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SUICIDE IN ANDALUSIA: AN ANALYSIS OF THE PHENOMENON IN THE LAST 10 YEARS (2008-2017)

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En los últimos años se ha producido un aumento en el número de suicidios, convirtiéndose en un grave problema social y de salud pública. En España constituye desde hace 11 años la primera causa de fallecimiento no natural (INE, 2017). En el presente estudio se exponen de forma exhaustiva los datos disponibles en cuanto al fenómeno en Andalucía. Para ello se han analizado los datos del Instituto Nacional de Estadística (INE) en el período comprendido entre 2008 y 2017. Entre las conclusiones, es señalable la diferencia entre provincias en cuanto a número de suicidios, entre sexos (siendo más frecuente en varones), así como la alta tasa de suicidas entre los mayores de 75 años. Estos resultados ponen de manifiesto la necesidad de seguir ahondando en el esclarecimiento de la etiología, para diseñar programas preventivos y de intervención en esta nefasta lacra social.

Palabras clave: Suicidio, Andalucía, Psicología Clínica.

In recent years there has been an increase in the number of suicides, which has become a serious social and public health problem. Suicide has been the first cause of unnatural death in Spain for the last 11 years (INE, 2017). This study presents exhaustively the available data regarding the phenomenon in Andalusia. The data of the Instituto Nacional de Estadística [National Statistics Institute] (INE in Spanish) in the period between 2008 and 2017 have been analyzed for this purpose. Noteworthy among the conclusions are the differences among the provinces in terms of the number of suicides, the differences between the sexes (it being more frequent in men), and the high suicide rate among those over the age of 75. These results show the need to continue researching to clarify the etiology in greater depth, in order to design preventive and intervention programs for this devastating social scourge.

Key words: Suicide, Andalusia, Clinical Psychology.

In recent years, we have witnessed an increasing trend in the number of suicides, a trend which, paradoxically, is on the rise in developed countries to the point of constituting the biggest public health problem in Europe (WHO, 2018).

We can define the act of suicide as "the act of intentionally taking one's own life, fully aware of its lethality, a result of the interaction between biology, genetics, and psychosocial and environmental factors" (García et al., 2011).

In Spain, suicide is the leading cause of death from external causes among men and the third among women (after accidental falls and drowning, submersion, and suffocation). The latest available data indicate that 3,679 people committed suicide in 2017 (a 3.1% increase compared with the previous year), and for the last 11 years it has been the leading cause of unnatural death (National Institute of Statistics, INE, 2017).

In this paper, we will focus on Andalusia, a Spanish region with one of the highest suicide rates historically (Reeves, McKee, Gunnell, Chang, Basu, Barr, & Stuckler, 2015; Laanani, Ghosn, Jougla, & Rey, 2015).

Andalusia is a Spanish autonomous community located in the south of Spain, consisting of 8 provinces. It is the most populated community in the country (8,384,408 inhabitants) (INE, 2018) and the second largest in size (87,268 km²). In

this community there are a number of phenomena highlighted on the map of suicides in terms of geographical distribution. One of these cases is that which occurs in the municipalities of Alcalá la Real, Priego de Córdoba, and Iznájar which make up what was originally called the "suicide triangle", and where the suicide rate is far higher than the average for Andalusia. In any case, in recent years, it is no longer a triangle, as the area of influence has been extended to nearby towns, which, on average, have a suicide rate of 19.2 per 100,000. A similar pattern can also be found with regard to the means of committing suicide, the majority of which (about 80% of suicides) are by hanging. The causes have not been elucidated, however, and the hypotheses are multiple and of all types (a certain chemical compound present in the water, the abundance of olive and walnut trees in the area, the high altitude, the presence of pyrite in the subsoil, the profoundly rural nature of these villages, the high rate of unemployment, a genetic predisposition, the acceptance and normalization of this "tradition", the effect of imitation, etc.). Thus, we have before us a phenomenon inherent to the idiosyncrasy of the cultural heritage of this region.

Among the difficulties in dealing with suicide, it is useful to highlight its geographical heterogeneity and the complexity of its etiology, which is the result of the confluence of multiple causes. Among the risk factors, we find in first place previous suicide attempts, the presence of suicidal ideation and having created a plan, as well as the consumption of substances or mental disorders (panic, depression, grief), precarious economic conditions, as well as hopelessness and the lack of a social support network (Gutiérrez & Contreras, 2008; Gómez,

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Rodríguez, Bohórquez, Diazgranados, Ospina, Fernandez, 2002; Sadock, Sadock, & Ruiz, 2009; García, et al.)

Other factors to be taken into consideration refer to the differences found according to age and sex groups (Ocaña, Mayoral, Sánchez, Toro, Fernández, & Méndez, 2008; Ruiz-Ramos, 2010; Salmerón, Cirera, Ballesta, & Navarro-Mateu, 2013; Álvaro-Meca, Kneib, Gil-Prieto, & Gil de Miguel, 2013).

With regard to the first of these variables, age, adolescents constitute a risk group, as do the elderly, who, whilst presenting fewer attempts, their physical condition means a fatal outcome in most cases. With regard to sex, women present more suicide attempts (with the sole exception of China, possibly for cultural reasons), but men register a higher number of completed suicides, a fact largely attributable to the greater lethality of the means chosen.

Despite the dismal data available in the literature, talking about suicide remains a taboo. In fact, there seems to be a certain aura of guilt among family members and high doses of social stigma, which places them in a situation of defenselessness because they lack support from the health system, making mourning considerably more difficult.

To all this, one would add the fear of the imitation effect, causing suicide to remain something to be hidden. Suicide by imitation or the "Werther effect" (a character in Goethe's novel who ended up committing suicide out of love, causing a flood of readers to commit suicide) is only true in part: those in a suicidal environment are at greater risk of imitating this behavior. However, talking about suicide does not necessarily encourage this type of behavior, which is one of the main taboos in literature. What is important is the way in which it is approached, how the appropriate information is transmitted, and what information is given. Along these lines, the WHO has drawn up a style guide for media professionals with recommendations for the presentation of suicide-related news. According to this document, it is useful to talk about suicide, but without going into morbid details or arousing

compassion. In fact, adequate information is the best preventive tool.

Addressing suicide necessarily requires a comprehensive plan that integrates actions that act in all phases (prevention, detection, diagnosis, treatment, and follow-up). It is also essential to get all parties involved in a coordinated way and in the same direction. More specifically, Andalusia has an action strategy included in the *II Plan Integral de Salud Mental de Andalucía* [Second Comprehensive Plan for Mental Health in Andalusia] (PISMA in Spanish), which includes specific actions aimed at people with suicidal ideation and their families.

Having briefly outlined the background and the problem, the aim of this paper is to carry out an exhaustive analysis of the phenomenon in Andalusia based on the data available for the last ten years (2008-2017). Knowledge of the statistical data is vital since it allows us to establish the trend, the geographical situations where it is most frequent, the preferred methods for consummating the act of suicide, and the ages of greatest risk. Given that, as mentioned above, *information is the best preventive tool*, knowledge of the figures could be a first step towards outlining the problem and justifying the need to work on developing intervention tools to detect and address risk situations.

METHOD

We worked mainly with the data provided by the *Instituto Nacional de Estadística* [National Institute of Statistics] (2008-2017, INS in Spanish), which since 2006 has recorded a death rate by cause of death, following international standards in this area (Pérez Camarero, 2009). The data related to the figures were analyzed with Microsoft Excel, to obtain a profile in graphs.

RESULTS

Firstly, the most recent data are presented for the suicide rate by autonomous community taken from the INE:

Figure 1 shows the evolution of the number of suicides in the period studied (2008-2017).

Table 3 shows the suicide rate broken down by capital and sex, as well as the average for Andalusia and Spain (2008-2017).

Table 4 shows the suicide rate by age group and sex for the period analyzed (2008-2017). To see the number of suicides according to the method chosen, see Table 5.

DISCUSSION

Andalusia is the autonomous community with the highest total number of suicides, however, it occupies seventh place in terms of the suicide rate per 100,000 inhabitants (the result of dividing the total number of suicides per community by the total population of that community and multiplying this result by 100,000), behind Asturias, Galicia, Canarias, Baleares, Castilla-León, and the Basque Country. The latest data available from the INE, corresponding to 2017, indicate that the suicide rate in Andalusia is 8.26 suicides per 100,000 inhabitants, which places it above the Spanish average for that year (7.91). In this last year registered, Malaga is the province that is closest to the national average (7.90).

The data available from the INE (2017) show that during the period studied (2008-2017), a total of 7,324 people committed suicide in Andalusia, 5,716 men and 1,608 women. The year in which the highest number of suicides was

TABLE 1
SUICIDE RATE PER 100,000 INHABITANTS BY AUTONOMOUS COMMUNITY IN 2017

Autonomous community	Suicide rate
Asturias	12.94
Galicia	11.93
Canarias	9.49
Baleares	9.23
Castilla-León	8.99
Basque Country	8.29
Andalusia	8.24
Comunidad Valenciana	8.03
La Rioja	7.93
Castilla-La Mancha	7.73
Aragón	7.64
Navarra	7.46
Extremadura	7.13
Cataluña	6.67
Madrid	5.24
Cantabria	4.64
Ceuta	3.53
Melilla	2.32

Source: *Instituto Nacional de Estadística* [INE, National Institute of Statistics] (2017)



recorded was 2008 with a total of 823 suicides. In contrast, in 2011 the lowest number of suicides was recorded: 651. Broken down by provinces, Malaga was the province with the highest number of suicides in this period, followed by Seville; Huelva and Almeria were the provinces with the fewest suicides. However, given the unequal distribution of the population, when establishing comparisons between provinces it is more useful to use the figures given by the suicide rate per 100,000 inhabitants. With regard to the latter, it is worth noting that, in all the years consulted, the total suicide rate in Andalusia exceeded the national average. When broken down by sex, the same trend can be found; both the average suicide rate for men and women exceeded the national average for each sex, with the exception of 2011, 2015 and 2016 for women, where the figure was below the national average. The highest total average rate in Andalusia was recorded in 2008, and conversely the lowest figure was in 2011; in the case of men, the highest rate was recorded in 2008, the lowest in 2015 and in women the highest rate corresponds to 2013 and the lowest to 2011. There was a downward trend until 2012 when it picked up; in the period 2014-2016 there was a decline, which was reversed again in 2017.

Broken down by province, Jaén leads with the highest rate in all the years consulted except 2008, when it was surpassed by Almería and Málaga, and 2012 and 2014 when it was surpassed by Granada. As for the lowest rates, there is no clear trend, with the lowest figure varying between the

provinces of Seville (2008 and 2016), Cadiz (2009, 2013, and 2015), Huelva (2010, 2011, 2014, and 2017), and Almeria (2012). The lowest rate was found in Huelva in 2010 and the highest in Granada in 2012.

As for the chosen methods of committing suicide, most people—both men and women—opt for hanging, strangulation, or suffocation. The second preferred method of consummating suicide was to jump from a great height (e.g. off a high building or similar). There are important differences between the sexes in this regard, with higher rates among males in all age groups, which is consistent with the literature on the subject (González, Rodríguez, Aristizábal, García, Palacio, & López, 2010). Due to differences between the sexes in the method chosen (Rueda, Díaz, Rangel, Castro, & Camacho, 2011), despite women attempting suicide up to three times more than men, they also have a higher number of failed attempts. Men, on the other hand, resort to more lethal methods (hanging, strangulation, suffocation, and jumping from a great height). Perhaps this could explain the marked differences in numbers between the sexes. In fact, it has been found that women only outnumber men in the number of suicides in the methods that resort to poisoning (poisoning by exposure to other chemicals and harmful substances, and those not specified, by alcohol, by organic solvents and halogenated hydrocarbons and their vapors, by antiepileptic, sedative, hypnotic, antiparkinsonian, and psychotropic drugs, etc.). Other methods registered by the INE have not been used in any year and have therefore been eliminated in this study

TABLE 2
TOTAL NUMBER OF SUICIDES BY PROVINCE (2008-2017 PERIOD)

Total Suicides	Almería	Cádiz	Córdoba	Granada	Huelva	Jaén	Málaga	Seville
7324	587	909	746	987	342	753	1565	1440

Source: Own creation from the data of the *Instituto Nacional de Estadística* [INE, National Institute of Statistics] (2008-2017).

FIGURE 1
NUMBER OF SUICIDES IN ANDALUSIA BY YEAR, SEX AND TOTAL (2008-2017 PERIOD)

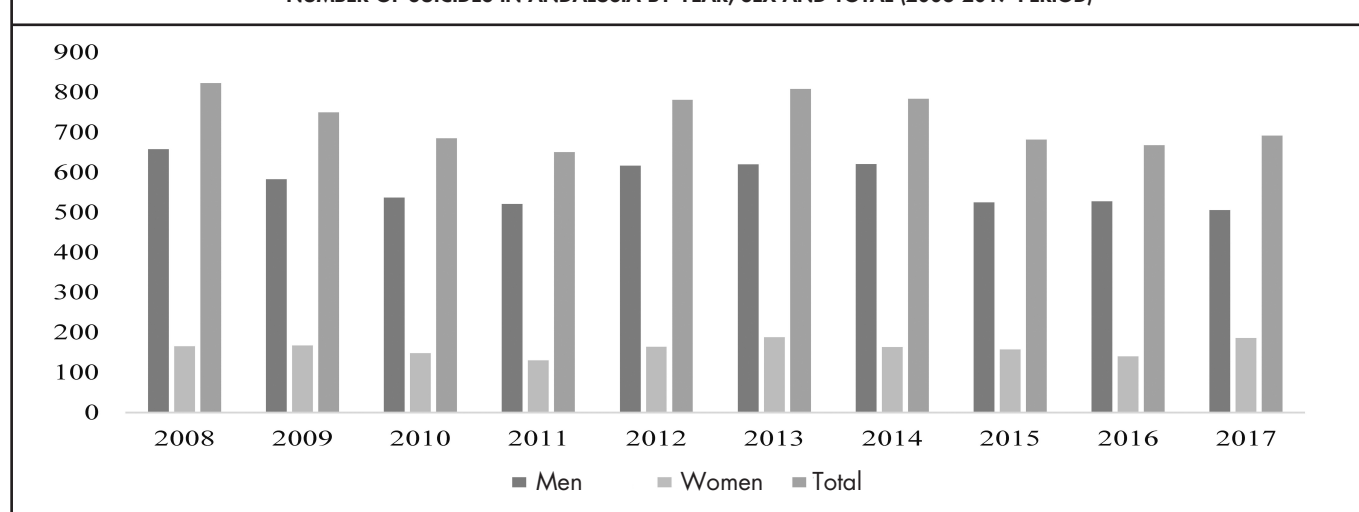


TABLE 3
SUICIDE RATE (MEN, WOMEN, AND TOTAL) PER 100,000 INHABITANTS FOR EACH PROVINCE,
AUTONOMOUS COMMUNITY, AND SPAIN

		Almería	Cádiz	Córdoba	Granada	Huelva	Jaén	Málaga	Seville	Andalusia	Spain
2008	Hombres	21.06	15.21	15.36	15.84	15.87	16.04	18.48	14.03	16.24	11.76
	Mujeres	3.70	4.10	3.22	4.60	2.35	5.69	4.62	3.46	4.01	3.36
	Total	12.61	9.63	9.18	10.17	9.06	10.84	11.47	8.65	10.08	7.52
2009	Hombres	16.99	9.51	14.78	20.13	11.76	21.72	16.87	9.14	14.24	11.62
	Mujeres	5.16	2.44	3.94	3.91	1.94	5.98	4.82	3.94	4.02	3.26
	Total	11.23	5.96	9.27	11.95	6.82	13.82	10.77	6.50	9.10	7.40
2010	Hombres	9.70	10.09	14.99	16.48	4.28	18.95	14.55	12.80	13.04	10.73
	Mujeres	6	2.42	3.68	4.97	0.77	3.59	3.89	3.08	3.54	2.93
	Total	7.90	6.24	9.24	10.68	2.52	11.25	9.15	7.85	8.25	6.78
2011	Hombres	11.12	11.80	13.95	15.09	9.32	17.67	14.03	9.74	12.58	10.55
	Mujeres	3.57	2.73	2.45	3.23	1.53	3	3.86	3.16	3.09	3.15
	Total	7.42	7.24	8.10	9.12	5.39	10.34	8.88	6.39	7.79	6.80
2012	Hombres	8.84	10.47	17.01	23.37	10.86	22.90	15.78	12.44	14.86	11.81
	Mujeres	2.36	3.20	2.94	5.60	2.67	2.71	5.78	3.55	3.88	3.44
	Total	5.65	6.82	9.86	14.42	6.73	12.79	10.72	7.91	9.32	7.57
2013	Hombres	14.02	12.56	16.30	17.29	12.77	18.92	16.58	12.96	14.93	12.69
	Mujeres	4.70	2.87	4.92	4.96	4.19	4.53	5.75	3.85	4.44	4.05
	Total	9.42	7.70	10.51	11.08	8.44	11.69	11.09	8.31	9.63	8.31
2014	Hombres	16.64	12.24	16.10	16.45	9.67	18.77	15.98	14.22	14.96	12.86
	Mujeres	2.64	2.39	4.44	7.99	1.14	3.95	4.01	3.54	3.84	4.12
	Total	9.72	7.29	10.17	12.18	5.37	11.32	9.91	8.77	9.34	8.42
2015	Hombres	14.25	7.73	15.65	14.73	13.55	16.13	13.28	11.05	12.64	11.75
	Mujeres	3.21	3.99	3.47	4.54	1.90	5.21	5.06	2.22	3.70	3.91
	Total	8.79	5.85	9.45	9.54	7.67	10.63	9.11	6.55	8.12	7.76
2016	Hombres	10.19	12.41	15.19	14.31	13.56	17.82	13.72	9.25	12.71	11.67
	Mujeres	2.61	3.19	2.24	4.33	3.42	4.32	3.96	2.62	3.29	3.84
	Total	6.45	7.77	8.60	9.27	8.44	11.03	8.76	5.87	7.95	7.68
2017	Hombres	9.03	12.41	14.99	12.99	8.14	17.33	11.24	11.88	12.19	11.91
	Mujeres	3.75	5.25	3.74	5.41	3.03	2.80	4.67	4.44	4.38	4.05
	Total	6.42	8.81	9.27	9.17	5.56	10.02	7.90	8.08	8.24	7.91

Source: Own creation from the data of the *Instituto Nacional de Estadística* [INE, National Institute of Statistics] (2008-2017).

TABLE 4
SUICIDE RATE PER 100,000 INHABITANTS IN ANDALUSIA BY AGE RANGE AND SEX (MEN, WOMEN, AND AVERAGE) (2008-2017)
(SOURCE: OWN CREATION FROM THE DATA OF THE INE)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	x
15-29	9.70	7.82	5.19	5.59	7.66	7.53	5.87	5.04	3.87	4.06	6.23
	1.55	1.94	0.99	1.79	1.71	1.9	1.39	1.57	0.72	1.91	1.55
	5.75	4.96	3.15	3.73	4.75	4.78	3.68	3.34	2.33	3.01	3.95
30-39	15.97	11.24	11.46	10.86	13.84	12.97	10.56	10.42	9.37	10.52	11.72
	3.38	2.90	3.90	2.45	3.32	2.78	2.4	1.69	3.32	2.94	2.91
	9.83	7.16	7.76	6.75	8.7	7.98	6.55	6.12	6.39	6.78	7.4
40-44	19.77	16.8	15.99	14.98	18.92	17.54	16.43	10.91	12.27	11.89	15.56
	3.91	5.91	5.31	4.1	4.1	3.83	4.74	4.71	3.23	5.53	4.54
	11.91	11.44	10.69	9.6	11.59	10.76	10.66	7.85	7.81	8.75	10.11
45-49	19.31	19.50	17.22	19.03	18.26	17.28	19.32	14.61	16.37	18.44	17.93
	5.15	4.65	5.76	2.81	4.57	5.1	8.01	6.93	4.19	3.89	5.1
50-54	12.28	12.1	11.5	10.92	11.43	11.18	13.66	10.74	10.29	11.15	11.53
	20.15	22.48	22.56	15.16	19.93	22.36	27.81	20.05	20	19.26	20.98
	4.10	3.52	5.23	3.94	6.94	9.56	6.04	6.16	4.77	5.29	5.56
55-59	12.11	12.96	13.87	9.53	13.41	15.43	16.87	13.06	12.33	12.23	13.18
60-64	21.55	23.28	15.90	17.49	17.83	21.89	26.07	21.88	21.09	19.78	20.68
	9.83	6.04	4.56	3.93	5.93	6.95	5.13	4.55	7.68	7.81	6.24
	15.62	14.56	10.16	10.62	11.80	14.31	15.44	13.09	14.29	12.42	13.23
65-69	22.41	22.46	19.13	16.35	25.06	19.27	20.79	19.58	18.83	13.74	19.76
	6.4	7.19	4.73	6.72	7.08	4.67	7.06	6.04	4.03	6.52	6.04
	14.18	14.58	11.7	11.39	15.8	11.76	13.75	12.63	11.24	10.04	12.71
65-69	23.84	18.53	15.01	13.53	15.81	24.69	16.77	11.79	24.59	14.49	17.91
	7.9	10.86	7.04	8	4.1	9.44	7.36	4.86	6.95	7.35	7.39
	15.41	11.47	10.82	10.63	9.68	16.66	11.84	8.16	15.35	10.76	12.08



TABLE 4
SUICIDE RATE PER 100,000 INHABITANTS IN ANDALUSIA BY AGE RANGE AND SEX (MEN, WOMEN, AND AVERAGE) (2008-2017)
(SOURCE: OWN CREATION FROM THE DATA OF THE INE) (Continuation)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	x
70-74	33.20 8.55 19.69	34.64 9.45 20.79	26.92 5.51 15.15	27 6.03 15.52	31.65 7.55 18.51	25.60 8.84 16.5	22.15 7.25 14.07	20.81 5.73 16.7	20.49 3.97 11.6	19.78 10.94 15.02	26.22 7.38 16.36
75-79	44.45 9.04 24.10	38.05 3.77 18.39	34.30 6.23 18.22	38.91 3.10 18.44	39.39 6.74 20.70	33.49 11.92 21.16	42.35 3.28 19.95	40.31 10.22 23.06	39.36 4.04 19.2	29.58 5.63 15.98	38.02 6.4 19.92
80-84	68.28 7.52 30.77	29.25 10.86 17.89	53.01 3.5 22.57	49.2 4.2 21.61	50.72 10.59 26.29	60.69 5.5 27.2	46.09 6.94 22.4	40.77 6.11 19.83	39.34 8.36 20.65	43.65 12.02 24.53	48.1 7.56 23.37
85-89	38.37 12.24 20.96	58.65 8.28 25.26	67.38 10.88 29.9	55.37 7.46 23.69	44.45 7.15 19.82	58.58 9.84 26.84	86 6.79 33.91	63.88 6.5 26.37	44.57 3.76 17.96	64.53 10.89 29.78	58.18 8.38 25.45
90-94	50.21 0 13.87	73.25 9.35 27.05	57.58 0 16.32	73.6 4.2 24.01	66.11 3.92 22.16	53.04 3.66 18.12	83.4 3.48 27.02	108.81 6.52 36.73	57.66 6.36 15.66	72.13 3.05 23.56	69.58 4.05 22.45
+95	97.8 0 24.18	0 0 0	86.84 0 21.45	0 3.63 10.24	39.42 0 9.83	0 26 19.52	39.64 0 9.54	36.71 23.93 27.07	104.2 0 25.83	32.5 0 8.14	43.71 5.36 15.58

Source: Own creation from the data of the Instituto Nacional de Estadística [INE, National Institute of Statistics] (2008-2017)

(poisoning by exposure to non-narcotic analgesics or by antipyretic and anti-rheumatic drugs).

In terms of the age distribution of suicide, the high suicide rates found among the elderly are very alarming. In fact, the highest average suicide rate per 100,000 inhabitants is in the 85-89 age group—which is also the age group of the highest rate for women—followed by 80-84 and 90-94, the age group where the average suicide rate for men is the highest, and is rather alarming. On the other hand, although some previous works (Gutiérrez, 1998) have described a relative increase in suicide among young people, this phenomenon does not occur in Andalusia in either young or middle-aged people, with specific exceptions in some years, which are observed in the tables, although these are not significant. In fact, the lowest rates are found in the youngest people (in age groups 15-29 and 30-39 years).

This increase in rates as age increases for both sexes—up to 8 times higher for older than for younger people—has already been noted in other previous studies (Morant, Criado, García, García, Domper, & Tornil, 2001), it being observed that those over 65 years of age have up to 1.5 times the risk of committing suicide than young people, the risk increasing after the age of 85 compared to other age groups (Koponen et al, 2007; Stern, Frocchione, Cassem, Jellinek, & Rosenbaum, 2010). In this sense, an analysis to clarify the causes with a view to prevention would be desirable, but among the risk factors, the following are noted: being male and widowed or divorced; suffering from chronic, terminal, or disabling diseases that reduce mobility and quality of life; precarious economic conditions; social isolation; being widowed; and mood disorders that are sometimes overshadowed by physical problems; the use of psychotropic drugs; alcohol consumption; or previous suicide attempts (Mirón-Canelo, Sáenz-González, Blanco Montagut, & Martín, 1997; Iglesias García & Álvarez-Riesgo, 1999; Pedrós Roselló & Vera-Albero, 2001; Ruíz-Doblado, 2000; Sánchez, Orejarena, & Guzmán, 2004;

Ojagbemi, Oladeji, Abiona, & Gureje, 2013; Guibert & Trujillo, 1999; Rodríguez, Medina, & Cardona, 2013; Conwell, Duberstein, Connor, Eberly, & Cox, E. Caine, 2002; Kawamura, Shioiri, Takahashi, Ozdemir, & Someya, 2007; Wiktorsson, Runeson, Skoog, Ostling, & Waern, 2010).

All these factors should be taken into account when designing strategies of prevention, detection, diagnosis, intervention, and follow-up, and even more so when taking into account the ageing of the population. In spite of the above-mentioned figures, and despite the fact that it is a problem at the national level, Spain does not have a suicide prevention program that provides budgets for its implementation, prioritizes attention within primary care, or invests in training and research. On the other hand, in the case of young people it would be advisable to make an exhaustive analysis of the circumstances that precipitate suicide, since in most cases there are underlying psychopathologies. Similarly, and as a preventive measure, it would be advisable to design actions specifically aimed at the elderly, given the alarming figures. In this sense, it is essential to consider the training and retraining of professionals and teachers, as well as raising awareness against stigma in the general population. Only with the involvement of all parties can effective results be achieved.

With regard to the limitations of this study, as mentioned above, it should be noted that data are not available regarding the number of suicide attempts that are closely related to underlying mental disorders or the possibility of recidivism (Pedrós & Vera, 2001; Ruíz, 2000.) It should also be noted that, although there have been notable improvements in registering the data in recent years, the act of suicide remains a taboo and a source of shame for families, so the actual figures could be higher, increasing the magnitude of the phenomenon.

All of this highlights the need to continue working on improvements in the field of mental health, at all possible



levels, both in the area of diagnosis and in intervention (such as, for example, through the preparation and implementation of a national strategic plan, which is urgently needed), which would make it possible to address the phenomenon from a comprehensive perspective.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest in the publication of this article.

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TABLE 5
MAIN METHODS OF SUICIDE IN ANDALUSIA NUMBER OF SUICIDES IN ANDALUSIA BY CHOSEN METHOD (MEN, WOMEN AND AVERAGE)
(SOURCE: OWN CREATION FROM THE DATA OF THE INE)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Poisoning and intoxication by medicines	48 35 83	60 47 107	50 43 93	39 20 59	52 35 87	41 39 80	296 34 330	35 25 60	36 31 67	43 36 79	699 345 1044
Hanging, strangulation or suffocation	423 58 481	344 47 391	346 52 398	345 53 398	409 55 464	389 67 456	412 60 472	347 62 409	341 58 399	330 61 391	3686 573 4259
Drowning and submergence	10 6 16	13 5 18	9 5 14	18 7 25	9 7 16	12 10 22	4 3 7	5 6 11	2 3 5	4 7 11	86 59 145
Firearm	44 2 46	42 1 43	40 1 41	30 1 31	33 2 35	49 2 51	49 1 50	48 1 49	27 1 28	26 1 27	388 13 401
Fire or bonzo style	3 1 4	2 1 3	2 0 2	1 0 1	3 0 3	2 0 2	2 0 2	0 2 2	2 1 3	2 1 3	19 6 25
Self-lacerations	17 3 20	18 3 21	13 3 16	11 0 11	10 4 14	19 4 23	8 6 14	7 1 8	9 2 11	15 3 18	127 29 156
Defenestration and precipitation	92 58 150	88 57 145	61 36 97	65 44 109	96 58 154	100 62 162	93 47 140	65 48 113	85 38 123	78 65 143	823 513 1336
Run over voluntarily	8 0 8	6 2 8	9 1 10	3 1 4	2 2 4	4 0 4	2 1 3	4 0 4	2 0 2	3 1 4	43 8 51
Motor vehicle collision	1 0 1	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	1 0 1
Injury by other specified means	2 0 2	1 0 1	0 0 0	1 0 1	1 0 1	1 0 1	0 0 0	1 0 1	0 0 0	1 0 1	8 0 8
Self-inflicted injury by unspecified means	10 2 12	9 4 13	7 7 14	8 4 12	2 1 3	3 4 7	2 1 3	17 8 25	24 6 30	14 11 25	96 48 144

Source: Own creation from the data of the *Instituto Nacional de Estadística* [INE, National Institute of Statistics] (2008-2017)



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