Lincolnshire JSNA:
Suicide

Why is it an issue?

The suicide rate in England was in steady decline for most of the last decade until around 2008, since when there has been a small increase. Given the extensive evidence base linking difficult economic circumstances and higher unemployment to higher rates of suicide, some researchers attribute this rise in recent years to the economic downturn. National and local analysis of data indicates the following contributing risk factors for deaths:

- history of mental health problems and depression
- history of self-harm
- physical ill-health
- alcohol misuse
- financial issues
- bereavement
- special educational needs.

Many of the risk factors are known from national research – being male, living alone, living in a deprived area, being unemployed, alcohol and drug misuse, and mental illness. It is important to note that not all people exposed to these risk factors take their own life, as over the life course a level of resilience and protective factors are developed. Rather, these factors contribute to an individual’s vulnerability to suicide.

The effects of suicide can be devastating. Many people – friends, family, professionals, colleagues and wider society will feel the impact. There are also significant financial costs associated with a suicide. The average cost of a completed suicide of a working age adult in the UK is estimated to be £1.67m. The 2014 Annual Report from the Director of Public Health for Lincolnshire identified that death from suicide or undetermined causes is the third biggest cause of years of life lost in Lincolnshire.


Policy and Guidance

The HM Government ‘Preventing Suicide in England’ report 2014, and the ‘Preventing Suicide in England’ Strategy 2012 cite that ‘much of the planning and work to prevent suicides will be carried out locally’. From April 2013, local responsibility for coordinating and implementing a local suicide prevention action plan, became an integral part of local authorities’ public health responsibilities.


The national strategy, Preventing Suicide in England 2012, identifies six key areas for action:

- Reduce the risk of suicide in key high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

Prompts for Local Leaders on Suicide Prevention:

Lincolnshire is developing a Lincolnshire Local Action Plan for Suicide Prevention.

Guidance on Developing a Local Suicide Prevention Action Plan
What is the picture locally & how do we compare?

What is the picture in Lincolnshire?

The most recent information has been accessed from Health and Social Care Information Centre (HSCIC) [www.hscic.gov.uk](http://www.hscic.gov.uk) and Public Health Mortality files ([http://www.hscic.gov.uk/pcmdatabase](http://www.hscic.gov.uk/pcmdatabase)) on suicides registered during the period 2012-2014: [http://www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx?dataInstanceID=5719](http://www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx?dataInstanceID=5719)

- During the 2014 calendar year in Lincolnshire, there were 67 deaths recorded as due to suicide and injury undetermined. This was an increase from the previous year, when there were 59 deaths. Three year rolling averages were calculated and suggest that these annual changes in numbers are likely to be due to random variation. Overall figures have not changed greatly compared to previous audits which emphasises the need for further work to address entrenched patterns.

- Rates of suicide in the Lincolnshire population appear stable over time, with the directly age standardised rate of suicide in Lincolnshire remaining slightly above the national average. The highest age specific mortality rate due to suicide in the pooled calendar years 2012 to 2014 was seen in the 40-44 age group ([ONS: www.ons.gov.uk](http://www.ons.gov.uk)).

- Suicide is more commonly seen amongst males than females; in the calendar year 2014, 74.6% of suicides in Lincolnshire were completed by males. This group are traditionally least likely to seek help, so that presents a challenge to services to be creative about improving access to support.

- Many individuals are in contact with a range of organisations and members of their local community leading up to their death, all of which potentially have a role in suicide prevention. The challenge is ensuring that individuals know what signs to recognise. Self-harm is a known risk factor and one of the strongest known predictors of suicide. Hospital admissions rose in the period 2012-2013, emphasising the importance of engaging with and supporting individuals who self-harm. Emergency departments and primary care have an important role in the care of people who self-harm, specifically for those who present with repeated self-harm injuries ([Hospital Episode Statistics; www.hscic.gov.uk/hes](http://www.hscic.gov.uk/hes)).
In the pooled calendar years 2011 to 2013, there were no significant differences between the age standardised rates of mortality across the four Lincolnshire CCGs and Lincolnshire itself.

Since 2006, hanging/strangulation has consistently been the most common method of suicide followed by poisoning.

Rates of suicide in the pooled calendar years 2011 to 2013 were highest in the Lincoln, North Kesteven and Boston districts. An association was observed between rates of suicide and levels of multiple deprivation. The highest rate of suicide was in the City of Lincoln District (at 14.5/100,000). It is higher than the average rate for both the East Midlands and England. (Source: HSCIC Indicator Portal, November 2015.)

What are we doing about it & what can be done differently?

The multi-agency Suicide Prevention Strategic Steering Group (SPSSG) is formulating the Local Suicide Prevention Action Plan. This will focus on four priority areas aiming to reduce the number of suicides in Lincolnshire. These are:

- Awareness
- Prevention
- Data collation, monitoring and research
- Crisis Care

In order to address continuing need, improved partnership working, sharing of resources and clarification and simplification of access to pathways of support will be required. The SPSSG will be developing these actions.

The areas for action in this Local Action Plan are the key areas that require attention in Lincolnshire within each priority. These have been identified through a review of the national strategy Preventing Suicide in England and associated documents, data and information, and local views and knowledge. They are a balance between acknowledging the national recommendations with identifying local priorities.

There is a need to raise awareness for suicide prevention training and awareness, targeting specifically community and front line services. There may be an opportunity to develop a 'Suicide Champion' Scheme.

Self-harm is a known risk factor and one of the strongest known predictors of suicide. Hospital admissions rose in the period 2012-2013, emphasising the importance of engaging with and supporting individuals who self-harm. There are a number of contributory factors towards the risk of suicide and self-harm, including deprivation and depression. Further investigation is required into the risk factors of those living within the most deprived quintiles to help define the local action plan, with particular reference to self-harm. Greater understanding is required of the journey and triggers that result in suicide.

Since the transfer of Public Health to Local Authority, access to data and specifically to GP patient records, which had previously informed suicide and self-harm prevention, has been restricted. There is a need to develop information sharing agreements with partner organisations and explore alternative data sources, as collating numbers alone does not provide the quality of data to inform and target suicide prevention effectively suicide. The annual suicide rate in Lincolnshire shows a stable trend, however it is still above the England average, therefore further learning is essential.

How do we compare?

The most recent information has been accessed from Health and Social Care Information Centre (HSCIC) [www.hscic.gov.uk](http://www.hscic.gov.uk) and Public Health Mortality Files (2) on suicides registered during the period 2012-2014.