

Suicide Trends Among Young South Korean Adults

Focusing on Sex Differences

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PURPOSE: The current study examined trends and help-seeking behaviors among individuals who died by suicide in South Korea, analyzed by age and sex.

METHOD: This secondary data analysis encompassed all cases of death by suicide among adults aged 20 to 39 years in Seoul, Korea, from 2013 to 2020. Using descriptive statistics, we analyzed data from the Korea National Investigations of Suicide Victims Study using police records.

RESULTS: Over 8 years, the number of deaths by suicide among adults fluctuated, with a notable increase among female individuals since 2017. Mental health problems were the main causes of suicide for males and females. Males tended to die by suicide due to economic or employment issues, whereas suicide among females was often linked to interpersonal relationships. Males were found to be less likely to seek help for mental health problems than females.

CONCLUSION: This study emphasizes tailored suicide prevention strategies, considering internal and external characteristics of at-risk individuals. [*Journal of Psychosocial Nursing and Mental Health Services*, xx(xx), xx-xx.]

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Suicide spans all age groups and, as of 2019, was ranked as the fourth leading cause of death among individuals aged 15 to 29 years globally (World Health Organization [WHO], 2021). South Korea had the highest age-standardized suicide rate among Organisation for Economic Co-operation and Development (OECD; 2024) countries, with 23.6 suicides per 100,000 individuals in 2021. In addition, suicide has emerged as the leading cause of death among individuals aged 10 to 39 years in South Korea (Statistics Korea, 2022).

Suicide is a complex phenomenon influenced by various factors, such as age, sex, socioeconomic status, and clinical and environmental factors (Kang et al., 2023). Gender role norms are closely related to suicidal behavior and psychological distress and can manifest differently in the expression of mental disorders between males and females (King et al., 2019). Although the rate of suicide attempts is two to three times higher for females than males (Bachmann, 2018), methods of suicide among males are much more fatal than those among females (Barrigon & Cegla-Schvartzman, 2020). The global age-standardized suicide rate is 2.3 times higher for males than females (WHO, 2021). The male-to-female incidence rate ratio (IRR) of suicide in South Korea was also 2.3 to 1 in 2022 (Ministry of Health and Welfare, 2023a).

In 2021, the Korean Statistical Information Service (KOSIS) reported the highest perceived stress rates among those aged 30 to 39 years (36.6%) and 20 to 29 years (30%). Alcohol use disorder was also the highest among individuals aged 20 to 39 years, with the prevalence rate being particularly prominent among females aged 20 to 29 years compared with other age groups (Jun & Choi, 2017). These findings indicate that individuals in their 20s and 30s, who are in a transitional stage developmentally and socially, are more susceptible to mental health problems and suicide.

Help-seeking behaviors involve recognizing a problem, deciding to seek help, and finding a source of help, which are critical in suicide prevention (Ko et al., 2019). Many individuals experiencing suicidal ideation avoid seeking help (Hom et al., 2015), particularly those with a history of suicide attempts, who tend to perceive such attempts as less serious compared to those who have never attempted suicide (Reynders et al., 2015). A meta-analysis of sex differences in help-seeking behavior revealed that females had more positive attitudes toward seeking psychological help than males (Nock et al., 2009).

Most suicide studies focus on examining suicide rates, measured as the number of suicides per 100,000 individuals, thereby limiting an exploration and comprehensive understanding of suicide (Lee & Kahng, 2021). Therefore, *psychological autopsies*—analyses of the psychological and social circumstances of suicide—should be conducted to scientifically elucidate the primary causes of suicide. However, annual cases of psychological autopsies account for only 1% of all suicide deaths, presenting challenges in adequately representing the population of suicide cases (Choi, Lee, et al., 2021). As an alternative, the Korea National Investigation of Suicide Victims Study was conducted by the Korea Foundation for Suicide Prevention (KFSP), an affiliate of the Korea Ministry of Health and Welfare. This study simplified psychological autopsy methods

by analyzing the demographic information of suicide victims, primary causes of suicide, suicide-related data, and informant interviews based on a complete enumeration of suicide deaths from Korean police investigation records (Na et al., 2019).

The current study analyzed trends in deaths by suicide and help-seeking behaviors among young adults in Seoul, South Korea, based on their age and sex from 2013 to 2020, using data from the Korea National Investigation of Suicide Victims Study. Analyzing suicide cases is crucial for prevention, as it provides the evidence needed to develop suicide prevention strategies and health policies tailored to high-risk groups.

METHOD

Research Design and Description of Primary Data

The current secondary data analysis considered all deaths by suicide among young adults aged 20 to 39 years in Seoul, South Korea, from 2013 to 2020 ($N = 4,365$). Young adults tend to live in metropolitan areas. Seoul, the capital city and representative of the metropolitan area of South Korea, attracts a concentrated influx of young residents from other regions owing to the concentration of high-quality universities and employment opportunities in the city (Lee, 2020). Thus, analyzing suicide data in Seoul would effectively capture suicide trends among young adults.

We analyzed data from the Korea National Investigation of Suicide Victims Study, collected by researchers with backgrounds in nursing, psychology, social work, and other related specialties, along with extensive experience in the mental health field. All investigators received 14 days of specialized training in suicide and investigation techniques and coded records of suicide victims according to the Korea-Psychological Autopsy Checklist for Police Record (K-PAC-PR; Na et al., 2019). The main items of the K-PAC-PR include demographic characteristics, information related to suicide (e.g., date and method of suicide), causes

of suicide, and informants' interview information (KFSP, 2023). As these data were from police investigation records, the locations of the suicide, and not the residential addresses of the victims, were collected. Suicides that were not the subject of a police investigation (i.e., deaths in the Ministry of National Defense, Coast Guard, and overseas) were excluded (KFSP, 2023).

Variables

Main Causes of Suicide. The main causes of suicide were coded in the Korea National Investigation of Suicide Victims Study as triggering factors that most significantly impacted suicide. These factors comprised six categories: occupational, economic, family, interpersonal, physical, and mental health problems. Cases not classified within the six categories were coded as "other." Unidentified causes of suicide were coded as "unknown." For the current study, all entries coded as "other" or "unknown" were recoded as "unknown."

Help-Seeking Behaviors. *Help-seeking* was defined as either receiving a diagnosis or obtaining professional help for psychiatric symptoms. Help-seeking was measured as the proportion of deaths by suicide among individuals with psychiatric symptoms who received psychiatric treatments and the proportion of deaths by suicide among individuals with psychiatric symptoms who received a psychiatric diagnosis. The higher the proportion, the more the help-seeking behavior. Psychiatric symptoms, diagnosis, and treatment status were coded as "present," "absent," or "unknown."

Data Analysis

Data were analyzed using SPSS version 25.0. A frequency analysis was conducted using the software to assess the rates and main causes of suicide and the proportion of help-seeking behaviors categorized by age and sex.

Ethical Considerations

Approval from the KFSP was obtained; the Institutional Review Board

TABLE 1

HELP-SEEKING BEHAVIOR AMONG SUICIDE DEATHS BY SEX

Age (Years)/ Sex	Suicide Deaths (n)			Help-Seeking Rate (%)	
	With Psychiatric Symptoms	With Psychiatric Symptoms and Received Treatment	With Psychiatric Symptoms and Diagnosed With Psychiatric Disorders	Psychiatric Treatment	Psychiatric Diagnosis
20 to 29					
Male	779	319	303	41	38.9
Female	763	455	451	59.6	59.1
30 to 39					
Male	1,164	420	416	36.1	35.7
Female	891	420	498	47.1	55.9

of a university (IRB No. E2309/004-003) granted an exemption. Data were analyzed only in the designated analysis room of the KFSP in accordance with government agencies' regulations. The resulting analysis files were reviewed and approved by the KFSP before being exported.

RESULTS

Trends in Deaths by Suicide by Age and Sex from 2013 to 2020

Overall, adults aged 30 to 39 years consistently exhibited higher suicide rates than those aged 20 to 29 years (Figure A, available in the online version of this article). The number of deaths by suicide among male and female young adults fluctuated over the study period, but the overall trend since 2017 indicated an increase in deaths (from 532 to 661), despite a decrease in the population of this age group from 3.02 to 2.93 million (Ministry of the Interior and Safety, 2024). In 2020, during the coronavirus disease 2019 pandemic, the number of deaths by suicide among male and female young adults increased compared to 2019. Notably, the number of deaths by suicide among females, particularly those aged 20 to 29 years, has increased significantly since 2017, surpassing male deaths by suicide since 2020.

Main Causes of Death by Suicide by Sex

Mental health problems were the leading cause of suicide among young adults, regardless of sex (Table A and Table B, available in the online version of this article). Deaths by suicide due to mental health problems were more prevalent among young females than males.

Regarding sex differences, males were more likely than females to die by suicide owing to economic or occupational problems, whereas females were more likely than males to die by suicide due to problems with interpersonal relationships. Although there were variations by year, economic problems ranked as the second main cause of suicide for males aged 20 to 29 years from 2015 to 2020 (Table A). The third main cause was economic problems in 2013 and 2014, occupational problems in 2018 and 2020, and interpersonal relationships in all other years. For males aged 30 to 39 years, economic problems were the second main cause, and in 2013 and 2018, they surpassed mental health problems as the leading cause. Occupational problems were the third leading cause, except in 2020, when it was family relationship problems.

Among females aged 20 to 29 years, the second leading cause of suicide, excluding 2014, was interpersonal relation-

ship problems. For females aged 30 to 39 years, excluding 2020, it was economic problems (Table B). There were variations by year, but overall, the third main cause of suicide among females in both age groups was problems related to family or interpersonal relationships.

Help-Seeking Behaviors by Sex

Results for help-seeking behaviors among individuals who died by suicide aged 20 to 29 years and 30 to 39 years are shown in Table 1. Findings suggest that females with psychiatric symptoms are more proactive than males in seeking a psychiatric diagnosis and treatment.

DISCUSSION

Key findings of the current study, which analyzed all cases of death by suicide among individuals aged 20 to 39 years in Seoul, South Korea, from 2013 to 2020, are as follows. First, the number of deaths by suicide among young adults fluctuated during the study period, with a notable increase in suicides among females since 2017. This statistic has narrowed the sex gap, with female suicides surpassing male suicides since 2019. Considering that male suicide rates are typically two to three times higher than that of females (Ahn et al., 2012), the rapid increase in suicide among females

is alarming. This finding suggests that young females in Korea are experiencing a crisis requiring urgent intervention.

This trend is also evident in other countries, especially among female adolescents aged 10 to 19 years, where the upward trend is more pronounced (Stefanac et al., 2019; Zulyniak et al., 2022). Contributing factors may include deteriorating mental health linked to the use of social networking services (Luby & Kertz, 2019), an increased tendency for upward social comparison (Coyne et al., 2021), and an increase in problematic alcohol consumption among females (Choi & Paek, 2023).

To account for this steep increase in suicides among young females in Korea, it is necessary to explore societal factors and individual psychological issues. Over the past decade, many young adults, particularly females aged 20 to 24 years, have moved to major cities, including Seoul, for better education and job opportunities (KOSIS, 2021). These young females, leaving their families and support networks behind, face challenges, such as fierce competition, restricted job prospects, economic hardships, and social isolation. Having to confront these challenges at an early stage in adult life could render them vulnerable to mental health problems.

Since 2008, Korea has identified trending keywords/phrases that reflect the core values and beliefs of Korean society. In 2017, Korea's trending keywords/phrases included "Pick-me generation," "No one backs you up," and "Era of 'aloners'" (Kim et al., 2016). These terms capture the mindset of young people who feel a need to strive to be selected in a highly competitive society and are seeking to survive independently. The culture of "aloners" who enjoy eating and drinking alone was also prevalent. This was a time when young adults sought ways to survive amidst ongoing economic downturns, frequent safety incidents, political corruption, and perceived incompetence in society.

The decrease in the male-to-female IRR for suicide can also be explained

from the perspective of gender inequality. When comparing suicide rates across countries, it has been observed that as gender inequality becomes more pronounced, the male-to-female IRR of suicide tends to decrease, and there is also a lower male-to-female IRR of suicide in Eastern cultures than in Western cultures (Chang et al., 2019). Findings of the current study also show that the recent male-to-female IRR of suicide in Korea, particularly among those aged 20 to 29 years and 30 to 39 years, is notably lower than that in other Asian countries. Although gender equality is improving, perceived and actual gender inequality still exists in Korean society. Frustration and conflict arising from this inequality further contribute to mental health problems of young females (Lee, 2022). A study on Korean youth found that perceived unfairness was linked to suicide only in females (Yang et al., 2019).

Furthermore, mental health problems were the leading cause of death by suicide among males and females. Mental health problems, such as depression, have consistently been the most significant predictors of suicide (Hawton et al., 2013). Suicide due to mental health problems among females may be related to higher rates of depression. Depression in males and females, especially in young females, has recently increased in South Korea. Between 2017 and 2021, the number of people aged 30 to 39 years diagnosed with depression increased by 67.3%, and among those aged 20 to 29 years increased by 127.1%, with a dramatic surge of 175.2% observed in females aged 25 to 29 years. The number of individuals diagnosed with anxiety disorders also increased by 32.3% from 2017 to 2021, with the largest increase of 86.8% appearing among individuals aged 20 to 29 years (Health Insurance Review and Assessment Service, 2022). Although the relatively low negative perception of professional services among young adults may partly explain the increase in depression and anxiety diagnoses, the severity of the mental health crisis faced by this generation is evident, especially

given the recent increase in suicide rates. Therefore, there is a pressing need to pay more attention to mental health issues among young adults.

Economic problems were identified as the second leading cause of suicide among males aged 20 to 29 years and 30 to 39 years. As the male breadwinner model remains dominant in South Korea, economic crises may have a more severe impact on males than females (Choi, Lim, et al., 2021). In recent years, many OECD countries, including South Korea, have seen increased economic burdens on individuals due to slow-downs, recessions, rising housing prices, and deepening polarization, all of which exacerbate stress. Recent data indicate that the population aged 20 to 39 years has exhibited the highest debt-to-income ratio over the past 2 years, surpassing even the middle-aged group (Kwak et al., 2022). Consequently, economic difficulties are no longer solely a problem for males, which may explain why economic problems are the second leading cause of death by suicide among females aged 30 to 39 years.

Interpersonal relationship problems was the second leading cause of death by suicide among females aged 20 to 29 years. Among females aged 30 to 39 years, the rate of interpersonal relationship problems was lower than economic problems but higher than the rate observed among males in the same age group. Studies suggest that interpersonal relationships may serve as a strong protective factor against suicide among females (Yang et al., 2019). Conversely, difficulties in maintaining healthy interpersonal relationships can weaken this protective effect, potentially leading to negative impacts on females' mental health.

Young adults exhibited low rates of help-seeking behaviors, ranging from 35.7% (males aged 30 to 39 years) to 59.6% (females aged 20 to 29 years). Even when males experienced symptoms, the rate of diagnosis for males was <40%. Many young adults, especially males, experiencing mental distress se-

vere enough to lead to suicide, did not receive appropriate professional help. These help-seeking rates are lower than in a previous study, which reviewed service use prior to death by suicide across 52 studies from various countries (Kang et al., 2023).

Generally, males are less proactive in seeking help than females (Mok et al., 2021). Factors inhibiting help-seeking behaviors in males include conformity to traditional masculinity norms, self-stigma, conflicts in gender roles (Je & Shim, 2015), and a desire to solve problems independently (Rasmussen et al., 2018). Rigid perspectives on traditional masculinity can make it difficult for males to seek help when experiencing emotional problems. According to a study exploring the conceptual structure of masculinity among Korean males, emotional suppression, which is characterized by being taciturn and refraining from expressing detailed emotions, was identified as a significant factor (Woo, 2019). As a result of cultural pressures in South Korea that equate emotional restraint with masculinity, males tend to suppress their emotional expression. Despite the expectation that younger generations, including males, may hold more positive attitudes toward accessing professional mental health services and be less conservative regarding masculinity than older generations, help-seeking among males remains low. Although the recent surge in suicide rates among young females is concerning, it is also crucial to address the alarming suicide rates among Korean males. Sex-specific suicide prevention strategies are needed to encourage males with suicidal ideation to actively seek professional help.

In the current study, help-seeking rates among females were higher than in males (47.1% to 59.6%). However, the fact that many females who enter the psychiatric service system end up dying by suicide raises important issues. Although it is challenging to speculate on the continuity, intensity, and quality of mental health services received by young females who die by suicide based

on current data, it is clear that establishing systematic, continuous, and accessible mental health services for young adults with limited time and resources is crucial. A retrospective cohort study analyzing deaths by suicide (Leavey et al., 2016) suggested that people who seek professional help prior to death by suicide may fail to receive proper care as they conceal the severity of symptoms. Therefore, timely detection of suicidality among young adults and use of retention strategies by trained mental health professionals is critical.

By examining data from all cases of death by suicide among adults aged 20 to 39 years in Seoul over an 8-year period, the current study strongly advocates for the development of suicide prevention strategies and policies tailored to young adults. Such initiatives should prioritize sex-specific approaches, particularly strategies for increasing mental health service use.

One of the four strategies in the recent Korean Mental Health Policy Innovation Plan is the establishment of a daily mind care system, which proposes user-specific policies (Ministry of Health and Welfare, 2023b). The screening cycle for young adults has been shortened from 10 years to 2 years to detect mental health problems early, and community-based youth mental health centers will be activated. In addition, universities will strengthen psychological support programs, and workplaces will promote employee assistance programs to improve awareness and activation of psychological support in the workplace. Furthermore, various policies are being introduced to promote mental health, such as introducing social media counseling to accommodate the preference of young people for text-based conversations. However, there are internal barriers (e.g., stigma, lack of knowledge) and external barriers (e.g., geographic location, economic status) to the actual activation of these systems (Falgas et al., 2017). To increase help-seeking behavior, it is essential to improve mental health literacy and reduce social stigma. The limited hours and

high cost of most mental health services also make it more difficult for young adults to access services. Therefore, more user-friendly and accessible services that consider the internal and external factors of young adults are needed.

LIMITATIONS AND STRENGTHS

The current study has some limitations. Determining motives for suicide relies on accounts provided by investigators who compile the reports, and it is possible that their subjective judgments influence the recorded information. Therefore, when interpreting results of this study concerning the primary causes of suicide, the potential impact of investigators' subjective judgments should be considered. In addition, help-seeking behavior was confined to formal avenues, such as being diagnosed and treated by a professional. If informal sources of help (e.g., friends, religious leaders) were included, a more detailed tracking of actions leading up to suicide would have been possible.

Despite limitations, this study contributes to suicide research. Although some cases could have been excluded from police investigations, this dataset is comprehensive, representing a close approximation of the total number of deaths by suicide among young adults aged 20 to 39 years in Seoul. Data collected annually since 2013, when psychological autopsies began in Korea, may provide more accurate insights into the characteristics of deaths by suicide. The current study enhanced our understanding of the patterns of suicidal behaviors in the target population from a sociocultural perspective.

IMPLICATIONS FOR NURSING PRACTICE

The current study emphasizes the critical role of nurses in suicide prevention by addressing mental health issues, a leading cause of suicide across males and females. Nursing practice should focus on implementing evidence-based interventions tailored to sex-specific suicide risk factors. For males, nurses

can incorporate financial stress management strategies into mental health care, including referrals to community resources and financial counseling services. For females, nursing interventions should focus on fostering positive interpersonal relationships through evidence-based approaches, such as group therapy or programs designed to resolve interpersonal conflicts. To reduce barriers to help-seeking, nurses should cultivate a supportive and nonjudgmental health care environment that encourages open discussions about mental health concerns. In addition, nurses must advocate policies that expand the availability and accessibility of mental health services for vulnerable populations, while also working to improve mental health literacy to facilitate the early detection of suicidality, particularly among young adults. Nurses must ensure the continuity and quality of care within the mental health system, demonstrating vigilance in identifying concealed distress and implementing strategies to maintain patient engagement over time.

CONCLUSION

The current study underscores the necessity of tailored suicide prevention strategies that address high-risk groups based on age and gender. By analyzing suicidal behavior patterns from a socio-cultural perspective, it provides crucial evidence for developing targeted policies for adults aged 20 to 30 years. Furthermore, findings highlight the importance of considering individual and societal factors to enhance the effectiveness of suicide prevention efforts.

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Figure A. Suicide Rates Among Young Adults in Korea.

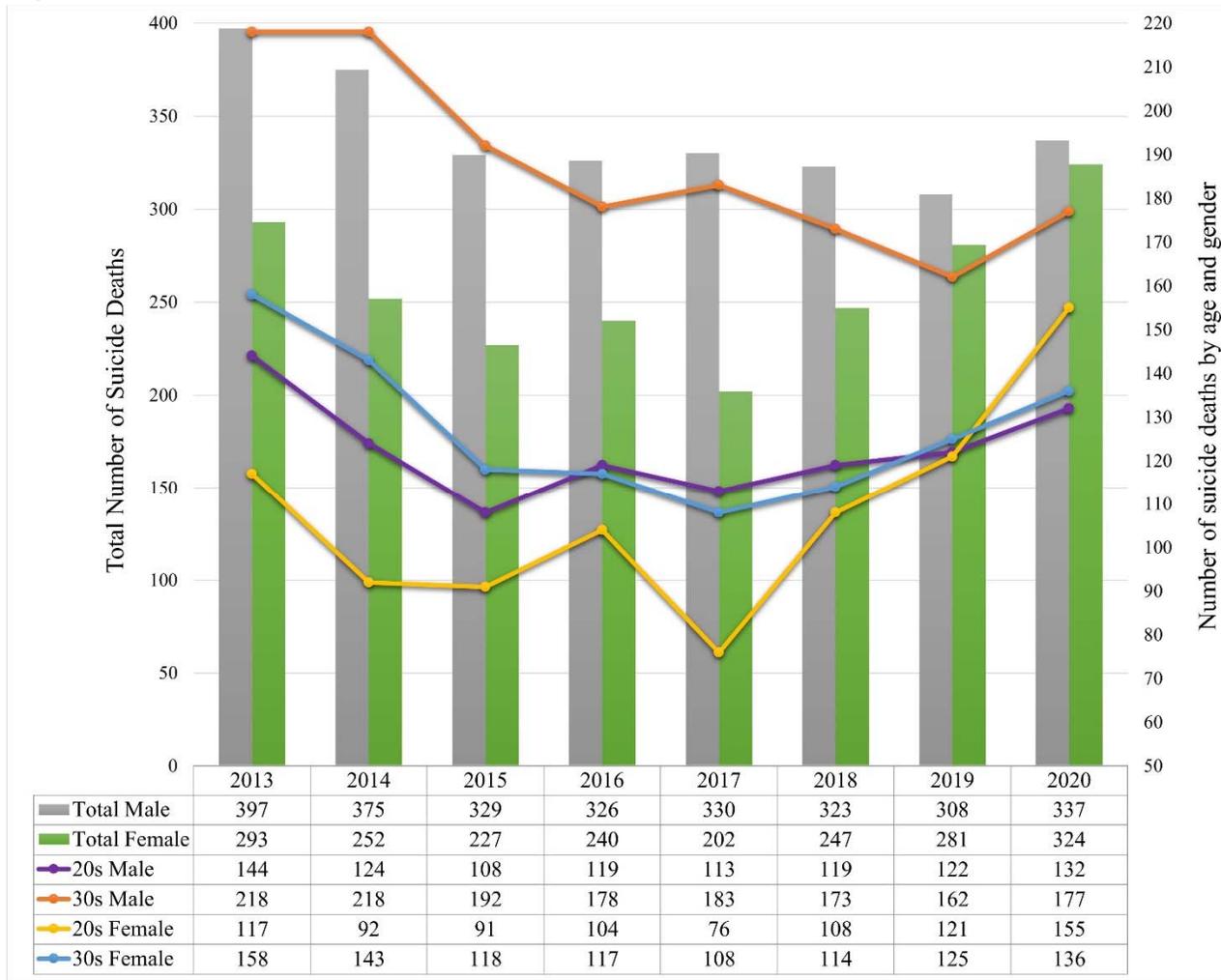


Table A. Main Causes of Suicide Deaths Among Males by Year from 2013 to 2020 ($N = 2,482$).

	Mental Health Problems		Economic Problems		Interpersonal Relationship Problems		Occupational Problems		Family Relationship Problems		Physical Health Problems		Unknown		Total	
	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s
2013	58 (40.3%)	66 (35.1%)	20 (13.9%)	74 (39.4%)	21 (14.6%)	9 (4.8%)	19 (13.2%)	27 (14.4%)	10 (6.9%)	17 (9.0%)	2 (1.4%)	9 (4.8%)	14 (9.7%)	16 (8.5%)	144	188
2014	47 (37.9%)	70 (32.1%)	24 (19.4%)	65 (29.8%)	13 (10.5%)	16 (7.3%)	26 (21.0%)	28 (12.8%)	7 (5.7%)	16 (7.3%)	4 (3.2%)	5 (2.3%)	3 (2.4%)	18 (8.3%)	124	218
2015	48 (44.4%)	69 (35.9%)	20 (18.5%)	64 (33.3%)	15 (13.9%)	15 (7.8%)	12 (11.1%)	17 (8.9%)	6 (5.6%)	7 (3.7%)	1 (0.9%)	9 (4.7%)	6 (5.6%)	11 (5.7%)	108	192
2016	52 (43.7%)	66 (37.1%)	18 (15.1%)	53 (29.8%)	17 (14.3%)	9 (5.1%)	16 (13.5%)	22 (12.4%)	4 (3.4%)	14 (7.9%)	3 (2.5%)	6 (3.4%)	9 (7.6%)	8 (4.5%)	119	178
2017	51 (45.1%)	71 (38.8%)	20 (17.7%)	55 (30.1%)	17 (15.0%)	9 (4.9%)	12 (10.6%)	23 (12.6%)	4 (3.5%)	9 (4.9%)	2 (1.8%)	5 (2.7%)	7 (6.2%)	11 (6.0%)	113	183
2018	44 (37.0%)	43 (24.9%)	20 (16.8%)	53 (30.6%)	10 (8.4%)	14 (8.1%)	12 (10.1%)	28 (16.2%)	7 (5.9%)	13 (7.5%)	2 (1.7%)	2 (1.2%)	24 (20.2%)	20 (11.6%)	119	173
2019	44 (36.1%)	50 (30.9%)	19 (15.6%)	46 (28.4%)	16 (13.1%)	7 (4.3%)	11 (9.0%)	19 (11.7%)	3 (2.5%)	13 (8.0%)	4 (3.3%)	2 (1.2%)	25 (20.5%)	25 (15.4%)	122	162
2020	47 (35.6%)	57 (32.2%)	27 (20.5%)	52 (29.4%)	18 (13.6%)	8 (4.5%)	19 (14.4%)	14 (7.9%)	4 (3.0%)	16 (9.0%)	2 (1.5%)	3 (1.7%)	15 (11.4%)	27 (15.3%)	132	177
Total	391	492	168	462	127	87	127	178	45	105	20	41	103	136	981	1501

Note. Ranked by main causes of suicide deaths: Yellow=1st, Pink=2nd, Green=3rd.

Table B. Main Causes of Suicide Deaths Among Females by Year from 2013 to 2020 ($N = 1,883$).

	Mental Health Problems		Economic Problems		Interpersonal Relationship Problems		Occupational Problems		Family Relationship Problems		Physical Health Problems		Unknown		Total	
	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s	20s	30s
2013	65 (55.6%)	87 (55.1%)	8 (6.8%)	24 (15.2%)	16 (13.7%)	18 (11.4%)	10 (8.6%)	10 (6.3%)	11 (9.4%)	12 (7.6%)	3 (2.6%)	2 (1.3%)	4 (3.4%)	5 (3.2%)	117	158
2014	58 (63.0%)	74 (51.8%)	10 (10.9%)	28 (19.6%)	9 (9.8%)	16 (11.2%)	7 (7.6%)	6 (4.2%)	4 (4.4%)	11 (7.7%)	1 (1.1%)	4 (2.8%)	3 (3.3%)	4 (2.8%)	92	143
2015	45 (49.5%)	63 (53.4%)	8 (8.8%)	16 (13.6%)	12 (13.2%)	12 (10.2%)	5 (5.5%)	3 (2.5%)	7 (7.7%)	14 (11.9%)	4 (4.4%)	3 (2.5%)	10 (11.0%)	7 (5.9%)	91	118
2016	61 (58.7%)	72 (61.5%)	4 (3.9%)	18 (15.4%)	17 (16.4%)	14 (12.0%)	9 (8.7%)	4 (3.4%)	5 (4.8%)	6 (5.1%)	2 (1.9%)	1 (0.9%)	6 (5.8%)	2 (1.7%)	104	117
2017	55 (72.4%)	50 (46.3%)	2 (2.6%)	19 (17.6%)	6 (7.9%)	8 (7.4%)	3 (4.0%)	6 (5.6%)	4 (5.3%)	18 (16.7%)	4 (5.3%)	3 (2.8%)	2 (2.6%)	4 (3.7%)	76	108
2018	59 (54.6%)	51 (44.7%)	5 (4.6%)	17 (14.9%)	14 (13.0%)	15 (13.2%)	8 (7.4%)	5 (4.4%)	10 (9.3%)	14 (12.3%)	1 (0.9%)	7 (6.1%)	11 (10.2%)	5 (4.4%)	108	114
2019	68 (56.2%)	61 (48.8%)	4 (3.3%)	20 (16.0%)	12 (9.9%)	16 (12.8%)	6 (5.0%)	5 (4.0%)	11 (9.1%)	12 (9.6%)	4 (3.3%)	1 (0.8%)	16 (13.2%)	10 (8.0%)	121	125
2020	90 (58.1%)	73 (53.7%)	6 (3.9%)	13 (9.6%)	18 (11.6%)	16 (11.8%)	15 (9.7%)	10 (7.4%)	13 (8.4%)	11 (8.1%)	3 (1.9%)	8 (5.9%)	10 (6.5%)	5 (3.7%)	155	136
Total	501	531	47	155	104	115	63	49	65	98	22	29	62	42	864	1019

Note. Ranked by main causes of suicide deaths: Yellow=1st, Pink=2nd, Green=3rd.