In recent years there have been major changes in our attitudes on the suicide issue. We are much more open about this topic than we were just a few years ago. Many people have realized that suicide does not only concern socially marginalized groups or sick individuals, but rather that directly and/or indirectly it may touch most of us.

One of the unfortunate trends that may have had the greatest effect on this change of opinion is the increase in the frequency of suicide among young people. Even more so than in the case of other suicides, most of us feel it is meaningless and incomprehensible when a child or a young person commits suicide. Therefore reports about such cases have attracted much attention in the mass media, a focus that has not always been aimed at improving the situation. Serious reports on the number of suicides and not least objective analyses of the reasons we assume lie behind suicides by young persons have been scarce. This article will thus provide a brief description of the development of the suicide rate among children and young persons in Norway during the last 20 - 30 years.

Norway – once a low-frequency country

In an international perspective the suicide rate (the number of suicides per 100 000 inhabitants per year) in Norway was long relatively low. During the 1950s and 1960s the suicide rate remained between seven and eight, corresponding to approximately 250 suicides per year for the total population. Our neighbouring countries Sweden and Denmark, and not least Finland, had far higher rates, and this difference aroused interest even outside the Nordic countries. How could it be that such similar countries could have such different suicide rates? In all probability there were a number of protective factors in family lives, local communities and an anchoring in social structures that had a stronger effect in Norway than in the neighbouring countries (Juel-Nielsen et al. 1987). However, at the end of the 1960s the suicide rate began to rise dramatically, doubling in 1986-1990 to 16, corresponding to 650 suicides per year. This doubling applied to both men and women (Gjertsen 1993). Fortunately this increase in the suicide rate levelled out from 1983 to 1988, and the suicide rate has gradually also been reduced. In 1998 (the most recent figures) a total of 548 suicides were registered in Norway, while during the peak year of 1988, 708 cases were registered. In total the suicide rate was 30% lower in 1998 compared to 1988 (Statistics Norway 2001).

The suicide rate among young people

For children and young people (10-24 years of age) the suicide rate increased as steeply as it did for the general population (Mehlum et al. 1999), from an average of 5.4 during 1973-74 to 10.3 during 1993-94. This increase occurred among boys in
particular, as the rate increased from 8.3 to 16.2 after reaching a peak of 20.3 during the intervening years in 1991-92 (Figure 1).

![Figure 1. Suicide rates in Norway for the 10-24 age group in the period 1973-94.](image)

However, the changes among girls and young women have not been as great, as the suicide rate has varied between 3 and 5 from the start of the 1970s until the middle of the 1990s. We should remember that the 10-24 range is large. Not surprisingly the changes to the suicide rate in the sub-groups 10-14, 15-19 and 20-24 have been different. Under the age of 15 there have been and continue to be few suicides; in fact so few that we do not calculate suicide rates due to the great uncertainty when working with such small figures. In the country as a whole the annual suicide rate has varied from 0 to 7 among boys in this group, whilst it has varied from 0 to 2 among girls. It is difficult to draw definite conclusions as to whether there has been an increase in the suicide rate among children below 15 years of age. This contrasts with what may appear to be the common perception among the general public, in mass media and even in many academic circles. Many people seem to think that we have had an epidemic of suicides among children, but this is not the case. For the age groups 15-19 and 20 – 24, however, we find far higher numbers, and the development in these groups in the period 1973-94 is shown in Figure 2. As we see, the suicide rate increased steeply for
Figure 2. The Suicide rate in Norway for the age groups 15-19 and 20-24 in the 1973-94 period.

Boys 15-19  
Men 20-24  
Girls 15-19  
Women 20-24

boys and young men in both age groups. However, for girls and young women the changes during this period of time are modest. The figure also shows that from the start of the 1990s there has been a trend towards a reduction in the suicide rate for men in the 20-24 age group. The figures for the last years show that this trend has been further reinforced. In the 15-19 age group, the male suicide rate continued to rise until 1995 (up to 20.3), then declined the following years to 12 in 1996, 15 in 1997 and 13 in 1998. This is very good news. We should, however, be cautious when interpreting rates based on low absolute figures. We can see how divergent trends can be when considering sub-groups of age in the population by examining, for example, the suicide rate among men in the 20-29 age group. Here the rate increased from 22 in 1995 to 27 in 1996, then went down to 20 in 1997 and ended at 28 in 1998. Thus it appears wise to exercise a degree of caution when interpreting the trends of increases and reductions in the suicide rate that we have witnessed among young persons in recent years.

Suicide as a cause of death

Total mortality among children and young people in the 10-24 age group declined from 58 per 100 000 inhabitants in 1973-1974 to 46 in 1991-1992. The most important explanation of this welcome decline is the dramatic drop in the number of lethal accidents, and a smaller reduction in deaths due to illnesses. During the same period, however, *mortality due to suicide* has more than doubled, from 5 per 100 000 inhabitants in 1973-1974 to 12 in 1991-1992. Young men are the main source of this increase. There is no basis to claim that the suicide rate has increased among women under 25 years of age from 1973 to 1992. If the negative trend in the suicide rate among men had not occurred, total mortality among men in the 10-24 age group might have been reduced to approximately 40 per 100 000 inhabitants in 1991-1992. The increase in suicide mortality and the reduction of total mortality means that *suicides constitute a far higher proportion of all deaths in the 10-24 age group today than*
In 1992 suicide was the cause of 26% of all deaths in the 10-24 age group, while the corresponding figure in 1973 was 7%. An interesting trend is that the difference between the suicide rates of young men and women has increased substantially. In the period 1973-1982 men in the aged 10-24 had a 3.6 times higher suicide frequency than women in the same age group. During the next decade this figure had increased to 4.6, while the rate for the total population remained stable at 2.8 throughout this twenty-year period.

**Geographical differences**

What has the trend in the suicide rate been in various regions of the country? From the early 1970s and up to the middle of the 1990s there has been an increase in the suicide rates for young people in all geographical areas outside the Oslofjord area. In the latter area a higher level of suicide rates was reached far earlier. The increase has been greatest in the counties of Agder and Trøndelag, and in northern Norway. In the 1990s the suicide rate among young persons is still highest in these areas. Again we see that young men are the source of the increase. Among young women, on the other hand, it appears that the geographical differences are not present, except in the Oslo area where the rate is higher than in the rest of the country. For the entire 1973-92 period young people in western Norway have the lowest suicide rate.

In addition to studying how the suicide rates vary in different regions it may also be interesting to examine any differences in these rates between rural and urban areas. Earlier suicide among young people in the Nordic countries, as in many other regions of the world, was a typical urban phenomenon. However, it appears that the development trend indicates that the suicide rate among young people co-variates less with the number of inhabitants in the municipality and whether or not it has a central location (i.e. how distant the municipality is from a major city). In the middle of the 1970s the frequency of suicide was lowest in municipalities with less than 50 000 inhabitants and in municipalities that were located in remote areas. Up to the middle of the 1990s the suicide rate has increased in all groups of municipalities (according to the number of inhabitants), except for municipalities with between 50 000 and 100 000 inhabitants. There has also been an increase in all municipality groups distributed by central location. In the 1988-92 period there are no clear relationships between the frequency of suicide in the 10-24 age group and municipal group (number of inhabitants and geographical centrality).

**Figure 3. Suicides in the 10-24 age group in Norwegian municipalities according to geographical centrality in the 1973-92 period.**
**Conclusion**

These are the dry statistics concerning the development of the scope of suicides among children and young persons. As we have seen, we must distinguish between children on the one hand, where suicides continue to be extremely rare, and teenagers and young adults on the other, where there has been a steep rise. Moreover, there are clear gender differences. Finally, we must adjust our perception of suicide among young persons as an urban phenomenon. During the last years for which we have published suicide rates we have seen a welcome but uncertain trend toward a reduction in the suicide rate among young persons. In the near future it will be exciting to see whether this trend will remain stable or become stronger.

**Literature**


**About the author:**

Lars Mehlum is a psychiatrist and professor of suicidology at the University of Oslo. He heads SSFF and is broadly involved in a series of research and prevention projects. He has published a number of textbooks, and a series of scientific articles.