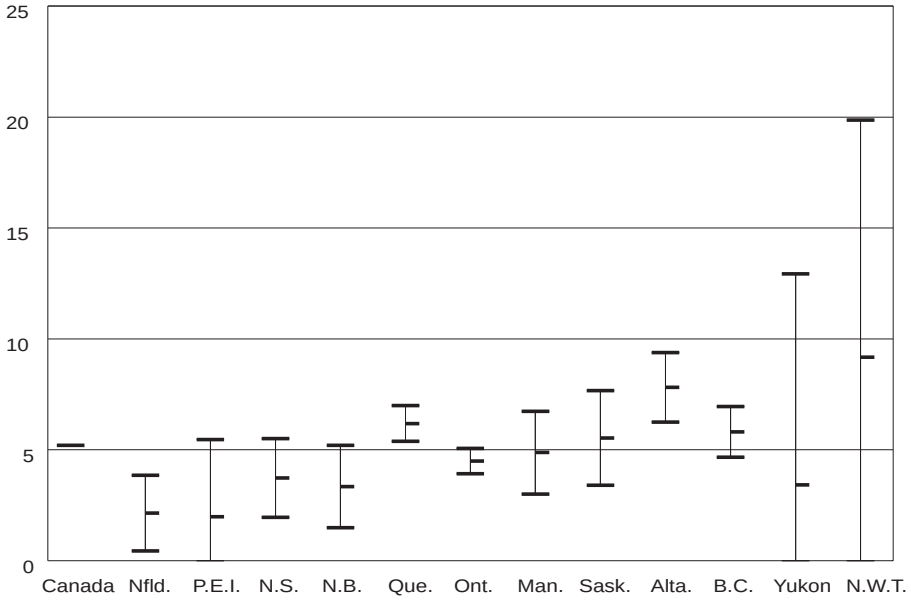
Figure 5.1: Mean Age-Adjusted Suicide Rates (Males)*, Canada and Provinces/Territories, 1989-1992



*** With 95% confidence intervals; direct standardization (Canada 1991 population)**

Data Source: Statistics Canada

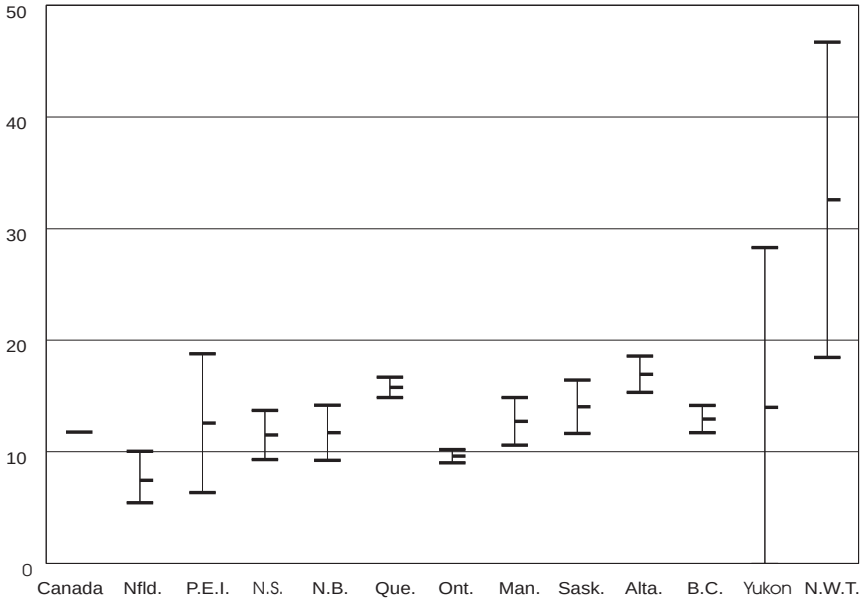
Figure 5.2: Mean Age-Adjusted Suicide Rates (Females)*, Canada and Provinces/Territories, 1989-1992



*** With 95% confidence intervals; direct standardization (Canada 1991 population)**

Data Source: Statistics Canada

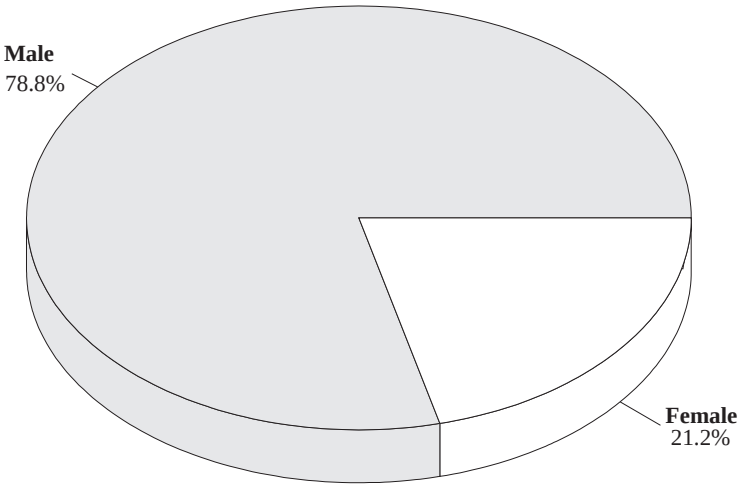
Figure 5.3: Mean Age-Adjusted Suicide Rates (Both Sexes)*, Canada and Provinces/Territories, 1989-1992



*** With 95% confidence intervals; direct standardization (Canada 1991 population)**

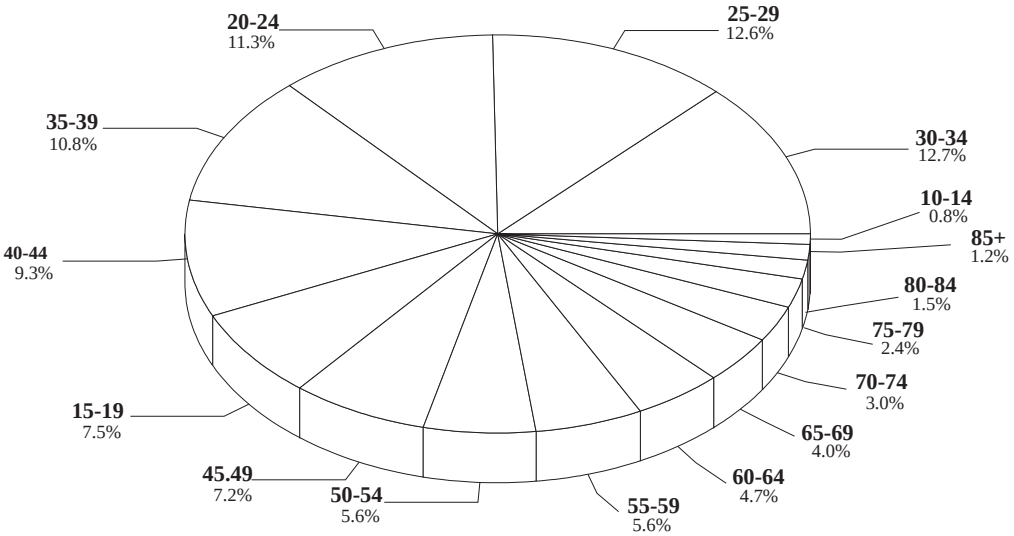
Data Source: Statistics Canada

Figure 6.1: Suicide Deaths, Canada, 1989-1991 (Percentage Breakdown by Sex)



Data Source: Statistics Canada

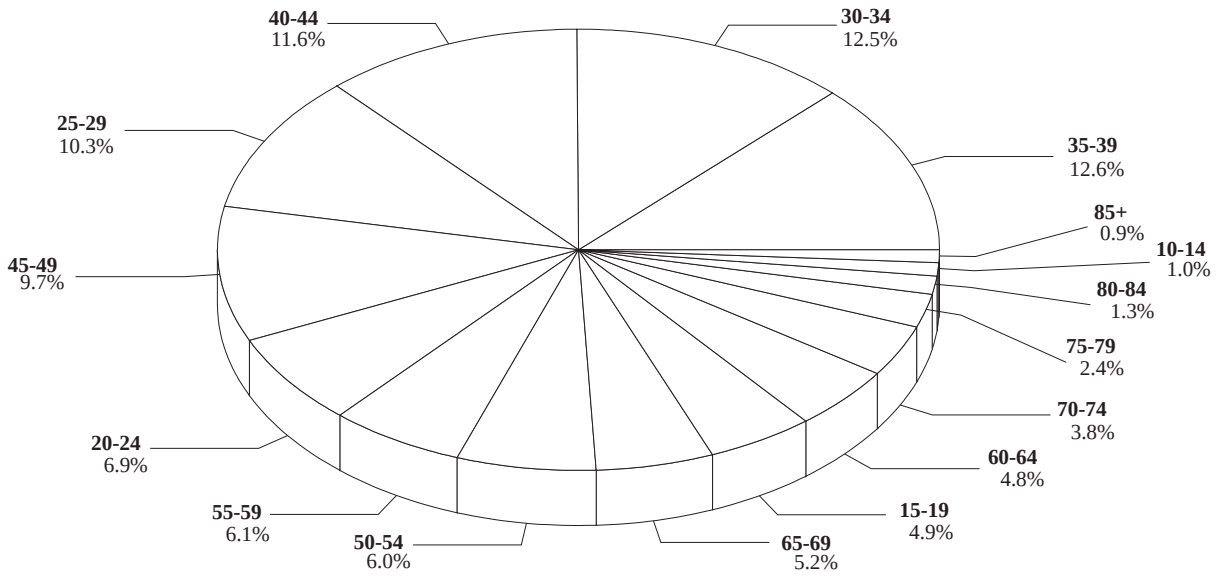
Figure 6.2: Suicide Deaths, Canada, 1989-1991, Male (Percentage Breakdown by Age Group)



Age groups appear in bold type; percentages are rounded to the nearest decimal.

Data Source: Statistics Canada

Figure 6.3: Suicide Deaths, Canada, 1989-1991, Female (Percentage Breakdown by Age Group)

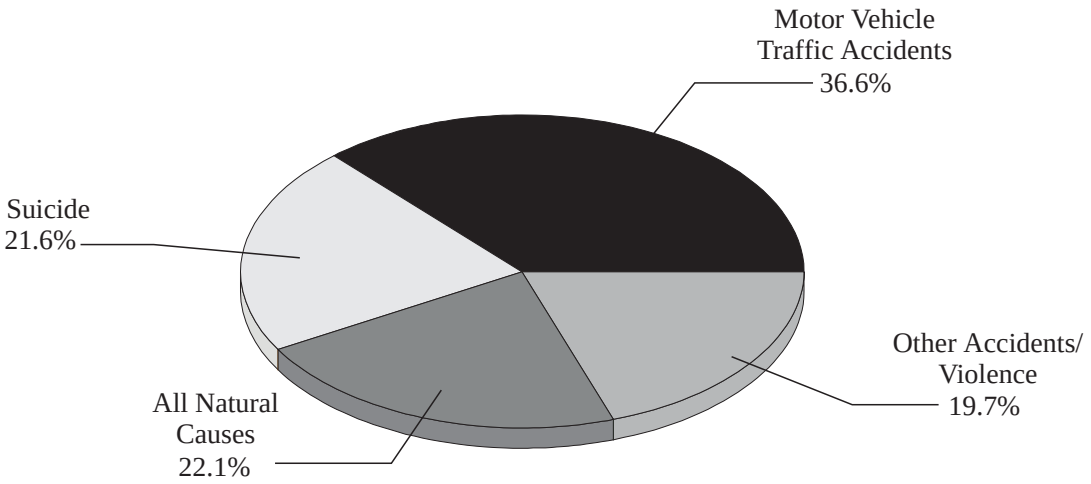


Age groups appear in bold type; percentages are rounded to the nearest decimal

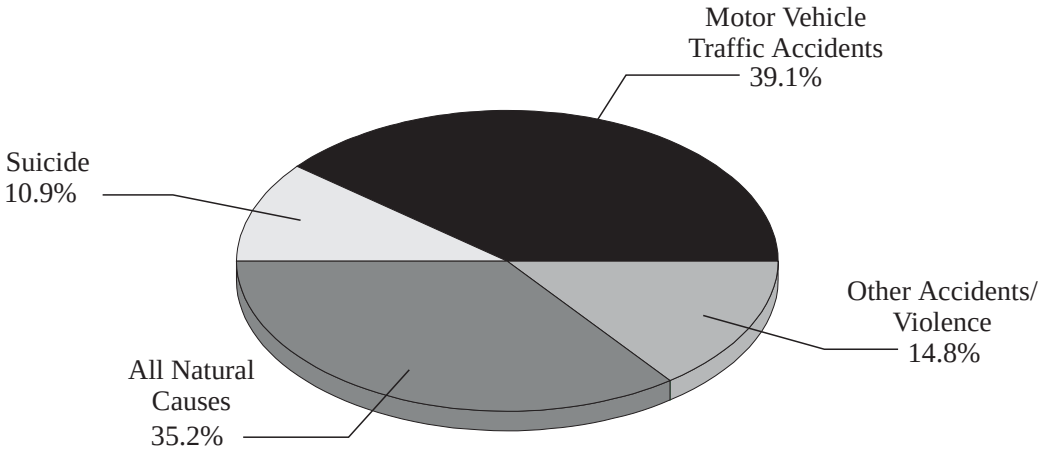
Data Source: Statistics Canada

Figure 7: Major Causes of Mortality in Adolescents, Canada, 1989 - 1991

A. Deaths Among Males Aged 15-19 (Total 2861)



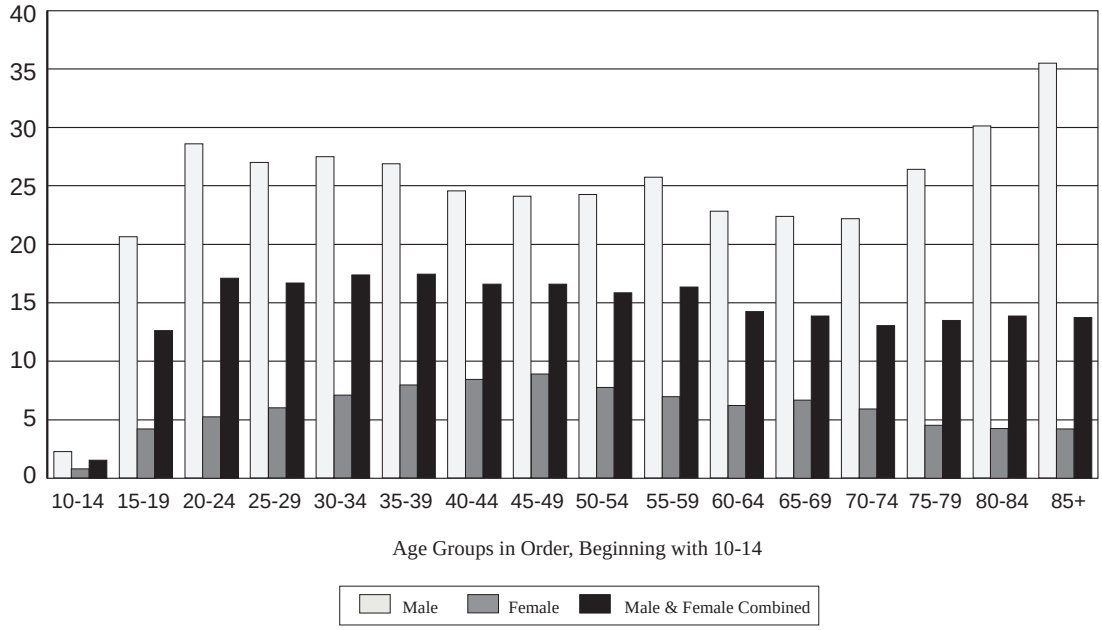
B. Deaths Among Females Aged 15-19 (Total 987)



Data Source: Laboratory Centre for Disease Control,
Bureau of Chronic Disease Epidemiology
Health Canada

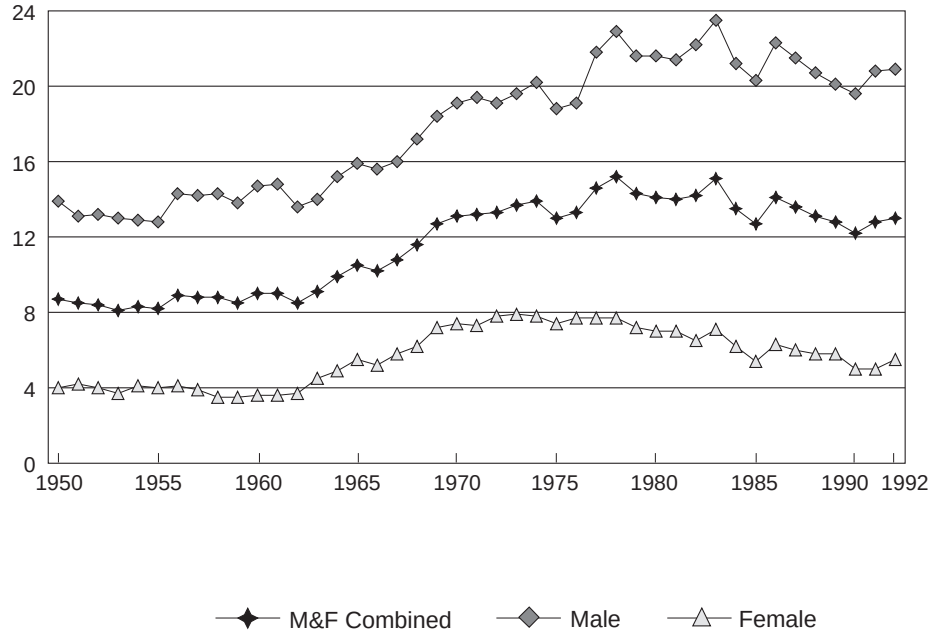
Figure 8: Canada, Suicide Rates by Age Group

(Age-Specific Rates for a Four-Year Period, 1989-1992)



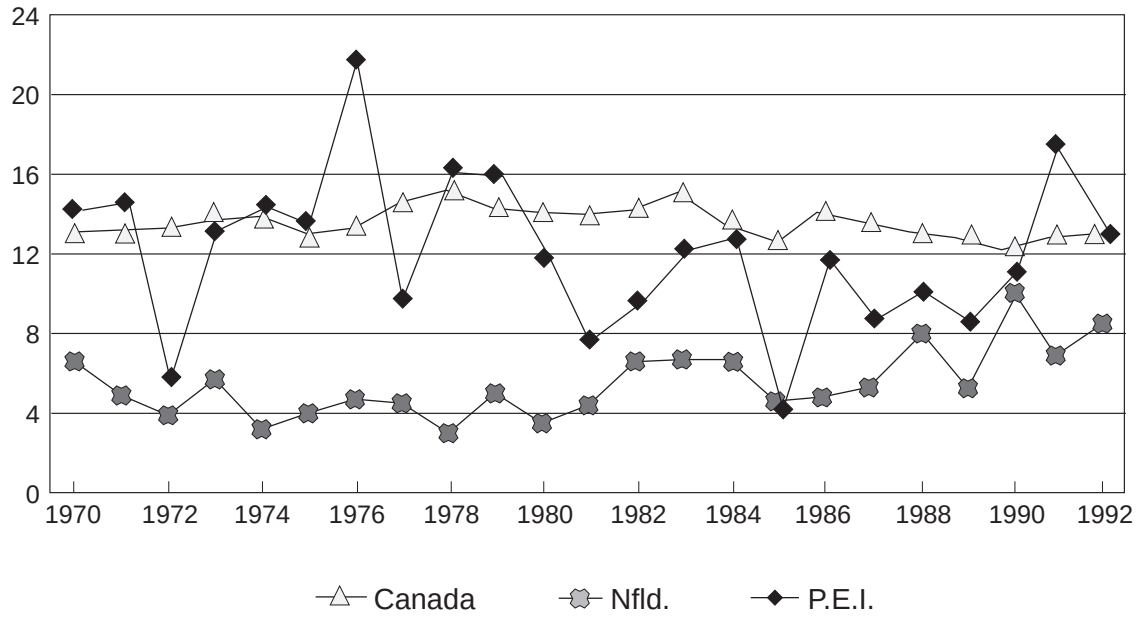
Source: Statistics Canada Data

Figure 9: Age-Standardized Suicide Rates Per 100,000 Population, Canada, 1950-1992 (Standard Population: Canada 1991)



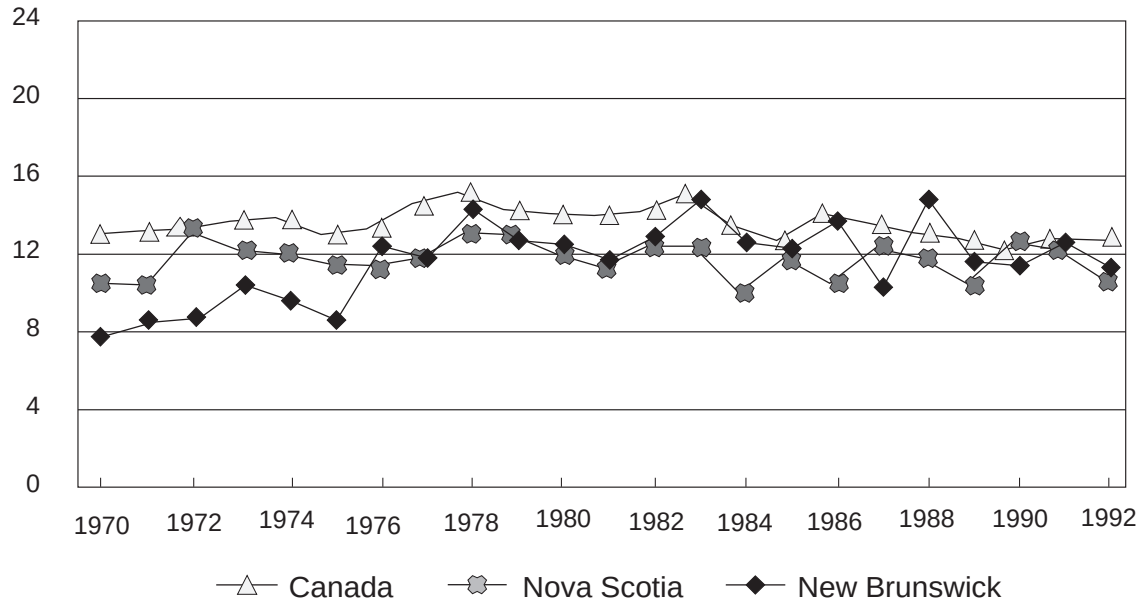
Data source: Statistics Canada

Figure 9.1: Age-Standardized Suicide Rates per 100,000 Population, Canada, Newfoundland, P.E.I., 1970-1992 (Standard Population: Canada 1991)



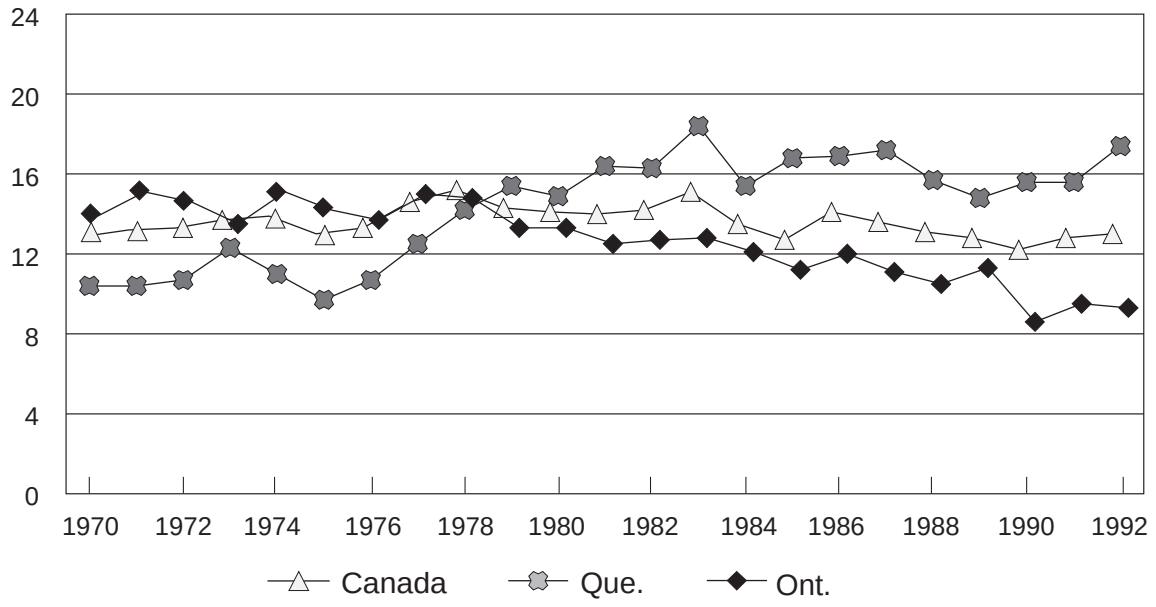
Data source: Statistics Canada

Figure 9.2: Age-Standardized Suicide Rates per 100,000 Population, Canada, Nova Scotia, New Brunswick 1970-1992 (Standard Population: Canada 1991)



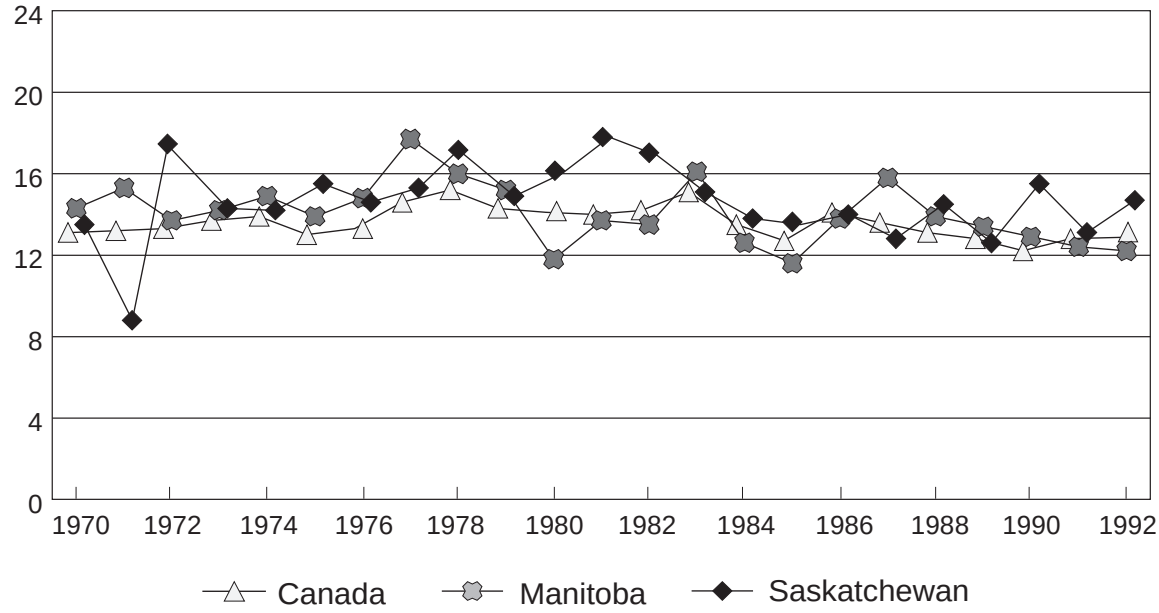
Data source: Statistics Canada

Figure 9.3: Age-Standardized Suicide Rates per 100,000 Population, Canada, Quebec, Ontario 1970-1992 (Standard Population: Canada 1991)



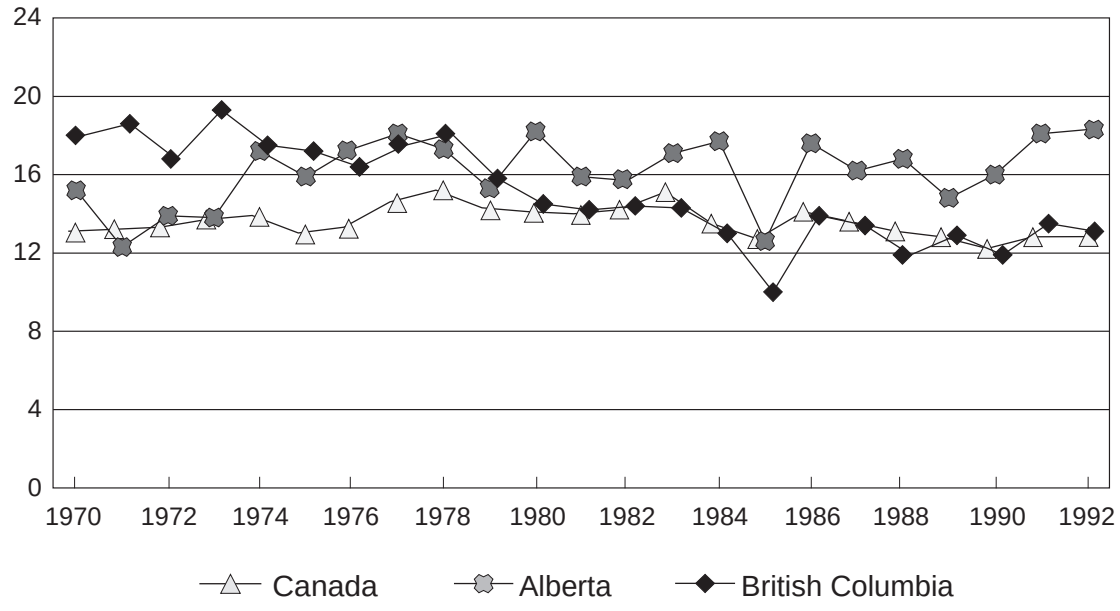
Data source: Statistics Canada

Figure 9.4: Age-Standardized Suicide Rates per 100,000 Population, Canada, Manitoba, Saskatchewan 1970-1992 (Standard Population: Canada 1991)



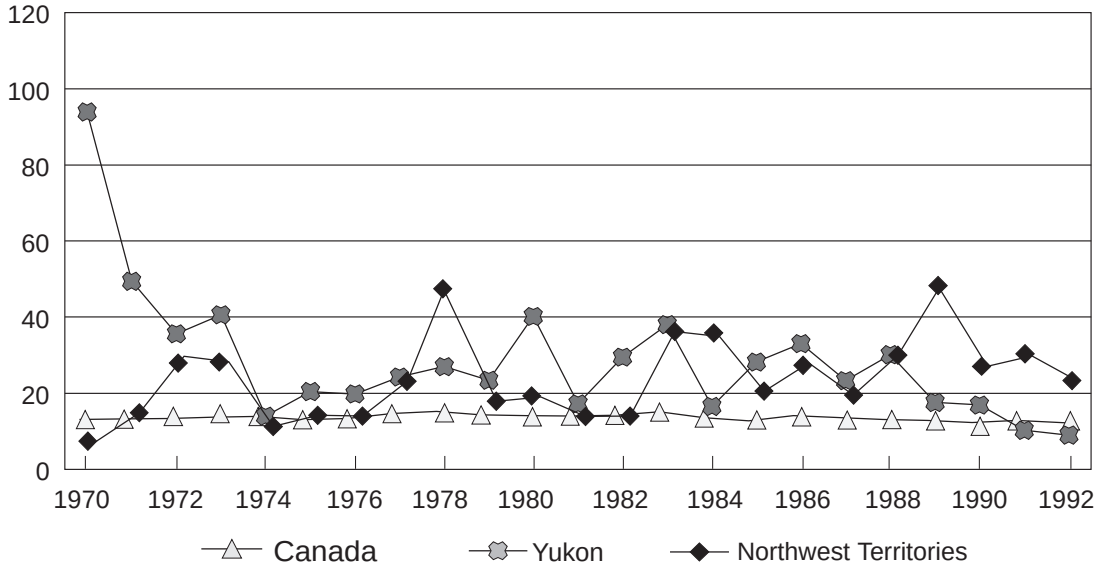
Data source: Statistics Canada

Figure 9.5: Age-Standardized Suicide Rates per 100,000 Population, Canada, Alberta, British Columbia 1970-1992 (Standard Population: Canada 1991)



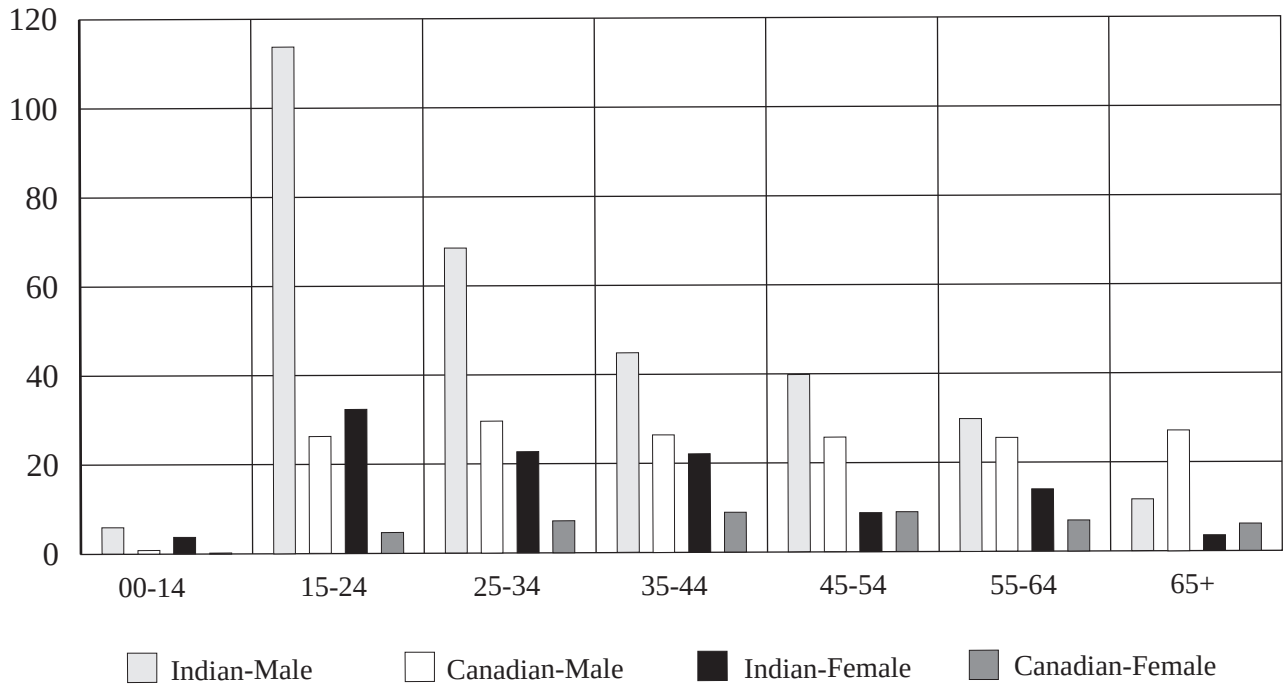
Data source: Statistics Canada

Figure 9.6: Age-Standardized Suicide Rates per 100,000 Population, Canada, Yukon, Northwest Territories 1970-1992 (Standard Population: Canada 1991)



Data source: Statistics Canada

Figure 10: Suicide Rates per 100,000 for the period 1987-1991 Canadian and Registered Indian (by sex and age group)



Note: Coverage and data collection methods vary across regions.

Data source: Vital Statistics & Indian Health Data, March 16, 1994 (Medical Services Branch, Health Canada)
Data for Canadian population: Statistics Canada

III PREVENTION, INTERVENTION AND POSTVENTION: DESIGNING A RESPONSE TO THE PROBLEM

A broad model of crisis intervention has been adopted in this report. This model supports the involvement of mental health professionals practising independently, multidisciplinary community mental health teams, suicide prevention and crisis intervention centres, self-help services and peer support programs. It also emphasizes the use of community gatekeepers (those who first encounter clients and make referrals for them) in suicide prevention work. The original report of the Task Force on Suicide in Canada divided the model into three program response categories: prevention, intervention and postvention (Shneidman, 1970).

Suicide *prevention* includes any self-injury prevention or health promotion strategy generally or specifically aimed at reducing the incidence and prevalence of suicidal behaviours (i.e. reducing risk). Section A, "Prevention," in this chapter, addresses the need to ameliorate societal conditions, improve levels of general suicide prevention education and reduce the availability and lethality of means of suicide.

Suicide *intervention* includes early recognition and assessment of risk, immediate response, resource referrals, and follow-up management and treatment of individuals at risk of suicide. In this report, the section on intervention addresses the education and training of health care professionals and other community gatekeepers, and discusses the spectrum of intervention services.

Postvention refers to the general care and support or special treatment needed by survivors of a suicide. Suicide postvention was originally aimed at helping immediate family member survivors. Now, however, postvention addresses a wider range of bereaved individuals, including professional caregivers, emergency personnel and target groups such as schools or communities, which have recently been affected by one or more suicides. In addition, *postvention* is sometimes considered to include the collection of "psychological autopsy" information for the purpose of reconstructing the social and psychological circumstances associated with the suicide.

A. Prevention

Despite the development of a considerable number and variety of preventive programs and activities in many countries over the last few decades, research to date has provided very little clear evidence of the effectiveness of these activities in reducing suicide rates. The failure to demonstrate effectiveness can be attributed in part to:

- the lack of adequate databases concerning suicidal behaviours and their correlates;
- the scarcity and methodological limitations of program evaluation studies in this area; and
- the inherent difficulty of measuring the impact of preventive measures aimed at any phenomenon whose roots are so complex.

Prevention has been hampered by a lack of knowledge or consensus regarding the natural history and causation of suicide, the contributing factors most amenable to preventive efforts, and the most appropriate target population(s).[11] A great deal of conceptual work and data base development remains to be done in order to place preventive efforts on a more solid foundation (Shaffer & Bacon, 1989; Felner & Silverman, 1989). However, there are promising areas for current and future preventive work, under the general headings of improving societal conditions, public education, and reducing the availability and lethality of the means for suicide.

1. Improving Societal Conditions

A variety of negative societal conditions (e.g. social disorganization, "anomie", poverty, unemployment, marginalization) have been implicated as possible contributors to the suicide rate (see Chapter II, Epidemiology; see also Kirmayer, 1994). Such conditions may exert an influence in many ways, e.g. by increasing general levels of stress, by undermining individual and collective resources for coping with adversity, by weakening networks of interpersonal support, or by interfering with help-seeking behaviour or the delivery of services. A comprehensive approach to prevention should include advocacy for improving societal conditions.

The federal discussion paper *Mental Health for Canadians: Striking a Balance* (Health and Welfare Canada, 1988, p. 15) identifies numerous population groups whose members experience taxing demands and stresses in their daily lives. These groups include people with mental disorders, learning disabilities or chronic diseases; victims of physical or sexual abuse; socially or geographically isolated groups; and those who are vulnerable because of poor social, economic or educational status.

The present report reiterates the need to have preventive programs do more than help individuals find positive ways to adapt to environmental demands. More support is needed for comprehensive programs to prevent the development of destructive patterns of thought and behaviour that have their roots in social injustice, disorganization or isolation, or in the loss of familiar values and roles.

2. Public Education

(i) Improving Coping and Life Skills

Many school programs are giving increasing attention to health and life-adjustment curricula that help young people develop the interpersonal and problem-solving skills to deal with depression, anxiety and various developmental tasks (see for example Thibault, 1992). Some programs are generic to all students; some are directed to young people who are potentially at high risk. Although most screening programs are still in the developmental stages, and their ability to sensitively detect a potential suicide is limited, a number of promising developments are under way (Centers for Disease Control, 1992). Peer support programs, suitable for school or non-school settings, are being

11 For example, existing approaches to identifying populations "at risk" are so non-specific that the potential target population is inevitably extremely large, with a very small proportion of people who are truly at risk of suicide. (Comstock, 1989, p. 68; Shaffer & Bacon, 1989, pp. 34-35; Rissmiller, Steer, Ranieri et al., 1994, pp. 782-783). This not only leads to high costs but seriously hampers the measurement of impact.

recommended to foster peer relationships, competency development and coping skills in young people with identified problems. These programs contribute to students' improvements in academic performance, school attendance and self-esteem. Although the connection to suicide prevention has not been established, peer support programs have demonstrated success in reducing other high-risk behaviours (Dryfoos, 1990).

(ii) Improved Media Relations

It is well known that the media exercise a powerful influence on public attitudes, beliefs and behaviours. Suicide research on the influence of the media has not refuted the theory that publicly reported suicides can become a compelling imitative model for later suicides (Phillips, 1979; Pell and Watters, 1982; Phillips, 1985). A Canadian study of a one-year "epidemic" of subway suicides found a close relationship between the increased use of this method of suicide and the prominent media coverage given these deaths (Littman, 1983). Recent studies also show that publicized celebrity and non-celebrity suicides are associated with increases in the U. S. national suicide rate (Stack, 1990). In addition, several studies have reported increases in adolescent suicides associated with television news and fictional stories, attributing such increases to an imitation effect (Phillips and Carstensen, 1986; Gould and Shaffer, 1986). Although efforts to replicate these findings have not succeeded (Phillips and Paight, 1987; Berman, 1988), Berman did find evidence of an imitation effect specific to the method used in one television film. A review by Platt (1989) does not support the case for a strong imitative impact in all media-covered events; however, an imitative impact in some age-related and method-specific associations has been demonstrated.

In recent years there has been extensive media coverage of issues related to rational suicide, physician-assisted suicide or euthanasia in cases of terminal illness. Public interest in these important issues has been fuelled by the attention given to assisted suicide and euthanasia practices in the Netherlands (deWachter, 1992), the polydrug overdose device of Dr. Jack Kevorkian of Michigan, Derek Humphry's "how-to" handbook *Final Exit*, the euthanasia ballots held in several U.S. states, and the Sue Rodriguez Supreme Court case (Rodriguez vs. British Columbia, 1993). Media attention has also been given to different private members' bills submitted to the House of Commons, designed to protect doctors who agree to withhold medical treatment for terminally ill patients, or to legalize assisted suicide in certain circumstances.

Research has not yet shown whether or how media coverage of such issues might contribute to increases in suicidal behaviours, and in which populations. Nor is it clear whether highly publicized legal recognition of a right to physician-assisted suicide would disinhibit suicidal behaviours in persons who are not terminally ill. In

* Polydrug overdose device.

determining the risk of imitation or contagion effects, the way the media report these issues may be as important as the content of what is reported. Hoberman (1988), while concluding that a change in the law would have little impact on the rate of completed suicide in young people, noted that media coverage of the debate might in itself contribute to a contagion effect.

Media coverage may also play a role in the contagion effect thought to occur in cluster suicides. Guidelines are available from the U.S. Centers for Disease Control to assist community leaders, including the media, in developing a community response plan aimed at preventing clusters from happening or identifying and managing potentially evolving clusters (Centers for Disease Control, 1988). The Canadian Association for Suicide Prevention (1994A) has published a media resource book (available in English and French) outlining guidelines for media reporting on suicide and including suggested material for reducing media contagion effects.

(iii) Public Education Programs

Public education programs generally provide facts about the nature and frequency of suicide, information on suicide warning signs, and guidelines on how to get help for oneself or others. These programs may also provide information on stress management and coping skills.

The Calgary-based, computerized Suicide Information and Education Centre (SIEC) has been set up as one part of a provincially developed, comprehensive model of suicide prevention. Originally set up to serve Albertans, the database is now one of the world's most extensive resource libraries on suicide. It provides bibliographic database searches and print and audiovisual materials to individuals and organizations around the world (Sutherland, 1991).

Many crisis and suicide prevention centres are active in primary prevention, by providing community education programs, working to reduce the availability and lethality of means, and encouraging the development of school programs. The centres also work with various gatekeepers, professionals and volunteer agencies. Most centres provide help on telephone crisis lines for third-party callers, people who are not themselves suicidal but are concerned about a friend or relative who may be at risk of suicide. Other centres are involved in a wide range of services aimed at promoting greater understanding of suicide in the community.

General education programs are aimed at reducing the stigma associated with seeking treatment and social support for depressive and suicidal crises. Special attention should be given to the stereotype held by many men that seeking help in times of stress is an admission of weakness. A positive approach to the problem would be further reinforced by the identification and acceptance of non-specific suicidal ideation during times of stress. One example of a public education approach is the type of education program targeted to specific high-risk groups, such as older men during the year following the death of a spouse. An example of a joint-venture

prototype for public education is the Youth Suicide Awareness Program, published by the Canadian Mental Health Association (Alberta Division) and Wood Gundy, Inc., in 1990 and revised in 1992 and 1994.

3. Reducing the Availability and Lethality of Means

There is ongoing controversy concerning the possible link between suicide rates and the availability of lethal agents (e.g. guns, toxic substances). Although an irrefutable case has yet to be made, the weight of evidence to date seems to suggest that reducing access to some lethal agents can reduce the suicide rate (Cantor, 1989; Comstock, Simmons & Franklin,1989). While determined suicidal persons may seek alternative methods when the method of choice is unavailable, a significant percentage may be deterred from proceeding further. There has been strong support in Canada for controlling access to firearms (Rathjen, 1993) and lethal doses of prescription drugs.

Mishara and Tousignant (1983), among others, have suggested that impulsive suicides by adolescents, particularly adolescent girls, might be significantly reduced by education programs that encourage parents to limit easy access to medications at home.

Limiting the availability of guns, the most common method of suicide, could be accomplished through gun-control legislation; this was one goal of recent Canadian legislation (Bill C-17). American and Canadian studies show similar links between gun control and the reduction of suicide by firearms. In Canada, Lester and Leenaars (1993) compared suicide rates during eight-year periods before and after the introduction of Bill C-51, an earlier measure aimed at gun control. After the Bill, both the total rates and the firearm suicide rates showed a decreasing trend. Carrington and Moyer (1994A) investigated the relationship between gun ownership across the ten provinces of Canada and firearm and non-firearm suicides, before and after the gun control legislation that came into effect during 1978. During 1965-77 firearm and total suicide rates increased in nine of the provinces, but between 1979 and 1989 all ten provinces had either stable or decreasing total and firearm suicide rates. In no province did non-firearm suicide rates increase during the post-legislative period. Both these studies support the view that suicide impulses were not transferred or "displaced" to a different method of suicide.

Opposite findings were made by Rich, Young, Fowler et al. (1990) who compared raw suicide rates (not standardized for changes in the age composition of the population) in Toronto for the periods 1973-77 and 1979-83. They found a significant decrease in the mean proportion of firearm suicides by men, neutralized by a significant increase in the mean proportion of men committing suicide by jumping. Carrington and Moyer (1994b) replicated this study and found essentially the same absence of an overall decrease following Bill C-51. However, when they extended the analysis to include 1965-77 and 1979-89, and used rates standardized for age, they found that rates for both firearm suicides and non-firearm suicides fell demonstrably during the second time-period. These declines had been obscured in the earlier study by the use of non-standardized suicide rates.

Another study, comparing two West Coast metro areas (one in Canada and one in the U.S.), concluded that the rate of suicide among 15-24-year-olds in the U.S. metro

area was 10 times higher than in the Canadian metro area, which had more restrictive handgun control (Sloan et al., 1990). Other studies have found a correlation between stricter handgun controls and lower rates of suicide in different American states (Lester & Murrell, 1980; Lester, 1983; Loftin, McDowall, Wiersema & Cottey, 1991).

In December, 1994, the Government of Canada announced plans to introduce new gun control legislation; the stricter requirements would be phased in over five years. Weapons used for combat (semi-automatic and automatic long guns) would be outlawed, and tighter registration for all categories of firearm would be imposed.

Methods other than firearms also merit attention. For example, redesigning bars and light fixtures in cells, and greater attention to the type of bed linen used, might reduce the use of hanging as a suicide method by persons in custody (Green et al., 1992).

Another method whose availability has been recently discussed is suicide committed by jumping under moving trains, usually in metropolitan transit systems (Farmer, O'Donnell and Tranah, 1991). Barriers introduced to the Singapore Metro, which were used to save energy in air-conditioning, had the result of eliminating suicides in that system. In London, England, the transit system is experimenting with "suicide pits" dug under the tracks to discourage people from jumping in front of trains and to prevent injuries in those who jump.

Another argument for limiting the accessibility of "attractive hazards" is evident in a study of measures taken to limit easy access to the Golden Gate Bridge in San Francisco, which resulted in prevented suicides (Seiden, 1978). The results of this study lend support to the theory that suicidal behaviour is crisis-oriented and impulsive in nature, and that restraining access to attractive and lethal means of suicide during an acutely suicidal state may be an effective means of preventing death.

The best-known example of a reduction in suicide after neutralization of a lethal method occurred in Britain. During the 1960s suicide rates fell after domestic gas made from coal was replaced by natural gas with a much lower carbon monoxide content. This greatly reduced the possibility of asphyxiation using a gas oven, which had been a common suicide method for the elderly in particular. The fall in suicide rates in this age group persisted even though rates continued to rise in young males, where suicide by gas ovens was never the method of choice Kreitman, 1976). A noted British suicide researcher commented:

"[It] would seem that anyone bent on self-destruction must eventually succeed, yet it is also quite possible, given the ambivalence (or multivalence) of many suicides, that a failed attempt serves as a catharsis leading to profound psychological change. For others it may be that the scenario of suicide specifies the use of a particular method, and that if this is not available actual suicide is then less likely" (Kreitman, 1976).

B. Intervention

Intervention refers to the immediate first aid (management of the suicidal crisis) and longer-term care and treatment of an individual or group at risk of suicide. One of the objectives of the Task Force was to use evaluative studies of suicide prevention/ intervention programs to guide the design and development of future programs. Although there have been more evaluation studies since the original report, comparative

judgements cannot be made because so few programs have been rigorously evaluated. Mishara and Daigle (1991, 1992) reviewed several evaluation studies of suicide prevention centres and noted the conflicting evidence about their effectiveness in reducing suicide rates. They cite, among others, an American study by Miller, Coombs, Leeper and Barton (1984) which found that suicide rates declined in counties with centres, but only within the category of the most frequent callers to those centres, women below age 25 (Mishara & Daigle, 1992, p. 26). While there is some evidence that certain programs may have a preventive effect for sub-groups within the population, it remains extremely difficult to determine what characteristics of a program are effective, or to compare the relative effectiveness of different types of prevention/intervention programs. Thus, references in this report to model programs are based not on specific outcome, but on community acceptance, high levels of apparent consumer satisfaction and well-established, positive track records with other agencies.

The gatekeeper intervention training program developed in Alberta is one program that has been evaluated several times, with positive results (Bagshaw, 1988; Crookall and McLean, 1986; Dickie, Rollins, and Smith, 1990; Farrell and Mainprize, 1990; Lafleur, 1989; Paris, Tauber and Neilsen, 1990; Tierney, 1988). This program, and other training programs that are more locally or provincially based, are responsible for improving the suicide intervention skills of a wide range of professionals, volunteers and other gatekeepers across the country.

This section reviews briefly education and training issues for professionals and others who have responsibilities (or opportunities) for intervention. It then describes the spectrum of intervention services.

1. Education and Training for Health Care Professionals and Other Gatekeepers

(i) Health Care Professionals

Surveys conducted by the original Task Force within faculties of Medicine, Nursing, Social Work and Psychology revealed a limited (in some cases, very limited) level of suicide education in all disciplines, with a somewhat stronger focus at the graduate level. In many programs, suicide was not treated as a separate issue and was subsumed under the general topic of depression. There was a lack of consensus within and among schools about whether the instruction time devoted to suicide was adequate. Results of a 1980 survey conducted by the Steering Committee for the Canadian Association for Suicide Prevention remain relevant today, supporting the view that additional training is essential for all health care disciplines. In general, respondents agreed that:

1. To ensure a minimal level of competence in suicide intervention skills at the undergraduate level, there should be at least one core course on suicide prevention, as well as other educational opportunities.

2. At the graduate level, the teaching of clinical skills in suicide intervention should be an integral part of graduate education and field training. As part of clinical training, the ethical considerations in working with high-risk individuals should be emphasized, and the limits of power and responsibilities of the helper should be outlined. The appropriate procedures to follow in the event of a completed suicide should also be outlined.

(ii) Other Gatekeepers

Many people besides health care professionals encounter suicidal individuals in their daily work. Acting as "gatekeepers" for the formal service systems, they can, through appropriate advice and referral, provide basic preventive intervention and help the suicidal person obtain needed services.

(a) Clergy

Suicidal individuals often feel less threatened by members of the clergy than by other professionals, and frequently approach them for guidance in times of distress. It is important that all clergy have training in intervention and be adequately prepared to provide grief counselling to families suffering from a suicide bereavement.

(b) Police

Police officers are often called upon to make front-line interventions to deal with individuals at risk of suicidal behaviour. A few police services have recognized that their officers need special suicide prevention training programs so they can effectively manage the suicidal person, as well as the bereaved.

Many police services have established police/civilian crisis intervention teams, modeled on the pioneering work done in London, Ontario. After the London program was introduced, 88 percent of the police were regularly making use of community agencies (Ontario Council of Health, 1979).

The larger urban police departments have also developed specialized emergency response teams. The training programs for these units include a course in hostage negotiation, which involves highly sophisticated counselling and negotiation techniques for use with people who are usually in possession of lethal weapons, and often at risk of suicide.

(c) Custodial Personnel

Correctional Service Canada (CSC) clearly recognizes the problem of suicide within the institutional population across the country. Following a CSC study on self-inflicted injuries and suicides (Bureau of Management Consulting, 1981), efforts were made to introduce a standardized training program for all custodial staff. By 1987, a suicide intervention training workshop and a certified trainers program, based on the Alberta model, were in place in all CSC regions except Quebec (Ramsay, Tanney and Searle, 1987). Crookall and McLean (1986) described and evaluated the training program in the Atlantic Region. Several provincial correctional services departments have also introduced standardized training.

(d) School Personnel

As a result of close day-to-day contact, teachers, guidance counsellors and other school personnel can have a direct influence on the lives of potentially suicidal students. Distressed students often present teachers or guidance counsellors with overt suicidal ideation, or indirect indication through suicidal themes in their written assignments and other forms of communication. A recent Quebec study (Pronovost, 1990) of more than 2800 secondary school students found that 1 in 7 students had seriously thought of suicide in his/her lifetime.

The general orientation of school suicide prevention training programs should make teachers more comfortable with the immediate management of the suicidal student without inducing a feeling of total responsibility. The information and treatment approaches, which are specific to young people, should meet the following objectives: elevation of self-esteem, improvement of interpersonal skills and general improvement of coping skills (Ward, 1981; Kirmayer, 1994, p. 35).

Several programs in Canada now use the principles of comprehensive school suicide prevention, intervention and postvention programs (Martin, Kocmarek & Gertridge, 1987; Dickson, 1991; Association québécoise de suicidologie, 1990). These programs inform school personnel about the approved suicide prevention policies and procedures of their governing boards, provide health and life-adjustment courses for students, offer different levels of suicide prevention training to school personnel, and recommend how to use community referral agencies.

In a recent publication, the Canadian Association for Suicide Prevention (1994B) has recommended that all school jurisdictions have guidelines and procedures related to suicide prevention, and has provided specific recommendations with a brief rationale. Recommendations include establishing written, system-wide policies concerning educative prevention activities for students, staff and parents; plans for crisis intervention and longer-term follow-up; and postvention protocols on how to reduce the harmful effect of a suicide on the school community.

(e) Crisis-line Volunteers

Most major cities and a great number of smaller towns, counties and rural areas in Canada have established suicide prevention centres or crisis intervention centres that recognize suicide intervention as one of their primary objectives. Some centres focus on helping in any form of crisis, while other centres are more specifically focused upon suicidal crises: helping suicidal individuals, providing grief counselling for those bereaved by suicide and developing outreach programs for specific high-risk groups. It is important for these centres to have suicide intervention training as a major component of their extensive in-service volunteer training courses.

The development of guidelines for evaluation and accreditation for crisis centres is needed. CASP (Canadian Association for Suicide Prevention) is currently considering a certification process which includes criteria to be considered for selecting volunteers and elements needed in planning a curriculum. These include:

- lethality assessment using established rating scales or methods;
- procedures for intervention in life-threatening situations, including formal arrangements for police and medical rescue services;
- specific training in helping victims of violence (including rape, child abuse or battering) and helping survivors of traumatic death; services offered to survivors of suicide; and
- community education services for responding to life-threatening crises.

Besides the general administrative and physical structure of the organization, training procedures, service delivery, interventions in life-threatening situations, ethical issues, community integration and program evaluation are also considered essential elements to address in an effective suicide prevention program.

Suicide prevention agencies should have a detailed code of ethics that deals with issues such as confidentiality or when to use rescue procedures. Agencies should be concerned with program evaluation and attempt to improve their services and activities by implementing results from their evaluations.

2. The Spectrum of Intervention Services

A wide spectrum of community resources is responsible for providing suicide intervention services.

(i) Community Coordination and Collaboration

Suicidal individuals may have contact with several different community services and caregivers at different times. Various forms of help may be appropriate at different phases of a suicidal process or for specific individuals. Some suicidal individuals will phone a suicide prevention centre or crisis centre in an emergency situation, while others will contact a psychiatric facility or their family physician. Persons who attempt suicide and end up in hospital often have had contacts with volunteer agencies and mental health services before their attempt, and they frequently contact other community agencies after being discharged from hospital. In many cases, the suicidal person seeks help from other services, such as a rape crisis centre, youth protection agency, or drug treatment program rather than, or in addition to, contacting a suicide prevention centre. Therefore it is imperative that the full spectrum of community services and institutions work together and coordinate their activities so they can effectively intervene with suicidal individuals. Such coordinated efforts should include the participation of the suicidal clients in planning appropriate intervention activities.

Regional or local task forces or interagency committees on suicide prevention often prove highly effective. They provide for more complete and integrated follow-up with suicidal persons and make better use of all existing community resources. Collaborative programs assure a more complete range of services to persons at risk of suicide and parasuicide. For example, suicide prevention centres may work in cooperation with the emergency ambulance and police services in screening clients and providing help in crises that are not life-threatening. Suicide prevention centres may refer callers to mental health agencies and continue to make a 24-hour help line available. In some hospital settings, volunteers from the suicide prevention centre follow up with discharged patients, who often do not show up for outpatient treatment.

Agencies that are not directly identified as suicide prevention resources, such as seniors' organizations or AIDS help agencies, are important partners in the full spectrum of community services. They can act as gatekeepers by coordinating their services with specialized help in suicide intervention, prevention and postvention.

(ii) Suicide Prevention Centres

Since the publication of the original Task Force Report, most major cities and a great number of smaller towns, counties and rural areas in Canada have developed centres for suicide prevention or crisis intervention. The types of clientele, the services offered as well of the extent of linkage between these services and other community agencies vary greatly from city to city and from region to region.[12]

Suicide-Action Montréal is a model suicide prevention program that is typical of the types of suicide prevention centres that have developed in Canada. In 1990, Suicide-Action Montréal conducted a research project to evaluate the effectiveness of telephone interventions by volunteers and to determine if certain intervention styles are more effective with certain types of callers. Results indicated that ratings of depression decreased for 40 percent of the callers (and only increased in 1 percent of the calls) and the urgency of the suicidal situation (the immediate risk of a suicide attempt) decreased in 20 percent of the cases. Follow-up indicated that over half the callers followed through with seeking long-term solutions to their problems. Additional analyses suggest that, in addition to asking specific questions that evaluated the suicidal risk, the use of problem solving with the suicidal caller helped the person find alternative solutions. The quality of empathetic, non-directive listening was also found to be an important feature related to positive outcomes, particularly among callers in acute crisis situations (Mishara & Daigle, 1992, 1993).

The "clients" of suicide prevention centres and similar programs include significant numbers of so-called "third-party callers" — persons who seek help in dealing with a friend or

12 The Canadian Association for Suicide Prevention (CASP) publishes a listing of crisis intervention and suicide prevention centres throughout Canada, which is updated on a regular basis. Available from CASP, #201, 1615 - 10th Avenue, S.W., Calgary, Alverta, T3C 0J7.

family member whom they believe is (or may be) suicidal. Mishara (1994C, in press) describes how family and friends react to knowing someone who may be suicidal. Caregivers and suicide prevention centres can encourage family and friends to be involved, help them learn to better evaluate suicidal risk, and support them in learning how to deal with the suicidal person in a helpful way.

(iii) Hospital-based Services

Persons who have attempted suicide are approximately 40 times more at risk of suicide than individuals in the general population with no history of attempted suicide (Motto and Tanney, 1990). Those who enter hospital provide a good opportunity for intervention, because they are identifiable and available for crisis care, specific treatment and follow-up.

In general, professionals identify three phases in the management of suicidal patients: the acute, treatment and recovery phases.

The *acute phase* refers to the period of the suicidal crisis in which the patient is at maximum risk. At this stage, an assessment establishing the degree of immediate risk should be made as soon as possible. The *treatment phase* marks the beginning of the adjustment period in which alternative behaviours, other than suicide, become possible. This period gives professionals the opportunity to set treatment goals and develop therapeutic strategies. The *recovery phase* refers to the final stage of therapy in which the patient may acquire the skills necessary to cope with the many stresses that initially contributed to the suicidal behaviour.

(a) Emergency Ward Treatment

Most people hospitalized for self-injury are initially treated in a general hospital emergency department. This is perhaps the best facility for treatment of self-injuries because of the availability of a wide range of medical services.

One study showed that 10 percent of the psychiatric emergency contacts at an urban general hospital were patients exhibiting some form of suicidal behaviour, having attempted suicide, threatened suicide, or expressed suicidal ideation at the time of admission (Syer-Solursh and Streiner, 1985).

Suicidal patients in general hospital emergency wards are frequently treated exclusively in terms of their medical and surgical needs. If the threat to life is of sufficient magnitude, medical attention will be immediately provided. If, however, the self-injury is not considered to be even potentially lethal, or a mere "gesture," then the patient may be treated very differently. Many such patients are discharged from the emergency ward with no follow-up.

The original Task Force found that Canadian hospitals lack established standards of care for suicidal patients in emergency wards. At that time, there were only a few preliminary treatment protocols in existence and research in the area was practically non-existent. The intervening years since that report have produced little change.

In the emergency wards, a general practitioner is usually assigned to the patient. In most cases, this general practitioner independently decides

whether a psychiatric consultation is necessary. Factors influencing this decision include the onsite availability of a psychiatrist or psychiatric resident, the number of "genuine" medical emergencies competing for the doctor's attention, and the doctor's knowledge of and attitude towards psychiatric patients in general and suicidal patients in particular. A review of studies on the impact of medical personnel's attitudes toward patients presenting with suicidal behaviours revealed more negative personal attitudes than expected (Lang et al., 1989). This finding underlines the urgent need for specific training of emergency ward medical personnel in the detection, assessment and management of suicidal patients. Furthermore, the value of explicit standards of care and protocols for dealing with patients displaying suicidal behaviour is clearly evident.

Some Canadian hospitals have explored the use of multidisciplinary crisis or suicide intervention teams. Such teams often consist of a psychiatrist, a social worker and a nurse. A team may also include trained lay volunteers or paraprofessionals (Syer-Solursh and Streiner, 1985). A single-session crisis service conducted by paraprofessionals in the emergency room of a community hospital demonstrated that timely intervention had long-lasting positive results in specific problem areas (Getz, Fujita & Allen, 1975).

Emergency care will always be more effective if a community's ethnic groups and spoken languages are considered. Careful attention to the multicultural nature of the population served becomes more important in Canada with each passing year.

Effective treatment of the suicidal person should begin as soon as possible following the suicide attempt. Having survived the suicide attempt, the individual is faced with a whole new set of circumstances. The emotional tension that built up to the suicide attempt has dissipated, and the individual has been physically moved from the scene of his suicidal behaviour.

(b) Hospital Outpatient Services

If the degree of suicidal risk is assessed as being manageable, and the necessary support systems, such as family and friends, are in place, the suicidal patient is referred to outpatient services for follow-up. There is considerable evidence, however, of poor compliance. Kreitman (1977) reported a drop-out rate of approximately 50 percent.

The following strategies may improve the compliance of suicidal outpatients:

- discussion and negotiation of referral during the initial interview;
- being specific about the appointment and source of referral;
- the shortest possible waiting period before the initial appointment;
- systematic evaluation of the outcome of referrals;

Table 5: Two Risk Profiles for In-patients		
Risk Factor Category	**Profile 1**	**Profile 2**
Demographic	• History of suicide attempts • Family history of suicide, mental illness	• History of suicide attempts • Family history of suicide, mental illness
Clinical	• Acutely ill, psychotic, agitated • Deteriorating course of illness • Actively suicidal	• Less acutely ill, but with prominent depressive features • May or may not be suicidal
Contextual/interpersonal	• Recently admitted • Socially isolated, unable to establish relationship with peers or staff	• Has intense, stormy interpersonal relationships, but felt to be making progress in treatment • Risk highest whenever there is loss of supportive relationships (e.g. discharge phase, inter-personal conflict, disrupted milieu)

(From Smith & Munich (1992). Suicide, violence and elopement: Prediction, understanding and management. American Psychiatric Press Review of Psychiatry, Vol. 11, Chapter 27, p.543.

- cooperative agreements with or referral to non-institutional "alternative" community agencies for those reluctant to continue hospital involvement.
- consistent management of suicidal patients through effective communication between the agencies involved; and
- recontacting patients after an initial interview as a reminder or to reschedule.

These strategies could be equally applicable in the emergency ward setting.

(c) In-patient Care

Factors underlying emergency physicians' decisions to admit patients are complex and not well understood. By studying such decisions after the fact (Paykel, Hallowell, Dressler et al., 1974; Holmes and Soloman, 1981) as well as seeking doctor's opinions about hypothetical situations (Mezzich and Coffman, 1985; Allen et al., 1987), it has been found that high suicidal risk is just one determinant. Other relevant factors relate to previous and planned treatment and the levels of support or stress perceived in the patient's environment. In most cases, brief periods of hospitalization are the standard of care and have the following objectives:

- to complete the assessment and diagnosis in cases that could not be thoroughly assessed in the emergency department, including consultation with anyone who may provide additional information that could clarify the suicidal event;
- to stabilize the person's condition so that the therapeutic process can begin, through the use of medication or other forms of physical intervention;

- to temporarily remove a vulnerable individual from a highly stressful and deteriorating home situation;
- to involve, when possible, the members of the family, close friends and the family doctor in treatment and discharge planning; and
- to make arrangements for the follow-up treatment plan for the patient.

There is, of course, no guarantee of the absolute prevention of suicide in any patient. As discussed in Chapter II of this report, the available research does not allow us to define with precision the risk of suicide in psychiatric patients; however, studies indicate that they face a much higher risk than the general population (from 4 to 20 times the rate for the general population). Those diagnosed with affective disorders or schizophrenia appear to be at greatest risk (Tanney, 1992). A British study found significant increases in the rates of suicidal and violent behaviour on in-patient units over the past several decades (Crammer, 1984). These increased rates have been attributed to patient characteristics such as increased acuity/severity, understaffing on units and legal changes that have led to increases in involuntary admissions and reinforcement of patients' rights to refuse medication.

Smith and Munich (1992) suggest two profiles of patients at high risk for suicide while hospitalized (see Table 5). Patients matching Profile 1 are at highest risk early in hospitalization. While patients matching Profile 2 may attempt suicide at any point of their hospital stay, they may be especially vulnerable as they approach discharge.

Research indicates that most in-patient suicides occur off the hospital grounds while the patients are out on an activity or a pass (Farberow et al., 1966; Sletten et al., 1972).

There have been very few systematic, long-term prospective follow-up studies evaluating the benefits of the various therapeutic techniques used with suicidal individuals in in-patient crisis services. However, one controlled study of groups randomly assigned to follow-up research and "normal" treatment programs reported a significant reduction in both suicide attempts and excessive use of alcohol in the follow-up research treatment group (Welu, 1977). These findings suggest that more extensive follow-up treatment procedures are required.

(d) Discharged Patients

The identification of the determinants of suicide in discharged psychiatric patients is a more complex task. Research suggests that there is a different set of factors that influence suicide committed by discharged psychiatric patients as compared with in-patients on authorized leave. Discharged patients with a previous diagnosis of alcoholism/ substance abuse, affective psychosis, depressive neurosis and schizophrenia have been found to be at particularly high risk to suicide. In addition, one study found the proportion of male to female suicides among discharged patients to be equal, which is sharply inconsistent with the male/female suicide ratio of

about 3:1 in the general population (Kraft and Babigian, 1976). It has also been reported that former patients who commit suicide (as compared to non-suicidal former patients) are more frequently characterized by violent behaviour, previous deliberate self-harm, and marriages terminated through death, separation or divorce (Myers and Neal, 1978).

Preventing suicide in discharged psychiatric patients will continue to be a very difficult task. It will require continuing effective outpatient treatment. Recent experience suggests that this may only be accomplished in some cases by having a mobile outreach team that can treat discharged patients in the community. Furthermore, improved cooperation and integration is required between hospital and community-based services. This will permit the therapeutic and social support systems to work together to maintain the patient safely at the highest possible level of independent functioning.

C. Postvention

Originally intended for immediate family members and close friends bereaved through suicide (often referred to as "survivors") postvention services now cover a wider group of survivors, including professional caregivers, emergency personnel, and target groups, such as schools or communities, who have recently been affected by one or more suicides.

Postvention initiatives take several forms, including direct services (such as support and counselling) to the suicide bereaved; protocols in schools and communities to ensure appropriate multi-level response to suicide deaths; and the construction of psychological autopsies of the victims of suicide.

1. Suicide Bereavement

The need to provide follow-up support and counselling to those bereaved by suicide has gained increasing attention in recent years (Mishara, 1994). Recent studies show that survivors of suicide are no more prone to pathological reactions or a more complicated and prolonged grief process than survivors of other tragic bereavements (van der Wal, 1989; McIntosh & Kelly, 1988). On the other hand, the grief response to a suicide can be qualitatively different in several ways. Emotions such as guilt and anger, feelings of rejection, a sense of stigmatization, suicidal ideation, and struggles to find an explanation may be more intense and can affect the grief process (McIntosh & Kelly, 1988; van der Wal, 1989; McIntosh & Wrobleski, 1988).

Caregivers who work with survivors of suicide must have a thorough understanding of normal grief and, at the same time, must understand that survivors may respond more intensely in some areas. Some of these areas include the following:

(i) The Question "Why?"

Survivors usually have a need to search for physical and psychological clues as to the reason for the suicide — to search for the answer to the question "why?" (Moritz, 1990; van der Wal, 1989; Dunne, 1987). This search may be evident in a great need to review the events prior to the death, or in an attitude of vigilance and suspicion. The survivor may look for evidence that the death was not a suicide, because of a need to deny the cause of death.

(ii) The Search for Meaning

The suicide and the search for answers to the question "why?" can precipitate a search for meaning and a crisis in fundamental values for the survivor (Moritz, 1990; van der Wal, 1989, Rudestam, 1989; Dunn & Morrish-Vidners, 1987). Existential questions often emerge including: What is the meaning of life? What is my life all about? Is there an afterlife? The search for meaning, which can be thought of as the spiritual component of grief, is an important part of grieving. Caregivers have a responsibility to be aware of this seldom discussed aspect of grief.

(iii) Guilt

Whether it appears to have been carefully considered or senseless, and whatever its motivation, suicide often leaves guilt in its wake (Moritz, 1990; van der Wal, Cleiren, Diekstra & Mortiz, 1988; McIntosh & Wrobleski, 1988). Guilt in the bereaved may take the form of self-reproach for not having done all they could to prevent the suicide, or for specific acts, feelings, or wishes that they feel implicate them. The guilt may also be projected onto others, as the survivor blames them for failing to save the deceased person.

(iv) Anger

Survivors often feel anger towards the deceased person for what they interpret as rejection or abandonment; yet they may deny these feelings, even to themselves. Suppression of anger, or the expression of anger in unproductive ways (such as blaming) can lead to distortions about the death, and to the development of family myths and secrets (Hauser, 1987). This can disrupt relationships in the family as well as outside of it, and may complicate the grief process.

(v) Stigma and Shame

Recent evidence suggests that most survivors of suicide have some feelings of shame or stigma (real or imagined) that may affect future social relationships (Moritz, 1990; Dunne, 1987; Dunn & Morrish-Vidners, 1987). Feelings of shame and stigma can result in compromised mourning rituals, such as limited-access funerals and memorial services, which can hinder the normal grief process (Hauser, 1987). The stigma survivors feel may, in some cases, be related to social isolation. Research by Ness and Pfeffer (1990) found that social attitudes are often less sympathetic toward people who are bereaved by suicide than toward people bereaved by another kind of death.

(vi) Risk of Suicide Among Survivors

Some survivors may begin to perceive suicide as a way of ending their own problems (Dunne, 1987; McIntosh & Milne, 1986). This means they are themselves at risk of suicide. Suicidal ideation should be consistently monitored during bereavement counselling. The caregiver has to be alert to the possible necessity of applying suicide intervention procedures at any time during the grief process.

(vii) Violence of the Death

Suicide deaths are often perceived to be violent, even if the method used was not violent. Survivors who find or see the body may be traumatized by the experience, particularly if the body is mutilated or disfigured.

(viii) Lack of Social Support

Survivors of suicide exhibit a combination of high emotional need and low social expectations; while they often feel very keenly a lack of social support, they may fail to see others as potential sources of support (Rudestam, 1990; Dunn & Morrish-Vidners, 1987). This may be because of feelings of stigma and shame, or simply because they perceive the pain of the loss as being too great to be helped by others.

Children as Survivors

For children, bereavement reactions following a suicide are similar to those of adults. However, these reactions may be expressed differently, since children often express their grief through behaviour and play. It is generally believed that children of all ages should be told from the beginning, openly and honestly, about the suicidal nature of the death, using age-appropriate language. This will help them to grieve appropriately; it should also help to avoid the formation of disturbing fantasies and mistaken ideas about death and about the lost person (Dunne-Maxim, Dunne & Hauser, 1987).

Children should be allowed to participate in funeral rituals and an atmosphere of open communication about the suicide should be encouraged (Dunne-Maxim et al., 1987). Children may not openly express their concerns, but it is not unusual for them to feel responsible and guilty, as well as angry. Discussions about the multiple causes of suicide will help to alleviate feelings of responsibility and guilt, and the safe and healthy expression of anger should be permitted.

Adolescents as Survivors

Most adolescents will experience suicide bereavement as a sudden, unexpected loss, and will undergo many of the same intense responses as adults. However, their grief experience may be complicated by the fact that, while they are grieving, they are also working on the development of self-esteem and values (Valente & Sellers, 1985) and it is well known that losses can impair self-esteem and challenge values.

Adolescents are also vulnerable to the idea that suicide offers a way out of their problems. Following a suicide, adolescents may feel rejected, ashamed, guilty, and worthless. Their intense self-blame can lead to suicide attempts (Valente & Sellers, 1985). Physical symptoms such as pain, anorexia, and/or insomnia may appear during bereavement, and some adolescents may resort to drugs or alcohol .

Professional Caregivers as Survivors

Professional caregivers are at risk of bereavement reactions when a client or patient commits suicide, especially if they feel they have failed to prevent an avoidable suicide. Recent attention to this topic (Berman, 1994; Tanney, 1994) focuses on strategies for reducing the impact of a client's suicide. Brown (1989) outlines a training model for dealing with professional helper reactions to the suicide of a

patient/client, based on five phases: anticipation, acute impact, clarification and working through, reorganization, and preparation for post-training practice.

2. Postvention Support Programs

The original Task Force found evidence of only a few postvention survivor support programs in Canada, serving only a small percentage of those people who could benefit from them. Many more have been established since the Task Force's first report. Most support groups consist of four to eight members who meet weekly over a five- to eight-week period. Some programs include a home visit component or an opportunity to meet with a matched volunteer before a survivor is introduced to a support group. Trained peer support volunteers and/or professional staff act as leaders or facilitators in these programs. Renaud (1994) describes the contents of a model peer support group and the results of an evaluation of a support group at the Quebec Suicide Prevention Centre.

In Alberta, a bereavement counselling training workshop and a trainer's course have been developed to provide a broad spectrum of caregivers with a basic understanding of the grief process. They are also provided with a grief facilitation model to use in assisting survivors of suicide and other losses (Suicide Prevention Training Programs, 1990).

Self-help survivor support programs provide a crucial postvention service for the bereaved. Their main objective is to normalize the grief process and minimize the risk of complicated grief reactions by promoting an emotional release, or catharsis, through talking, reviewing the event, interpretation, reassurance, direction and gentle confrontation (Schneidman, 1973). Emphasis is placed on group members telling their story to help them come to terms with personal concerns related to the death and to help them work through the often misunderstood intense feelings of guilt, anger, hostility, embarrassment and shame.

There has been considerable debate concerning the involvement of professionals in self-help bereavement programs. Some volunteers do not see a need for expert advice, maintaining that the members themselves are the experts (Romeder, 1981; Lavoie, 1981). Others emphasize that professional back-up is an essential component of self-help groups (Harris, 1981). Canadian studies suggest that both professional and volunteer involvement contributes significantly to the success of bereavement programs. It has also been shown that, while people need to share their experiences with others who are bereaved by suicide, trained professionals and volunteers can help the bereaved integrate their experiences into a comprehensive framework, as well as confront and dispel the myths and fears related to suicide (Rogers, Sheldon, Barwick, et al., 1982).

Several suicide prevention/crisis intervention centres and other community agencies, such as school systems, have developed milieu-specific bereavement programs. Activities that provide an opportunity for members of the community to share feelings about the deceased, such as commemorative services, are offered.

System-wide policies which establish postvention protocols are necessary to deal with a wide range of issues connected to a suicide death: Who is in charge? How and when should staff, students, patients, and colleagues be informed? Who should deal with the media? What resources should be called in, if necessary? In what context is it appropriate to express personal reactions?

Whenever possible, suicide bereavement postvention programs should be part of a comprehensive program that also includes prevention and intervention components. To ensure an integration of professional and peer support involvement, these programs should also be affiliated with existing mental health services, crisis centres, or the Canadian Mental Health Association.

3. Psychological autopsy

The psychological autopsy attempts to clarify the nature of the death. An intensive interview, or series of interviews, with individuals who were well acquainted with the victim is designed to reconstruct the social and psychological circumstances associated with the manner of death (Shneidman & Farberow, 1961; Rudestam, 1979).

Originally, the primary purpose of the psychological autopsy was to augment the coroner's standard investigations of equivocal deaths (Curphy, 1967). The information gathered from psychological autopsy interviews covers the following areas: circumstances of death, events leading up to the suicide, psychopathology, social adaptation and physical health, medical/psychiatric treatment, and family background (Brent, 1989). Psychological autopsy information is also used to study risk factors for completed suicide. After more than three decades of use, and a wide range in methods of approach to families and interview techniques, the results have proven to be both reliable and valid (Brent, 1989). The results of these studies, combined with biochemical, toxicological and epidemiological studies, should be constantly integrated to advance the validity of intervention techniques.

The Task Force found that the procedures for performing a psychological autopsy are much less threatening than the quasi-judicial procedures of an inquest, which have been shown to aggravate the distress of the bereaved (Barraclough & Shepherd, 1977). Not only is the psychological autopsy viewed as less intrusive, it is also perceived as an avenue for therapeutic intervention with the bereaved. Another positive aspect of this procedure is that it can supply researchers with information regarding the role or intent of the individual in his or her death, currently not recorded by the system of certification.

It is clear that the psychological autopsy can make a significant contribution to the collection of data on suicidal behaviour. More frequent use of such autopsies would provide important feedback to the caregivers in the mental health system, and also within the criminal justice system. Such data may be significant in the development of more effective preventive measures and programs.

IV SUICIDE AND THE LAW

A. The Criminal Code

Legal sanctions were originally instituted to supplement religious prohibitions against suicide. Over time, however, evolving social and religious attitudes have been reflected in the decriminalization of attempted suicide. In 1972, attempted suicide was removed from the provisions of the criminal code. Otto Lang, then Minister of Justice, explained:

We have removed the offence of attempted suicide, again on the philosophy that this is not a matter which requires a legal remedy; that it has its roots and its solution in sciences outside of the law and that certainly deterrence under the legal system is unnecessary.

Counselling or assisting suicide, however, remains a criminal act. Section 241 of the Criminal Code is the only surviving legal prohibition relating specifically to suicide:

Everyone who (a) counsels a person to commit suicide, or (b) aids or abets a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

B. Involuntary Admission and the Provincial Mental Health Acts

Considerable controversy surrounds the question of involuntary admission to hospital and the provincial legislation that empowers physicians and peace officers to detain, without consent, a person considered to be a danger to himself or others. A review of provincial mental health legislation is beyond the scope of this report; for an overview of recent developments, see Gaudet (1994). Changing social attitudes toward human rights, together with the influence of the 1982 Canadian Charter of Rights and Freedoms, have led to more stringent criteria for involuntary committal. For example, Ontario's Mental Health Act (Revised Statutes of Ontario, 1990, Vol. 6, Chapter M.7) requires that a physician assess the situation and state in writing that, because of a mental disorder, the individual is at risk of serious bodily harm to self or others unless admitted; this is far more stringent than the criteria set out in the pre-1978 legislation. Legislative changes in many provinces have reinforced the individual's right to refuse admission and/or treatment except in narrowly defined circumstances; in some jurisdictions the role of substitute decision makers is being clarified and expanded in an effort to meet the needs of the mentally incompetent patient. Legislation to this end has been passed but not yet proclaimed in Ontario and British Columbia (Gordon & Verdun-Jones, 1994).

Although litigation in this area is rare in Canada, physicians have expressed concern about the possibility of legal suits brought by the patient or family against a physician who has a patient admitted involuntarily on grounds considered insufficient; or, alternatively, against a physician who fails to have a suicidal and non-compliant patient admitted involuntarily. As legislation evolves and the roles, rights and responsibilities of all parties are more clearly defined, it is hoped that such concerns will be addressed in all jurisdictions.

Because of the many variables involved, it is impossible to determine whether or not the increased stringency of involuntary admission criteria has any impact on the suicide rate. Factors not related to consent (for example, availability of treatment resources) clearly have a major impact on decisions concerning admission, and the legal implications of resource allocation and related decisions need to be explored. Nevertheless, the issue of consent to admission and treatment will continue to be an important one in the field of suicide.

Clearly, a balance has to be struck between broad social attitudes to individual liberty and the requirement to protect the suicidal individual and his family from self-destructive behaviour.

C. Confidentiality

The issue of confidentiality arises in three contexts: volunteer crisis-intervention services, professional treatment and the question of a central suicide registry.

Most suicide intervention services maintain that anonymity and confidentiality are paramount even if the caller's life is thereby endangered. Other services disagree, arguing that risk to life is a sufficient reason to break confidentiality in order to send professional help or the police. It might also be argued that, in some cases, the act of calling a crisis line at the time of a suicidal act may indicate an unspoken desire for intervention, or at least strong ambivalence about the act. However, a policy of breaking confidentiality under these circumstances may reduce the willingness of individuals to use crisis-intervention services. There are insufficient data to resolve this dilemma, which pits the individual's right to self-determination against society's interest in safeguarding lives.

Where professionals and formal services are concerned, the propriety of breaking confidentiality when the patient's life or health is in danger has long been debated. Legal decisions in Canada and the U.S. emphasize that confidentiality is not considered sufficient grounds for avoiding essential preventive action in such cases. The Canadian Association for Suicide Prevention has model ethical guidelines available for crisis and suicide prevention centres.

It has been suggested that mandating professionals to report suicidal behaviours to a central registry would greatly assist in research and the development of effective interventions. However, there is a clear risk of tension between the requirement for confidentiality and the benefits deemed to flow from such a registry. Dr. Menno Boldt, the chief proponent of this system in Canada, is of the opinion that adequate precautions would allow for the maintenance of confidentiality and the establishment of a registry (Boldt, 1976, 1979).

D. Legislation on Peer Review and Research That Affects the Study of Suicide

About half of the provinces have legislation protecting those who participate in a peer review (or quality assurance) committee of a hospital or a research committee approved by the Minister of Health. Those persons cannot be required to answer any questions about matters reviewed in such committees, nor can the records of such committees be subpoenaed.

The advantage of such legislated protection is that it encourages frank discussion within a peer review committee. Errors in judgement or any form of negligence can be studied in detail, with a view to improving preventive strategies.

E. Euthanasia and Assisted Suicide

The terms "assisted suicide" and "euthanasia" (from the Greek *eu*, meaning "good" or "easy," and *thanatos*, meaning death) are used, sometimes imprecisely, to refer to a range of situations in which the death of a person (typically a terminally ill patient) results from or is facilitated by the actions of another person (for example, a physician or family member). The legal and ethical implications of such situations can vary considerably, depending on such factors as:

- the extent to which the person himself makes the decision to die;
- the extent to which the direct or indirect action of others is involved;
- the nature of the steps taken (e.g., direct actions such as lethal injections, versus passive or indirect measures such as refraining from intervention);
- the mental competence and consciousness of the person at the time the action is taken; and
- the availability and involvement of surrogate decision makers.

After reviewing terminology used internationally, the Canadian Association for Suicide Prevention (1994A, p. 11) has proposed that the term **active euthanasia** be used to refer to cases in which, *at the expressed wish of a terminally ill person,* activities are initiated which result in that person's death, the object being to put an end to uncontrollable anguish or suffering.[13] The Association defines **mercy killing** as initiating activities which result in the death of a terminally ill person *when that person is unable to request or give consent for this action* (for example, when the person is in a permanent coma). **Physician-assisted suicide** would refer to cases in which a physician agrees to provide a person with the means for suicide or information about how to commit suicide (for example by prescribing or providing a lethal dose of a medication) but in which the action that leads to death is taken by the person himself/herself.

According to these definitions, the terms "suicide" and "assisted suicide" should be used only to describe *intentional, self-inflicted* death. Thus when severely disabled persons who are physically unable to commit suicide die as a result of actions taken by a physician (or some other person) at their request, the term "active euthanasia" would apply. Since the debate about terminology is inseparable from the debate over the substantive issues, readers of the literature should not assume that all authors use these terms in the same way.

13 For reasons rooted in law and ethics, a distinction is made between *active* euthanasia, in which death results from an intentional act, and *passive* euthanasia, in which death results from intentionally omitting or discontinuing an action that would extend life. Mentally competent adults have the right to refuse medical treatment, and the withholding or withdrawal of treatment may in some instances be viewed as passive euthanasia.

There is a growing debate about suicide (in particular, assisted suicide) carried out for purposes of euthanasia in cases of highly disabling or painful terminal illness. Although unassisted suicide (including attempted suicide) has been decriminalized (i.e. removed from the Criminal Code), there is no defined right to suicide in Canadian law. Moreover, the Criminal Code (sections 226, 241) prohibits any person (including a physician) from intervening actively to end a person's life (e.g. by administering a lethal injection, or by intentionally supplying equipment or medications for use in suicide), even if such intervention is requested by the individual. In the most notable recent court case (Rodriguez vs. British Columbia, 1993) the Supreme Court of Canada upheld the Criminal Code provisions prohibiting physician-assisted suicide/euthanasia. Advocates of a right to physician-assisted suicide/euthanasia are currently promoting legislation that would permit this kind of intervention in certain circumstances. New proposals for legislation, precedent-setting court cases and public discussion will continue to shape society's response to these issues.

It is beyond the scope of this report to discuss in detail the legal and ethical implications of physician-assisted suicide/ etuthanasia. However, certain key issues risk being overlooked if the debate focuses exclusively on legislation and Charter rights.

It is arguable that suicides by terminally ill persons do not represent a wholly separate category, but have much in common with other suicides. Accordingly, they should (like other suicides) remain the focus of preventive activities and therapeutic interventions.

Most suicidal persons feel ambivalent and change their minds before, during or after an attempt. (This explains the small proportion of attempts that result in death.) Most (including many who are terminally ill) will choose to cancel or at least delay their plans. Concern has been expressed (e.g. by Mishara, 1993B) that the presence or involvement of others may inadvertently "pressure" an ambivalent person to go through with plans for assisted suicide or euthanasia.

It would be unreasonable to presume that a terminally ill person's expressed desire to die can be dismissed as irrational, impulsive, poorly thought out, inconsistent with his or her values, or symptomatic of psychiatric disorder. However, as with other suicidal persons, the likelihood of ambivalence must always be recognized, as well as the possibility that treatable depression or other factors amenable to change are influencing the person in the direction of suicide. To assume that terminal illness is, in itself, sufficient justification for suicide, and that every expression of suicidal intent by a terminally ill person should be taken at face value, would be to devalue the lives of these people and to neglect opportunities for making their final days more meaningful and comfortable.

Terminally ill persons who contemplate suicide do so because they find certain aspects of their current life (or their perceived future) unbearable. Together with the need for appropriate medical treatment, the suicidal terminally ill person has the same range of human needs as other suicidal persons for reassurance, support, practical assistance, human contact and affection, and meaningful roles. Meeting these needs should be the first priority. It is important to evaluate to what extent appropriate interventions may alleviate the physical or

psychological pain the person is experiencing and thus diminish the suicidal risk. Chronic physical pain can often be reduced considerably by appropriate interventions. The depression experienced because of the social isolation, strain and multiple losses associated with being terminally ill may be diminished by the support of family and friends, and by appropriate psychotherapeutic intervention.

The development of palliative care units, hospice programs and palliative home care to improve the quality of the lives of Canadians suffering from terminal illness has shown that feelings of despair and suicidal depression need not be accepted as inevitable components of terminal illness (see for example Johnson, 1994). Terminally ill people who are suicidal can, like other suicidal persons, be helped to find alternative solutions that will diminish the anguish in their lives, so they can continue to live more productively until the time of death.

V RESEARCH AND EVALUATION

One of the greatest obstacles encountered by the Task Force in the preparation of the original report was the lack of Canadian research on suicidal behaviours. While some of the findings of studies from other countries can be confidently applied to the Canadian situation, many cannot. For example, some of the approaches considered effective in Great Britain may not be readily applicable in Canada, where the rates and patterns of suicide are somewhat different. If innovative and effective approaches to suicide prevention strategies are to be realized, we need to encourage systematic gathering of information throughout the nation. More information and knowledge need to be obtained concerning the causes of suicidal behaviour, the factors that increase the risk for suicide, the factors that are protective and may facilitate resiliency in vulnerable persons, and methods of preventing suicidal behaviour. In order to satisfy these information needs, multidisciplinary research activities must be encouraged. In particular, research programs that focus on the following areas require special support and emphasis:

1. Epidemiological studies aimed at the following:

   - determining the prevalence of suicidal behaviours among different segments of the Canadian population (e.g., age, gender, ethnic, and regional groups);
   - identifying the characteristics of those who engage in various forms of suicidal behaviour, from ideation to completed suicide; and
   - assessing the interaction between multiple risk factors and suicidal behaviour.

   Information from such epidemiological studies can be useful in identifying and understanding high-risk groups and the changes in those groups over time. It can also serve as a baseline for testing the outcomes associated with specific intervention programs.

   Note that such studies can only improve our understanding of suicidal behaviour to the extent that the information is collected systematically, and is **accurately and consistently classified.** Thus, emphasis must be placed on the development of a classification system with operational criteria that can be used to determine suicide as the cause of death. Such a system must be applied consistently throughout the country (see Appendix 4).

2. It is important to carry out studies examining the social, psychological and biological factors associated with suicidal behaviour and, in particular, the interaction of these different factors. Conceptual models of the genesis, nature, course and sub-types of suicidal behaviour need to be refined, tested and (where possible) integrated to guide further research and program development.

3. Much more effort needs to be directed towards the planning of studies to assess the most effective approaches to treating suicide attempters, preventing the onset of suicidal behaviour in high-risk groups, and dealing with the aftermath of suicide. Well-planned

studies using control groups are absolutely essential in determining what activities/strategies are most effective for which populations.

4. Carefully planned evaluation studies must be conducted into the effects of the full range of prevention and intervention programs that have been established. For example, evaluations of such programs as public education regarding suicide, school-based awareness or screening programs, suicide crisis intervention centres, suicide prevention training programs, etc., must be carried out.

In order to realize these research efforts and outcomes, it is suggested that research capability be viewed as an essential prerequisite for the planning and delivering of appropriate programs and services, and in the evaluation of their effectiveness.

APPENDIX 1
Objectives of the Original Task Force and Summary of Recommendations (1987)

Objectives

The objectives of the National Task Force on Suicide are summarized by the following terms of reference:

Phase I

1. To make an enquiry into the state of knowledge with respect to epidemiological evidence on the nature and size of suicide and suicide-related problems, attempting to establish demographic and sociological parameters and identifying Canadian groups at greatest risk.
2. To make an enquiry into the state of knowledge with regard to etiological processes.
3. To gather information on programs of suicide prevention, intervention and postvention, with particular focus on evaluative studies of actual programs.

Phase II

4. To analyze and consider the facts presented, and draw up guidelines and/or recommendations for appropriate action at federal, provincial/territorial or regional levels.
5. To identify areas and topics that require major efforts in research, study and evaluation.
6. To prepare a report of findings for the Assistant Deputy Minister, Health Services and Promotion Branch.
7. To advise on strategies for useful distribution of information on reports and their findings.

Summary of Recommendations from the 1987 Report

(N.B. Recommendations were not altered in this update.)

The scope and nature of the following recommendations reflect the expertise of the Task Force members. The mental health priorities in any jurisdiction will determine the saliency and urgency of the recommendations. Suicide, however tragic, is a low-frequency event having a more limited societal impact than other pressing mental health issues such as the care and treatment of the chronically mentally ill, the mental health needs of victims of violence, including battered women and abused or neglected children, and the mental health problems associated with aging. In addition, not all the recommendations will apply across Canada. Some may already be incorporated in provincial and local mental health services, or their intent may have been met with service arrangements not anticipated by the Task Force.

Definition of the Problem

Recommendation:

1. Mental health professionals in each province and territory, who are knowledgeable about suicide, should work toward the development of a classification system, to be used for the determination of the cause and manner of death, implementing uniform and unbiased criteria designating degrees of probability.

Prevention, Intervention and Postvention: Designing a Response to the Problem

Recommendations:

2. Mental health professionals knowledgeable about suicide should consult with media representatives in an attempt to mitigate the negative effects of media coverage of suicides.

3. Public education programs should be developed by recognized mental or public health authorities in collaboration with media agencies (e.g., The Press Council), with a view to reducing the stigma attached to seeking treatment for states of depression; informing the public about the warning signs of suicide; and familiarizing society with various coping skills to use in times of distress.

4. Measures should be taken to reduce the lethality and availability of instruments of suicide (e.g., more stringent enforcement of gun control legislation, more stringent control of the distribution of medications, and wherever possible, limitations on the accessibility of attractive hazards).

5. Governmental assistance should be provided (e.g., to universities and community colleges) for education and training programs, to be provided on an interdisciplinary basis for the various service disciplines (e.g., health care professionals and gatekeepers) in order to improve their expertise in dealing with suicidal individuals.

6. In recognition of the unique set of problems inherent in the custodial and correctional services, workshops for suicide-prevention training should be implemented for all custodial officers and for the police who are employed in pre-sentencing custodial facilities in all jurisdictions.

7. Discipline- or group-specific issues and concerns related to suicide should be addressed through additional training materials developed at the initiative of the group involved (e.g., physicians, clergy, teachers).

8. Teachers should be informed, either through initial training or professional development, of techniques in the detection and assessment of suicidal risk in students, and of the available counselling services in the community.

9. An immediate assessment by suitable trained personnel should be requested for every potentially suicidal individual entering the emergency wards of general hospitals.

10. Where the resources exist, a psychiatric emergency staff that is multi-disciplinary in nature should be established, and the involvement of trained volunteer staff should be considered.

11. The psychiatric emergency team should be encouraged to communicate effectively with other mental health and social services in the community, as well as with the police and crisis centres.

12. A suicidal individual hospitalized as an in-patient in a medical or surgical unit should be assessed by suitably trained staff as soon as possible after admission.

13. If possible, the Canadian Council of Crisis Centres should review existing standards and performance levels and develop guidelines for Canadian centres, instituting a system of evaluation and accreditation for the centres.

14. Evaluation studies of Canadian crisis centres should be undertaken to determine the nature, course and effect of services provided.

15. Whenever properly qualified professionals are available, psychological autopsies should be performed in all cases of equivocal or causally undetermined deaths, as well as in suspected cases of suicide in psychiatric and general hospitals, prisons, community clinics and probation services.

16. Health care professionals should include case-management reviews in their routine investigations of all suicides where there is a recent history of psychiatric treatment.

Prevention, Intervention and Postvention with High-Risk Populations

Recommendations:

17. Efforts to reduce the incidence of alcoholism should be strongly encouraged.

18. Additional governmental support should be considered for agencies participating in the treatment of alcoholics and their families.

19. Provincial Ministers of Education should consider the feasibility of developing province-wide mental health programs for adolescent students focusing on factors crucial to the development of self-confidence and self-esteem, strategies in problem solving and decision making, and interpersonal skills.

20. The treatment of young people who are at risk to suicide should recognize and account for vulnerability factors and environmental influences.

21. There should be a coordinated effort to identify gaps in counselling and psychiatric services for young people, and to establish programs based on a comprehensive approach to the family and the problems of the young.

22. All deliberately self-inflicted injuries and threats of suicide on the part of young people should be taken seriously, and involve professional assessment and appropriate therapeutic follow-up.

23. Comprehensive programs of care for the elderly should be implemented.

24. The development and implementation of suicide prevention strategies for Canadian Native peoples should be based on a comprehensive and culturally oriented approach.

25. A liaison and back-up network of mental health consultants should be accessible to all community health workers delivering health education and social services to Native peoples.

26. Greater efforts should be made to improve communication within and between correctional institutions, and between institutions and post-custodial rehabilitation programs regarding the suicidal behaviour of inmates. This could be accomplished through a standardized system for the reporting of incidents of suicidal behaviour, to be used in federal and provincial correctional systems and custodial agencies.

27. As part of an interdisciplinary approach, and for determining the most effective techniques in handling the suicidal inmate, there should be support for the broad dissemination of research results using resources such as the library of the Department of the Solicitor General of Canada.

28. Opportunities should be provided for both professionals and volunteers to enrol in training programs focusing on the bereavement of individuals close to suicide victims.

29. Mental health workers involved with the bereaved of suicide victims should be encouraged to establish contact as soon as possible following the suicide to provide emotional and psychological support, as well as information regarding the availability of local counselling services.

30. So that optimal programs for suicide bereavement can be developed, the existing models should be evaluated in terms of their success in the attainment of their objectives.

Suicide and the Law

Recommendation:

31. There should be an ongoing review of all provincial and territorial Mental Health Acts to establish uniform provisions for improving the safety of suicidal individuals.

Research

Recommendations:

32. The Alberta model of a system for suicide prevention should be assessed by other provinces and territories for possible implementation in their jurisdictions.

33. Both the federal and provincial government departments responsible for mental health should have a senior official responsible for suicide prevention programs, and for facilitating research. (The Alberta model of the appointment of a provincial suicidologist should be considered where possible.)

34. The federal and provincial governments should collaborate to establish a broad national mortality database, and examine the question of the mandatory contribution of data to the system.

35. Evaluation of current procedures for the collection of data is necessary for the development of more efficient and standard techniques.

36. Provincial coroners and medical examiners should be authorized to permit accredited researchers access to individual files, and to facilitate further collection of data through local coroners and police. (Current legislation regarding issues of confidentiality may require amendment to make this possible.)

37. It is essential that research findings on suicide and parasuicide be disseminated in the health care system.

38. Formal research into the effectiveness of training methods should be encouraged on an interdisciplinary basis for those involved with suicide and suicidal individuals.

39. Government funding should be increased for research on suicide, and this should be done on a priority basis.

40. Priority should be given to multi-centre and multidisciplinary research with particular focus on the various factors (i.e., social integration, isolation, mental disorder, alcoholism, drug abuse, family and educational difficulties) influencing young people who are suicidal.

APPENDIX 2
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APPENDIX 3
First Nations and Inuit Communities

You are an Indian
And you are lost
You don't know who you are
Because you don't know where you have come from
And if you don't know where you have come from
Then you can't know where you are going.

Art Solomon, Ojibway Elder, 1990

Researchers investigating suicide in Canadian First Nations and Inuit communities report rates that range from zero to 15 times that of the general population. On the whole, estimates of the suicide rate within First Nations and Inuit communities average from three to five times the Canadian population rates.

Mental health practitioners and researchers working within First Nations and Inuit communities appear to agree that acculturation is a major factor that has contributed to the higher rates of suicide within many of these communities. (Berry, 1990; Thompson and Walker, 1990; Committee on Cultural Psychiatry,1989; Van Winkle and May, 1986.)

The ways in which these communities have responded and adapted to contact with non-native culture appear to offer some explanation for the wide range of suicide rates. Van Winkle and May (1986), in a retrospective longitudinal study of suicide in three North American tribes over a 22-year span, pointed out that at least two factors appeared to interact to account for the differences between native communities with high rates of suicide and those with low rates. These two factors were the degree of social integration of a tribe and the amount of contact with non-native society (acculturation). Generally, tribes whose beliefs and values promoted an interdependent and cohesive community, and who had limited contact with the dominant culture, demonstrated the lowest rates of suicide. When contact occurred, those communities that managed to maintain a strong interdependent and cohesive community maintained low suicide rates. Many of these groups were identified as having kept traditional beliefs and cultural practices intact (Levy, 1965).

Berry (1990) has been investigating the effects of acculturation on various ethnic groups, including First Nations and Inuit populations in Northern Canada during the past 20 years. His observations appear to support the conclusions of most practitioners and researchers involved with First Nations and Inuit communities. The effect of contact with non-native society has resulted in an overall decline of spiritual, physical and mental health of Canadian native peoples. Many of the researchers appear to agree with the wisdom offered by native elders: much

of the decline in health (i.e. high suicide rates) is related to the loss of identity that has resulted from a disconnection from traditional values and beliefs that guide the formation of cultural identity or"knowing who you are."

Another major factor that has contributed to the high rates of suicide is the absence of sustainable economies to replace the traditional economies, which have been destroyed through contact with the dominant culture. Most First Nations and Inuit communities are largely dependent upon non-native society to provide for most of the communities' basic needs (e.g., food, shelter, health care). Consequently, there are few opportunities within these communities for meaningful employment and activities that can provide "a purpose for life." Poverty and life-long dependence upon welfare are often the norm. It is little wonder that many native youth perceive such a future as hopeless and fall into patterns of self-destructive behaviour, which often lead to suicide.

Suicide rates are the highest amongst some First Nations and Inuit communities, when compared to all ethnic communities in Canada. Clearly if one is to understand these extremely high rates of suicide it is necessary to understand acculturation and its impact on these communities. Any attempt to offer explanations that are linear, or single factors, will likely produce limited understanding.

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APPENDIX 4
The Determination of Suicide: Data Collection and Certification

Suicide mortality data are of crucial importance for the study of suicide and the development of related policies and programs. A great deal of research has drawn upon official suicide mortality statistics compiled and published by governments. Official databases on suicide have several valuable characteristics: they have been collected over a long period of time in most countries, are coded according to a common international system, and are often available in a computer-readable form. They incorporate useful demographic and other data (for example, about suicide methods). Potential uses for suicide mortality data include assessing the magnitude of the problem, in general and for different populations; identifying groups at special risk; identifying trends; assessing the impact of large-scale interventions; generating and testing hypotheses about the etiology of suicide; and serving as one possible indicator of the general mental health of a community (O'Carroll, 1989).

Official statistics are sometimes cited and analyzed with little discussion as to their reliability and validity. The accuracy of such data has, however, been the subject of study and controversy for decades. Questions about the accuracy and interpretation of suicide data arise primarily because it is generally recognized that suicide tends to be under-reported in all jurisdictions. Research has provided evidence of this in Canada (Aldridge & St. John, 1991; Speechley & Stavraky, 1991; Malla & Hoenig, 1983) and other countries (Sainsbury and Jenkins, 1982; Brugha and Walsh, 1978; Liberakis and Hoenig, 1978; McCarthy and Walsh, 1975; Ovenstone, 1973). It has been argued by some that this under-reporting invalidates cross-jurisdictional comparisons of suicide rates (Atkinson et al., 1975; Nelson et al., 1978), and casts doubt on the usefulness of official statistics for research (Douglas, 1967). Others maintain that under-reporting is not extensive enough to invalidate comparisons between jurisdictions, or to obscure real differences in rates (Mao et al., 1990; McCarthy and Walsh, 1975; Sainsbury and Barraclough, 1968).

While under-reporting is widely recognized, it is more difficult to determine the *degree* of under-reporting, and the extent to which under-reporting may vary. At the core of the problem is the lack (and perhaps the impossibility) of a "gold standard" against which to evaluate questionable certifications (O'Carroll, 1989). Evidence of possible or probable under-reporting is usually generated by retrospectively reassessing deaths in categories considered to be possible "hiding places" for suicide deaths, e.g. deaths certified as "undetermined" as to manner; deaths by drowning, poisoning or falling; or single-driver motor vehicle fatalities (Holly, 1993; Speechley & Stavraky, 1991).

It has been suggested that under-reporting may occur inconsistently across regions, over time, according to certain characteristics of the victim or the investigator, and/or according to the suicide method employed (Speechley & Stavraky, 1991). However, different patterns of possible under-reporting have been found by different researchers (O'Carroll, 1989).

Hidden and variable inconsistencies in reporting would, of course, impair the usefulness of suicide data more than even a large but consistent degree of under-reporting.

Under-reporting (and variations in under-reporting) may be attributable to formal aspects of the death certification process (e.g. presence or absence of standard criteria); to the knowledge, attitudes or practices of the individuals responsible for certification; to the influence of social, cultural, religious and legal considerations; to various limitations in the systems for gathering, compiling and publishing suicide data; and to the ambiguous nature of some suicidal acts.

O'Carroll's (1989) review of this issue concludes that, when official statistics "are interpreted with a degree of caution and an understanding of the source and direction of biases likely to affect the published rates, ...it seems unlikely that the major conclusions based on these statistics will be in error" (p. 14). He cites as examples of such "major conclusions" the consistent finding that male suicide rates are higher than female rates; the finding that married persons commit suicide at a lower rate than single, widowed or divorced persons; and the dramatic rise of the suicide rate among 15-24-year-olds from 1950 to 1980, which "could not possibly be explained merely by ...changes in attitude [among those responsible for certification]" (p. 14). Because of the extensive use of official statistics in research and policy development, he calls for efforts to improve the validity and reliability of the certification of suicide.

Speechley and Stavraky (1991) concluded that official Canadian suicide statistics at the national level "are sufficiently accurate for most purposes in public health and epidemiology in spite of evidence of uneven under-reporting [by sex, cause and time]." Mao et al. (1990) examined the validity of interprovincial comparisons by considering possible misclassification of suicides as "undetermined" deaths. Although the ratio of undetermined deaths to suicides was higher in some provinces than in others, this did not affect the geographic pattern reflected in the official statistics (e.g. the ranking of provinces).

The Task Force recommended that the issue of the accuracy and consistency of the national suicide database be addressed in order to improve the prospects for research (Recommendations 34 & 35).

1. Cause and Manner of Death

Determination of the *cause of death* - the actual physical process by which death occurs - is clearly a medical matter, and is usually attended to by a physician or, in the case of a sudden unexpected death, by a coroner or medical examiner. Determination of the *manner of death*, (i.e. whether the death occurred through natural causes, homicide, suicide or an undeterminable manner) involves a review of various psychological and social influences, thereby demanding the involvement of experts other than a pathologist. It is essential, for the proper assessment of the situation, that the certifying officials have access to professionals with specialized training and investigative skills.

2. Death Certification in Canada

The certification of death is a provincial and territorial responsibility, and each jurisdiction has a death certification system based in law. The provincial and territorial laws governing death investigation stipulate the types of deaths that require investigation before certification. These include deaths designated as possible suicides, accidents, homicides and, in some cases, natural deaths, particularly where negligence may be involved, or where the death occurred in a jail or other public institution.

In the case of a non-natural death, officials such as coroners, medical examiners or provincial judges are required to determine, if possible, the identity of the deceased, as well as the time, place, cause and manner of death. Suicides are typically categorized as "notifiable deaths" and demand special investigation.

Although the general system of death certification is determined by law, the type of system employed varies among jurisdictions across Canada.

3. Coroner's System and Medical Examiner's System

The two general systems of death certification used in Canada are the Coroner's and the Medical Examiner's systems.

The Coroner's system is the most common certification system, now in effect in seven provinces and two territories across Canada. The approach to death investigations and the designated responsibility of the coroner are generally consistent across the provinces. In the case of a sudden and unexpected death, the coroner is responsible for determining the cause and manner of death, using available evidence and, when necessary, collecting further data. In the case of an equivocal death, the coroner is authorized to hold an inquest in order to secure further clarification of the death.

There is considerable variety in the qualifications of coroners across provinces. The requirement for medical expertise in the certification process is not reflected in the minimum qualifications of coroners within most provinces.

This inconsistency led the Task Force to call for a review of the structure of provincial and territorial Coroner's systems, as well as the issue of local autonomy versus jurisdiction-wide control and supervision.

It is significant to note that, although many Coroner's systems allow for control at the provincial or territorial level, the extent to which such control is exercised may vary.

The Medical Examiner's system addresses the issue of the standardization of qualifications of certifying officials through the province's Fatality Inquiries Act. In addition, this system separates the medical and judicial aspects of death certification, allowing each aspect to be performed by specialized individuals. The medical aspects are investigated by physicians, while the legal aspects, such as inquests and public inquiries, are under the authority of provincial judges. As is the case with the Coroner's system, the extent of provincial supervision and control within each Medical Examiner's system varies among provinces.

Based on a review of the certification systems used in Canada, the Task Force concluded that, to improve the consistency of death certification, there should be a chief medical examiner or coroner in each province with the authority to train and supervise local officials. Training should focus upon such matters as the effect of the

medical examiner's or coroner's attitudes toward suicide on the certification process and the implications of this process for the bereaved.

4. Attitudes and Approaches to the Certification of Suicide

Under-reporting of suicide is most commonly attributed to decisions by certifying officials to classify some deaths as accidental or "undetermined" despite indications of suicide.[14] The reluctance of officials to certify a death as a suicide can presumably vary over time and across jurisdictions, and according to the circumstances of the death or other considerations. This reluctance may thus contribute both to a general underestimation of the phenomenon and to a skewing of comparisons of suicide rates among regions, demographic groups, or periods of time.

In some cases, the manner of death is difficult to determine. The determination of a death as suicide depends largely upon the inferred intention of the deceased, which can only be established on a retrospective basis. If evidence of intent is absent the death is considered to be accidental or undetermined as to manner, even though the immediate cause of death (e.g. overdose, hanging, firearm, etc.) may be suggestive of suicide. "Evidence of intent" is interpreted in various ways, and this variation may be influenced by the attitudes of officials (Farberow, MacKinnon & Nelson, 1977).

There are two general approaches to solving an undetermined death. One is the "balance of probabilities" approach, in which evidence gathered at the scene, psychological and physical autopsy data and toxicological results are weighed, and the most probable manner of death is decided.

The other is the "beyond a reasonable doubt" approach: after evidence has been gathered, a death will not be certified as a suicide unless it can be proven beyond a reasonable doubt; and for some officials, a reasonable doubt almost always exists unless there is indisputable evidence of intent. A certifying official reluctant to certify a death as suicide will likely use the "beyond a reasonable doubt" approach, while one who is not so reluctant will use the "balance of probabilities" approach. As long as the former approach is used, many probable suicides will go unreported.

A study of 350 Ontario coroners determined that 33 percent of the coroners were reluctant to certify a death as suicide. The primary reason given was the emotional effect on the family; secondary concerns were life insurance considerations, stigmatization of the dead person, possible legal consequences and religious and moral considerations. As many as 38 percent of the coroners also admitted that, even in the case where suicide was probable, they would either certify the death as undetermined or would simply fail to denote the manner of death. Some coroners (16 percent) pointed to the inadequacy of the working definition of suicide and the lack of standardized criteria

14 In 1992, 181 male and 79 female deaths were reported in Canada under the International Classification of Diseases categories E980 to 989, i.e. it was recorded as "undetermined" whether the injuries that caused these deaths were intentional or accidental (Statistics Canada, Cat. No. 84-208, Causes of Death, 1992). If, in the extreme case, all these "undetermined" deaths were added to the certified suicide deaths for 1992, they would represent 5.8% of the new total for males and 9.1% of the new total for females. Thus it appears that the accuracy of "undetermined" findings could have a small but significant bearing on national suicide rates.

to be used by coroners for determining a death as suicide, resulting in "obvious variability" (Syer-Solursh and Wyndowe, 1981).

Operational criteria for the determination of suicide have been proposed (e.g. Rosenberg, Davidson, Smith et al., 1988). System-wide adoption of sound criteria would not eliminate the essential element of personal judgement, but would ensure that judgements would be based on "a more uniform, appropriate and complete body of information" (O'Carroll, 1989, p. 15).

However, a technical adjustment to the process (such as adoption of criteria) is probably only a partial solution. Such very real concerns as the emotional impact of suicide certification, the associated stigma, and the financial implications related to life insurance compound an already complex data collection problem. Under-reporting is likely to continue if such issues are not addressed. The Task Force discussed the possibility of allowing a finding of "probable" or "possible" suicide to reduce the "all-or-nothing" pressure on certifying officials.

Based on the advice of the coroners and medical examiners, and a review of the approaches taken by certifying officials in determining manners of death, the Task Force concluded that the determination of suicide should be based upon the "balance of probabilities" approach. This could decrease the overuse of the "undetermined" category on the certificates, thereby improving the reliability and validity of the statistics used for education and research purposes.

The Task Force maintained that suicidal deaths should be investigated as thoroughly as accidental deaths. In the case of possible suicide, the intention of the deceased must be established through the social and psychological analysis of a psychological autopsy. Implementation of the collection of data in a uniform manner would not only improve the accuracy of death certification, but would also add information that is critical to the understanding of suicide. This measure would also allow the bereaved to talk about the suicide in a less stressful context than that of a quasi-judicial hearing. (See Chapter III, Section C, item 2: Psychological Autopsy.)

5. Delays in Reporting and Compiling Data

A problem of a different order makes a further contribution to the under-reporting of suicide in official statistics in Canada. There are lengthy delays inherent in the death certification process; investigations often take well over a year. There may be additional lengthy delays before the certifying official's final determination is conveyed to the province's registrar of vital statistics and passed on to Statistics Canada. Data received after the cutoff date for publication are not incorporated into the statistics published by Statistics Canada. The resulting underestimate may be significant. This situation, as it applies in Ontario, is currently under review (Young & Wagner, in press).

APPENDIX 5
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* Many of the references cited in this document can be obtained most easily through the ***Suicide Information and Education Centre (SIEC)***, #201 - 1615 10th Ave. S.W., Calgary, Alberta, T3C 0J7, tel. 403-245-3900, fax 403-245-0929.

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APPENDIX 6
Canadian Suicide Mortality Statistics

The following tables are based on data provided by Statistics Canada, Vital Statistics and Health Status Section, Ottawa. Data concerning suicides and other deaths are generated by the death certification process (see Appendix 4), collected by provincial/territorial governments, and compiled for publication in various forms by Statistics Canada. Because data reveal different aspects of a phenomenon when presented in different ways, we have provided the mortality data in three forms:

Tables in Section 1 list the **number of suicide deaths**, by age group and sex, for Canada and the provinces and territories, for the years 1950 to 1992 inclusive.

Tables in Section 2 list the **age-specific suicide death rates**, by sex, for Canada and the provinces and territories, for the years 1950 to 1992 inclusive. These rates represent the number of deaths per 100,000 population in each 5-year age group during each year. The population within each age group is determined from census data (for census years) and extrapolations from census data (for intercensal years).

Particular caution is necessary in interpreting these rates when they relate to small population bases (for example, in the Yukon and Northwest Territories), or when they refer to an age-group that contains relatively few persons (notably the 85+ age group). In such cases, a small change in the actual number of deaths may cause a dramatic fluctuation in the rate per 100,000 from one year to the next. Such fluctuations may create the impression that there has been some correspondingly important change in the factors contributing to the risk of suicide, when in fact no such change may have occurred. A change in the age distribution of the base population can also cause fluctuations in the rates over time.

Tables in Section 3 present **age-standardized suicide death rates** for Canada and the provinces and territories for the years 1950 to 1992 inclusive. Age standardization makes it possible to make meaningful comparisons between populations with different age distributions (e.g. between two different provinces, or between the 1950 and 1992 populations of a single province). Age-standardized suicide rates are calculated by, in effect, adjusting the age distributions of the populations being compared so that they match the age distribution of a "standard population." (In the tables presented in this section, the standard population used is the population of Canada in the census year 1991.) The age-standardized rate is what the rate per 100,000 *would be* if the population in question had the same proportions of young, middle-aged and elderly persons as the standard population. Accordingly, a change in the age-standardized suicide rate of a province or country must be attributed to factors other than a change in the age distribution.

APPENDIX 6
Section 1

Number of Suicide Deaths in
Canada and Each Province and Territory,
By Age Group and Sex, for the Years 1950 to 1992

Order of presentation is as follows:

Canada
Newfoundland
Prince Edward Island
Nova Scotia
New Brunswick
Quebec
Ontario
Manitoba
Saskatchewan
Alberta
British Columbia
Yukon
Northwest Territories

Suicide Deaths by Age Group and Sex: CANADA, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	1,067	0	0	3	36	65	65	66	91	117	112	110	101	107	86	56	34	9	7	2
1951	1,036	0	0	1	19	65	63	80	83	107	104	122	99	98	77	19 56	38	15	6	3
1952	1,055	0	0	4	22	59	60	72	91	103	106	108	110	116	97	47	37	16	6	1
1953	1,054	0	0	5	28	56	75	78	94	125	95	114	94	102	79	52	37	12	6	2
1954	1,103	0	0	4	23	55	81	89	80	144	110	125	101	100	80	57	35	16	2	1
1955	1,106	0	0	2	21	46	85	90	94	125	116	116	104	109	80	61	36	13	7	1
1956	1,225	0	0	6	21	56	98	91	102	112	132	135	131	114	95	63	33	25	11	0
1957	1,246	0	0	2	25	66	88	121	113	118	144	128	136	100	90	50	40	19	5	1
1958	1,271	0	0	11	32	70	98	93	125	128	138	145	133	114	72	50	41	19	2	0
1959	1,242	0	0	5	25	62	86	101	126	122	136	130	124	106	92	58	45	20	3	1
1960	1,350	0	0	6	45	86	121	123	119	118	148	138	127	109	74	66	52	12	5	1
1961	1,366	0	0	8	33	68	85	110	130	143	162	153	124	111	96	66	50	21	6	0
1962	1,331	0	0	12	49	83	97	116	130	125	150	164	133	103	68	37	38	19	7	0
1963	1,436	0	0	13	62	102	99	122	145	150	139	160	128	107	75	60	46	16	10	2
1964	1,586	0	0	13	60	101	108	150	157	165	170	182	153	125	80	51	35	25	10	1
1965	1,715	0	0	16	66	115	115	140	167	183	164	202	166	140	101	64	40	22	14	0
1966	1,715	0	0	19	68	133	134	123	176	164	181	199	181	120	77	61	46	22	9	2
1967	1,841	0	0	12	96	157	150	160	160	212	189	180	179	117	99	51	39	26	13	1
1968	2,021	0	0	17	91	180	167	169	194	229	195	210	194	137	103	63	43	19	10	0
1969	2,291	0	0	15	124	242	177	163	208	237	263	223	221	152	90	82	51	27	15	1
1970	2,413	0	0	17	145	256	207	195	231	250	258	221	211	150	117	70	42	32	11	0
1971	2,559	0	1	17	168	272	223	203	219	275	272	251	222	172	101	70	49	25	18	1
1972	2,657	0	0	23	202	330	281	215	223	267	257	242	194	147	107	75	48	22	21	3
1973	2,773	0	1	23	202	323	275	220	234	222	286	245	229	203	141	84	51	21	12	1
1974	2,902	0	0	17	245	387	326	227	246	258	260	274	189	158	129	101	44	22	18	1
1975	2,808	0	3	22	234	399	326	208	228	242	236	252	196	157	137	76	42	35	8	7
1976	2,935	0	0	22	250	397	360	280	217	248	263	253	197	162	98	84	51	26	17	10
1977	3,317	0	2	31	298	496	371	306	273	236	281	302	219	160	147	95	49	27	17	7
1978	3,475	0	2	29	286	498	445	345	259	273	271	265	236	189	139	102	58	46	25	7
1979	3,357	0	1	22	308	498	387	325	264	264	276	249	240	186	146	94	59	26	10	2
1980	3,358	0	0	21	278	439	430	333	266	216	278	270	225	193	151	98	88	41	28	3
1981	3,403	0	1	34	293	459	351	361	268	269	246	265	258	167	148	133	69	59	19	3
1982	3,523	0	1	27	282	453	459	371	302	255	257	278	264	179	150	124	63	32	20	6
1983	3,755	0	0	23	289	473	468	401	318	300	275	244	261	226	166	132	92	57	30	0
1984	3,440	0	1	27	253	451	401	367	309	280	218	277	251	195	137	112	76	48	36	1
1985	3,259	0	1	17	221	424	393	360	314	265	229	221	219	174	142	133	74	45	26	1
1986	3,670	0	1	24	241	438	464	427	368	314	239	264	219	198	148	146	105	51	23	0
1987	3,594	0	0	30	244	388	449	438	338	314	281	239	226	172	174	134	82	53	29	3
1988	3,510	0	1	27	242	403	441	406	387	310	242	210	227	177	155	108	98	53	23	0
1989	3,492	0	0	25	247	372	418	422	373	322	282	195	220	174	162	108	80	50	41	1
1990	3,379	0	1	29	225	353	410	447	408	334	249	186	186	140	121	108	87	52	42	1
1991	3,593	0	1	28	253	362	436	454	389	364	275	217	188	179	162	115	82	51	37	0
1992	3,709	0	0	34	249	374	434	460	445	359	287	252	214	183	150	96	81	55	35	1

Suicide Deaths by Age Group and Sex: CANADA, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	830	0	0	3	28	49	39	44	68	89	88	85	84	90	67	47	32	8	7	2
1951	787	0	0	1	14	46	45	62	62	82	77	94	76	72	59	46	29	14	5	3
1952	815	0	0	2	20	43	46	56	63	82	70	87	83	95	82	36	30	14	5	1
1953	822	0	0	4	23	40	52	63	70	96	69	90	75	80	63	48	31	11	6	1
1954	842	0	0	4	19	38	61	67	57	103	82	99	77	79	61	48	30	14	2	1
1955	845	0	0	2	15	34	62	61	63	96	90	92	79	84	71	49	32	10	5	0
1956	951	0	0	5	18	44	73	68	75	86	97	98	107	89	78	51	29	22	11	0
1957	980	0	0	2	20	58	66	88	88	92	104	96	108	86	74	40	37	15	5	1
1958	1,022	0	0	11	27	54	85	66	90	97	114	110	116	91	62	44	38	15	2	0
1959	994	0	0	5	21	55	78	80	96	91	110	101	99	84	70	47	37	16	3	1
1960	1,084	0	0	5	37	72	97	97	99	93	120	107	103	85	59	51	47	7	5	0
1961	1,098	0	0	8	27	53	68	83	100	118	117	124	100	97	78	55	47	17	6	0
1962	1,048	0	0	10	39	67	76	83	98	95	115	132	110	85	53	30	33	18	4	0
1963	1,083	0	0	12	43	82	68	90	107	115	101	112	96	90	57	46	38	14	10	2
1964	1,194	0	0	12	46	77	79	111	107	124	128	131	112	105	58	41	30	23	9	1
1965	1,274	0	0	13	50	95	88	95	117	133	114	150	125	107	78	48	29	21	11	0
1966	1,283	0	0	18	56	111	95	93	122	122	125	145	125	90	64	47	39	20	9	2
1967	1,353	0	0	10	82	125	111	114	114	135	134	129	133	89	74	39	29	22	12	1
1968	1,481	0	0	14	78	136	127	124	129	151	142	140	155	107	74	49	31	16	8	0
1969	1,641	0	0	12	106	186	126	111	150	166	170	153	152	102	62	68	41	22	13	1
1970	1,732	0	0	14	106	203	146	136	171	175	165	148	149	116	82	53	33	27	8	0
1971	1,866	0	1	13	136	218	178	137	158	193	179	173	158	128	70	48	40	18	17	1
1972	1,900	0	0	17	156	274	189	153	150	176	180	170	132	107	71	57	30	15	20	3
1973	1,985	0	1	19	155	266	191	149	173	163	191	170	154	141	95	57	39	12	8	1
1974	2,103	0	0	13	209	319	234	160	165	188	174	180	122	105	88	79	35	16	15	1
1975	2,030	0	1	19	186	316	244	150	154	161	152	171	136	120	93	59	28	26	7	7
1976	2,108	0	0	17	201	309	283	185	145	172	178	183	123	110	65	59	38	17	15	8
1977	2,459	0	2	23	244	418	277	229	199	177	192	205	145	100	103	70	37	18	15	5
1978	2,610	0	1	24	235	418	346	270	193	186	202	178	161	125	92	74	47	33	19	6
1979	2,520	0	0	15	251	403	302	255	184	195	209	157	170	145	101	68	41	16	7	1
1980	2,534	0	0	15	234	359	343	256	199	160	198	181	159	126	109	66	69	34	23	3
1981	2,570	0	1	25	250	390	276	279	199	189	172	186	175	121	98	101	53	44	10	1
1982	2,726	0	1	23	247	380	369	289	215	187	192	205	185	133	109	97	46	27	17	4
1983	2,885	0	0	20	250	411	381	311	223	217	188	176	192	161	115	98	73	44	25	0
1984	2,661	0	1	23	221	389	326	286	237	196	161	202	184	134	91	86	63	34	27	0
1985	2,566	0	1	12	186	374	321	284	237	201	162	174	165	131	104	102	53	40	18	1
1986	2,850	0	1	19	199	371	386	333	274	246	173	185	170	140	102	108	82	39	22	0
1987	2,794	0	0	25	201	331	367	342	253	230	210	181	175	124	126	110	60	41	16	2
1988	2,734	0	1	23	212	337	357	322	284	222	171	150	173	148	116	88	70	42	18	0
1989	2,696	0	0	19	218	310	338	328	280	235	188	147	166	133	121	81	58	41	32	1
1990	2,673	0	0	23	182	302	347	356	303	251	191	139	148	113	88	81	74	40	35	0
1991	2,875	0	1	19	217	322	351	362	308	277	212	177	144	141	121	84	63	43	33	0
1992	2,923	0	0	26	198	306	361	378	357	268	212	183	178	137	110	72	70	44	22	1

Suicide Deaths by Age Group and Sex: CANADA, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	237	0	0	0	8	16	26	22	23	28	24	25	17	17	19	9	2	1	0	0
1951	249	0	0	0	5	19	18	18	21	25	27	28	23	26	18	10	9	1	1	0
1952	240	0	0	2	2	16	14	16	28	21	36	21	27	21	15	11	7	2	1	0
1953	232	0	0	1	5	16	23	15	24	29	26	24	19	22	16	4	6	1	0	1
1954	261	0	0	0	4	17	20	22	23	41	28	26	24	21	19	9	5	2	0	0
1955	261	0	0	0	6	12	23	29	31	29	26	24	25	25	9	12	4	3	2	1
1956	274	0	0	1	3	12	25	23	27	26	35	37	24	25	17	12	4	3	0	0
1957	266	0	0	0	5	8	22	33	25	26	40	32	28	14	16	10	3	4	0	0
1958	249	0	0	0	5	16	13	27	35	31	24	35	17	23	10	6	3	4	0	0
1959	248	0	0	0	4	7	8	21	30	31	26	29	25	22	22	11	8	4	0	0
1960	266	0	0	1	8	14	24	26	20	25	28	31	24	24	15	15	5	5	0	1
1961	268	0	0	0	6	15	17	27	30	25	45	29	24	14	18	11	3	4	0	0
1962	283	0	0	2	10	16	21	33	32	30	35	32	23	18	15	7	5	1	3	0
1963	353	0	0	1	19	20	31	32	38	35	38	48	32	17	18	14	8	2	0	0
1964	392	0	0	1	14	24	29	39	50	41	42	51	41	20	22	10	5	2	1	0
1965	441	0	0	3	16	20	27	45	50	50	50	52	41	33	23	16	11	1	3	0
1966	432	0	0	1	12	22	39	30	54	42	56	54	56	30	13	14	7	2	0	0
1967	488	0	0	2	14	32	39	46	46	77	55	51	46	28	25	12	10	4	1	0
1968	540	0	0	3	13	44	40	45	65	78	53	70	39	30	29	14	12	3	2	0
1969	650	0	0	3	18	56	51	52	58	71	93	70	69	50	28	14	10	5	2	0
1970	681	0	0	3	39	53	61	59	60	75	93	73	62	34	35	17	9	5	3	0
1971	693	0	0	4	32	54	45	66	61	82	93	78	64	44	31	22	9	7	1	0
1972	757	0	0	6	46	56	92	62	73	91	77	72	62	40	36	18	18	7	1	0
1973	788	0	0	4	47	57	84	71	61	59	95	75	75	62	46	27	12	9	4	0
1974	799	0	0	4	36	68	92	67	81	70	86	94	67	53	41	22	9	6	3	0
1975	778	0	2	3	48	83	82	58	74	81	84	81	60	37	44	17	14	9	1	0
1976	827	0	0	5	49	88	77	95	72	76	85	70	74	52	33	25	13	9	2	2
1977	858	0	0	8	54	78	94	77	74	59	89	97	74	60	44	25	12	9	2	2
1978	865	0	1	5	51	80	99	75	66	87	69	87	75	64	47	28	11	13	6	1
1979	837	0	1	7	57	95	85	70	80	69	67	92	70	41	45	26	18	10	3	1
1980	824	0	0	6	44	80	87	77	67	56	80	89	66	67	42	32	19	7	5	0
1981	833	0	0	9	43	69	75	82	69	80	74	79	83	46	50	32	16	15	9	2
1982	797	0	0	4	35	73	90	82	87	68	65	73	79	46	41	27	17	5	3	2
1983	870	0	0	3	39	62	87	90	95	83	87	68	69	65	51	34	19	13	5	0
1984	779	0	0	4	32	62	75	81	72	84	57	75	67	61	46	26	13	14	9	1
1985	693	0	0	5	35	50	72	76	77	64	67	47	54	43	38	31	21	5	8	0
1986	820	0	0	5	42	67	78	94	94	68	66	79	49	58	46	38	23	12	1	0
1987	800	0	0	5	43	57	82	96	85	84	71	58	51	48	48	24	22	12	13	1
1988	776	0	0	4	30	66	84	84	103	88	71	60	54	29	39	20	28	11	5	0
1989	796	0	0	6	29	62	80	94	93	87	94	48	54	41	41	27	22	9	9	0
1990	706	0	1	6	43	51	63	91	105	83	58	47	38	27	33	27	13	12	7	1
1991	718	0	0	9	36	40	85	92	81	87	63	40	44	38	41	31	19	8	4	0
1992	786	0	0	8	51	68	73	82	88	91	75	69	36	46	40	24	11	11	13	0

Suicide Deaths by Age Group and Sex: NEWFOUNDLAND, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	7	0	0	0	0	0	1	1	0	1	1	1	0	1	0	0	1	0	0	0
1951	12	0	0	0	0	3	2	1	3	0	1	0	0	0	1	1	0	0	0	0
1952	8	0	0	0	0	0	1	1	1	0	0	1	1	1	0	0	1	1	0	0
1953	9	0	0	0	0	1	0	0	1	2	3	1	0	0	0	0	1	0	0	0
1954	8	0	0	0	0	0	1	0	2	1	1	2	1	0	0	0	0	0	0	0
1955	6	0	0	0	0	0	1	0	0	0	1	0	1	1	1	0	1	0	0	0
1956	9	0	0	0	1	0	3	0	1	0	0	1	1	0	0	1	1	0	0	0
1957	13	0	0	0	0	2	0	2	0	2	1	2	2	2	0	0	0	0	0	0
1958	11	0	0	0	1	0	3	1	1	2	0	0	1	0	1	0	0	1	0	0
1959	14	0	0	0	1	0	2	2	1	1	1	2	2	0	1	0	1	0	0	0
1960	12	0	0	0	0	2	2	2	1	1	1	0	0	0	0	0	3	0	0	0
1961	17	0	0	0	2	1	0	1	2	2	1	3	1	1	0	2	1	0	0	0
1962	9	0	0	0	0	1	0	1	0	1	0	0	3	0	1	2	0	0	0	0
1963	16	0	0	0	0	1	1	3	1	2	2	1	3	1	0	1	0	0	0	0
1964	17	0	0	0	1	2	3	1	2	4	2	2	0	0	0	0	0	0	0	0
1965	23	0	0	0	0	2	2	2	5	0	5	1	2	1	2	1	0	0	0	0
1966	15	0	0	0	0	1	3	2	1	0	4	1	1	0	1	0	1	0	0	0
1967	10	0	0	0	0	2	0	1	2	2	0	0	1	2	0	0	0	0	0	0
1968	6	0	0	0	0	0	3	0	1	1	0	0	0	0	0	0	1	0	0	0
1969	6	0	0	0	0	1	1	0	0	0	1	0	1	1	0	0	1	0	0	0
1970	25	0	0	0	3	0	3	4	5	1	2	5	0	1	0	1	0	0	0	0
1971	19	0	0	0	1	1	1	2	2	2	2	1	4	1	2	0	0	0	0	0
1972	15	0	0	0	0	1	1	1	0	5	3	1	2	0	1	0	0	0	0	0
1973	26	0	0	0	1	7	0	3	2	1	0	3	5	2	1	1	0	0	0	0
1974	12	0	0	0	0	1	0	0	1	0	1	1	2	0	2	1	2	1	0	0
1975	19	0	0	0	1	4	3	1	2	1	1	2	3	0	1	0	0	0	0	0
1976	21	0	0	0	2	1	1	2	2	2	2	2	3	3	1	0	0	0	0	0
1977	21	0	0	0	2	2	3	2	1	2	3	3	1	0	2	0	0	0	0	0
1978	15	0	0	0	0	5	2	1	1	2	1	0	2	1	0	0	0	0	0	0
1979	25	0	0	0	3	3	2	2	1	1	5	2	1	3	2	0	0	0	0	0
1980	19	0	0	1	3	3	0	4	1	1	2	2	1	1	0	0	0	0	0	0
1981	24	0	0	0	3	6	3	3	0	2	1	4	1	0	0	0	0	0	1	0
1982	34	0	0	0	5	4	3	6	0	3	4	1	4	0	0	2	2	0	0	0
1983	36	0	0	0	6	5	2	5	5	3	1	0	0	6	1	0	1	1	0	0
1984	39	0	0	1	8	7	1	6	3	0	2	4	2	3	1	0	1	0	0	0
1985	23	0	0	1	0	1	2	2	2	4	2	2	3	2	2	0	0	0	0	0
1986	23	0	0	0	0	2	2	2	0	4	3	0	2	1	3	1	1	2	0	0
1987	28	0	0	0	2	3	2	7	1	2	2	0	3	2	0	1	2	0	1	0
1988	44	0	0	0	5	5	6	1	6	5	4	2	3	1	4	0	0	1	1	0
1989	29	0	0	1	2	4	2	3	4	2	1	2	2	2	2	1	0	1	0	0
1990	58	0	0	0	9	5	4	8	6	7	7	1	1	4	2	3	1	0	0	0
1991	41	0	0	1	7	7	3	3	4	4	1	3	2	1	1	2	0	1	1	0
1992	50	0	0	1	6	9	2	6	6	5	3	1	3	4	1	1	2	0	0	0

Suicide Deaths by Age Group and Sex: NEWFOUNDLAND, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	7	0	0	0	0	0	1	1	0	1	1	1	0	1	0	0	1	0	0	0
1951	10	0	0	0	0	3	1	1	3	0	1	0	0	0	1	0	0	0	0	0
1952	7	0	0	0	0	0	0	1	1	0	0	1	1	1	0	0	1	1	0	0
1953	8	0	0	0	0	0	0	0	1	2	3	1	0	0	0	0	1	0	0	0
1954	6	0	0	0	0	0	1	0	2	1	0	1	1	0	0	0	0	0	0	0
1955	5	0	0	0	0	0	1	0	0	0	1	0	0	1	1	0	1	0	0	0
1956	7	0	0	0	1	0	3	0	0	0	0	0	1	0	0	1	1	0	0	0
1957	12	0	0	0	0	2	0	1	0	2	1	2	2	2	0	0	0	0	0	0
1958	11	0	0	0	1	0	3	1	1	2	0	0	1	0	1	0	0	1	0	0
1959	13	0	0	0	1	0	2	2	1	1	1	2	1	0	1	0	1	0	0	0
1960	11	0	0	0	0	2	1	2	1	1	1	0	0	0	0	0	3	0	0	0
1961	14	0	0	0	2	1	0	1	2	2	1	2	1	0	0	2	0	0	0	0
1962	9	0	0	0	0	1	0	1	0	1	0	0	3	0	1	2	0	0	0	0
1963	11	0	0	0	0	1	1	2	1	2	1	0	1	1	0	1	0	0	0	0
1964	16	0	0	0	0	2	3	1	2	4	2	2	0	0	0	0	0	0	0	0
1965	21	0	0	0	0	2	1	2	5	0	4	1	2	1	2	1	0	0	0	0
1966	15	0	0	0	0	1	3	2	1	0	4	1	1	0	1	0	1	0	0	0
1967	8	0	0	0	0	1	0	1	2	2	0	0	1	1	0	0	0	0	0	0
1968	6	0	0	0	0	0	3	0	1	1	0	0	0	0	0	0	1	0	0	0
1969	5	0	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	0	0	0
1970	23	0	0	0	1	0	3	4	5	1	2	5	0	1	0	1	0	0	0	0
1971	15	0	0	0	1	1	1	2	1	1	2	1	2	1	2	0	0	0	0	0
1972	11	0	0	0	0	1	0	1	0	3	3	0	2	0	1	0	0	0	0	0
1973	22	0	0	0	1	6	0	3	2	1	0	2	3	2	1	1	0	0	0	0
1974	10	0	0	0	0	1	0	0	1	0	1	0	2	0	2	1	1	1	0	0
1975	18	0	0	0	0	4	3	1	2	1	1	2	3	0	1	0	0	0	0	0
1976	18	0	0	0	2	0	1	2	1	2	2	2	3	2	1	0	0	0	0	0
1977	19	0	0	0	2	1	3	2	1	2	3	2	1	0	2	0	0	0	0	0
1978	11	0	0	0	0	4	1	1	0	1	1	0	2	1	0	0	0	0	0	0
1979	24	0	0	0	3	3	2	2	1	1	4	2	1	3	2	0	0	0	0	0
1980	18	0	0	1	3	3	0	4	1	1	1	2	1	1	0	0	0	0	0	0
1981	20	0	0	0	3	6	2	2	0	1	1	4	0	0	0	0	0	0	1	0
1982	32	0	0	0	5	3	3	6	0	3	4	1	3	0	0	2	2	0	0	0
1983	30	0	0	0	4	4	2	4	4	3	1	0	0	5	1	0	1	1	0	0
1984	35	0	0	1	6	7	1	6	2	0	2	3	2	3	1	0	1	0	0	0
1985	23	0	0	1	0	1	2	2	2	4	2	2	3	2	2	0	0	0	0	0
1986	17	0	0	0	0	2	2	1	0	3	2	0	2	1	1	0	1	2	0	0
1987	24	0	0	0	2	3	2	6	1	2	1	0	3	0	0	1	2	0	1	0
1988	41	0	0	0	5	5	6	1	6	5	3	2	3	1	3	0	0	1	0	0
1989	26	0	0	1	2	4	2	3	4	2	0	1	2	1	2	1	0	1	0	0
1990	45	0	0	0	6	4	4	6	5	4	5	0	1	4	2	3	1	0	0	0
1991	37	0	0	1	6	7	3	2	3	4	1	3	2	1	1	1	0	1	1	0
1992	45	0	0	1	5	8	2	5	5	5	3	1	3	3	1	1	2	0	0	0

Suicide Deaths by Age Group and Sex: NEWFOUNDLAND, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1951	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
1952	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1953	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1954	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
1955	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1956	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
1957	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1960	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1961	3	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0
1962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1963	5	0	0	0	0	0	0	1	0	0	1	1	2	0	0	0	0	0	0	0
1964	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1965	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
1966	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1967	2	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
1968	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1969	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1970	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1971	4	0	0	0	0	0	0	0	1	1	0	0	2	0	0	0	0	0	0	0
1972	4	0	0	0	0	0	1	0	0	2	0	1	0	0	0	0	0	0	0	0
1973	4	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0	0	0	0
1974	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0
1975	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1976	3	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0
1977	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1978	4	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0
1979	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1980	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1981	4	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	0
1982	2	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1983	6	0	0	0	2	1	0	1	1	0	0	0	0	1	0	0	0	0	0	0
1984	4	0	0	0	2	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
1985	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1986	6	0	0	0	0	0	0	1	0	1	1	0	0	0	2	1	0	0	0	0
1987	4	0	0	0	0	0	0	1	0	0	1	0	0	2	0	0	0	0	0	0
1988	3	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0
1989	3	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0
1990	13	0	0	0	3	1	0	2	1	3	2	1	0	0	0	0	0	0	0	0
1991	4	0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0
1992	5	0	0	0	1	1	0	1	1	0	0	0	0	1	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: PRINCE EDWARD ISLAND, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	3	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
1951	5	0	0	0	0	0	0	0	0	0	0	1	1	2	1	0	0	0	0	0
1952	5	0	0	0	0	0	0	2	1	0	0	0	0	1	0	1	0	0	0	0
1953	5	0	0	0	2	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0
1954	8	0	0	0	0	1	0	0	1	2	1	0	2	1	0	0	0	0	0	0
1955	6	0	0	0	0	0	0	0	0	1	1	1	0	1	1	1	0	0	0	0
1956	4	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0	0	0	0	0
1957	6	0	0	0	0	0	0	2	0	0	0	2	1	0	1	0	0	0	0	0
1958	7	0	0	0	1	0	0	1	1	0	0	3	0	0	0	1	0	0	0	0
1959	3	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0
1960	8	0	0	0	1	0	0	2	1	0	1	1	0	0	2	0	0	0	0	0
1961	7	0	0	0	0	0	0	0	1	2	1	0	0	0	2	0	0	0	1	0
1962	4	0	0	0	0	2	1	0	0	0	0	0	0	0	1	0	0	0	0	0
1963	6	0	0	0	0	1	1	0	1	0	0	3	0	0	0	0	0	0	0	0
1964	12	0	0	0	1	0	0	1	1	1	1	2	2	1	0	2	0	0	0	0
1965	6	0	0	0	1	0	0	0	0	0	1	0	1	1	0	1	1	0	0	0
1966	8	0	0	0	0	0	1	2	0	2	0	0	2	0	1	0	0	0	0	0
1967	10	0	0	0	0	0	0	0	2	1	2	3	0	0	0	1	1	0	0	0
1968	8	0	0	0	1	0	0	0	0	1	0	1	2	2	1	0	0	0	0	0
1969	13	0	0	0	1	0	2	2	1	1	0	3	1	1	1	0	0	0	0	0
1970	12	0	0	0	0	0	0	3	2	0	1	1	4	1	0	0	0	0	0	0
1971	13	0	0	0	1	0	1	4	1	0	0	1	1	0	0	3	0	0	1	0
1972	5	0	0	0	0	0	1	0	0	2	0	1	1	0	0	0	0	0	0	0
1973	12	0	0	0	1	0	3	0	2	2	0	0	1	0	2	1	0	0	0	0
1974	14	0	0	0	1	2	1	2	2	0	1	2	1	2	0	0	0	0	0	0
1975	14	0	0	0	1	3	1	1	1	1	1	0	2	0	2	1	0	0	0	0
1976	23	0	0	0	2	5	1	1	3	2	1	2	2	3	1	0	0	0	0	0
1977	12	0	0	0	4	1	0	0	1	1	0	1	2	1	1	0	0	0	0	0
1978	16	0	0	0	1	1	1	2	0	4	3	3	1	0	0	0	0	0	0	0
1979	16	0	0	0	1	0	2	2	2	1	4	2	0	2	0	0	0	0	0	0
1980	14	0	0	0	2	2	1	2	1	0	2	0	1	1	1	0	1	0	0	0
1981	9	0	0	0	1	2	0	0	1	1	0	2	1	1	0	0	0	0	0	0
1982	11	0	0	0	0	3	0	2	1	1	1	1	0	1	0	0	0	1	0	0
1983	16	0	0	0	2	5	2	1	1	0	1	1	0	1	0	1	0	1	0	0
1984	15	0	0	1	1	2	0	2	1	2	1	4	1	0	0	0	0	0	0	0
1985	5	0	0	0	0	1	1	2	0	0	0	0	1	0	0	0	0	0	0	0
1986	14	0	0	0	1	1	4	1	4	1	1	0	0	1	0	0	0	0	0	0
1987	11	0	0	0	0	0	2	1	0	1	0	0	1	1	2	1	0	2	0	0
1988	13	0	0	0	1	1	0	2	1	0	0	2	3	1	0	1	1	0	0	0
1989	11	0	0	0	0	4	1	0	0	3	0	1	2	0	0	0	0	0	0	0
1990	14	0	0	0	3	0	1	2	1	0	1	1	2	2	1	0	0	0	0	0
1991	22	0	0	1	1	3	4	0	1	3	3	3	0	0	2	1	0	0	0	0
1992	16	0	0	0	1	3	2	0	4	1	2	2	0	1	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: PRINCE EDWARD ISLAND, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	3	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
1951	5	0	0	0	0	0	0	0	0	0	0	1	1	2	1	0	0	0	0	0
1952	4	0	0	0	0	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0
1953	5	0	0	0	2	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0
1954	8	0	0	0	0	1	0	0	1	2	1	0	2	1	0	0	0	0	0	0
1955	4	0	0	0	0	0	0	0	0	1	0	1	0	1	1	0	0	0	0	0
1956	4	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0	0	0	0	0
1957	5	0	0	0	0	0	0	2	0	0	0	2	0	0	1	0	0	0	0	0
1958	6	0	0	0	0	0	0	1	1	0	0	3	0	0	0	1	0	0	0	0
1959	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
1960	8	0	0	0	1	0	0	2	1	0	1	1	0	0	2	0	0	0	0	0
1961	7	0	0	0	0	0	0	0	1	2	1	0	0	0	2	0	0	0	1	0
1962	3	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
1963	5	0	0	0	0	1	1	0	1	0	0	2	0	0	0	0	0	0	0	0
1964	10	0	0	0	1	0	0	1	1	0	1	2	2	0	0	2	0	0	0	0
1965	5	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	1	0	0	0
1966	7	0	0	0	0	0	1	2	0	1	0	0	2	0	1	0	0	0	0	0
1967	5	0	0	0	0	0	0	0	2	0	1	2	0	0	0	0	0	0	0	0
1968	8	0	0	0	1	0	0	0	0	1	0	1	2	2	1	0	0	0	0	0
1969	9	0	0	0	1	0	2	1	0	1	0	2	1	1	0	0	0	0	0	0
1970	12	0	0	0	0	0	0	3	2	0	1	1	4	1	0	0	0	0	0	0
1971	12	0	0	0	1	0	1	3	1	0	0	1	1	0	0	3	0	0	1	0
1972	5	0	0	0	0	0	1	0	0	2	0	1	1	0	0	0	0	0	0	0
1973	11	0	0	0	1	0	3	0	2	2	0	0	1	0	1	1	0	0	0	0
1974	12	0	0	0	1	1	1	2	2	0	1	1	1	2	0	0	0	0	0	0
1975	12	0	0	0	1	2	1	1	1	1	0	0	2	0	2	1	0	0	0	0
1976	20	0	0	0	1	5	1	1	3	2	1	2	2	1	1	0	0	0	0	0
1977	11	0	0	0	4	1	0	0	1	1	0	1	1	1	1	0	0	0	0	0
1978	12	0	0	0	0	0	1	2	0	4	3	2	0	0	0	0	0	0	0	0
1979	13	0	0	0	1	0	2	2	2	1	2	1	0	2	0	0	0	0	0	0
1980	13	0	0	0	2	2	1	2	1	0	2	0	1	1	0	0	1	0	0	0
1981	9	0	0	0	1	2	0	0	1	1	0	2	1	1	0	0	0	0	0	0
1982	10	0	0	0	0	2	0	2	1	1	1	1	0	1	0	0	0	1	0	0
1983	12	0	0	0	2	4	1	1	0	0	0	1	0	1	0	1	0	1	0	0
1984	13	0	0	1	1	2	0	2	1	1	1	4	0	0	0	0	0	0	0	0
1985	3	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0
1986	10	0	0	0	0	1	2	1	3	1	1	0	0	1	0	0	0	0	0	0
1987	9	0	0	0	0	0	2	1	0	1	0	0	0	1	1	1	0	2	0	0
1988	11	0	0	0	1	1	0	2	0	0	0	1	3	1	0	1	1	0	0	0
1989	10	0	0	0	0	4	0	0	0	3	0	1	2	0	0	0	0	0	0	0
1990	14	0	0	0	3	0	1	2	1	0	1	1	2	2	1	0	0	0	0	0
1991	19	0	0	1	1	3	2	0	1	3	3	3	0	0	1	1	0	0	0	0
1992	15	0	0	0	0	3	2	0	4	1	2	2	0	1	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: PRINCE EDWARD ISLAND, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1951	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1952	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
1953	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1954	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1955	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
1956	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1957	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1958	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1961	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1962	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1963	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1964	2	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0
1965	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1966	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1967	5	0	0	0	0	0	0	0	0	1	1	1	0	0	0	1	1	0	0	0
1968	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1969	4	0	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	0
1970	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1971	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1972	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1973	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1974	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1975	2	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1976	3	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
1977	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1978	4	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0
1979	3	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0
1980	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1982	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1983	4	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0
1984	2	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
1985	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
1986	4	0	0	0	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
1987	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
1988	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
1989	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1990	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1991	3	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0
1992	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: NOVA SCOTIA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	45	0	0	0	2	1	2	2	5	5	5	3	3	4	5	4	2	1	1	0
1951	28	0	0	0	1	0	0	2	1	3	2	4	3	1	2	2	6	1	0	0
1952	42	0	0	0	1	1	1	3	6	1	5	7	5	3	2	1	3	3	0	0
1953	33	0	0	0	1	1	4	2	6	1	4	3	2	4	3	1	0	1	0	0
1954	27	0	0	0	0	1	2	1	4	5	1	3	1	2	3	2	2	0	0	0
1955	36	0	0	0	3	2	2	1	2	6	5	2	3	4	3	1	1	0	1	0
1956	27	0	0	1	0	3	2	1	2	3	6	1	2	1	3	2	0	0	0	0
1957	50	0	0	0	1	5	2	8	4	6	4	6	4	5	2	2	1	0	0	0
1958	34	0	0	1	2	1	3	1	3	4	6	3	4	5	0	0	1	0	0	0
1959	30	0	0	0	1	1	2	1	3	6	2	2	3	2	3	1	2	1	0	0
1960	58	0	0	0	7	2	3	4	6	6	5	7	5	4	3	4	2	0	0	0
1961	38	0	0	1	1	0	1	4	6	3	5	6	2	4	3	1	0	0	1	0
1962	45	0	0	1	3	4	4	5	6	6	5	4	0	3	1	2	0	1	0	0
1963	46	0	0	0	2	2	1	0	5	8	6	5	3	2	6	2	1	3	0	0
1964	40	0	0	0	0	1	2	3	3	5	5	4	7	3	1	4	1	1	0	0
1965	65	0	0	2	3	3	2	4	9	6	6	10	9	3	5	3	0	0	0	0
1966	69	0	0	3	4	6	10	5	7	6	1	7	8	8	1	1	2	0	0	0
1967	57	0	0	0	2	6	5	2	4	7	7	8	3	6	3	1	2	0	1	0
1968	53	0	0	0	1	6	1	2	5	10	4	5	9	2	3	3	0	1	1	0
1969	76	0	0	0	5	6	8	7	6	9	8	8	3	4	4	2	3	3	0	0
1970	73	0	0	1	8	12	4	2	8	8	2	4	7	6	4	4	1	1	1	0
1971	69	0	0	1	2	10	9	10	4	7	5	4	7	4	2	1	1	2	0	0
1972	93	0	0	2	7	13	8	7	10	9	7	11	6	7	2	2	1	0	0	1
1973	89	0	0	2	4	12	13	5	6	6	6	4	10	13	4	3	1	0	0	0
1974	87	0	0	0	5	17	9	12	9	5	4	11	5	5	3	2	0	0	0	0
1975	85	0	0	1	7	11	13	7	7	8	6	4	7	5	4	3	2	0	0	0
1976	86	0	0	1	8	14	9	11	5	10	5	6	4	4	2	3	0	2	2	0
1977	94	0	0	0	8	21	11	15	6	4	4	8	4	6	3	4	0	0	0	0
1978	105	0	0	1	5	19	16	11	6	6	7	7	9	7	5	1	1	2	2	0
1979	106	0	0	1	10	18	9	10	6	9	5	11	10	6	2	4	3	1	1	0
1980	97	0	0	0	7	14	12	8	7	6	8	5	8	6	8	4	3	1	0	0
1981	92	0	0	2	9	13	7	8	12	5	11	6	5	1	5	6	0	2	0	0
1982	104	0	0	2	9	12	17	9	8	3	11	6	7	3	5	7	4	0	1	0
1983	104	0	0	1	6	21	10	9	6	14	8	7	5	6	4	3	2	2	0	0
1984	86	0	0	0	7	11	10	6	9	5	5	9	8	4	4	4	1	1	2	0
1985	106	0	0	2	10	17	10	4	14	7	5	4	8	9	5	6	4	0	1	0
1986	94	0	0	1	11	12	10	9	6	6	6	10	8	7	2	2	3	1	0	0
1987	111	0	0	2	9	12	18	11	6	8	7	10	5	3	7	8	3	2	0	0
1988	106	0	0	3	8	14	10	8	5	7	9	11	11	6	6	5	3	0	0	0
1989	96	0	0	1	8	13	8	7	5	9	5	8	11	5	8	3	3	2	0	0
1990	115	0	0	2	5	14	18	10	11	11	4	7	7	8	5	7	5	1	0	0
1991	113	0	0	0	7	11	9	13	16	11	5	6	8	7	5	5	7	3	0	0
1992	97	0	0	0	6	10	13	8	13	12	8	9	5	4	7	0	1	0	1	0

Suicide Deaths by Age Group and Sex: NOVA SCOTIA, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	34	0	0	0	2	1	2	0	4	4	5	2	2	3	3	4	1	0	1	0
1951	22	0	0	0	1	0	0	2	1	3	1	3	3	0	2	2	3	1	0	0
1952	32	0	0	0	1	1	1	3	4	1	2	5	4	1	2	1	3	3	0	0
1953	27	0	0	0	1	0	4	2	5	1	4	3	1	1	3	1	0	1	0	0
1954	18	0	0	0	0	0	1	0	3	3	1	3	0	2	2	2	1	0	0	0
1955	29	0	0	0	3	1	2	1	1	5	5	1	2	3	2	1	1	0	1	0
1956	22	0	0	0	0	2	2	1	0	3	6	0	2	1	3	2	0	0	0	0
1957	43	0	0	0	0	5	2	7	3	5	4	3	4	5	2	2	1	0	0	0
1958	28	0	0	1	2	0	3	0	2	1	6	3	4	5	0	0	1	0	0	0
1959	27	0	0	0	1	1	2	0	3	5	2	2	3	2	2	1	2	1	0	0
1960	43	0	0	0	4	2	3	3	4	5	5	4	4	3	1	3	2	0	0	0
1961	32	0	0	1	1	0	1	3	3	3	4	6	2	3	3	1	0	0	1	0
1962	38	0	0	1	3	4	4	4	6	5	3	3	0	2	1	1	0	1	0	0
1963	38	0	0	0	1	2	0	0	3	7	5	5	3	2	4	2	1	3	0	0
1964	32	0	0	0	0	1	2	1	3	5	4	3	4	3	1	3	1	1	0	0
1965	54	0	0	1	2	2	2	4	7	5	6	9	9	2	2	3	0	0	0	0
1966	61	0	0	3	3	6	7	4	7	6	1	6	8	7	1	1	1	0	0	0
1967	50	0	0	0	2	6	4	2	4	5	7	7	2	4	3	1	2	0	1	0
1968	41	0	0	0	1	4	1	2	5	7	3	5	6	2	2	2	0	1	0	0
1969	67	0	0	0	5	6	6	6	6	9	5	8	3	4	2	2	2	3	0	0
1970	63	0	0	1	6	12	4	2	6	6	2	3	5	5	4	4	1	1	1	0
1971	62	0	0	1	2	9	7	10	4	5	5	3	7	4	2	0	1	2	0	0
1972	73	0	0	2	7	10	6	5	7	7	6	10	5	5	0	2	0	0	0	1
1973	73	0	0	2	4	10	12	5	5	5	4	4	7	10	3	2	0	0	0	0
1974	73	0	0	0	5	14	6	9	8	5	4	10	4	4	2	2	0	0	0	0
1975	73	0	0	1	6	11	10	7	7	6	4	4	6	5	3	2	1	0	0	0
1976	71	0	0	1	7	12	7	9	5	8	3	5	2	4	2	3	0	2	1	0
1977	75	0	0	0	8	17	10	12	5	2	3	5	3	4	3	3	0	0	0	0
1978	81	0	0	1	3	17	11	9	5	4	5	3	7	6	4	1	1	2	2	0
1979	89	0	0	1	8	16	8	8	5	8	5	6	8	6	2	4	3	1	0	0
1980	87	0	0	0	7	14	11	6	6	5	8	4	8	5	7	3	2	1	0	0
1981	76	0	0	2	5	13	7	8	10	5	8	4	2	0	5	5	0	2	0	0
1982	82	0	0	1	7	10	15	8	7	3	7	6	4	3	2	6	2	0	1	0
1983	90	0	0	1	5	17	9	8	5	12	6	7	5	6	3	3	1	2	0	0
1984	75	0	0	0	7	8	10	5	7	5	5	7	8	3	3	4	1	0	2	0
1985	90	0	0	2	9	15	8	2	12	6	3	3	8	9	4	5	3	0	1	0
1986	78	0	0	1	11	12	7	8	5	4	5	5	6	7	1	2	3	1	0	0
1987	96	0	0	2	9	10	17	7	4	7	6	10	5	2	7	6	2	2	0	0
1988	87	0	0	3	7	11	7	6	5	5	7	9	8	5	6	5	3	0	0	0
1989	82	0	0	1	7	13	8	6	3	5	4	7	10	5	6	2	3	2	0	0
1990	95	0	0	1	4	10	16	9	9	10	3	4	7	7	3	6	5	1	0	0
1991	96	0	0	0	7	11	9	11	13	9	3	6	4	4	4	5	7	3	0	0
1992	80	0	0	0	6	8	10	7	10	9	7	9	4	4	4	0	1	0	1	0

Suicide Deaths by Age Group and Sex: NOVA SCOTIA, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	11	0	0	0	0	0	0	2	1	1	0	1	1	1	2	0	1	1	0	0
1951	6	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3	0	0	0
1952	10	0	0	0	0	0	0	0	2	0	3	2	1	2	0	0	0	0	0	0
1953	6	0	0	0	0	1	0	0	1	0	0	0	1	3	0	0	0	0	0	0
1954	9	0	0	0	0	1	1	1	1	2	0	0	1	0	1	0	1	0	0	0
1955	7	0	0	0	0	1	0	0	1	1	0	1	1	1	1	0	0	0	0	0
1956	5	0	0	1	0	1	0	0	2	0	0	1	0	0	0	0	0	0	0	0
1957	7	0	0	0	1	0	0	1	1	1	0	3	0	0	0	0	0	0	0	0
1958	6	0	0	0	0	1	0	1	1	3	0	0	0	0	0	0	0	0	0	0
1959	3	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0
1960	15	0	0	0	3	0	0	1	2	1	0	3	1	1	2	1	0	0	0	0
1961	6	0	0	0	0	0	0	1	3	0	1	0	0	1	0	0	0	0	0	0
1962	7	0	0	0	0	0	0	1	0	1	2	1	0	1	0	1	0	0	0	0
1963	8	0	0	0	1	0	1	0	2	1	1	0	0	0	2	0	0	0	0	0
1964	8	0	0	0	0	0	0	2	0	0	1	1	3	0	0	1	0	0	0	0
1965	11	0	0	1	1	1	0	0	2	1	0	1	0	1	3	0	0	0	0	0
1966	8	0	0	0	1	0	3	1	0	0	0	1	0	1	0	0	1	0	0	0
1967	7	0	0	0	0	0	1	0	0	2	0	1	1	2	0	0	0	0	0	0
1968	12	0	0	0	0	2	0	0	0	3	1	0	3	0	1	1	0	0	1	0
1969	9	0	0	0	0	0	2	1	0	0	3	0	0	0	2	0	1	0	0	0
1970	10	0	0	0	2	0	0	0	2	2	0	1	2	1	0	0	0	0	0	0
1971	7	0	0	0	0	1	2	0	0	2	0	1	0	0	0	1	0	0	0	0
1972	20	0	0	0	0	3	2	2	3	2	1	1	1	2	2	0	1	0	0	0
1973	16	0	0	0	0	2	1	0	1	1	2	0	3	3	1	1	1	0	0	0
1974	14	0	0	0	0	3	3	3	1	0	0	1	1	1	1	0	0	0	0	0
1975	12	0	0	0	1	0	3	0	0	2	2	0	1	0	1	1	1	0	0	0
1976	15	0	0	0	1	2	2	2	0	2	2	1	2	0	0	0	0	0	1	0
1977	19	0	0	0	0	4	1	3	1	2	1	3	1	2	0	1	0	0	0	0
1978	24	0	0	0	2	2	5	2	1	2	2	4	2	1	1	0	0	0	0	0
1979	17	0	0	0	2	2	1	2	1	1	0	5	2	0	0	0	0	0	1	0
1980	10	0	0	0	0	0	1	2	1	1	0	1	0	1	1	1	1	0	0	0
1981	16	0	0	0	4	0	0	0	2	0	3	2	3	1	0	1	0	0	0	0
1982	22	0	0	1	2	2	2	1	1	0	4	0	3	0	3	1	2	0	0	0
1983	14	0	0	0	1	4	1	1	1	2	2	0	0	0	1	0	1	0	0	0
1984	11	0	0	0	0	3	0	1	2	0	0	2	0	1	1	0	0	1	0	0
1985	16	0	0	0	1	2	2	2	2	1	2	1	0	0	1	1	1	0	0	0
1986	16	0	0	0	0	0	3	1	1	2	1	5	2	0	1	0	0	0	0	0
1987	15	0	0	0	0	2	1	4	2	1	1	0	0	1	0	2	1	0	0	0
1988	19	0	0	0	1	3	3	2	0	2	2	2	3	1	0	0	0	0	0	0
1989	14	0	0	0	1	0	0	1	2	4	1	1	1	0	2	1	0	0	0	0
1990	20	0	0	1	1	4	2	1	2	1	1	3	0	1	2	1	0	0	0	0
1991	17	0	0	0	0	0	0	2	3	2	2	0	4	3	1	0	0	0	0	0
1992	17	0	0	0	0	2	3	1	3	3	1	0	1	0	3	0	0	0	0	0

Suicide Deaths by Age Group and Sex: NEW BRUNSWICK, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	30	0	0	1	1	1	0	0	1	6	3	5	5	2	1	1	0	3	0	0
1951	19	0	0	0	0	2	0	1	2	1	1	2	3	3	0	1	2	1	0	0
1952	17	0	0	0	0	0	1	0	0	2	0	3	0	4	4	1	1	1	0	0
1953	18	0	0	0	0	2	2	3	1	1	1	0	2	2	1	2	1	0	0	0
1954	15	0	0	0	0	0	1	0	0	2	1	3	3	2	2	1	0	0	0	0
1955	23	0	0	0	1	2	2	1	0	3	2	1	3	3	3	0	2	0	0	0
1956	24	0	0	0	1	2	4	0	2	1	2	2	4	2	1	1	1	0	1	0
1957	18	0	0	0	0	2	0	1	1	2	3	3	3	1	0	0	1	0	1	0
1958	30	0	0	0	0	1	3	1	0	2	2	7	3	4	1	2	2	2	0	0
1959	32	0	0	0	0	0	2	2	3	3	6	3	3	6	1	1	2	0	0	0
1960	27	0	0	0	0	1	5	6	2	2	3	5	0	1	1	0	1	0	0	0
1961	30	0	0	0	2	2	1	3	1	2	5	4	4	2	1	1	2	0	0	0
1962	36	0	0	0	2	5	5	4	4	1	3	4	1	3	2	0	2	0	0	0
1963	29	0	0	1	3	2	3	1	6	3	1	1	2	3	1	0	0	1	1	0
1964	39	0	0	0	3	4	4	0	4	4	4	4	6	4	1	1	0	0	0	0
1965	35	0	0	0	1	1	3	5	3	2	4	5	4	3	4	0	0	0	0	0
1966	25	0	0	0	0	2	1	0	3	4	7	1	0	3	2	1	1	0	0	0
1967	30	0	0	0	5	5	2	3	1	4	1	2	2	1	1	3	0	0	0	0
1968	29	0	0	0	2	3	1	1	2	2	4	5	3	1	1	1	2	1	0	0
1969	53	0	0	0	1	5	3	4	6	4	7	7	10	4	2	0	0	0	0	0
1970	37	0	0	0	0	2	1	6	3	3	7	4	2	5	3	1	0	0	0	0
1971	44	0	0	0	0	3	7	1	4	3	8	3	6	1	4	2	2	0	0	0
1972	49	0	0	1	5	8	3	3	7	4	4	5	4	4	1	0	0	0	0	0
1973	58	0	0	2	4	8	5	7	6	5	0	8	5	3	3	1	1	0	0	0
1974	59	0	0	1	7	12	5	8	2	2	4	3	7	3	3	1	1	0	0	0
1975	53	0	0	1	7	9	3	7	3	6	1	2	2	6	2	2	1	0	0	1
1976	74	0	0	2	4	9	9	9	6	8	5	3	5	8	2	1	0	3	0	0
1977	72	0	0	0	3	15	11	5	10	5	5	3	2	6	1	4	2	0	0	0
1978	90	0	0	1	12	12	6	9	11	8	8	7	3	6	1	2	3	0	1	0
1979	84	0	0	0	13	10	9	6	6	6	7	6	6	6	6	3	0	0	0	0
1980	81	0	0	0	4	13	10	7	7	6	6	6	7	4	4	3	2	1	1	0
1981	77	0	0	0	4	13	6	9	6	6	4	6	11	6	0	1	2	3	0	0
1982	90	0	0	0	9	18	8	10	4	5	4	6	9	1	6	5	1	3	1	0
1983	100	0	0	0	4	12	11	8	11	6	5	11	7	7	8	4	2	2	2	0
1984	90	0	0	1	8	16	10	8	4	6	5	7	6	8	3	2	1	1	4	0
1985	86	0	0	0	5	11	8	7	11	7	5	4	7	7	4	4	5	1	0	0
1986	96	0	0	0	9	11	12	13	9	8	9	9	4	5	1	1	3	1	1	0
1987	75	0	0	1	5	17	6	6	7	3	6	7	7	2	4	1	1	2	0	0
1988	108	0	0	3	8	15	14	11	12	10	6	5	6	2	5	7	3	1	0	0
1989	84	0	0	0	5	8	14	10	12	7	6	3	8	5	3	2	0	0	1	0
1990	84	0	0	0	6	10	9	11	14	7	7	1	5	2	4	7	0	0	1	0
1991	93	0	0	1	7	7	14	13	13	6	9	4	7	3	2	4	3	0	0	0
1992	85	0	0	0	9	16	13	8	7	9	4	4	5	3	2	2	2	0	1	0

Suicide Deaths by Age Group and Sex: NEW BRUNSWICK, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	25	0	0	1	1	1	0	0	1	5	3	3	4	1	1	1	0	3	0	0
1951	14	0	0	0	0	1	0	1	1	1	1	1	3	2	0	1	2	0	0	0
1952	14	0	0	0	0	0	1	0	0	2	0	3	0	3	3	0	1	1	0	0
1953	15	0	0	0	0	2	1	2	1	1	1	0	2	2	1	1	1	0	0	0
1954	12	0	0	0	0	0	1	0	0	1	0	3	3	2	1	1	0	0	0	0
1955	19	0	0	0	1	2	1	1	0	2	1	0	3	3	3	0	2	0	0	0
1956	19	0	0	0	1	2	4	0	1	1	1	0	3	2	1	1	1	0	1	0
1957	18	0	0	0	0	2	0	1	1	2	3	3	3	1	0	0	1	0	1	0
1958	23	0	0	0	0	1	3	1	0	0	1	6	3	3	1	2	2	0	0	0
1959	27	0	0	0	0	0	2	1	3	2	6	3	2	6	0	1	1	0	0	0
1960	22	0	0	0	0	1	4	6	2	1	3	2	0	1	1	0	1	0	0	0
1961	22	0	0	0	2	2	1	1	0	2	3	3	3	2	1	0	2	0	0	0
1962	30	0	0	0	2	5	4	3	3	1	2	3	1	2	2	0	2	0	0	0
1963	25	0	0	1	2	2	3	1	4	3	1	1	1	3	1	0	0	1	1	0
1964	31	0	0	0	2	3	4	0	4	3	3	3	4	4	1	0	0	0	0	0
1965	29	0	0	0	1	1	2	5	2	2	4	4	3	2	3	0	0	0	0	0
1966	19	0	0	0	0	1	1	0	2	2	6	1	0	3	2	0	1	0	0	0
1967	25	0	0	0	4	5	2	3	1	1	1	2	2	1	0	3	0	0	0	0
1968	22	0	0	0	2	3	0	1	1	2	4	2	3	0	1	1	1	1	0	0
1969	38	0	0	0	1	4	2	3	5	2	6	4	6	3	2	0	0	0	0	0
1970	26	0	0	0	0	2	1	4	2	2	7	1	1	4	1	1	0	0	0	0
1971	35	0	0	0	0	2	6	1	4	2	5	3	4	1	4	1	2	0	0	0
1972	39	0	0	1	4	8	1	3	6	4	2	4	3	2	1	0	0	0	0	0
1973	48	0	0	2	4	7	3	6	6	5	0	6	4	2	1	1	1	0	0	0
1974	54	0	0	1	7	11	4	8	2	2	4	3	5	3	2	1	1	0	0	0
1975	39	0	0	1	5	7	3	7	2	3	1	1	1	5	1	1	0	0	0	1
1976	62	0	0	1	3	8	9	7	4	6	5	3	3	8	1	1	0	3	0	0
1977	58	0	0	0	3	13	10	5	5	5	3	2	2	4	1	4	1	0	0	0
1978	76	0	0	1	10	12	4	7	9	6	7	5	3	5	1	2	3	0	1	0
1979	74	0	0	0	12	9	9	5	4	6	6	5	6	5	5	2	0	0	0	0
1980	71	0	0	0	4	12	10	5	6	6	5	5	6	2	4	2	2	1	1	0
1981	67	0	0	0	2	13	6	7	6	5	4	5	8	6	0	1	1	3	0	0
1982	78	0	0	0	8	17	8	9	4	5	2	3	8	1	5	3	1	3	1	0
1983	85	0	0	0	4	12	8	8	6	5	5	10	5	5	7	4	2	2	2	0
1984	79	0	0	1	6	15	9	6	3	5	5	7	5	6	3	2	1	1	4	0
1985	73	0	0	0	5	9	5	5	10	5	5	3	7	5	4	4	5	1	0	0
1986	79	0	0	0	8	11	10	11	5	7	8	6	3	3	1	1	3	1	1	0
1987	61	0	0	1	4	16	6	4	5	2	4	5	5	1	4	1	1	2	0	0
1988	89	0	0	3	8	14	13	8	7	8	5	4	3	2	4	7	2	1	0	0
1989	70	0	0	0	4	7	11	9	9	7	6	3	6	3	2	2	0	0	1	0
1990	70	0	0	0	5	8	9	9	9	6	7	1	4	2	4	5	0	0	1	0
1991	78	0	0	1	5	6	11	12	10	5	7	4	7	3	1	3	3	0	0	0
1992	78	0	0	0	8	16	13	7	6	8	3	4	5	3	0	2	2	0	1	0

Suicide Deaths by Age Group and Sex: NEW BRUNSWICK, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	5	0	0	0	0	0	0	0	0	1	0	2	1	1	0	0	0	0	0	0
1951	5	0	0	0	0	1	0	0	1	0	0	1	0	1	0	0	0	1	0	0
1952	3	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
1953	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0
1954	3	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0
1955	4	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0
1956	5	0	0	0	0	0	0	0	1	0	1	2	1	0	0	0	0	0	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	7	0	0	0	0	0	0	0	0	2	1	1	0	1	0	0	0	2	0	0
1959	5	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	1	0	0	0
1960	5	0	0	0	0	0	1	0	0	1	0	3	0	0	0	0	0	0	0	0
1961	8	0	0	0	0	0	0	2	1	0	2	1	1	0	0	1	0	0	0	0
1962	6	0	0	0	0	0	1	1	1	0	1	1	0	1	0	0	0	0	0	0
1963	4	0	0	0	1	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0
1964	8	0	0	0	1	1	0	0	0	1	1	1	2	0	0	1	0	0	0	0
1965	6	0	0	0	0	0	1	0	1	0	0	1	1	1	1	0	0	0	0	0
1966	6	0	0	0	0	1	0	0	1	2	1	0	0	0	0	1	0	0	0	0
1967	5	0	0	0	1	0	0	0	0	3	0	0	0	0	1	0	0	0	0	0
1968	7	0	0	0	0	0	1	0	1	0	0	3	0	1	0	0	1	0	0	0
1969	15	0	0	0	0	1	1	1	1	2	1	3	4	1	0	0	0	0	0	0
1970	11	0	0	0	0	0	0	2	1	1	0	3	1	1	2	0	0	0	0	0
1971	9	0	0	0	0	1	1	0	0	1	3	0	2	0	0	1	0	0	0	0
1972	10	0	0	0	1	0	2	0	1	0	2	1	1	2	0	0	0	0	0	0
1973	10	0	0	0	0	1	2	1	0	0	0	2	1	1	2	0	0	0	0	0
1974	5	0	0	0	0	1	1	0	0	0	0	0	2	0	1	0	0	0	0	0
1975	14	0	0	0	2	2	0	0	1	3	0	1	1	1	1	1	1	0	0	0
1976	12	0	0	1	1	1	0	2	2	2	0	0	2	0	1	0	0	0	0	0
1977	14	0	0	0	0	2	1	0	5	0	2	1	0	2	0	0	1	0	0	0
1978	14	0	0	0	2	0	2	2	2	2	1	2	0	1	0	0	0	0	0	0
1979	10	0	0	0	1	1	0	1	2	0	1	1	0	1	1	1	0	0	0	0
1980	10	0	0	0	0	1	0	2	1	0	1	1	1	2	0	1	0	0	0	0
1981	10	0	0	0	2	0	0	2	0	1	0	1	3	0	0	0	1	0	0	0
1982	12	0	0	0	1	1	0	1	0	0	2	3	1	0	1	2	0	0	0	0
1983	15	0	0	0	0	0	3	0	5	1	0	1	2	2	1	0	0	0	0	0
1984	11	0	0	0	2	1	1	2	1	1	0	0	1	2	0	0	0	0	0	0
1985	13	0	0	0	0	2	3	2	1	2	0	1	0	2	0	0	0	0	0	0
1986	17	0	0	0	1	0	2	2	4	1	1	3	1	2	0	0	0	0	0	0
1987	14	0	0	0	1	1	0	2	2	1	2	2	2	1	0	0	0	0	0	0
1988	19	0	0	0	0	1	1	3	5	2	1	1	3	0	1	0	1	0	0	0
1989	14	0	0	0	1	1	3	1	3	0	0	0	2	2	1	0	0	0	0	0
1990	14	0	0	0	1	2	0	2	5	1	0	0	1	0	0	2	0	0	0	0
1991	15	0	0	0	2	1	3	1	3	1	2	0	0	0	1	1	0	0	0	0
1992	7	0	0	0	1	0	0	1	1	1	1	0	0	0	2	0	0	0	0	0

Suicide Deaths by Age Group and Sex: QUEBEC, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	145	0	0	0	7	12	16	15	9	18	13	16	14	9	6	7	3	0	0	0
1951	177	0	0	0	2	8	15	19	17	17	27	22	16	13	8	6	2	2	3	0
1952	139	0	0	0	4	7	12	13	13	15	15	8	13	15	12	5	5	2	0	0
1953	187	0	0	1	3	15	17	15	14	22	23	25	7	26	5	4	8	2	0	0
1954	208	0	0	1	5	15	15	17	21	24	27	22	14	21	9	9	4	4	0	0
1955	199	0	0	0	4	7	19	20	29	23	19	21	18	18	5	8	8	0	0	0
1956	243	0	0	0	5	9	28	31	28	19	27	28	22	20	11	8	2	5	0	0
1957	257	0	0	0	4	13	28	32	24	28	38	22	26	22	10	6	1	2	1	0
1958	239	0	0	1	9	15	19	18	30	23	25	27	25	23	10	4	6	3	1	0
1959	209	0	0	1	6	13	17	23	15	25	27	21	17	18	10	6	8	2	0	0
1960	256	0	0	1	6	23	37	27	24	22	30	22	19	18	8	9	7	3	0	0
1961	241	0	0	0	6	10	13	22	21	36	35	28	12	28	13	12	3	1	1	0
1962	269	0	0	1	14	19	23	23	33	28	22	36	27	20	12	4	4	3	0	0
1963	262	0	0	1	11	24	23	25	31	23	31	30	19	15	12	7	8	1	0	1
1964	324	0	0	3	8	25	29	32	40	43	25	37	31	23	10	8	3	4	3	0
1965	323	0	0	5	22	25	31	30	45	31	27	40	25	20	13	6	3	0	0	0
1966	365	0	0	0	13	45	41	23	38	38	32	41	48	15	17	8	3	2	1	0
1967	396	0	0	3	23	49	39	51	38	44	39	39	29	16	12	8	3	3	0	0
1968	433	0	0	0	21	44	38	41	46	45	43	52	34	27	22	10	7	2	1	0
1969	540	0	0	3	35	67	54	48	57	54	61	52	50	21	19	12	2	5	0	0
1970	539	0	0	5	33	69	62	46	62	46	64	40	46	27	21	7	7	4	0	0
1971	554	0	0	6	46	62	61	58	53	61	48	38	40	34	21	14	9	2	1	0
1972	602	0	0	4	55	98	83	59	48	47	47	52	33	33	21	13	3	4	2	0
1973	693	0	0	4	53	90	78	59	60	58	79	59	56	45	26	13	10	3	0	0
1974	642	0	0	2	65	89	90	46	55	58	58	55	28	33	34	18	6	3	2	0
1975	578	0	1	5	38	97	79	56	51	47	47	43	37	23	17	20	3	6	2	6
1976	657	0	0	2	56	94	98	86	53	46	54	53	33	28	21	12	9	1	3	8
1977	777	0	0	5	50	123	94	105	78	61	56	69	51	36	20	15	5	1	3	5
1978	894	0	0	5	64	160	129	111	76	64	55	58	56	46	28	19	6	11	1	5
1979	981	0	0	5	86	154	136	110	85	75	77	70	67	41	33	22	14	3	1	2
1980	947	0	0	4	73	136	123	100	93	59	84	68	60	47	40	21	26	7	4	2
1981	1,054	0	0	8	71	148	135	119	87	93	71	85	81	60	33	35	16	8	2	2
1982	1,071	0	0	3	80	152	150	121	110	110	72	90	67	40	28	27	9	3	3	6
1983	1,208	0	0	8	98	156	176	151	99	104	78	70	84	71	44	37	18	12	2	0
1984	1,027	0	0	7	77	131	136	119	103	95	72	79	74	54	33	18	12	13	3	1
1985	1,124	0	0	6	65	141	158	135	111	89	84	84	77	60	40	36	19	12	7	0
1986	1,148	0	1	4	73	146	156	143	134	120	77	77	70	48	40	31	13	9	6	0
1987	1,179	0	0	8	83	124	146	168	143	109	86	77	67	52	40	41	21	8	3	3
1988	1,089	0	1	3	60	115	152	147	144	110	94	55	58	50	40	19	24	10	7	0
1989	1,042	0	0	3	76	115	130	130	132	119	85	61	67	47	34	16	19	6	2	0
1990	1,104	0	0	12	67	119	136	168	140	113	95	64	56	34	27	34	22	13	4	0
1991	1,115	0	1	12	81	101	138	163	117	124	100	66	55	58	44	27	15	9	4	0
1992	1,255	0	0	12	82	123	148	168	155	127	103	91	82	52	43	34	19	10	5	1

Suicide Deaths by Age Group and Sex: QUEBEC, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	103	0	0	0	5	9	9	10	7	12	10	10	11	6	6	5	3	0	0	0
1951	120	0	0	0	1	5	9	13	12	13	16	15	12	9	6	4	1	2	2	0
1952	104	0	0	0	4	4	9	9	8	10	8	8	11	11	11	5	4	2	0	0
1953	139	0	0	0	3	13	12	13	10	15	15	19	5	19	3	4	6	2	0	0
1954	150	0	0	1	5	7	10	12	16	11	20	17	11	14	9	9	4	4	0	0
1955	150	0	0	0	3	4	16	14	19	17	17	15	12	14	5	6	8	0	0	0
1956	181	0	0	0	4	6	19	22	21	14	20	19	16	19	8	7	2	4	0	0
1957	176	0	0	0	4	10	20	21	13	19	19	15	20	20	6	5	1	2	1	0
1958	182	0	0	1	8	12	15	10	18	21	22	20	20	14	9	3	5	3	1	0
1959	179	0	0	1	5	11	15	19	13	22	22	18	15	16	8	6	7	1	0	0
1960	199	0	0	0	4	19	31	21	20	13	22	14	16	15	8	7	7	2	0	0
1961	175	0	0	0	4	6	10	15	17	25	23	21	8	22	10	10	3	0	1	0
1962	216	0	0	1	9	15	20	16	24	22	17	31	23	17	12	3	3	3	0	0
1963	183	0	0	1	9	19	13	16	22	14	19	19	14	13	10	6	7	0	0	1
1964	251	0	0	3	7	15	22	25	27	34	19	30	26	19	8	7	2	4	3	0
1965	216	0	0	4	17	18	18	14	27	20	19	31	14	17	11	4	2	0	0	0
1966	274	0	0	0	11	36	29	16	25	35	22	28	35	10	14	7	3	2	1	0
1967	294	0	0	3	20	42	28	35	27	27	29	28	20	12	11	7	3	2	0	0
1968	321	0	0	0	20	32	28	31	35	31	35	34	23	21	16	8	5	1	1	0
1969	387	0	0	3	30	54	39	29	38	39	44	34	34	14	13	10	2	4	0	0
1970	399	0	0	5	25	47	43	32	48	32	49	32	32	23	14	6	7	4	0	0
1971	413	0	0	4	39	52	49	42	38	40	31	28	32	27	14	7	8	1	1	0
1972	449	0	0	3	43	84	55	47	31	33	32	41	26	23	13	11	3	2	2	0
1973	495	0	0	4	38	76	52	36	43	42	52	40	40	36	17	10	8	1	0	0
1974	489	0	0	2	57	79	68	32	39	41	43	38	20	22	25	14	5	2	2	0
1975	412	0	0	4	30	71	61	40	33	28	29	34	22	19	14	14	2	3	2	6
1976	487	0	0	2	51	77	75	55	38	30	36	35	24	21	14	11	8	1	3	6
1977	570	0	0	4	39	99	58	83	56	49	45	45	32	20	16	11	5	1	3	4
1978	678	0	0	4	54	144	95	89	54	45	41	38	33	31	21	10	6	9	0	4
1979	724	0	0	4	70	125	102	80	53	56	55	44	48	34	21	16	12	2	1	1
1980	727	0	0	4	63	114	93	76	74	46	54	43	42	37	31	16	22	6	4	2
1981	799	0	0	6	63	125	106	92	65	68	50	58	57	40	26	23	13	5	1	1
1982	811	0	0	3	72	131	117	93	70	78	52	62	44	29	23	22	6	3	2	4
1983	922	0	0	8	86	134	146	111	68	65	57	52	63	53	32	22	14	10	1	0
1984	817	0	0	6	71	117	116	93	85	66	49	58	53	41	23	17	11	9	2	0
1985	879	0	0	4	55	124	130	109	80	66	58	66	58	43	24	30	15	12	5	0
1986	885	0	1	4	59	128	128	110	97	90	51	49	57	33	33	22	11	6	6	0
1987	923	0	0	8	69	105	120	127	112	77	59	58	55	38	29	40	17	5	2	2
1988	855	0	1	3	54	100	129	116	105	75	68	41	43	42	33	17	13	8	7	0
1989	820	0	0	3	69	100	109	100	99	88	58	46	53	35	25	13	15	5	2	0
1990	900	0	0	11	58	110	120	132	112	88	73	49	41	30	18	24	20	10	4	0
1991	907	0	1	8	74	92	113	133	91	94	75	53	45	45	38	21	13	8	3	0
1992	983	0	0	8	65	104	120	138	132	89	71	65	69	35	36	23	17	7	3	1

Suicide Deaths by Age Group and Sex: QUEBEC, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	42	0	0	0	2	3	7	5	2	6	3	6	3	3	0	2	0	0	0	0
1951	57	0	0	0	1	3	6	6	5	4	11	7	4	4	2	2	1	0	1	0
1952	35	0	0	0	0	3	3	4	5	5	7	0	2	4	1	0	1	0	0	0
1953	48	0	0	1	0	2	5	2	4	7	8	6	2	7	2	0	2	0	0	0
1954	58	0	0	0	0	8	5	5	5	13	7	5	3	7	0	0	0	0	0	0
1955	49	0	0	0	1	3	3	6	10	6	2	6	6	4	0	2	0	0	0	0
1956	62	0	0	0	1	3	9	9	7	5	7	9	6	1	3	1	0	1	0	0
1957	81	0	0	0	0	3	8	11	11	9	19	7	6	2	4	1	0	0	0	0
1958	57	0	0	0	1	3	4	8	12	2	3	7	5	9	1	1	1	0	0	0
1959	30	0	0	0	1	2	2	4	2	3	5	3	2	2	2	0	1	1	0	0
1960	57	0	0	1	2	4	6	6	4	9	8	8	3	3	0	2	0	1	0	0
1961	66	0	0	0	2	4	3	7	4	11	12	7	4	6	3	2	0	1	0	0
1962	53	0	0	0	5	4	3	7	9	6	5	5	4	3	0	1	1	0	0	0
1963	79	0	0	0	2	5	10	9	9	9	12	11	5	2	2	1	1	1	0	0
1964	73	0	0	0	1	10	7	7	13	9	6	7	5	4	2	1	1	0	0	0
1965	107	0	0	1	5	7	13	16	18	11	8	9	11	3	2	2	1	0	0	0
1966	91	0	0	0	2	9	12	7	13	3	10	13	13	5	3	1	0	0	0	0
1967	102	0	0	0	3	7	11	16	11	17	10	11	9	4	1	1	0	1	0	0
1968	112	0	0	0	1	12	10	10	11	14	8	18	11	6	6	2	2	1	0	0
1969	153	0	0	0	5	13	15	19	19	15	17	18	16	7	6	2	0	1	0	0
1970	140	0	0	0	8	22	19	14	14	14	15	8	14	4	7	1	0	0	0	0
1971	141	0	0	2	7	10	12	16	15	21	17	10	8	7	7	7	1	1	0	0
1972	153	0	0	1	12	14	28	12	17	14	15	11	7	10	8	2	0	2	0	0
1973	198	0	0	0	15	14	26	23	17	16	27	19	16	9	9	3	2	2	0	0
1974	153	0	0	0	8	10	22	14	16	17	15	17	8	11	9	4	1	1	0	0
1975	166	0	1	1	8	26	18	16	18	19	18	9	15	4	3	6	1	3	0	0
1976	170	0	0	0	5	17	23	31	15	16	18	18	9	7	7	1	1	0	0	2
1977	207	0	0	1	11	24	36	22	22	12	11	24	19	16	4	4	0	0	0	1
1978	216	0	0	1	10	16	34	22	22	19	14	20	23	15	7	9	0	2	1	1
1979	257	0	0	1	16	29	34	30	32	19	22	26	19	7	12	6	2	1	0	1
1980	220	0	0	0	10	22	30	24	19	13	30	25	18	10	9	5	4	1	0	0
1981	255	0	0	2	8	23	29	27	22	25	21	27	24	20	7	12	3	3	1	1
1982	260	0	0	0	8	21	33	28	40	32	20	28	23	11	5	5	3	0	1	2
1983	286	0	0	0	12	22	30	40	31	39	21	18	21	18	12	15	4	2	1	0
1984	210	0	0	1	6	14	20	26	18	29	23	21	21	13	10	1	1	4	1	1
1985	245	0	0	2	10	17	28	26	31	23	26	18	19	17	16	6	4	0	2	0
1986	263	0	0	0	14	18	28	33	37	30	26	28	13	15	7	9	2	3	0	0
1987	256	0	0	0	14	19	26	41	31	32	27	19	12	14	11	1	4	3	1	1
1988	234	0	0	0	6	15	23	31	39	35	26	14	15	8	7	2	11	2	0	0
1989	222	0	0	0	7	15	21	30	33	31	27	15	14	12	9	3	4	1	0	0
1990	204	0	0	1	9	9	16	36	28	25	22	15	15	4	9	10	2	3	0	0
1991	208	0	0	4	7	9	25	30	26	30	25	13	10	13	6	6	2	1	1	0
1992	272	0	0	4	17	19	28	30	23	38	32	26	13	17	7	11	2	3	2	0

Suicide Deaths by Age Group and Sex: ONTARIO, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	398	0	0	0	15	21	19	27	35	46	42	49	37	35	28	23	15	2	2	2
1951	385	0	0	0	5	24	22	23	29	46	33	43	44	38	35	19	16	4	2	2
1952	440	0	0	2	9	26	26	27	38	45	38	47	52	45	40	19	17	3	5	1
1953	406	0	0	1	15	16	29	34	34	48	33	45	39	37	38	19	9	5	3	1
1954	408	0	0	3	10	13	34	31	27	64	36	44	38	36	34	23	12	3	0	0
1955	413	0	0	1	0	17	32	31	32	50	55	49	34	44	33	20	8	4	3	0
1956	466	0	0	3	9	22	31	27	37	35	54	55	59	49	33	21	14	12	5	0
1957	490	0	0	1	9	26	31	36	45	41	65	48	57	36	47	22	15	9	2	0
1958	496	0	0	5	8	32	31	36	48	48	51	53	58	52	30	22	16	5	1	0
1959	519	0	0	2	13	29	36	39	51	45	55	55	58	47	38	29	12	6	3	1
1960	528	0	0	4	15	28	42	48	47	42	57	58	61	40	34	23	19	6	3	1
1961	549	0	0	4	11	30	40	41	55	55	48	61	65	46	41	25	17	8	2	0
1962	522	0	0	4	15	29	36	46	53	49	62	71	58	39	24	8	18	7	3	0
1963	574	0	0	6	20	38	34	45	59	66	57	69	56	48	20	29	20	5	2	0
1964	572	0	0	8	21	34	26	62	63	50	66	58	49	59	33	20	12	10	1	0
1965	635	0	0	6	18	45	39	48	48	75	57	81	66	69	31	24	15	8	5	0
1966	661	0	0	9	24	31	43	54	69	63	73	78	69	56	27	30	22	8	3	2
1967	755	0	0	4	32	52	55	54	67	89	81	84	83	55	50	20	16	11	2	0
1968	821	0	0	8	23	55	66	62	68	103	95	95	85	61	43	35	13	6	3	0
1969	858	0	0	2	38	73	59	58	72	92	104	80	92	69	38	42	20	8	10	1
1970	922	0	0	5	46	83	72	69	84	111	92	95	82	63	59	32	12	12	5	0
1971	1,068	0	0	3	63	104	82	76	84	123	126	122	102	85	41	30	14	8	4	1
1972	1,045	0	0	10	69	95	111	73	83	124	115	96	80	61	43	37	29	11	6	2
1973	984	0	1	5	50	94	96	64	95	89	111	87	84	76	58	36	22	10	5	1
1974	1,135	0	0	6	76	127	110	83	106	120	112	116	81	65	51	43	21	12	5	1
1975	1,103	0	2	7	85	130	127	67	89	103	100	115	82	69	61	28	20	15	3	0
1976	1,077	0	0	7	72	117	128	86	94	101	107	108	81	60	41	36	22	11	4	2
1977	1,216	0	1	9	89	160	136	92	95	91	126	111	84	66	68	39	27	11	9	2
1978	1,208	0	0	5	80	143	151	117	80	107	117	110	93	59	49	45	23	16	11	2
1979	1,105	0	0	6	77	149	108	108	92	86	94	88	86	76	56	37	25	16	1	0
1980	1,121	0	0	6	83	119	137	92	82	89	103	102	90	64	54	37	31	21	10	1
1981	1,075	0	1	7	78	117	91	102	72	88	95	99	92	60	62	54	22	26	8	1
1982	1,111	0	0	12	73	119	122	98	99	81	91	96	98	79	61	39	25	11	7	0
1983	1,139	0	0	6	71	134	115	96	98	90	99	82	102	71	64	48	33	20	10	0
1984	1,101	0	0	6	65	134	123	99	92	87	73	89	91	71	56	53	37	14	11	0
1985	1,038	0	0	2	60	128	111	121	96	84	79	72	70	56	58	54	23	14	9	1
1986	1,130	0	0	5	64	105	142	124	110	87	70	96	76	73	54	53	40	21	10	0
1987	1,069	0	0	8	59	105	136	117	101	90	88	77	62	57	64	48	24	19	14	0
1988	1,045	0	0	4	59	120	120	112	107	87	61	65	77	61	65	41	36	24	6	0
1989	1,142	0	0	5	67	99	117	137	114	98	98	69	80	67	67	47	34	20	23	0
1990	887	0	0	2	51	80	103	112	97	88	64	51	61	49	34	31	31	13	19	1
1991	997	0	0	6	47	91	126	125	103	87	77	66	53	69	54	34	28	16	15	0
1992	987	0	0	9	49	78	105	112	129	92	81	72	53	61	46	31	33	22	14	0

Suicide Deaths by Age Group and Sex: ONTARIO, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	306	0	0	0	12	16	9	16	26	40	29	41	30	28	18	20	15	2	2	2
1951	287	0	0	0	5	18	17	20	21	34	26	32	30	26	23	14	13	4	2	2
1952	335	0	0	1	7	18	20	23	30	38	22	36	36	40	30	13	14	2	4	1
1953	307	0	0	1	11	9	18	25	27	41	20	35	32	27	28	18	7	5	3	0
1954	314	0	0	3	7	10	24	24	19	49	27	35	31	29	27	18	9	2	0	0
1955	302	0	0	1	0	12	21	21	21	36	42	38	22	30	29	16	7	4	2	0
1956	369	0	0	3	9	17	24	22	28	27	43	44	49	34	26	17	10	11	5	0
1957	388	0	0	1	7	22	24	25	39	32	50	37	45	28	39	17	14	6	2	0
1958	396	0	0	5	5	24	26	25	36	35	42	40	52	41	26	19	15	4	1	0
1959	404	0	0	2	10	26	33	31	37	32	40	42	46	36	27	23	10	5	3	1
1960	413	0	0	4	14	22	34	35	37	36	45	45	42	29	26	19	18	4	3	0
1961	446	0	0	4	9	22	31	28	46	46	40	49	54	42	30	22	15	6	2	0
1962	386	0	0	4	11	21	24	28	39	35	44	57	46	31	17	5	16	7	1	0
1963	431	0	0	6	15	28	23	34	43	52	39	47	44	41	15	22	16	4	2	0
1964	399	0	0	7	14	25	17	39	41	33	48	41	31	50	21	14	9	9	0	0
1965	463	0	0	6	12	37	32	32	33	53	34	54	52	52	26	19	10	8	3	0
1966	475	0	0	8	19	25	28	38	43	44	50	55	46	43	22	23	18	8	3	2
1967	538	0	0	3	27	37	40	32	49	59	55	61	64	42	36	13	10	8	2	0
1968	584	0	0	6	19	40	51	44	40	66	66	60	71	48	30	26	8	6	3	0
1969	598	0	0	2	28	55	39	42	52	61	59	58	65	43	25	34	18	7	9	1
1970	610	0	0	4	33	70	49	40	59	71	53	56	48	44	42	20	8	9	4	0
1971	757	0	0	1	53	81	65	46	60	91	82	79	71	60	26	21	11	5	4	1
1972	695	0	0	9	54	74	69	46	52	76	76	57	50	45	29	27	17	6	6	2
1973	679	0	1	4	41	77	59	40	65	63	70	61	56	49	41	24	19	5	3	1
1974	786	0	0	4	65	104	77	54	69	84	69	70	53	40	31	34	18	10	3	1
1975	777	0	1	7	68	105	87	47	59	70	64	72	59	47	35	25	15	14	2	0
1976	738	0	0	4	58	87	98	61	60	67	68	78	48	34	26	22	14	7	4	2
1977	864	0	1	5	66	139	105	70	70	62	79	72	53	39	42	27	19	7	7	1
1978	885	0	0	3	66	113	117	87	61	75	83	78	65	38	26	35	16	10	10	2
1979	801	0	0	4	58	116	74	88	64	63	72	55	55	56	40	27	18	10	1	0
1980	800	0	0	3	65	91	112	70	51	58	74	69	60	36	37	26	23	17	7	1
1981	780	0	1	5	68	99	69	80	50	55	64	67	56	44	39	43	17	19	4	0
1982	832	0	0	11	63	95	96	72	70	54	67	74	70	57	38	30	19	9	7	0
1983	849	0	0	4	61	117	90	77	65	70	64	58	72	45	41	38	25	12	10	0
1984	798	0	0	4	56	109	96	78	64	58	56	57	62	44	33	36	29	9	7	0
1985	790	0	0	1	53	106	90	94	77	64	54	54	44	39	44	39	15	11	4	1
1986	854	0	0	5	52	83	122	100	84	68	45	67	53	48	36	42	25	15	9	0
1987	799	0	0	7	46	91	104	92	71	69	65	59	42	38	41	38	16	14	6	0
1988	781	0	0	3	48	97	91	86	83	60	41	40	56	50	44	31	28	19	4	0
1989	844	0	0	5	58	76	93	101	86	69	60	47	60	47	49	36	23	18	16	0
1990	674	0	0	0	39	66	86	93	63	62	44	38	48	36	26	23	25	11	14	0
1991	770	0	0	4	39	78	102	93	83	64	58	55	40	54	36	22	17	12	13	0
1992	777	0	0	8	38	62	88	93	100	70	66	51	42	49	32	23	28	19	8	0

Suicide Deaths by Age Group and Sex: ONTARIO, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	92	0	0	0	3	5	10	11	9	6	13	8	7	7	10	3	0	0	0	0
1951	98	0	0	0	0	6	5	3	8	12	7	11	14	12	12	5	3	0	0	0
1952	105	0	0	1	2	8	6	4	8	7	16	11	16	5	10	6	3	1	1	0
1953	99	0	0	0	4	7	11	9	7	7	13	10	7	10	10	1	2	0	0	1
1954	94	0	0	0	3	3	10	7	8	15	9	9	7	7	7	5	3	1	0	0
1955	111	0	0	0	0	5	11	10	11	14	13	11	12	14	4	4	1	0	1	0
1956	97	0	0	0	0	5	7	5	9	8	11	11	10	15	7	4	4	1	0	0
1957	102	0	0	0	2	4	7	11	6	9	15	11	12	8	8	5	1	3	0	0
1958	100	0	0	0	3	8	5	11	12	13	9	13	6	11	4	3	1	1	0	0
1959	115	0	0	0	3	3	3	8	14	13	15	13	12	11	11	6	2	1	0	0
1960	115	0	0	0	1	6	8	13	10	6	12	13	19	11	8	4	1	2	0	1
1961	103	0	0	0	2	8	9	13	9	9	8	12	11	4	11	3	2	2	0	0
1962	136	0	0	0	4	8	12	18	14	14	18	14	12	8	7	3	2	0	2	0
1963	143	0	0	0	5	10	11	11	16	14	18	22	12	7	5	7	4	1	0	0
1964	173	0	0	1	7	9	9	23	22	17	18	17	18	9	12	6	3	1	1	0
1965	172	0	0	0	6	8	7	16	15	22	23	27	14	17	5	5	5	0	2	0
1966	186	0	0	1	5	6	15	16	26	19	23	23	23	13	5	7	4	0	0	0
1967	217	0	0	1	5	15	15	22	18	30	26	23	19	13	14	7	6	3	0	0
1968	237	0	0	2	4	15	15	18	28	37	29	35	14	13	13	9	5	0	0	0
1969	260	0	0	0	10	18	20	16	20	31	45	22	27	26	13	8	2	1	1	0
1970	312	0	0	1	13	13	23	29	25	40	39	39	34	19	17	12	4	3	1	0
1971	311	0	0	2	10	23	17	30	24	32	44	43	31	25	15	9	3	3	0	0
1972	350	0	0	1	15	21	42	27	31	48	39	39	30	16	14	10	12	5	0	0
1973	305	0	0	1	9	17	37	24	30	26	41	26	28	27	17	12	3	5	2	0
1974	349	0	0	2	11	23	33	29	37	36	43	46	28	25	20	9	3	2	2	0
1975	326	0	1	0	17	25	40	20	30	33	36	43	23	22	26	3	5	1	1	0
1976	339	0	0	3	14	30	30	25	34	34	39	30	33	26	15	14	8	4	0	0
1977	352	0	0	4	23	21	31	22	25	29	47	39	31	27	26	12	8	4	2	1
1978	323	0	0	2	14	30	34	30	19	32	34	32	28	21	23	10	7	6	1	0
1979	304	0	0	2	19	33	34	20	28	23	22	33	31	20	16	10	7	6	0	0
1980	321	0	0	3	18	28	25	22	31	31	29	33	30	28	17	11	8	4	3	0
1981	295	0	0	2	10	18	22	22	22	33	31	32	36	16	23	11	5	7	4	1
1982	279	0	0	1	10	24	26	26	29	27	24	22	28	22	23	9	6	2	0	0
1983	290	0	0	2	10	17	25	19	33	20	35	24	30	26	23	10	8	8	0	0
1984	303	0	0	2	9	25	27	21	28	29	17	32	29	27	23	17	8	5	4	0
1985	248	0	0	1	7	22	21	27	19	20	25	18	26	17	14	15	8	3	5	0
1986	276	0	0	0	12	22	20	24	26	19	25	29	23	25	18	11	15	6	1	0
1987	270	0	0	1	13	14	32	25	30	21	23	18	20	19	23	10	8	5	8	0
1988	264	0	0	1	11	23	29	26	24	27	20	25	21	11	21	10	8	5	2	0
1989	298	0	0	0	9	23	24	36	28	29	38	22	20	20	18	11	11	2	7	0
1990	213	0	0	2	12	14	17	19	34	26	20	13	13	13	8	8	6	2	5	1
1991	227	0	0	2	8	13	24	32	20	23	19	11	13	15	18	12	11	4	2	0
1992	210	0	0	1	11	16	17	19	29	22	15	21	11	12	14	8	5	3	6	0

Suicide Deaths by Age Group and Sex: MANITOBA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	79	0	0	1	2	8	6	1	7	4	9	11	6	6	9	5	3	0	1	0
1951	92	0	0	1	6	6	9	5	9	6	6	7	11	7	7	8	1	2	0	1
1952	62	0	0	1	1	6	4	5	4	5	7	3	8	4	6	3	3	1	1	0
1953	73	0	0	0	3	5	2	5	10	9	4	6	7	6	10	1	5	0	0	0
1954	58	0	0	0	0	7	4	5	2	3	6	5	11	5	6	1	2	1	0	0
1955	77	0	0	1	0	4	7	7	5	6	7	11	8	6	4	5	5	1	0	0
1956	80	0	0	0	1	3	3	6	5	16	8	5	3	7	13	6	3	1	0	0
1957	69	0	0	0	2	3	4	9	7	6	7	7	8	4	6	3	2	1	0	0
1958	85	0	0	0	3	2	4	12	8	6	7	11	10	7	10	2	3	0	0	0
1959	65	0	0	0	0	2	5	4	8	7	6	6	5	7	7	6	2	0	0	0
1960	101	0	0	1	5	8	4	6	5	8	12	12	10	11	6	9	1	2	1	0
1961	70	0	0	0	0	2	9	6	10	8	10	5	5	1	6	4	3	1	0	0
1962	79	0	0	1	1	3	5	2	10	7	14	7	9	4	8	2	3	2	1	0
1963	81	0	0	0	7	9	10	10	6	5	8	8	4	5	4	1	1	0	2	1
1964	94	0	0	0	5	6	3	8	10	8	11	19	11	5	3	3	0	0	1	1
1965	101	0	0	0	4	5	4	9	8	16	7	12	8	11	8	3	2	3	1	0
1966	102	0	0	0	8	8	7	5	13	9	12	12	8	6	8	3	2	1	0	0
1967	101	0	0	0	6	8	9	12	5	9	6	8	10	9	7	4	3	2	3	0
1968	109	0	0	1	6	14	7	12	13	8	5	8	8	9	8	4	4	1	1	0
1969	110	0	0	2	6	20	3	7	10	12	11	9	10	9	4	3	2	2	0	0
1970	126	0	0	1	13	14	11	7	11	12	11	8	12	11	3	6	4	1	1	0
1971	138	0	1	3	9	21	9	6	16	13	11	12	10	10	9	2	5	0	1	0
1972	120	0	0	0	7	11	8	16	10	8	11	13	13	7	10	2	3	1	0	0
1973	135	0	0	2	14	16	16	11	7	4	13	18	7	14	7	5	0	0	1	0
1974	143	0	0	1	16	20	16	9	7	10	18	13	12	6	5	5	3	1	1	0
1975	133	0	0	1	15	22	16	8	11	12	10	11	8	5	6	4	2	1	1	0
1976	144	0	0	3	10	23	18	10	7	13	11	10	13	9	6	5	1	1	4	0
1977	180	0	0	2	30	24	18	11	13	10	13	20	11	9	8	9	1	0	1	0
1978	159	0	0	0	11	21	20	8	12	9	12	19	8	17	13	4	2	1	2	0
1979	151	0	0	5	18	17	19	14	12	7	17	8	13	5	6	6	1	1	2	0
1980	121	0	0	0	12	19	19	10	7	4	10	6	9	9	6	4	3	2	1	0
1981	144	0	0	3	20	26	14	12	8	5	10	14	7	7	6	4	6	2	0	0
1982	139	0	0	1	10	20	20	9	15	3	13	6	9	7	11	9	4	2	0	0
1983	165	0	0	2	13	17	21	20	14	8	15	11	10	13	6	4	6	4	1	0
1984	134	0	1	2	8	29	16	17	9	11	5	7	9	4	4	3	5	2	2	0
1985	127	0	0	1	13	19	16	14	9	7	3	8	11	10	8	4	1	3	0	0
1986	153	0	0	0	8	27	20	12	15	11	7	3	4	10	10	13	8	3	2	0
1987	170	0	0	4	14	21	23	17	10	17	14	11	11	5	5	6	9	1	2	0
1988	154	0	0	1	17	25	22	17	14	10	5	8	2	7	10	2	9	4	1	0
1989	147	0	0	2	15	12	20	12	15	10	12	7	5	8	8	9	5	6	1	0
1990	140	0	0	1	11	21	20	17	20	14	9	3	7	3	4	3	2	3	2	0
1991	136	0	0	0	13	18	12	13	13	13	10	12	5	4	8	6	3	4	2	0
1992	132	0	0	0	4	18	18	14	15	12	7	10	6	8	7	4	6	3	0	0

Suicide Deaths by Age Group and Sex: MANITOBA, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	69	0	0	1	2	7	4	1	6	2	8	11	5	5	9	4	3	0	1	0
1951	77	0	0	1	4	6	8	4	9	4	5	6	9	5	5	8	0	2	0	1
1952	52	0	0	1	1	5	3	5	2	4	5	3	7	4	6	2	2	1	1	0
1953	62	0	0	0	3	4	1	5	7	7	4	4	6	6	9	1	5	0	0	0
1954	46	0	0	0	0	6	3	3	2	2	5	4	10	4	4	1	1	1	0	0
1955	60	0	0	1	0	2	4	7	4	4	4	10	7	6	2	5	4	0	0	0
1956	60	0	0	0	0	2	2	5	4	13	6	4	3	5	9	3	3	1	0	0
1957	59	0	0	0	2	3	3	9	7	5	6	5	8	4	3	2	1	1	0	0
1958	68	0	0	0	3	1	3	8	8	4	5	10	8	6	8	1	3	0	0	0
1959	54	0	0	0	0	2	5	3	6	6	5	4	5	5	6	5	2	0	0	0
1960	86	0	0	1	5	6	4	5	5	8	11	9	10	7	6	6	1	1	1	0
1961	54	0	0	0	0	2	7	5	6	5	9	4	3	1	5	3	3	1	0	0
1962	61	0	0	1	0	3	2	1	7	6	11	6	8	4	5	2	2	2	1	0
1963	65	0	0	0	3	9	7	9	3	5	7	6	4	4	3	1	1	0	2	1
1964	70	0	0	0	3	5	2	7	4	7	9	14	9	3	2	3	0	0	1	1
1965	78	0	0	0	2	5	3	4	7	13	7	9	5	9	5	3	2	3	1	0
1966	79	0	0	0	8	8	3	5	8	8	10	11	4	4	6	2	1	1	0	0
1967	80	0	0	0	4	7	8	9	3	7	5	5	8	6	6	4	3	2	3	0
1968	84	0	0	1	3	10	6	11	7	6	4	6	6	8	7	4	3	1	1	0
1969	80	0	0	2	5	16	3	6	5	8	8	5	6	6	4	3	1	2	0	0
1970	97	0	0	0	8	10	11	6	10	10	4	5	12	9	2	5	4	0	1	0
1971	99	0	1	3	7	15	7	4	12	8	8	7	5	9	5	2	5	0	1	0
1972	96	0	0	0	6	10	3	13	8	4	9	13	10	6	8	2	3	1	0	0
1973	94	0	0	1	8	15	13	8	5	2	9	10	5	9	6	2	0	0	1	0
1974	105	0	0	0	15	18	11	5	4	7	14	8	8	5	3	4	2	0	1	0
1975	99	0	0	0	11	14	13	6	9	9	8	9	7	2	5	4	1	0	1	0
1976	99	0	0	3	8	21	12	4	2	8	6	9	9	5	3	5	1	0	3	0
1977	144	0	0	1	28	22	16	6	11	7	7	17	9	6	7	6	0	0	1	0
1978	123	0	0	0	10	19	15	8	10	7	11	11	7	12	8	2	2	0	1	0
1979	120	0	0	4	18	14	17	10	9	3	15	7	9	5	4	4	0	0	1	0
1980	81	0	0	0	10	15	13	8	4	3	6	2	5	4	4	1	3	2	1	0
1981	122	0	0	2	19	21	12	9	8	4	9	10	6	7	5	4	5	1	0	0
1982	109	0	0	0	9	18	14	7	13	2	11	5	6	5	7	6	4	2	0	0
1983	135	0	0	2	12	17	18	15	12	6	10	6	8	12	4	2	6	4	1	0
1984	106	0	1	2	8	26	13	14	6	6	2	5	7	2	2	3	5	2	2	0
1985	102	0	0	1	12	18	14	9	7	6	2	6	9	7	6	3	0	2	0	0
1986	120	0	0	0	4	24	16	9	11	9	4	3	3	9	7	10	7	2	2	0
1987	122	0	0	1	11	19	18	11	8	12	11	7	6	4	5	2	5	1	1	0
1988	123	0	0	1	12	20	20	14	7	8	4	7	1	7	8	1	9	3	1	0
1989	116	0	0	1	13	10	16	9	11	8	8	7	1	7	7	7	4	6	1	0
1990	111	0	0	1	10	18	12	14	15	12	8	2	6	3	2	2	2	2	2	0
1991	115	0	0	0	10	17	7	12	13	10	7	12	5	4	7	5	2	2	2	0
1992	107	0	0	0	3	13	15	13	11	10	6	8	5	5	6	4	5	3	0	0

Suicide Deaths by Age Group and Sex: MANITOBA, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	10	0	0	0	0	1	2	0	1	2	1	0	1	1	0	1	0	0	0	0
1951	15	0	0	0	2	0	1	1	0	2	1	1	2	2	2	0	1	0	0	0
1952	10	0	0	0	0	1	1	0	2	1	2	0	1	0	0	1	1	0	0	0
1953	11	0	0	0	0	1	1	0	3	2	0	2	1	0	1	0	0	0	0	0
1954	12	0	0	0	0	1	1	2	0	1	1	1	1	1	2	0	1	0	0	0
1955	17	0	0	0	0	2	3	0	1	2	3	1	1	0	2	0	1	1	0	0
1956	20	0	0	0	1	1	1	1	1	3	2	1	0	2	4	3	0	0	0	0
1957	10	0	0	0	0	0	1	0	0	1	1	2	0	0	3	1	1	0	0	0
1958	17	0	0	0	0	1	1	4	0	2	2	1	2	1	2	1	0	0	0	0
1959	11	0	0	0	0	0	0	1	2	1	1	2	0	2	1	1	0	0	0	0
1960	15	0	0	0	0	2	0	1	0	0	1	3	0	4	0	3	0	1	0	0
1961	16	0	0	0	0	0	2	1	4	3	1	1	2	0	1	1	0	0	0	0
1962	18	0	0	0	1	0	3	1	3	1	3	1	1	0	3	0	1	0	0	0
1963	16	0	0	0	4	0	3	1	3	0	1	2	0	1	1	0	0	0	0	0
1964	24	0	0	0	2	1	1	1	6	1	2	5	2	2	1	0	0	0	0	0
1965	23	0	0	0	2	0	1	5	1	3	0	3	3	2	3	0	0	0	0	0
1966	23	0	0	0	0	0	4	0	5	1	2	1	4	2	2	1	1	0	0	0
1967	21	0	0	0	2	1	1	3	2	2	1	3	2	3	1	0	0	0	0	0
1968	25	0	0	0	3	4	1	1	6	2	1	2	2	1	1	0	1	0	0	0
1969	30	0	0	0	1	4	0	1	5	4	3	4	4	3	0	0	1	0	0	0
1970	29	0	0	1	5	4	0	1	1	2	7	3	0	2	1	1	0	1	0	0
1971	39	0	0	0	2	6	2	2	4	5	3	5	5	1	4	0	0	0	0	0
1972	24	0	0	0	1	1	5	3	2	4	2	0	3	1	2	0	0	0	0	0
1973	41	0	0	1	6	1	3	3	2	2	4	8	2	5	1	3	0	0	0	0
1974	38	0	0	1	1	2	5	4	3	3	4	5	4	1	2	1	1	1	0	0
1975	34	0	0	1	4	8	3	2	2	3	2	2	1	3	1	0	1	1	0	0
1976	45	0	0	0	2	2	6	6	5	5	5	1	4	4	3	0	0	1	1	0
1977	36	0	0	1	2	2	2	5	2	3	6	3	2	3	1	3	1	0	0	0
1978	36	0	0	0	1	2	5	0	2	2	1	8	1	5	5	2	0	1	1	0
1979	31	0	0	1	0	3	2	4	3	4	2	1	4	0	2	2	1	1	1	0
1980	40	0	0	0	2	4	6	2	3	1	4	4	4	5	2	3	0	0	0	0
1981	22	0	0	1	1	5	2	3	0	1	1	4	1	0	1	0	1	1	0	0
1982	30	0	0	1	1	2	6	2	2	1	2	1	3	2	4	3	0	0	0	0
1983	30	0	0	0	1	0	3	5	2	2	5	5	2	1	2	2	0	0	0	0
1984	28	0	0	0	0	3	3	3	3	5	3	2	2	2	2	0	0	0	0	0
1985	25	0	0	0	1	1	2	5	2	1	1	2	2	3	2	1	1	1	0	0
1986	33	0	0	0	4	3	4	3	4	2	3	0	1	1	3	3	1	1	0	0
1987	48	0	0	3	3	2	5	6	2	5	3	4	5	1	0	4	4	0	1	0
1988	31	0	0	0	5	5	2	3	7	2	1	1	1	0	2	1	0	1	0	0
1989	31	0	0	1	2	2	4	3	4	2	4	0	4	1	1	2	1	0	0	0
1990	29	0	0	0	1	3	8	3	5	2	1	1	1	0	2	1	0	1	0	0
1991	21	0	0	0	3	1	5	1	0	3	3	0	0	0	1	1	1	2	0	0
1992	25	0	0	0	1	5	3	1	4	2	1	2	1	3	1	0	1	0	0	0

Suicide Deaths by Age Group and Sex: SASKATCHEWAN, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	64	0	0	1	1	6	2	1	6	7	7	5	7	8	8	3	1	1	0	0
1951	63	0	0	0	0	4	3	5	7	10	7	6	1	10	6	2	2	0	0	0
1952	61	0	0	0	2	3	4	2	4	5	9	9	6	9	5	2	0	1	0	0
1953	51	0	0	0	0	1	6	1	6	6	3	2	6	6	4	8	2	0	0	0
1954	85	0	0	0	2	9	11	7	3	15	8	4	6	6	8	3	2	1	0	0
1955	91	0	0	0	6	3	4	8	7	12	3	6	14	12	4	4	4	2	2	0
1956	76	0	0	0	0	4	5	3	8	6	9	8	9	6	7	5	1	3	2	0
1957	75	0	0	0	2	3	6	11	7	7	3	7	6	8	5	6	4	0	0	0
1958	83	0	0	1	2	4	7	6	12	9	11	5	6	6	8	3	1	2	0	0
1959	68	0	0	1	0	4	3	7	5	7	4	9	7	4	8	2	5	2	0	0
1960	75	0	0	0	3	3	6	8	5	6	10	9	8	7	4	4	2	0	0	0
1961	94	0	0	0	4	4	4	5	3	8	20	9	6	8	11	6	2	4	0	0
1962	73	0	0	1	5	7	5	8	4	7	8	10	4	6	2	4	0	2	0	0
1963	91	0	0	2	5	7	6	6	12	3	3	9	10	3	11	9	2	2	1	0
1964	85	0	0	0	4	2	9	13	3	6	16	12	8	3	1	3	3	2	0	0
1965	97	0	0	1	3	11	6	3	8	14	12	9	13	7	5	1	3	1	0	0
1966	77	0	0	2	5	6	8	5	6	2	10	9	7	5	7	2	1	1	1	0
1967	82	0	0	3	5	3	1	3	7	7	18	6	10	5	5	1	3	3	2	0
1968	93	0	0	2	9	10	10	6	10	5	7	8	7	6	8	3	2	0	0	0
1969	94	0	0	1	8	6	3	7	12	8	10	10	15	6	4	1	3	0	0	0
1970	109	0	0	2	6	10	8	7	9	16	10	9	10	6	6	4	5	1	0	0
1971	78	0	0	1	9	4	4	4	6	3	13	8	13	6	1	2	2	1	1	0
1972	144	0	0	3	9	23	9	8	14	12	14	15	9	8	10	4	2	2	2	0
1973	118	0	0	2	14	13	6	11	9	11	7	10	10	9	5	6	2	2	1	0
1974	114	0	0	1	11	13	10	10	11	12	4	9	7	13	4	2	2	2	3	0
1975	135	0	0	2	18	19	11	12	7	7	12	7	10	15	2	5	3	4	1	0
1976	129	0	0	0	20	18	17	10	8	8	5	12	9	5	4	5	4	1	3	0
1977	146	0	1	4	27	25	13	11	8	7	3	11	10	6	8	2	4	4	2	0
1978	164	0	0	5	26	31	10	10	11	8	9	10	9	13	8	5	5	2	2	0
1979	142	0	0	1	19	26	15	6	11	9	5	6	12	11	12	6	2	0	1	0
1980	153	0	0	2	19	20	20	10	11	5	9	18	7	12	7	4	6	1	2	0
1981	171	0	0	4	28	26	16	16	12	11	8	7	12	4	6	10	7	2	2	0
1982	171	0	0	1	32	30	21	20	9	4	8	6	9	8	9	7	3	3	1	0
1983	148	0	0	1	13	20	21	10	13	9	10	7	7	7	7	6	9	2	6	0
1984	136	0	0	1	18	18	13	11	15	8	7	13	6	10	4	5	1	2	4	0
1985	133	0	0	1	11	24	16	7	11	14	9	9	9	3	2	7	5	4	1	0
1986	138	0	0	1	14	18	13	18	8	11	8	14	5	10	4	5	6	3	0	0
1987	132	0	0	2	12	25	15	15	7	10	5	5	7	8	6	7	4	2	2	0
1988	145	0	0	4	16	16	15	24	13	7	8	7	13	7	3	5	4	2	1	0
1989	124	0	0	1	11	14	16	19	15	10	4	5	7	5	6	2	4	3	2	0
1990	152	0	1	1	15	17	22	16	16	12	8	5	9	4	10	3	6	3	4	0
1991	125	0	0	0	14	14	16	17	6	14	8	7	7	3	9	5	3	2	0	0
1992	140	0	0	2	19	20	17	18	12	7	6	5	11	8	7	2	3	2	1	0

Suicide Deaths by Age Group and Sex: SASKATCHEWAN, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	54	0	0	1	1	5	1	1	5	4	6	4	7	8	7	2	1	1	0	0
1951	55	0	0	0	0	3	1	5	5	9	7	5	1	9	6	2	2	0	0	0
1952	48	0	0	0	2	3	2	1	3	5	6	7	6	6	4	2	0	1	0	0
1953	42	0	0	0	0	1	5	1	4	4	2	2	6	6	3	7	1	0	0	0
1954	63	0	0	0	2	7	8	6	2	12	3	2	5	4	6	3	2	1	0	0
1955	75	0	0	0	3	3	2	5	7	10	3	5	13	12	3	3	3	1	2	0
1956	61	0	0	0	0	4	3	3	8	4	6	5	8	4	6	4	1	3	2	0
1957	57	0	0	0	2	3	4	7	5	5	2	4	5	7	5	4	4	0	0	0
1958	67	0	0	1	2	4	7	4	10	7	9	2	5	6	6	2	0	2	0	0
1959	52	0	0	1	0	4	2	4	2	5	3	7	5	3	7	2	5	2	0	0
1960	68	0	0	0	2	3	5	6	5	6	10	8	8	6	3	4	2	0	0	0
1961	80	0	0	0	3	4	3	5	1	8	13	8	6	8	10	5	2	4	0	0
1962	60	0	0	1	5	6	4	6	2	7	7	7	4	5	1	3	0	2	0	0
1963	74	0	0	2	3	6	4	4	9	2	3	7	9	3	10	7	2	2	1	0
1964	68	0	0	0	3	2	8	11	2	5	12	9	4	3	1	3	3	2	0	0
1965	74	0	0	1	3	10	6	3	5	10	10	7	10	3	4	0	2	0	0	0
1966	67	0	0	2	3	5	8	5	6	2	9	7	5	3	7	2	1	1	1	0
1967	62	0	0	2	5	3	0	2	4	3	13	5	7	4	5	1	3	3	2	0
1968	71	0	0	1	8	9	8	5	8	2	4	6	5	4	6	3	2	0	0	0
1969	74	0	0	1	7	3	3	7	12	5	8	6	10	4	4	1	3	0	0	0
1970	87	0	0	2	4	8	7	5	6	13	8	7	8	4	5	4	5	1	0	0
1971	66	0	0	1	8	4	4	3	4	3	9	8	11	4	1	2	2	1	1	0
1972	113	0	0	0	8	22	7	5	11	10	12	11	4	7	7	4	1	2	2	0
1973	92	0	0	1	11	7	6	9	8	11	6	8	9	6	2	4	2	1	1	0
1974	86	0	0	0	10	11	7	8	7	11	3	7	5	6	3	2	2	1	3	0
1975	99	0	0	1	13	14	10	8	4	3	8	5	7	14	1	5	3	2	1	0
1976	91	0	0	0	11	14	14	7	6	7	4	8	6	4	1	2	4	0	3	0
1977	117	0	1	4	23	22	12	6	6	6	2	7	7	5	7	1	3	3	2	0
1978	128	0	0	5	22	23	9	8	5	4	8	8	7	11	6	5	3	2	2	0
1979	115	0	0	1	18	20	11	5	9	9	4	5	9	8	7	6	2	0	1	0
1980	120	0	0	1	18	17	13	8	11	4	7	13	4	7	5	4	6	0	2	0
1981	127	0	0	2	20	19	13	10	10	9	6	6	11	2	3	8	4	2	2	0
1982	146	0	0	1	27	25	18	15	8	4	7	4	8	7	8	7	3	3	1	0
1983	122	0	0	1	11	17	16	9	11	6	6	5	5	6	7	5	9	2	6	0
1984	115	0	0	1	17	17	10	9	13	7	5	12	5	7	4	3	1	2	2	0
1985	106	0	0	0	9	23	12	7	7	11	5	7	8	3	2	5	3	4	0	0
1986	107	0	0	1	12	17	10	10	4	9	7	11	4	9	3	2	5	3	0	0
1987	103	0	0	2	9	14	12	12	5	8	5	4	7	8	5	4	4	2	2	0
1988	121	0	0	4	14	15	11	23	11	5	5	5	10	4	3	4	4	2	1	0
1989	102	0	0	1	9	11	13	17	10	8	3	4	6	4	6	2	3	3	2	0
1990	124	0	0	1	12	14	17	11	13	9	6	4	9	3	9	3	6	3	4	0
1991	101	0	0	0	12	11	13	10	6	11	7	6	5	3	9	4	2	2	0	0
1992	110	0	0	1	16	17	12	14	9	6	4	3	9	4	7	2	3	2	1	0

Suicide Deaths by Age Group and Sex: SASKATCHEWAN, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	10	0	0	0	0	1	1	0	1	3	1	1	0	0	1	1	0	0	0	0
1951	8	0	0	0	0	1	2	0	2	1	0	1	0	1	0	0	0	0	0	0
1952	13	0	0	0	0	0	2	1	1	0	3	2	0	3	1	0	0	0	0	0
1953	9	0	0	0	0	0	1	0	2	2	1	0	0	0	1	1	1	0	0	0
1954	22	0	0	0	0	2	3	1	1	3	5	2	1	2	2	0	0	0	0	0
1955	16	0	0	0	3	0	2	3	0	2	0	1	1	0	1	1	1	1	0	0
1956	15	0	0	0	0	0	2	0	0	2	3	3	1	2	1	1	0	0	0	0
1957	18	0	0	0	0	0	2	4	2	2	1	3	1	1	0	2	0	0	0	0
1958	16	0	0	0	0	0	0	2	2	2	2	3	1	0	2	1	1	0	0	0
1959	16	0	0	0	0	0	1	3	3	2	1	2	2	1	1	0	0	0	0	0
1960	7	0	0	0	1	0	1	2	0	0	0	1	0	1	1	0	0	0	0	0
1961	14	0	0	0	1	0	1	0	2	0	7	1	0	0	1	1	0	0	0	0
1962	13	0	0	0	0	1	1	2	2	0	1	3	0	1	1	1	0	0	0	0
1963	17	0	0	0	2	1	2	2	3	1	0	2	1	0	1	2	0	0	0	0
1964	17	0	0	0	1	0	1	2	1	1	4	3	4	0	0	0	0	0	0	0
1965	23	0	0	0	0	1	0	0	3	4	2	2	3	4	1	1	1	1	0	0
1966	10	0	0	0	2	1	0	0	0	0	1	2	2	2	0	0	0	0	0	0
1967	20	0	0	1	0	0	1	1	3	4	5	1	3	1	0	0	0	0	0	0
1968	22	0	0	1	1	1	2	1	2	3	3	2	2	2	2	0	0	0	0	0
1969	20	0	0	0	1	3	0	0	0	3	2	4	5	2	0	0	0	0	0	0
1970	22	0	0	0	2	2	1	2	3	3	2	2	2	2	1	0	0	0	0	0
1971	12	0	0	0	1	0	0	1	2	0	4	0	2	2	0	0	0	0	0	0
1972	31	0	0	3	1	1	2	3	3	2	2	4	5	1	3	0	1	0	0	0
1973	26	0	0	1	3	6	0	2	1	0	1	2	1	3	3	2	0	1	0	0
1974	28	0	0	1	1	2	3	2	4	1	1	2	2	7	1	0	0	1	0	0
1975	36	0	0	1	5	5	1	4	3	4	4	2	3	1	1	0	0	2	0	0
1976	38	0	0	0	9	4	3	3	2	1	1	4	3	1	3	3	0	1	0	0
1977	29	0	0	0	4	3	1	5	2	1	1	4	3	1	1	1	1	1	0	0
1978	36	0	0	0	4	8	1	2	6	4	1	2	2	2	2	0	2	0	0	0
1979	27	0	0	0	1	6	4	1	2	0	1	1	3	3	5	0	0	0	0	0
1980	33	0	0	1	1	3	7	2	0	1	2	5	3	5	2	0	0	1	0	0
1981	44	0	0	2	8	7	3	6	2	2	2	1	1	2	3	2	3	0	0	0
1982	25	0	0	0	5	5	3	5	1	0	1	2	1	1	1	0	0	0	0	0
1983	26	0	0	0	2	3	5	1	2	3	4	2	2	1	0	1	0	0	0	0
1984	21	0	0	0	1	1	3	2	2	1	2	1	1	3	0	2	0	0	2	0
1985	27	0	0	1	2	1	4	0	4	3	4	2	1	0	0	2	2	0	1	0
1986	31	0	0	0	2	1	3	8	4	2	1	3	1	1	1	3	1	0	0	0
1987	29	0	0	0	3	11	3	3	2	2	0	1	0	0	1	3	0	0	0	0
1988	24	0	0	0	2	1	4	1	2	2	3	2	3	3	0	1	0	0	0	0
1989	22	0	0	0	2	3	3	2	5	2	1	1	1	1	0	0	1	0	0	0
1990	28	0	1	0	3	3	5	5	3	3	2	1	0	1	1	0	0	0	0	0
1991	24	0	0	0	2	3	3	7	0	3	1	1	2	0	0	1	1	0	0	0
1992	30	0	0	1	3	3	5	4	3	1	2	2	2	4	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: ALBERTA, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	82	0	0	0	0	2	5	4	9	10	12	8	9	7	12	2	2	0	0	0
1951	86	0	0	0	1	9	3	9	6	7	12	12	7	5	5	7	3	0	0	0
1952	94	0	0	0	1	7	3	6	8	9	15	15	8	8	6	6	1	1	0	0
1953	72	0	0	2	2	4	4	8	7	6	6	8	6	8	4	5	1	0	1	0
1954	106	0	0	0	2	4	4	10	6	14	11	17	10	8	6	5	4	3	1	1
1955	96	0	0	0	2	4	7	8	5	15	9	6	13	10	7	8	1	1	0	0
1956	115	0	0	1	1	1	8	8	12	15	10	14	10	10	12	4	5	3	1	0
1957	105	0	0	0	2	6	9	8	10	10	9	19	7	9	5	2	7	2	0	0
1958	111	0	0	2	5	4	11	8	9	10	9	13	15	7	5	5	6	2	0	0
1959	117	0	0	0	2	7	7	13	17	7	17	15	8	9	9	3	1	2	0	0
1960	119	0	0	0	4	14	13	10	12	9	10	5	8	17	7	5	4	0	1	0
1961	119	0	0	2	4	8	9	13	13	10	13	16	9	7	7	1	5	2	0	0
1962	116	0	0	2	5	4	8	12	7	12	14	10	12	12	5	5	7	1	0	0
1963	107	0	0	1	4	5	11	10	4	17	8	7	7	14	7	4	4	3	1	0
1964	157	0	0	1	6	10	13	16	17	15	13	11	24	9	11	4	4	2	1	0
1965	160	0	0	2	6	9	10	16	13	17	18	15	12	12	14	8	4	3	1	0
1966	146	0	0	3	6	18	6	13	15	14	13	17	16	9	3	5	4	2	2	0
1967	137	0	0	2	9	13	11	11	13	22	13	11	13	9	4	4	0	0	1	1
1968	155	0	0	3	11	21	11	13	23	19	13	7	15	9	2	1	3	4	0	0
1969	196	0	0	5	19	25	23	14	14	21	20	20	17	6	3	4	3	2	0	0
1970	213	0	0	3	23	31	15	20	13	13	23	18	18	12	11	8	3	1	1	0
1971	182	0	0	2	23	23	19	13	13	28	16	14	6	9	4	4	3	3	2	0
1972	214	0	0	0	29	31	15	22	18	26	22	15	15	7	4	3	1	1	5	0
1973	216	0	0	2	29	30	14	22	19	16	21	19	14	11	10	6	2	1	0	0
1974	279	0	0	2	34	43	33	28	17	23	19	26	20	9	10	7	4	2	2	0
1975	265	0	0	3	32	39	26	16	26	25	20	24	12	13	15	7	4	2	1	0
1976	309	0	0	4	38	56	35	31	21	21	23	20	17	20	9	6	4	3	1	0
1977	344	0	0	6	51	60	31	22	23	23	32	34	21	10	11	8	5	5	2	0
1978	330	0	1	7	34	46	40	32	28	30	25	23	20	13	8	9	5	6	3	0
1979	314	0	0	2	41	55	38	29	21	34	28	19	19	7	9	7	2	1	2	0
1980	389	0	0	5	44	58	59	51	27	14	30	25	15	22	13	13	8	3	2	0
1981	344	0	0	5	40	51	27	40	34	26	27	20	25	12	16	6	7	7	1	0
1982	359	0	0	5	32	54	48	42	27	28	30	29	19	14	12	10	5	3	1	0
1983	393	0	0	3	40	47	59	49	35	33	31	27	23	12	12	15	4	1	2	0
1984	405	0	0	6	30	56	48	49	32	38	25	36	26	23	12	13	5	5	1	0
1985	296	0	0	2	27	47	35	34	32	25	17	15	20	11	8	9	5	6	3	0
1986	424	0	0	8	38	60	54	64	39	28	25	27	25	18	11	13	10	4	0	0
1987	384	0	0	3	33	41	54	51	31	30	35	24	27	15	21	5	9	4	1	0
1988	400	0	0	5	33	48	45	47	43	44	27	29	24	20	8	10	11	3	3	0
1989	362	0	0	3	31	38	45	56	37	31	29	19	15	18	10	16	5	4	5	0
1990	403	0	0	9	33	56	51	47	49	40	27	24	18	15	12	4	8	6	4	0
1991	462	0	0	4	46	55	58	50	65	44	28	27	27	16	11	9	12	5	5	0
1992	473	0	0	8	37	51	59	76	52	46	38	28	17	18	19	9	7	4	4	0

Suicide Deaths by Age Group and Sex: ALBERTA, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	67	0	0	0	0	2	4	4	7	8	10	5	8	7	8	2	2	0	0	0
1951	67	0	0	0	1	4	3	5	4	5	9	11	6	5	5	6	3	0	0	0
1952	76	0	0	0	1	6	3	4	6	5	13	12	8	7	6	5	0	0	0	0
1953	60	0	0	2	2	4	2	6	5	3	5	7	5	8	4	5	1	0	1	0
1954	82	0	0	0	1	3	4	6	3	12	11	13	5	7	4	4	4	3	1	1
1955	77	0	0	0	1	4	6	5	3	13	7	6	11	6	7	7	1	0	0	0
1956	87	0	0	1	0	0	5	6	8	13	6	11	6	9	10	4	5	2	1	0
1957	85	0	0	0	2	6	6	6	7	8	8	15	5	8	5	1	6	2	0	0
1958	95	0	0	2	5	2	11	8	6	9	8	10	12	6	4	5	6	1	0	0
1959	104	0	0	0	2	6	7	13	16	6	16	11	7	8	7	2	1	2	0	0
1960	104	0	0	0	4	12	9	9	10	8	9	5	8	16	5	4	4	0	1	0
1961	103	0	0	2	3	7	8	13	10	10	8	14	8	5	7	1	5	2	0	0
1962	97	0	0	1	5	3	7	12	7	8	11	10	9	10	4	4	6	0	0	0
1963	92	0	0	1	3	5	9	8	4	13	7	7	7	13	5	3	3	3	1	0
1964	126	0	0	1	6	7	9	14	13	11	11	8	18	8	10	3	4	2	1	0
1965	129	0	0	1	6	8	7	14	12	14	11	12	10	11	11	4	4	3	1	0
1966	113	0	0	3	6	15	3	10	12	7	9	15	13	5	2	5	4	2	2	0
1967	110	0	0	2	8	12	8	10	10	15	10	8	12	8	3	2	0	0	1	1
1968	119	0	0	3	10	19	6	10	12	14	11	6	13	6	2	1	3	3	0	0
1969	147	0	0	3	18	15	20	9	10	13	17	17	11	5	3	2	3	1	0	0
1970	163	0	0	2	19	25	9	14	8	9	16	14	15	12	9	7	2	1	1	0
1971	147	0	0	2	20	20	18	10	9	18	13	12	5	7	4	3	2	3	1	0
1972	167	0	0	0	20	26	13	14	13	18	19	12	13	6	4	2	1	1	5	0
1973	160	0	0	2	21	25	10	16	17	12	12	11	12	8	9	4	1	0	0	0
1974	192	0	0	2	26	31	22	21	8	15	14	19	10	7	6	5	2	2	2	0
1975	199	0	0	3	27	33	18	10	19	19	12	15	9	12	13	4	2	2	1	0
1976	232	0	0	3	29	42	31	20	16	16	18	12	10	16	6	5	4	3	1	0
1977	267	0	0	5	43	51	24	16	17	16	25	28	13	7	9	4	4	3	2	0
1978	256	0	1	6	30	36	35	25	23	19	21	15	13	8	7	7	4	4	2	0
1979	244	0	0	1	32	47	38	23	17	21	20	10	15	7	7	3	1	0	2	0
1980	292	0	0	3	34	48	50	38	17	10	23	19	12	15	5	8	6	2	2	0
1981	265	0	0	4	36	47	21	34	25	15	20	15	16	7	8	4	6	6	1	0
1982	291	0	0	5	28	46	39	34	19	23	24	21	14	11	11	7	5	3	1	0
1983	302	0	0	2	35	40	50	37	23	24	21	17	18	8	9	14	2	1	1	0
1984	307	0	0	5	26	47	38	34	24	25	17	27	19	17	9	11	3	4	1	0
1985	243	0	0	2	22	43	29	28	23	18	13	14	17	10	5	6	4	6	3	0
1986	342	0	0	4	32	49	48	48	30	21	23	21	21	14	8	12	7	4	0	0
1987	322	0	0	3	28	39	45	45	21	24	27	20	23	14	17	5	6	4	1	0
1988	307	0	0	4	31	37	35	36	30	32	19	22	21	16	4	8	6	3	3	0
1989	276	0	0	1	27	33	31	42	29	21	20	16	8	15	9	11	5	3	5	0
1990	318	0	0	8	25	46	42	34	36	29	24	18	15	13	9	3	7	5	4	0
1991	363	0	0	2	37	48	46	40	52	30	22	18	22	15	7	6	9	4	5	0
1992	356	0	0	6	27	39	53	59	38	34	26	16	14	14	13	7	4	3	3	0

Suicide Deaths by Age Group and Sex: ALBERTA, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	15	0	0	0	0	0	1	0	2	2	2	3	1	0	4	0	0	0	0	0
1951	19	0	0	0	0	5	0	4	2	2	3	1	1	0	0	1	0	0	0	0
1952	18	0	0	0	0	1	0	2	2	4	2	3	0	1	0	1	1	1	0	0
1953	12	0	0	0	0	0	2	2	2	3	1	1	1	0	0	0	0	0	0	0
1954	24	0	0	0	1	1	0	4	3	2	0	4	5	1	2	1	0	0	0	0
1955	19	0	0	0	1	0	1	3	2	2	2	0	2	4	0	1	0	1	0	0
1956	28	0	0	0	1	1	3	2	4	2	4	3	4	1	2	0	0	1	0	0
1957	20	0	0	0	0	0	3	2	3	2	1	4	2	1	0	1	1	0	0	0
1958	16	0	0	0	0	2	0	0	3	1	1	3	3	1	1	0	0	1	0	0
1959	13	0	0	0	0	1	0	0	1	1	1	4	1	1	2	1	0	0	0	0
1960	15	0	0	0	0	2	4	1	2	1	1	0	0	1	2	1	0	0	0	0
1961	16	0	0	0	1	1	1	0	3	0	5	2	1	2	0	0	0	0	0	0
1962	19	0	0	1	0	1	1	0	0	4	3	0	3	2	1	1	1	1	0	0
1963	15	0	0	0	1	0	2	2	0	4	1	0	0	1	2	1	1	0	0	0
1964	31	0	0	0	0	3	4	2	4	4	2	3	6	1	1	1	0	0	0	0
1965	31	0	0	1	0	1	3	2	1	3	7	3	2	1	3	4	0	0	0	0
1966	33	0	0	0	0	3	3	3	3	7	4	2	3	4	1	0	0	0	0	0
1967	27	0	0	0	1	1	3	1	3	7	3	3	1	1	1	2	0	0	0	0
1968	36	0	0	0	1	2	5	3	11	5	2	1	2	3	0	0	0	1	0	0
1969	49	0	0	2	1	10	3	5	4	8	3	3	6	1	0	2	0	1	0	0
1970	50	0	0	1	4	6	6	6	5	4	7	4	3	0	2	1	1	0	0	0
1971	35	0	0	0	3	3	1	3	4	10	3	2	1	2	0	1	1	0	1	0
1972	47	0	0	0	9	5	2	8	5	8	3	3	2	1	0	1	0	0	0	0
1973	56	0	0	0	8	5	4	6	2	4	9	8	2	3	1	2	1	1	0	0
1974	87	0	0	0	8	12	11	7	9	8	5	7	10	2	4	2	2	0	0	0
1975	66	0	0	0	5	6	8	6	7	6	8	9	3	1	2	3	2	0	0	0
1976	77	0	0	1	9	14	4	11	5	5	5	8	7	4	3	1	0	0	0	0
1977	77	0	0	1	8	9	7	6	6	7	7	6	8	3	2	4	1	2	0	0
1978	74	0	0	1	4	10	5	7	5	11	4	8	7	5	1	2	1	2	1	0
1979	70	0	0	1	9	8	0	6	4	13	8	9	4	0	2	4	1	1	0	0
1980	97	0	0	2	10	10	9	13	10	4	7	6	3	7	8	5	2	1	0	0
1981	79	0	0	1	4	4	6	6	9	11	7	5	9	5	8	2	1	1	0	0
1982	68	0	0	0	4	8	9	8	8	5	6	8	5	3	1	3	0	0	0	0
1983	91	0	0	1	5	7	9	12	12	9	10	10	5	4	3	1	2	0	1	0
1984	98	0	0	1	4	9	10	15	8	13	8	9	7	6	3	2	2	1	0	0
1985	53	0	0	0	5	4	6	6	9	7	4	1	3	1	3	3	1	0	0	0
1986	82	0	0	4	6	11	6	16	9	7	2	6	4	4	3	1	3	0	0	0
1987	62	0	0	0	5	2	9	6	10	6	8	4	4	1	4	0	3	0	0	0
1988	93	0	0	1	2	11	10	11	13	12	8	7	3	4	4	2	5	0	0	0
1989	86	0	0	2	4	5	14	14	8	10	9	3	7	3	1	5	0	1	0	0
1990	85	0	0	1	8	10	9	13	13	11	3	6	3	2	3	1	1	1	0	0
1991	99	0	0	2	9	7	12	10	13	14	6	9	5	1	4	3	3	1	0	0
1992	117	0	0	2	10	12	6	17	14	12	12	12	3	4	6	2	3	1	1	0

Suicide Deaths by Age Group and Sex: BRITISH COLUMBIA, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	206	0	0	0	7	13	12	15	17	20	19	12	18	34	16	11	7	2	3	0
1951	166	0	0	0	3	9	9	15	8	17	14	25	13	19	12	10	6	5	1	0
1952	182	0	0	1	4	8	7	13	16	21	16	15	16	26	21	9	6	3	0	0
1953	198	0	0	1	2	11	11	10	15	29	17	23	25	13	13	12	9	4	2	1
1954	178	0	0	0	4	5	8	17	14	14	18	25	15	19	12	13	9	4	1	0
1955	156	0	0	0	5	7	11	14	13	9	14	19	10	10	18	14	6	5	1	0
1956	173	0	0	0	3	11	13	14	6	16	14	21	20	19	13	15	6	0	2	0
1957	163	0	0	1	5	6	8	12	15	16	14	12	22	13	14	9	9	5	1	1
1958	172	0	0	1	1	10	17	8	13	24	27	22	11	10	7	11	6	4	0	0
1959	180	0	0	1	2	6	11	10	21	19	17	17	21	13	15	8	12	7	0	0
1960	162	0	0	0	4	5	9	10	13	22	19	18	16	11	9	12	13	1	0	0
1961	193	0	0	1	3	9	8	15	17	16	23	20	19	13	12	14	17	5	1	0
1962	171	0	0	2	4	9	10	15	11	14	19	22	19	15	12	9	4	3	3	0
1963	221	0	0	2	10	13	9	22	19	22	23	27	24	16	13	7	10	1	3	0
1964	237	0	0	1	11	16	16	13	14	29	26	32	13	18	20	6	12	6	4	0
1965	267	0	0	0	8	13	17	22	28	22	27	29	26	13	19	17	12	7	7	0
1966	240	0	0	2	8	15	14	13	23	25	29	32	22	17	10	10	10	8	2	0
1967	259	0	0	0	14	19	28	22	20	26	21	19	28	14	17	9	11	7	4	0
1968	305	0	0	3	17	26	29	31	26	35	24	29	28	18	14	6	11	4	4	0
1969	335	0	0	2	11	38	20	15	30	35	41	30	21	31	14	18	17	7	5	0
1970	341	0	0	0	12	32	30	28	33	38	44	35	30	17	10	7	10	12	3	0
1971	381	0	0	1	14	42	27	28	35	35	42	46	31	21	17	12	13	9	8	0
1972	356	0	0	3	18	45	42	26	31	29	34	33	31	19	14	13	9	3	6	0
1973	428	0	0	3	30	50	44	37	27	29	49	36	36	29	25	10	13	5	5	0
1974	407	0	0	3	26	61	50	28	36	28	39	38	26	22	17	22	5	1	5	0
1975	412	0	0	2	28	62	45	33	29	32	38	42	33	21	27	6	7	7	0	0
1976	404	0	0	3	36	57	44	31	17	37	49	37	29	22	11	16	11	4	0	0
1977	438	0	0	5	31	59	51	42	38	30	38	42	33	20	24	14	5	6	0	0
1978	463	0	1	4	46	50	65	43	33	33	33	28	32	27	27	17	13	8	3	0
1979	419	0	1	2	39	63	47	35	28	33	32	37	26	29	20	9	12	4	2	0
1980	396	0	0	3	28	51	46	45	29	30	23	37	26	27	18	12	8	5	8	0
1981	398	0	0	4	33	52	51	51	36	31	19	22	23	16	20	17	9	9	5	0
1982	418	0	1	2	30	38	70	50	27	16	22	37	41	26	18	18	10	6	6	0
1983	417	0	0	2	27	51	44	50	34	31	27	28	22	32	20	14	17	11	7	0
1984	385	0	0	2	28	40	40	48	39	27	23	27	28	18	20	14	13	10	8	0
1985	300	0	0	2	26	32	31	29	28	27	24	23	13	15	15	13	12	5	5	0
1986	425	0	0	5	20	47	49	39	40	36	31	27	25	24	23	27	21	7	4	0
1987	413	0	0	0	19	33	44	45	31	44	37	28	36	27	25	16	9	13	6	0
1988	378	0	0	2	25	39	52	34	42	28	28	26	30	22	14	17	7	8	4	0
1989	419	0	0	8	24	55	61	44	38	30	39	19	22	17	24	12	10	8	7	1
1990	399	0	0	1	23	29	40	53	49	41	27	28	19	18	22	16	12	13	8	0
1991	464	0	0	3	27	46	51	53	48	58	34	23	24	17	26	22	11	11	10	0
1992	455	0	0	2	34	39	52	48	52	47	35	29	31	24	18	13	8	14	9	0

Suicide Deaths by Age Group and Sex: BRITISH COLUMBIA, MALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	155	0	0	0	4	7	7	11	10	13	15	8	16	30	14	9	6	2	3	0
1951	128	0	0	0	2	6	6	11	5	13	10	20	11	14	10	9	5	5	1	0
1952	138	0	0	0	4	5	6	8	8	17	13	12	9	21	19	8	5	3	0	0
1953	155	0	0	1	1	7	9	9	10	21	14	18	18	11	11	11	8	3	2	1
1954	141	0	0	0	4	4	8	15	9	10	14	21	9	16	8	10	9	3	1	0
1955	123	0	0	0	4	6	9	7	8	8	10	16	9	8	17	11	5	5	0	0
1956	134	0	0	0	3	10	10	8	5	10	7	15	18	15	13	12	6	0	2	0
1957	137	0	0	1	3	5	7	9	13	14	11	10	16	11	13	9	9	4	1	1
1958	143	0	0	1	1	9	14	7	8	18	21	15	11	10	7	11	6	4	0	0
1959	127	0	0	1	2	5	9	7	14	10	14	12	15	8	12	5	8	5	0	0
1960	126	0	0	0	3	5	6	8	11	15	13	18	15	8	7	8	9	0	0	0
1961	157	0	0	1	3	7	7	12	13	14	14	16	14	13	10	11	17	4	1	0
1962	142	0	0	1	4	8	10	12	9	10	17	15	16	13	9	9	4	3	2	0
1963	156	0	0	1	7	9	7	16	16	16	19	18	13	10	8	4	8	1	3	0
1964	182	0	0	1	10	16	9	11	10	22	18	18	12	15	14	6	11	5	4	0
1965	202	0	0	0	7	11	16	16	19	16	18	23	19	9	14	13	8	7	6	0
1966	168	0	0	2	6	13	12	10	17	17	14	20	11	14	8	7	9	6	2	0
1967	177	0	0	0	12	12	21	19	11	15	12	11	17	11	10	8	8	7	3	0
1968	217	0	0	3	14	18	23	19	20	21	15	20	24	14	8	4	8	3	3	0
1969	226	0	0	1	11	31	10	7	22	27	22	15	15	21	8	16	11	5	4	0
1970	240	0	0	0	9	26	19	24	24	29	22	22	24	13	5	5	6	11	1	0
1971	250	0	0	1	5	33	17	16	24	25	24	29	18	14	12	9	9	6	8	0
1972	239	0	0	2	11	34	34	19	20	18	21	21	18	12	7	9	5	3	5	0
1973	298	0	0	2	24	40	33	25	19	20	38	27	16	18	14	6	8	5	3	0
1974	288	0	0	3	21	47	36	20	25	23	21	24	14	16	14	16	4	0	4	0
1975	295	0	0	2	23	53	36	23	17	21	25	29	20	16	18	3	4	5	0	0
1976	280	0	0	3	29	40	35	16	9	26	35	29	15	15	10	10	7	1	0	0
1977	318	0	0	4	26	47	36	28	27	25	24	26	24	14	14	14	5	4	0	0
1978	336	0	0	3	36	42	53	34	25	19	22	18	21	13	19	12	12	6	1	0
1979	303	0	0	0	30	51	37	29	20	24	24	22	19	19	13	6	5	3	1	0
1980	306	0	0	3	25	39	37	35	27	26	17	23	19	18	16	6	4	5	6	0
1981	293	0	0	3	28	42	39	36	24	25	10	15	18	14	12	13	7	6	1	0
1982	324	0	1	1	27	31	59	40	21	13	16	28	28	19	15	14	4	3	4	0
1983	313	0	0	2	22	44	35	39	27	25	18	20	16	20	11	9	13	8	4	0
1984	299	0	0	2	20	34	31	38	31	22	19	21	23	11	13	10	11	7	6	0
1985	238	0	0	1	18	31	26	23	19	20	19	19	10	12	13	10	8	4	5	0
1986	337	0	0	4	18	37	39	34	32	32	25	23	21	14	12	17	20	5	4	0
1987	318	0	0	0	17	28	39	37	25	28	31	18	29	18	17	12	7	9	3	0
1988	296	0	0	1	22	33	41	28	30	23	19	19	25	20	11	13	4	5	2	0
1989	321	0	0	6	22	44	51	37	28	22	28	14	17	16	15	7	5	3	5	1
1990	301	0	0	0	18	24	34	44	36	30	20	21	14	12	14	12	8	8	6	0
1991	367	0	0	2	23	41	41	45	34	47	29	17	14	11	17	16	10	11	9	0
1992	355	0	0	2	28	30	42	40	42	35	24	23	26	19	11	10	8	10	5	0

Suicide Deaths by Age Group and Sex: BRITISH COLUMBIA, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	51	0	0	0	3	6	5	4	7	7	4	4	2	4	2	2	1	0	0	0
1951	38	0	0	0	1	3	3	4	3	4	4	5	2	5	2	1	1	0	0	0
1952	44	0	0	1	0	3	1	5	8	4	3	3	7	5	2	1	1	0	0	0
1953	43	0	0	0	1	4	2	1	5	8	3	5	7	2	2	1	1	1	0	0
1954	37	0	0	0	0	1	0	2	5	4	4	4	6	3	4	3	0	1	0	0
1955	33	0	0	0	1	1	2	7	5	1	4	3	1	2	1	3	1	0	1	0
1956	39	0	0	0	0	1	3	6	1	6	7	6	2	4	0	3	0	0	0	0
1957	26	0	0	0	2	1	1	3	2	2	3	2	6	2	1	0	0	1	0	0
1958	29	0	0	0	0	1	3	1	5	6	6	7	0	0	0	0	0	0	0	0
1959	53	0	0	0	0	1	2	3	7	9	3	5	6	5	3	3	4	2	0	0
1960	36	0	0	0	1	0	3	2	2	7	6	0	1	3	2	4	4	1	0	0
1961	36	0	0	0	0	2	1	3	4	2	9	4	5	0	2	3	0	1	0	0
1962	29	0	0	1	0	1	0	3	2	4	2	7	3	2	3	0	0	0	1	0
1963	65	0	0	1	3	4	2	6	3	6	4	9	11	6	5	3	2	0	0	0
1964	55	0	0	0	1	0	7	2	4	7	8	14	1	3	6	0	1	1	0	0
1965	65	0	0	0	1	2	1	6	9	6	9	6	7	4	5	4	4	0	1	0
1966	72	0	0	0	2	2	2	3	6	8	15	12	11	3	2	3	1	2	0	0
1967	82	0	0	0	2	7	7	3	9	11	9	8	11	3	7	1	3	0	1	0
1968	88	0	0	0	3	8	6	12	6	14	9	9	4	4	6	2	3	1	1	0
1969	109	0	0	1	0	7	10	8	8	8	19	15	6	10	6	2	6	2	1	0
1970	101	0	0	0	3	6	11	4	9	9	22	13	6	4	5	2	4	1	2	0
1971	131	0	0	0	9	9	10	12	11	10	18	17	13	7	5	3	4	3	0	0
1972	117	0	0	1	7	11	8	7	11	11	13	12	13	7	7	4	4	0	1	0
1973	130	0	0	1	6	10	11	12	8	9	11	9	20	11	11	4	5	0	2	0
1974	119	0	0	0	5	14	14	8	11	5	18	14	12	6	3	6	1	1	1	0
1975	117	0	0	0	5	9	9	10	12	11	13	13	13	5	9	3	3	2	0	0
1976	124	0	0	0	7	17	9	15	8	11	14	8	14	7	1	6	4	3	0	0
1977	120	0	0	1	5	12	15	14	11	5	14	16	9	6	10	0	0	2	0	0
1978	127	0	1	1	10	8	12	9	8	14	11	10	11	14	8	5	1	2	2	0
1979	116	0	1	2	9	12	10	6	8	9	8	15	7	10	7	3	7	1	1	0
1980	90	0	0	0	3	12	9	10	2	4	6	14	7	9	2	6	4	0	2	0
1981	105	0	0	1	5	10	12	15	12	6	9	7	5	2	8	4	2	3	4	0
1982	94	0	0	1	3	7	11	10	6	3	6	9	13	7	3	4	6	3	2	0
1983	104	0	0	0	5	7	9	11	7	6	9	8	6	12	9	5	4	3	3	0
1984	86	0	0	0	8	6	9	10	8	5	4	6	5	7	7	4	2	3	2	0
1985	62	0	0	1	8	1	5	6	9	7	5	4	3	3	2	3	4	1	0	0
1986	88	0	0	1	2	10	10	5	8	4	6	4	4	10	11	10	1	2	0	0
1987	95	0	0	0	2	5	5	8	6	16	6	10	7	9	8	4	2	4	3	0
1988	82	0	0	1	3	6	11	6	12	5	9	7	5	2	3	4	3	3	2	0
1989	98	0	0	2	2	11	10	7	10	8	11	5	5	1	9	5	5	5	2	0
1990	98	0	0	1	5	5	6	9	13	11	7	7	5	6	8	4	4	5	2	0
1991	97	0	0	1	4	5	10	8	14	11	5	6	10	6	9	6	1	0	1	0
1992	100	0	0	0	6	9	10	8	10	12	11	6	5	5	7	3	0	4	4	0

Suicide Deaths by Age Group and Sex: YUKON, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	3	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
1951	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1952	4	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	0	0	0
1953	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1954	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1955	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1956	3	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	3	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0
1959	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1960	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
1961	5	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	0	0
1962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1963	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
1964	4	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0
1965	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
1966	4	0	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	0	0	0
1967	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
1968	5	0	0	0	0	1	0	1	0	0	0	0	0	2	1	0	0	0	0	0
1969	6	0	0	0	0	0	1	1	0	1	0	2	0	0	1	0	0	0	0	0
1970	13	0	0	0	0	1	1	3	1	2	2	2	0	1	0	0	0	0	0	0
1971	8	0	0	0	0	0	2	1	0	0	1	2	1	1	0	0	0	0	0	0
1972	5	0	0	0	0	1	0	0	1	1	0	0	0	1	1	0	0	0	0	0
1973	6	0	0	1	0	1	0	0	1	1	0	0	0	1	0	1	0	0	0	0
1974	4	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1975	4	0	0	0	0	1	0	0	1	0	0	2	0	0	0	0	0	0	0	0
1976	4	0	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0
1977	5	0	0	0	2	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
1978	7	0	0	0	0	2	2	1	0	1	0	0	1	0	0	0	0	0	0	0
1979	6	0	0	0	1	1	0	2	0	2	0	0	0	0	0	0	0	0	0	0
1980	11	0	0	0	1	2	2	3	1	2	0	0	0	0	0	0	0	0	0	0
1981	5	0	0	0	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0
1982	7	0	0	1	0	2	0	0	1	1	1	0	1	0	0	0	0	0	0	0
1983	8	0	0	0	1	1	4	0	1	0	0	0	0	0	0	0	0	1	0	0
1984	5	0	0	0	0	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0
1985	8	0	0	0	1	1	1	3	0	1	1	0	0	0	0	0	0	0	0	0
1986	10	0	0	0	0	4	1	2	2	1	0	0	0	0	0	0	0	0	0	0
1987	7	0	0	0	2	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0
1988	7	0	0	0	2	2	1	0	0	1	0	0	0	0	0	1	0	0	0	0
1989	5	0	0	0	1	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0
1990	5	0	0	0	0	0	0	0	3	0	0	0	1	1	0	0	0	0	0	0
1991	3	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0
1992	3	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: YUKON, MALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	3	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
1951	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1952	4	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	0	0	0
1953	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1954	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1955	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1956	3	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	3	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0
1959	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1960	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
1961	5	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	0	0
1962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1963	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
1964	4	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0
1965	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
1966	3	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0
1967	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
1968	5	0	0	0	0	1	0	1	0	0	0	0	0	2	1	0	0	0	0	0
1969	6	0	0	0	0	0	1	1	0	1	0	2	0	0	1	0	0	0	0	0
1970	9	0	0	0	0	1	0	2	1	2	1	2	0	0	0	0	0	0	0	0
1971	6	0	0	0	0	0	2	0	0	0	0	2	1	1	0	0	0	0	0	0
1972	5	0	0	0	0	1	0	0	1	1	0	0	0	1	1	0	0	0	0	0
1973	5	0	0	1	0	1	0	0	1	0	0	0	0	1	0	1	0	0	0	0
1974	3	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1975	2	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1976	3	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0
1977	4	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
1978	5	0	0	0	0	1	2	0	0	1	0	0	1	0	0	0	0	0	0	0
1979	6	0	0	0	1	1	0	2	0	2	0	0	0	0	0	0	0	0	0	0
1980	10	0	0	0	1	2	2	3	1	1	0	0	0	0	0	0	0	0	0	0
1981	5	0	0	0	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0
1982	6	0	0	1	0	2	0	0	1	1	1	0	0	0	0	0	0	0	0	0
1983	7	0	0	0	1	1	3	0	1	0	0	0	0	0	0	0	0	1	0	0
1984	2	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1985	7	0	0	0	1	1	1	2	0	1	1	0	0	0	0	0	0	0	0	0
1986	8	0	0	0	0	3	1	1	2	1	0	0	0	0	0	0	0	0	0	0
1987	7	0	0	0	2	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0
1988	7	0	0	0	2	2	1	0	0	1	0	0	0	0	0	1	0	0	0	0
1989	3	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1990	5	0	0	0	0	0	0	0	3	0	0	0	1	1	0	0	0	0	0	0
1991	3	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0
1992	3	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: YUKON, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1951	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1952	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1953	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1954	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1955	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1956	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1961	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1963	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1964	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1965	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1966	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1967	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1968	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1969	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1970	4	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	0	0
1971	2	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
1972	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1973	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1974	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1975	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
1976	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1977	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1978	2	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1979	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1980	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1982	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1983	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1984	3	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0
1985	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1986	2	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1987	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1988	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1989	2	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
1990	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1991	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1992	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: NORTHWEST TERRITORIES, BOTH SEXES

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	5	0	0	0	0	1	0	0	1	0	1	0	1	1	0	0	0	0	0	0
1951	2	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1952	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1953	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1954	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1955	3	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1
1956	5	0	0	0	0	1	1	0	1	1	1	0	0	0	0	0	0	0	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	4	0	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	0	0
1960	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
1961	3	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0
1962	7	0	0	0	0	0	0	0	2	0	3	0	0	1	0	1	0	0	0	0
1963	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1964	5	0	0	0	0	0	3	1	0	0	0	0	1	0	0	0	0	0	0	0
1965	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1966	3	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0
1967	2	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
1968	4	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0
1969	4	0	0	0	0	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0
1970	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1971	5	0	0	0	0	2	1	0	1	0	0	0	1	0	0	0	0	0	0	0
1972	9	0	0	0	3	4	0	0	1	0	0	0	0	0	0	1	0	0	0	0
1973	8	0	0	0	2	2	0	1	0	0	0	1	1	0	0	1	0	0	0	0
1974	6	0	0	1	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
1975	7	0	0	0	2	2	2	0	1	0	0	0	0	0	0	0	0	0	0	0
1976	7	0	0	0	2	2	0	2	1	0	0	0	0	0	0	0	0	0	0	0
1977	12	0	0	0	1	5	3	1	0	1	1	0	0	0	0	0	0	0	0	0
1978	24	0	0	1	7	8	3	0	1	1	1	0	2	0	0	0	0	0	0	0
1979	8	0	0	0	0	2	2	1	0	1	2	0	0	0	0	0	0	0	0	0
1980	9	0	0	0	2	2	1	1	0	0	1	1	1	0	0	0	0	0	0	0
1981	10	0	0	1	5	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1982	8	0	0	0	2	1	0	4	1	0	0	0	0	0	0	0	0	0	0	0
1983	21	0	0	0	8	4	3	2	1	2	0	0	1	0	0	0	0	0	0	0
1984	17	0	0	0	3	5	3	1	1	1	0	2	0	0	0	0	0	0	1	0
1985	13	0	1	0	3	2	4	2	0	0	0	0	0	1	0	0	0	0	0	0
1986	15	0	0	0	3	5	1	0	1	1	2	1	0	1	0	0	0	0	0	0
1987	15	0	0	2	6	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1988	21	0	0	2	8	3	4	3	0	1	0	0	0	0	0	0	0	0	0	0
1989	31	0	0	1	7	9	4	4	0	2	2	1	1	0	0	0	0	0	0	0
1990	18	0	0	1	2	2	6	3	2	1	0	1	0	0	0	0	0	0	0	0
1991	22	0	0	0	3	9	5	3	2	0	0	0	0	0	0	0	0	0	0	0
1992	16	0	0	0	2	6	4	2	0	0	0	1	1	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: NORTHWEST TERRITORIES, MALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	4	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0
1951	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1952	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1953	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1954	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1955	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1956	4	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	4	0	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	0	0
1960	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
1961	3	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0
1962	6	0	0	0	0	0	0	0	1	0	3	0	0	1	0	1	0	0	0	0
1963	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
1964	5	0	0	0	0	0	3	1	0	0	0	0	1	0	0	0	0	0	0	0
1965	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1966	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
1967	2	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
1968	3	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0
1969	4	0	0	0	0	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0
1970	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1971	4	0	0	0	0	1	1	0	1	0	0	0	1	0	0	0	0	0	0	0
1972	8	0	0	0	3	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1973	8	0	0	0	2	2	0	1	0	0	0	1	1	0	0	1	0	0	0	0
1974	5	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
1975	5	0	0	0	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0
1976	7	0	0	0	2	2	0	2	1	0	0	0	0	0	0	0	0	0	0	0
1977	12	0	0	0	1	5	3	1	0	1	1	0	0	0	0	0	0	0	0	0
1978	19	0	0	1	4	7	3	0	1	1	0	0	2	0	0	0	0	0	0	0
1979	7	0	0	0	0	1	2	1	0	1	2	0	0	0	0	0	0	0	0	0
1980	9	0	0	0	2	2	1	1	0	0	1	1	1	0	0	0	0	0	0	0
1981	7	0	0	1	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1982	5	0	0	0	1	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0
1983	18	0	0	0	7	4	3	2	1	1	0	0	0	0	0	0	0	0	0	0
1984	15	0	0	0	3	5	2	1	1	1	0	1	0	0	0	0	0	0	1	0
1985	12	0	1	0	2	2	4	2	0	0	0	0	0	1	0	0	0	0	0	0
1986	13	0	0	0	3	4	1	0	1	1	2	0	0	1	0	0	0	0	0	0
1987	10	0	0	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1988	16	0	0	1	8	2	3	2	0	0	0	0	0	0	0	0	0	0	0	0
1989	26	0	0	0	6	7	4	4	0	2	1	1	1	0	0	0	0	0	0	0
1990	16	0	0	1	2	2	6	2	1	1	0	1	0	0	0	0	0	0	0	0
1991	19	0	0	0	3	8	4	3	1	0	0	0	0	0	0	0	0	0	0	0
1992	14	0	0	0	2	5	3	2	0	0	0	1	1	0	0	0	0	0	0	0

Suicide Deaths by Age Group and Sex: NORTHWEST TERRITORIES, FEMALE

		Years																		
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85	NS
1950	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1951	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1952	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1953	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1954	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1955	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
1956	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1959	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1961	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1962	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1963	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1964	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1965	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1966	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
1967	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1968	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1969	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1970	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1971	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1972	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
1973	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1974	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1975	2	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
1976	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1977	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1978	5	0	0	0	3	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1979	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1980	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1981	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1982	3	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1983	3	0	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
1984	2	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
1985	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1986	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1987	5	0	0	1	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
1988	5	0	0	1	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0
1989	5	0	0	1	1	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0
1990	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
1991	3	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
1992	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0

APPENDIX 6
Section 2

Age-Specific Suicide Death Rates, by Sex, for Canada and the Provinces and Territories, for the Years 1950 to 1992

Order of presentation is as follows:

Canada
Newfoundland
Prince Edward Island
Nova Scotia
New Brunswick
Quebec
Ontario
Manitoba
Saskatchewan
Alberta
British Columbia
Yukon
Northwest Territories

Note:

- Rates were calculated using the following populations:
  1950-1970: June 1 populations
  1971-1992: July 1 adjusted populations (adjusted to include non-permanent residents of Canada and to compensate for net census under-coverage).

- In the tables relating to the Yukon and Northwest Territories, for the years 1950-1960 only, age groups 65-69 to 85+ are combined into a single age group and reported in the column for age 65-69.

- The symbol"—" means that no suicide deaths occurred in the year and age group specified, while an entry of 0.0 indicates that the number of deaths was too small to generate a reportable rate.

Age-Specific Suicide Death Rates by Sex: CANADA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	7.8	0.0	0.0	0.3	3.3	5.9	5.8	6.4	9.4	13.9	15.4	16.8	17.7	21.4	20.6	18.6	18.5	9.4	13.2
1951	7.4	.0	.0	.1	1.8	6.0	5.6	7.7	8.3	12.3	14.0	18.4	17.3	19.4	17.8	17.8	20.2	15.5	11.5
1952	7.3	.0	.0	.3	2.0	5.4	5.2	6.7	8.9	11.4	13.7	15.9	18.8	22.7	22.0	14.3	18.7	15.9	11.1
1953	7.1	.0	.0	.4	2.6	5.1	6.4	7.0	8.9	13.4	11.9	16.5	15.8	19.9	17.7	15.3	17.9	11.5	10.7
1954	7.2	.0	.0	.3	2.1	4.9	6.8	7.8	7.4	14.9	13.3	17.7	16.6	19.3	17.7	16.2	16.3	14.6	3.4
1955	7.0	.0	.0	.1	1.8	4.1	7.1	7.6	8.6	12.5	13.6	16.1	16.8	20.9	17.5	16.9	16.3	11.5	11.4
1956	7.6	.0	.0	.4	1.8	5.0	8.2	7.5	9.2	10.9	15.0	18.4	20.8	21.7	20.5	17.0	14.5	21.3	17.1
1957	7.5	.0	.0	.1	2.1	5.7	7.2	9.7	9.8	11.3	15.8	16.9	21.2	18.7	19.3	13.2	16.8	15.7	7.5
1958	7.4	.0	.0	.7	2.5	6.0	8.0	7.4	10.5	12.0	14.7	18.6	20.3	21.0	15.4	13.0	16.6	15.0	2.9
1959	7.1	.0	.0	.3	1.9	5.3	7.0	7.9	10.3	11.2	14.1	16.1	18.4	19.0	19.4	14.8	17.5	15.0	4.2
1960	7.6	.0	.0	.3	3.3	7.3	9.9	9.7	9.5	10.7	14.9	16.5	18.4	19.1	15.4	16.6	19.5	8.6	6.6
1961	7.5	.0	.0	.4	2.3	5.7	7.0	8.6	10.2	12.8	16.0	17.7	17.6	19.0	19.7	16.4	18.2	14.3	7.4
1962	7.2	.0	.0	.6	3.2	6.8	8.1	9.2	10.1	10.9	14.5	18.5	18.3	17.3	13.8	9.2	13.5	12.3	8.2
1963	7.6	.0	.0	.7	3.9	8.1	8.3	9.8	11.3	12.8	13.3	17.6	17.1	17.6	14.9	14.8	16.0	9.9	11.1
1964	8.2	.0	.0	.7	3.6	7.6	9.1	12.1	12.2	13.7	16.1	19.4	19.9	20.0	15.7	12.4	12.0	14.9	10.5
1965	8.7	.0	.0	.8	3.7	8.3	9.5	11.3	13.0	14.8	15.3	20.9	21.0	21.8	19.4	15.3	13.5	12.7	14.1
1966	8.6	.0	.0	.9	3.7	9.1	10.8	9.9	13.7	13.0	16.6	20.1	22.2	18.1	14.5	14.3	15.3	12.4	8.7
1967	9.0	.0	.0	.6	5.0	10.1	11.6	12.8	12.5	16.6	16.9	17.9	21.2	17.1	18.2	11.8	12.7	14.2	12.1
1968	9.8	.0	.0	.8	4.6	10.9	12.3	13.5	15.2	17.9	17.0	20.6	22.2	19.4	18.4	14.5	13.7	10.1	8.8
1969	10.9	.0	.0	.7	6.2	13.9	12.4	12.9	16.4	18.5	22.2	21.7	24.4	20.8	15.6	18.6	16.0	13.9	12.5
1970	11.3	.0	.0	.7	7.0	14.0	13.8	15.3	18.3	19.7	21.2	21.3	22.6	19.9	19.6	15.6	13.0	16.0	8.6
1971	11.6	.0	.0	.7	7.7	13.7	13.5	15.1	17.0	21.3	21.7	23.5	23.0	21.9	16.1	15.1	14.9	12.1	12.9
1972	11.9	.0	.0	1.0	9.1	16.5	16.0	15.4	17.4	20.6	20.5	21.7	19.9	18.1	16.6	15.8	14.4	10.5	14.5
1973	12.3	.0	.0	1.0	8.9	15.8	14.9	15.0	18.3	17.1	22.7	21.2	23.5	24.1	21.2	17.1	15.1	9.9	8.0
1974	12.7	.0	.0	.7	10.6	18.2	16.9	14.7	18.9	19.9	20.6	22.9	19.3	18.1	18.9	19.8	12.8	10.2	11.5
1975	12.1	.0	.2	.9	9.9	18.1	16.2	12.9	17.2	18.7	18.6	20.7	19.6	17.4	19.5	14.5	11.8	16.0	5.0
1976	12.5	.0	.0	1.0	10.4	17.5	17.4	16.6	16.0	19.2	20.7	20.6	19.1	17.7	13.4	15.6	13.9	11.7	10.2
1977	13.9	.0	.1	1.4	12.3	21.4	17.7	17.0	19.3	18.4	22.0	24.6	20.3	17.3	19.4	17.0	13.0	11.8	9.9
1978	14.5	.0	.1	1.4	11.8	21.2	21.0	18.3	17.5	21.3	21.1	21.5	21.1	20.4	17.8	17.7	14.8	19.6	14.1
1979	13.8	.0	.1	1.1	12.6	20.8	17.9	16.7	17.1	20.3	21.6	20.2	20.7	20.0	18.1	15.8	14.5	10.7	5.5
1980	13.7	.0	.0	1.1	11.4	18.0	19.4	16.4	16.5	16.2	21.9	21.7	19.1	20.2	18.2	15.9	20.9	16.4	14.8
1981	13.7	.0	.1	1.8	12.3	18.4	15.5	17.3	16.0	19.6	19.4	21.2	21.7	16.9	17.4	20.8	15.8	22.8	9.7
1982	14.0	.0	.1	1.4	12.2	18.0	19.7	17.6	16.9	18.0	20.3	22.0	22.1	17.3	17.4	18.8	13.9	11.9	9.9
1983	14.8	.0	.0	1.2	13.1	18.7	19.6	18.8	16.9	20.3	21.7	19.3	21.7	21.0	19.2	19.3	19.6	20.4	14.4
1984	13.4	.0	.1	1.4	12.0	17.8	16.5	16.9	15.9	18.2	16.9	22.0	20.7	17.5	15.8	15.8	15.7	16.4	16.7
1985	12.6	.0	.1	.9	10.9	16.8	16.0	16.1	15.6	16.6	17.5	17.7	17.9	15.4	15.9	18.1	14.8	14.8	11.6
1986	14.0	.0	.1	1.3	12.1	17.7	18.6	18.6	17.7	18.8	17.9	21.2	17.8	17.4	16.0	19.5	20.2	16.2	9.9
1987	13.5	.0	.0	1.6	12.4	16.2	17.7	18.5	16.1	17.6	20.2	19.2	18.2	15.0	17.9	17.6	15.2	16.1	11.9
1988	13.1	.0	.1	1.5	12.4	17.7	17.1	16.7	18.0	16.5	16.6	16.8	18.3	15.2	15.4	14.1	17.5	15.6	9.1
1989	12.8	.0	.0	1.3	12.7	16.9	16.0	16.9	16.8	16.3	18.4	15.3	17.7	14.9	15.4	14.0	13.7	14.2	15.5
1990	12.2	.0	.1	1.5	11.6	16.4	15.7	17.5	17.8	16.2	15.6	14.3	15.0	11.9	11.3	13.5	14.3	14.2	15.2
1991	12.8	.0	.1	1.5	13.1	17.2	17.2	17.5	16.6	17.0	16.4	16.2	15.2	15.0	14.9	13.8	13.2	13.3	12.9
1992	13.0	.0	.0	1.8	12.9	17.9	17.8	17.6	18.5	16.7	16.0	18.1	17.3	15.2	13.8	11.0	12.8	13.8	11.6

Age-Specific Suicide Death Rates by Sex: CANADA, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	11.9	0.0	0.0	0.5	5.2	8.9	7.1	8.6	14.0	20.6	23.3	25.2	28.4	34.3	30.4	30.3	34.7	17.5	30.3
1951	11.1	.0	.0	.2	2.6	8.6	8.1	12.1	12.3	18.4	19.9	27.6	26.0	27.2	25.9	28.7	30.8	30.4	22.0
1952	11.1	.0	.0	.3	3.7	7.9	8.1	10.6	12.2	17.7	17.4	24.9	27.8	35.9	35.6	21.5	30.3	29.4	21.4
1953	10.9	.0	.0	.6	4.2	7.2	8.9	11.5	13.3	20.1	16.7	25.2	24.7	30.2	27.2	27.8	30.1	22.1	24.8
1954	10.9	.0	.0	.6	3.4	6.8	10.3	11.8	10.6	20.8	19.2	27.0	24.8	29.9	26.1	26.9	28.0	26.9	7.9
1955	10.6	.0	.0	.3	2.6	6.0	10.3	10.4	11.5	18.9	20.4	24.6	25.0	31.7	30.1	26.8	29.0	18.7	18.7
1956	11.7	.0	.0	.7	3.1	7.8	12.1	11.3	13.5	16.5	21.3	25.7	33.2	33.5	32.8	27.2	25.5	39.5	39.4
1957	11.6	.0	.0	.3	3.2	10.0	10.7	14.2	15.3	17.3	22.1	24.4	32.8	31.9	31.2	21.1	31.3	26.0	17.4
1958	11.8	.0	.0	1.3	4.2	9.2	13.6	10.5	15.2	18.0	23.6	27.2	34.5	33.3	26.3	23.0	31.0	25.0	6.8
1959	11.2	.0	.0	.6	3.1	9.4	12.5	12.5	15.9	16.6	22.2	24.1	28.7	30.1	29.6	24.3	29.1	25.5	9.6
1960	12.0	.0	.0	.6	5.3	12.3	15.7	15.1	16.0	16.8	23.7	24.8	29.1	29.8	24.8	26.1	35.9	10.7	15.2
1961	11.9	.0	.0	.8	3.7	9.0	11.1	12.9	15.8	21.1	22.7	28.0	27.6	33.2	32.5	28.1	35.0	24.6	17.1
1962	11.2	.0	.0	1.0	5.1	11.1	12.6	13.0	15.4	16.7	22.0	29.1	29.6	28.5	21.9	15.4	24.2	24.9	10.8
1963	11.3	.0	.0	1.2	5.3	13.0	11.4	14.2	16.7	19.8	19.2	24.1	25.2	29.5	23.3	23.6	27.6	18.5	25.6
1964	12.3	.0	.0	1.2	5.4	11.7	13.3	17.6	16.7	20.8	24.2	27.5	28.6	33.6	23.4	21.0	21.7	29.4	22.0
1965	12.9	.0	.0	1.2	5.6	13.8	14.6	15.1	18.1	21.8	21.3	30.7	31.1	33.3	31.1	24.4	20.9	26.3	26.1
1966	12.8	.0	.0	1.7	6.0	15.3	15.3	14.8	18.8	19.5	23.0	29.1	30.2	27.3	25.1	23.6	28.1	24.8	20.8
1967	13.2	.0	.0	.9	8.5	16.0	17.2	18.0	17.5	21.2	24.2	25.5	31.2	26.2	28.5	19.6	20.7	26.8	26.8
1968	14.3	.0	.0	1.2	7.8	16.4	18.7	19.6	19.9	23.5	24.9	27.5	35.3	30.6	27.8	24.6	22.0	19.3	17.2
1969	15.6	.0	.0	1.0	10.4	21.3	17.6	17.4	23.2	25.8	29.0	30.0	33.6	28.3	22.5	33.9	29.1	26.2	26.6
1970	16.2	.0	.0	1.2	10.1	22.3	19.3	21.1	26.5	27.3	27.4	28.8	32.1	31.3	28.8	26.2	23.4	31.7	15.6
1971	16.9	.0	.1	1.1	12.3	21.8	21.1	19.9	23.8	29.3	28.6	32.8	32.9	33.1	23.3	23.0	28.3	20.8	30.7
1972	17.0	.0	.0	1.4	13.8	27.1	21.2	21.3	22.8	26.5	28.8	30.9	27.4	26.8	23.1	26.5	21.2	17.2	35.2
1973	17.5	.0	.1	1.6	13.4	25.8	20.4	19.9	26.4	24.5	30.3	29.9	32.1	34.3	30.2	25.5	27.4	13.8	13.7
1974	18.3	.0	.0	1.1	17.7	29.8	24.0	20.3	24.9	28.3	27.5	30.6	25.5	24.7	27.3	34.1	24.3	18.5	25.3
1975	17.5	.0	.1	1.6	15.5	28.4	24.0	18.2	22.8	24.3	23.8	28.7	28.0	27.5	28.0	24.7	19.0	30.2	11.7
1976	17.9	.0	.0	1.4	16.5	27.0	26.9	21.5	20.9	26.1	27.7	30.4	24.6	24.9	18.9	24.1	24.9	19.7	24.7
1977	20.7	.0	.2	2.0	19.8	35.8	26.2	24.9	27.6	27.0	29.6	34.0	27.8	22.6	29.0	27.8	23.4	20.6	24.4
1978	21.7	.0	.1	2.2	19.0	35.2	32.3	28.2	25.5	28.5	31.0	29.3	29.8	28.2	25.2	28.6	28.5	37.4	30.7
1979	20.8	.0	.0	1.4	20.2	33.4	27.8	25.8	23.3	29.4	32.1	25.6	30.5	32.8	26.8	25.6	23.9	17.7	11.1
1980	20.7	.0	.0	1.5	18.9	29.1	30.8	25.0	24.2	23.5	30.7	29.2	28.1	27.9	28.2	24.1	39.1	36.6	36.3
1981	20.7	.0	.1	2.5	20.6	30.9	24.3	26.5	23.2	26.9	26.7	29.7	30.5	25.9	24.9	35.6	29.1	45.9	15.6
1982	21.7	.0	.1	2.3	20.9	29.8	31.5	27.3	23.6	25.8	29.9	32.3	32.0	27.3	27.5	33.2	24.6	27.0	26.2
1983	22.8	.0	.0	2.1	22.1	32.0	31.7	29.1	23.4	28.8	29.3	27.6	32.8	31.9	29.0	32.4	37.9	42.0	38.2
1984	20.8	.0	.1	2.4	20.5	30.1	26.7	26.2	24.0	25.1	24.7	31.8	31.1	25.6	23.0	27.5	31.7	31.0	40.4
1985	19.9	.0	.1	1.3	17.8	29.0	25.9	25.4	23.2	24.7	24.5	27.7	27.5	24.7	25.6	31.7	25.7	35.2	26.2
1986	21.9	.0	.1	2.0	19.4	29.3	30.5	29.0	26.2	29.0	25.6	29.6	28.0	26.1	24.2	32.9	38.5	33.3	31.2
1987	21.2	.0	.0	2.7	19.9	27.1	28.5	28.8	23.9	25.4	29.9	29.0	28.5	22.8	28.6	33.0	27.1	33.7	21.6
1988	20.5	.0	.1	2.4	21.3	28.9	27.3	26.4	26.3	23.4	23.2	23.9	28.0	26.7	25.3	26.3	30.4	33.4	23.4
1989	19.9	.0	.0	2.0	22.0	27.6	25.4	26.1	25.1	23.6	24.3	23.0	26.8	23.7	25.3	24.0	24.2	31.4	39.6
1990	19.4	.0	.0	2.4	18.4	27.7	26.2	27.7	26.4	24.1	23.7	21.3	24.0	19.8	18.0	23.3	29.7	29.4	41.5
1991	20.6	.0	.1	1.9	22.0	30.2	27.4	27.6	26.2	25.7	25.1	26.3	23.3	24.4	24.3	23.1	24.6	30.2	37.6
1992	20.7	.0	.0	2.6	20.1	29.0	29.1	28.6	29.6	24.7	23.5	26.2	28.9	23.3	21.9	18.8	27.0	29.6	24.1

Age-Specific Suicide Death Rates by Sex: CANADA, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.5	0.0	0.0	0.0	1.5	2.9	4.6	4.2	4.8	6.8	6.8	7.9	6.2	7.1	9.7	6.1	2.2	2.0	0.0
1951	3.6	.0	.0	.0	1.0	3.4	3.1	3.4	4.2	5.9	7.6	8.7	8.3	10.7	8.8	6.5	9.6	2.0	3.4
1952	3.4	.0	.0	.3	.4	2.9	2.4	2.9	5.5	4.8	9.7	6.4	9.5	8.5	7.2	6.9	7.1	3.8	3.3
1953	3.2	.0	.0	.2	.9	2.9	3.9	2.7	4.6	6.3	6.8	7.2	6.5	8.8	7.5	2.4	5.8	1.8	.0
1954	3.5	.0	.0	.0	.7	3.1	3.4	3.8	4.3	8.7	7.1	7.6	8.0	8.3	8.7	5.2	4.6	3.5	.0
1955	3.4	.0	.0	.0	1.1	2.1	3.9	4.9	5.7	5.9	6.3	6.9	8.2	9.7	4.0	6.7	3.6	5.0	5.8
1956	3.5	.0	.0	.1	.5	2.1	4.2	3.7	4.8	5.2	8.3	10.5	7.8	9.6	7.5	6.6	3.5	4.9	.0
1957	3.2	.0	.0	.0	.8	1.4	3.7	5.3	4.3	5.0	9.1	8.8	8.9	5.3	7.0	5.3	2.5	6.3	.0
1958	3.0	.0	.0	.0	.8	2.7	2.2	4.3	5.9	5.9	5.3	9.3	5.3	8.5	4.3	3.1	2.4	6.0	.0
1959	2.9	.0	.0	.0	.6	1.2	1.3	3.3	4.9	5.8	5.5	7.4	7.6	7.9	9.3	5.5	6.1	5.7	.0
1960	3.0	.0	.0	.1	1.2	2.4	4.0	4.1	3.2	4.5	5.8	7.6	7.1	8.4	6.2	7.4	3.7	6.8	.0
1961	3.0	.0	.0	.0	.9	2.5	2.9	4.3	4.7	4.5	9.0	6.9	7.0	4.8	7.3	5.3	2.1	5.1	.0
1962	3.1	.0	.0	.2	1.3	2.6	3.5	5.3	5.0	5.2	6.9	7.4	6.5	6.0	5.9	3.4	3.4	1.2	6.2
1963	3.8	.0	.0	.1	2.4	3.2	5.2	5.2	5.9	5.9	7.3	10.7	8.7	5.6	7.0	6.6	5.3	2.3	.0
1964	4.1	.0	.0	.1	1.7	3.6	4.9	6.4	7.8	6.8	8.0	11.0	10.8	6.4	8.4	4.6	3.2	2.2	1.8
1965	4.5	.0	.0	.3	1.8	2.9	4.5	7.4	7.8	8.0	9.3	10.9	10.5	10.2	8.5	7.2	7.0	1.1	5.3
1966	4.3	.0	.0	.1	1.3	3.0	6.3	4.9	8.5	6.6	10.2	11.0	13.9	9.0	4.7	6.1	4.3	2.1	.0
1967	4.8	.0	.0	.2	1.5	4.1	6.0	7.5	7.3	12.0	9.8	10.2	11.0	8.1	8.8	5.2	6.0	3.9	1.6
1968	5.2	.0	.0	.3	1.3	5.3	5.9	7.3	10.4	12.2	9.1	13.7	8.9	8.4	9.9	5.9	6.9	2.8	3.0
1969	6.2	.0	.0	.3	1.8	6.4	7.2	8.4	9.3	11.2	15.5	13.5	15.2	13.5	9.3	5.8	5.6	4.5	2.8
1970	6.4	.0	.0	.3	3.8	5.8	8.2	9.4	9.7	11.9	15.1	13.9	13.2	8.9	11.2	6.9	4.9	4.4	3.9
1971	6.3	.0	.0	.4	3.0	5.4	5.6	10.0	9.7	13.0	14.8	14.5	13.2	11.0	9.5	8.6	4.8	5.8	1.2
1972	6.8	.0	.0	.5	4.2	5.6	10.6	9.1	11.7	14.4	12.2	12.8	12.6	9.6	10.6	6.9	9.4	5.7	1.1
1973	7.0	.0	.0	.3	4.2	5.6	9.2	9.9	9.8	9.3	15.1	12.8	15.1	14.4	13.2	10.1	6.1	7.1	4.3
1974	7.0	.0	.0	.3	3.2	6.5	9.7	8.9	12.7	11.1	13.7	15.4	13.4	11.9	11.4	7.9	4.5	4.7	3.1
1975	6.7	.0	.2	.3	4.2	7.6	8.3	7.3	11.4	12.9	13.4	13.1	11.7	8.0	11.9	5.9	6.8	6.8	1.0
1976	7.0	.0	.0	.4	4.2	7.8	7.5	11.5	10.8	12.1	13.6	11.1	13.9	11.0	8.6	8.5	6.1	6.6	1.9
1977	7.2	.0	.0	.7	4.6	6.8	9.1	8.7	10.7	9.4	14.2	15.5	13.3	12.5	11.0	8.2	5.5	6.4	1.8
1978	7.2	.0	.1	.5	4.3	6.9	9.4	8.1	9.1	13.9	11.0	14.0	12.9	13.2	11.4	8.8	4.8	8.9	5.2
1979	6.9	.0	.1	.7	4.8	8.0	7.9	7.3	10.6	10.8	10.7	14.8	11.7	8.4	10.5	7.9	7.6	6.6	2.5
1980	6.7	.0	.0	.6	3.7	6.6	7.9	7.7	8.5	8.6	12.8	14.3	10.8	13.3	9.4	9.4	7.8	4.5	4.0
1981	6.7	.0	.0	1.0	3.7	5.6	6.7	7.9	8.4	11.9	11.9	12.7	13.5	8.8	10.9	9.0	6.3	9.2	6.8
1982	6.3	.0	.0	.4	3.1	5.9	7.7	7.9	9.9	9.8	10.4	11.6	12.8	8.4	8.8	7.4	6.4	3.0	2.2
1983	6.8	.0	.0	.3	3.6	5.0	7.3	8.5	10.3	11.4	13.9	10.8	11.2	11.4	10.9	8.9	6.9	7.5	3.5
1984	6.0	.0	.0	.4	3.1	5.0	6.2	7.5	7.5	11.1	9.0	12.0	10.8	10.3	9.8	6.6	4.6	7.7	6.0
1985	5.3	.0	.0	.6	3.6	4.1	5.9	6.8	7.7	8.1	10.4	7.5	8.7	7.2	7.8	7.5	7.1	2.6	5.1
1986	6.2	.0	.0	.6	4.3	5.6	6.3	8.2	9.2	8.3	10.0	12.7	7.9	9.6	9.1	9.0	7.5	6.1	.6
1987	6.0	.0	.0	.6	4.5	4.9	6.6	8.1	8.2	9.5	10.3	9.4	8.1	7.9	9.1	5.6	6.9	5.8	7.7
1988	5.7	.0	.0	.4	3.2	5.9	6.6	7.0	9.6	9.5	9.8	9.7	8.6	4.8	7.1	4.6	8.5	5.1	2.8
1989	5.8	.0	.0	.7	3.1	5.7	6.2	7.6	8.4	8.9	12.4	7.6	8.7	6.7	7.2	6.2	6.4	4.0	4.9
1990	5.0	.0	.1	.7	4.5	4.8	4.9	7.2	9.2	8.1	7.3	7.3	6.1	4.4	5.7	6.0	3.6	5.2	3.6
1991	5.1	.0	.0	1.0	3.8	3.8	6.8	7.2	6.9	8.2	7.6	6.0	7.1	6.2	7.0	6.6	5.2	3.3	2.0
1992	5.5	.0	.0	.8	5.4	6.6	6.1	6.3	7.3	8.5	8.4	10.0	5.8	7.5	6.8	4.9	2.9	4.4	6.2

Age-Specific Suicide Death Rates by Sex: NEWFOUNDLAND, BOTH SEXES

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	2.0	0.0	0.0	0.0	0.0	0.0	3.8	4.1	0.0	5.7	6.8	7.7	0.0	10.3	0.0	0.0	24.4	0.0	0.0
1951	3.3	.0	.0	.0	.0	11.2	8.0	4.2	13.0	.0	6.8	.0	.0	.0	11.1	15.2	.0	.0	.0
1952	2.1	.0	.0	.0	.0	.0	3.9	4.1	4.3	.0	.0	7.4	8.3	10.1	.0	.0	21.3	43.5	.0
1953	2.3	.0	.0	.0	.0	3.5	.0	.0	4.2	9.9	18.8	7.3	.0	.0	.0	.0	21.3	.0	.0
1954	2.0	.0	.0	.0	.0	.0	3.7	.0	8.4	4.7	5.9	14.4	8.1	.0	.0	.0	.0	.0	.0
1955	1.5	.0	.0	.0	.0	.0	3.7	.0	.0	.0	5.6	.0	8.1	9.5	11.1	.0	21.3	.0	.0
1956	2.2	.0	.0	.0	2.8	.0	11.1	.0	4.0	.0	.0	7.1	7.9	.0	.0	13.7	21.3	.0	.0
1957	3.1	.0	.0	.0	.0	6.6	.0	7.9	.0	8.6	5.2	13.7	15.7	18.7	.0	.0	.0	.0	.0
1958	2.5	.0	.0	.0	2.6	.0	11.1	3.9	3.9	8.5	.0	.0	7.8	.0	11.2	.0	.0	40.0	.0
1959	3.2	.0	.0	.0	2.5	.0	7.4	7.8	3.9	4.2	4.9	12.3	15.4	.0	11.0	.0	19.6	.0	.0
1960	2.7	.0	.0	.0	.0	6.6	7.5	7.8	4.0	4.2	4.7	.0	.0	.0	.0	.0	56.6	.0	.0
1961	3.7	.0	.0	.0	4.6	3.3	.0	3.9	8.1	8.3	4.6	17.0	7.5	8.8	.0	27.2	18.3	.0	.0
1962	1.9	.0	.0	.0	.0	3.2	.0	3.9	.0	4.1	.0	.0	21.6	.0	10.1	26.6	.0	.0	.0
1963	3.4	.0	.0	.0	.0	3.0	3.7	11.5	4.0	8.2	8.8	5.3	20.7	8.5	.0	13.0	.0	.0	.0
1964	3.5	.0	.0	.0	2.0	5.9	10.9	3.8	7.9	16.6	8.7	10.2	.0	.0	.0	.0	.0	.0	.0
1965	4.7	.0	.0	.0	.0	5.8	7.2	7.8	19.7	.0	21.7	4.9	12.7	8.3	19.7	12.4	.0	.0	.0
1966	3.0	.0	.0	.0	.0	2.8	10.7	7.9	4.0	.0	17.3	4.8	6.1	.0	9.7	.0	17.9	.0	.0
1967	2.0	.0	.0	.0	.0	5.2	.0	3.9	8.0	8.4	.0	.0	5.9	15.7	.0	.0	.0	.0	.0
1968	1.2	.0	.0	.0	.0	.0	10.0	.0	4.0	4.2	.0	.0	.0	.0	.0	.0	17.2	.0	.0
1969	1.2	.0	.0	.0	.0	2.3	3.2	.0	.0	.0	4.4	.0	5.4	7.2	.0	.0	16.6	.0	.0
1970	4.8	.0	.0	.0	5.1	.0	9.1	15.0	20.1	4.2	8.7	22.9	.0	6.9	.0	11.6	.0	.0	.0
1971	3.6	.0	.0	.0	1.6	2.1	2.7	7.0	7.7	8.2	8.6	4.5	20.0	6.5	17.6	.0	.0	.0	.0
1972	2.8	.0	.0	.0	.0	2.1	2.5	3.4	.0	20.4	12.9	4.4	10.0	.0	8.7	.0	.0	.0	.0
1973	4.7	.0	.0	.0	1.6	13.9	.0	9.8	7.6	4.0	.0	13.1	24.9	11.7	8.5	10.9	.0	.0	.0
1974	2.2	.0	.0	.0	.0	1.9	.0	.0	3.8	.0	4.3	4.4	10.0	.0	16.3	10.8	31.1	26.0	.0
1975	3.4	.0	.0	.0	1.6	7.5	6.5	3.0	7.4	4.0	4.2	9.1	14.6	.0	7.7	.0	.0	.0	.0
1976	3.7	.0	.0	.0	3.2	1.9	2.1	5.5	7.2	8.0	8.5	9.0	14.3	16.4	7.2	.0	.0	.0	.0
1977	3.7	.0	.0	.0	3.2	3.7	6.2	5.1	3.5	7.9	12.8	13.5	4.6	.0	13.6	.0	.0	.0	.0
1978	2.6	.0	.0	.0	.0	9.2	4.1	2.4	3.3	8.0	4.2	.0	9.2	5.4	.0	.0	.0	.0	.0
1979	4.4	.0	.0	.0	4.8	5.5	4.0	4.7	3.2	3.9	20.8	9.0	4.7	15.9	12.4	.0	.0	.0	.0
1980	3.3	.0	.0	1.6	4.7	5.6	.0	8.9	3.1	3.8	8.4	8.8	4.8	5.2	.0	.0	.0	.0	.0
1981	4.2	.0	.0	.0	4.7	11.2	6.0	6.5	.0	7.3	4.2	17.6	4.7	.0	.0	.0	.0	.0	29.9
1982	5.9	.0	.0	.0	8.0	7.5	6.0	12.9	.0	10.7	16.6	4.4	19.0	.0	.0	15.9	26.5	.0	.0
1983	6.2	.0	.0	.0	9.6	9.1	3.9	10.5	12.5	10.2	4.1	.0	.0	29.4	5.9	.0	12.8	20.7	.0
1984	6.7	.0	.0	1.7	13.1	12.7	2.0	12.5	7.2	.0	8.0	17.4	9.4	14.9	5.8	.0	12.2	.0	.0
1985	4.0	.0	.0	1.7	.0	1.8	4.0	4.1	4.6	12.6	7.9	8.7	13.8	10.3	11.3	.0	.0	.0	.0
1986	4.0	.0	.0	.0	.0	3.7	4.0	4.1	.0	11.7	11.6	.0	9.3	5.1	16.8	7.0	10.7	39.8	.0
1987	4.9	.0	.0	.0	3.5	5.6	4.0	14.3	2.2	5.5	7.5	.0	13.9	10.2	.0	6.9	20.5	.0	25.2
1988	7.6	.0	.0	.0	8.8	9.5	12.1	2.0	13.1	13.0	14.3	8.6	13.7	5.1	21.7	.0	.0	18.6	24.4
1989	5.0	.0	.0	2.0	3.6	7.7	4.0	6.1	8.6	5.0	3.4	8.4	9.1	10.0	10.9	6.8	.0	17.6	.0
1990	10.0	.0	.0	.0	16.3	9.9	8.0	16.3	12.7	16.5	22.9	4.1	4.6	19.6	11.3	19.8	8.9	.0	.0
1991	7.1	.0	.0	2.1	12.8	13.8	6.1	6.1	8.4	9.2	3.0	11.9	9.1	4.9	5.5	13.0	.0	15.5	23.4
1992	8.6	.0	.0	2.1	11.5	17.6	4.1	12.3	12.5	11.3	8.4	3.9	13.6	19.6	5.5	6.3	17.3	.0	.0

Age-Specific Suicide Death Rates by Sex: NEWFOUNDLAND, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.9	0.0	0.0	0.0	0.0	0.0	7.5	8.0	0.0	10.9	13.3	15.2	0.0	19.6	0.0	0.0	47.6	0.0	0.0
1951	5.4	.0	.0	.0	.0	22.4	7.8	8.1	25.0	.0	13.0	.0	.0	.0	21.3	.0	.0	.0	.0
1952	3.6	.0	.0	.0	.0	.0	.0	7.9	8.2	.0	.0	14.5	16.4	19.2	.0	.0	41.7	90.9	.0
1953	4.1	.0	.0	.0	.0	.0	.0	.0	8.1	18.3	35.3	14.1	.0	.0	.0	.0	41.7	.0	.0
1954	2.9	.0	.0	.0	.0	.0	7.1	.0	16.0	8.8	.0	13.9	15.9	.0	.0	.0	.0	.0	.0
1955	2.4	.0	.0	.0	.0	.0	7.0	.0	.0	.0	10.4	.0	.0	18.5	21.3	.0	41.7	.0	.0
1956	3.3	.0	.0	.0	5.6	.0	20.8	.0	.0	.0	.0	.0	15.6	.0	.0	27.0	41.7	.0	.0
1957	5.5	.0	.0	.0	.0	12.7	.0	7.4	.0	16.1	9.6	25.6	30.8	37.0	.0	.0	.0	.0	.0
1958	4.9	.0	.0	.0	5.2	.0	20.8	7.4	7.4	15.9	.0	.0	14.9	.0	22.2	.0	.0	83.3	.0
1959	5.7	.0	.0	.0	5.0	.0	14.0	14.8	7.5	7.9	9.0	22.7	14.7	.0	21.7	.0	38.5	.0	.0
1960	4.8	.0	.0	.0	.0	13.0	7.1	14.9	7.6	7.9	8.9	.0	.0	.0	.0	.0	111.1	.0	.0
1961	6.0	.0	.0	.0	9.1	6.5	.0	7.5	15.4	15.6	8.7	21.0	14.4	.0	.0	54.3	.0	.0	.0
1962	3.8	.0	.0	.0	.0	6.3	.0	7.4	.0	7.8	.0	.0	41.0	.0	20.3	53.5	.0	.0	.0
1963	4.5	.0	.0	.0	.0	6.1	7.1	14.6	7.6	15.6	8.4	.0	13.0	16.9	.0	26.2	.0	.0	.0
1964	6.5	.0	.0	.0	.0	11.9	21.1	7.3	15.1	31.3	16.5	19.1	.0	.0	.0	.0	.0	.0	.0
1965	8.4	.0	.0	.0	.0	11.7	7.1	14.9	37.8	.0	32.9	9.4	23.7	16.3	39.9	25.4	.0	.0	.0
1966	5.9	.0	.0	.0	.0	5.7	21.1	15.1	7.6	.0	32.9	9.2	11.4	.0	19.8	.0	36.9	.0	.0
1967	3.1	.0	.0	.0	.0	5.3	.0	7.6	15.3	16.1	.0	.0	11.0	15.1	.0	.0	.0	.0	.0
1968	2.3	.0	.0	.0	.0	.0	20.0	.0	7.7	8.0	.0	.0	.0	.0	.0	.0	35.9	.0	.0
1969	1.9	.0	.0	.0	.0	4.5	6.4	.0	.0	.0	8.3	.0	.0	13.7	.0	.0	34.7	.0	.0
1970	8.7	.0	.0	.0	3.4	.0	17.9	29.3	38.6	8.1	16.7	43.7	.0	13.1	.0	24.4	.0	.0	.0
1971	5.5	.0	.0	.0	3.3	4.3	5.4	13.6	7.3	7.8	16.2	8.6	18.8	12.4	35.0	.0	.0	.0	.0
1972	4.0	.0	.0	.0	.0	4.1	.0	6.5	.0	23.4	24.5	.0	18.9	.0	17.2	.0	.0	.0	.0
1973	7.9	.0	.0	.0	3.2	23.7	.0	19.0	14.6	7.7	.0	16.7	28.4	22.4	16.8	23.2	.0	.0	.0
1974	3.6	.0	.0	.0	.0	3.8	.0	.0	7.3	.0	8.3	.0	19.2	.0	32.2	22.7	35.3	59.2	.0
1975	6.3	.0	.0	.0	.0	15.0	12.8	5.8	14.3	7.6	8.2	17.6	28.1	.0	15.2	.0	.0	.0	.0
1976	6.3	.0	.0	.0	6.2	.0	4.1	10.7	7.0	15.3	16.5	17.4	27.8	21.5	14.1	.0	.0	.0	.0
1977	6.6	.0	.0	.0	6.3	3.7	12.3	10.0	6.7	15.3	24.8	17.5	9.0	.0	26.9	.0	.0	.0	.0
1978	3.8	.0	.0	.0	.0	14.7	4.1	4.8	.0	7.6	8.1	.0	18.0	10.6	.0	.0	.0	.0	.0
1979	8.3	.0	.0	.0	9.4	11.1	8.0	9.1	6.2	7.5	31.9	17.5	9.2	31.6	24.9	.0	.0	.0	.0
1980	6.2	.0	.0	3.1	9.3	11.2	.0	17.5	5.9	7.2	8.0	17.1	9.4	10.2	.0	.0	.0	.0	.0
1981	6.9	.0	.0	.0	9.2	22.7	8.0	8.5	.0	7.0	8.0	34.2	.0	.0	.0	.0	.0	.0	77.3
1982	11.0	.0	.0	.0	15.7	11.4	12.0	25.6	.0	20.6	32.0	8.6	28.0	.0	.0	33.2	59.2	.0	.0
1983	10.2	.0	.0	.0	12.7	14.6	7.9	16.8	19.6	19.9	8.0	.0	.0	48.6	12.1	.0	28.8	51.5	.0
1984	12.0	.0	.0	3.3	19.3	25.2	4.0	25.0	9.4	.0	15.6	25.2	18.6	29.8	11.9	.0	27.0	.0	.0
1985	7.9	.0	.0	3.4	.0	3.6	8.0	8.3	9.1	24.6	15.3	16.9	27.4	20.5	23.2	.0	.0	.0	.0
1986	5.9	.0	.0	.0	.0	7.4	8.1	4.2	.0	17.3	15.1	.0	18.3	10.1	11.5	.0	23.7	98.6	.0
1987	8.3	.0	.0	.0	6.7	11.3	8.1	24.9	4.4	10.8	7.3	.0	27.4	.0	.0	14.9	45.9	.0	74.1
1988	14.2	.0	.0	.0	17.1	19.0	24.4	4.2	26.1	25.5	21.0	16.7	27.0	10.1	33.1	.0	.0	45.5	.0
1989	9.0	.0	.0	3.8	6.9	15.4	8.1	12.4	17.1	9.8	.0	8.1	17.8	10.1	22.3	14.6	.0	42.8	.0
1990	15.5	.0	.0	.0	21.0	15.6	16.1	24.7	21.1	18.5	32.0	.0	8.9	39.4	23.0	42.3	20.3	.0	.0
1991	12.7	.0	.0	4.1	21.2	27.1	12.2	8.2	12.6	18.1	5.9	23.2	17.7	9.8	11.2	13.8	.0	38.3	71.5
1992	15.4	.0	.0	4.2	18.5	30.3	8.2	20.5	21.0	22.2	16.5	7.5	26.4	29.4	11.3	13.5	39.5	.0	.0

Age-Specific Suicide Death Rates by Sex: NEWFOUNDLAND, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1951	1.1	0.0	0.0	0.0	0.0	0.0	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31.3	0.0	0.0	0.0
1952	.6	.0	.0	.0	.0	.0	8.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1953	.5	.0	.0	.0	.0	7.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1954	1.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	12.8	14.9	.0	.0	.0	.0	.0	.0	.0
1955	.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16.4	.0	.0	.0	.0	.0	.0
1956	1.0	.0	.0	.0	.0	.0	.0	.0	8.5	.0	.0	15.2	.0	.0	.0	.0	.0	.0	.0
1957	.5	.0	.0	.0	.0	.0	.0	8.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1959	.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16.1	.0	.0	.0	.0	.0	.0
1960	.5	.0	.0	.0	.0	.0	7.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1961	1.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	12.4	.0	17.7	.0	.0	37.9	.0	.0
1962	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1963	2.2	.0	.0	.0	.0	.0	.0	8.0	.0	.0	9.3	11.3	29.5	.0	.0	.0	.0	.0	.0
1964	.4	.0	.0	.0	4.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1965	.8	.0	.0	.0	.0	.0	7.4	.0	.0	.0	9.2	.0	.0	.0	.0	.0	.0	.0	.0
1966	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1967	.8	.0	.0	.0	.0	5.1	.0	.0	.0	.0	.0	.0	.0	16.3	.0	.0	.0	.0	.0
1968	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1969	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	11.5	.0	.0	.0	.0	.0	.0
1970	.8	.0	.0	.0	6.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1971	1.5	.0	.0	.0	.0	.0	.0	.0	8.2	8.6	.0	.0	21.3	.0	.0	.0	.0	.0	.0
1972	1.5	.0	.0	.0	.0	.0	5.2	.0	.0	17.2	.0	9.2	.0	.0	.0	.0	.0	.0	.0
1973	1.5	.0	.0	.0	.0	4.0	.0	.0	.0	.0	.0	9.1	21.0	.0	.0	.0	.0	.0	.0
1974	.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	9.2	.0	.0	.0	.0	27.8	.0	.0
1975	.4	.0	.0	.0	3.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1976	1.1	.0	.0	.0	.0	3.7	.0	.0	7.5	.0	.0	.0	.0	11.2	.0	.0	.0	.0	.0
1977	.7	.0	.0	.0	.0	3.7	.0	.0	.0	.0	.0	9.3	.0	.0	.0	.0	.0	.0	.0
1978	1.4	.0	.0	.0	.0	3.7	4.1	.0	6.9	8.3	.0	.0	.0	.0	.0	.0	.0	.0	.0
1979	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	8.7	.0	.0	.0	.0	.0	.0	.0	.0
1980	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	8.7	.0	.0	.0	.0	.0	.0	.0	.0
1981	1.4	.0	.0	.0	.0	.0	4.0	4.4	.0	7.6	.0	.0	9.7	.0	.0	.0	.0	.0	.0
1982	.7	.0	.0	.0	.0	3.7	.0	.0	.0	.0	.0	.0	9.7	.0	.0	.0	.0	.0	.0
1983	2.1	.0	.0	.0	6.5	3.7	.0	4.2	5.1	.0	.0	.0	.0	9.9	.0	.0	.0	.0	.0
1984	1.4	.0	.0	.0	6.6	.0	.0	.0	4.9	.0	.0	9.0	.0	.0	.0	.0	.0	.0	.0
1985	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1986	2.1	.0	.0	.0	.0	.0	.0	4.1	.0	6.0	7.9	.0	.0	.0	21.8	13.1	.0	.0	.0
1987	1.4	.0	.0	.0	.0	.0	.0	4.0	.0	.0	7.7	.0	.0	20.4	.0	.0	.0	.0	.0
1988	1.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	7.3	.0	.0	.0	10.6	.0	.0	.0	36.8
1989	1.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	7.0	8.6	.0	10.0	.0	.0	.0	.0	.0
1990	4.5	.0	.0	.0	11.2	4.0	.0	8.1	4.2	14.4	13.3	8.4	.0	.0	.0	.0	.0	.0	.0
1991	1.4	.0	.0	.0	3.8	.0	.0	4.0	4.2	.0	.0	.0	.0	.0	.0	12.2	.0	.0	.0
1992	1.7	.0	.0	.0	4.0	4.0	.0	4.1	4.1	.0	.0	.0	.0	9.8	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: PRINCE EDWARD ISLAND, BOTH SEXES

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.1	0.0	0.0	0.0	11.8	0.0	14.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0
1951	5.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	22.2	24.4	57.1	30.3	.0	.0	.0	.0
1952	5.0	.0	.0	.0	.0	.0	.0	31.3	15.9	.0	.0	.0	.0	27.8	.0	35.7	.0	.0	.0
1953	5.0	.0	.0	.0	23.5	.0	.0	.0	.0	.0	20.4	21.7	.0	.0	.0	.0	50.0	.0	.0
1954	7.9	.0	.0	.0	.0	15.2	.0	.0	16.1	34.5	20.0	.0	47.6	26.3	.0	.0	.0	.0	.0
1955	6.0	.0	.0	.0	.0	.0	.0	.0	.0	16.9	20.0	23.3	.0	26.3	29.4	33.3	.0	.0	.0
1956	4.0	.0	.0	.0	.0	.0	.0	17.9	.0	.0	19.6	.0	.0	.0	60.6	.0	.0	.0	.0
1957	6.1	.0	.0	.0	.0	.0	.0	37.7	.0	.0	.0	46.5	25.0	.0	30.3	.0	.0	.0	.0
1958	7.0	.0	.0	.0	11.9	.0	.0	18.9	17.9	.0	.0	66.7	.0	.0	.0	33.3	.0	.0	.0
1959	3.0	.0	.0	.0	.0	.0	.0	.0	35.7	.0	.0	.0	.0	.0	.0	34.5	.0	.0	.0
1960	7.8	.0	.0	.0	11.4	.0	.0	37.7	17.5	.0	18.5	20.8	.0	.0	57.1	.0	.0	.0	.0
1961	6.7	.0	.0	.0	.0	.0	.0	.0	17.5	35.2	17.8	.0	.0	.0	55.8	.0	.0	.0	111.4
1962	3.7	.0	.0	.0	.0	30.2	16.2	.0	.0	.0	.0	.0	.0	.0	26.6	.0	.0	.0	.0
1963	5.6	.0	.0	.0	.0	15.1	16.4	.0	17.4	.0	.0	57.8	.0	.0	.0	.0	.0	.0	.0
1964	11.0	.0	.0	.0	10.2	.0	.0	17.2	17.5	17.4	17.7	37.7	45.8	26.5	.0	63.1	.0	.0	.0
1965	5.5	.0	.0	.0	9.6	.0	.0	.0	.0	.0	18.0	.0	22.3	26.8	.0	31.1	43.8	.0	.0
1966	7.4	.0	.0	.0	.0	.0	17.5	36.1	.0	36.1	.0	.0	43.3	.0	27.8	.0	.0	.0	.0
1967	9.2	.0	.0	.0	.0	.0	.0	.0	37.6	18.3	36.8	55.7	.0	.0	.0	30.8	42.5	.0	.0
1968	7.3	.0	.0	.0	8.9	.0	.0	.0	.0	18.6	.0	18.6	40.7	50.1	28.3	.0	.0	.0	.0
1969	11.7	.0	.0	.0	8.9	.0	33.6	35.3	18.4	18.8	.0	55.8	19.8	24.0	28.1	.0	.0	.0	.0
1970	10.9	.0	.0	.0	.0	.0	.0	53.4	36.9	.0	18.8	18.9	78.4	23.6	.0	.0	.0	.0	.0
1971	11.5	.0	.0	.0	8.5	.0	15.2	68.8	17.8	.0	.0	18.8	19.0	.0	.0	94.8	.0	.0	76.6
1972	4.4	.0	.0	.0	.0	.0	13.8	.0	.0	37.8	.0	18.6	19.3	.0	.0	.0	.0	.0	.0
1973	10.5	.0	.0	.0	8.3	.0	37.7	.0	35.1	37.1	.0	.0	19.3	.0	52.5	30.9	.0	.0	.0
1974	12.1	.0	.0	.0	8.2	20.5	11.7	31.5	34.7	.0	19.0	37.3	19.4	40.5	.0	.0	.0	.0	.0
1975	11.9	.0	.0	.0	8.0	30.2	10.9	15.1	16.6	18.0	18.8	.0	38.1	.0	49.7	31.0	.0	.0	.0
1976	19.4	.0	.0	.0	15.5	49.1	10.6	14.3	49.8	35.0	19.1	37.5	37.9	58.8	23.6	.0	.0	.0	.0
1977	10.0	.0	.0	.0	31.3	9.5	.0	.0	16.1	17.2	.0	18.8	37.5	19.6	22.7	.0	.0	.0	.0
1978	13.1	.0	.0	.0	7.7	9.2	10.5	23.6	.0	68.2	55.0	57.0	18.5	.0	.0	.0	.0	.0	.0
1979	13.0	.0	.0	.0	7.5	.0	21.0	22.1	29.7	16.8	72.5	37.7	.0	39.4	.0	.0	.0	.0	.0
1980	11.3	.0	.0	.0	14.9	18.0	10.4	21.0	14.4	.0	36.0	.0	18.7	19.4	20.7	.0	37.5	.0	.0
1981	7.3	.0	.0	.0	7.7	18.2	.0	.0	13.7	16.3	.0	37.8	18.7	19.2	.0	.0	.0	.0	.0
1982	8.9	.0	.0	.0	.0	27.6	.0	21.0	12.6	16.0	17.4	18.6	.0	19.1	.0	.0	.0	51.7	.0
1983	12.7	.0	.0	.0	16.6	43.4	19.6	10.5	11.7	.0	17.4	18.3	.0	18.9	.0	24.4	.0	51.3	.0
1984	11.8	.0	.0	9.5	8.6	16.6	.0	20.9	11.1	29.7	17.2	72.5	18.9	.0	.0	.0	.0	.0	.0
1985	3.9	.0	.0	.0	.0	8.2	9.4	20.6	.0	.0	.0	.0	18.8	.0	.0	.0	.0	.0	.0
1986	10.9	.0	.0	.0	9.2	8.3	36.8	9.9	41.4	13.8	16.5	.0	.0	19.1	.0	.0	.0	.0	.0
1987	8.5	.0	.0	.0	.0	.0	18.5	9.7	.0	12.7	.0	.0	18.7	19.3	40.0	23.0	.0	102.8	.0
1988	10.0	.0	.0	.0	9.5	9.1	.0	19.0	10.3	.0	.0	34.9	55.3	19.5	.0	23.2	29.6	.0	.0
1989	8.4	.0	.0	.0	.0	38.8	9.0	.0	.0	33.3	.0	17.3	36.6	.0	.0	.0	.0	.0	.0
1990	10.7	.0	.0	.0	29.3	.0	9.1	18.8	10.2	.0	14.7	16.8	36.3	38.8	20.2	.0	.0	.0	.0
1991	16.8	.0	.0	10.1	10.0	31.0	38.4	.0	10.0	30.9	41.8	50.0	.0	.0	40.3	23.1	.0	.0	.0
1992	12.3	.0	.0	.0	10.3	31.4	20.2	.0	39.8	10.5	25.6	33.1	.0	19.3	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: PRINCE EDWARD ISLAND, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	6.1	0.0	0.0	0.0	23.3	0.0	29.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.5	0.0	0.0	0.0	0.0
1951	10.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	41.7	47.6	111.1	58.8	.0	.0	.0	.0
1952	7.8	.0	.0	.0	.0	.0	.0	60.6	31.3	.0	.0	.0	.0	55.6	.0	.0	.0	.0	.0
1953	9.7	.0	.0	.0	46.5	.0	.0	.0	.0	.0	38.5	41.7	.0	.0	.0	.0	100.0	.0	.0
1954	15.6	.0	.0	.0	.0	30.3	.0	.0	32.3	66.7	37.0	.0	95.2	52.6	.0	.0	.0	.0	.0
1955	7.9	.0	.0	.0	.0	.0	.0	.0	.0	33.3	.0	43.5	.0	52.6	58.8	.0	.0	.0	.0
1956	7.9	.0	.0	.0	.0	.0	.0	35.7	.0	.0	35.7	.0	.0	.0	117.6	.0	.0	.0	.0
1957	10.0	.0	.0	.0	.0	.0	.0	76.9	.0	.0	.0	87.0	.0	.0	58.8	.0	.0	.0	.0
1958	11.9	.0	.0	.0	.0	.0	.0	38.5	35.7	.0	.0	125.0	.0	.0	.0	66.7	.0	.0	.0
1959	3.9	.0	.0	.0	.0	.0	.0	.0	35.7	.0	.0	.0	.0	.0	.0	71.4	.0	.0	.0
1960	15.3	.0	.0	.0	22.2	.0	.0	74.1	35.7	.0	35.7	40.0	.0	.0	117.6	.0	.0	.0	.0
1961	13.1	.0	.0	.0	.0	.0	.0	.0	35.3	69.5	34.5	.0	.0	.0	111.8	.0	.0	.0	277.0
1962	5.5	.0	.0	.0	.0	29.7	31.5	.0	.0	.0	.0	.0	.0	.0	53.7	.0	.0	.0	.0
1963	9.1	.0	.0	.0	.0	29.6	32.0	.0	34.4	.0	.0	72.8	.0	.0	.0	.0	.0	.0	.0
1964	18.1	.0	.0	.0	20.1	.0	.0	33.2	34.5	.0	35.4	72.7	85.3	.0	.0	131.5	.0	.0	.0
1965	9.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	36.0	.0	41.3	51.9	.0	65.7	92.4	.0	.0
1966	12.7	.0	.0	.0	.0	.0	34.6	69.1	.0	35.5	.0	.0	80.9	.0	54.1	.0	.0	.0	.0
1967	9.1	.0	.0	.0	.0	.0	.0	.0	73.2	.0	36.8	74.2	.0	.0	.0	.0	.0	.0	.0
1968	14.4	.0	.0	.0	17.4	.0	.0	.0	.0	36.4	.0	37.2	78.6	96.7	56.0	.0	.0	.0	.0
1969	16.1	.0	.0	.0	17.4	.0	66.0	34.7	.0	36.7	.0	75.0	38.6	46.3	.0	.0	.0	.0	.0
1970	21.6	.0	.0	.0	.0	.0	.0	104.9	71.5	.0	37.0	38.3	153.4	45.5	.0	.0	.0	.0	.0
1971	21.1	.0	.0	.0	16.9	.0	29.4	100.8	34.4	.0	.0	38.2	37.4	.0	.0	195.4	.0	.0	207.0
1972	8.7	.0	.0	.0	.0	.0	26.8	.0	.0	72.2	.0	37.7	38.3	.0	.0	.0	.0	.0	.0
1973	19.0	.0	.0	.0	16.5	.0	73.6	.0	67.8	70.9	.0	.0	38.8	.0	52.2	64.4	.0	.0	.0
1974	20.5	.0	.0	.0	16.2	20.2	22.9	62.3	67.2	.0	37.6	38.0	38.7	81.8	.0	.0	.0	.0	.0
1975	20.2	.0	.0	.0	15.9	39.6	21.3	29.9	32.6	34.6	.0	.0	77.6	.0	99.3	65.7	.0	.0	.0
1976	33.5	.0	.0	.0	15.5	97.4	20.7	28.0	97.6	68.0	37.5	75.4	78.3	40.1	47.3	.0	.0	.0	.0
1977	18.2	.0	.0	.0	61.7	19.1	.0	.0	31.5	33.9	.0	38.1	38.6	40.6	46.2	.0	.0	.0	.0
1978	19.7	.0	.0	.0	.0	.0	20.9	46.3	.0	133.2	106.3	77.0	.0	.0	.0	.0	.0	.0	.0
1979	21.1	.0	.0	.0	14.7	.0	41.6	43.6	58.6	32.7	70.3	38.0	.0	81.5	.0	.0	.0	.0	.0
1980	21.0	.0	.0	.0	29.1	36.5	20.8	41.3	28.4	.0	69.5	.0	38.5	40.8	.0	.0	84.2	.0	.0
1981	14.6	.0	.0	.0	15.0	37.0	.0	.0	26.4	31.9	.0	74.3	38.5	40.7	.0	.0	.0	.0	.0
1982	16.2	.0	.0	.0	.0	36.8	.0	41.9	24.3	31.3	34.6	35.9	.0	40.5	.0	.0	.0	123.9	.0
1983	19.1	.0	.0	.0	32.7	68.7	19.7	21.0	.0	.0	.0	35.4	.0	39.9	.0	52.3	.0	124.8	.0
1984	20.5	.0	.0	18.3	16.9	32.6	.0	41.9	21.8	29.1	33.8	140.9	.0	.0	.0	.0	.0	.0	.0
1985	4.7	.0	.0	.0	.0	15.9	.0	20.7	.0	.0	.0	.0	37.5	.0	.0	.0	.0	.0	.0
1986	15.6	.0	.0	.0	.0	16.3	37.1	19.9	61.9	26.8	32.1	.0	.0	39.6	.0	.0	.0	.0	.0
1987	14.0	.0	.0	.0	.0	.0	36.8	19.7	.0	24.7	.0	.0	.0	39.9	43.3	50.8	.0	258.7	.0
1988	17.1	.0	.0	.0	18.4	18.1	.0	38.4	.0	.0	.0	34.6	108.1	40.0	.0	51.8	68.0	.0	.0
1989	15.4	.0	.0	.0	.0	76.6	.0	.0	.0	65.7	.0	34.2	71.4	.0	.0	.0	.0	.0	.0
1990	21.6	.0	.0	.0	56.5	.0	18.1	38.2	20.4	.0	29.1	33.4	71.7	78.2	43.1	.0	.0	.0	.0
1991	29.3	.0	.0	19.5	19.2	61.7	38.3	.0	20.1	61.7	81.9	99.4	.0	.0	42.3	52.6	.0	.0	.0
1992	23.3	.0	.0	.0	.0	62.1	40.5	.0	80.5	21.2	50.2	65.8	.0	38.1	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: PRINCE EDWARD ISLAND, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1951	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1952	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	71.4	0.0	0.0	0.0
1953	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1954	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1955	4.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	43.5	.0	.0	.0	.0	66.7	.0	.0	.0
1956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1957	2.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	52.6	.0	.0	.0	.0	.0	.0
1958	2.0	.0	.0	.0	23.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1959	2.0	.0	.0	.0	.0	.0	.0	.0	35.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1960	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1961	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1962	1.9	.0	.0	.0	.0	30.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1963	1.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	41.0	.0	.0	.0	.0	.0	.0	.0
1964	3.7	.0	.0	.0	.0	.0	.0	.0	.0	35.3	.0	.0	.0	54.8	.0	.0	.0	.0	.0
1965	1.9	.0	.0	.0	19.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1966	1.9	.0	.0	.0	.0	.0	.0	.0	.0	36.8	.0	.0	.0	.0	.0	.0	.0	.0	.0
1967	9.3	.0	.0	.0	.0	.0	.0	.0	.0	37.3	36.9	37.1	.0	.0	.0	58.5	78.9	.0	.0
1968	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1969	7.3	.0	.0	.0	.0	.0	.0	35.9	38.0	.0	.0	36.9	.0	.0	56.7	.0	.0	.0	.0
1970	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1971	1.8	.0	.0	.0	.0	.0	.0	35.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1972	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1973	1.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	52.8	.0	.0	.0	.0
1974	3.5	.0	.0	.0	.0	20.8	.0	.0	.0	.0	.0	36.7	.0	.0	.0	.0	.0	.0	.0
1975	3.4	.0	.0	.0	.0	20.5	.0	.0	.0	.0	38.2	.0	.0	.0	.0	.0	.0	.0	.0
1976	5.1	.0	.0	.0	15.6	.0	.0	.0	.0	.0	.0	.0	.0	76.6	.0	.0	.0	.0	.0
1977	1.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	36.4	.0	.0	.0	.0	.0	.0
1978	6.6	.0	.0	.0	15.5	18.5	.0	.0	.0	.0	.0	37.5	35.8	.0	.0	.0	.0	.0	.0
1979	4.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	74.8	37.5	.0	.0	.0	.0	.0	.0	.0
1980	1.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	39.9	.0	.0	.0	.0
1981	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1982	1.6	.0	.0	.0	.0	18.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1983	6.3	.0	.0	.0	.0	17.5	19.5	.0	23.8	.0	35.3	.0	.0	.0	.0	.0	.0	.0	.0
1984	3.1	.0	.0	.0	.0	.0	.0	.0	.0	30.3	.0	.0	37.3	.0	.0	.0	.0	.0	.0
1985	3.1	.0	.0	.0	.0	.0	18.5	20.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1986	6.2	.0	.0	.0	18.9	.0	36.4	.0	20.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1987	3.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	38.3	.0	37.2	.0	.0	.0	.0
1988	3.1	.0	.0	.0	.0	.0	.0	.0	20.7	.0	.0	35.3	.0	.0	.0	.0	.0	.0	.0
1989	1.5	.0	.0	.0	.0	.0	17.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1990	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1991	4.5	.0	.0	.0	.0	.0	38.6	.0	.0	.0	.0	.0	.0	.0	38.5	.0	.0	.0	.0
1992	1.5	.0	.0	.0	21.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: NOVA SCOTIA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	7.1	0.0	0.0	0.0	3.8	2.0	4.1	4.2	11.5	13.7	16.6	10.9	12.1	18.7	26.3	26.5	19.4	16.7	27.0
1951	4.4	.0	.0	.0	1.9	.0	.0	4.3	2.2	7.9	6.6	14.4	12.0	4.7	10.3	13.0	57.1	16.9	.0
1952	6.4	.0	.0	.0	1.9	2.2	2.1	6.5	13.3	2.6	15.9	25.1	19.8	13.9	10.3	6.3	28.0	50.0	.0
1953	5.0	.0	.0	.0	1.9	2.1	8.6	4.4	13.2	2.5	12.3	10.6	7.8	18.3	15.4	6.3	.0	16.1	.0
1954	4.0	.0	.0	.0	.0	2.1	4.3	2.2	8.8	12.1	2.9	10.4	3.9	9.0	15.4	12.3	17.9	.0	.0
1955	5.3	.0	.0	.0	5.5	4.1	4.4	2.2	4.3	14.1	14.2	6.9	11.7	17.7	15.2	6.1	8.8	.0	24.4
1956	3.9	.0	.0	1.5	.0	6.1	4.5	2.2	4.3	6.9	16.3	3.4	7.8	4.4	15.1	11.9	.0	.0	.0
1957	7.1	.0	.0	.0	1.7	10.2	4.5	17.8	8.7	13.8	10.6	20.1	15.4	21.6	10.0	11.8	8.6	.0	.0
1958	4.8	.0	.0	1.4	3.4	2.0	6.8	2.2	6.6	9.2	15.6	9.7	15.2	21.7	.0	.0	8.3	.0	.0
1959	4.2	.0	.0	.0	1.7	2.0	4.5	2.3	6.6	13.6	5.1	6.2	11.2	8.6	14.6	5.8	16.4	14.5	.0
1960	8.0	.0	.0	.0	11.3	4.0	6.8	9.1	13.3	13.5	12.5	21.0	18.5	17.1	14.3	23.1	16.1	.0	.0
1961	5.2	.0	.0	1.2	1.6	.0	2.3	9.2	13.3	6.7	12.2	17.3	7.3	17.0	14.1	5.7	.0	.0	20.4
1962	6.0	.0	.0	1.2	4.5	7.9	9.1	11.7	13.5	13.5	12.0	11.2	.0	12.7	4.7	11.4	.0	13.3	.0
1963	6.1	.0	.0	.0	2.9	3.8	2.3	.0	11.5	18.1	14.2	13.6	10.3	8.4	28.3	11.3	7.8	39.0	.0
1964	5.3	.0	.0	.0	.0	1.9	4.6	7.3	7.1	11.4	11.8	10.6	23.1	12.5	4.7	22.4	7.7	12.6	.0
1965	8.6	.0	.0	2.5	4.1	5.7	4.6	9.7	21.5	13.9	14.2	26.0	28.7	12.1	23.5	16.5	.0	.0	.0
1966	9.1	.0	.0	3.7	5.4	11.4	23.2	12.1	16.8	14.1	2.4	17.8	24.8	31.4	4.6	5.4	15.3	.0	.0
1967	7.5	.0	.0	.0	2.6	10.7	11.4	4.9	9.8	16.6	16.8	20.1	8.9	22.7	13.8	5.4	15.0	.0	17.5
1968	6.9	.0	.0	.0	1.3	10.0	2.2	4.8	12.3	24.1	9.6	12.5	25.9	7.3	13.6	16.2	.0	11.8	17.1
1969	9.8	.0	.0	.0	6.4	9.4	16.9	16.7	14.6	22.0	19.1	19.9	8.3	13.9	17.7	10.8	21.5	35.1	.0
1970	9.3	.0	.0	1.2	10.2	18.1	8.0	4.7	19.4	19.8	4.8	9.9	19.0	20.1	17.1	21.6	7.1	11.6	16.0
1971	8.6	.0	.0	1.2	2.5	14.1	16.6	22.7	9.5	17.3	12.0	9.9	18.5	12.9	8.2	5.3	7.0	22.6	.0
1972	11.6	.0	.0	2.3	8.5	18.3	13.8	15.4	24.0	22.1	17.2	26.6	15.8	21.8	8.0	10.7	6.9	.0	.0
1973	10.9	.0	.0	2.3	4.8	16.6	20.9	10.5	14.3	14.6	14.8	9.6	26.3	39.0	15.4	15.7	6.9	.0	.0
1974	10.6	.0	.0	.0	5.9	23.1	13.8	24.1	21.2	12.1	10.0	26.5	13.1	14.5	11.2	10.2	.0	.0	.0
1975	10.3	.0	.0	1.1	8.2	14.5	19.1	13.4	16.2	19.5	15.1	9.8	18.1	14.2	14.5	14.8	13.8	.0	.0
1976	10.3	.0	.0	1.2	9.2	18.0	12.8	20.1	11.3	24.1	12.6	14.8	10.2	11.2	7.0	14.5	.0	20.9	27.1
1977	11.2	.0	.0	.0	9.2	26.5	15.7	25.5	13.1	9.7	10.0	20.2	10.0	16.7	10.1	18.7	.0	.0	.0
1978	12.4	.0	.0	1.2	5.7	23.6	22.9	17.7	12.5	14.5	17.3	17.7	22.4	19.3	16.2	4.5	6.6	20.5	26.0
1979	12.5	.0	.0	1.3	11.3	22.2	12.7	15.4	12.0	21.2	12.3	28.1	24.9	16.6	6.3	17.3	19.3	10.1	12.8
1980	11.4	.0	.0	.0	7.9	17.3	16.6	11.9	13.5	13.9	19.7	12.8	20.1	16.3	24.6	16.6	18.8	10.0	.0
1981	10.7	.0	.0	2.8	10.4	16.0	9.6	11.6	22.2	11.3	27.0	15.3	12.7	2.7	15.1	24.1	.0	19.7	.0
1982	12.1	.0	.0	2.8	10.8	14.6	22.8	13.1	13.8	6.6	27.0	15.2	18.1	7.9	14.9	27.2	23.3	.0	11.8
1983	11.9	.0	.0	1.4	7.5	24.7	13.0	13.1	9.7	29.3	19.5	17.6	13.0	15.6	11.9	11.2	11.2	18.8	.0
1984	9.8	.0	.0	.0	9.1	12.6	12.7	8.5	14.0	10.1	11.9	22.5	20.9	10.4	11.9	14.5	5.4	9.0	22.7
1985	11.9	.0	.0	2.9	13.4	19.4	12.4	5.5	20.9	13.6	11.8	10.0	20.9	23.7	14.6	21.1	20.8	.0	11.0
1986	10.5	.0	.0	1.5	15.0	13.9	12.2	12.1	8.7	11.1	13.8	24.8	20.8	18.7	5.7	6.9	15.1	8.5	.0
1987	12.4	.0	.0	3.1	12.5	14.5	21.7	14.4	8.7	13.9	15.6	24.9	12.9	8.1	19.7	27.3	14.6	16.4	.0
1988	11.8	.0	.0	4.7	11.3	17.8	12.0	10.3	7.2	11.5	19.1	27.2	28.2	16.2	16.8	17.1	14.0	.0	.0
1989	10.6	.0	.0	1.6	11.4	17.4	9.5	8.8	7.1	14.0	10.2	19.4	28.1	13.6	22.3	10.2	13.5	15.3	.0
1990	12.6	.0	.0	3.2	7.2	19.5	21.5	12.4	15.2	16.5	7.8	16.7	17.8	21.7	14.1	23.3	21.8	7.4	.0
1991	12.3	.0	.0	.0	10.3	15.4	11.1	15.9	21.7	15.9	9.4	13.9	20.3	18.9	14.2	16.3	30.0	21.1	.0
1992	10.5	.0	.0	.0	9.1	14.2	16.7	9.8	17.2	17.5	14.0	20.2	12.7	10.7	20.2	.0	4.2	.0	8.9

Age-Specific Suicide Death Rates by Sex: NOVA SCOTIA, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	10.5	0.0	0.0	0.0	7.5	4.0	8.2	0.0	17.9	20.9	32.5	14.5	15.9	27.5	30.9	51.9	19.6	0.0	62.5
1951	6.8	.0	.0	.0	3.9	.0	.0	8.7	4.3	14.9	6.4	21.4	23.8	.0	20.2	25.6	57.7	35.7	.0
1952	9.7	.0	.0	.0	3.8	4.3	4.3	13.2	17.4	4.9	12.2	35.2	31.5	9.1	20.2	12.5	56.6	107.1	.0
1953	8.0	.0	.0	.0	3.8	.0	17.3	8.8	21.6	4.7	23.3	20.5	7.8	9.0	30.3	12.5	.0	34.5	.0
1954	5.3	.0	.0	.0	.0	.0	4.3	.0	13.0	13.9	5.6	20.0	.0	17.9	20.2	24.7	18.2	.0	.0
1955	8.4	.0	.0	.0	10.8	4.0	8.8	4.4	4.4	22.7	26.7	6.6	15.5	26.3	20.0	12.3	17.9	.0	55.6
1956	6.2	.0	.0	.0	.0	7.9	8.9	4.4	.0	13.4	30.5	.0	15.4	8.7	29.7	24.1	.0	.0	.0
1957	12.1	.0	.0	.0	.0	19.6	8.9	31.3	13.2	22.4	20.0	19.1	30.5	43.1	19.8	24.1	17.9	.0	.0
1958	7.8	.0	.0	2.7	6.6	.0	13.3	.0	8.9	4.5	29.6	18.3	29.9	43.5	.0	.0	17.2	.0	.0
1959	7.4	.0	.0	.0	3.2	3.9	8.8	.0	13.5	22.4	9.7	11.6	22.1	17.2	19.6	11.8	33.9	31.3	.0
1960	11.6	.0	.0	.0	12.5	7.8	13.3	13.7	18.0	22.4	24.0	22.3	29.0	25.6	9.6	35.3	33.3	.0	.0
1961	8.6	.0	.0	2.4	3.0	.0	4.5	13.9	13.5	13.5	19.0	32.4	14.3	25.4	28.7	11.8	.0	.0	48.7
1962	10.0	.0	.0	2.4	8.7	15.1	17.8	18.7	27.4	22.6	14.2	15.8	.0	16.9	9.6	11.7	.0	28.8	.0
1963	10.0	.0	.0	.0	2.9	7.5	.0	.0	13.9	31.9	23.5	25.9	19.7	16.8	38.6	23.4	16.4	84.9	.0
1964	8.4	.0	.0	.0	.0	3.6	8.9	4.8	14.4	23.2	18.9	15.4	25.2	25.0	9.8	35.2	16.3	27.7	.0
1965	14.1	.0	.0	2.4	5.4	7.4	9.0	19.1	33.8	23.6	28.6	45.5	54.5	16.2	19.4	35.0	.0	.0	.0
1966	16.0	.0	.0	7.2	7.9	22.7	32.2	19.1	34.0	28.6	4.8	29.9	47.0	54.9	9.6	11.5	16.3	.0	.0
1967	13.1	.0	.0	.0	5.2	21.2	18.1	9.6	19.7	24.1	34.1	34.9	11.4	30.0	28.6	11.6	32.4	.0	42.4
1968	10.6	.0	.0	.0	2.6	13.2	4.4	9.5	24.5	34.0	14.6	25.0	33.3	14.3	18.8	23.3	.0	26.5	.0
1969	17.2	.0	.0	.0	12.6	18.6	24.9	28.2	29.1	44.3	24.2	40.0	16.3	27.2	18.4	23.5	32.1	79.5	.0
1970	16.0	.0	.0	2.3	14.9	35.9	15.7	9.3	28.7	30.0	9.7	15.1	26.7	32.5	35.7	47.0	16.0	26.4	39.8
1971	15.4	.0	.0	2.3	4.8	24.9	25.1	44.4	18.6	24.7	24.1	15.0	36.8	25.1	17.0	.0	16.0	52.8	.0
1972	18.0	.0	.0	4.5	16.6	27.5	20.2	21.5	33.0	34.1	29.9	49.1	26.5	30.5	.0	23.2	.0	.0	.0
1973	17.8	.0	.0	4.4	9.3	27.0	37.7	20.6	23.4	24.0	20.1	19.6	37.3	59.4	23.6	22.9	.0	.0	.0
1974	17.7	.0	.0	.0	11.5	37.0	18.0	35.4	36.8	24.1	20.3	49.2	21.5	23.2	15.2	22.2	.0	.0	.0
1975	17.6	.0	.0	2.2	13.6	28.5	28.7	26.3	31.8	28.9	20.4	20.0	31.9	28.7	22.1	21.5	16.3	.0	.0
1976	16.9	.0	.0	2.3	15.6	30.2	19.5	32.2	22.3	38.1	15.3	25.3	10.6	22.9	14.2	31.6	.0	54.5	36.8
1977	17.8	.0	.0	.0	17.9	42.1	28.1	40.0	21.4	9.5	15.1	26.0	15.5	22.9	20.7	30.4	.0	.0	.0
1978	19.2	.0	.0	2.4	6.7	41.6	31.1	28.4	20.6	18.9	24.6	15.6	36.3	34.5	26.9	9.6	16.0	54.3	74.9
1979	21.0	.0	.0	2.5	17.7	38.9	22.4	24.3	19.8	37.0	24.6	31.5	41.4	34.6	13.1	37.2	46.4	27.3	.0
1980	20.5	.0	.0	.0	15.4	34.1	30.6	17.7	22.7	22.8	39.4	21.0	41.7	28.5	45.4	26.8	29.8	26.5	.0
1981	17.9	.0	.0	5.4	11.3	31.7	19.5	23.1	36.3	22.3	39.0	20.8	10.6	.0	32.1	43.0	.0	52.0	.0
1982	19.2	.0	.0	2.7	16.3	23.9	40.4	23.3	23.8	13.0	34.0	30.7	21.6	16.7	12.7	50.2	27.6	.0	37.6
1983	20.8	.0	.0	2.7	12.1	39.0	23.4	23.2	16.1	49.9	28.8	35.4	27.0	33.1	19.3	24.4	13.1	51.2	.0
1984	17.2	.0	.0	.0	17.6	17.9	25.2	14.2	21.6	20.0	23.5	35.2	43.4	16.5	19.4	31.8	12.7	.0	74.3
1985	20.4	.0	.0	5.7	23.4	33.2	19.6	5.5	35.6	22.9	13.9	15.0	43.2	49.9	25.4	39.4	36.3	.0	36.5
1986	17.6	.0	.0	2.9	29.1	26.9	16.8	21.6	14.5	14.7	22.7	24.8	32.2	39.3	6.3	15.4	35.3	22.7	.0
1987	21.6	.0	.0	6.0	24.4	23.4	40.4	18.3	11.6	24.0	26.4	49.4	26.5	11.4	43.1	45.9	22.7	43.5	.0
1988	19.5	.0	.0	9.1	19.3	27.3	16.5	15.4	14.4	16.3	29.6	44.2	41.8	28.6	36.7	38.6	32.6	.0	.0
1989	18.3	.0	.0	3.1	19.5	34.0	18.7	15.1	8.5	15.5	16.3	33.6	51.9	28.7	36.4	15.4	32.0	39.8	.0
1990	21.1	.0	.0	3.1	11.3	27.3	37.8	22.3	25.1	29.8	11.6	19.0	36.1	40.0	18.3	45.4	52.5	19.0	.0
1991	21.2	.0	.0	.0	20.0	30.3	22.0	26.9	35.6	26.0	11.1	27.8	20.3	22.6	24.6	37.1	72.4	54.1	.0
1992	17.6	.0	.0	.0	17.6	22.3	25.5	17.1	26.7	26.2	24.3	40.4	20.3	22.2	25.1	.0	10.2	.0	30.1

Age-Specific Suicide Death Rates by Sex: NOVA SCOTIA, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.5	0.0	0.0	0.0	0.0	0.0	0.0	8.5	4.8	5.7	0.0	7.3	8.2	9.5	21.5	0.0	19.2	32.3	0.0
1951	1.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	6.8	7.3	.0	9.6	.0	.0	56.6	.0	.0
1952	3.1	.0	.0	.0	.0	.0	.0	.0	9.0	.0	20.0	14.6	7.9	18.9	.0	.0	.0	.0	.0
1953	1.8	.0	.0	.0	.0	4.3	.0	.0	4.5	.0	.0	.0	7.9	27.8	.0	.0	.0	.0	.0
1954	2.7	.0	.0	.0	.0	4.3	4.4	4.3	4.4	10.1	.0	.0	7.8	.0	10.4	.0	17.5	.0	.0
1955	2.1	.0	.0	.0	.0	4.3	.0	.0	4.3	4.9	.0	7.2	7.8	8.9	10.3	.0	.0	.0	.0
1956	1.5	.0	.0	3.0	.0	4.2	.0	.0	8.5	.0	.0	7.2	.0	.0	.0	.0	.0	.0	.0
1957	2.0	.0	.0	.0	3.6	.0	.0	4.4	4.3	4.7	.0	21.3	.0	.0	.0	.0	.0	.0	.0
1958	1.7	.0	.0	.0	.0	4.2	.0	4.5	4.3	14.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1959	.8	.0	.0	.0	.0	.0	.0	4.5	.0	4.6	.0	.0	.0	.0	9.6	.0	.0	.0	.0
1960	4.2	.0	.0	.0	10.0	.0	.0	4.5	8.8	4.5	.0	19.4	7.6	8.5	18.9	11.4	.0	.0	.0
1961	1.7	.0	.0	.0	.0	.0	.0	4.6	13.2	.0	5.0	.0	.0	8.5	.0	.0	.0	.0	.0
1962	1.9	.0	.0	.0	.0	.0	.0	4.7	.0	4.5	9.7	6.0	.0	8.5	.0	11.0	.0	.0	.0
1963	2.2	.0	.0	.0	3.0	.0	4.7	.0	9.1	4.5	4.8	.0	.0	.0	18.4	.0	.0	.0	.0
1964	2.1	.0	.0	.0	.0	.0	.0	9.8	.0	.0	4.8	5.5	20.9	.0	.0	10.7	.0	.0	.0
1965	2.9	.0	.0	2.5	2.8	3.9	.0	.0	9.5	4.6	.0	5.4	.0	8.1	27.4	.0	.0	.0	.0
1966	2.1	.0	.0	.0	2.7	.0	14.1	4.9	.0	.0	.0	5.2	.0	7.8	.0	.0	14.3	.0	.0
1967	1.9	.0	.0	.0	.0	.0	4.6	.0	.0	9.4	.0	5.1	6.3	15.2	.0	.0	.0	.0	.0
1968	3.1	.0	.0	.0	.0	6.8	.0	.0	.0	14.3	4.7	.0	17.9	.0	8.7	10.0	.0	.0	28.9
1969	2.3	.0	.0	.0	.0	.0	8.6	4.8	.0	.0	14.2	.0	.0	.0	17.0	.0	13.0	.0	.0
1970	2.6	.0	.0	.0	5.2	.0	.0	.0	9.8	9.8	.0	4.9	11.0	6.9	.0	.0	.0	.0	.0
1971	1.8	.0	.0	.0	.0	2.9	7.6	.0	.0	9.9	.0	4.9	.0	.0	.0	9.9	.0	.0	.0
1972	5.0	.0	.0	.0	.0	8.6	7.0	9.0	14.7	9.9	4.9	4.8	5.3	12.7	15.6	.0	12.0	.0	.0
1973	4.0	.0	.0	.0	.0	5.7	3.3	.0	4.9	4.9	9.8	.0	15.5	18.2	7.6	9.7	12.0	.0	.0
1974	3.4	.0	.0	.0	.0	8.4	9.4	12.3	4.8	.0	.0	4.7	5.1	5.8	7.4	.0	.0	.0	.0
1975	2.9	.0	.0	.0	2.4	.0	9.0	.0	.0	9.8	9.9	.0	5.1	.0	7.1	9.1	11.9	.0	.0
1976	3.6	.0	.0	.0	2.4	5.2	5.8	7.5	.0	9.8	10.0	4.8	9.9	.0	.0	.0	.0	.0	21.4
1977	4.5	.0	.0	.0	.0	10.3	2.9	10.4	4.4	9.8	5.0	14.7	4.8	10.8	.0	8.7	.0	.0	.0
1978	5.7	.0	.0	.0	4.7	5.1	14.5	6.6	4.2	9.8	9.9	19.7	9.6	5.3	6.3	.0	.0	.0	.0
1979	4.0	.0	.0	.0	4.6	5.0	2.8	6.3	4.1	4.8	.0	24.8	9.6	.0	.0	.0	.0	.0	19.4
1980	2.3	.0	.0	.0	.0	.0	2.8	6.0	3.9	4.7	.0	5.0	.0	5.2	5.8	7.8	10.8	.0	.0
1981	3.7	.0	.0	.0	9.5	.0	.0	.0	7.5	.0	14.9	10.0	14.7	5.1	.0	7.6	.0	.0	.0
1982	5.1	.0	.0	2.9	4.9	4.9	5.3	2.9	3.5	.0	19.8	.0	15.0	.0	16.8	7.3	20.2	.0	.0
1983	3.2	.0	.0	.0	2.6	9.6	2.6	2.9	3.3	8.4	9.9	.0	.0	.0	5.6	.0	9.8	.0	.0
1984	2.5	.0	.0	.0	.0	7.1	.0	2.8	6.3	.0	.0	9.9	.0	4.9	5.5	.0	.0	14.4	.0
1985	3.6	.0	.0	.0	2.8	4.7	5.0	5.5	6.0	3.9	9.5	5.0	.0	.0	5.4	6.4	9.1	.0	.0
1986	3.6	.0	.0	.0	.0	.0	7.5	2.7	2.9	7.5	4.6	25.0	10.1	.0	5.3	.0	.0	.0	.0
1987	3.3	.0	.0	.0	.0	5.0	2.5	10.5	5.8	3.5	4.5	.0	.0	5.1	.0	12.3	8.5	.0	.0
1988	4.2	.0	.0	.0	2.9	7.8	7.3	5.2	.0	6.6	8.5	10.0	15.2	5.1	.0	.0	.0	.0	.0
1989	3.1	.0	.0	.0	2.9	.0	.0	2.5	5.7	12.5	4.1	4.9	5.0	.0	10.3	6.1	.0	.0	.0
1990	4.3	.0	.0	3.3	3.0	11.3	4.9	2.5	5.5	3.0	4.0	14.4	.0	5.2	10.5	6.0	.0	.0	.0
1991	3.7	.0	.0	.0	.0	.0	.0	4.9	8.1	5.8	7.6	.0	20.2	15.5	5.3	.0	.0	.0	.0
1992	3.6	.0	.0	.0	.0	5.8	7.8	2.4	7.9	8.7	3.5	.0	5.1	.0	16.1	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: NEW BRUNSWICK, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	5.9	0.0	0.0	2.1	2.3	2.6	0.0	0.0	3.1	21.6	13.0	23.9	26.6	12.4	7.2	9.1	0.0	76.9	0.0
1951	3.7	.0	.0	.0	.0	5.5	.0	2.9	6.1	3.5	4.3	9.5	15.7	18.4	.0	8.9	27.4	25.0	.0
1952	3.2	.0	.0	.0	.0	.0	2.7	.0	.0	6.8	.0	14.1	.0	24.0	27.6	8.8	13.5	24.4	.0
1953	3.4	.0	.0	.0	.0	5.4	5.5	8.4	3.0	3.3	4.0	.0	10.3	11.9	6.9	17.2	13.2	.0	.0
1954	2.8	.0	.0	.0	.0	.0	2.8	.0	.0	6.5	3.9	13.8	15.3	11.7	13.7	8.5	.0	.0	.0
1955	4.2	.0	.0	.0	2.2	5.5	5.8	2.8	.0	9.6	7.5	4.6	15.2	17.3	20.1	.0	25.0	.0	.0
1956	4.3	.0	.0	.0	2.1	5.5	11.8	.0	5.8	3.1	7.2	9.1	20.2	11.4	6.5	8.1	12.2	.0	35.7
1957	3.2	.0	.0	.0	.0	5.5	.0	2.9	2.9	6.2	10.6	13.3	15.1	5.7	.0	.0	11.9	.0	35.7
1958	5.3	.0	.0	.0	.0	2.7	8.8	2.9	.0	6.1	6.9	30.0	14.9	22.7	6.5	15.6	23.3	41.7	.0
1959	5.5	.0	.0	.0	.0	.0	5.9	5.8	8.5	9.1	20.3	12.3	14.6	33.7	6.4	7.7	22.5	.0	.0
1960	4.6	.0	.0	.0	.0	2.7	14.8	17.5	5.6	6.0	10.0	19.9	.0	5.6	6.3	.0	11.1	.0	.0
1961	5.0	.0	.0	.0	3.7	5.3	3.0	8.9	2.8	5.9	16.3	15.3	19.2	11.1	6.2	7.6	21.8	.0	.0
1962	6.0	.0	.0	.0	3.6	12.8	14.8	11.9	11.2	2.9	9.7	14.9	4.6	16.4	12.3	.0	21.4	.0	.0
1963	4.8	.0	.0	1.4	5.2	5.0	8.9	3.0	17.2	8.8	3.2	3.6	9.0	16.2	6.1	.0	.0	17.7	29.0
1964	6.4	.0	.0	.0	5.0	10.0	12.1	.0	11.7	11.7	12.7	14.3	26.1	21.4	6.1	7.4	.0	.0	.0
1965	5.7	.0	.0	.0	1.6	2.5	9.0	15.4	9.0	5.8	12.7	17.6	16.8	15.7	24.2	.0	.0	.0	.0
1966	4.1	.0	.0	.0	.0	4.7	3.0	.0	9.2	11.8	22.1	3.5	.0	15.4	12.0	7.1	10.3	.0	.0
1967	4.8	.0	.0	.0	7.5	10.9	5.9	9.4	3.1	11.9	3.1	6.8	7.9	5.0	6.0	21.2	.0	.0	.0
1968	4.6	.0	.0	.0	3.0	6.0	2.8	3.1	6.3	6.0	12.4	16.9	11.6	4.8	5.9	7.1	19.4	16.2	.0
1969	8.4	.0	.0	.0	1.5	9.4	8.2	12.5	19.0	12.3	21.5	23.5	37.6	18.5	11.6	.0	.0	.0	.0
1970	5.9	.0	.0	.0	.0	3.7	2.6	18.7	9.6	9.5	21.5	13.4	7.4	22.4	17.0	7.1	.0	.0	.0
1971	6.8	.0	.0	.0	.0	5.1	16.6	2.9	12.4	9.4	24.3	9.9	21.4	4.3	21.6	13.9	18.4	.0	.0
1972	7.5	.0	.0	1.3	7.0	13.4	6.5	8.5	21.9	12.4	12.4	16.0	14.2	16.6	5.3	.0	.0	.0	.0
1973	8.8	.0	.0	2.7	5.5	13.1	10.1	18.8	18.7	15.5	.0	25.2	17.6	12.1	15.3	6.7	9.2	.0	.0
1974	8.8	.0	.0	1.3	9.6	19.2	9.5	20.3	6.1	6.2	12.6	9.4	24.4	11.7	14.9	6.6	9.1	.0	.0
1975	7.8	.0	.0	1.3	9.5	13.8	5.3	16.7	8.9	18.6	3.2	6.2	6.9	22.7	9.5	13.0	9.0	.0	.0
1976	10.7	.0	.0	2.7	5.3	13.3	15.3	20.2	17.0	24.6	15.8	9.2	16.9	29.9	9.1	6.4	.0	41.1	.0
1977	10.3	.0	.0	.0	4.0	21.8	18.5	10.4	27.1	15.5	15.6	9.4	6.5	22.2	4.4	24.4	17.5	.0	.0
1978	12.8	.0	.0	1.4	16.1	17.3	10.0	17.6	28.4	24.6	24.9	22.2	9.6	22.1	4.3	11.8	25.3	.0	17.4
1979	11.9	.0	.0	.0	17.4	14.5	14.8	11.2	14.8	17.9	21.9	19.2	19.1	22.0	25.0	17.0	.0	.0	.0
1980	11.4	.0	.0	.0	5.4	19.0	16.2	12.5	16.6	17.5	18.8	19.3	22.3	14.4	16.4	16.3	16.0	12.8	16.4
1981	10.9	.0	.0	.0	5.5	19.2	9.7	15.6	13.7	16.9	12.6	19.3	35.1	21.2	.0	5.2	15.6	37.9	.0
1982	12.7	.0	.0	.0	12.7	26.6	12.8	17.4	8.5	13.6	12.7	19.1	29.2	3.4	23.9	25.3	7.6	37.1	15.2
1983	13.9	.0	.0	.0	5.9	17.3	17.1	13.8	21.7	15.6	15.7	35.0	22.7	23.5	31.8	19.6	14.7	24.0	29.9
1984	12.4	.0	.0	1.6	12.3	22.7	15.3	13.5	7.5	14.9	15.3	22.4	19.5	26.5	11.8	9.5	7.1	11.6	57.8
1985	11.8	.0	.0	.0	8.0	15.7	12.2	11.5	19.7	16.7	15.0	12.9	22.9	23.2	15.5	18.7	33.7	11.3	.0
1986	13.2	.0	.0	.0	14.7	16.0	18.3	20.9	15.7	18.2	26.2	29.0	13.2	16.5	3.8	4.6	19.5	11.0	13.9
1987	10.3	.0	.0	1.7	8.3	25.6	9.1	9.5	12.2	6.4	16.7	22.7	22.8	6.7	14.7	4.5	6.3	21.1	.0
1988	14.7	.0	.0	5.3	13.3	23.7	21.2	17.2	20.7	19.9	16.0	16.1	19.5	6.7	18.0	31.7	18.1	10.2	.0
1989	11.4	.0	.0	.0	8.3	13.2	21.1	15.5	20.3	13.2	15.2	9.4	26.0	16.9	10.7	9.0	.0	.0	12.6
1990	11.3	.0	.0	.0	10.0	17.2	13.6	17.0	23.1	12.6	17.0	3.0	16.3	6.8	14.1	30.7	.0	.0	12.2
1991	12.4	.0	.0	1.8	11.8	12.0	21.6	19.9	21.1	10.4	21.0	11.7	22.7	10.2	7.0	17.1	16.9	.0	.0
1992	11.3	.0	.0	.0	15.5	27.5	20.9	12.3	11.2	15.6	8.7	11.3	16.4	10.0	7.2	8.2	11.1	.0	11.4

Age-Specific Suicide Death Rates by Sex: NEW BRUNSWICK, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	9.6	0.0	0.0	4.0	4.6	5.3	0.0	0.0	5.9	34.2	25.4	28.3	41.7	12.0	13.9	17.5	0.0	157.9	0.0
1951	5.4	.0	.0	.0	.0	5.8	.0	5.8	6.0	6.7	8.4	9.4	30.9	23.8	.0	17.5	54.1	.0	.0
1952	5.3	.0	.0	.0	.0	.0	5.6	.0	.0	13.2	.0	27.8	.0	34.9	40.0	.0	27.0	50.0	.0
1953	5.6	.0	.0	.0	.0	11.3	5.7	11.3	5.9	6.5	7.9	.0	20.4	23.3	13.3	16.9	26.3	.0	.0
1954	4.4	.0	.0	.0	.0	.0	5.8	.0	.0	6.4	.0	27.3	30.6	23.0	13.3	16.7	.0	.0	.0
1955	6.9	.0	.0	.0	4.4	11.2	5.9	5.7	.0	12.5	7.3	.0	30.3	34.1	39.5	.0	50.0	.0	.0
1956	6.8	.0	.0	.0	4.3	11.2	24.0	.0	5.8	6.1	6.9	.0	30.0	22.2	12.8	16.1	24.4	.0	83.3
1957	6.3	.0	.0	.0	.0	11.1	.0	5.8	5.8	12.0	20.3	25.9	30.0	11.2	.0	.0	23.8	.0	83.3
1958	8.0	.0	.0	.0	.0	5.5	18.0	5.8	.0	.0	6.7	49.6	29.4	33.7	12.8	31.7	46.5	.0	.0
1959	9.2	.0	.0	.0	.0	.0	11.9	5.8	17.1	11.9	39.2	23.8	19.2	67.4	.0	15.6	22.7	.0	.0
1960	7.4	.0	.0	.0	.0	5.4	23.8	35.5	11.4	5.9	19.4	15.3	.0	11.2	12.5	.0	22.7	.0	.0
1961	7.3	.0	.0	.0	7.3	10.7	5.9	6.0	.0	11.7	19.2	22.0	28.2	22.4	12.4	.0	44.7	.0	.0
1962	9.8	.0	.0	.0	7.0	25.6	23.7	18.1	17.1	5.9	12.7	21.5	9.1	22.2	24.9	.0	44.2	.0	.0
1963	8.1	.0	.0	2.7	6.8	10.0	17.9	6.1	23.2	17.6	6.3	7.0	8.7	32.9	12.5	.0	.0	38.0	67.8
1964	10.1	.0	.0	.0	6.5	14.7	24.1	.0	23.8	17.6	18.9	20.8	33.7	43.4	12.6	.0	.0	.0	.0
1965	9.4	.0	.0	.0	3.1	4.8	12.1	31.0	12.1	11.8	25.2	27.5	24.4	21.2	37.9	.0	.0	.0	.0
1966	6.1	.0	.0	.0	.0	4.7	6.0	.0	12.3	11.9	37.9	6.8	.0	31.0	25.1	.0	21.9	.0	.0
1967	8.0	.0	.0	.0	11.8	21.5	11.7	19.0	6.3	6.0	6.3	13.5	15.4	10.0	.0	45.2	.0	.0	.0
1968	7.0	.0	.0	.0	5.8	11.8	.0	6.3	6.3	12.2	25.0	13.4	22.7	.0	12.4	15.2	21.3	36.1	.0
1969	12.0	.0	.0	.0	2.9	14.8	10.7	18.7	31.9	12.5	37.3	26.8	44.4	27.6	24.3	.0	.0	.0	.0
1970	8.3	.0	.0	.0	.0	7.2	5.1	24.9	12.8	12.8	43.5	6.7	7.3	35.7	11.8	15.5	.0	.0	.0
1971	10.8	.0	.0	.0	.0	6.6	27.2	5.7	24.6	12.5	30.5	19.9	28.3	8.5	44.6	15.3	41.1	.0	.0
1972	11.9	.0	.0	2.6	11.0	26.2	4.2	16.5	37.1	24.9	12.5	26.0	21.2	16.4	10.9	.0	.0	.0	.0
1973	14.5	.0	.0	5.2	10.8	22.5	11.7	31.3	36.9	31.0	.0	38.5	28.1	16.1	10.5	14.8	20.9	.0	.0
1974	16.1	.0	.0	2.6	18.7	34.5	14.7	39.2	12.0	12.4	25.3	19.1	35.2	23.5	20.3	14.6	20.8	.0	.0
1975	11.4	.0	.0	2.6	13.2	21.2	10.4	32.2	11.6	18.5	6.3	6.3	7.0	38.3	9.7	14.3	.0	.0	.0
1976	17.8	.0	.0	2.6	7.8	23.4	29.6	30.2	22.1	36.5	31.8	18.9	20.7	60.6	9.3	13.8	.0	99.8	.0
1977	16.5	.0	.0	.0	7.9	37.3	32.8	20.1	26.4	30.5	18.8	12.8	13.5	30.2	9.0	52.7	20.7	.0	.0
1978	21.6	.0	.0	2.8	26.3	34.1	13.1	26.7	45.0	36.4	43.7	32.4	20.0	37.6	8.9	25.2	59.8	.0	47.9
1979	21.0	.0	.0	.0	31.3	25.7	29.3	18.2	19.1	35.3	37.5	32.6	39.6	37.8	43.5	24.4	.0	.0	.0
1980	20.1	.0	.0	.0	10.5	34.6	32.3	17.5	27.5	34.1	31.5	32.8	39.6	14.9	34.3	23.6	37.9	33.0	46.8
1981	19.0	.0	.0	.0	5.3	38.0	19.6	24.0	26.6	27.4	25.2	32.8	52.7	44.3	.0	11.4	18.4	99.7	.0
1982	22.0	.0	.0	.0	22.1	49.7	25.6	31.0	16.5	26.5	12.6	19.4	53.6	7.2	42.0	32.9	17.7	97.9	46.4
1983	23.8	.0	.0	.0	11.5	34.1	24.7	27.5	23.1	25.3	31.4	64.4	33.7	35.5	59.3	42.8	34.3	63.6	92.1
1984	21.9	.0	.0	3.2	17.9	41.9	27.3	20.2	11.0	24.2	30.5	45.3	33.9	42.1	25.5	20.9	16.6	30.8	181.4
1985	20.2	.0	.0	.0	15.5	25.3	15.0	16.5	35.1	23.0	29.7	19.6	47.7	35.2	33.5	41.4	79.3	30.3	.0
1986	21.8	.0	.0	.0	25.3	31.6	29.9	35.4	17.1	30.7	46.1	39.4	20.5	21.1	8.3	10.2	46.0	29.4	45.9
1987	16.8	.0	.0	3.4	12.8	47.6	18.1	12.6	17.1	8.2	22.0	32.8	33.6	7.1	32.1	10.1	14.7	56.1	.0
1988	24.4	.0	.0	10.4	25.8	43.6	38.9	24.8	24.0	31.0	26.0	25.9	19.9	14.2	31.5	70.9	28.5	26.8	.0
1989	19.1	.0	.0	.0	13.0	22.7	32.7	27.8	30.4	25.8	29.7	18.9	39.7	21.4	15.5	20.1	.0	.0	41.3
1990	19.0	.0	.0	.0	16.3	27.0	26.9	27.7	29.8	21.2	33.2	6.0	26.5	14.3	30.7	49.1	.0	.0	39.6
1991	21.0	.0	.0	3.6	16.4	20.3	33.7	36.5	32.5	17.2	32.0	23.2	45.9	21.3	7.6	28.8	39.9	.0	.0
1992	21.0	.0	.0	.0	27.0	53.7	41.4	21.5	19.3	27.6	12.8	22.3	33.1	20.7	.0	18.6	26.5	.0	36.8

Age-Specific Suicide Death Rates by Sex: NEW BRUNSWICK, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.6	0.0	19.4	10.9	12.8	0.0	0.0	0.0	0.0	0.0
1951	1.9	.0	.0	.0	.0	5.2	.0	.0	6.2	.0	.0	9.6	.0	12.7	.0	.0	.0	47.6	.0
1952	1.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	12.3	14.3	17.9	.0	.0	.0
1953	1.1	.0	.0	.0	.0	.0	5.3	5.6	.0	.0	.0	.0	.0	.0	.0	17.5	.0	.0	.0
1954	1.1	.0	.0	.0	.0	.0	.0	.0	.0	6.7	8.1	.0	.0	.0	14.1	.0	.0	.0	.0
1955	1.5	.0	.0	.0	.0	.0	5.7	.0	.0	6.6	7.8	9.3	.0	.0	.0	.0	.0	.0	.0
1956	1.8	.0	.0	.0	.0	.0	.0	.0	5.8	.0	7.6	18.7	10.2	.0	.0	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	2.5	.0	.0	.0	.0	.0	.0	.0	.0	12.5	7.2	8.9	.0	11.5	.0	.0	.0	80.0	.0
1959	1.7	.0	.0	.0	.0	.0	.0	5.7	.0	6.1	.0	.0	9.9	.0	12.8	.0	22.2	.0	.0
1960	1.7	.0	.0	.0	.0	.0	5.9	.0	.0	6.0	.0	25.0	.0	.0	.0	.0	.0	.0	.0
1961	2.7	.0	.0	.0	.0	.0	.0	11.7	5.5	.0	13.4	8.1	9.8	.0	.0	14.9	.0	.0	.0
1962	2.0	.0	.0	.0	.0	.0	5.9	5.9	5.6	.0	6.6	7.8	.0	10.8	.0	.0	.0	.0	.0
1963	1.3	.0	.0	.0	3.6	.0	.0	.0	11.3	.0	.0	.0	9.2	.0	.0	.0	.0	.0	.0
1964	2.6	.0	.0	.0	3.4	5.1	.0	.0	.0	5.8	6.4	7.4	17.9	.0	.0	14.3	.0	.0	.0
1965	2.0	.0	.0	.0	.0	.0	6.0	.0	5.9	.0	.0	7.2	8.7	10.4	11.6	.0	.0	.0	.0
1966	2.0	.0	.0	.0	.0	4.8	.0	.0	6.0	11.7	6.3	.0	.0	.0	.0	13.5	.0	.0	.0
1967	1.6	.0	.0	.0	3.0	.0	.0	.0	.0	17.7	.0	.0	.0	.0	11.5	.0	.0	.0	.0
1968	2.3	.0	.0	.0	.0	.0	5.7	.0	6.2	.0	.0	20.4	.0	9.6	.0	.0	17.8	.0	.0
1969	4.8	.0	.0	.0	.0	3.9	5.6	6.2	6.3	12.2	6.1	20.1	30.6	9.3	.0	.0	.0	.0	.0
1970	3.5	.0	.0	.0	.0	.0	.0	12.4	6.3	6.3	.0	20.0	7.5	9.0	21.8	.0	.0	.0	.0
1971	2.8	.0	.0	.0	.0	3.5	5.0	.0	.0	6.3	18.1	.0	14.4	.0	.0	12.8	.0	.0	.0
1972	3.1	.0	.0	.0	2.8	.0	9.0	.0	6.4	.0	12.3	6.3	7.1	16.7	.0	.0	.0	.0	.0
1973	3.1	.0	.0	.0	.0	3.3	8.4	5.5	.0	.0	.0	12.4	7.1	8.0	19.9	.0	.0	.0	.0
1974	1.5	.0	.0	.0	.0	3.3	3.9	.0	.0	.0	.0	.0	13.9	.0	9.7	.0	.0	.0	.0
1975	4.2	.0	.0	.0	5.6	6.2	.0	.0	6.1	18.7	.0	6.1	6.8	7.5	9.3	11.9	15.8	.0	.0
1976	3.5	.0	.0	2.8	2.7	3.0	.0	9.3	11.6	12.4	.0	.0	13.2	.0	8.9	.0	.0	.0	.0
1977	4.0	.0	.0	.0	.0	5.9	3.4	.0	27.9	.0	12.4	6.2	.0	14.6	.0	.0	15.1	.0	.0
1978	4.0	.0	.0	.0	5.5	.0	6.7	8.1	10.7	12.5	6.2	12.4	.0	7.2	.0	.0	.0	.0	.0
1979	2.8	.0	.0	.0	2.7	2.9	.0	3.8	10.2	.0	6.2	6.3	.0	7.1	8.0	10.6	.0	.0	.0
1980	2.8	.0	.0	.0	.0	2.9	.0	7.3	4.9	.0	6.3	6.3	6.1	13.9	.0	10.1	.0	.0	.0
1981	2.8	.0	.0	.0	5.6	.0	.0	7.0	.0	5.8	.0	6.3	18.5	.0	.0	.0	13.6	.0	.0
1982	3.4	.0	.0	.0	2.9	3.0	.0	3.5	.0	.0	12.7	18.7	6.3	.0	7.6	18.7	.0	.0	.0
1983	4.2	.0	.0	.0	.0	.0	9.3	.0	20.3	5.4	.0	6.3	12.5	12.7	7.5	.0	.0	.0	.0
1984	3.0	.0	.0	.0	6.3	2.9	3.1	6.7	3.8	5.1	.0	.0	6.3	12.6	.0	.0	.0	.0	.0
1985	3.6	.0	.0	.0	.0	5.8	9.3	6.6	3.7	9.9	.0	6.3	.0	12.5	.0	.0	.0	.0	.0
1986	4.6	.0	.0	.0	3.4	.0	6.2	6.4	14.3	4.7	5.9	18.9	6.4	12.5	.0	.0	.0	.0	.0
1987	3.8	.0	.0	.0	3.4	3.1	.0	6.3	7.1	4.4	11.3	12.8	12.6	6.4	.0	.0	.0	.0	.0
1988	5.1	.0	.0	.0	.0	3.2	3.1	9.4	17.3	8.2	5.4	6.4	19.1	.0	6.6	.0	10.5	.0	.0
1989	3.8	.0	.0	.0	3.4	3.4	9.1	3.1	10.1	.0	.0	.0	12.8	12.8	6.6	.0	.0	.0	.0
1990	3.7	.0	.0	.0	3.4	7.0	.0	6.2	16.5	3.7	.0	.0	6.4	.0	.0	15.9	.0	.0	.0
1991	4.0	.0	.0	.0	6.9	3.5	9.3	3.1	9.7	3.5	9.5	.0	.0	.0	6.5	7.7	.0	.0	.0
1992	1.9	.0	.0	.0	3.5	.0	.0	3.1	3.2	3.5	4.4	.0	.0	.0	13.4	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: QUEBEC, BOTH SEXES

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.7	0.0	0.0	0.0	2.0	3.5	4.9	5.1	3.4	7.7	6.6	9.4	10.0	7.9	6.7	11.0	7.6	0.0	0.0
1951	4.4	.0	.0	.0	.6	2.3	4.5	6.4	6.2	7.0	13.3	12.8	11.5	11.2	8.6	9.0	4.9	9.8	27.5
1952	3.3	.0	.0	.0	1.2	2.0	3.5	4.2	4.6	6.0	7.1	4.5	9.0	12.6	12.5	7.2	11.8	9.4	.0
1953	4.4	.0	.0	.3	.9	4.4	4.9	4.8	4.8	8.6	10.6	13.7	4.7	21.5	5.1	5.6	18.3	9.0	.0
1954	4.7	.0	.0	.2	1.4	4.3	4.2	5.2	7.0	9.1	12.0	11.7	9.1	17.0	9.0	12.2	8.9	17.5	.0
1955	4.4	.0	.0	.0	1.1	2.0	5.3	5.9	9.5	8.4	8.2	10.9	11.4	14.3	4.9	10.6	17.4	.0	.0
1956	5.3	.0	.0	.0	1.4	2.5	7.8	8.9	9.1	6.8	11.3	14.2	13.7	15.7	10.6	10.4	4.3	20.6	.0
1957	5.4	.0	.0	.0	1.0	3.6	7.7	9.0	7.5	9.8	15.4	10.8	15.7	16.8	9.5	7.6	2.1	8.0	7.6
1958	4.9	.0	.0	.2	2.2	4.2	5.2	4.9	9.1	7.9	9.8	12.8	14.7	17.1	9.3	4.9	11.9	11.6	7.2
1959	4.2	.0	.0	.2	1.4	3.6	4.7	6.2	4.4	8.4	10.3	9.6	9.6	12.9	9.1	7.1	15.3	7.4	.0
1960	5.0	.0	.0	.2	1.3	6.3	10.2	7.3	6.9	7.3	11.2	9.6	10.4	12.4	7.1	10.5	13.0	10.7	.0
1961	4.6	.0	.0	.0	1.3	2.7	3.6	5.9	5.9	11.7	12.7	11.9	6.3	18.7	11.1	13.6	5.4	3.4	6.4
1962	5.0	.0	.0	.2	2.9	4.9	6.3	6.2	9.1	8.9	7.8	14.9	13.8	12.9	10.0	4.5	6.9	9.8	.0
1963	4.8	.0	.0	.2	2.1	5.9	6.3	6.7	8.4	7.1	10.9	12.1	9.4	9.4	9.7	7.6	13.4	3.1	.0
1964	5.8	.0	.0	.5	1.5	5.8	8.0	8.6	10.8	12.8	8.7	14.5	14.9	14.0	7.9	8.5	4.9	12.1	16.6
1965	5.7	.0	.0	.8	4.0	5.5	8.4	8.1	12.0	9.0	9.2	15.3	11.7	11.8	10.0	6.2	4.8	.0	.0
1966	6.3	.0	.0	.0	2.3	9.5	10.8	6.2	10.1	10.7	10.7	15.3	21.8	8.6	12.7	8.0	4.7	5.7	5.2
1967	6.8	.0	.0	.5	4.0	9.8	9.8	13.7	10.1	12.2	12.7	14.3	12.7	8.8	8.7	7.8	4.5	8.2	.0
1968	7.3	.0	.0	.0	3.6	8.5	9.1	11.1	12.3	12.3	13.6	18.9	14.4	14.4	15.4	9.6	10.1	5.3	4.9
1969	9.0	.0	.0	.5	5.8	12.5	12.3	12.9	15.4	14.8	18.6	18.7	20.6	10.8	12.8	11.2	2.8	12.6	.0
1970	9.0	.0	.0	.7	5.4	12.7	13.5	12.3	16.9	12.7	19.1	14.3	18.5	13.5	13.7	6.4	9.5	9.8	.0
1971	9.0	.0	.0	.9	7.2	10.7	12.3	14.8	14.4	16.7	14.0	13.2	15.6	16.2	12.9	12.2	12.0	4.7	4.0
1972	9.7	.0	.0	.6	8.4	16.9	16.0	14.5	13.2	12.8	13.6	17.4	12.8	15.3	12.5	11.0	3.9	9.3	7.7
1973	11.1	.0	.0	.6	8.0	15.2	14.5	13.8	16.6	15.8	22.6	19.2	21.5	20.2	15.0	10.6	12.7	6.8	.0
1974	10.2	.0	.0	.3	9.6	14.6	16.2	10.2	15.0	15.8	16.5	17.3	10.7	14.4	19.2	14.2	7.4	6.7	7.1
1975	9.1	.0	.2	.8	5.6	15.4	13.9	11.8	13.7	12.9	13.3	13.2	13.9	9.8	9.3	15.3	3.6	13.0	6.9
1976	10.2	.0	.0	.3	8.2	14.6	16.8	17.4	13.8	12.7	15.2	16.0	12.1	11.8	11.1	8.9	10.3	2.1	9.8
1977	12.0	.0	.0	.8	7.4	18.8	16.0	20.3	19.5	17.1	15.7	20.7	18.0	15.0	10.3	10.7	5.6	2.0	9.6
1978	13.8	.0	.0	.9	9.5	24.3	21.8	21.0	18.1	18.2	15.4	17.3	19.2	19.1	14.1	13.2	6.4	21.3	3.1
1979	15.1	.0	.0	.9	12.9	23.2	22.8	20.3	19.5	21.1	21.8	20.8	22.2	16.9	16.1	14.8	14.4	5.6	2.9
1980	14.5	.0	.0	.8	11.1	20.3	20.3	18.1	20.4	16.2	24.1	20.1	19.4	19.1	19.1	13.6	25.8	12.5	11.3
1981	16.0	.0	.0	1.7	11.2	21.8	22.1	21.2	18.4	24.8	20.6	24.9	25.9	23.7	15.5	21.9	15.2	13.6	5.3
1982	16.2	.0	.0	.6	13.2	22.6	24.0	21.5	22.2	28.3	21.1	26.2	21.3	15.2	13.0	16.5	8.2	4.9	7.5
1983	18.2	.0	.0	1.8	17.2	23.4	27.6	26.5	19.4	25.6	23.1	20.4	26.3	26.1	20.3	22.0	15.9	18.8	4.8
1984	15.4	.0	.0	1.6	14.4	19.8	21.0	20.6	19.6	22.4	21.0	23.2	23.0	19.2	15.1	10.4	10.3	19.4	6.8
1985	16.8	.0	.0	1.3	12.8	21.6	24.2	22.8	20.7	20.0	24.1	24.9	23.7	20.8	17.9	20.2	15.7	17.1	15.2
1986	17.0	.0	.2	.9	15.0	23.1	23.6	23.6	24.5	25.8	21.5	23.0	21.3	16.4	17.3	17.1	10.4	12.3	12.5
1987	17.3	.0	.0	1.8	17.5	20.4	22.0	26.8	25.7	22.3	22.8	23.3	20.2	17.5	16.6	22.2	16.2	10.4	5.9
1988	15.9	.0	.2	.6	12.9	20.0	22.9	23.0	25.4	21.7	23.6	16.7	17.4	16.5	16.0	10.1	17.8	12.5	13.0
1989	15.0	.0	.0	.6	16.5	21.0	19.5	19.9	22.7	22.6	20.3	18.1	20.1	15.3	13.1	8.4	13.6	7.2	3.5
1990	15.7	.0	.0	2.5	14.5	22.8	20.7	25.4	23.4	20.9	21.6	18.5	16.9	10.9	10.1	17.3	15.2	15.0	6.7
1991	15.7	.0	.2	2.4	17.5	20.0	21.8	24.4	19.3	22.3	21.7	18.4	16.7	18.4	16.0	13.2	10.1	9.9	6.3
1992	17.6	.0	.0	2.4	17.4	24.9	24.2	25.1	24.9	22.6	21.2	24.3	25.2	16.3	15.5	15.9	12.6	10.6	7.4

Age-Specific Suicide Death Rates by Sex: QUEBEC, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	5.2	0.0	0.0	0.0	2.9	5.4	5.6	7.0	5.3	10.3	10.1	11.7	15.5	10.4	13.2	15.9	15.5	0.0	0.0
1951	5.9	.0	.0	.0	.6	3.0	5.6	9.1	8.7	10.8	15.6	17.4	17.0	15.4	12.8	12.2	5.1	21.1	43.5
1952	5.0	.0	.0	.0	2.3	2.4	5.4	6.0	5.6	8.0	7.5	9.0	15.1	18.5	22.9	14.7	19.5	20.2	.0
1953	6.5	.0	.0	.0	1.7	7.7	7.0	8.5	6.9	11.7	13.7	20.7	6.7	31.4	6.1	11.4	28.3	19.4	.0
1954	6.8	.0	.0	.5	2.8	4.1	5.8	7.6	10.9	8.3	17.7	18.0	14.3	22.7	18.0	24.9	18.3	37.4	.0
1955	6.6	.0	.0	.0	1.7	2.3	9.1	8.5	12.7	12.5	14.4	15.5	15.2	22.3	9.9	16.3	35.9	.0	.0
1956	7.8	.0	.0	.0	2.2	3.5	10.8	12.8	13.8	10.0	16.4	19.1	19.8	29.8	15.6	18.8	8.8	35.4	.0
1957	7.4	.0	.0	.0	2.0	5.7	11.2	11.9	8.3	13.4	15.1	14.6	24.1	30.5	11.5	13.2	4.3	17.2	18.2
1958	7.4	.0	.0	.4	3.9	6.8	8.3	5.6	11.0	14.5	17.1	18.8	23.5	21.0	17.1	7.7	20.7	25.2	17.5
1959	7.1	.0	.0	.4	2.3	6.2	8.3	10.4	7.8	14.9	16.7	16.3	17.0	23.2	14.9	14.9	28.1	8.1	.0
1960	7.7	.0	.0	.0	1.8	10.6	17.1	11.4	11.6	8.7	16.3	12.2	17.6	21.1	14.5	17.2	27.5	15.6	.0
1961	6.6	.0	.0	.0	1.7	3.3	5.5	8.1	9.6	16.4	16.7	17.7	8.5	30.0	17.6	24.1	11.4	.0	15.0
1962	8.0	.0	.0	.3	3.6	7.9	11.1	8.6	13.3	14.1	12.1	25.6	23.7	22.6	20.7	7.1	11.2	21.4	.0
1963	6.7	.0	.0	.3	3.5	9.5	7.2	8.6	12.1	8.7	13.4	15.3	14.0	16.8	16.9	14.0	25.5	.0	.0
1964	9.0	.0	.0	1.0	2.6	7.1	12.2	13.5	14.7	20.5	13.3	23.6	25.2	23.9	13.3	15.9	7.1	27.0	39.1
1965	7.6	.0	.0	1.3	6.2	8.1	9.8	7.5	14.6	11.7	13.1	23.8	13.2	20.8	17.9	8.9	7.0	.0	.0
1966	9.5	.0	.0	.0	3.9	15.4	15.4	8.6	13.4	19.9	14.9	21.1	32.0	11.8	22.3	15.2	10.4	13.0	12.7
1967	10.0	.0	.0	.9	6.8	17.0	14.2	18.8	14.4	15.1	19.2	20.8	17.7	13.8	17.1	14.9	10.1	12.8	.0
1968	10.9	.0	.0	.0	6.7	12.4	13.5	16.7	18.7	17.1	22.4	25.1	19.8	23.4	24.3	16.9	16.5	6.3	12.3
1969	13.0	.0	.0	.9	9.8	20.3	17.8	15.5	20.4	21.6	27.3	24.9	28.6	15.1	19.1	20.8	6.4	24.7	.0
1970	13.3	.0	.0	1.5	8.1	17.4	18.6	17.1	26.1	17.9	29.6	23.3	26.3	24.0	20.0	12.3	22.2	24.1	.0
1971	13.5	.0	.0	1.2	12.1	18.1	19.5	21.1	20.4	21.9	18.2	20.0	25.7	26.8	18.7	14.0	25.3	5.8	10.3
1972	14.5	.0	.0	.9	13.0	28.8	21.1	22.6	16.9	17.9	18.8	28.1	20.7	22.3	16.8	21.4	9.3	11.5	20.2
1973	15.9	.0	.0	1.2	11.2	25.6	19.2	16.5	23.6	22.7	30.2	26.7	31.7	33.9	21.4	18.8	24.3	5.7	.0
1974	15.6	.0	.0	.6	16.7	25.7	24.4	14.0	21.1	22.2	24.8	24.5	15.9	20.1	30.8	25.4	14.8	11.4	19.0
1975	13.0	.0	.0	1.2	8.7	22.3	21.1	16.7	17.5	15.3	16.6	21.4	17.2	17.1	16.8	24.6	5.8	16.8	18.8
1976	15.2	.0	.0	.6	14.7	23.6	25.3	21.9	19.5	16.5	20.4	21.7	18.3	18.7	16.2	18.7	22.7	5.4	27.4
1977	17.8	.0	.0	1.3	11.3	30.0	19.5	31.6	27.5	27.5	25.3	27.8	23.6	17.7	18.1	18.2	13.9	5.3	27.2
1978	21.1	.0	.0	1.4	15.8	43.3	31.9	33.2	25.4	25.5	23.1	23.3	23.7	27.4	23.3	16.1	16.1	46.4	.0
1979	22.5	.0	.0	1.5	20.7	37.3	33.9	29.3	23.9	31.3	31.3	26.8	33.4	30.2	22.7	25.2	31.2	10.0	8.6
1980	22.5	.0	.0	1.5	18.9	33.7	30.6	27.3	32.1	25.2	31.2	26.0	28.6	32.3	32.9	24.4	55.3	29.5	33.5
1981	24.6	.0	.0	2.4	19.5	36.5	34.6	32.7	27.2	35.9	29.1	34.7	38.1	34.0	27.2	34.0	31.6	23.9	8.1
1982	24.8	.0	.0	1.2	23.3	38.5	37.2	32.9	28.0	39.8	30.8	36.7	29.2	23.7	23.8	31.8	14.0	13.8	15.5
1983	28.2	.0	.0	3.4	29.4	39.6	45.5	38.9	26.4	31.7	33.9	30.8	41.3	42.1	33.0	30.9	31.8	44.5	7.5
1984	24.8	.0	.0	2.6	25.8	34.8	35.6	32.1	32.1	30.9	28.8	34.7	34.4	31.5	23.7	23.2	24.2	38.5	14.6
1985	26.6	.0	.0	1.8	21.2	37.1	39.4	36.7	29.6	29.5	33.5	40.0	37.2	32.3	24.2	40.0	31.9	49.2	35.9
1986	26.6	.0	.4	1.8	23.6	39.4	38.2	36.2	35.2	38.3	28.6	29.9	36.2	24.3	32.3	28.9	22.6	23.8	42.2
1987	27.5	.0	.0	3.4	28.5	33.5	35.5	40.4	40.0	31.3	31.4	35.8	34.4	27.5	27.1	51.6	33.9	18.8	13.4
1988	25.3	.0	.4	1.3	22.8	34.0	38.1	36.0	36.9	29.4	34.2	25.3	26.7	29.7	29.7	21.6	25.0	29.0	44.8
1989	23.9	.0	.0	1.2	29.4	35.7	32.0	30.2	33.9	33.3	27.7	27.7	32.9	24.3	21.6	16.3	27.7	17.5	12.3
1990	26.0	.0	.0	4.4	24.6	41.2	35.7	39.5	37.4	32.3	33.2	28.7	25.5	20.5	15.0	29.2	35.7	33.5	23.3
1991	26.0	.0	.4	3.2	31.3	35.7	35.0	39.4	29.8	33.7	32.6	29.8	27.9	30.3	30.8	24.5	22.6	25.5	16.6
1992	27.9	.0	.0	3.2	27.1	41.4	38.4	40.7	42.2	31.5	29.3	34.9	43.4	23.2	28.8	25.5	29.2	21.5	15.8

Age-Specific Suicide Death Rates by Sex: QUEBEC, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	2.1	0.0	0.0	0.0	1.2	1.7	4.3	3.3	1.5	5.1	3.0	7.1	4.4	5.3	0.0	6.2	0.0	0.0	0.0
1951	2.8	.0	.0	.0	.6	1.7	3.5	3.9	3.6	3.3	10.9	8.1	5.8	6.9	4.3	5.9	4.8	.0	15.9
1952	1.7	.0	.0	.0	.0	1.7	1.7	2.5	3.5	4.0	6.7	.0	2.8	6.7	2.1	.0	4.6	.0	.0
1953	2.2	.0	.0	.5	.0	1.1	2.8	1.2	2.7	5.4	7.4	6.6	2.7	11.6	4.1	.0	8.9	.0	.0
1954	2.6	.0	.0	.0	.0	4.5	2.8	3.0	3.3	9.8	6.3	5.4	3.9	11.3	.0	.0	.0	.0	.0
1955	2.2	.0	.0	.0	.6	1.7	1.7	3.5	6.5	4.4	1.7	6.3	7.6	6.3	.0	5.2	.0	.0	.0
1956	2.7	.0	.0	.0	.5	1.7	4.9	5.1	4.5	3.6	5.9	9.3	7.5	1.6	5.7	2.5	.0	7.7	.0
1957	3.4	.0	.0	.0	.0	1.7	4.4	6.1	6.8	6.3	15.6	6.9	7.3	3.0	7.5	2.5	.0	.0	.0
1958	2.3	.0	.0	.0	.5	1.7	2.2	4.3	7.2	1.4	2.4	6.7	5.9	13.3	1.8	2.4	3.8	.0	.0
1959	1.2	.0	.0	.0	.5	1.1	1.1	2.1	1.2	2.0	3.9	2.7	2.3	2.8	3.5	.0	3.7	6.8	.0
1960	2.2	.0	.0	.4	.9	2.2	3.3	3.2	2.3	5.9	6.0	7.0	3.3	4.1	.0	4.4	.0	6.5	.0
1961	2.5	.0	.0	.0	.9	2.1	1.7	3.7	2.2	7.1	8.7	5.9	4.2	7.8	5.0	4.3	.0	6.2	.0
1962	2.0	.0	.0	.0	2.1	2.0	1.6	3.7	4.9	3.8	3.6	4.1	4.0	3.8	.0	2.1	3.2	.0	.0
1963	2.9	.0	.0	.0	.8	2.4	5.5	4.8	4.8	5.5	8.4	8.9	4.9	2.4	3.1	2.1	3.1	5.7	.0
1964	2.6	.0	.0	.0	.4	4.6	3.8	3.8	6.9	5.3	4.1	5.5	4.8	4.7	3.0	2.0	3.0	.0	.0
1965	3.8	.0	.0	.3	1.8	3.1	7.0	8.6	9.5	6.3	5.4	6.9	10.2	3.4	2.9	3.9	2.9	.0	.0
1966	3.1	.0	.0	.0	.7	3.8	6.3	3.8	6.9	1.7	6.6	9.6	11.7	5.5	4.2	1.9	.0	.0	.0
1967	3.5	.0	.0	.0	1.0	2.8	5.5	8.6	5.8	9.3	6.4	8.0	7.8	4.2	1.4	1.8	.0	4.8	.0
1968	3.8	.0	.0	.0	.3	4.6	4.8	5.4	5.9	7.6	5.0	12.9	9.2	6.2	7.8	3.5	5.1	4.6	.0
1969	5.1	.0	.0	.0	1.7	4.9	6.8	10.3	10.3	8.2	10.2	12.7	12.9	6.9	7.5	3.4	.0	4.3	.0
1970	4.6	.0	.0	.0	2.7	8.1	8.3	7.5	7.7	7.7	8.8	5.6	11.0	3.8	8.4	1.6	.0	.0	.0
1971	4.6	.0	.0	.6	2.2	3.5	4.9	8.3	8.2	11.5	9.8	6.8	6.1	6.4	7.9	10.9	2.3	4.0	.0
1972	4.9	.0	.0	.3	3.7	4.8	10.8	6.0	9.4	7.6	8.6	7.2	5.3	8.9	8.8	3.0	.0	7.8	.0
1973	6.3	.0	.0	.0	4.6	4.8	9.8	10.9	9.5	8.7	15.3	12.1	11.9	7.7	9.6	4.3	4.4	7.5	.0
1974	4.8	.0	.0	.0	2.4	3.3	8.0	6.3	8.8	9.3	8.4	10.4	5.9	9.2	9.4	5.6	2.1	3.6	.0
1975	5.2	.0	.4	.3	2.4	8.3	6.4	6.9	9.8	10.5	10.1	5.4	10.9	3.2	3.0	8.1	2.0	10.6	.0
1976	5.3	.0	.0	.0	1.5	5.3	8.0	12.7	7.9	8.9	10.0	10.6	6.3	5.6	6.8	1.3	1.9	.0	.0
1977	6.4	.0	.0	.3	3.3	7.4	12.4	8.6	11.2	6.8	6.1	14.0	12.8	12.6	3.8	5.0	.0	.0	.0
1978	6.6	.0	.0	.4	3.0	4.9	11.6	8.4	10.6	10.9	7.8	11.6	15.1	11.7	6.4	10.9	.0	6.2	4.7
1979	7.9	.0	.0	.4	4.9	8.8	11.5	11.2	14.9	10.7	12.4	15.1	12.1	5.4	10.7	7.0	3.4	2.9	.0
1980	6.7	.0	.0	.0	3.1	6.6	10.0	8.8	8.5	7.2	17.1	14.4	11.2	7.6	7.8	5.6	6.6	2.8	.0
1981	7.7	.0	.0	.8	2.6	6.8	9.6	9.7	9.4	13.4	12.1	15.5	14.7	14.7	6.0	13.1	4.7	7.9	4.0
1982	7.8	.0	.0	.0	2.7	6.3	10.6	10.0	16.3	16.6	11.7	16.0	14.0	7.8	4.2	5.3	4.5	.0	3.7
1983	8.5	.0	.0	.0	4.3	6.7	9.4	14.1	12.2	19.4	12.3	10.3	12.6	12.3	10.0	15.5	5.8	4.9	3.5
1984	6.2	.0	.0	.5	2.3	4.3	6.2	9.0	6.9	13.8	13.3	12.1	12.5	8.6	8.2	1.0	1.4	9.2	3.3
1985	7.2	.0	.0	.9	4.1	5.3	8.7	8.8	11.6	10.4	14.8	10.5	11.2	11.0	12.9	5.8	5.4	.0	6.2
1986	7.7	.0	.0	.0	5.9	5.8	8.6	10.9	13.6	13.0	14.4	16.4	7.6	9.5	5.4	8.5	2.6	6.3	.0
1987	7.4	.0	.0	.0	6.1	6.4	8.0	13.2	11.2	13.2	14.3	11.3	7.0	8.8	8.2	.9	5.0	5.9	2.8
1988	6.7	.0	.0	.0	2.6	5.4	7.1	9.8	13.8	13.9	13.1	8.3	8.7	4.9	5.0	1.8	13.3	3.8	.0
1989	6.3	.0	.0	.0	3.1	5.6	6.4	9.3	11.4	11.8	12.9	8.8	8.1	7.3	6.2	2.7	4.7	1.8	.0
1990	5.7	.0	.0	.4	4.0	3.5	5.0	11.0	9.4	9.3	10.0	8.6	8.8	2.4	6.1	8.8	2.3	5.3	.0
1991	5.8	.0	.0	1.7	3.1	3.6	8.1	9.1	8.6	10.8	10.8	7.2	5.9	7.8	4.0	5.1	2.2	1.7	2.2
1992	7.5	.0	.0	1.7	7.4	7.8	9.3	9.1	7.4	13.6	13.2	13.8	7.8	10.2	4.6	8.9	2.2	4.8	4.1

Age-Specific Suicide Death Rates by Sex: ONTARIO, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	8.9	0.0	0.0	0.0	4.7	5.9	5.1	7.8	10.6	15.7	15.9	20.2	17.7	19.5	18.7	20.5	21.6	5.3	9.8
1951	8.4	.0	.0	.0	1.6	6.8	5.7	6.6	8.5	15.2	12.3	17.4	20.9	20.8	22.6	16.4	22.7	10.5	9.6
1952	9.2	.0	.0	.6	2.8	7.3	6.6	7.3	10.7	14.2	13.7	18.7	24.1	24.4	25.3	15.8	23.1	7.7	23.3
1953	8.2	.0	.0	.3	4.6	4.4	7.2	8.8	9.3	14.6	11.6	17.6	17.6	19.8	23.8	15.4	11.8	12.5	13.5
1954	8.0	.0	.0	.8	3.0	3.6	8.3	7.7	7.2	18.8	12.2	16.9	16.7	19.0	20.9	18.0	15.2	7.2	.0
1955	7.8	.0	.0	.2	.0	4.7	7.7	7.3	8.4	14.2	18.1	18.5	14.6	22.9	20.0	15.3	9.8	9.3	12.4
1956	8.6	.0	.0	.7	2.6	6.0	7.4	6.2	9.5	9.7	17.3	20.4	24.9	25.2	19.7	15.6	16.8	27.0	19.8
1957	8.7	.0	.0	.2	2.5	6.9	7.2	7.9	10.9	11.1	20.1	17.3	23.6	18.1	27.8	16.0	17.3	19.7	7.7
1958	8.5	.0	.0	1.0	2.1	8.3	7.1	7.8	11.1	12.7	15.3	18.7	23.8	25.7	17.6	15.8	17.9	10.7	3.7
1959	8.7	.0	.0	.4	3.3	7.5	8.3	8.4	11.5	11.7	16.0	18.7	23.2	22.6	21.9	20.4	13.0	12.2	10.8
1960	8.6	.0	.0	.7	3.6	7.2	9.8	10.4	10.3	10.7	16.1	19.2	24.0	18.8	19.2	16.0	19.9	11.8	10.4
1961	8.8	.0	.0	.7	2.5	7.8	9.5	8.9	11.7	13.8	13.3	19.7	25.2	21.1	22.8	17.1	17.4	15.0	6.6
1962	8.2	.0	.0	.7	3.2	7.4	8.7	10.1	11.2	12.0	16.9	22.4	21.9	17.5	13.1	5.4	17.9	12.6	9.4
1963	8.9	.0	.0	.9	4.0	9.3	8.3	10.1	12.5	15.6	15.4	21.2	20.7	21.2	10.7	19.5	19.5	8.6	5.9
1964	8.6	.0	.0	1.2	3.9	7.9	6.3	14.0	13.4	11.4	17.7	17.3	17.6	25.4	17.2	13.2	11.5	16.7	2.8
1965	9.4	.0	.0	.9	3.2	10.0	9.3	10.8	10.2	16.5	15.0	23.5	23.1	29.0	15.9	15.5	14.1	12.9	13.6
1966	9.5	.0	.0	1.3	4.0	6.4	9.9	12.1	14.6	13.4	18.7	22.1	23.5	22.9	13.6	18.9	20.3	12.7	7.9
1967	10.6	.0	.0	.6	5.1	9.9	12.1	12.0	14.2	18.6	20.0	23.3	27.4	21.9	24.6	12.4	14.3	16.8	5.1
1968	11.3	.0	.0	1.1	3.5	9.8	13.9	13.7	14.5	21.4	22.6	26.1	27.0	23.6	20.6	21.6	11.3	8.9	7.2
1969	11.6	.0	.0	.3	5.7	12.3	11.8	12.7	15.5	19.2	23.7	21.8	28.3	26.1	17.7	25.6	17.1	11.5	22.7
1970	12.2	.0	.0	.6	6.6	13.0	13.5	14.8	18.0	23.3	20.1	25.5	24.4	23.2	26.7	19.1	10.1	16.7	10.7
1971	13.6	.0	.0	.4	8.6	14.6	13.8	15.4	17.6	25.5	26.5	31.6	29.4	30.0	17.8	17.3	11.5	10.6	7.9
1972	13.1	.0	.0	1.2	9.1	13.4	17.4	14.3	17.4	25.6	24.1	23.5	22.9	20.8	18.2	20.8	23.2	14.3	11.3
1973	12.2	.0	.1	.6	6.4	13.0	14.3	12.0	19.9	18.4	23.2	20.2	24.1	25.0	24.0	19.6	17.3	12.7	9.1
1974	13.8	.0	.0	.7	9.6	17.1	15.7	14.8	21.9	24.7	23.4	25.7	23.2	20.7	20.6	22.7	16.2	15.0	8.8
1975	13.2	.0	.3	.9	10.5	16.9	17.6	11.5	18.1	21.3	20.9	24.9	22.9	21.3	24.0	14.4	15.0	18.4	5.1
1976	12.8	.0	.0	.9	8.7	14.8	17.3	14.2	18.8	21.0	22.4	23.1	21.7	18.2	15.6	18.1	15.9	13.1	6.5
1977	14.3	.0	.2	1.1	10.6	20.0	18.4	14.2	18.4	19.0	26.4	23.7	21.2	19.9	24.8	19.0	18.9	12.7	14.1
1978	14.0	.0	.0	.7	9.4	17.6	20.3	17.3	14.8	22.3	24.4	23.5	22.2	17.8	17.3	21.3	15.6	18.0	16.7
1979	12.7	.0	.0	.8	9.0	18.2	14.4	15.4	16.4	17.7	19.7	18.8	19.7	22.8	19.2	16.9	16.4	17.3	1.5
1980	12.8	.0	.0	.9	9.7	14.2	18.0	12.7	14.2	18.0	21.7	21.7	20.1	18.6	17.9	16.4	19.7	21.9	14.1
1981	12.2	.0	.2	1.0	9.3	13.7	11.9	13.8	12.0	17.4	20.1	21.0	20.3	16.7	20.2	23.2	13.6	26.3	10.9
1982	12.4	.0	.0	1.8	9.0	13.7	15.5	13.3	15.4	15.6	19.3	20.2	21.5	20.8	19.6	16.2	14.9	10.8	9.1
1983	12.6	.0	.0	.9	9.1	15.1	14.2	12.9	14.5	16.7	20.8	17.3	22.2	17.6	20.6	19.2	19.1	18.9	12.7
1984	12.0	.0	.0	.9	8.6	14.8	14.8	13.0	13.1	15.5	15.1	18.8	19.7	16.8	17.9	20.5	20.7	12.7	13.4
1985	11.1	.0	.0	.3	8.2	14.0	13.0	15.5	13.2	14.5	16.1	15.3	15.1	13.0	17.9	20.2	12.5	12.3	10.5
1986	11.9	.0	.0	.8	8.8	11.6	16.1	15.4	14.6	14.3	14.0	20.4	16.2	16.7	15.9	19.4	21.0	17.8	11.2
1987	11.0	.0	.0	1.2	8.2	11.8	14.8	13.9	13.3	13.8	17.0	16.4	13.2	12.9	17.8	17.3	12.1	15.5	15.0
1988	10.6	.0	.0	.6	8.2	14.0	12.6	12.9	13.7	12.6	11.2	13.7	16.4	13.7	17.1	14.8	17.5	19.0	6.2
1989	11.3	.0	.0	.8	9.3	11.7	11.8	15.1	14.1	13.4	17.2	14.3	17.0	14.9	16.7	16.8	15.9	15.2	22.7
1990	8.6	.0	.0	.3	7.1	9.7	10.3	11.9	11.6	11.5	10.8	10.4	13.0	10.9	8.3	10.6	13.9	9.6	18.1
1991	9.5	.0	.0	.9	6.6	11.3	12.9	13.0	12.1	10.9	12.5	13.1	11.3	15.2	13.0	11.0	12.3	11.4	13.7
1992	9.3	.0	.0	1.3	7.0	9.8	11.1	11.4	14.7	11.6	12.2	13.8	11.3	13.3	11.0	9.5	14.2	14.9	12.3

Age-Specific Suicide Death Rates by Sex: ONTARIO, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	13.6	0.0	0.0	0.0	7.4	9.0	4.9	9.3	15.6	26.8	21.4	33.0	28.5	31.0	24.1	37.5	46.0	12.1	24.1
1951	12.4	.0	.0	.0	3.1	10.2	8.9	11.5	12.2	21.9	18.8	25.4	28.4	28.5	29.7	25.5	39.6	24.0	23.8
1952	13.9	.0	.0	.6	4.3	10.0	10.2	12.6	16.8	23.4	15.3	28.0	33.2	43.5	38.3	22.8	41.1	11.8	46.5
1953	12.3	.0	.0	.5	6.6	4.9	8.9	13.2	14.7	24.3	13.5	26.7	28.9	29.1	35.4	30.6	19.9	28.6	34.1
1954	12.2	.0	.0	1.5	4.1	5.4	11.6	12.0	10.0	28.0	17.7	26.1	27.2	30.9	33.8	29.7	24.8	11.0	.0
1955	11.4	.0	.0	.5	.0	6.6	10.0	10.0	10.9	19.9	26.8	27.8	18.8	31.7	35.9	25.8	18.7	21.4	20.6
1956	13.6	.0	.0	1.4	5.1	9.3	11.3	10.1	14.3	14.6	26.7	31.7	41.0	35.6	31.9	26.8	26.0	56.7	49.0
1957	13.7	.0	.0	.4	3.8	11.6	10.9	11.0	18.9	17.0	30.0	26.0	36.9	28.6	47.4	26.4	35.2	30.2	19.2
1958	13.5	.0	.0	1.9	2.5	12.4	11.8	10.9	16.8	18.3	24.5	27.5	42.2	41.3	31.5	29.3	36.7	19.6	9.3
1959	13.4	.0	.0	.7	4.9	13.5	15.0	13.3	16.7	16.4	22.6	27.9	36.4	35.2	32.3	34.9	23.6	23.6	27.3
1960	13.4	.0	.0	1.4	6.5	11.5	15.6	14.9	16.3	18.2	24.9	29.2	32.6	27.6	30.7	28.6	41.5	18.3	26.3
1961	14.2	.0	.0	1.3	4.0	11.6	14.5	12.0	19.8	23.0	21.8	31.0	41.2	39.0	34.9	32.9	33.9	26.2	16.7
1962	12.1	.0	.0	1.3	4.6	10.8	11.5	12.1	16.6	17.1	23.6	35.3	34.3	28.3	19.5	7.5	35.7	29.5	8.0
1963	13.3	.0	.0	1.9	5.9	13.9	11.3	15.0	18.3	24.7	20.8	28.5	32.2	36.8	16.9	32.6	35.4	16.2	15.3
1964	12.0	.0	.0	2.1	5.1	11.8	8.3	17.3	17.4	15.1	25.5	24.1	22.2	43.9	23.3	20.5	19.8	35.5	.0
1965	13.6	.0	.0	1.8	4.1	16.5	15.4	14.2	13.9	23.5	17.8	30.9	36.3	44.6	28.4	27.4	21.8	30.9	21.6
1966	13.7	.0	.0	2.3	6.2	10.4	13.0	16.8	17.9	18.9	25.6	30.7	31.3	35.9	23.6	32.7	38.6	30.8	21.4
1967	15.1	.0	.0	.8	8.5	14.2	17.7	14.0	20.4	24.8	27.3	33.5	42.1	34.2	37.9	18.3	21.1	30.3	13.8
1968	16.1	.0	.0	1.6	5.8	14.3	21.4	19.2	16.7	27.4	31.6	32.8	45.2	38.1	30.9	36.6	16.7	22.4	20.1
1969	16.2	.0	.0	.5	8.2	18.5	15.5	18.2	21.8	25.3	27.1	31.7	40.0	33.4	25.0	47.4	37.4	25.7	57.4
1970	16.2	.0	.0	1.0	9.4	22.0	18.2	17.0	24.7	29.4	23.4	30.3	28.7	33.2	40.8	27.4	16.5	32.4	24.4
1971	19.2	.0	.0	.2	14.2	22.7	21.5	18.2	24.4	36.7	34.7	41.2	41.1	43.5	24.2	27.9	22.3	17.5	22.7
1972	17.4	.0	.0	2.2	14.0	20.8	21.5	17.6	21.2	30.5	32.0	28.2	28.9	31.5	26.5	34.7	34.1	20.6	33.0
1973	16.8	.0	.3	1.0	10.4	21.3	17.5	14.7	26.6	25.2	29.2	28.7	32.6	33.2	36.8	29.7	37.7	17.0	16.2
1974	19.2	.0	.0	.9	16.1	27.9	21.9	18.9	27.9	33.7	28.7	31.6	31.0	26.2	27.1	40.8	35.1	33.8	15.9
1975	18.7	.0	.3	1.7	16.5	27.3	23.9	15.8	23.6	28.3	26.5	31.8	33.8	29.9	29.8	29.3	28.3	47.4	10.4
1976	17.6	.0	.0	1.0	13.7	22.1	26.3	19.8	23.6	27.3	28.1	34.0	26.4	21.4	21.3	25.2	25.4	23.3	20.4
1977	20.4	.0	.3	1.2	15.5	34.8	28.4	21.3	26.7	25.4	32.4	31.3	27.7	24.5	32.9	30.2	33.2	22.8	34.9
1978	20.7	.0	.0	.8	15.3	27.9	31.6	25.4	22.2	30.7	33.9	33.7	32.3	23.9	19.8	38.1	26.9	32.0	49.2
1979	18.6	.0	.0	1.1	13.3	28.2	19.9	24.9	22.5	25.5	29.5	23.6	26.1	35.4	29.4	28.5	29.1	31.0	4.8
1980	18.4	.0	.0	.8	14.9	21.7	29.8	19.3	17.4	23.1	30.6	29.3	27.9	22.1	26.4	26.5	36.2	50.9	33.3
1981	17.8	.0	.3	1.4	15.9	23.2	18.3	21.7	16.4	21.4	26.7	28.2	25.7	25.8	27.5	42.3	26.1	55.3	18.6
1982	18.8	.0	.0	3.2	15.0	21.7	24.7	19.7	21.5	20.5	27.9	30.9	31.8	31.7	26.5	28.5	28.4	24.9	31.9
1983	18.9	.0	.0	1.2	15.1	26.0	22.4	21.0	19.1	25.6	26.6	24.1	32.2	23.8	28.7	34.7	36.4	31.7	44.9
1984	17.5	.0	.0	1.2	14.4	23.6	23.1	20.8	18.1	20.5	22.9	23.8	27.4	22.2	23.1	31.6	40.7	22.7	30.3
1985	17.1	.0	.0	.3	14.1	22.7	21.1	24.4	21.1	21.8	21.8	22.7	19.2	19.3	29.8	33.1	20.3	26.9	16.6
1986	18.2	.0	.0	1.5	13.9	17.8	27.4	25.2	22.4	22.2	17.9	28.4	22.8	23.4	23.3	35.0	32.6	35.7	36.2
1987	16.7	.0	.0	2.1	12.4	19.9	22.3	22.1	18.7	20.9	24.9	25.0	18.0	18.2	25.1	31.4	20.0	32.3	22.8
1988	16.0	.0	.0	.9	13.0	22.1	18.8	19.9	21.4	17.2	15.0	16.8	23.9	23.5	25.5	25.6	33.5	42.5	14.6
1989	16.8	.0	.0	1.5	15.7	17.7	18.5	22.2	21.4	18.8	20.9	19.3	25.5	21.8	27.0	29.5	26.3	38.5	55.3
1990	13.2	.0	.0	.0	10.6	15.8	16.9	19.8	15.2	16.1	14.8	15.4	20.5	16.5	14.0	18.1	27.4	22.5	46.4
1991	14.9	.0	.0	1.2	10.8	19.1	20.6	19.1	19.7	16.1	18.7	21.8	17.1	24.4	18.9	16.3	18.2	23.4	41.7
1992	14.8	.0	.0	2.3	10.6	15.4	18.4	18.8	23.0	17.7	19.8	19.5	18.0	21.9	16.6	16.0	29.5	35.0	24.6

Age-Specific Suicide Death Rates by Sex: ONTARIO, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	4.1	0.0	0.0	0.0	1.9	2.8	5.3	6.4	5.6	4.2	10.1	6.7	6.7	7.8	13.3	5.1	0.0	0.0	0.0
1951	4.3	.0	.0	.0	.0	3.4	2.5	1.7	4.8	8.1	5.4	9.1	13.4	13.2	15.4	8.2	8.0	.0	.0
1952	4.4	.0	.0	.6	1.3	4.5	3.0	2.1	4.6	4.5	12.0	8.9	14.8	5.4	12.6	9.5	7.6	4.6	7.8
1953	4.0	.0	.0	.0	2.5	3.9	5.5	4.6	3.9	4.4	9.4	8.0	6.3	10.6	12.4	1.5	4.9	.0	.0
1954	3.7	.0	.0	.0	1.8	1.7	4.9	3.4	4.3	9.1	6.3	7.1	6.2	7.3	8.5	7.5	7.0	4.3	.0
1955	4.2	.0	.0	.0	.0	2.8	5.4	4.7	5.8	8.2	8.8	8.5	10.4	14.4	4.7	5.8	2.3	.0	6.9
1956	3.6	.0	.0	.0	.0	2.7	3.4	2.3	4.6	4.5	7.3	8.4	8.5	15.2	8.1	5.6	8.9	4.0	.0
1957	3.6	.0	.0	.0	1.1	2.1	3.3	4.8	2.9	5.0	9.6	8.2	10.1	7.9	9.2	6.8	2.1	11.7	.0
1958	3.5	.0	.0	.0	1.6	4.1	2.3	4.8	5.6	7.0	5.5	9.4	5.0	10.7	4.5	4.0	2.1	3.8	.0
1959	3.9	.0	.0	.0	1.5	1.5	1.4	3.5	6.3	6.8	8.9	9.1	9.7	10.4	12.2	7.8	4.0	3.6	.0
1960	3.8	.0	.0	.0	.5	3.1	3.8	5.7	4.3	3.1	6.9	8.8	15.1	10.2	8.7	5.1	1.9	6.9	.0
1961	3.3	.0	.0	.0	.9	4.1	4.3	5.8	3.8	4.6	4.5	7.9	8.6	3.6	11.7	3.8	3.7	6.5	.0
1962	4.3	.0	.0	.0	1.7	4.0	5.8	8.1	5.9	6.9	10.0	9.0	9.2	7.1	7.3	3.7	3.6	.0	10.3
1963	4.4	.0	.0	.0	2.0	4.9	5.4	5.0	6.8	6.6	9.9	13.8	8.9	6.1	5.0	8.6	7.0	3.0	.0
1964	5.2	.0	.0	.3	2.6	4.2	4.3	10.5	9.4	7.7	9.7	10.3	13.0	7.6	11.8	7.2	5.1	2.9	4.5
1965	5.1	.0	.0	.0	2.1	3.5	3.3	7.3	6.4	9.6	12.2	15.9	9.9	14.0	4.8	5.8	8.3	.0	8.7
1966	5.3	.0	.0	.3	1.7	2.5	6.9	7.3	11.2	8.0	11.8	13.2	15.7	10.4	4.7	7.9	6.5	.0	.0
1967	6.1	.0	.0	.3	1.6	5.7	6.6	9.9	7.8	12.5	12.8	12.9	12.5	10.1	12.9	7.8	9.3	7.7	.0
1968	6.5	.0	.0	.6	1.2	5.4	6.3	8.0	12.2	15.4	13.7	19.3	8.9	9.8	11.7	9.9	7.5	.0	.0
1969	7.0	.0	.0	.0	3.0	6.0	8.0	7.1	8.8	13.1	20.3	12.0	16.6	19.2	11.3	8.6	2.9	2.4	3.5
1970	8.2	.0	.0	.3	3.8	4.1	8.7	12.6	10.9	17.1	16.9	20.9	20.2	13.6	14.4	12.7	5.7	6.8	3.3
1971	7.9	.0	.0	.5	2.8	6.5	5.9	12.4	10.3	13.6	18.4	22.1	17.8	17.2	12.2	9.2	4.1	6.4	.0
1972	8.8	.0	.0	.3	4.0	5.9	13.3	10.8	13.3	20.4	16.3	18.9	17.0	10.6	11.1	10.0	16.0	10.4	.0
1973	7.5	.0	.0	.3	2.4	4.7	11.2	9.2	12.9	11.1	17.2	11.9	15.9	17.3	13.1	11.7	3.9	10.1	5.5
1974	8.5	.0	.0	.5	2.8	6.2	9.5	10.6	15.6	15.3	18.1	20.0	15.8	15.5	15.0	8.5	3.8	4.0	5.2
1975	7.8	.0	.3	.0	4.3	6.5	11.1	7.0	12.4	14.0	15.2	18.3	12.6	13.2	19.1	2.8	6.2	1.9	2.5
1976	8.0	.0	.0	.8	3.5	7.6	8.1	8.4	13.9	14.4	16.6	12.5	17.2	15.3	10.6	12.5	9.6	7.5	.0
1977	8.2	.0	.0	1.0	5.6	5.2	8.4	6.9	9.8	12.3	20.1	16.4	15.2	15.7	17.7	10.4	9.4	7.2	4.6
1978	7.4	.0	.0	.5	3.4	7.4	9.1	8.9	7.2	13.6	14.5	13.5	12.9	12.1	15.2	8.4	8.0	10.4	2.2
1979	6.9	.0	.0	.6	4.5	8.1	9.0	5.7	10.2	9.6	9.4	14.1	13.7	11.5	10.2	8.1	7.7	10.0	.0
1980	7.3	.0	.0	.9	4.3	6.7	6.5	6.1	10.9	12.8	12.4	14.1	12.9	15.5	10.5	8.6	8.5	6.4	6.0
1981	6.6	.0	.0	.6	2.5	4.2	5.7	5.9	7.5	13.3	13.3	13.7	15.3	8.4	13.9	8.4	5.1	10.9	7.7
1982	6.2	.0	.0	.3	2.5	5.6	6.5	7.0	9.1	10.6	10.3	9.4	11.9	10.9	13.7	6.7	6.0	3.0	.0
1983	6.3	.0	.0	.6	2.6	3.9	6.1	5.1	9.9	7.5	14.9	10.2	12.7	12.2	13.7	7.1	7.7	11.7	.0
1984	6.5	.0	.0	.6	2.5	5.6	6.5	5.5	8.0	10.5	7.1	13.6	12.4	12.1	13.6	11.7	7.4	7.1	6.7
1985	5.3	.0	.0	.3	2.0	4.9	4.9	6.8	5.2	7.0	10.3	7.7	11.1	7.4	8.0	10.0	7.2	4.1	8.1
1986	5.8	.0	.0	.0	3.4	5.0	4.6	5.9	6.9	6.3	10.1	12.4	9.8	10.8	9.7	7.2	13.2	7.9	1.6
1987	5.5	.0	.0	.3	3.7	3.3	7.1	5.9	7.9	6.5	9.0	7.7	8.5	8.2	11.7	6.4	6.8	6.3	11.9
1988	5.3	.0	.0	.3	3.1	5.5	6.2	6.0	6.1	7.9	7.4	10.6	8.9	4.7	10.1	6.4	6.6	6.1	2.9
1989	5.8	.0	.0	.0	2.6	5.5	4.9	7.9	6.9	8.0	13.5	9.2	8.5	8.6	8.2	6.9	8.7	2.4	9.7
1990	4.1	.0	.0	.6	3.4	3.4	3.4	4.1	8.0	6.8	6.8	5.3	5.5	5.6	3.6	4.9	4.6	2.3	6.7
1991	4.3	.0	.0	.6	2.3	3.2	5.0	6.7	4.6	5.8	6.2	4.4	5.5	6.5	7.9	6.9	8.2	4.5	2.6
1992	3.9	.0	.0	.3	3.2	4.0	3.6	3.9	6.6	5.5	4.5	8.1	4.7	5.1	6.2	4.3	3.7	3.2	7.4

Age-Specific Suicide Death Rates by Sex: MANITOBA, BOTH SEXES

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	10.3	0.0	0.0	1.7	3.4	13.1	9.6	1.7	12.6	8.5	21.8	29.6	17.2	18.8	33.8	27.2	29.1	0.0	32.3
1951	11.8	.0	.0	1.7	10.5	10.2	14.4	8.6	15.7	12.4	14.4	18.9	31.8	21.7	25.5	41.7	9.4	37.7	.0
1952	7.8	.0	.0	1.6	1.7	10.2	6.3	8.4	6.9	9.9	16.2	7.9	23.1	12.5	21.7	14.9	25.9	17.5	33.3
1953	9.0	.0	.0	.0	5.2	8.6	3.2	8.2	17.1	17.3	9.1	15.6	20.2	19.0	35.7	4.8	41.0	.0	.0
1954	7.0	.0	.0	.0	.0	12.0	6.4	8.2	3.4	5.6	13.2	12.8	31.7	16.0	21.2	4.6	15.5	16.1	.0
1955	9.2	.0	.0	1.4	.0	6.9	11.4	11.3	8.4	10.9	14.9	27.8	23.0	19.3	13.9	22.2	37.0	15.2	.0
1956	9.4	.0	.0	.0	1.7	5.2	5.0	9.7	8.4	28.6	16.7	12.5	8.6	22.6	44.4	26.1	21.7	15.2	.0
1957	8.0	.0	.0	.0	3.2	5.2	6.8	14.7	11.7	10.7	14.2	17.2	22.6	13.0	20.8	12.7	13.8	14.5	.0
1958	9.7	.0	.0	.0	4.7	3.4	6.9	19.7	13.2	10.7	13.9	26.4	27.8	22.7	35.5	8.4	19.7	.0	.0
1959	7.3	.0	.0	.0	.0	3.4	8.7	6.6	13.1	12.3	11.5	13.9	13.6	22.4	24.8	24.9	12.6	.0	.0
1960	11.1	.0	.0	1.1	7.3	13.6	6.9	10.0	8.1	13.9	22.6	26.9	26.7	34.9	21.3	36.7	6.1	24.4	22.7
1961	7.6	.0	.0	.0	.0	3.4	15.6	10.0	15.9	13.8	18.4	10.8	13.1	3.1	21.3	16.3	17.6	11.5	.0
1962	8.4	.0	.0	1.1	1.3	5.0	8.8	3.4	16.0	11.9	25.4	14.7	23.0	12.4	28.4	8.1	17.0	21.7	19.5
1963	8.5	.0	.0	.0	8.9	14.5	17.6	17.2	9.7	8.4	14.4	16.3	9.9	15.1	14.2	4.1	5.5	.0	37.5
1964	9.8	.0	.0	.0	6.1	9.4	5.3	14.0	16.5	13.3	19.9	37.8	26.6	14.8	10.6	12.4	.0	.0	17.8
1965	10.5	.0	.0	.0	4.7	7.7	7.2	16.1	13.5	26.5	12.7	23.5	18.8	31.8	28.0	12.4	10.8	27.8	17.1
1966	10.6	.0	.0	.0	9.1	12.0	12.7	9.2	22.6	15.1	21.8	23.2	18.4	16.9	27.9	12.2	10.9	9.1	.0
1967	10.5	.0	.0	.0	6.7	11.4	16.1	22.6	9.0	15.3	10.9	15.4	22.5	24.7	24.2	16.4	16.2	17.7	46.5
1968	11.2	.0	.0	1.0	6.5	18.7	12.0	22.7	23.9	13.8	9.0	15.3	17.4	24.0	27.0	16.4	21.5	8.6	14.6
1969	11.2	.0	.0	2.0	6.4	25.2	4.9	13.2	18.7	21.2	19.5	17.3	21.2	23.4	13.1	12.4	10.7	16.8	.0
1970	12.8	.0	.0	1.0	13.7	16.9	17.3	13.1	20.8	21.8	19.5	15.5	25.0	28.1	9.6	24.9	21.5	8.3	12.7
1971	13.8	.0	1.0	2.9	9.2	23.7	13.0	10.7	30.0	24.0	19.4	23.3	20.4	24.9	27.6	8.3	27.0	.0	11.5
1972	12.0	.0	.0	.0	7.1	12.5	10.9	27.9	19.1	14.9	19.8	24.7	26.6	16.8	29.9	8.1	16.3	8.1	.0
1973	13.4	.0	.0	1.9	14.1	17.9	20.8	18.5	13.5	7.5	23.8	33.3	14.4	32.7	20.5	19.5	.0	.0	10.6
1974	14.0	.0	.0	1.0	16.0	21.5	19.9	14.4	13.3	19.0	33.6	23.7	24.9	13.6	14.3	18.8	16.2	8.1	10.3
1975	13.0	.0	.0	1.0	14.9	23.0	19.1	12.3	20.7	23.1	18.9	20.0	16.6	11.0	16.7	14.7	10.6	8.1	10.1
1976	13.9	.0	.0	3.1	9.9	23.6	20.9	14.9	12.9	25.1	21.1	18.2	26.5	19.7	16.2	17.8	5.2	7.9	39.3
1977	17.3	.0	.0	2.1	29.5	24.4	20.7	15.3	23.3	19.6	25.1	37.3	21.8	19.6	20.9	31.1	5.0	.0	9.5
1978	15.2	.0	.0	.0	10.8	21.4	22.8	10.7	20.7	17.7	23.3	36.1	15.4	37.2	33.1	13.5	9.7	7.8	18.6
1979	14.5	.0	.0	5.8	17.8	17.5	21.6	18.3	20.1	13.7	33.5	15.5	24.7	11.0	14.9	19.7	4.7	7.6	18.2
1980	11.7	.0	.0	.0	12.0	19.5	21.6	12.8	11.5	7.8	20.1	11.8	17.1	19.8	14.5	12.8	13.7	15.0	8.9
1981	13.9	.0	.0	3.6	20.5	26.6	15.9	15.0	12.8	9.6	20.2	27.8	13.4	15.1	14.3	12.4	26.3	14.7	.0
1982	13.3	.0	.0	1.2	10.5	20.1	22.0	11.1	22.3	5.6	26.6	11.9	17.5	14.7	26.0	27.2	17.0	14.2	.0
1983	15.5	.0	.0	2.4	14.1	16.6	22.4	24.3	19.8	14.4	30.6	22.0	19.6	26.5	14.3	11.7	24.8	27.1	8.4
1984	12.5	.0	1.3	2.4	9.1	27.7	16.8	20.0	12.2	19.0	10.1	14.2	17.9	8.0	9.6	8.5	20.3	12.9	16.4
1985	11.7	.0	.0	1.2	15.2	18.1	16.5	16.0	11.7	11.7	6.0	16.4	22.1	19.9	18.9	10.9	3.9	18.6	.0
1986	14.0	.0	.0	.0	9.4	26.0	20.2	13.3	18.9	17.6	13.7	6.2	8.1	20.0	23.2	35.2	30.6	18.0	15.6
1987	15.4	.0	.0	5.0	16.7	21.3	22.9	18.4	12.4	25.5	26.7	23.0	22.5	10.2	11.3	16.2	33.5	5.8	15.1
1988	13.9	.0	.0	1.3	20.4	26.9	21.6	18.2	17.1	14.3	9.2	16.8	4.1	14.5	22.1	5.4	32.5	22.8	7.3
1989	13.3	.0	.0	2.5	18.1	13.7	19.8	12.8	17.9	13.8	21.3	14.6	10.5	16.9	17.4	24.6	17.4	33.4	7.0
1990	12.6	.0	.0	1.3	13.4	24.9	20.3	18.0	23.4	18.5	15.5	6.2	15.0	6.4	8.7	8.2	6.7	16.3	13.5
1991	12.2	.0	.0	.0	15.9	21.6	12.7	13.6	15.0	16.7	16.5	24.3	10.7	8.7	17.6	15.9	10.0	21.1	13.0
1992	11.9	.0	.0	.0	5.0	21.9	20.1	14.7	17.1	15.4	10.9	19.8	13.1	17.5	15.7	10.4	19.9	15.3	.0

Age-Specific Suicide Death Rates by Sex: MANITOBA, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	17.6	0.0	0.0	3.2	6.8	23.6	13.2	3.4	21.3	8.2	37.4	57.3	27.5	28.4	60.4	39.6	54.5	0.0	62.5
1951	19.5	.0	.0	3.3	14.0	21.1	26.8	13.9	31.3	16.2	23.0	31.4	50.3	28.2	33.1	76.9	.0	74.1	.0
1952	12.8	.0	.0	3.1	3.4	17.4	9.8	16.9	6.9	15.6	22.3	15.3	39.3	23.3	39.7	18.3	31.7	34.5	66.7
1953	15.1	.0	.0	.0	10.2	13.9	3.3	16.7	24.0	26.6	17.6	20.3	34.1	35.9	59.2	8.8	75.8	.0	.0
1954	11.0	.0	.0	.0	.0	20.8	9.8	10.0	6.8	7.4	21.5	19.9	56.8	24.5	26.1	8.5	14.5	31.3	.0
1955	14.1	.0	.0	2.8	.0	6.9	13.2	23.1	13.6	14.4	16.6	48.8	39.3	37.3	12.9	41.3	55.6	.0	.0
1956	13.9	.0	.0	.0	.0	6.9	6.7	16.5	13.6	45.9	24.4	19.2	16.6	31.1	57.3	24.4	41.1	29.4	.0
1957	13.5	.0	.0	.0	6.3	10.2	10.2	29.9	23.8	17.7	23.9	23.6	43.7	25.3	19.5	16.0	13.0	27.8	.0
1958	15.3	.0	.0	.0	9.2	3.4	10.2	26.5	26.9	14.2	19.5	46.3	43.0	37.7	54.1	8.0	37.5	.0	.0
1959	11.9	.0	.0	.0	.0	6.8	16.9	9.9	20.0	21.1	18.9	18.0	26.3	31.3	41.1	39.7	24.1	.0	.0
1960	18.7	.0	.0	2.2	14.3	20.2	13.5	16.6	16.4	27.9	40.9	39.3	51.8	43.5	41.7	47.2	11.6	23.8	47.6
1961	11.5	.0	.0	.0	.0	6.7	23.5	16.6	19.5	17.3	32.8	16.9	15.2	6.2	35.2	23.6	34.2	22.9	.0
1962	12.8	.0	.0	2.1	.0	9.9	6.8	3.3	22.8	20.6	39.7	24.8	39.7	24.3	35.5	16.0	22.3	43.7	41.0
1963	13.5	.0	.0	.0	7.5	28.7	24.1	30.3	9.8	17.0	25.2	24.1	19.4	23.8	21.4	8.2	11.0	.0	78.7
1964	14.4	.0	.0	.0	7.2	15.5	7.0	23.9	13.3	23.6	32.5	55.2	42.6	17.5	14.3	25.1	.0	.0	37.7
1965	16.0	.0	.0	.0	4.6	15.1	10.6	13.9	23.8	43.9	25.4	35.0	23.2	51.4	35.5	25.5	21.7	57.3	36.6
1966	16.3	.0	.0	.0	18.0	23.7	10.8	18.2	28.0	27.4	36.6	42.5	18.2	22.3	42.7	17.0	11.1	19.0	.0
1967	16.5	.0	.0	.0	8.8	19.7	28.4	33.4	10.8	24.3	18.4	19.3	35.7	32.8	42.4	34.6	33.5	37.3	103.2
1968	17.2	.0	.0	1.9	6.4	26.3	20.3	41.0	25.6	21.1	14.6	23.2	26.1	42.7	48.4	34.8	34.1	18.3	32.6
1969	16.3	.0	.0	3.9	10.5	39.9	9.7	22.3	18.5	28.6	29.1	19.4	25.5	31.3	26.9	26.4	11.5	36.3	.0
1970	19.7	.0	.0	.0	16.5	24.0	34.1	22.1	37.2	36.7	14.5	19.7	50.4	46.1	13.1	44.4	47.0	.0	29.3
1971	19.7	.0	2.0	5.8	14.1	33.4	19.7	14.0	43.9	29.4	28.9	27.7	20.6	45.0	31.4	17.8	59.8	.0	27.2
1972	19.1	.0	.0	.0	12.0	22.4	8.0	44.2	29.9	14.8	33.0	50.7	41.4	29.1	49.3	17.3	36.4	18.5	.0
1973	18.6	.0	.0	1.9	15.9	33.2	33.2	26.3	18.8	7.4	33.4	38.4	20.9	42.9	36.6	16.4	.0	.0	25.8
1974	20.6	.0	.0	.0	29.6	38.3	27.0	15.6	14.9	26.1	52.7	30.4	33.8	23.1	18.0	31.8	24.9	.0	25.1
1975	19.3	.0	.0	.0	21.5	29.2	30.6	18.1	33.2	34.0	30.4	34.1	29.7	9.0	29.2	31.3	12.3	.0	25.0
1976	19.2	.0	.0	6.0	15.5	42.8	27.3	11.7	7.3	30.4	23.1	34.2	37.9	22.4	17.0	38.3	12.0	.0	75.0
1977	27.8	.0	.0	2.1	54.2	44.6	36.3	16.4	38.8	27.0	27.0	65.4	37.2	27.0	38.5	45.0	.0	.0	24.8
1978	23.7	.0	.0	.0	19.4	38.3	33.9	21.0	34.0	27.2	42.6	42.7	28.4	54.4	43.2	14.8	21.9	.0	24.6
1979	23.3	.0	.0	9.0	35.1	28.5	38.5	25.8	29.8	11.6	58.7	27.6	36.2	22.9	21.0	29.0	.0	.0	24.4
1980	15.8	.0	.0	.0	19.8	30.4	29.6	20.3	12.9	11.6	23.9	8.0	20.1	18.4	20.5	7.1	31.1	38.5	24.5
1981	23.7	.0	.0	4.7	38.5	42.5	27.2	22.4	25.2	15.2	36.2	40.3	24.2	31.7	25.4	27.4	50.7	19.0	.0
1982	21.0	.0	.0	.0	18.7	35.7	30.8	17.3	38.2	7.4	44.6	20.1	24.3	22.3	35.4	40.1	39.9	36.0	.0
1983	25.6	.0	.0	4.7	25.6	32.6	38.0	36.4	33.5	21.4	40.5	24.2	32.5	52.3	20.4	13.0	58.8	68.3	25.1
1984	19.9	.0	2.5	4.8	17.7	48.5	26.9	32.9	16.1	20.5	8.0	20.3	28.8	8.6	10.3	18.9	48.3	32.4	49.9
1985	19.0	.0	.0	2.4	27.4	33.3	28.2	20.5	18.1	19.7	7.9	24.6	37.1	30.1	30.8	18.4	.0	31.4	.0
1986	22.1	.0	.0	.0	9.2	45.1	31.3	19.7	27.5	28.5	15.5	12.4	12.5	38.7	35.5	61.1	63.8	30.7	49.0
1987	22.4	.0	.0	2.4	25.7	37.6	34.7	23.6	19.7	35.5	41.6	29.1	25.0	17.3	25.0	12.2	44.2	15.1	23.6
1988	22.4	.0	.0	2.5	28.2	41.9	38.2	29.4	17.0	22.6	14.7	29.3	4.2	30.4	39.2	6.1	77.7	44.7	22.8
1989	21.1	.0	.0	2.5	30.7	22.2	30.8	18.8	26.1	21.8	28.2	29.1	4.2	30.8	33.8	43.1	33.1	88.1	22.0
1990	20.2	.0	.0	2.5	23.7	41.7	23.7	29.0	35.1	31.5	27.2	8.2	25.8	13.3	9.7	12.3	16.1	28.3	42.7
1991	20.8	.0	.0	.0	23.7	39.9	14.4	24.6	29.8	25.4	23.0	48.5	21.5	18.0	33.7	30.1	15.9	27.2	41.3
1992	19.4	.0	.0	.0	7.2	30.8	32.8	26.7	25.0	25.5	18.5	31.7	21.8	22.6	29.1	23.7	39.9	39.5	.0

Age-Specific Suicide Death Rates by Sex: MANITOBA, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	2.7	0.0	0.0	0.0	0.0	3.2	6.2	0.0	3.6	8.7	5.1	0.0	6.0	7.0	0.0	12.0	0.0	0.0	0.0
1951	3.9	.0	.0	.0	7.0	.0	3.1	3.4	.0	8.4	5.0	5.6	12.0	13.7	16.3	.0	20.4	.0	.0
1952	2.5	.0	.0	.0	.0	3.3	3.1	.0	6.8	4.0	9.6	.0	5.9	.0	.0	10.9	18.9	.0	.0
1953	2.8	.0	.0	.0	.0	3.4	3.1	.0	10.2	7.8	.0	10.7	5.9	.0	7.8	.0	.0	.0	.0
1954	3.0	.0	.0	.0	.0	3.4	3.1	6.4	.0	3.8	4.5	5.3	5.8	6.7	15.4	.0	16.7	.0	.0
1955	4.1	.0	.0	.0	.0	6.9	9.6	.0	3.4	7.4	13.1	5.2	5.9	.0	15.0	.0	15.9	31.3	.0
1956	4.8	.0	.0	.0	3.3	3.5	3.3	3.1	3.3	10.8	8.5	5.2	.0	13.4	29.4	28.0	.0	.0	.0
1957	2.4	.0	.0	.0	.0	.0	3.4	.0	.0	3.6	4.1	10.3	.0	.0	22.2	9.0	14.7	.0	.0
1958	4.0	.0	.0	.0	.0	3.5	3.5	13.0	.0	7.1	8.1	5.0	11.5	6.7	14.9	8.9	.0	.0	.0
1959	2.5	.0	.0	.0	.0	.0	.0	3.3	6.4	3.5	3.9	9.5	.0	13.2	7.4	8.7	.0	.0	.0
1960	3.4	.0	.0	.0	.0	6.8	.0	3.3	.0	.0	3.8	13.8	.0	26.0	.0	25.4	.0	25.0	.0
1961	3.5	.0	.0	.0	.0	.0	7.2	3.4	12.5	10.4	3.7	4.4	10.9	.0	7.2	8.4	.0	.0	.0
1962	3.9	.0	.0	.0	2.8	.0	10.9	3.5	9.4	3.4	11.0	4.3	5.3	.0	21.3	.0	11.6	.0	.0
1963	3.4	.0	.0	.0	10.4	.0	10.9	3.5	9.6	.0	3.6	8.3	.0	6.2	7.1	.0	.0	.0	.0
1964	5.1	.0	.0	.0	5.0	3.2	3.6	3.6	19.6	3.3	7.2	20.1	9.9	12.0	7.0	.0	.0	.0	.0
1965	4.8	.0	.0	.0	4.7	.0	3.6	18.3	3.4	9.7	.0	11.8	14.4	11.7	20.8	.0	.0	.0	.0
1966	4.8	.0	.0	.0	.0	.0	14.6	.0	17.3	3.3	7.2	3.9	18.6	11.3	13.7	7.8	10.7	.0	.0
1967	4.4	.0	.0	.0	4.5	2.9	3.6	11.5	7.2	6.7	3.6	11.5	9.1	16.5	6.8	.0	.0	.0	.0
1968	5.2	.0	.0	.0	6.6	10.8	3.5	3.9	22.1	6.8	3.5	7.6	8.7	5.3	6.6	.0	10.2	.0	.0
1969	6.1	.0	.0	.0	2.2	10.2	.0	3.8	18.9	13.9	10.4	15.2	16.9	15.6	.0	.0	10.0	.0	.0
1970	5.9	.0	.0	2.0	10.7	9.8	.0	3.8	3.8	7.2	24.1	11.4	.0	10.2	6.2	7.8	.0	15.3	.0
1971	7.8	.0	.0	.0	4.2	13.7	6.0	7.3	15.4	18.6	10.3	19.1	20.1	5.0	24.0	.0	.0	.0	.0
1972	4.8	.0	.0	.0	2.1	2.3	14.0	10.7	7.9	15.0	7.1	.0	12.1	4.8	11.6	.0	.0	.0	.0
1973	8.1	.0	.0	2.0	12.3	2.3	8.0	10.3	7.9	7.6	14.5	28.6	8.2	23.0	5.6	22.3	.0	.0	.0
1974	7.4	.0	.0	2.0	2.0	4.3	12.6	13.1	11.6	11.6	14.8	17.5	16.3	4.4	10.9	7.2	9.5	14.2	.0
1975	6.6	.0	.0	2.0	8.1	16.9	7.3	6.3	7.7	11.7	7.5	7.0	4.1	12.9	5.3	.0	9.4	13.9	.0
1976	8.7	.0	.0	.0	4.0	4.1	14.2	18.2	18.8	19.6	19.1	3.5	15.8	17.0	15.4	.0	.0	13.4	16.2
1977	6.9	.0	.0	2.1	4.0	4.1	4.7	14.2	7.3	12.0	23.1	10.8	7.6	12.7	5.0	19.2	9.0	.0	.0
1978	6.9	.0	.0	.0	2.0	4.1	11.5	.0	7.0	8.0	3.9	29.7	3.7	21.2	24.1	12.3	.0	12.9	15.0
1979	5.9	.0	.0	2.3	.0	6.2	4.6	10.6	10.2	15.9	7.9	3.8	14.4	.0	9.4	12.0	8.4	12.6	14.4
1980	7.6	.0	.0	.0	4.1	8.3	13.6	5.1	10.0	3.9	16.2	15.5	14.4	21.1	9.1	17.5	.0	.0	.0
1981	4.2	.0	.0	2.5	2.1	10.3	4.5	7.5	.0	3.9	4.1	15.7	3.7	.0	4.5	.0	7.7	12.0	.0
1982	5.7	.0	.0	2.5	2.1	4.1	13.2	4.9	6.0	3.8	8.3	3.9	11.2	7.9	17.7	16.6	.0	.0	.0
1983	5.6	.0	.0	.0	2.2	.0	6.5	12.1	5.7	7.3	20.6	19.9	7.6	3.8	8.9	10.6	.0	.0	.0
1984	5.2	.0	.0	.0	.0	5.9	6.4	7.1	8.2	17.5	12.2	8.1	7.7	7.4	8.9	.0	.0	.0	.0
1985	4.6	.0	.0	.0	2.4	2.0	4.2	11.4	5.2	3.4	4.0	8.2	7.8	11.2	8.8	4.9	6.8	10.2	.0
1986	6.0	.0	.0	.0	9.6	5.9	8.4	6.7	10.2	6.5	11.8	.0	4.0	3.8	12.8	14.6	6.6	9.8	.0
1987	8.7	.0	.0	7.7	7.3	4.1	10.3	13.2	5.0	15.2	11.5	16.8	20.0	3.8	.0	19.4	25.7	.0	11.1
1988	5.6	.0	.0	.0	12.2	11.0	4.0	6.5	17.2	5.8	3.7	4.2	4.1	.0	8.1	4.9	.0	9.2	.0
1989	5.6	.0	.0	2.6	5.0	4.7	8.1	6.6	9.6	5.6	14.3	.0	16.7	4.0	4.0	9.8	6.0	.0	.0
1990	5.2	.0	.0	.0	2.5	7.3	16.6	6.5	11.7	5.3	3.5	4.2	4.3	.0	8.0	4.9	.0	8.8	.0
1991	3.7	.0	.0	.0	7.6	2.5	10.8	2.1	.0	7.8	10.0	.0	.0	.0	4.0	4.8	5.7	17.2	.0
1992	4.5	.0	.0	.0	2.6	12.5	6.8	2.1	9.2	5.2	3.1	7.9	4.4	12.8	4.2	.0	5.7	.0	.0

Age-Specific Suicide Death Rates by Sex: SASKATCHEWAN, BOTH SEXES

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	7.7	0.0	0.0	1.3	1.4	9.1	3.1	1.7	10.5	14.5	16.7	13.3	19.5	24.0	28.6	16.2	9.6	20.0	0.0
1951	7.6	.0	.0	.0	.0	6.4	4.8	8.3	12.1	20.2	16.6	16.2	2.8	29.6	20.6	10.3	18.5	.0	.0
1952	7.2	.0	.0	.0	2.9	4.8	6.4	3.3	6.9	9.9	20.8	23.7	17.0	27.0	17.2	9.8	.0	18.5	.0
1953	5.9	.0	.0	.0	.0	1.6	9.4	1.6	10.2	11.5	6.7	5.1	17.0	18.2	13.7	37.4	16.0	.0	.0
1954	9.7	.0	.0	.0	2.9	14.5	17.5	11.4	5.0	27.9	17.5	10.2	17.1	18.5	27.0	13.4	14.9	16.1	.0
1955	10.4	.0	.0	.0	8.8	4.9	6.5	13.2	11.8	21.9	6.4	15.3	40.1	37.7	13.4	17.2	28.8	30.8	60.6
1956	8.6	.0	.0	.0	.0	6.8	8.3	5.0	13.5	10.9	18.8	20.2	26.0	19.2	23.3	20.7	6.9	45.5	58.8
1957	8.5	.0	.0	.0	2.9	5.3	10.4	18.5	11.9	12.7	6.2	17.5	17.3	26.2	17.0	24.7	26.3	.0	.0
1958	9.3	.0	.0	1.2	2.9	7.0	12.3	10.2	20.6	16.2	22.3	12.2	17.0	19.7	27.8	12.2	6.3	26.7	.0
1959	7.5	.0	.0	1.1	.0	7.0	5.3	11.9	8.5	12.5	7.9	21.2	19.3	13.0	28.0	8.0	29.9	24.7	.0
1960	8.2	.0	.0	.0	4.2	5.2	10.8	13.7	8.5	10.6	19.3	20.6	21.8	22.7	14.1	16.0	11.5	.0	.0
1961	10.2	.0	.0	.0	5.5	7.0	7.3	8.6	5.1	14.0	38.0	20.1	16.1	25.9	39.0	23.7	11.1	42.6	.0
1962	7.8	.0	.0	1.0	6.6	12.2	9.4	14.1	6.9	12.4	15.1	21.9	10.5	19.3	7.2	15.9	.0	20.2	.0
1963	9.8	.0	.0	2.0	6.4	12.1	11.6	11.0	21.1	5.3	5.7	19.3	25.8	9.5	40.1	36.4	10.7	19.0	18.2
1964	9.0	.0	.0	.0	4.9	3.4	17.6	24.3	5.3	10.7	30.0	25.1	20.1	9.3	3.7	12.3	15.8	18.1	.0
1965	10.2	.0	.0	1.0	3.5	18.1	11.5	5.7	14.3	25.1	22.4	18.4	31.7	21.0	18.4	4.1	15.7	8.7	.0
1966	8.1	.0	.0	1.9	5.7	9.7	15.3	9.6	10.9	3.6	18.7	18.1	16.5	14.6	25.7	8.3	5.2	8.4	15.1
1967	8.6	.0	.0	2.9	5.5	4.6	1.9	5.9	13.0	12.8	33.7	11.9	23.1	14.1	18.1	4.2	15.6	24.5	28.4
1968	9.7	.0	.0	1.9	9.7	14.4	18.9	12.0	19.1	9.2	13.1	15.8	15.7	16.5	28.2	12.8	10.4	.0	.0
1969	9.8	.0	.0	1.0	8.5	8.3	5.6	14.2	23.5	15.0	18.8	19.7	33.0	16.1	13.7	4.3	15.7	.0	.0
1970	11.6	.0	.0	1.9	6.3	14.0	15.0	14.6	18.3	30.8	19.0	17.9	21.8	15.8	20.0	17.5	26.8	7.7	.0
1971	8.3	.0	.0	1.0	9.3	5.6	7.4	8.3	12.3	5.9	24.9	16.0	27.7	15.5	3.2	8.7	10.9	7.6	10.7
1972	15.6	.0	.0	3.0	9.3	32.1	16.1	16.9	29.9	24.2	27.6	29.9	19.3	20.2	31.4	17.0	11.1	15.3	20.5
1973	12.9	.0	.0	2.0	14.6	17.7	10.5	23.2	19.8	22.9	14.0	20.1	21.5	22.3	15.4	24.6	11.3	15.4	9.9
1974	12.5	.0	.0	1.0	11.5	17.0	16.9	20.8	24.8	25.5	8.2	18.1	15.2	31.5	12.1	8.0	11.4	15.6	29.1
1975	14.7	.0	.0	2.0	18.7	23.5	17.5	24.0	15.7	15.1	24.8	14.2	21.6	35.3	6.0	19.4	16.9	31.7	9.5
1976	13.8	.0	.0	.0	20.4	21.2	25.4	19.1	17.5	17.3	10.4	24.3	19.3	11.6	11.4	19.0	21.9	8.0	28.1
1977	15.4	.0	1.3	4.3	27.5	28.2	18.6	19.5	17.0	15.3	6.3	22.6	21.1	13.8	22.2	7.3	21.3	32.1	18.5
1978	17.2	.0	.0	5.6	26.4	34.3	13.8	17.0	22.8	17.7	19.0	20.6	18.9	29.8	21.8	17.8	25.7	16.2	18.1
1979	14.8	.0	.0	1.2	19.4	28.5	19.7	9.7	22.2	20.0	10.7	12.5	25.0	25.2	31.7	20.7	9.9	.0	8.8
1980	15.8	.0	.0	2.5	19.5	21.8	25.0	15.3	21.5	11.0	19.6	37.7	14.7	27.2	18.0	13.5	28.7	7.9	17.5
1981	17.5	.0	.0	5.0	29.3	28.3	19.3	23.4	22.9	23.8	17.6	14.8	25.3	9.0	15.1	32.6	32.5	15.2	17.3
1982	17.3	.0	.0	1.3	34.5	32.3	24.4	28.5	16.0	8.5	17.8	12.8	19.2	17.8	22.3	22.2	13.4	22.1	8.5
1983	14.7	.0	.0	1.3	14.6	20.9	23.6	13.6	21.9	18.7	22.4	15.0	14.9	15.5	17.3	18.6	38.8	14.1	50.9
1984	13.4	.0	.0	1.3	21.1	18.3	14.3	14.3	23.9	16.1	15.7	28.3	12.9	21.9	9.9	15.0	4.2	13.5	33.3
1985	12.9	.0	.0	1.3	13.4	24.3	17.4	8.7	16.7	27.2	20.2	19.9	19.4	6.6	4.9	20.3	20.4	26.1	8.2
1986	13.4	.0	.0	1.3	17.4	18.8	14.1	21.5	11.7	20.7	17.7	31.5	10.9	22.2	9.7	14.3	23.7	18.9	.0
1987	12.7	.0	.0	2.5	15.2	27.5	16.2	17.4	10.1	17.8	10.9	11.4	15.4	17.9	14.4	19.6	15.4	12.2	15.5
1988	14.1	.0	.0	5.1	20.7	19.1	16.2	27.7	18.2	12.1	17.1	16.1	28.9	15.7	7.2	14.0	15.0	11.8	7.5
1989	12.1	.0	.0	1.3	14.6	18.2	17.8	22.1	20.4	16.7	8.4	11.6	15.8	11.3	14.3	5.6	14.4	17.1	14.4
1990	15.0	.0	1.2	1.3	20.2	24.0	25.9	18.9	21.3	19.3	16.5	11.7	20.8	9.2	24.0	8.3	20.8	16.7	27.8
1991	12.4	.0	.0	.0	18.8	20.5	20.1	20.2	7.8	21.8	16.2	16.3	16.4	6.9	21.7	13.7	10.2	10.6	.0
1992	13.9	.0	.0	2.5	25.5	29.9	22.8	21.8	15.2	10.8	11.4	11.5	26.3	18.7	17.1	5.4	10.1	10.2	6.5

Age-Specific Suicide Death Rates by Sex: SASKATCHEWAN, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	12.4	0.0	0.0	2.7	2.8	14.7	3.1	3.3	17.1	15.5	26.4	19.8	35.0	40.8	41.7	18.2	16.7	35.7	0.0
1951	12.7	.0	.0	.0	.0	9.6	3.2	16.4	16.9	34.4	30.7	25.3	5.1	45.5	34.3	17.5	32.3	.0	.0
1952	10.9	.0	.0	.0	5.8	9.6	6.4	3.3	10.1	18.8	25.6	34.3	31.1	31.1	23.1	16.8	.0	33.3	.0
1953	9.4	.0	.0	.0	.0	3.2	15.7	3.3	13.3	14.6	8.3	9.5	31.1	31.6	17.3	56.0	13.9	.0	.0
1954	13.9	.0	.0	.0	5.7	22.7	25.3	19.5	6.6	42.7	12.1	9.4	26.2	21.6	34.7	22.9	26.0	29.4	.0
1955	16.4	.0	.0	.0	8.6	9.8	6.4	16.3	23.3	35.2	12.0	23.5	69.1	67.0	17.3	22.1	37.5	27.8	117.6
1956	13.3	.0	.0	.0	.0	13.4	9.8	9.9	26.8	14.0	23.7	23.1	43.2	23.3	34.5	28.2	11.9	81.1	117.6
1957	12.4	.0	.0	.0	5.8	10.5	13.4	23.3	16.9	17.6	7.8	18.4	27.0	41.9	29.8	28.2	45.5	.0	.0
1958	14.5	.0	.0	2.3	5.7	13.9	23.8	13.3	34.1	24.6	34.7	9.0	26.5	36.4	37.0	14.2	.0	47.6	.0
1959	11.0	.0	.0	2.2	.0	13.7	6.8	13.2	6.8	17.4	11.3	30.7	25.8	18.2	44.0	14.1	52.1	44.4	.0
1960	14.3	.0	.0	.0	5.4	10.3	17.4	19.9	16.8	20.9	37.3	34.5	40.4	36.6	19.4	28.4	20.0	.0	.0
1961	16.7	.0	.0	.0	8.0	13.8	10.6	16.6	3.4	27.8	48.0	33.7	29.8	48.9	65.6	35.4	19.3	77.5	.0
1962	12.5	.0	.0	2.0	12.9	20.5	14.5	20.5	6.8	24.5	25.9	29.2	19.6	30.4	6.7	21.7	.0	36.5	.0
1963	15.4	.0	.0	4.0	7.5	20.3	15.0	14.1	31.0	7.1	11.1	28.8	43.3	17.9	69.1	52.1	18.9	34.3	35.0
1964	14.0	.0	.0	.0	7.2	6.6	30.3	39.7	6.9	17.7	44.3	36.4	18.9	17.5	7.1	22.9	28.7	32.5	.0
1965	15.2	.0	.0	1.9	7.0	32.3	22.8	11.0	17.5	35.6	37.0	27.9	46.2	17.0	28.4	.0	19.3	.0	.0
1966	13.7	.0	.0	3.8	6.7	15.8	30.2	18.7	21.3	7.2	33.5	27.6	22.6	16.5	49.8	15.9	9.8	15.5	30.2
1967	12.7	.0	.0	3.7	10.8	9.0	.0	7.7	14.6	10.9	48.6	19.6	31.0	21.4	35.1	8.1	29.7	45.8	56.9
1968	14.5	.0	.0	1.9	16.7	25.3	29.8	19.6	29.8	7.3	15.0	23.5	21.8	20.8	41.0	25.0	20.0	.0	.0
1969	15.1	.0	.0	1.9	14.5	8.1	11.0	28.0	46.0	18.5	30.2	23.6	43.0	20.5	26.5	8.6	30.6	.0	.0
1970	18.2	.0	.0	3.8	8.2	21.8	25.9	20.6	23.8	49.1	30.4	27.8	34.2	20.4	32.1	35.5	53.3	15.2	.0
1971	13.9	.0	.0	1.9	16.2	11.0	14.4	12.3	16.0	11.4	34.1	31.9	46.4	20.1	6.2	17.6	22.1	15.3	21.9
1972	24.1	.0	.0	.0	16.2	59.6	24.5	20.9	45.9	39.3	46.8	43.9	17.0	34.6	42.9	33.9	11.5	31.2	42.9
1973	19.8	.0	.0	2.0	22.4	18.6	20.4	37.5	34.5	44.7	23.9	32.1	38.7	29.3	12.1	32.7	23.9	16.0	21.0
1974	18.6	.0	.0	.0	20.5	27.9	23.0	32.9	31.0	46.0	12.2	28.1	21.7	28.9	18.0	15.7	24.5	16.5	62.7
1975	21.3	.0	.0	2.0	26.5	33.6	30.7	31.4	17.7	12.7	32.8	20.3	30.3	65.9	5.9	38.6	36.3	34.0	20.8
1976	19.3	.0	.0	.0	22.1	32.0	40.4	26.0	25.8	29.7	16.5	32.5	26.1	18.7	5.7	15.2	46.8	.0	62.2
1977	24.4	.0	2.5	8.4	46.1	48.4	33.1	20.7	25.1	25.8	8.3	28.8	30.0	23.3	39.1	7.5	33.7	54.9	42.1
1978	26.6	.0	.0	11.0	44.1	49.8	23.9	26.3	20.3	17.4	33.2	33.0	29.7	51.4	33.1	36.3	32.5	37.3	42.5
1979	23.7	.0	.0	2.3	36.2	43.1	27.8	15.7	35.5	39.2	16.9	20.8	37.9	37.4	38.1	42.8	20.6	.0	21.1
1980	24.6	.0	.0	2.4	36.3	36.6	31.5	23.9	42.1	17.4	30.0	54.2	17.0	32.6	26.6	28.0	60.7	.0	42.9
1981	25.8	.0	.0	4.9	41.1	40.8	30.6	28.6	37.2	38.4	26.0	25.1	46.8	9.3	15.7	54.5	39.8	35.0	43.2
1982	29.3	.0	.0	2.4	57.1	53.2	41.0	41.4	27.7	16.8	30.8	16.8	34.3	32.2	41.4	46.7	29.2	49.9	21.9
1983	24.2	.0	.0	2.4	24.1	35.0	35.3	23.8	36.0	24.5	26.6	21.2	21.5	27.4	36.4	33.0	84.8	31.9	134.0
1984	22.5	.0	.0	2.5	38.8	34.0	21.6	22.6	40.3	27.7	22.2	51.8	21.7	31.5	20.9	19.5	9.2	30.4	44.3
1985	20.5	.0	.0	.0	21.4	45.7	25.6	16.9	20.6	41.8	22.2	30.7	34.8	13.6	10.4	31.6	27.1	60.1	.0
1986	20.7	.0	.0	2.5	29.1	34.8	21.2	23.3	11.4	33.0	30.9	49.1	17.5	41.2	15.5	12.5	44.2	44.0	.0
1987	19.9	.0	.0	5.0	22.4	30.3	25.3	27.3	13.9	27.8	21.7	18.1	30.8	36.8	25.6	24.6	34.7	28.8	41.3
1988	23.5	.0	.0	10.0	35.6	35.0	23.4	52.1	29.8	16.8	21.2	22.9	44.4	18.5	15.3	24.6	34.1	27.9	19.8
1989	20.0	.0	.0	2.5	23.5	27.9	28.5	38.8	26.4	26.0	12.5	18.5	27.2	18.6	30.2	12.3	25.1	41.0	38.3
1990	24.6	.0	.0	2.5	31.8	38.7	39.5	25.5	33.7	28.2	24.6	18.7	41.5	14.0	45.5	18.3	48.2	40.7	75.2
1991	20.1	.0	.0	.0	31.8	31.8	32.3	23.4	15.2	33.3	28.0	27.9	23.4	14.0	45.5	24.2	15.7	26.0	.0
1992	22.0	.0	.0	2.5	42.4	50.2	31.8	33.5	22.4	18.0	15.1	13.8	43.1	19.0	35.7	11.9	23.3	24.9	18.3

Age-Specific Suicide Death Rates by Sex: SASKATCHEWAN, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	2.5	0.0	0.0	0.0	0.0	3.1	3.2	0.0	3.6	13.3	5.2	5.7	0.0	0.0	8.9	13.3	0.0	0.0	0.0
1951	2.0	.0	.0	.0	.0	3.2	6.4	.0	7.1	4.3	.0	5.8	.0	7.1	.0	.0	.0	.0	.0
1952	3.2	.0	.0	.0	.0	.0	6.4	3.3	3.5	.0	15.1	11.4	.0	21.4	8.5	.0	.0	.0	.0
1953	2.2	.0	.0	.0	.0	.0	3.2	.0	6.9	8.0	4.9	.0	.0	.0	8.3	11.2	18.9	.0	.0
1954	5.3	.0	.0	.0	.0	6.4	9.6	3.3	3.4	11.7	23.8	11.2	6.3	14.4	16.3	.0	.0	.0	.0
1955	3.8	.0	.0	.0	8.9	.0	6.6	9.9	.0	7.6	.0	5.6	6.2	.0	7.9	10.3	16.9	34.5	.0
1956	3.6	.0	.0	.0	.0	.0	6.8	.0	.0	7.5	13.3	16.7	6.2	14.3	7.9	10.1	.0	.0	.0
1957	4.3	.0	.0	.0	.0	.0	7.1	13.7	6.9	7.5	4.4	16.4	6.2	7.2	.0	19.8	.0	.0	.0
1958	3.7	.0	.0	.0	.0	.0	.0	6.9	6.9	7.4	8.5	15.9	6.1	.0	15.9	9.6	14.9	.0	.0
1959	3.7	.0	.0	.0	.0	.0	3.6	10.4	10.3	7.3	4.1	10.2	11.9	7.0	7.9	.0	.0	.0	.0
1960	1.6	.0	.0	.0	2.9	.0	3.7	7.0	.0	.0	.0	4.9	.0	6.9	7.8	.0	.0	.0	.0
1961	3.1	.0	.0	.0	2.8	.0	3.7	.0	6.9	.0	27.4	4.7	.0	.0	7.7	9.0	.0	.0	.0
1962	2.9	.0	.0	.0	.0	3.5	3.9	7.3	7.0	.0	3.9	13.8	.0	6.8	7.7	8.9	.0	.0	.0
1963	3.8	.0	.0	.0	5.2	3.5	8.0	7.6	10.8	3.6	.0	9.0	5.6	.0	7.7	17.7	.0	.0	.0
1964	3.7	.0	.0	.0	2.5	.0	4.0	7.8	3.6	3.6	15.2	13.0	21.4	.0	.0	.0	.0	.0	.0
1965	5.0	.0	.0	.0	.0	3.3	.0	.0	11.0	14.4	7.5	8.4	15.5	25.6	7.6	8.8	11.5	19.3	.0
1966	2.1	.0	.0	.0	4.6	3.3	.0	.0	.0	.0	3.7	8.2	9.9	12.4	.0	.0	.0	.0	.0
1967	4.3	.0	.0	2.0	.0	.0	3.9	4.0	11.5	14.7	18.7	4.0	14.4	6.0	.0	.0	.0	.0	.0
1968	4.7	.0	.0	2.0	2.2	2.9	7.6	4.1	7.8	11.2	11.2	8.0	9.3	11.6	14.5	.0	.0	.0	.0
1969	4.3	.0	.0	.0	2.2	8.5	.0	.0	.0	11.4	7.5	15.8	22.5	11.2	.0	.0	.0	.0	.0
1970	4.8	.0	.0	.0	4.3	5.8	3.8	8.4	12.5	11.8	7.6	8.0	8.8	10.9	6.9	.0	.0	.0	.0
1971	2.6	.0	.0	.0	2.1	.0	.0	4.2	8.4	.0	15.4	.0	8.6	10.6	.0	.0	.0	.0	.0
1972	6.8	.0	.0	6.0	2.1	2.9	7.3	12.8	13.1	8.3	8.0	15.9	21.6	5.2	19.3	.0	10.7	.0	.0
1973	5.8	.0	.0	2.0	6.4	16.8	.0	8.6	4.5	.0	4.0	8.0	4.3	15.1	18.9	16.5	.0	14.9	.0
1974	6.2	.0	.0	2.0	2.1	5.4	10.5	8.5	18.4	4.3	4.1	8.1	8.7	34.1	6.1	.0	.0	14.8	.0
1975	7.9	.0	.0	2.1	10.6	12.8	3.3	16.3	13.7	17.7	16.7	8.1	12.9	4.7	6.0	.0	.0	29.7	.0
1976	8.2	.0	.0	.0	18.7	9.7	9.3	11.7	8.9	4.4	4.2	16.2	12.8	4.6	17.2	22.6	.0	14.5	.0
1977	6.2	.0	.0	.0	8.3	7.0	3.0	18.3	8.7	4.5	4.2	16.5	12.5	4.6	5.5	7.2	10.1	14.3	.0
1978	7.6	.0	.0	.0	8.2	18.1	2.9	7.0	25.4	18.0	4.3	8.2	8.3	9.0	10.7	.0	19.5	.0	.0
1979	5.7	.0	.0	.0	2.1	13.4	10.9	3.3	8.2	.0	4.3	4.2	12.4	13.5	25.7	.0	.0	.0	.0
1980	6.9	.0	.0	2.5	2.1	6.6	18.1	6.3	.0	4.5	8.9	21.1	12.5	22.2	10.0	.0	.0	13.8	.0
1981	9.1	.0	.0	5.1	17.0	15.4	7.4	18.0	7.8	8.8	9.0	4.3	4.2	8.8	14.6	12.5	26.2	.0	.0
1982	5.1	.0	.0	.0	11.0	10.9	7.1	14.7	3.6	.0	4.5	8.6	4.2	4.3	4.8	.0	.0	.0	.0
1983	5.2	.0	.0	.0	4.6	6.4	11.4	2.8	6.9	12.7	18.1	8.7	8.4	4.3	.0	5.8	.0	.0	.0
1984	4.1	.0	.0	.0	2.4	2.1	6.7	5.4	6.6	4.1	9.1	4.4	4.2	12.8	.0	11.2	.0	.0	26.7
1985	5.3	.0	.0	2.6	5.0	2.1	8.9	.0	12.5	11.9	18.1	8.9	4.3	.0	.0	10.8	14.9	.0	13.1
1986	6.0	.0	.0	.0	5.1	2.1	6.7	19.6	12.1	7.7	4.5	13.6	4.3	4.3	4.6	15.8	7.2	.0	.0
1987	5.6	.0	.0	.0	7.8	24.7	6.6	7.1	6.0	7.3	.0	4.6	.0	.0	4.5	15.5	.0	.0	.0
1988	4.7	.0	.0	.0	5.3	2.4	8.8	2.4	5.8	7.1	13.0	9.2	13.3	13.1	.0	5.1	.0	.0	.0
1989	4.3	.0	.0	.0	5.4	8.0	6.8	4.7	14.1	6.8	4.2	4.7	4.5	4.4	.0	.0	6.4	.0	.0
1990	5.5	.0	2.5	.0	8.2	8.6	11.9	12.1	8.2	9.9	8.3	4.7	.0	4.5	4.6	.0	.0	.0	.0
1991	4.8	.0	.0	.0	5.5	8.9	7.6	16.9	.0	9.6	4.1	4.6	9.4	.0	.0	5.0	6.0	.0	.0
1992	5.9	.0	.0	2.6	8.2	9.1	13.5	9.8	7.8	3.2	7.7	9.2	9.6	18.5	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: ALBERTA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	9.0	0.0	0.0	0.0	0.0	2.7	6.7	5.7	14.1	18.2	24.9	19.4	24.1	20.5	42.7	10.5	19.6	0.0	0.0
1951	9.2	.0	.0	.0	1.4	11.9	3.9	12.5	9.0	12.3	24.0	28.4	18.9	14.4	17.0	35.7	28.0	.0	.0
1952	9.7	.0	.0	.0	1.3	9.1	3.8	8.1	11.7	15.2	29.1	34.2	21.2	23.3	20.1	29.1	8.7	18.9	.0
1953	7.1	.0	.0	2.4	2.6	5.1	4.9	10.4	9.8	9.6	11.2	17.5	15.5	23.3	13.2	23.1	8.1	.0	38.5
1954	10.0	.0	.0	.0	2.6	5.0	4.8	12.4	8.0	21.6	19.7	35.9	25.3	23.3	19.5	21.7	30.8	49.2	35.7
1955	8.8	.0	.0	.0	2.5	4.9	8.1	9.6	6.5	22.4	15.7	12.4	32.3	29.2	22.4	33.3	7.4	15.9	.0
1956	10.2	.0	.0	1.0	1.2	1.2	9.1	9.3	15.2	21.6	16.9	28.2	24.4	29.4	37.7	16.0	34.7	44.8	29.4
1957	9.0	.0	.0	.0	2.4	7.1	10.0	9.1	12.3	13.9	14.7	37.0	16.5	25.9	15.9	7.8	45.8	27.8	.0
1958	9.2	.0	.0	1.8	5.7	4.7	12.1	8.8	10.7	13.5	14.2	24.6	34.2	19.7	15.9	19.2	36.8	26.0	.0
1959	9.4	.0	.0	.0	2.2	8.1	7.6	14.0	19.6	9.2	25.7	27.4	17.5	24.7	28.6	11.3	5.7	24.1	.0
1960	9.2	.0	.0	.0	4.2	15.9	13.8	10.6	13.4	11.4	14.7	8.8	16.9	45.1	22.2	18.4	21.9	.0	23.8
1961	8.9	.0	.0	1.5	4.0	9.0	9.4	13.4	14.2	12.4	18.5	27.5	18.4	18.0	22.1	3.6	26.1	20.9	.0
1962	8.5	.0	.0	1.5	4.8	4.4	8.4	12.3	7.5	14.5	19.4	16.6	23.9	29.9	15.4	18.0	35.3	9.7	.0
1963	7.6	.0	.0	.7	3.6	5.3	11.6	10.2	4.2	20.0	10.8	11.3	13.6	33.7	21.2	14.5	19.6	26.9	18.0
1964	11.0	.0	.0	.7	5.1	10.5	13.9	16.4	17.8	17.3	17.2	17.2	45.5	20.9	32.7	14.5	19.2	16.9	16.7
1965	11.0	.0	.0	1.3	4.9	9.2	10.8	16.6	13.6	19.3	23.4	22.8	22.2	27.0	40.8	29.0	18.9	24.3	15.6
1966	10.0	.0	.0	1.9	4.7	17.6	6.5	13.8	15.7	15.7	16.7	25.2	29.0	19.7	8.5	17.9	18.8	15.7	28.9
1967	9.2	.0	.0	1.2	6.6	12.0	11.7	11.7	13.6	24.3	16.4	15.9	22.9	19.2	11.1	14.2	.0	.0	13.4
1968	10.2	.0	.0	1.8	7.7	17.9	11.1	13.7	24.0	20.7	16.0	9.9	25.5	18.7	5.3	3.5	13.9	29.1	.0
1969	12.6	.0	.0	2.9	12.7	19.8	22.0	14.6	14.5	22.5	23.9	27.8	27.8	12.2	7.7	14.0	14.0	14.0	.0
1970	13.4	.0	.0	1.7	14.8	23.1	13.5	20.5	13.3	13.8	26.7	24.6	28.4	23.7	27.1	27.3	14.0	6.9	10.7
1971	10.9	.0	.0	1.1	13.8	15.2	15.2	12.5	12.9	28.7	17.8	18.4	9.0	17.0	9.4	13.0	13.7	19.9	19.1
1972	12.6	.0	.0	.0	16.7	20.2	11.2	20.5	17.9	26.4	24.5	18.9	22.3	12.9	9.1	9.5	4.6	6.5	45.7
1973	12.5	.0	.0	1.0	16.0	18.9	9.8	19.6	19.0	16.1	23.1	23.1	20.6	19.7	22.1	18.1	9.1	6.5	.0
1974	15.9	.0	.0	1.0	18.3	25.7	22.2	23.8	16.9	23.1	20.7	30.6	29.2	15.5	21.8	20.2	17.7	13.2	16.6
1975	14.6	.0	.0	1.6	16.7	21.6	16.3	12.8	25.2	24.9	21.1	27.7	17.0	21.5	31.9	19.4	16.9	13.2	8.1
1976	16.5	.0	.0	2.1	19.3	28.7	20.5	23.3	19.6	20.6	23.7	22.6	23.0	32.1	18.4	16.0	16.1	19.5	7.9
1977	17.6	.0	.0	3.2	24.4	28.4	17.1	14.9	20.2	22.1	32.2	38.1	27.0	15.7	21.7	20.6	19.3	31.9	15.3
1978	16.3	.0	.6	3.9	15.6	20.4	20.7	20.0	22.9	28.4	24.5	25.2	24.7	20.0	15.2	22.3	18.4	37.3	22.5
1979	14.9	.0	.0	1.1	18.5	22.8	18.3	16.9	16.1	31.2	27.0	20.4	22.7	10.6	16.5	17.0	7.0	6.0	14.7
1980	17.7	.0	.0	2.8	19.7	22.2	25.9	27.3	19.4	12.3	28.6	25.9	17.6	32.4	23.0	30.8	26.6	17.3	14.3
1981	14.9	.0	.0	2.8	18.0	18.1	10.8	19.8	22.7	21.8	25.2	20.2	28.7	17.0	27.5	13.8	22.5	38.6	7.0
1982	15.1	.0	.0	2.7	14.7	18.9	17.9	19.9	16.5	22.4	27.6	28.5	21.5	18.8	20.2	22.4	15.5	15.9	6.8
1983	16.4	.0	.0	1.7	19.4	17.1	21.4	22.6	20.2	25.4	28.4	26.2	25.5	15.5	19.9	32.5	12.0	5.0	13.4
1984	16.9	.0	.0	3.4	15.4	21.3	17.6	22.1	17.9	28.4	22.7	34.9	28.3	28.8	19.6	27.0	14.7	23.7	6.5
1985	12.3	.0	.0	1.1	14.4	18.5	13.0	14.8	17.3	18.0	15.3	14.6	21.3	13.6	12.6	17.9	14.2	27.1	18.8
1986	17.4	.0	.0	4.6	20.2	24.4	20.1	26.8	20.3	19.4	22.0	26.1	26.0	21.9	16.7	25.0	27.6	17.4	.0
1987	15.7	.0	.0	1.7	17.9	17.8	20.5	21.0	16.0	19.4	30.0	23.2	27.8	18.0	30.4	9.4	24.0	16.7	5.7
1988	16.2	.0	.0	2.9	18.1	22.2	17.3	19.0	21.6	27.1	22.1	28.0	24.4	23.6	11.1	18.4	28.3	12.0	16.3
1989	14.5	.0	.0	1.7	17.1	18.3	17.4	22.1	17.7	18.1	22.6	18.0	15.2	20.8	13.4	29.0	12.2	15.5	25.6
1990	15.8	.0	.0	4.9	18.2	27.4	20.1	18.2	22.3	22.1	20.1	22.3	18.1	16.8	15.7	6.9	18.7	22.5	19.3
1991	17.8	.0	.0	2.1	25.3	27.0	23.7	19.0	28.2	23.1	19.9	24.3	27.0	17.6	14.1	14.9	26.9	18.0	23.1
1992	18.0	.0	.0	4.1	20.0	25.4	25.2	28.9	21.7	23.7	25.0	24.4	16.9	19.5	24.1	14.1	15.2	13.8	17.6

Age-Specific Suicide Death Rates by Sex: ALBERTA, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	14.0	0.0	0.0	0.0	0.0	5.3	10.7	11.4	21.2	27.0	37.6	21.6	37.9	34.8	47.9	18.2	34.5	0.0	0.0
1951	13.6	.0	.0	.0	2.6	10.4	7.9	13.9	11.7	16.5	32.3	46.4	28.7	24.5	28.6	53.1	49.2	.0	.0
1952	14.9	.0	.0	.0	2.6	15.2	7.6	10.9	17.1	15.9	45.5	48.8	37.7	35.0	33.9	42.0	.0	.0	.0
1953	11.3	.0	.0	4.6	5.2	9.9	4.9	15.7	13.7	9.2	16.9	27.5	23.1	40.6	22.5	40.0	14.3	.0	76.9
1954	14.9	.0	.0	.0	2.5	7.3	9.3	15.0	7.8	35.4	36.2	49.2	22.7	36.1	22.2	30.1	54.1	90.9	71.4
1955	13.5	.0	.0	.0	2.5	9.6	13.5	12.0	7.6	37.4	22.7	22.2	49.1	31.4	38.7	50.7	13.0	.0	.0
1956	14.8	.0	.0	2.0	.0	.0	10.9	14.0	19.9	36.2	19.0	39.7	26.4	47.9	54.6	27.8	61.7	55.6	62.5
1957	14.0	.0	.0	.0	4.7	13.9	12.8	13.4	16.9	21.6	24.7	52.8	21.2	41.9	27.9	6.8	69.8	51.3	.0
1958	15.1	.0	.0	3.5	11.2	4.6	23.3	17.2	14.1	23.7	23.9	34.6	49.4	30.8	22.6	34.0	65.9	23.8	.0
1959	16.0	.0	.0	.0	4.3	13.7	14.5	27.2	36.4	15.3	46.2	37.2	27.7	40.2	40.0	13.4	10.3	44.4	.0
1960	15.5	.0	.0	.0	8.3	27.2	18.4	18.3	22.1	19.9	25.4	16.4	30.7	77.7	28.9	26.3	39.6	.0	45.5
1961	14.9	.0	.0	3.0	6.0	15.8	16.1	25.6	21.6	24.2	22.0	45.4	29.8	23.6	40.8	6.5	47.0	38.7	.0
1962	13.8	.0	.0	1.4	9.4	6.6	14.3	23.5	14.8	19.0	29.6	31.8	33.0	46.0	23.0	26.4	55.0	.0	.0
1963	12.8	.0	.0	1.4	5.4	10.7	18.7	15.7	8.3	30.5	18.5	21.7	25.3	58.0	28.4	20.1	27.0	50.2	35.5
1964	17.2	.0	.0	1.3	10.2	14.8	19.0	27.7	26.6	25.4	28.7	24.2	64.5	34.5	56.2	20.4	35.5	31.8	32.9
1965	17.4	.0	.0	1.3	9.7	16.5	15.1	28.1	24.3	31.7	28.2	35.4	35.3	46.2	61.0	27.6	35.4	46.1	31.1
1966	15.1	.0	.0	3.7	9.3	30.0	6.6	20.5	24.3	15.7	22.8	43.5	45.3	20.5	10.9	34.6	35.6	30.2	58.4
1967	14.5	.0	.0	2.4	11.7	22.4	17.1	20.6	20.2	32.9	25.0	22.7	40.9	32.2	15.9	13.9	.0	.0	27.3
1968	15.3	.0	.0	3.5	13.8	32.7	12.2	20.6	24.0	30.0	26.9	16.7	43.1	23.7	10.2	7.0	27.2	42.5	.0
1969	18.5	.0	.0	3.4	23.7	24.0	38.3	18.4	19.8	27.2	40.6	46.8	35.3	19.6	14.7	13.9	27.8	13.8	.0
1970	20.1	.0	.0	2.2	24.0	37.4	16.1	28.2	15.7	18.4	37.1	37.9	46.7	46.2	42.4	47.7	18.9	13.6	22.5
1971	17.2	.0	.0	2.1	23.6	26.4	28.2	18.7	16.9	35.1	28.6	31.3	14.8	26.0	18.0	19.6	18.9	40.4	20.4
1972	19.2	.0	.0	.0	22.5	33.6	19.1	25.3	24.8	34.7	41.5	30.0	38.3	21.7	17.7	12.6	9.6	13.5	98.1
1973	18.1	.0	.0	2.0	22.7	31.0	13.9	27.6	32.7	22.9	25.6	26.6	35.1	28.5	39.3	24.0	9.6	.0	.0
1974	21.4	.0	.0	2.0	27.3	36.1	29.1	34.5	15.5	28.6	29.5	44.7	29.2	24.3	26.1	28.7	18.9	28.7	36.7
1975	21.5	.0	.0	3.1	27.6	35.5	22.1	15.5	35.8	36.0	24.5	34.7	25.5	40.2	55.4	22.2	18.4	29.0	18.3
1976	24.3	.0	.0	3.1	28.8	42.1	35.2	29.2	29.0	29.9	35.7	27.3	27.2	52.2	24.8	26.9	35.0	44.1	18.2
1977	26.8	.0	.0	5.3	40.2	46.8	25.5	21.0	28.9	29.4	48.0	62.5	33.8	22.4	36.2	21.0	33.3	44.1	35.9
1978	24.7	.0	1.2	6.5	27.0	30.8	34.8	30.2	36.1	34.4	39.1	32.3	32.6	25.2	27.5	36.0	31.4	58.1	36.3
1979	22.7	.0	.0	1.1	28.3	37.6	34.9	25.8	24.9	37.0	36.6	20.8	36.3	21.7	26.8	15.3	7.4	.0	36.0
1980	25.9	.0	.0	3.3	29.9	35.3	41.7	39.1	23.2	16.8	41.6	37.9	28.5	45.4	18.7	40.3	42.9	27.8	35.9
1981	22.4	.0	.0	4.3	31.7	32.0	15.9	32.2	31.8	23.9	35.6	29.0	37.2	20.4	29.3	19.8	41.9	79.3	18.0
1982	23.9	.0	.0	5.4	25.1	31.1	27.6	30.8	22.2	35.1	42.3	39.6	31.8	30.6	39.6	34.0	34.3	38.2	18.1
1983	24.7	.0	.0	2.2	33.1	28.4	34.7	32.7	25.6	35.4	37.0	31.7	39.7	21.5	31.9	66.5	13.5	11.9	18.4
1984	25.2	.0	.0	5.5	26.2	35.0	26.7	29.4	26.0	36.0	29.8	50.3	40.9	44.2	31.5	50.6	20.0	44.8	18.2
1985	19.9	.0	.0	2.2	22.9	33.3	20.8	23.5	24.1	25.2	22.6	26.2	35.6	25.7	16.9	26.6	26.0	64.4	53.4
1986	27.7	.0	.0	4.5	33.4	39.1	34.7	38.8	30.4	28.4	39.4	39.4	42.9	35.4	26.1	51.7	44.9	41.8	.0
1987	26.1	.0	.0	3.4	29.8	33.3	33.4	35.8	21.1	30.4	45.1	37.6	46.3	34.6	52.9	21.0	37.3	40.7	16.2
1988	24.7	.0	.0	4.5	33.3	33.6	26.4	28.1	29.2	38.6	30.3	41.3	41.7	38.3	12.0	32.9	36.2	29.6	46.3
1989	21.8	.0	.0	1.1	29.2	31.4	23.6	32.2	26.9	24.0	30.4	29.6	15.7	34.8	25.8	44.4	28.9	29.0	72.5
1990	24.7	.0	.0	8.4	27.0	44.5	32.7	25.5	31.8	31.2	35.0	32.6	29.4	29.1	25.1	11.6	38.7	46.9	55.0
1991	27.7	.0	.0	2.1	39.9	46.7	37.1	29.7	43.8	30.7	30.6	31.7	42.9	32.7	19.0	22.1	47.9	36.4	65.8
1992	26.8	.0	.0	6.0	28.6	38.4	44.6	44.1	30.8	34.1	33.5	27.3	27.4	30.0	34.6	24.4	20.5	26.4	38.2

Age-Specific Suicide Death Rates by Sex: ALBERTA, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	3.5	0.0	0.0	0.0	0.0	0.0	2.7	0.0	6.5	7.9	9.3	16.5	6.2	0.0	35.1	0.0	0.0	0.0	0.0
1951	4.2	.0	.0	.0	.0	13.4	.0	11.1	6.2	7.5	13.5	5.4	6.2	.0	.0	12.0	.0	.0	.0
1952	3.9	.0	.0	.0	.0	2.7	.0	5.4	6.0	14.3	8.7	15.5	.0	6.9	.0	11.5	20.4	41.7	.0
1953	2.5	.0	.0	.0	.0	.0	4.9	5.2	5.7	10.2	4.1	4.9	5.9	.0	.0	.0	.0	.0	.0
1954	4.8	.0	.0	.0	2.6	2.6	.0	9.9	8.2	6.5	.0	19.0	28.4	6.7	15.6	10.3	.0	.0	.0
1955	3.6	.0	.0	.0	2.6	.0	2.4	7.2	5.3	6.2	7.5	.0	11.2	26.5	.0	9.8	.0	34.5	.0
1956	5.2	.0	.0	.0	2.5	2.5	7.1	4.7	10.3	6.0	14.5	13.6	21.9	6.6	14.8	.0	.0	32.3	.0
1957	3.6	.0	.0	.0	.0	.0	7.0	4.6	7.5	5.8	3.5	17.4	10.6	6.4	.0	9.1	14.9	.0	.0
1958	2.8	.0	.0	.0	.0	4.8	.0	.0	7.3	2.8	3.3	12.5	15.3	6.2	7.2	.0	.0	28.6	.0
1959	2.2	.0	.0	.0	.0	2.3	.0	.0	2.3	2.7	3.2	15.9	4.9	6.0	14.3	8.5	.0	.0	.0
1960	2.4	.0	.0	.0	.0	4.6	8.8	2.2	4.5	2.6	3.1	.0	.0	5.8	14.0	8.3	.0	.0	.0
1961	2.5	.0	.0	.0	2.1	2.2	2.2	.0	6.6	.0	14.7	7.3	4.6	11.3	.0	.0	.0	.0	.0
1962	2.9	.0	.0	1.5	.0	2.2	2.2	.0	.0	9.8	8.5	.0	13.1	10.9	6.7	7.9	11.2	20.9	.0
1963	2.2	.0	.0	.0	1.8	.0	4.3	4.3	.0	9.5	2.8	.0	.0	5.2	13.0	7.8	10.7	.0	.0
1964	4.4	.0	.0	.0	.0	6.2	8.6	4.3	8.6	9.2	5.4	9.7	24.2	5.0	6.3	7.8	.0	.0	.0
1965	4.4	.0	.0	1.3	.0	2.0	6.5	4.3	2.2	6.8	18.5	9.4	7.8	4.9	18.4	30.5	.0	.0	.0
1966	4.6	.0	.0	.0	.0	5.8	6.5	6.6	6.5	15.8	10.4	6.1	11.3	18.7	5.9	.0	.0	.0	.0
1967	3.7	.0	.0	.0	1.5	1.8	6.3	2.2	6.5	15.6	7.6	8.9	3.6	4.5	5.8	14.6	.0	.0	.0
1968	4.8	.0	.0	.0	1.4	3.4	10.1	6.5	23.9	11.1	4.9	2.9	7.0	13.1	.0	.0	.0	14.9	.0
1969	6.4	.0	.0	2.4	1.4	15.8	5.7	10.6	8.7	17.6	7.2	8.5	20.0	4.2	.0	14.1	.0	14.3	.0
1970	6.4	.0	.0	1.1	5.2	8.9	10.8	12.5	10.7	8.8	16.3	11.0	9.6	.0	10.3	6.8	9.2	.0	.0
1971	4.3	.0	.0	.0	3.7	4.0	1.6	6.0	8.4	21.7	6.8	5.3	3.1	7.7	.0	6.5	8.9	.0	18.0
1972	5.6	.0	.0	.0	10.6	6.6	3.0	15.4	10.4	17.2	6.8	7.6	6.0	3.7	.0	6.3	.0	.0	.0
1973	6.6	.0	.0	.0	9.0	6.4	5.7	11.0	4.2	8.5	20.3	19.5	5.9	10.8	4.5	12.1	8.6	12.4	.0
1974	10.1	.0	.0	.0	8.8	14.7	15.0	12.3	18.5	17.0	11.2	16.5	29.3	6.9	17.5	11.6	16.6	.0	.0
1975	7.4	.0	.0	.0	5.3	6.8	10.3	9.9	13.9	12.6	17.6	20.8	8.5	3.3	8.5	16.6	15.6	.0	.0
1976	8.4	.0	.0	1.1	9.4	14.7	4.8	17.0	9.6	10.3	10.8	18.1	18.8	12.7	12.1	5.3	.0	.0	.0
1977	8.0	.0	.0	1.1	7.8	8.8	8.0	8.4	10.9	14.1	14.8	13.5	20.4	9.2	7.7	20.2	7.2	22.5	.0
1978	7.5	.0	.0	1.1	3.7	9.2	5.4	9.1	8.5	21.7	8.3	17.9	17.1	15.0	3.7	9.6	6.9	21.7	12.8
1979	6.8	.0	.0	1.2	8.3	6.9	.0	7.3	6.4	24.9	16.3	19.9	9.4	.0	7.0	18.5	6.6	10.4	.0
1980	9.0	.0	.0	2.3	9.2	8.0	8.4	14.5	15.1	7.4	14.1	12.9	7.0	20.1	26.9	22.3	12.5	9.8	.0
1981	7.0	.0	.0	1.1	3.7	3.0	5.1	6.2	12.7	19.4	13.8	10.5	20.5	13.8	26.0	8.6	6.0	9.4	.0
1982	5.9	.0	.0	.0	3.8	5.8	7.1	8.0	10.2	8.4	11.6	16.4	11.3	7.8	3.2	12.4	.0	.0	.0
1983	7.7	.0	.0	1.1	5.0	5.2	6.9	11.6	14.4	14.5	19.1	20.3	11.1	9.9	9.3	4.0	10.8	.0	10.6
1984	8.3	.0	.0	1.2	4.2	7.0	7.6	14.1	9.3	20.2	15.1	18.2	15.4	14.5	9.2	7.6	10.5	8.3	.0
1985	4.5	.0	.0	.0	5.4	3.2	4.6	5.4	10.0	10.4	7.4	2.0	6.5	2.4	8.9	10.8	5.1	.0	.0
1986	6.8	.0	.0	4.7	6.5	9.1	4.6	13.9	9.6	9.9	3.6	11.9	8.5	9.4	8.5	3.5	14.5	.0	.0
1987	5.1	.0	.0	.0	5.5	1.8	7.0	5.1	10.6	8.0	14.1	8.0	8.4	2.3	10.8	.0	14.0	.0	.0
1988	7.6	.0	.0	1.2	2.2	10.3	7.8	9.2	13.4	15.1	13.4	13.9	6.3	9.3	10.4	6.6	22.5	.0	.0
1989	6.9	.0	.0	2.3	4.5	4.9	11.0	11.4	7.9	12.0	14.4	5.8	14.5	6.9	2.5	16.4	.0	6.5	.0
1990	6.7	.0	.0	1.1	9.0	9.9	7.2	10.3	12.2	12.4	4.6	11.4	6.2	4.5	7.4	3.1	4.0	6.2	.0
1991	7.7	.0	.0	2.2	10.1	6.9	9.9	7.8	11.6	15.1	8.7	16.6	10.3	2.2	9.7	9.0	11.6	6.0	.0
1992	9.0	.0	.0	2.1	11.1	12.1	5.2	13.2	12.0	12.7	16.2	21.4	6.1	8.7	14.5	5.7	11.3	5.7	6.7

Age-Specific Suicide Death Rates by Sex: BRITISH COLUMBIA, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	18.1	0.0	0.0	0.0	9.8	15.6	13.0	16.6	19.8	27.0	30.1	20.4	32.7	60.8	32.3	31.5	34.7	20.4	65.2
1951	14.2	.0	.0	.0	4.3	11.3	9.8	16.5	8.8	21.9	21.3	42.4	24.4	34.2	22.7	26.3	29.0	50.5	21.7
1952	15.1	.0	.0	1.2	5.5	10.0	7.5	13.9	17.1	25.8	23.4	24.9	29.6	47.6	39.6	22.4	26.8	28.6	.0
1953	15.9	.0	.0	1.1	2.7	13.6	11.7	10.4	15.7	33.8	23.8	37.2	45.5	24.2	24.5	28.5	36.9	35.7	37.0
1954	13.7	.0	.0	.0	5.1	6.1	8.3	17.0	14.3	15.5	24.1	39.2	26.7	35.8	22.5	29.5	35.0	33.3	17.9
1955	11.6	.0	.0	.0	6.1	8.4	11.2	13.6	12.9	9.6	17.9	28.9	17.5	19.1	33.6	30.5	22.2	39.4	16.1
1956	12.4	.0	.0	.0	3.5	12.7	12.9	13.2	5.8	16.2	17.0	31.0	34.4	36.7	24.0	31.3	21.0	.0	30.8
1957	11.0	.0	.0	.8	5.3	6.4	7.5	10.8	13.8	15.6	15.9	16.8	36.4	24.6	26.1	18.4	28.9	34.2	14.3
1958	11.2	.0	.0	.8	1.0	10.2	15.7	7.0	11.6	23.1	29.4	29.4	17.6	18.5	13.2	22.5	18.3	25.3	.0
1959	11.5	.0	.0	.7	1.9	6.2	10.4	8.8	18.5	18.1	17.9	21.9	32.9	23.7	28.7	16.4	35.1	41.4	.0
1960	10.1	.0	.0	.0	3.7	5.2	8.6	8.8	11.3	20.7	19.3	22.3	24.4	19.8	17.5	24.5	36.4	5.5	.0
1961	11.8	.0	.0	.7	2.7	9.5	7.8	13.4	14.6	14.9	22.7	24.0	28.2	23.1	23.6	28.7	46.1	25.7	10.3
1962	10.3	.0	.0	1.3	3.3	9.2	10.0	13.6	9.5	12.8	18.3	25.3	27.2	26.0	23.6	18.7	10.7	14.5	28.7
1963	13.0	.0	.0	1.2	7.7	12.6	9.0	20.1	16.3	19.8	21.9	29.7	33.2	27.0	25.4	14.9	26.3	4.5	26.4
1964	13.6	.0	.0	.6	7.9	14.5	15.7	11.9	11.9	25.3	24.5	33.6	17.3	29.5	38.6	13.0	31.4	25.8	32.5
1965	14.9	.0	.0	.0	5.4	11.0	16.0	19.9	23.6	18.7	25.1	29.2	33.0	20.5	35.9	36.8	31.5	29.2	54.2
1966	12.8	.0	.0	1.1	5.1	11.6	12.3	11.4	18.9	20.7	26.3	31.1	26.6	25.5	18.2	21.1	26.3	32.6	14.4
1967	13.3	.0	.0	.0	8.3	13.4	22.8	18.6	16.2	20.8	18.5	17.9	32.1	20.1	30.1	18.9	28.7	27.7	27.0
1968	15.2	.0	.0	1.5	9.7	17.0	22.2	25.6	20.9	27.6	20.4	26.8	30.4	24.7	24.0	12.5	28.7	15.5	25.3
1969	16.3	.0	.0	1.0	6.0	23.3	14.3	12.1	24.1	27.4	33.7	27.3	21.6	40.6	22.9	37.3	44.4	26.5	29.4
1970	16.0	.0	.0	.0	6.2	18.3	20.0	21.8	26.2	29.5	34.9	31.3	29.2	21.1	15.5	14.2	26.1	44.5	16.2
1971	16.9	.0	.0	.4	6.7	21.1	16.0	20.2	26.7	26.4	31.9	39.6	28.6	24.4	24.5	23.2	33.3	32.5	39.6
1972	15.4	.0	.0	1.3	8.2	22.0	22.8	17.7	23.4	21.6	25.8	27.0	28.1	20.9	19.3	24.1	22.9	10.8	28.7
1973	18.0	.0	.0	1.3	13.2	23.5	22.4	23.6	20.0	21.3	36.7	28.1	32.3	30.4	32.9	17.7	32.8	17.9	22.8
1974	16.6	.0	.0	1.3	11.0	27.0	23.9	16.6	25.8	20.3	28.9	28.4	23.1	21.6	21.4	37.1	12.3	3.6	22.0
1975	16.4	.0	.0	.8	11.6	26.3	20.3	18.5	20.1	23.1	27.9	31.0	28.7	19.6	32.6	9.7	16.8	25.1	.0
1976	15.9	.0	.0	1.3	14.7	23.6	19.1	16.7	11.4	26.7	35.7	27.3	24.4	20.0	12.8	25.0	25.3	14.3	.0
1977	17.0	.0	.0	2.2	12.5	24.3	21.9	21.0	24.4	21.6	27.6	31.2	26.5	17.9	26.6	21.1	11.1	21.1	.0
1978	17.6	.0	.5	1.9	18.2	20.1	27.5	20.4	20.0	23.5	23.7	20.7	24.7	24.1	28.7	24.5	27.7	27.9	11.8
1979	15.7	.0	.5	1.0	15.4	24.8	19.4	15.8	16.0	22.8	23.0	27.3	19.3	25.8	20.2	12.4	24.4	13.5	7.7
1980	14.4	.0	.0	1.4	11.1	19.2	18.3	19.1	15.7	19.8	16.4	26.8	19.0	23.3	17.2	15.8	15.6	16.4	29.9
1981	14.0	.0	.0	1.9	13.2	18.8	19.5	20.5	18.5	19.4	13.4	15.6	16.6	13.1	18.3	21.4	16.7	28.3	18.3
1982	14.5	.0	.5	.9	12.4	13.7	25.9	19.9	12.8	9.7	15.3	25.9	29.6	20.4	16.2	21.6	17.8	18.1	21.6
1983	14.3	.0	.0	1.0	11.7	18.6	16.1	19.7	15.3	17.9	18.5	19.4	15.7	24.0	18.0	16.0	28.8	31.7	24.8
1984	13.0	.0	.0	1.0	12.5	14.6	14.5	18.5	16.9	14.8	15.4	18.7	19.8	13.0	17.9	15.2	21.2	27.3	27.6
1985	10.0	.0	.0	1.0	11.8	12.0	11.2	11.0	11.6	14.3	15.8	16.0	9.1	10.8	13.0	13.4	18.7	13.0	16.8
1986	14.1	.0	.0	2.5	9.1	18.2	17.8	14.5	16.1	18.3	19.7	18.7	17.2	17.2	19.0	26.9	31.3	17.4	13.0
1987	13.5	.0	.0	.0	8.7	13.3	15.8	16.5	12.3	20.8	22.6	19.3	24.6	19.2	19.7	15.6	12.7	30.8	18.8
1988	12.1	.0	.0	1.0	11.5	16.2	18.4	12.2	16.3	12.5	16.1	17.7	20.3	15.5	10.6	16.4	9.4	18.1	12.1
1989	13.1	.0	.0	3.9	11.1	23.2	21.2	15.3	14.2	12.6	21.1	12.6	14.9	11.9	17.4	11.5	12.7	17.3	20.3
1990	12.1	.0	.0	.5	10.6	12.1	13.8	17.8	17.6	16.1	13.9	17.9	12.8	12.4	15.8	14.9	14.4	26.8	22.2
1991	13.7	.0	.0	1.4	12.4	19.0	17.9	17.3	16.7	21.6	16.6	14.1	16.0	11.5	18.5	19.5	12.8	21.7	26.5
1992	13.2	.0	.0	.9	15.4	16.0	18.6	15.5	17.5	17.2	15.8	16.9	20.4	15.9	12.8	11.0	9.1	26.2	22.7

Age-Specific Suicide Death Rates by Sex: BRITISH COLUMBIA, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	26.5	0.0	0.0	0.0	11.0	17.2	15.7	25.3	23.8	33.9	44.0	25.6	54.2	97.7	49.1	45.0	54.1	38.5	130.4
1951	21.4	.0	.0	.0	5.6	15.2	13.7	25.6	11.1	32.2	27.9	64.5	40.0	46.4	33.4	42.5	44.2	94.3	43.5
1952	22.3	.0	.0	.0	10.8	12.4	13.3	17.9	17.4	40.4	35.0	37.6	32.1	71.4	64.0	35.7	40.7	53.6	.0
1953	24.1	.0	.0	2.2	2.6	16.9	19.2	19.3	21.2	47.9	36.5	54.4	63.2	38.6	37.3	47.2	59.7	50.8	76.9
1954	21.1	.0	.0	.0	9.9	9.3	16.3	30.7	18.6	21.8	35.2	61.2	30.8	58.0	27.3	41.5	63.8	47.6	37.0
1955	17.8	.0	.0	.0	9.5	13.6	17.8	13.8	16.2	16.7	24.0	44.9	30.2	29.7	58.2	43.7	33.8	75.8	.0
1956	18.6	.0	.0	.0	6.8	21.9	19.0	15.2	9.9	20.0	16.1	40.7	59.0	57.3	44.7	45.8	38.7	.0	64.5
1957	18.0	.0	.0	1.6	6.2	10.1	12.4	16.3	24.6	27.5	24.1	25.9	50.5	41.5	45.8	34.1	53.6	52.6	29.4
1958	18.1	.0	.0	1.5	1.9	17.5	24.4	12.3	14.6	35.0	44.2	37.6	33.3	36.8	25.5	42.3	34.3	48.8	.0
1959	15.8	.0	.0	1.4	3.8	10.0	16.0	12.0	25.2	19.3	28.7	29.1	44.2	29.0	44.9	19.4	43.7	57.5	.0
1960	15.4	.0	.0	.0	5.4	10.2	10.8	13.7	19.5	28.8	26.0	42.5	42.9	28.6	27.0	31.3	47.4	.0	.0
1961	18.9	.0	.0	1.3	5.2	14.7	13.2	20.7	22.8	26.7	27.5	37.0	39.0	45.5	39.9	43.7	87.1	40.0	21.5
1962	16.8	.0	.0	1.3	6.5	16.3	19.4	20.9	15.7	18.9	32.9	33.5	43.0	43.7	35.6	37.0	20.6	28.1	40.2
1963	18.1	.0	.0	1.2	10.5	17.3	13.8	28.2	27.6	29.7	36.5	38.7	34.0	32.4	31.3	17.0	41.2	8.8	55.3
1964	20.6	.0	.0	1.2	13.9	28.7	17.5	19.4	17.0	39.7	34.6	37.2	30.5	46.8	54.1	26.3	57.4	42.4	68.0
1965	22.2	.0	.0	.0	9.2	18.3	30.0	28.0	31.6	28.0	34.4	45.8	46.7	27.1	53.0	57.6	42.7	58.7	98.1
1966	17.7	.0	.0	2.1	7.4	19.7	20.8	16.8	27.0	28.4	26.1	38.7	26.0	40.8	29.7	31.3	48.7	49.5	31.0
1967	18.0	.0	.0	.0	14.0	16.6	33.7	30.8	17.0	24.1	21.7	20.9	38.4	30.9	36.1	35.9	44.0	57.3	43.7
1968	21.5	.0	.0	2.9	15.6	23.2	34.6	30.2	30.7	32.8	26.2	37.5	51.7	37.8	27.8	18.0	45.0	24.5	41.5
1969	21.8	.0	.0	.9	11.7	37.7	14.1	10.9	33.6	41.3	37.0	27.9	30.9	54.5	26.4	71.6	63.3	40.9	51.9
1970	22.4	.0	.0	.0	9.1	29.6	24.8	36.3	36.1	43.6	35.6	40.5	47.4	32.4	15.5	22.0	35.1	90.0	12.2
1971	22.0	.0	.0	.9	4.7	32.7	19.4	22.2	34.4	35.9	36.5	51.3	33.6	32.7	34.5	37.5	52.5	48.7	90.8
1972	20.5	.0	.0	1.7	9.9	32.7	36.1	24.8	28.6	25.4	31.7	35.2	33.3	26.8	19.4	35.3	29.4	24.6	55.5
1973	24.8	.0	.0	1.7	20.8	36.9	32.7	30.7	26.7	27.8	56.2	43.3	29.6	38.5	37.3	22.2	47.1	41.8	32.3
1974	23.3	.0	.0	2.5	17.6	41.0	33.6	22.8	34.2	31.4	30.5	36.7	25.9	32.4	35.9	56.2	23.2	.0	42.5
1975	23.3	.0	.0	1.6	18.8	44.5	31.6	24.9	22.6	28.6	35.6	44.0	36.4	31.0	44.6	10.1	22.4	43.6	.0
1976	21.9	.0	.0	2.5	23.3	32.9	29.6	16.7	11.7	35.6	49.2	43.8	26.5	28.4	24.1	32.3	37.1	8.8	.0
1977	24.5	.0	.0	3.5	20.6	38.5	30.4	27.2	33.4	34.4	33.3	39.2	40.5	26.4	32.6	43.9	25.1	35.6	.0
1978	25.5	.0	.0	2.7	28.0	33.8	44.2	31.3	29.2	25.8	30.2	26.7	34.1	24.7	42.6	36.3	57.1	54.0	10.5
1979	22.6	.0	.0	.0	23.2	40.0	30.3	25.6	22.0	31.8	32.7	32.3	29.6	36.3	27.8	17.6	22.6	26.5	10.6
1980	22.2	.0	.0	2.8	19.3	29.3	29.2	29.0	28.1	32.9	23.1	32.8	29.1	33.4	32.5	16.9	17.2	42.5	63.8
1981	20.6	.0	.0	2.8	21.9	30.3	29.6	28.4	23.7	30.1	13.4	20.8	27.1	24.8	23.6	35.7	28.8	48.4	10.7
1982	22.5	.0	1.0	.9	21.8	22.2	43.7	31.3	19.3	15.1	21.4	38.0	41.7	32.1	29.2	37.0	16.0	22.8	43.5
1983	21.5	.0	.0	1.9	18.6	31.6	25.6	30.4	23.6	27.8	23.8	26.8	23.3	32.4	21.6	22.7	49.9	57.1	44.0
1984	20.2	.0	.0	1.9	17.4	24.5	22.4	29.1	26.2	23.4	24.6	28.1	33.0	17.1	25.6	24.1	40.9	47.3	65.0
1985	16.0	.0	.0	1.0	15.9	22.8	18.8	17.4	15.4	20.5	24.1	25.5	14.0	18.4	24.9	22.9	28.6	25.7	53.0
1986	22.4	.0	.0	4.0	15.9	28.2	28.2	25.4	25.2	31.6	30.9	31.0	28.6	21.2	21.9	37.8	69.4	30.7	41.1
1987	20.8	.0	.0	.0	15.2	22.1	27.8	27.3	19.6	25.8	36.8	24.2	39.1	26.9	29.5	26.2	23.2	52.7	29.2
1988	19.0	.0	.0	1.0	19.8	27.0	28.8	20.1	23.0	19.9	21.3	25.1	33.3	29.1	18.2	28.3	12.6	27.9	18.7
1989	20.1	.0	.0	5.7	19.9	36.5	35.2	25.7	20.7	18.1	29.6	18.0	22.4	22.8	23.6	15.2	14.9	16.1	44.2
1990	18.3	.0	.0	.0	16.3	19.8	23.2	29.5	25.8	23.1	20.1	26.2	18.3	16.7	21.7	25.2	22.5	41.2	50.2
1991	21.8	.0	.0	1.8	20.7	33.6	28.4	29.3	23.6	34.5	27.8	20.4	18.2	14.9	26.0	32.0	27.3	54.9	71.3
1992	20.7	.0	.0	1.7	24.8	24.4	29.8	25.7	28.5	25.3	21.2	26.4	33.5	25.0	16.6	18.9	21.4	47.5	37.7

Age-Specific Suicide Death Rates by Sex: BRITISH COLUMBIA, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	9.2	0.0	0.0	0.0	8.5	14.1	10.5	8.5	16.0	19.7	13.7	14.5	7.8	15.9	9.5	13.4	11.0	0.0	0.0
1951	6.7	.0	.0	.0	2.9	7.4	6.3	8.4	6.5	10.8	13.4	17.9	7.8	19.8	8.7	6.0	10.6	.0	.0
1952	7.5	.0	.0	2.4	.0	7.5	2.1	10.2	16.9	10.2	9.6	10.6	26.8	19.8	8.6	5.6	9.9	.0	.0
1953	7.1	.0	.0	.0	2.7	10.1	4.2	2.0	10.3	19.0	9.1	17.4	26.5	7.9	8.5	5.3	9.1	18.9	.0
1954	5.9	.0	.0	.0	.0	2.6	.0	3.9	10.0	9.0	11.5	13.6	22.3	11.8	16.7	15.1	.0	17.5	.0
1955	5.1	.0	.0	.0	2.5	2.5	4.2	13.4	9.8	2.2	10.9	10.0	3.7	7.8	4.1	14.5	8.2	.0	31.3
1956	5.8	.0	.0	.0	.0	2.5	6.3	11.2	1.9	12.3	17.9	19.5	7.2	15.6	.0	13.8	.0	.0	.0
1957	3.6	.0	.0	.0	4.4	2.2	2.0	5.4	3.6	3.9	7.1	6.1	20.8	7.6	4.0	.0	.0	14.3	.0
1958	3.9	.0	.0	.0	.0	2.2	5.9	1.8	8.8	11.4	13.5	20.1	.0	.0	.0	.0	.0	.0	.0
1959	6.9	.0	.0	.0	.0	2.1	4.0	5.4	12.1	16.9	6.5	13.8	20.0	18.3	11.8	13.0	25.2	24.4	.0
1960	4.6	.0	.0	.0	1.9	.0	6.1	3.6	3.4	12.9	12.3	.0	3.3	10.9	7.8	17.1	24.0	11.4	.0
1961	4.5	.0	.0	.0	.0	4.2	2.0	5.5	6.8	3.6	17.8	10.0	15.9	.0	7.8	12.7	.0	10.6	.0
1962	3.6	.0	.0	1.3	.0	2.1	.0	5.6	3.4	7.1	3.9	16.6	9.2	7.2	11.7	.0	.0	.0	18.3
1963	7.8	.0	.0	1.3	4.8	7.8	4.1	11.4	5.1	10.4	7.6	20.3	32.3	21.2	19.5	12.7	10.7	.0	.0
1964	6.4	.0	.0	.0	1.5	.0	13.9	3.8	6.9	11.9	14.8	29.9	2.8	10.3	23.1	.0	5.2	8.7	.0
1965	7.3	.0	.0	.0	1.4	3.4	1.9	11.2	15.4	10.0	16.3	12.2	18.4	13.3	18.9	16.9	20.7	.0	14.7
1966	7.8	.0	.0	.0	2.6	3.1	3.6	5.5	10.2	13.1	26.6	23.4	27.3	9.3	7.2	12.0	5.1	16.1	.0
1967	8.5	.0	.0	.0	2.4	10.0	11.6	5.3	15.2	17.6	15.4	15.0	25.6	8.8	24.4	3.9	14.9	.0	12.5
1968	8.9	.0	.0	.0	3.5	10.6	9.3	20.6	10.2	22.3	14.9	16.4	8.7	11.2	20.2	7.8	14.6	7.3	11.7
1969	10.7	.0	.0	1.0	.0	8.7	14.6	13.3	13.5	12.8	30.5	26.6	12.3	26.4	19.4	7.7	28.7	14.1	10.8
1970	9.6	.0	.0	.0	3.2	6.9	15.0	6.4	15.1	14.5	34.2	22.5	11.5	9.9	15.4	7.5	18.8	6.8	19.3
1971	11.8	.0	.0	.0	8.8	9.2	12.3	18.0	18.0	15.9	27.4	28.5	23.7	16.1	14.4	10.8	18.2	19.5	.0
1972	10.2	.0	.0	.9	6.5	11.0	8.9	9.9	17.6	17.4	19.8	19.2	23.0	15.2	19.3	14.0	17.9	.0	8.4
1973	11.0	.0	.0	.9	5.4	9.6	11.5	15.9	12.5	14.0	16.7	13.7	34.8	22.6	28.7	13.6	22.0	.0	15.8
1974	9.8	.0	.0	.0	4.3	12.6	13.7	9.8	16.5	7.7	27.2	20.4	20.6	11.5	7.4	19.5	4.3	6.2	7.5
1975	9.4	.0	.0	.0	4.2	7.7	8.3	11.6	17.4	16.8	19.6	18.7	21.7	9.0	21.2	9.4	12.6	12.2	.0
1976	9.8	.0	.0	.0	5.8	14.2	8.0	16.7	11.2	16.8	21.2	11.5	22.5	12.2	2.2	18.2	16.3	17.9	.0
1977	9.3	.0	.0	.9	4.1	9.9	13.1	14.5	14.7	7.6	21.3	23.4	13.8	10.2	21.2	.0	.0	11.6	.0
1978	9.7	.0	1.0	.9	8.1	6.5	10.3	8.8	10.1	20.9	16.6	14.8	16.2	23.6	16.2	13.7	3.9	11.4	12.5
1979	8.7	.0	1.1	2.0	7.2	9.5	8.3	5.6	9.5	13.0	12.1	22.3	9.9	16.7	13.4	7.8	25.9	5.5	6.1
1980	6.5	.0	.0	.0	2.4	9.1	7.2	8.7	2.2	5.5	9.0	20.7	9.8	14.5	3.6	14.8	14.2	.0	11.5
1981	7.4	.0	.0	1.0	4.1	7.3	9.2	12.2	12.8	7.9	13.3	10.2	7.0	3.1	13.7	9.3	6.8	15.5	22.2
1982	6.5	.0	.0	1.0	2.5	5.1	8.2	8.1	5.9	3.8	8.7	13.0	18.2	10.2	5.0	8.8	19.3	15.1	10.7
1983	7.1	.0	.0	.0	4.4	5.2	6.6	8.8	6.5	7.2	12.9	11.4	8.4	16.8	14.9	10.5	12.2	14.5	15.7
1984	5.8	.0	.0	.0	7.3	4.5	6.5	7.8	7.1	5.7	5.6	8.6	7.0	9.5	11.5	7.9	5.8	13.7	10.1
1985	4.1	.0	.0	1.0	7.5	.8	3.6	4.6	7.6	7.6	6.8	5.7	4.2	4.0	3.2	5.6	11.0	4.4	.0
1986	5.8	.0	.0	1.0	1.9	7.8	7.3	3.7	6.6	4.2	7.9	5.7	5.5	13.5	16.6	18.0	2.6	8.3	.0
1987	6.2	.0	.0	.0	1.9	4.1	3.6	5.8	4.8	15.5	7.5	14.2	9.7	12.3	11.6	7.0	4.9	15.9	13.8
1988	5.2	.0	.0	1.0	2.8	5.1	7.9	4.3	9.4	4.6	10.6	9.8	6.9	2.7	4.2	6.9	7.0	11.4	9.0
1989	6.1	.0	.0	2.0	1.9	9.4	7.0	4.9	7.5	6.9	12.2	6.8	6.9	1.4	12.1	8.6	11.1	18.1	8.6
1990	5.9	.0	.0	1.0	4.7	4.2	4.2	6.0	9.4	8.8	7.4	9.2	6.9	8.1	10.7	6.7	8.4	17.2	8.3
1991	5.7	.0	.0	.9	3.7	4.2	7.1	5.3	9.7	8.3	5.0	7.5	13.7	8.1	12.0	9.6	2.0	.0	4.0
1992	5.8	.0	.0	.0	5.5	7.5	7.2	5.2	6.7	8.9	10.1	7.1	6.7	6.7	9.4	4.6	.0	12.3	15.2

Age-Specific Suicide Death Rates by Sex: YUKON, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	37.5	0.0	0.0	0.0	0.0	0.0	100.0	0.0	166.7	0.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0.0	0.0
1951	11.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	250.0	.0	.0	.0	.0	.0	.0	.0	.0
1952	44.4	.0	.0	.0	.0	111.1	83.3	.0	.0	.0	.0	.0	333.3	.0	333.3	.0	.0	.0	.0
1953	11.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	500.0	.0	.0	.0	.0
1954	10.0	.0	.0	.0	.0	.0	.0	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1955	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1956	24.6	.0	.0	125.0	.0	.0	.0	.0	.0	.0	.0	.0	333.3	.0	166.7	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	23.1	.0	.0	.0	.0	111.1	.0	71.4	.0	.0	.0	200.0	.0	.0	.0	.0	.0	.0	.0
1959	7.7	.0	.0	.0	.0	.0	.0	.0	.0	111.1	.0	.0	.0	.0	.0	.0	.0	.0	.0
1960	14.3	.0	.0	.0	.0	.0	.0	.0	181.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1961	34.2	.0	.0	.0	.0	90.2	.0	.0	.0	109.8	.0	184.8	255.8	349.7	.0	.0	.0	.0	.0
1962	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1963	13.3	.0	.0	.0	.0	.0	.0	.0	80.1	104.5	.0	.0	.0	.0	.0	.0	.0	.0	.0
1964	26.8	.0	.0	.0	.0	96.2	.0	.0	.0	.0	137.7	177.3	229.9	.0	.0	.0	.0	.0	.0
1965	13.7	.0	.0	.0	.0	.0	83.4	85.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1966	27.8	.0	.0	.0	.0	89.6	.0	.0	.0	107.2	.0	193.4	.0	340.1	.0	.0	.0	.0	.0
1967	13.3	.0	.0	.0	.0	.0	.0	.0	92.9	104.8	.0	.0	.0	.0	.0	.0	.0	.0	.0
1968	33.2	.0	.0	.0	.0	76.9	.0	89.0	.0	.0	.0	.0	.0	636.9	487.8	.0	.0	.0	.0
1969	37.5	.0	.0	.0	.0	.0	67.1	82.3	.0	99.5	.0	323.1	.0	.0	492.6	.0	.0	.0	.0
1970	76.4	.0	.0	.0	.0	60.2	58.8	224.4	92.3	190.7	237.8	305.3	.0	288.2	.0	.0	.0	.0	.0
1971	41.8	.0	.0	.0	.0	.0	95.5	62.0	.0	.0	108.9	287.4	178.6	259.7	.0	.0	.0	.0	.0
1972	24.7	.0	.0	.0	.0	50.5	.0	.0	79.4	83.8	.0	.0	.0	241.5	421.9	.0	.0	.0	.0
1973	28.2	.0	.0	43.6	.0	46.9	.0	.0	75.0	81.0	.0	.0	.0	228.8	.0	689.7	.0	.0	.0
1974	18.9	.0	.0	.0	101.4	46.4	40.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	18.1	.0	.0	.0	.0	42.2	.0	.0	69.3	.0	.0	230.9	.0	.0	.0	.0	.0	.0	.0
1976	17.7	.0	.0	.0	.0	39.8	.0	46.8	.0	.0	92.9	.0	166.7	.0	.0	.0	.0	.0	.0
1977	21.8	.0	.0	.0	87.6	39.1	.0	.0	.0	81.2	.0	.0	.0	.0	331.1	.0	.0	.0	.0
1978	29.3	.0	.0	.0	.0	75.6	69.9	39.5	.0	81.3	.0	.0	139.7	.0	.0	.0	.0	.0	.0
1979	24.9	.0	.0	.0	41.9	38.0	.0	76.3	.0	162.9	.0	.0	.0	.0	.0	.0	.0	.0	.0
1980	44.9	.0	.0	.0	41.4	75.4	67.5	110.3	52.5	152.3	.0	.0	.0	.0	.0	.0	.0	.0	.0
1981	20.8	.0	.0	.0	43.6	78.8	.0	36.5	.0	73.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1982	28.4	.0	.0	47.8	.0	75.8	.0	.0	47.1	68.5	95.3	.0	133.3	.0	.0	.0	.0	.0	.0
1983	33.6	.0	.0	.0	49.0	40.0	145.1	.0	46.9	.0	.0	.0	.0	.0	.0	.0	.0	1.639.3	.0
1984	20.7	.0	.0	.0	.0	81.0	36.3	36.2	45.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1985	32.5	.0	.0	.0	52.2	40.7	36.3	104.0	.0	61.8	87.3	.0	.0	.0	.0	.0	.0	.0	.0
1986	40.4	.0	.0	.0	.0	173.8	36.5	67.7	81.8	58.2	.0	.0	.0	.0	.0	.0	.0	.0	.0
1987	26.9	.0	.0	.0	99.5	45.0	69.0	.0	38.7	.0	73.7	.0	.0	.0	.0	.0	.0	.0	.0
1988	26.0	.0	.0	.0	96.8	92.4	33.9	.0	.0	45.9	.0	.0	.0	.0	.0	411.5	.0	.0	.0
1989	18.3	.0	.0	.0	50.5	46.8	.0	.0	35.1	42.8	61.5	.0	.0	.0	.0	.0	.0	.0	.0
1990	17.8	.0	.0	.0	.0	.0	.0	.0	99.9	.0	.0	.0	103.8	148.4	.0	.0	.0	.0	.0
1991	10.3	.0	.0	.0	.0	.0	.0	31.4	31.6	.0	.0	.0	.0	141.6	.0	.0	.0	.0	.0
1992	9.9	.0	.0	.0	.0	44.2	34.2	.0	.0	36.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: YUKON, MALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	61.2	0.0	0.0	0.0	0.0	0.0	166.7	0.0	250.0	0.0	0.0	0.0	1.000.0	0.0	0.0	0.0	0.0	0.0	0.0
1951	18.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	333.3	.0	.0	.0	.0	.0	.0	.0	.0
1952	74.1	.0	.0	.0	.0	166.7	142.9	.0	.0	.0	.0	.0	500.0	.0	333.3	.0	.0	.0	.0
1953	18.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	500.0	.0	.0	.0	.0
1954	16.9	.0	.0	.0	.0	.0	.0	166.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1955	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1956	43.5	.0	.0	250.0	.0	.0	.0	.0	.0	.0	.0	.0	500.0	.0	250.0	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	41.1	.0	.0	.0	.0	200.0	.0	125.0	.0	.0	.0	333.3	.0	.0	.0	.0	.0	.0	.0
1959	13.7	.0	.0	.0	.0	.0	.0	.0	.0	200.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1960	25.3	.0	.0	.0	.0	.0	.0	.0	333.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1961	61.1	.0	.0	.0	.0	157.0	.0	.0	.0	182.5	.0	296.7	393.7	510.2	.0	.0	.0	.0	.0
1962	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1963	24.1	.0	.0	.0	.0	.0	.0	.0	139.1	179.5	.0	.0	.0	.0	.0	.0	.0	.0	.0
1964	48.4	.0	.0	.0	.0	177.3	.0	.0	.0	.0	230.9	295.0	363.6	.0	.0	.0	.0	.0	.0
1965	25.0	.0	.0	.0	.0	.0	147.3	152.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1966	38.4	.0	.0	.0	.0	171.2	.0	.0	.0	.0	.0	335.6	.0	571.4	.0	.0	.0	.0	.0
1967	24.6	.0	.0	.0	.0	.0	.0	.0	162.6	188.3	.0	.0	.0	.0	.0	.0	.0	.0	.0
1968	60.9	.0	.0	.0	.0	145.6	.0	158.2	.0	.0	.0	.0	.0	1.015.2	724.6	.0	.0	.0	.0
1969	68.9	.0	.0	.0	.0	.0	118.8	145.3	.0	170.1	.0	555.6	.0	.0	746.3	.0	.0	.0	.0
1970	97.7	.0	.0	.0	.0	120.3	.0	263.2	161.3	322.6	214.6	531.9	.0	.0	.0	.0	.0	.0	.0
1971	57.9	.0	.0	.0	.0	.0	172.4	.0	.0	.0	.0	505.1	314.5	414.9	.0	.0	.0	.0	.0
1972	45.5	.0	.0	.0	.0	103.3	.0	.0	137.4	140.1	.0	.0	.0	393.7	704.2	.0	.0	.0	.0
1973	43.4	.0	.0	83.6	.0	97.5	.0	.0	128.9	.0	.0	.0	.0	381.7	.0	1.030.9	.0	.0	.0
1974	26.2	.0	.0	.0	96.2	93.3	77.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	16.8	.0	.0	.0	.0	83.1	.0	.0	121.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1976	24.6	.0	.0	.0	.0	78.3	.0	83.4	.0	.0	.0	.0	285.7	.0	.0	.0	.0	.0	.0
1977	32.4	.0	.0	.0	84.3	77.2	.0	.0	.0	143.7	.0	.0	.0	.0	555.6	.0	.0	.0	.0
1978	39.1	.0	.0	.0	.0	75.3	137.6	.0	.0	144.9	.0	.0	251.9	.0	.0	.0	.0	.0	.0
1979	46.6	.0	.0	.0	81.5	76.6	.0	142.9	.0	286.1	.0	.0	.0	.0	.0	.0	.0	.0	.0
1980	76.8	.0	.0	.0	79.1	154.9	134.6	209.8	92.0	136.2	.0	.0	.0	.0	.0	.0	.0	.0	.0
1981	39.2	.0	.0	.0	82.4	162.3	.0	69.2	.0	129.2	.0	.0	.0	.0	.0	.0	.0	.0	.0
1982	46.0	.0	.0	91.7	.0	155.5	.0	.0	86.4	118.3	169.8	.0	.0	.0	.0	.0	.0	.0	.0
1983	55.5	.0	.0	.0	92.4	80.0	220.4	.0	86.9	.0	.0	.0	.0	.0	.0	.0	.0	2.941.2	.0
1984	15.7	.0	.0	.0	.0	158.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1985	53.8	.0	.0	.0	99.9	79.7	74.1	133.8	.0	106.2	157.0	.0	.0	.0	.0	.0	.0	.0	.0
1986	61.2	.0	.0	.0	.0	257.5	72.5	65.4	155.8	100.6	.0	.0	.0	.0	.0	.0	.0	.0	.0
1987	51.1	.0	.0	.0	194.0	88.9	136.7	.0	74.5	.0	124.8	.0	.0	.0	.0	.0	.0	.0	.0
1988	49.5	.0	.0	.0	189.4	183.5	67.6	.0	.0	82.9	.0	.0	.0	.0	.0	793.7	.0	.0	.0
1989	20.9	.0	.0	.0	97.8	91.6	.0	.0	66.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1990	34.1	.0	.0	.0	.0	.0	.0	.0	191.6	.0	.0	.0	180.8	240.4	.0	.0	.0	.0	.0
1991	19.8	.0	.0	.0	.0	.0	.0	63.6	61.5	.0	.0	.0	.0	232.6	.0	.0	.0	.0	.0
1992	19.1	.0	.0	.0	.0	86.7	67.9	.0	.0	68.6	.0	.0	.0	.0	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: YUKON, FEMALE

		Years																
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1951	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1952	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1953	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1954	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1955	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1959	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1960	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1961	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1962	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1963	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1964	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1965	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1966	15.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	241.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1967	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1968	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1970	51.2	.0	.0	.0	.0	.0	131.6	173.3	.0	.0	266.7	.0	.0	787.4	.0	.0	.0	.0	.0
1971	22.9	.0	.0	.0	.0	.0	.0	146.4	.0	.0	246.9	.0	.0	.0	.0	.0	.0	.0	.0
1972	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1973	10.2	.0	.0	.0	.0	.0	.0	.0	.0	196.9	.0	.0	.0	.0	.0	.0	.0	.0	.0
1974	10.3	.0	.0	.0	107.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	19.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	515.5	.0	.0	.0	.0	.0	.0	.0
1976	9.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	223.7	.0	.0	.0	.0	.0	.0	.0	.0
1977	9.4	.0	.0	.0	91.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1978	18.0	.0	.0	.0	.0	75.8	.0	86.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1979	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1980	8.7	.0	.0	.0	.0	.0	.0	.0	.0	172.7	.0	.0	.0	.0	.0	.0	.0	.0	.0
1981	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1982	8.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	325.7	.0	.0	.0	.0	.0	.0
1983	8.9	.0	.0	.0	.0	.0	71.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1984	26.4	.0	.0	.0	.0	.0	70.2	75.3	95.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1985	8.6	.0	.0	.0	.0	.0	.0	71.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1986	17.1	.0	.0	.0	.0	88.0	.0	70.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1987	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1988	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1989	15.4	.0	.0	.0	.0	.0	.0	.0	.0	93.5	147.3	.0	.0	.0	.0	.0	.0	.0	.0
1990	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1991	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1992	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Age-Specific Suicide Death Rates by Sex: NORTHWEST TERRITORIES, BOTH SEXES

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	31.3	0.0	0.0	0.0	0.0	62.5	0.0	0.0	100.0	0.0	142.9	0.0	250.0	333.3	0.0	0.0	0.0	0.0	0.0
1951	12.5	.0	.0	.0	71.4	.0	.0	.0	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1952	6.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	142.9	.0	.0	.0	.0	.0	.0	.0	.0
1953	6.3	.0	.0	.0	.0	.0	.0	.0	.0	125.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1954	5.9	.0	.0	.0	.0	.0	62.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1955	16.7	.0	.0	.0	.0	.0	.0	.0	90.9	.0	.0	.0	.0	.0	250.0	.0	.0	.0	.0
1956	25.9	.0	.0	.0	.0	47.6	52.6	.0	83.3	100.0	111.1	.0	.0	.0	.0	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1959	19.0	.0	.0	.0	.0	.0	50.0	.0	.0	90.9	111.1	.0	.0	.0	166.7	.0	.0	.0	.0
1960	9.1	.0	.0	.0	.0	.0	.0	.0	71.4	.0	.0	125.0	.0	.0	.0	.0	.0	.0	.0
1961	13.0	.0	.0	.0	.0	44.7	.0	.0	67.4	.0	107.5	.0	.0	.0	.0	.0	.0	.0	.0
1962	28.3	.0	.0	.0	.0	.0	.0	.0	125.7	.0	304.3	.0	.0	250.0	.0	558.7	.0	.0	.0
1963	3.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	346.0	.0	.0	.0	.0
1964	18.6	.0	.0	.0	.0	.0	128.3	48.5	.0	.0	.0	.0	152.4	.0	.0	.0	.0	.0	.0
1965	3.6	.0	.0	.0	.0	43.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1966	10.4	.0	.0	.0	.0	.0	.0	47.1	57.0	.0	.0	.0	.0	.0	.0	432.9	.0	.0	.0
1967	6.9	.0	.0	.0	.0	.0	.0	47.4	.0	.0	91.2	.0	.0	.0	.0	.0	.0	.0	.0
1968	13.3	.0	.0	.0	.0	.0	41.2	.0	.0	.0	.0	.0	426.7	.0	.0	.0	.0	.0	.0
1969	12.9	.0	.0	.0	.0	35.5	.0	.0	.0	.0	.0	223.2	142.7	.0	.0	.0	.0	.0	.0
1970	9.1	.0	.0	.0	34.5	64.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1971	13.6	.0	.0	.0	.0	53.1	28.7	.0	47.0	.0	.0	.0	130.2	.0	.0	.0	.0	.0	.0
1972	23.0	.0	.0	.0	87.2	100.7	.0	.0	44.7	.0	.0	.0	.0	.0	.0	409.8	.0	.0	.0
1973	19.5	.0	.0	.0	53.3	47.4	.0	31.6	.0	.0	.0	84.2	118.1	.0	.0	377.4	.0	.0	.0
1974	14.5	.0	.0	19.7	50.6	24.0	24.4	31.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	16.2	.0	.0	.0	47.8	44.7	44.9	.0	40.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1976	15.7	.0	.0	.0	44.6	42.6	.0	58.6	39.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1977	26.7	.0	.0	.0	21.4	105.1	63.8	27.7	.0	46.1	57.9	.0	.0	.0	.0	.0	.0	.0	.0
1978	52.6	.0	.0	18.7	144.2	166.6	63.0	.0	37.7	46.5	56.1	.0	200.2	.0	.0	.0	.0	.0	.0
1979	17.4	.0	.0	.0	.0	41.1	41.8	25.5	.0	46.2	109.8	.0	.0	.0	.0	.0	.0	.0	.0
1980	19.3	.0	.0	.0	38.6	40.9	20.3	24.4	.0	.0	53.5	72.6	92.4	.0	.0	.0	.0	.0	.0
1981	20.9	.0	.0	18.5	95.3	58.5	19.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1982	16.0	.0	.0	.0	37.1	18.3	.0	87.5	30.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1983	40.8	.0	.0	.0	146.7	70.1	53.7	41.6	28.6	79.2	.0	.0	85.6	.0	.0	.0	.0	.0	.0
1984	32.0	.0	.0	.0	55.9	84.4	52.0	19.7	26.2	37.5	.0	125.0	.0	.0	.0	.0	.0	.0	990.1
1985	23.6	.0	17.3	.0	56.2	32.4	66.8	37.1	.0	.0	.0	.0	.0	110.9	.0	.0	.0	.0	.0
1986	27.1	.0	.0	.0	56.3	83.4	16.3	.0	23.1	34.0	92.9	57.8	.0	111.7	.0	.0	.0	.0	.0
1987	26.9	.0	.0	39.9	110.6	103.6	16.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1988	37.3	.0	.0	40.1	148.1	51.5	64.8	54.9	.0	30.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1989	53.9	.0	.0	19.4	133.8	155.0	62.9	71.1	.0	55.9	82.6	55.8	72.8	.0	.0	.0	.0	.0	.0
1990	30.3	.0	.0	18.6	39.0	33.7	90.9	52.0	43.0	26.3	.0	53.9	.0	.0	.0	.0	.0	.0	.0
1991	35.9	.0	.0	.0	59.7	149.5	74.4	49.9	41.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1992	25.7	.0	.0	.0	39.8	99.5	60.6	32.5	.0	.0	.0	52.0	66.0	.0	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: NORTHWEST TERRITORIES, MALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	44.4	0.0	0.0	0.0	0.0	100.0	0.0	0.0	166.7	0.0	250.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0.0
1951	11.1	.0	.0	.0	.0	.0	.0	.0	166.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1952	11.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	250.0	.0	.0	.0	.0	.0	.0	.0	.0
1953	11.1	.0	.0	.0	.0	.0	.0	.0	.0	200.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1954	10.3	.0	.0	.0	.0	.0	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1955	9.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	500.0	.0	.0	.0	.0
1956	35.7	.0	.0	.0	.0	76.9	76.9	.0	.0	166.7	166.7	.0	.0	.0	.0	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1959	33.3	.0	.0	.0	.0	.0	76.9	.0	.0	142.9	166.7	.0	.0	.0	333.3	.0	.0	.0	.0
1960	16.1	.0	.0	.0	.0	.0	.0	.0	111.1	.0	.0	200.0	.0	.0	.0	.0	.0	.0	.0
1961	23.4	.0	.0	.0	.0	76.3	.0	.0	114.3	.0	183.2	.0	.0	.0	.0	.0	.0	.0	.0
1962	43.9	.0	.0	.0	.0	.0	.0	.0	106.4	.0	525.4	.0	.0	436.7	.0	900.9	.0	.0	.0
1963	7.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	617.3	.0	.0	.0	.0
1964	34.2	.0	.0	.0	.0	.0	226.1	82.1	.0	.0	.0	.0	246.3	.0	.0	.0	.0	.0	.0
1965	6.7	.0	.0	.0	.0	75.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1966	12.8	.0	.0	.0	.0	.0	.0	80.4	99.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1967	12.8	.0	.0	.0	.0	.0	.0	82.0	.0	.0	158.7	.0	.0	.0	.0	.0	.0	.0	.0
1968	18.7	.0	.0	.0	.0	.0	75.4	.0	.0	.0	.0	.0	475.1	.0	.0	.0	.0	.0	.0
1969	24.4	.0	.0	.0	.0	67.8	.0	.0	.0	.0	.0	399.2	244.5	.0	.0	.0	.0	.0	.0
1970	17.2	.0	.0	.0	68.2	123.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1971	20.6	.0	.0	.0	.0	51.4	52.8	.0	84.4	.0	.0	.0	228.8	.0	.0	.0	.0	.0	.0
1972	38.7	.0	.0	.0	172.4	192.7	.0	.0	80.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1973	36.8	.0	.0	.0	104.0	92.0	.0	57.1	.0	.0	.0	158.7	203.7	.0	.0	781.3	.0	.0	.0
1974	22.8	.0	.0	38.4	48.6	47.1	46.1	55.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	21.9	.0	.0	.0	92.2	43.4	84.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1976	29.6	.0	.0	.0	86.5	81.8	.0	104.4	72.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1977	50.4	.0	.0	.0	41.1	205.0	117.9	50.3	.0	83.8	99.6	.0	.0	.0	.0	.0	.0	.0	.0
1978	78.8	.0	.0	36.4	158.4	286.3	118.4	.0	69.9	83.7	.0	.0	370.4	.0	.0	.0	.0	.0	.0
1979	28.8	.0	.0	.0	.0	40.1	80.6	46.0	.0	84.4	191.4	.0	.0	.0	.0	.0	.0	.0	.0
1980	36.6	.0	.0	.0	75.1	79.7	39.2	43.8	.0	.0	96.3	123.6	165.3	.0	.0	.0	.0	.0	.0
1981	27.7	.0	.0	35.5	148.5	37.4	37.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1982	19.0	.0	.0	.0	36.0	.0	.0	118.8	55.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1983	66.2	.0	.0	.0	250.5	134.2	103.9	76.8	50.7	73.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1984	53.5	.0	.0	.0	109.1	162.1	66.0	36.5	46.5	68.1	.0	110.6	.0	.0	.0	.0	.0	.0	2.564.1
1985	41.3	.0	34.2	.0	72.8	63.2	126.7	68.2	.0	.0	.0	.0	.0	196.9	.0	.0	.0	.0	.0
1986	44.4	.0	.0	.0	109.1	131.4	30.8	.0	41.5	60.3	172.1	.0	.0	200.4	.0	.0	.0	.0	.0
1987	34.1	.0	.0	38.2	143.4	168.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1988	54.0	.0	.0	38.6	287.9	66.9	92.8	68.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1989	86.1	.0	.0	.0	223.0	235.1	120.6	133.5	.0	99.2	75.9	100.4	129.4	.0	.0	.0	.0	.0	.0
1990	51.5	.0	.0	36.8	76.4	66.4	177.2	65.4	39.6	47.3	.0	97.9	.0	.0	.0	.0	.0	.0	.0
1991	59.4	.0	.0	.0	117.3	261.4	116.4	93.7	38.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1992	43.0	.0	.0	.0	78.2	163.0	89.2	60.4	.0	.0	.0	95.1	118.9	.0	.0	.0	.0	.0	.0

Age-Specific Suicide Death Rates by Sex: NORTHWEST TERRITORIES, FEMALE

		Years																	
YEAR	TOTAL	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	+85
1950	14.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0.0	0.0
1951	14.3	.0	.0	.0	166.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1952	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1953	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1954	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1955	26.3	.0	.0	.0	.0	.0	.0	.0	250.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1956	12.3	.0	.0	.0	.0	.0	.0	.0	200.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1957	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1959	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1960	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1961	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1962	9.1	.0	.0	.0	.0	.0	.0	.0	153.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1963	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1964	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1965	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1966	7.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1.162.8	.0	.0	.0
1967	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1968	7.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	354.6	.0	.0	.0	.0	.0	.0
1969	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1970	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1971	5.8	.0	.0	.0	.0	54.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1972	5.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	775.2	.0	.0	.0
1973	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1974	5.1	.0	.0	.0	52.8	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1975	9.9	.0	.0	.0	.0	46.1	.0	.0	89.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1976	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1977	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1978	23.3	.0	.0	.0	128.7	42.4	.0	.0	.0	.0	132.5	.0	.0	.0	.0	.0	.0	.0	.0
1979	4.6	.0	.0	.0	.0	42.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1980	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1981	13.2	.0	.0	.0	39.1	81.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1982	12.7	.0	.0	.0	38.3	38.2	.0	48.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1983	12.3	.0	.0	.0	37.6	.0	.0	.0	.0	86.4	.0	.0	206.2	.0	.0	.0	.0	.0	.0
1984	8.0	.0	.0	.0	.0	.0	36.4	.0	.0	.0	.0	143.7	.0	.0	.0	.0	.0	.0	.0
1985	3.9	.0	.0	.0	38.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1986	7.7	.0	.0	.0	.0	33.9	.0	.0	.0	.0	.0	130.0	.0	.0	.0	.0	.0	.0	.0
1987	19.0	.0	.0	41.7	75.9	35.4	34.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1988	18.8	.0	.0	41.7	.0	35.3	34.1	39.1	.0	69.7	.0	.0	.0	.0	.0	.0	.0	.0	.0
1989	18.3	.0	.0	39.7	39.3	70.7	.0	.0	.0	.0	90.7	.0	.0	.0	.0	.0	.0	.0	.0
1990	7.1	.0	.0	.0	.0	.0	.0	37.0	47.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1991	10.3	.0	.0	.0	.0	33.8	30.4	.0	45.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1992	6.7	.0	.0	.0	.0	33.8	30.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

APPENDIX 6
Section 3

Age-Standardized Suicide Death Rates for Canada and the Provinces and Territories, for the Years 1950 to 1992 (Standard Population: Canada 1991)

Note:

- Rates were calculated using the following populations:
  1950-1970: June 1 populations
  1971-1992: July 1 adjusted populations (adjusted to include non-permanent residents of Canada and to compensate for net census under-coverage).

Age-Standardized Suicide Death Rates, Both Sexes
CANADA. AND THE PROVINCES
(Standard Population: Canada 1991)

Year	Canada	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alb.	B.C.	Yukon	N.W.T.
1950	8.7	2.7	3.3	8.5	7.2	4.5	9.3	10.7	8.1	0.0	17.8	40.0	39.6
1951	8.5	4.3	5.4	5.2	4.7	5.7	8.9	12.6	8.2	9.9	14.2	10.0	12.5
1952	8.4	3.0	6.5	7.6	4.2	4.3	10.0	8.5	7.8	10.8	14.9	39.8	7.5
1953	8.1	3.1	4.7	6.0	4.4	5.6	8.9	9.7	6.6	7.8	16.1	24.0	7.7
1954	8.3	2.7	9.3	4.9	3.5	6.0	8.7	7.8	11.1	11.6	14.0	7.8	4.6
1955	8.2	2.1	6.8	6.2	5.3	5.6	8.6	10.3	11.8	10.3	11.9	-	34.4
1956	8.9	2.9	4.8	4.5	5.5	6.7	9.6	10.5	9.8	12.2	12.8	31.7	26.1
1957	8.8	4.2	7.9	8.6	4.0	6.8	9.8	9.2	9.8	10.5	11.5	-	-
1958	8.8	3.5	7.9	5.6	6.9	6.2	9.6	11.0	10.9	10.7	11.8	21.4	-
1959	8.5	4.3	3.9	5.0	7.2	5.4	9.9	8.3	8.4	11.1	12.5	7.7	30.0
1960	9.0	3.8	9.8	9.4	6.3	6.4	9.9	12.5	9.3	11.1	10.9	13.9	9.4
1961	9.0	5.1	8.0	6.2	6.3	5.9	10.2	8.9	11.1	10.5	12.7	39.2	13.2
1962	8.5	2.8	4.7	7.5	7.9	6.3	9.4	9.6	9.1	10.3	11.4	-	47.3
1963	9.1	4.9	6.7	7.2	6.1	6.0	10.2	10.0	11.2	9.5	14.5	12.7	10.9
1964	9.9	4.7	12.6	6.5	8.0	7.4	10.0	10.9	10.7	13.4	15.0	28.7	19.6
1965	10.5	6.7	5.4	10.2	7.7	6.9	10.9	12.2	12.1	13.6	16.8	13.9	2.9
1966	10.2	4.3	10.3	11.2	5.3	7.7	11.0	12.2	9.3	11.8	14.1	35.4	27.3
1967	10.8	2.9	11.3	9.0	5.8	8.1	12.3	12.4	9.2	10.9	15.2	14.0	8.6
1968	11.6	1.9	7.6	8.3	5.5	8.9	13.1	13.3	11.4	12.0	17.3	46.6	21.7
1969	12.7	1.6	15.5	12.0	10.5	10.5	13.3	12.5	11.2	14.4	18.1	45.2	17.5
1970	13.1	6.6	14.2	10.5	7.8	10.4	13.9	14.3	13.5	15.2	18.0	93.9	7.1
1971	13.2	4.9	14.6	10.4	8.5	10.4	15.1	15.3	8.8	12.3	18.6	49.4	14.9
1972	13.3	3.9	5.7	13.1	8.7	10.7	14.6	13.7	17.4	13.9	16.8	35.6	29.7
1973	13.7	5.7	13.2	12.2	10.4	12.3	13.5	14.2	14.3	13.8	19.3	40.6	28.2
1974	13.9	3.2	14.3	12.0	9.6	11.0	15.1	14.9	14.2	17.2	17.5	14.0	11.3
1975	13.0	4.0	13.3	11.5	8.6	9.7	14.2	13.9	15.5	15.9	17.2	20.4	14.2
1976	13.3	4.7	21.7	11.4	12.4	10.7	13.7	14.8	14.6	17.3	16.4	19.8	14.0
1977	14.6	4.5	9.7	11.8	11.8	12.5	15.0	17.7	15.3	18.1	17.5	24.3	23.1
1978	15.2	3.0	16.1	13.1	14.3	14.2	14.8	16.0	17.1	17.3	18.1	27.0	47.1
1979	14.3	5.0	15.9	13.0	12.7	15.4	13.3	15.2	14.9	15.3	15.8	23.4	17.9
1980	14.1	3.5	11.8	12.0	12.5	14.9	13.3	11.8	16.0	18.2	14.5	40.2	19.0
1981	14.0	4.4	7.7	11.3	11.7	16.4	12.5	13.7	17.8	15.9	14.2	17.2	13.9
1982	14.2	6.6	9.6	12.4	12.9	16.3	12.7	13.5	16.9	15.7	14.4	29.5	14.0
1983	15.1	6.7	12.2	12.4	14.8	18.4	12.8	16.1	15.1	17.1	14.3	38.0	36.2
1984	13.5	6.7	12.8	10.0	12.6	15.4	12.1	12.6	13.8	17.7	13.0	16.5	34.9
1985	12.7	4.6	4.2	11.8	12.3	16.8	11.2	11.6	13.5	12.6	10.0	28.2	20.5
1986	14.1	4.8	11.7	10.5	13.7	16.9	12.0	13.8	14.0	17.6	13.9	33.0	27.9
1987	13.6	5.3	8.7	12.3	10.3	17.2	11.1	15.8	12.8	16.2	13.4	23.3	19.5
1988	13.1	8.0	10.1	11.8	14.8	15.7	10.5	13.9	14.5	16.8	11.9	30.1	30.0
1989	12.8	5.2	8.6	10.5	11.6	14.8	11.3	13.4	12.6	14.8	12.9	17.6	47.7
1990	12.2	10.1	11.1	12.6	11.4	15.6	8.6	12.9	15.5	16.0	11.9	16.9	27.1
1991	12.8	6.9	17.4	12.2	12.6	15.6	9.5	12.4	13.1	18.1	13.5	10.3	29.8
1992	13.0	8.5	13.0	10.7	11.3	17.4	9.3	12.2	14.7	18.3	13.1	9.0	23.3

Age-Standardized Suicide Death Rates, Male
CANADA. AND THE PROVINCES
(Standard Population: Canada 1991)

Year	Canada	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alb.	B.C.	Yukon	N.W.T.
1950	13.9	5.6	6.6	12.9	12.5	6.6	14.7	19.1	13.4	15.8	27.0	79.9	57.4
1951	13.1	6.8	11.1	8.3	7.0	8.0	13.7	21.1	14.3	15.4	22.2	19.8	13.9
1952	13.2	5.8	10.6	12.0	7.1	6.8	15.6	14.7	12.0	16.4	22.5	85.4	14.9
1953	13.0	5.8	9.7	9.9	7.3	8.5	14.0	16.9	10.5	13.4	25.3	57.1	15.2
1954	12.9	4.0	18.7	6.5	5.6	9.1	13.6	12.3	16.2	18.2	22.4	15.4	9.0
1955	12.8	3.8	9.1	10.1	9.0	8.8	12.9	15.8	19.5	15.9	18.7	-	57.1
1956	14.3	4.7	10.0	7.5	9.3	10.3	15.7	15.9	16.2	18.7	20.1	67.6	35.3
1957	14.2	7.6	13.5	15.1	8.4	9.7	15.9	15.6	14.6	17.0	19.7	-	-
1958	14.3	7.4	14.5	9.1	10.5	9.8	15.7	17.6	17.4	18.2	19.9	42.4	-
1959	13.8	8.1	5.1	9.2	12.1	9.4	15.8	14.0	12.8	19.6	17.5	15.2	65.8
1960	14.7	7.2	19.9	14.1	10.6	10.2	15.9	21.4	16.8	19.5	16.9	27.8	18.8
1961	14.8	8.0	17.4	10.5	9.1	8.9	16.9	13.9	19.4	18.4	21.1	78.7	26.2
1962	13.6	5.9	7.1	12.7	13.1	10.3	14.1	14.9	14.7	16.9	19.2	-	85.4
1963	14.0	6.8	11.4	12.3	11.0	8.6	15.7	16.4	18.2	16.5	20.7	25.3	23.8
1964	15.2	9.0	20.6	10.7	13.0	11.9	14.3	16.3	17.3	21.8	23.6	57.1	38.8
1965	15.9	12.5	10.2	17.0	12.7	9.3	16.3	19.2	18.1	22.2	26.0	27.4	5.7
1966	15.6	8.8	17.8	19.6	8.2	11.9	16.3	18.7	16.8	18.4	20.4	53.0	15.7
1967	16.0	4.7	11.8	16.0	9.7	12.2	17.7	20.4	14.0	17.3	21.3	27.9	17.0
1968	17.2	3.8	15.4	13.0	8.3	13.4	19.0	21.1	17.3	18.0	24.6	96.5	27.7
1969	18.4	2.8	20.4	21.3	15.2	15.2	19.2	18.3	18.2	21.3	24.7	92.3	34.9
1970	19.1	12.7	28.4	18.6	11.0	15.7	18.8	23.1	21.6	23.3	25.6	109.5	13.9
1971	19.4	7.6	27.4	18.7	13.9	15.5	21.5	22.2	14.8	19.5	24.9	71.0	25.7
1972	19.1	5.6	11.4	19.9	13.8	16.0	19.6	21.8	27.4	21.8	22.6	73.7	33.0
1973	19.6	9.9	24.4	19.9	17.2	17.6	18.9	20.0	22.9	20.3	26.8	70.5	59.0
1974	20.2	5.7	25.3	20.1	17.6	16.9	21.2	21.5	21.5	23.2	24.9	20.5	18.7
1975	18.8	7.7	23.3	19.7	12.4	13.8	20.3	21.2	22.5	23.6	24.2	16.4	17.1
1976	19.1	8.0	38.9	19.1	20.9	15.9	18.9	19.6	21.2	26.0	22.3	26.2	27.8
1977	21.8	8.2	17.9	18.6	18.6	18.7	21.7	27.8	24.3	27.5	25.5	43.9	45.7
1978	22.9	4.2	26.3	20.8	24.2	21.5	22.1	25.1	26.1	26.6	26.3	40.1	74.0
1979	21.6	9.6	25.6	22.3	22.2	22.9	19.6	23.7	24.4	23.0	22.8	46.3	32.3
1980	21.6	6.5	22.2	21.6	22.3	23.5	19.4	16.1	25.4	26.6	22.9	66.6	37.6
1981	21.4	7.3	15.4	19.1	20.9	25.0	18.6	23.6	26.8	23.6	20.9	34.0	18.8
1982	22.2	12.8	18.2	20.0	22.9	24.7	19.3	21.6	29.2	25.4	22.5	44.2	18.0
1983	23.5	11.7	17.7	21.8	26.0	28.2	19.5	26.6	25.4	25.7	21.9	79.4	53.5
1984	21.2	12.2	21.5	17.9	23.2	24.8	17.9	19.8	23.4	26.6	20.7	11.9	69.5
1985	20.3	9.3	4.8	20.4	21.5	26.8	17.4	18.7	21.3	20.9	16.2	49.3	38.1
1986	22.3	7.4	17.2	17.4	22.8	26.5	18.7	22.3	21.5	28.6	22.7	52.5	46.9
1987	21.5	9.4	15.4	21.7	16.8	27.3	16.9	22.8	20.6	27.3	21.0	45.9	25.1
1988	20.7	14.9	17.3	19.5	24.5	25.1	16.2	22.5	24.2	25.8	18.9	62.7	42.1
1989	20.1	9.4	15.5	18.2	19.5	23.5	17.2	21.6	20.8	23.1	20.1	19.1	78.6
1990	19.6	16.1	22.2	21.2	19.3	25.8	13.4	20.7	25.6	25.6	18.4	34.1	46.3
1991	20.8	12.8	29.9	21.3	21.3	25.7	15.0	21.3	21.2	28.7	22.0	20.8	50.0
1992	20.9	15.4	24.4	17.7	21.0	27.6	15.0	20.0	23.1	27.5	20.8	17.8	41.0

Age-Standardized Suicide Death Rates, Female
CANADA. AND THE PROVINCES
(Standard Population: Canada 1991)

Year	Canada	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alb.	B.C.	Yukon	N.W.T.
1950	4.0	-	-	4.4	2.5	2.5	4.4	3.0	3.1	4.3	9.7	-	22.0
1951	4.2	1.7	-	2.4	2.5	3.6	4.6	4.5	2.3	4.8	7.0	-	11.4
1952	4.0	.7	2.1	3.8	1.6	2.1	4.8	3.0	3.9	5.2	7.9	-	-
1953	3.7	.5	-	2.2	1.5	2.8	4.3	3.0	2.8	2.9	7.6	-	-
1954	4.1	1.5	-	3.4	1.5	3.2	4.1	3.4	6.3	5.8	6.2	-	-
1955	4.0	.7	4.6	2.5	1.9	2.7	4.7	4.9	4.7	4.8	5.7	-	20.8
1956	4.1	1.4	-	1.6	2.3	3.3	4.0	5.5	4.3	6.5	6.3	-	16.7
1957	3.9	.8	2.3	2.4	-	4.2	4.1	2.8	5.3	4.5	4.0	-	-
1958	3.5	-	1.6	2.2	3.4	3.0	3.9	4.7	4.5	3.6	4.2	-	-
1959	3.5	.7	3.0	1.1	2.4	1.6	4.4	2.9	4.6	2.8	7.7	-	-
1960	3.6	.7	-	4.9	2.2	2.7	4.3	3.9	2.0	3.1	5.1	-	-
1961	3.6	2.2	-	2.2	3.6	3.2	3.9	4.2	3.5	3.0	4.9	-	-
1962	3.7	-	2.3	2.3	2.8	2.4	5.0	4.7	3.6	3.8	4.0	-	12.8
1963	4.5	3.1	2.0	2.7	1.6	3.6	5.1	4.0	4.7	3.0	8.7	-	-
1964	4.9	.3	5.0	2.7	3.0	3.2	6.1	5.7	4.3	5.6	7.2	-	-
1965	5.5	1.2	1.3	3.4	2.6	4.6	5.8	5.9	6.0	5.6	8.4	-	-
1966	5.2	-	2.8	2.8	2.5	3.8	6.2	5.9	2.1	5.8	8.4	18.3	34.5
1967	5.8	1.1	10.3	2.3	2.0	4.2	7.1	5.1	5.1	4.6	9.7	-	-
1968	6.2	-	-	3.6	2.8	4.5	7.5	6.0	5.6	6.2	10.4	-	15.6
1969	7.2	.5	10.4	3.0	5.9	6.0	7.9	6.9	4.3	7.5	12.0	-	-
1970	7.4	.5	-	2.9	4.7	5.3	9.4	5.9	5.7	7.5	10.6	77.1	-
1971	7.3	2.3	3.2	2.2	3.3	5.4	8.9	8.8	3.0	5.3	13.0	28.2	4.1
1972	7.8	2.2	-	6.2	3.6	5.5	9.9	6.0	7.7	6.5	11.2	-	23.0
1973	7.9	1.7	2.0	4.4	3.5	7.0	8.4	8.5	5.9	7.4	12.0	15.0	-
1974	7.8	1.1	3.3	4.0	1.6	5.4	9.4	8.5	7.2	11.4	10.4	7.3	3.6
1975	7.4	.2	3.8	3.3	4.7	5.7	8.4	6.8	8.9	8.5	10.4	24.6	10.9
1976	7.7	1.4	4.3	4.0	4.3	5.7	8.7	10.3	8.3	8.9	10.5	13.3	-
1977	7.7	.7	1.6	5.0	5.1	6.6	8.6	7.7	6.7	8.9	9.8	6.2	-
1978	7.7	1.8	5.8	6.1	4.8	7.0	7.9	7.0	8.6	8.4	10.1	13.7	19.9
1979	7.2	.5	6.2	4.0	3.2	8.1	7.1	6.6	5.7	7.7	8.8	-	3.2
1980	7.0	.5	1.5	2.6	3.1	6.8	7.5	7.8	7.0	10.0	6.5	13.1	-
1981	7.0	1.8	-	3.7	2.9	7.9	6.8	4.1	9.1	8.4	7.6	-	8.8
1982	6.5	.7	1.4	5.1	3.5	8.0	6.4	5.7	5.1	6.3	6.4	14.3	10.0
1983	7.1	2.0	7.2	3.3	4.6	8.8	6.4	6.2	5.8	8.6	7.1	6.4	18.2
1984	6.2	1.3	3.9	2.4	3.1	6.4	6.5	5.8	4.4	9.2	5.7	21.2	10.1
1985	5.4	-	3.6	3.7	3.8	7.3	5.3	4.7	5.9	4.9	4.2	6.6	2.6
1986	6.3	2.5	6.3	3.9	5.0	7.7	5.7	6.1	6.6	7.0	5.6	13.1	8.7
1987	6.0	1.7	3.1	3.4	4.1	7.4	5.5	8.8	5.5	5.5	6.1	-	13.8
1988	5.8	1.2	3.4	4.3	5.4	6.7	5.2	5.7	5.1	8.1	5.2	-	17.5
1989	5.8	1.2	1.6	3.1	3.8	6.2	5.8	5.8	4.7	7.2	5.9	15.9	16.1
1990	5.0	4.5	-	4.4	3.7	5.6	4.0	5.4	6.1	6.8	5.7	-	7.3
1991	5.0	1.3	5.0	3.8	4.0	5.7	4.2	3.7	5.2	7.9	5.6	-	9.0
1992	5.5	1.7	1.5	3.7	1.8	7.3	3.8	4.7	6.5	9.2	5.6	-	5.3