

Suicide

Suicide is a common cause of early life years lost, and has a devastating impact on families, communities and other survivors – economically and emotionally.

In 2009, there were 18 deaths from suicide and injury undetermined in North Somerset, a reduction from the previous year when there were 26 deaths. Male deaths outnumber female deaths by 3.8 to 1. Mortality rates from suicide and undetermined injury in North Somerset are much higher in more deprived areas. The majority of deaths were as a result of hanging and most suicides occur in the age group 35-64.

Since 1993, the mortality rate in North Somerset has been lower than the national average with the exception of the most recent years (2006-08, and 2007-09). Mortality rates in North Somerset are currently higher than the national average but not significantly different. The cause of this recent rise is unclear. Possible reasons include natural fluctuations or the economic recession.

An audit of coroners' records in 2009 identified the three most commonly cited contributing factors in North Somerset as relationship issues (67%), depression (61%) and alcohol (33%). The majority of those who died were unemployed (58%), either separated or divorced (55%), and living alone (55%) Other contributing factors cited included co-morbid physical conditions and insomnia.

Several local and wider multi-agency groups have involvement in suicide prevention work. Current action to prevent suicides includes clear referral pathways for high risk individuals; psychiatric liaison service at the A&E department at Weston Area Health Trust; applied suicide prevention training courses; and a multi-agency project on Mental Health Care Clusters. Suicide prevention work has been identified as a priority by mental health services users.

Challenges for consideration

Action is required to continue to provide applied suicide prevention intervention skills training; understand local patterns of deliberate self-harm; evaluate interventions related to management of depression and deliberate self-harm; continue to improve data, media reporting, and access to 'hot spots; and develop a suicide prevention strategy incorporating national guidance due in 2011.

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Why is this important?

Suicide is a major public health issue and a common cause of early life years lost¹. It is a major cause of premature death and can have a devastating impact on families, communities and other survivors – economically and emotionally. There are many reasons why people die by suicide, although risk factors include traumatic life events e.g. bereavement, unemployment and mental illness. It is important to recognise that economic recessions have resulted in increased risk of suicide.

What are the needs of the population?

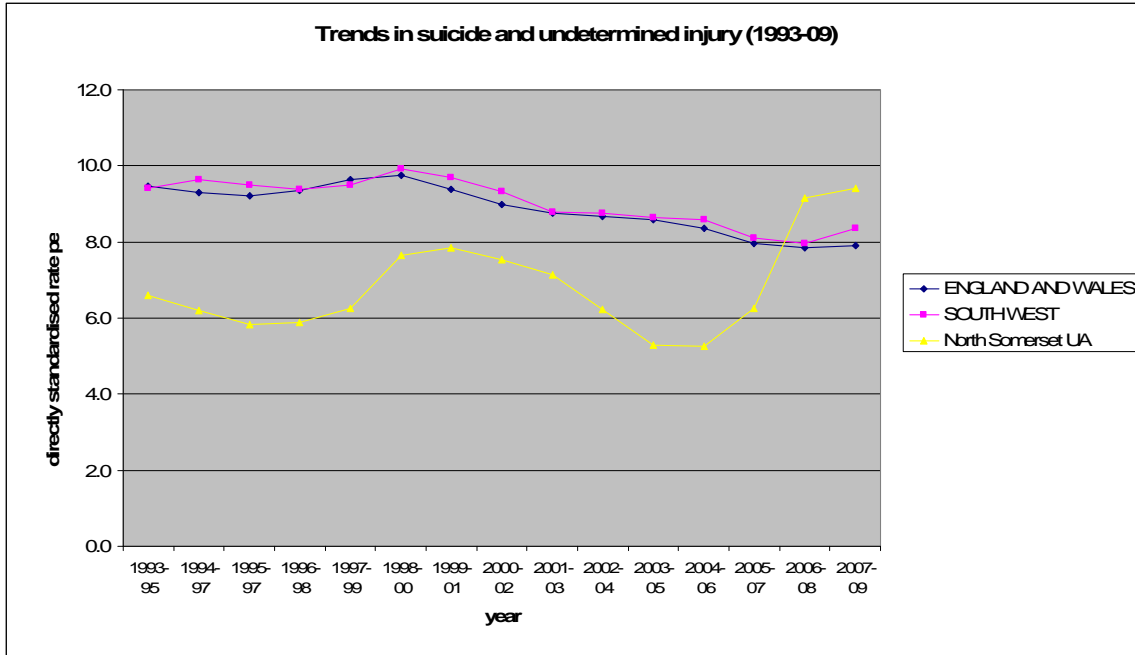
When examining trends in suicide, it is important to also look at deaths coded as undetermined injury as many of these will be suicide. Research indicates that approximately three-quarters of open verdicts by coroners are likely to be suicides. This is the approach taken nationally to monitor trends in suicides.

This chapter draws on data provided by the Office for National Statistics; an audit using the Peninsula School Medical tool of records from the Avon Coroner's Office; information provided by Avon and Wiltshire Mental Health Partnership; and the Public Health Mortality Files.

It is important to note that there are some differences between the data sources, due to the delay from when the death occurred to when the inquest was finalised and the death formally registered. Currently in the South West, only 50% of deaths are registered in the year the death actually occurred². However monitoring of deaths nationally is undertaken using the date the death is registered.

In 2009, there were 18 registered deaths from suicide and injury undetermined in North Somerset, a reduction from the previous year when there were 26 deaths. The majority of these were the result of hanging mirroring the national picture, with alcohol recorded at the time of death in 39% (7/18) of cases.

Since 1993, the mortality rate of suicides and undetermined injuries in North Somerset has been lower than the national and South West average with the exception of the most recent years. In 2007-09, the North Somerset mortality rate (9.61) from suicides and undetermined injury was higher than both the national (7.90) and South West (8.36) average, although this difference was not statistically significant. Examination of individual years shows that this is largely the result of a high number of deaths in 2008.



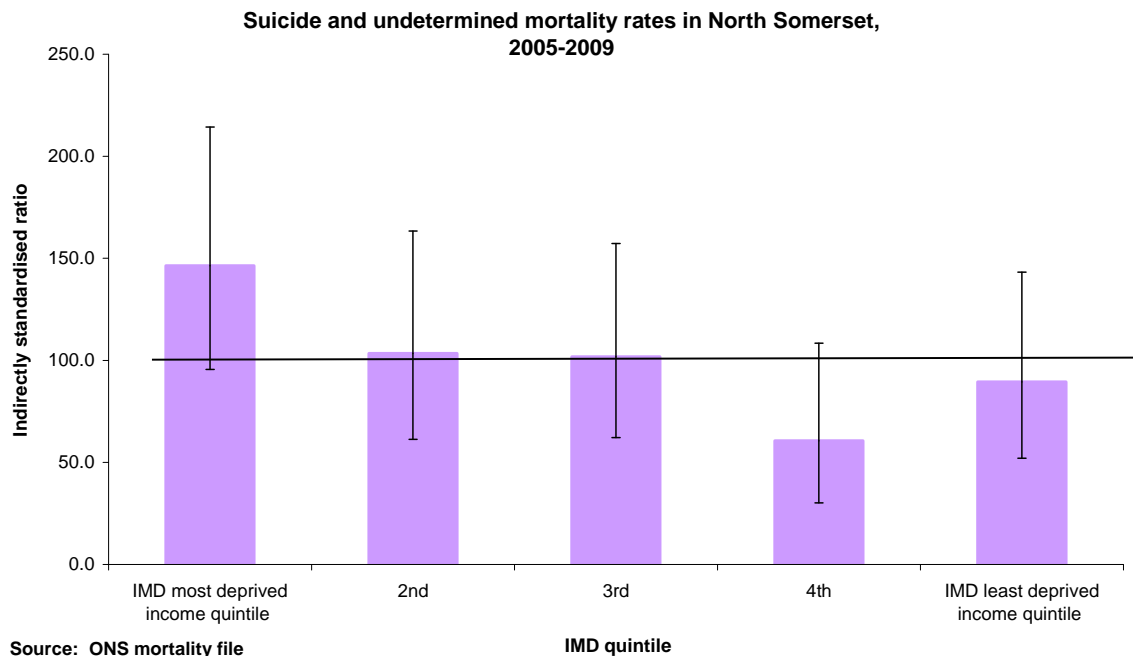
Source: ONS National Compendium of Clinical Indicators

The reasons for this recent rise are unclear. Possible explanations include a natural fluctuation, as the number of deaths each year is small; impact of the economic recession; or a change in recording practices or registrations at the local coroners. Nationally, there have been increases in suicides since the recession, with a higher number of suicides reported in 2008 and 2009.

There are clear differences between the sexes in suicide. Male deaths outnumbered female deaths by 3.8 to 1, slightly higher ratio than the national average of 3.2 to 1 (2007-09). Most male and suicides occur in midlife (35-64) year olds reflecting the national average. Routinely collected data on ethnicity or sexuality is not currently available.

There is a clear gradient of increasing mortality rates of suicides and undetermined injury with increasing levels of deprivation. However, due to the small number of deaths, the differences in mortality rates between the most and least deprived areas are not statistically significant. In the fifth most deprived areas of North Somerset, mortality rates were 46% higher than the average (Figure 2).

Figure 2: Suicide and undetermined injury rate in North Somerset (2005-09)



An audit of 18 coroner's reports of deaths registered in 2009 provides further details on the circumstances surround the death and risk factors. The majority of deaths occurred at home.

- 7/12 (58%) people from who occupation was recorded were unemployed;
- 10/18 (55%) were either separated or divorced, and 5 (28%) were single;
- 10/18 (55%) were living alone.

The three most commonly cited contributing factors were relationship issues (67%), depression (61%), and alcohol (33%). Other contributing factors cited included co-morbid physical conditions, insomnia, and employment. 6(33%) had a recorded history of deliberate self-harm. The North Somerset findings are supported by research that identifies the following groups at particularly high risk of suicide. Nationally these factors have been identified as:

- Unemployed;
- Socially isolated and living alone;
- Involvement in criminal justice;
- Certain ethnic minority groups;
- Family history of suicide ;
- High risk occupations such as vets, farmers, doctors;
- History of alcohol and substance misuse;
- Individuals with a mental illness;

- Traumatic life events such as bereavement or job loss^{3, 4}.

A recorded history of contact with health services was recorded in a minority of cases. Recent contact with a GP was recorded in 9 (41%) of cases, with 6 of these in the same month of death. Only one of these cases recorded use of the PHQ-9 depression questionnaire.

Fewer than 5 individuals had contact with the Avon and Wiltshire Mental Health Partnership (AWP) recorded in the coroner's records although this contradicts data provided by AWP. This compares to 44% nationally. The cause of this discrepancy needs to be determined.

Current services provision

Preventing suicide is complex, and requires actions by different agencies. Several local and regional multi-agency groups have involvement in suicide prevention work, including North Somerset Local Implementation Team for Mental Health; the Joint suicide prevention group Avon and Wiltshire Mental Health Partnership; the Clifton Bridge suicide prevention group and the Avon and Somerset Criminal Justice mental Health group.

Current activities aimed at reducing suicide include:

- Clear referral pathways for at risk individuals between primary and secondary care;
- Close multi-agency working between statutory and non-statutory partners for most at risk individuals;
- Psychiatric Liaison Service in Weston Area Health Trust A&E Department;
- Multi-agency project on Mental Health Care Clusters will strengthen the management of individuals at risk of suicide;
- Applied Suicide Prevention Skills Training Courses in North Somerset;
- Contractual 'never events' regarding access to means within inpatient settings;
- Real time monitoring of methods of suicide.

There are several information gaps. This includes a delay in notification of a death by suicide for people not involved in mental health services. There is also lack of knowledge locally of patterns of deliberate self-harm. There is limited information about the effectiveness of services and NICE guidelines aimed at reducing deliberate self-harm.

Community voice

North Somerset Mental Health Event for Service Users and their Supporters identified suicide prevention work as a priority, this work is ongoing in the monthly North Somerset Mental Health User Carer Forum.

There is limited local information from service user feedback on those services specifically targeting those with depression or deliberate self-harm.

What works?

Resources containing evidence of suicide prevention can be found in:

National Mental Health Development Unit - Suicide Prevention
<http://www.suicideprevention.org.uk/>

Peninsula Medical School. Suicide Audit in Primary Care Trust Localities.
<http://www.nmhd.org.uk/silo/files/suicide-audit-in-primary-care-trust-localities.pdf>

NICE. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care
<http://www.nice.org.uk/nicemedia/pdf/CG16FullGuideline.pdf>

NICE. Depression: management of depression in primary and secondary care - NICE guidance
<http://www.nice.org.uk/CG23>

Department of Health. No health without mental health: a cross-government mental health outcomes strategy for people of all ages
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

Challenges for consideration by commissioners

- Develop a North Somerset suicide prevention strategy and action plan involving the NHS and partner agencies encompassing the new guidance and evidence in the new Mental Health & Wellbeing strategy and expected 2011 guidance on suicide prevention.
- Work with the acute trusts and primary care, including child and adolescent mental health services, in management and evaluation of services for those affected by deliberate self-harm and depression.
- Continue to provide the applied intervention skills training.
- Continue to undertake further work on obtaining data from the coroners to improve 'real time' monitoring of suicides; work with local press on improving reporting on suicides; and reducing access to 'hot-spots'.
- Undertake further work to understand the risk factors and trends of deliberate self-harm in North Somerset.

References

¹ Department of Health (2002) *National Suicide Prevention Strategy for England*. Department of Health Publications, London

² Personal communication, South West Public Health Observatory, 2011.

³ Department of Health (2002) *National Suicide Prevention Strategy for England*. Department of Health Publications, London

⁴ UCL and Barts and the London Queen Mary's School of Medicine and Dentistry (2006) *Suicide Prevention for BME groups in England*. Report from the BME Suicide Prevention Project.