

Suicides Audit in North Yorkshire 2015

Enter

Contents

Report Authors	2
Acknowledgements	2
Summary of findings	3
Introduction	4
Aims	6
Audit scope	6
Data analysis	7
Recommendations	14

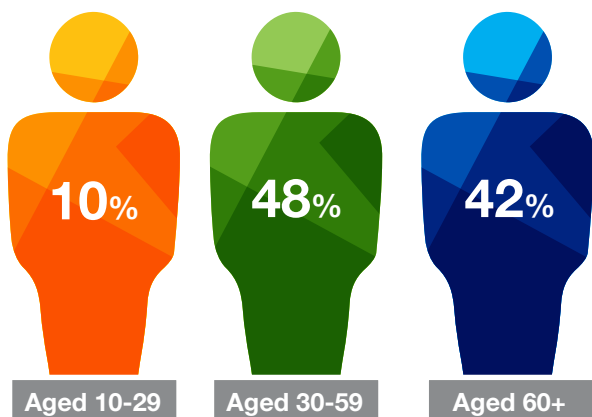
Report Authors

Claire Robinson	Health Improvement Manager
Emel Perry	Public Health Intelligence Analyst
Clare Beard	Public Health Consultant
Leon Green	Senior Public Health Intelligence Specialist

Acknowledgements

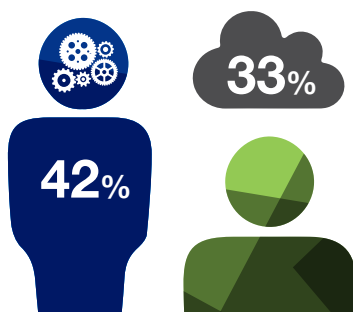
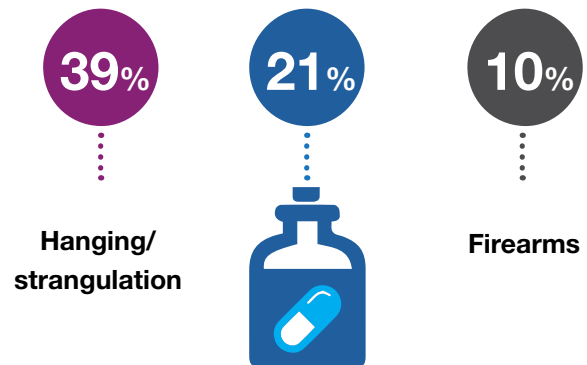
Coroners for North Yorkshire
Suicide Prevention Strategic Group
Suicide Surveillance Group
North Yorkshire Police
North Yorkshire County Record Office

Summary of Findings

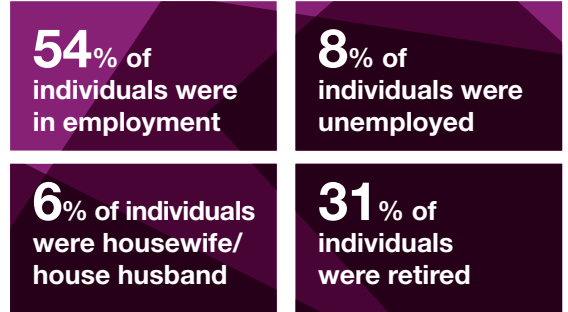


- The average age of the deceased was 56.
- 38% of individuals who died by suicide were aged under 49 and
- 21% of individuals were between 50 and 59.

Most common methods of suicide



Previous **mental health** issues were identified as a contributory factor in just under half (42%) of incidents with 33% of individuals' suffering from **anxiety or depression**.



35% of individuals took drugs at the time of death.

- Of this, **71%** of individuals took non-prescribed drugs at the time of death in comparison to
- 18%** who took prescribed drugs.



Alcohol was identified in **35%** of deaths; in men **71%** versus **29%** in women.

Those aged 40 to 49 (**35%**) were more likely to take alcohol at the time of death.



Over half (**63%** of incidents occurred at the individuals' home address in comparison to **4%** of incidents which occurred in a park or woodland.



35% of individuals had a history of self-harm and **47%** had experienced a self-harm episode within the 12 months leading up to death.

Summary of findings

Introduction

Reducing suicides is a key priority of the North Yorkshire Suicide Prevention Strategic Group, the Health and Wellbeing Board and Scrutiny of Health, which can only be achieved by understanding which groups of individuals are particularly at risk of suicide.

This report pulls together data about deaths from North Yorkshire collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015 and reflects changes in groups or risk factors which have emerged in 2015.

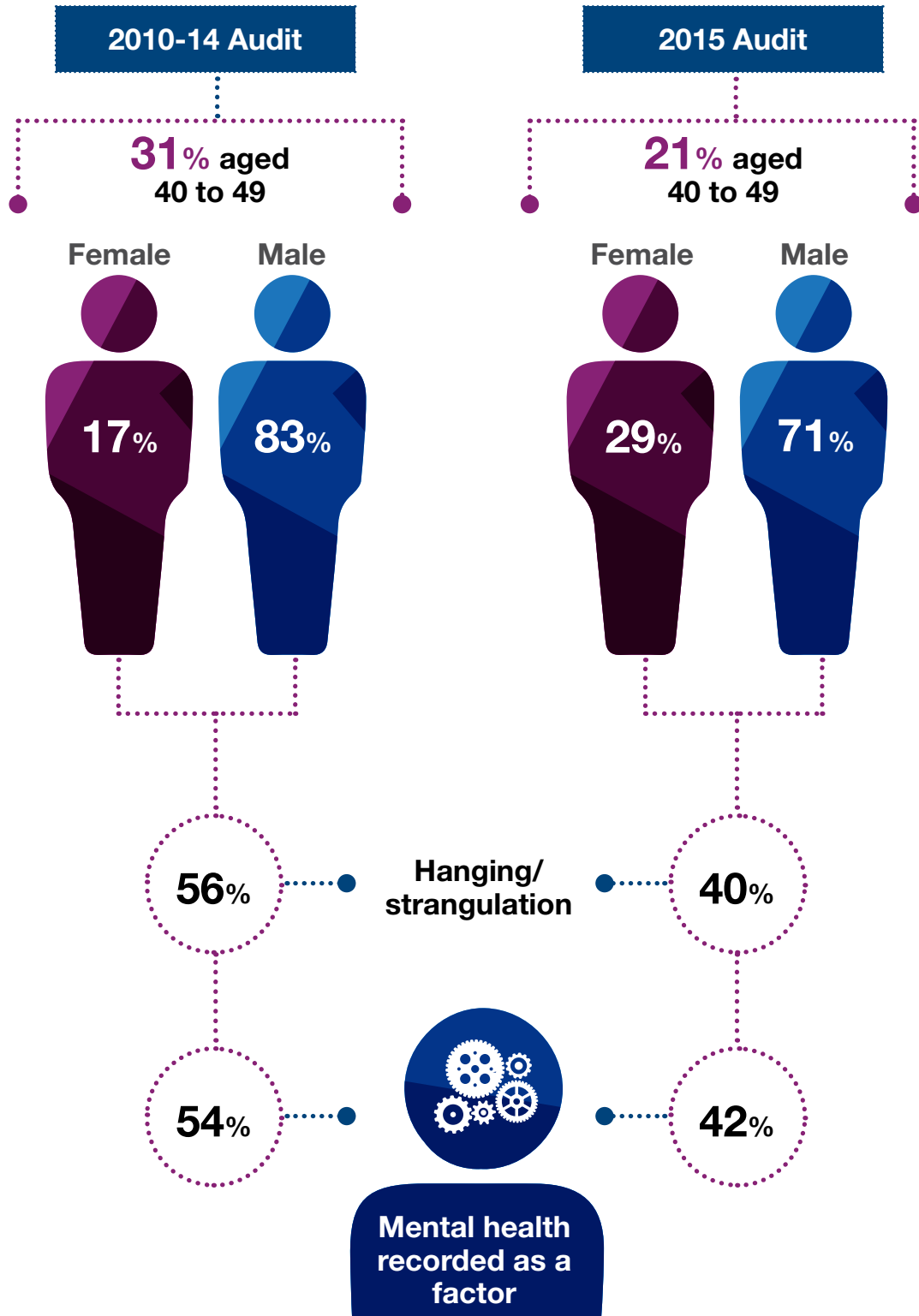
The North Yorkshire 2015 audit of suicides is based on a small number of deaths (48) over a one year period, therefore it is not possible to make direct comparisons with the 2010-14 audit as the 2010-14 audit covers a wider timeframe and therefore a larger number of deaths (227). Caution should be taken when interpreting the report due to the small numbers.

In 2015 a greater proportion of women took their own lives but this is not statistically significantly different to the earlier audit. This trend is in line with the national pattern as recent figures show female suicides are at their highest in a decade in England . The increase in female suicides across North Yorkshire will be monitored by the suicide surveillance sub-group going forward.

The 2015 audit identified those aged between 50-59 were more likely to take their own life in comparison to the 2010-14 audit which identified that those aged 40-49 were the most at risk group.

Hanging or strangulation remain the most common means of suicide in both the 2010-14 and 2015 audit, with a higher proportion of males than females taking their life by hanging or strangulation.

Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) decreased in the 2015 audit when compared to the 2010-14 audit; however this is not statistically significant.



Aims

The 2015 annual audit aimed to:

- compare local data and suicide trends with those identified nationally and regionally
- reflect changes in groups or risk factors which have emerged in 2015
- identify opportunities to influence the work of the North Yorkshire Suicide Prevention Strategic Group

Updated national and local strategies

Samaritans Suicide Statistics report in 2017 stated that in 2015 6,188 coroner's conclusion of suicides were registered in the UK. The highest suicide rate in the UK was for men aged 40-44 In England and the UK, female suicide rates are at the highest in a decade an indication of the picture of suicide risk changing

NICE GUID-PHG95 Preventing suicide in community and custodial settings: Draft guidance consultation due for publication in September 2018. This guideline covers ways to reduce deaths by suicide and help people bereaved or affected by suicides. This includes families and emergency responders, who may as a result be at risk of harming themselves. It looks at measures that can be used in places where suicide is more likely, and at ways to identify and help people at risk. It also covers how local services can best work together and what plans and training they need to put in place.

Audit Scope

For this annual suicide audit information was collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015.

The audit included:

- Residents of North Yorkshire who died within the County where there was a coroner's conclusion of suicide
- All age deaths with a conclusion of suicide
- People who resided outside of North Yorkshire who died by suicide in the County.
- Residents in North Yorkshire who took their lives outside England in cases where the body was repatriated to the County

The audit did not include:

- Deaths subject to an 'open' or 'narrative' inquest outcome
- Deaths of people who resided in North Yorkshire and who died elsewhere in England (as those investigations fell under the jurisdiction of the coroners for those other areas)
- Deaths determined as suicide which occurred within the city of York

Data Analysis

National and regional comparisons using ONS data

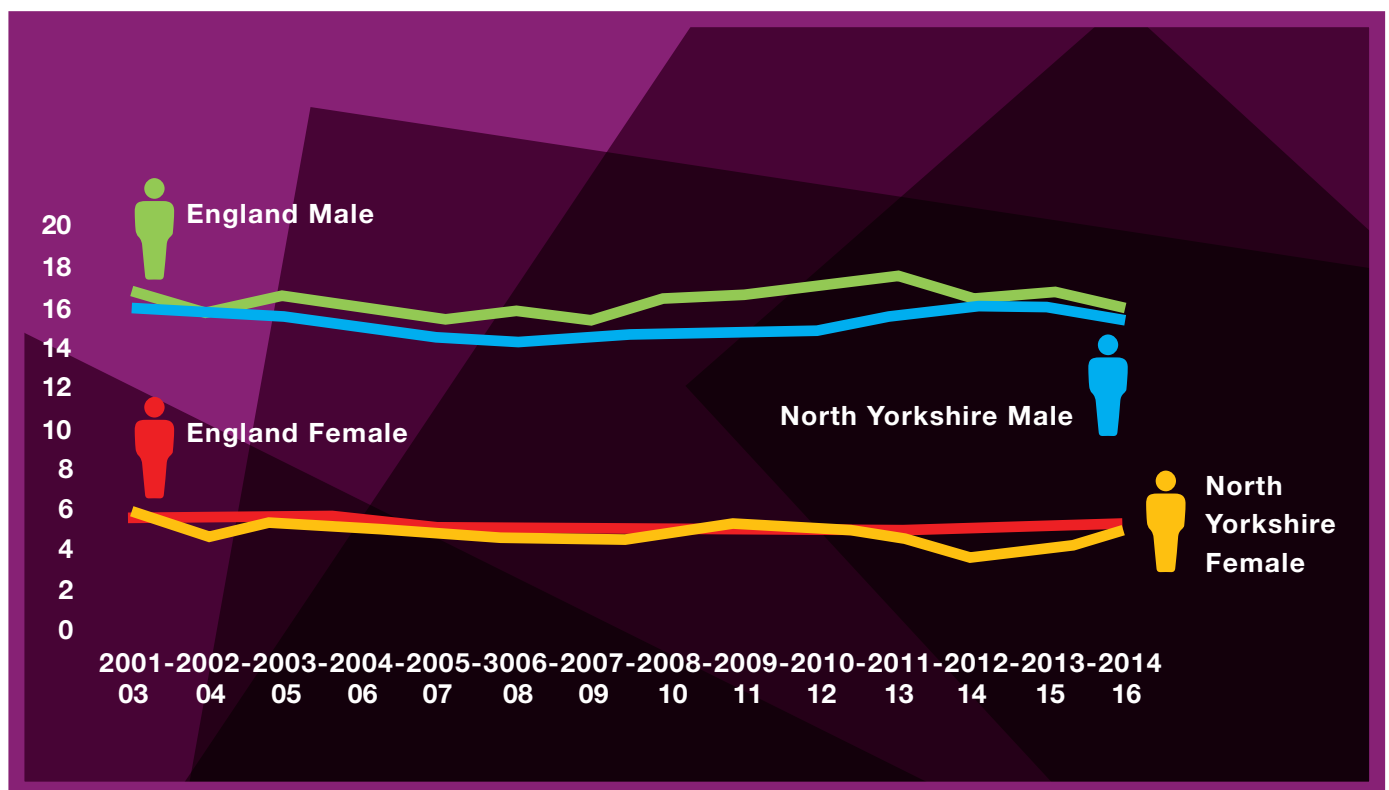
Published suicide figures are calculated as rates per 100,000 of population and are adjusted to take into account differences in the age breakdown of different areas. The latest published rates are for the three year period 2014-16.

The rate of suicides in North Yorkshire (10.1 per 100,000) is lower than that observed regionally (10.4 per 100,000) but slightly higher than the national average (9.9 per 100,000).

North Yorkshire is ranked 9th out of the 16 CIPFA neighbours and the rate among males is much higher than among females in North Yorkshire. In North Yorkshire the suicide rate fell to 9.7 per 100,000 in 2012-14, but this has since increased to 10.1 per 100,000 population in 2014-16. Within North Yorkshire, Craven and Scarborough districts have the highest rate of suicide (11.5 per 100,000) compared to Richmondshire district which has the lowest rate (9.0 per 100,000) but this is not statistically significantly different.

Deaths from suicide and injury undetermined, persons, England and North Yorkshire 2001-03 to 2014-16

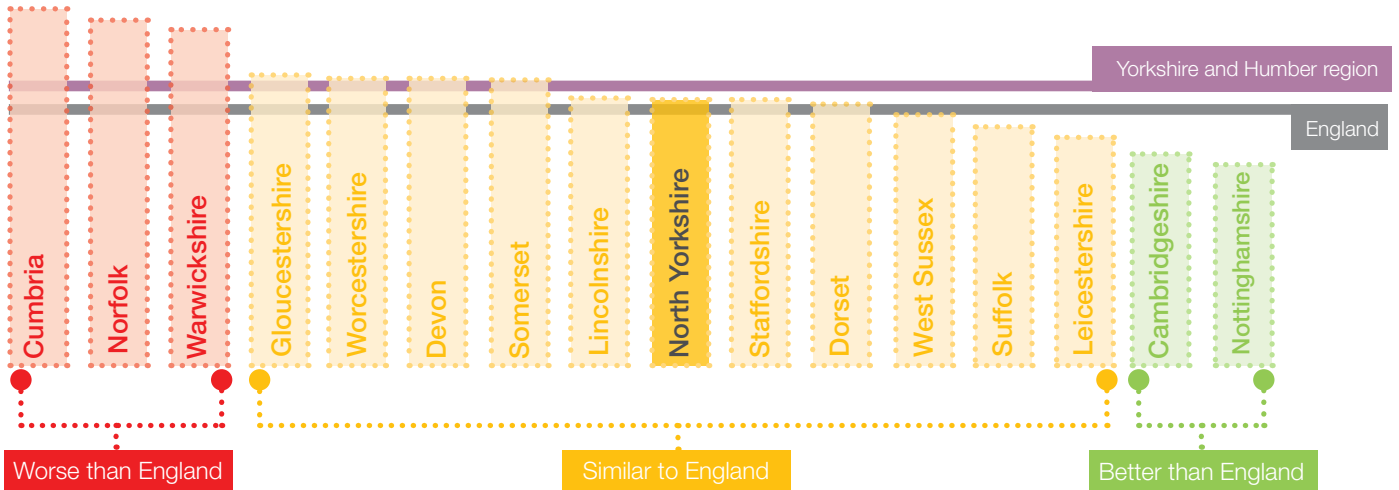
Source: PHE



2: Each local authority has an ordered list of other similar local authorities, from most similar to least similar, based on population, output area density, output area based scarcity, tax base per population, unemployment, retail premises density, housing benefit caseload, people born outside UK and Ireland, households with less than four rooms, households in social rented accommodation, persons in lower NS-SEC (social) groups, standardised mortality ratio, authorities with coast protection expenditure, non-domestic rateable value per population, properties in different tax bands and an area cost adjustment (other services block).

Deaths from suicide and injury undetermined, person, North Yorkshire and similar authorities. 2014-16

Source: PHE



The North Yorkshire 2015 audit data suggests a number of potential areas within the County where people who die by suicide are more likely to live.

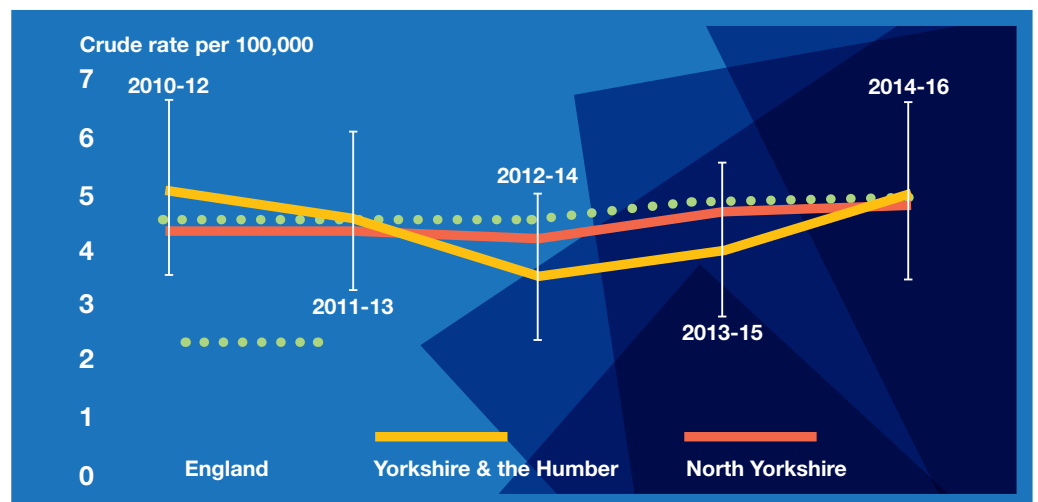
Age and Gender

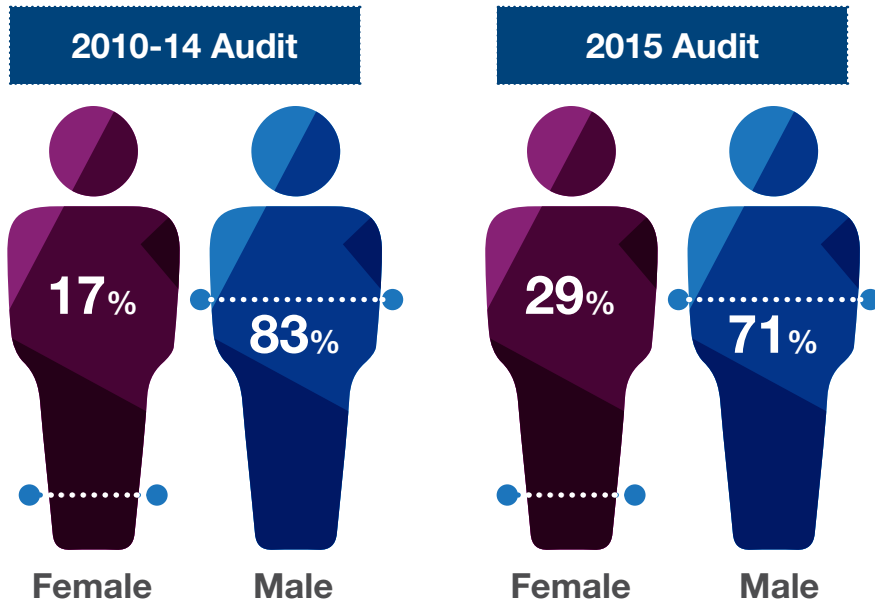
National data indicates for North Yorkshire the overall rate of suicide has not significantly changed when compared to 2010-12 and the crude rate of suicide is 10.1 per 100,000 population which is slightly higher than the England average (9.9 per 100,000 population).

The chart below highlights no change between 2010-12 and 2014-16 in the proportion of female suicides in North Yorkshire. For North Yorkshire, the age-standardised rate per 100,000 population for females is 4.9 (2014-16) similar to the regional and national averages.

Suicide: age-standardised rate per 100,000 population (3 year average) for females only

Source: PHE



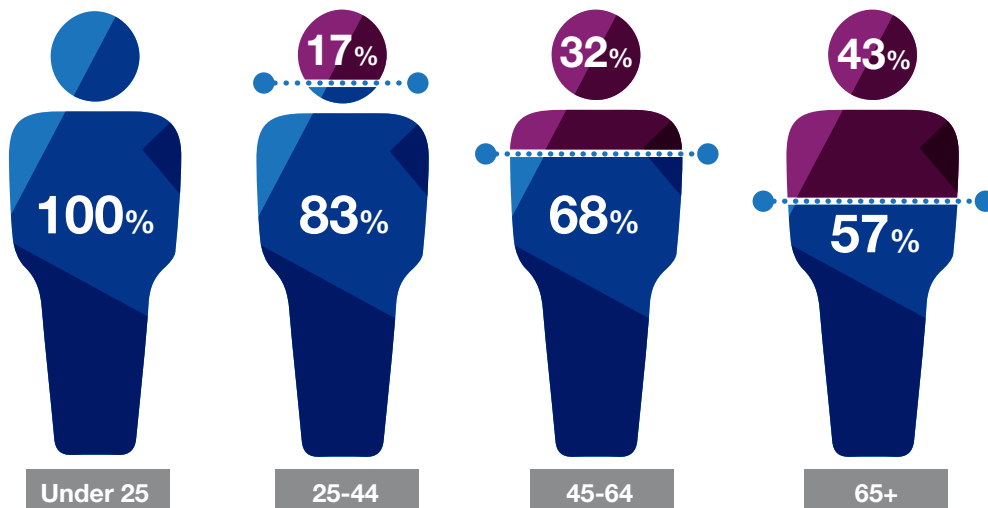


The 2015 audit highlights that suicides remain more common amongst males than females. However the proportion of suicides that were females increased in the 2015 audit in line with national trends. However higher proportion of female suicides is in line with national trends As mentioned previously this is not statistically significant but will continue to be monitored by the suicide surveillance sub-group.

Of the 48 suicides recorded as part of the audit (2015), 71% involved males with the highest number of incidents recorded in men aged 50 to 59. This trend differs when compared to the 2010-14 audit as the most at risk group was males aged 40-49.

It is interesting to note the change in age group for at risk group between the two audits as there is an increase in older people are taking their own life.

However, in contrast to men, the number of incidents among women is highest in the 60 to 69 age group, followed by the 50 to 59 age group. This trend differs when compared to the 2010-14 audit were the number of incidents among women was highest in those aged 40-49. Again this is not statistically significantly but it is interesting to note that more elderly females are more likely to take their own life which follows a similar pattern to males.



North Yorkshire - Incidence of suicide by age group and gender 2015

Source: PHE

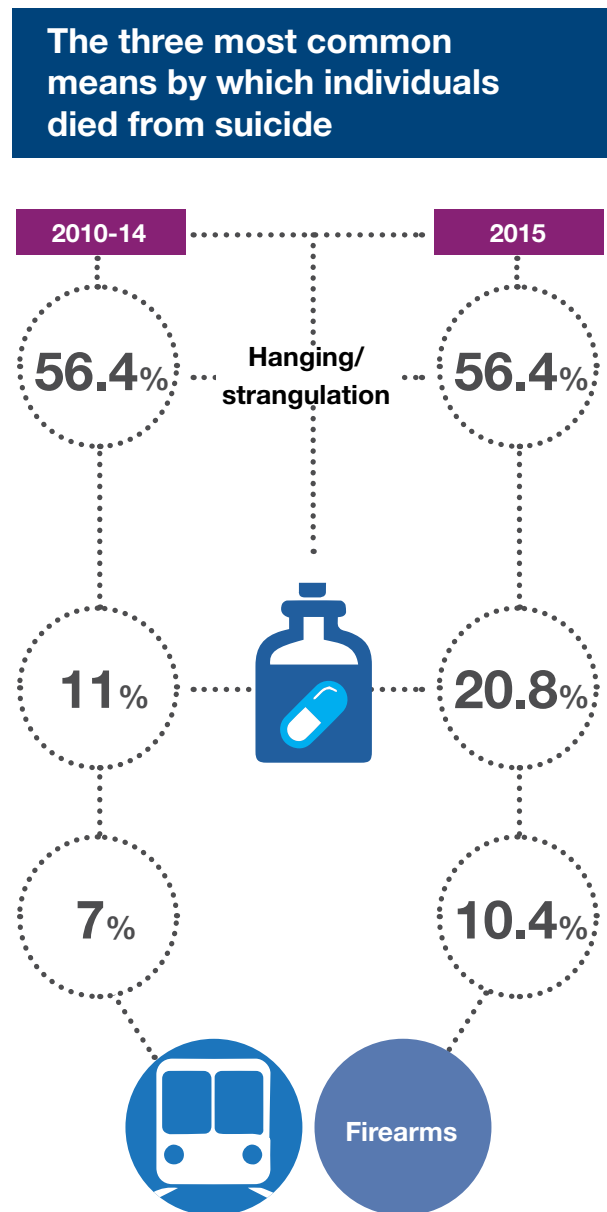
Details of suicide event

Method of suicide

The 2015 audit shows that the most common means of suicide was hanging or strangulation (39.6%) which is similar to the finding of the 2010-14 audit. This method was more common with men with 89.5% of males taking their life by hanging or strangulation in comparison to 10.5% of females.

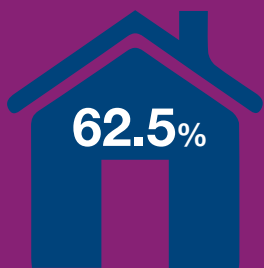
The second most common method of suicide was self-poisoning (20.8%) and this method accounted for a higher proportion of suicides among females than males. Of those 40% of individuals used anti-depressants as a form of self-poisoning and over half of the individuals were diagnosed with depression at the time of death. Although there has been an increase in the percentage of individuals using self-poisoning as a means of suicide this is not statistically significant when compared to the 2010-14 audit.

The 2015 audit shows that the use of firearms is the third most common method of suicide (10.4%). A higher proportion of males than females took their own life in 2015 using a firearm. When compared to the 2010-14 audit the use of firearms was the fifth most common method with 5.7% of individuals using a firearm with the majority of incidents involving males. Although the 2015 audit highlights an increase in the use of firearms this is not statistically significant.



Location of incident

In 2015 more than half of incidents (62.5%) occurred at the individuals' home address, similar to the 2010-14 audit (63%). The 2015 audit highlighted that men (63.3%) were more likely to take their own life at home in comparison to women (36.7%). The most common age group to take their life at homes were aged between 50 and 59 (23.7%). Over half of individuals who used these methods were aged over 50 (58.3%) which may to a certain extent reflect their mobility both in terms of method and location. A similar trend can be seen in the 2010-14 audit with 76.9% of deaths involving hanging or strangulation taking place at the individuals' home address.



62.5% of incidents occurred at the individuals' home address



Alcohol was identified in **35.4%** of individuals



Drugs were identified in **35.4%** of individuals

Use of alcohol and drugs at time of death

Whilst not an explicit cause of death, alcohol was identified in 35.4% with the majority of alcohol found in males (70.6%) in comparison to females (29.4%). Alcohol was most commonly found in those aged 40 to 49 (35.3%).

Alcohol was most commonly present in incidents of hanging or strangulation (52.9%) and self-poisoning (41.2%) similar to the 2010-14 audit where alcohol was most commonly present in incidents of hanging or strangulation (38.3%) and self-poisoning (56%).

35.4% of individuals took drugs at the time of death. Of this 35.4%, 70.6% of individuals took non-prescribed drugs and this proportion is significantly higher when compared to the 2010-14 audit (12.7%). The 2010-14 audit highlighted the majority of individuals who took non-prescribed drugs involved males, and this pattern can be seen in the 2015 audit with 33.3% of females taking non-prescribed drugs at the time of death in comparison to 66.7% of males. Those aged 40-49 (33.3%) were more likely to have taken non-prescribed drugs at the time of death. The most common drug found to be present was Benzodiazepine followed by equal proportions of cocaine. The presence of non-prescribed drugs was most commonly found in incidents of hanging or strangulation (58.3%) and self-poisoning (16.7%)

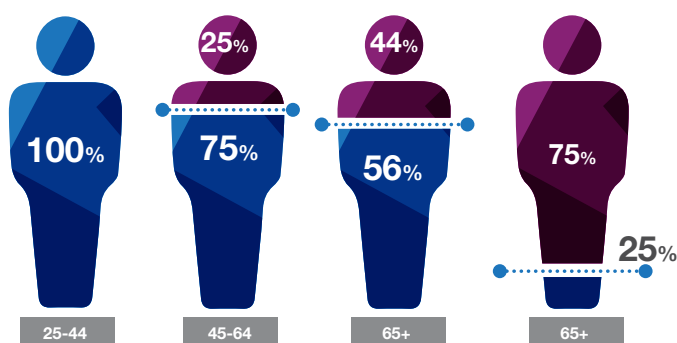
Prevalence and impact of mental health

Mental health issues were identified as a contributory factor in just under half of incidents with a high proportion of individuals' suffering from anxiety or depression. Half of individuals where mental health was identified as a contributory factor had seen their GP in the last 12 months regarding issues of mental health and a quarter of individuals had contact with mental health services one week to one month prior to their death.

A small minority of individuals with a mental health issue used self-poisoning as a means of suicide and with an overdose of anti-depressants being the most common method of self-poisoning. The highest proportions of individuals with mental health issues were found in the 60-69 age group with males suffering more from mental health issues than females.

80% of individuals with a history of mental illness received treatment for mental health issues in the preceding 12 months with 55% of individuals taking prescribed medication.

North Yorkshire- number of suicides in which mental health as identified as a contributory factor (2015)



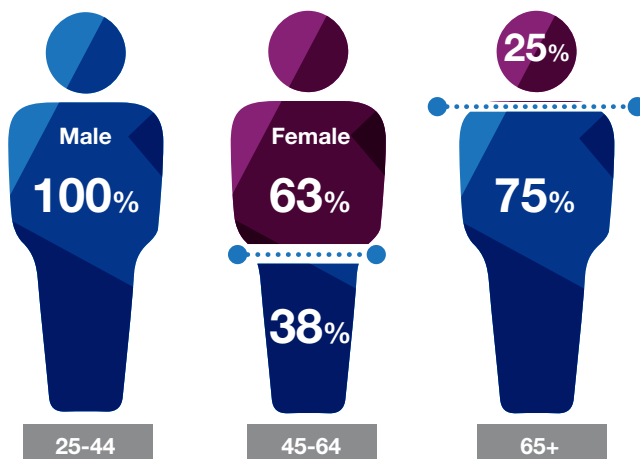
History of self-harm and previous suicide attempts

In 2015, a significant minority of individuals had a history of self-harm (35.4%), similar to 2010-14. Self-harm was more common in males than female and recordings of self-harm was more common in those aged 40-49 and those aged 60-69.

Of the individuals with a history of self-harm, 47.1% had experienced a self-harm episode within the 12 months leading up to death, in comparison to 52.9% where the most recent self-harm attempt was more than 12 months prior to death.

Individuals with a previous suicide attempt on at least one occasion accounted for 47.1%. Of those individuals, the proportion was slightly higher in males (62.5%) than females (37.5%). This is in contrast to the 2010-14 audit where there was a slightly higher proportion of females to males who had attempted suicide on at least one previous occasion. However, there are similarities between the two audits as in both 2010-14 and 2015 there were higher proportions of individuals aged 30-39 who had a history of previous attempts. In contrast to this the 2010-14 audit also highlighted high proportions of those aged 40-49 who had a history of previous suicide attempts in comparison to the 2015 audit which highlighted those aged 60-69 were more likely to have a history of previous attempts.

North Yorkshire – number of suicides with a history of self-harm (2015)



Other contributory factors

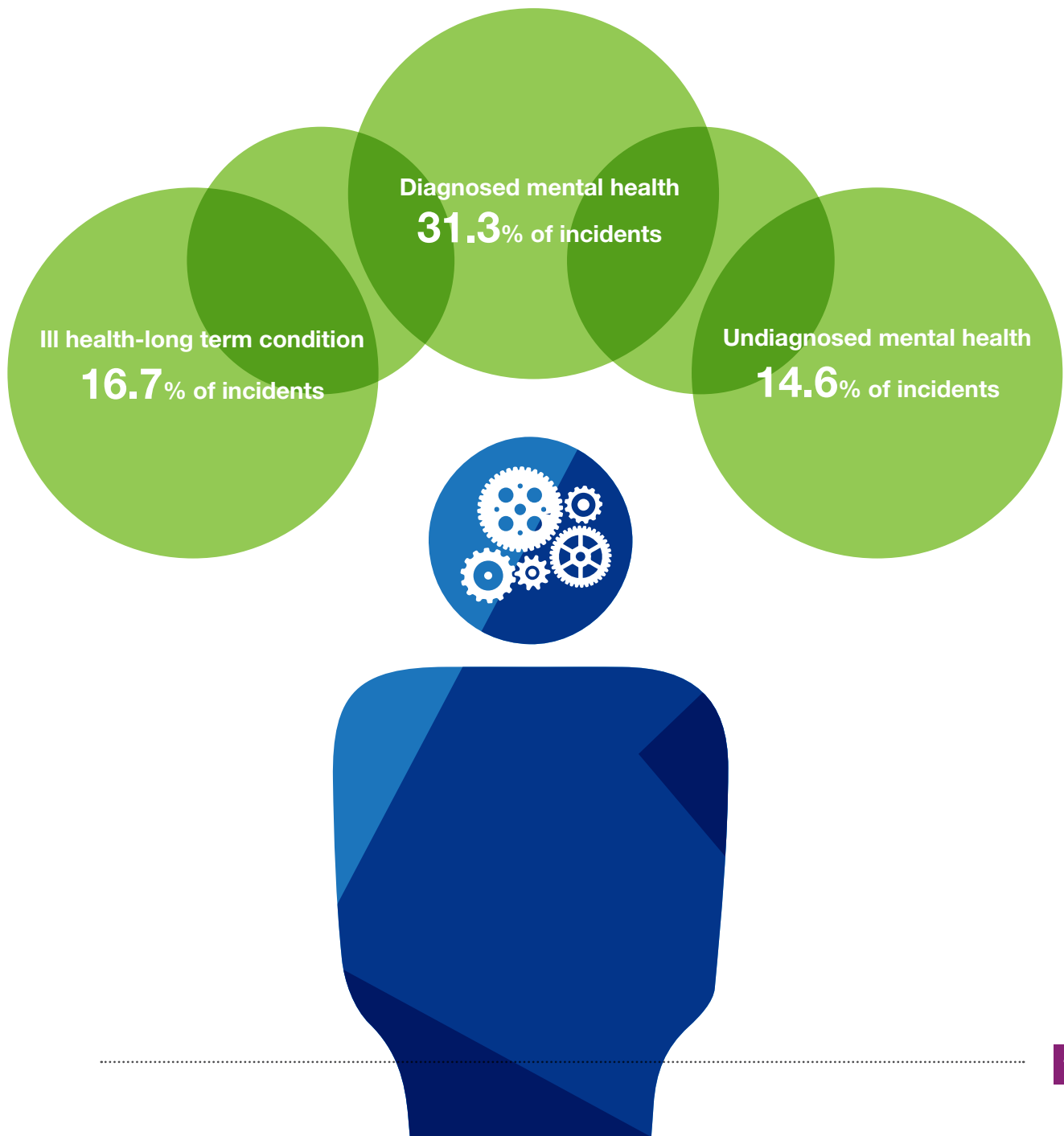
Diagnosed mental health issues were the most common contributory factors for individuals who choose to take their own life. 50% of individuals who were diagnosed with mental health conditions were in the care of their GP and 25% of individuals had contact with mental health services one month prior to their death. It is not always clear if mental health issues were of themselves triggers to other stressors, or if significant life stressors precipitated further episodes of depression and anxiety among individuals with lower resilience and perhaps a propensity for lower mental wellbeing.

Recommendations

This report should be read in conjunction with national and local strategy guidance and the North Yorkshire Suicide Prevention Strategic group action plan.

<http://nypartnerships.org.uk/suicide>

A further suicide audit for the period 2016 will be produced in 2018. The scope of the 2016 audit will extend to include the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death is as a result of suicide and will include open and narrative verdicts.



Suicides Audit in North Yorkshire 2015

Contact us

W: www.northyorks.gov.uk E: customer.services@northyorks.gov.uk

T: **01609 780 780** (Monday to Friday 8.00am - 5.30pm closed weekends and bank holidays)

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at

www.northyorks.gov.uk/accessibility