

Suicides Audit in North Yorkshire 2017

Enter



North Yorkshire
County Council

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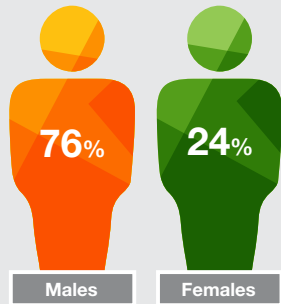
Acknowledgements

Coroners for North Yorkshire

North Yorkshire Police

North Yorkshire County Record Office

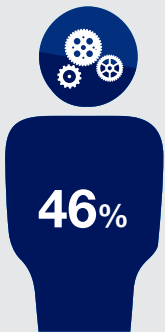
Summary of findings



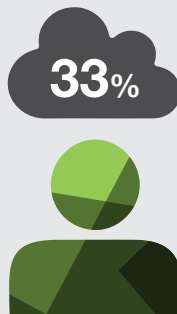
Total of **67** suspected suicides in **2017** in North Yorkshire; **50 (75%)** were confirmed suicides.

NB (confirmed suicides are those coronial inquest files relating to the death of an individual where, beyond all reasonable doubt, it is believed by the coroner that the death is as the result of suicide)

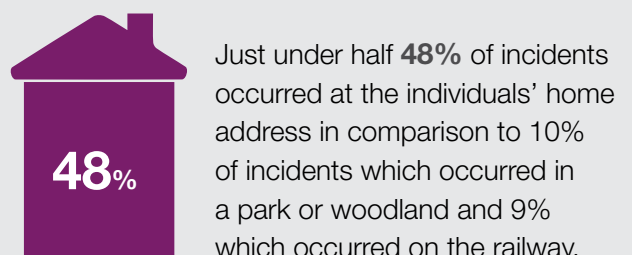
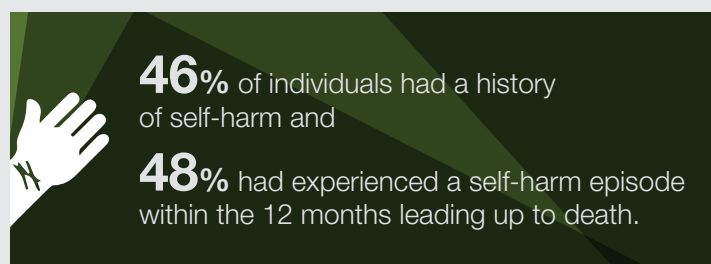
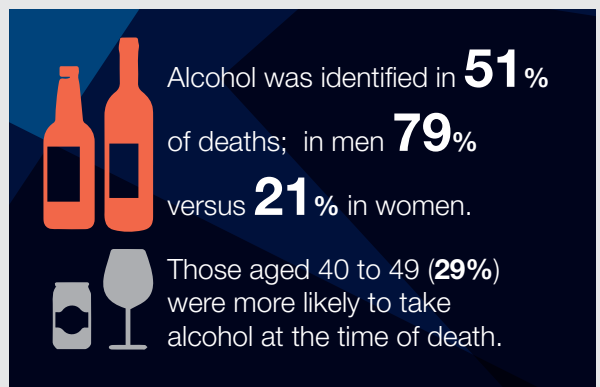
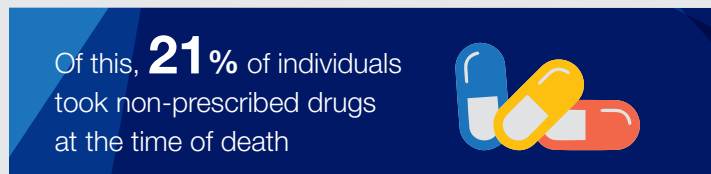
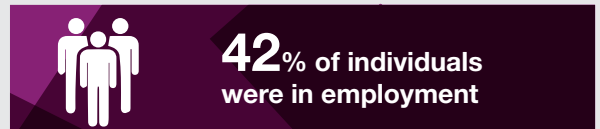
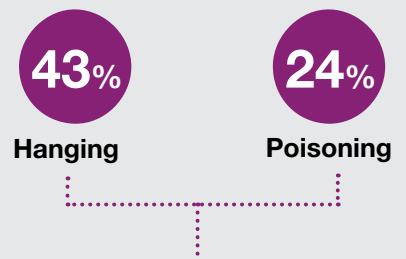
- The average age of the deceased was **45** years old.
- **25%** of individuals who died by suicide were aged between **40** and **49**
- **19%** of individuals were aged between 30 and 39.



Previous **mental health** issues were identified as a contributory factor in just under half (46%) of incidents with 33% of individuals' suffering from **anxiety or depression**.



Most common methods of suicide



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 suicidal thoughts and behaviours. 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 2017, and reflects changes in groups or risk factors which have emerged.

The North Yorkshire 2017 audit of suicides is based on a small number of deaths (N=67) over a one-year period. Unlike previous annual reports the 2017 report includes data where the death has been highlighted by North Yorkshire Police as a possible/probable incident of suicide, but the outcome is an inquest other than suicide (for example an open or narrative conclusion

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 2017.

The audit included:

- All residents of North Yorkshire who died within the County where a:
 - o conclusion of suicide at inquest was given or
 - o where the death has been highlighted by North Yorkshire Police as a possible/probable incident of suicide, but the outcome is an inquest other than suicide (for example an open or narrative conclusion).
- People who resided outside of North Yorkshire who died by suspected suicide in the County.
- Residents in North Yorkshire who died by suspected suicide outside England in cases where the body was repatriated to the County

The audit did not include:

- 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

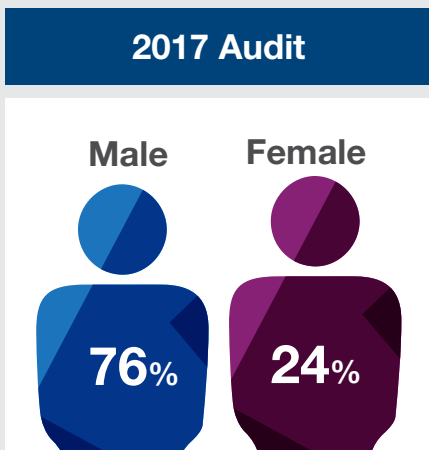
Aims

The 2017 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 2017
- identify opportunities to influence the work of the North Yorkshire Suicide Prevention Strategic Group

Key Findings

The 2017 audit highlights (data includes suspected suicides) there is still a higher proportion of males (76%) than females (24%) taking their life by suicide. This is in line with national and regional trends.

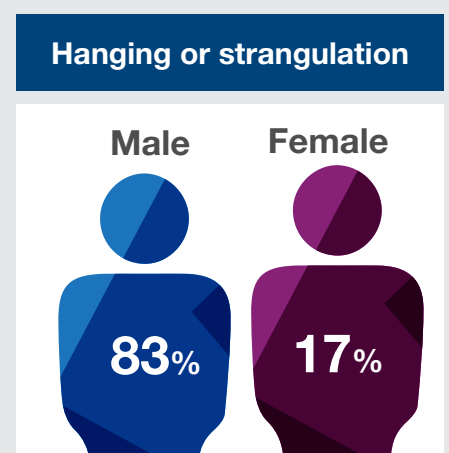


Those aged 40 to 49 were most at risk of taking their life by suicide. This highlights a shift in those most at risk as although direct comparisons cannot be made, the 2016 audit highlighted those aged 50 to 59 were most at risk.

The 2017 audit highlights the average age of the deceased is 45 in comparison to the average age of 50 in 2016. The average age of individuals taking their life by suicide is decreasing.



Hanging or strangulation remains the most common means of suicide; this has been the trend since 2014. There is a higher proportion of males than females taking their life by hanging or strangulation (17% female v's 83% male).



Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) has remained the same between 2016 and 2017 (46%).



Data Analysis

National and regional comparisons using ONS data

In 2018, there were 5,021 deaths recorded as suicide in England and Wales. The latest England rate represents the first increase since 2013. This is 570 more than in 2017 when there were 4,451 deaths (12.8% increase). This equates to a statistically significant increase in the suicide rate, with 10.3 deaths per 100,000 persons in 2018 compared to 9.2 deaths per 100,000 in 2017 however, the rate still remains lower than at the beginning of the time series (1981) when there were 14.6 deaths per 100,000 persons.

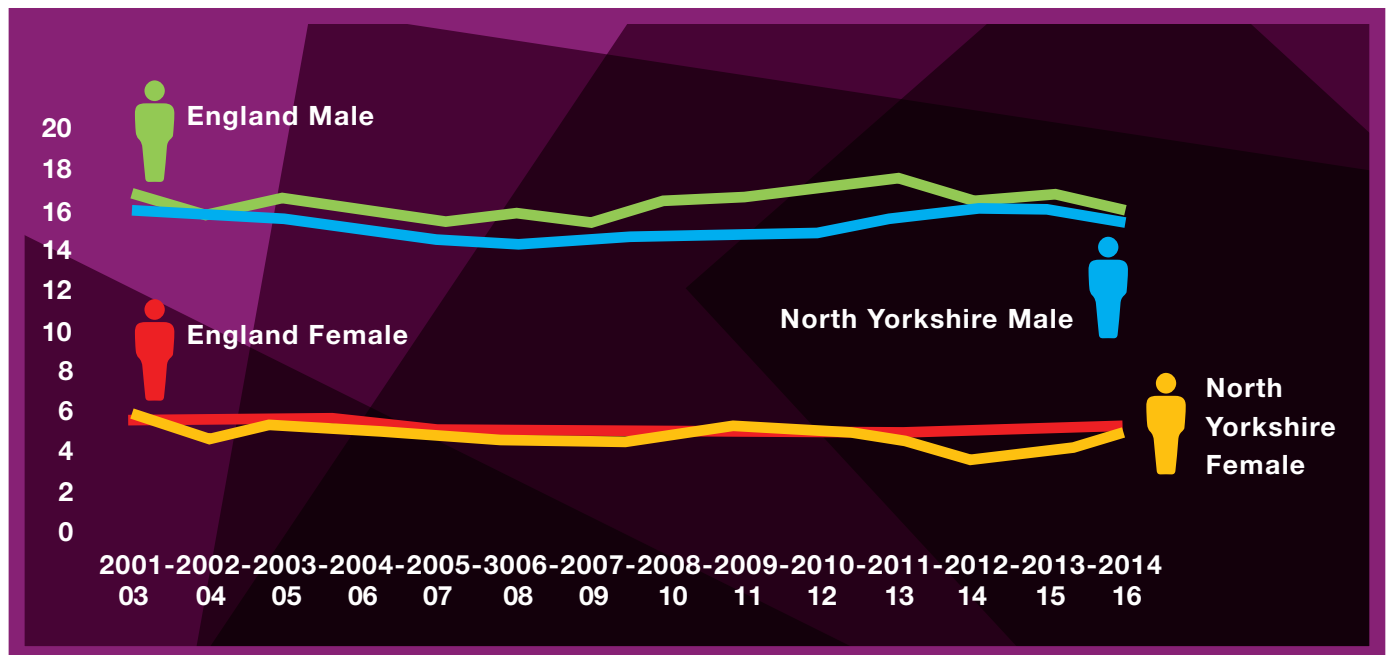
The Office for National Statistics (ONS) found three-quarters of deaths from suicide registered in 2018 were of men, with 17.2 deaths from suicide per 100,000, up from 15.5 per 100,000 in 2017.

The 2017 audit in North Yorkshire highlights a higher proportion of males than females take their life by suicide, mirroring national trends.

ONS also found those in their late 40s remain the age group with the highest suicide rate and again this mirrors the trend in North Yorkshire as the average age of the deceased was age 45 and 25% of individuals aged 40 to 49 took their life by suicide. Although not directly comparable, this is an increase of 7% between 2016 and 2017 in North Yorkshire.

Suicide rates tend to fluctuate on a year-to-year basis. It is therefore too early to say whether the latest increase represents a change in the recent trend. The factors behind any increase in suicide rates are complex. However, a change in the standard of proof used by coroners may have affected the latest figures.

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



ONS, 2018
<https://www.bbc.co.uk/news/health-49563827>

Guidance on the change in the standard of proof

In England and Wales, all deaths caused by suicide are certified by a coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of probabilities – where previously a “criminal standard” was applied – beyond all reasonable doubt. The change does not affect Northern Ireland or Scotland.

It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide, possibly creating a discontinuity in our time series. With the data in this release, it is not possible to establish whether the higher number of recorded suicide deaths are a result of this change. Firstly, the change in the standard of proof occurred part way through 2018, and we therefore do not have a full year of data for which the change has been in place. Secondly, when looking at 2018 suicide registrations by quarter in England, increases appeared to begin prior to the change.

Age and Gender

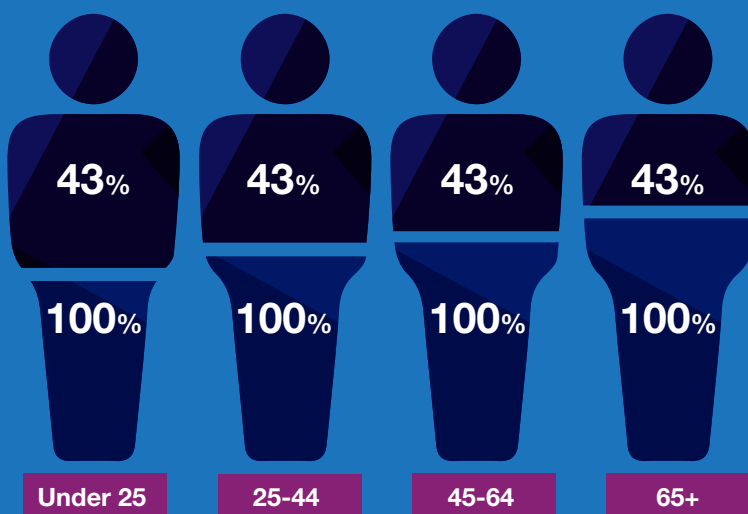
A research report by the Samaritans in 2018 found that the highest suicide rate in the UK is for men aged between 45 and 49 are three times more likely to die by suicide than women. This evidence suggests across the UK suicides rates in middle-age men are rising.

The Samaritans report also found that the rate of deaths among the under 25s is increasing. This trend can also be seen across North Yorkshire; although not directly comparable the 2016 audit highlighted 6% of suicides were aged under 25. In comparison to this the 2017 audit found that 19% of suicides were of those aged under 25.

The 2017 audit highlights that suicide remains more common amongst males than females.

Of the 67 suicides recorded as part of the 2017 audit, 76% involved males, with the highest number of incidents recorded in men aged 40-49 which is in line with national trends. Across England, males aged 45 to 49 years had the highest age-specific suicide rate (27.1 deaths per 100,000 males) .

For females in North Yorkshire, the age group with the highest rate of suicide were those aged 40 to 49 and again this mirrors the national trend.



North Yorkshire - Incidence of suicide by age group and gender 2017

Source: PHE

<https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/>
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations>

Details of suicide event

Method of suicide

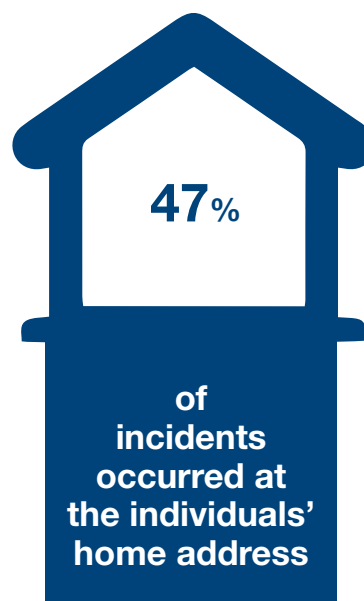
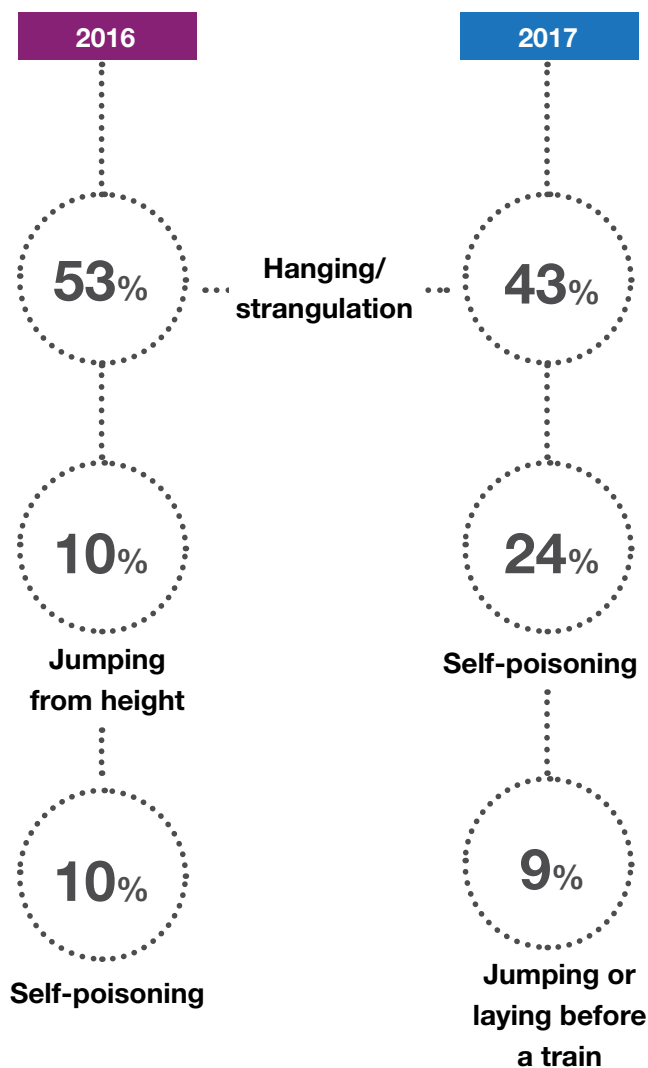
The 2017 audit shows that the most common means of suicide was hanging or strangulation (43%); although not directly comparable, this is a slight decrease compared to the 2016 audit. This method was more common with men, with 83% of males taking their life by hanging or strangulation in comparison to 17% of females.

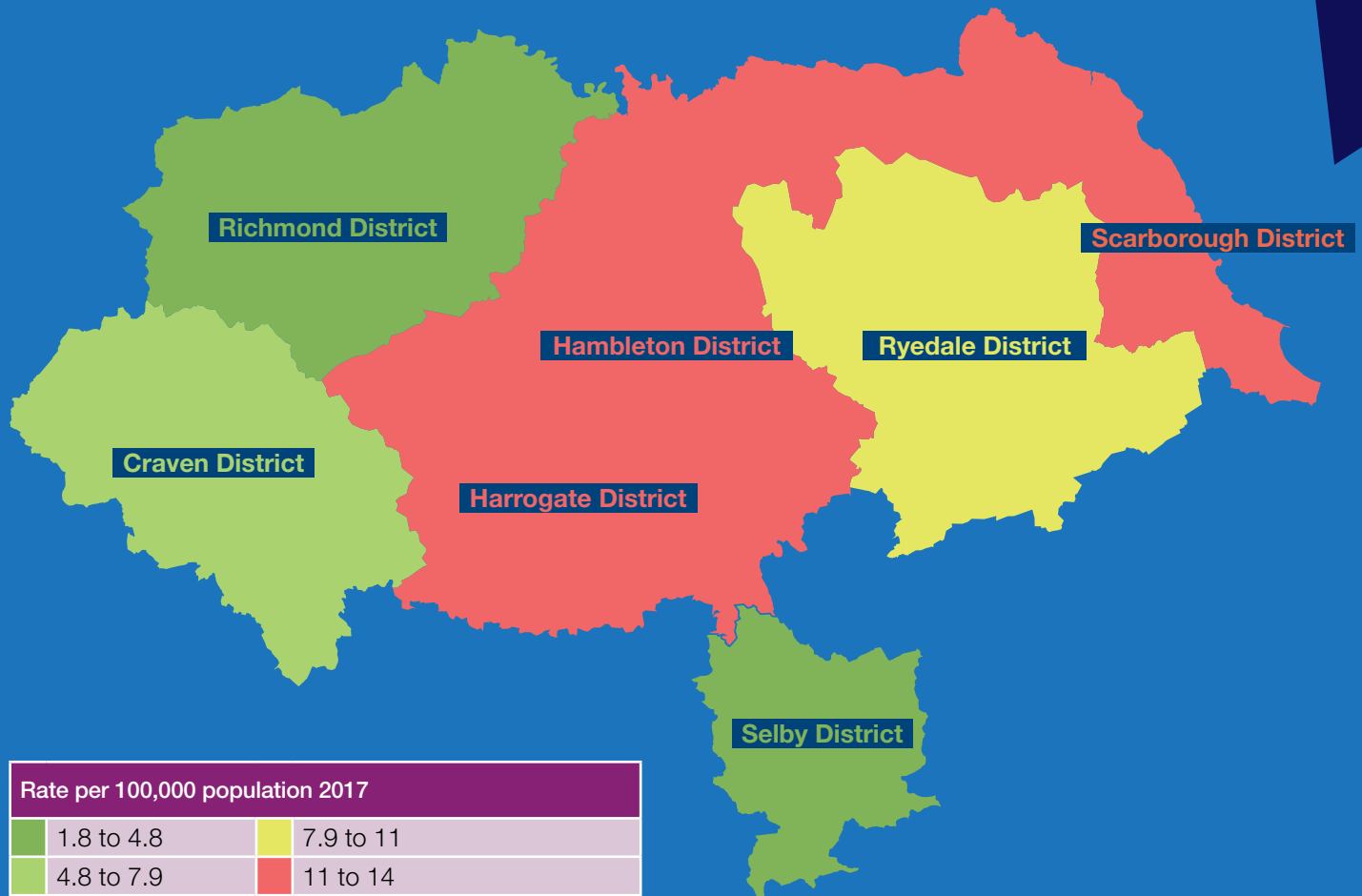
The second most common method of suicide was self-poisoning (24%) followed by jumping or laying before a train (9%).

Location of incident

In 2017 just under half of incidents (48%) occurred at the individuals' own home; this is a slight decrease compared to the 2016 audit. The 2017 audit highlighted that men (72%) were more likely to take their own life at home in comparison to women (28%). The most common age group to take their life at home were aged between 40 and 49 (32%).

47% of incidents of hanging or strangulation took place at the individuals' home address and 31% of self-poisoning also took place at the individuals' home address. A similar trend was seen in the 2016 audit as similar proportions of individuals took their life by hanging or self-poisoning at their home address. 72% of individuals aged under 50 are using hanging or strangulation or self-poisoning to take their own life by suicide.





Use of alcohol and drugs at time of death

Whilst not an explicit cause of death, alcohol was identified in 51% cases with the majority of alcohol found in males (79%). Furthermore, alcohol was most commonly found in those aged 40 to 49 (29%).

Alcohol was most commonly present in incidents of hanging or strangulation (41%) and self-poisoning (24%) in contrast to the 2016 audit where alcohol was most commonly present in incidents of hanging or strangulation and jumping.

Individuals who took drugs at the time of death accounted for 36% of all deaths, a slight decrease compared to the 2016 audit. A higher proportion of males (67%) than females took drugs at the time of death (33%). Those aged 30 to 39 (29%) were more commonly found to have taken drugs at the time of death. The presence of drugs was most commonly found in incidents of hanging or strangulation (50%).



Alcohol was identified in **51%** of individuals



Drugs were identified in **36%** of individuals

Prevalence and impact of Mental Health

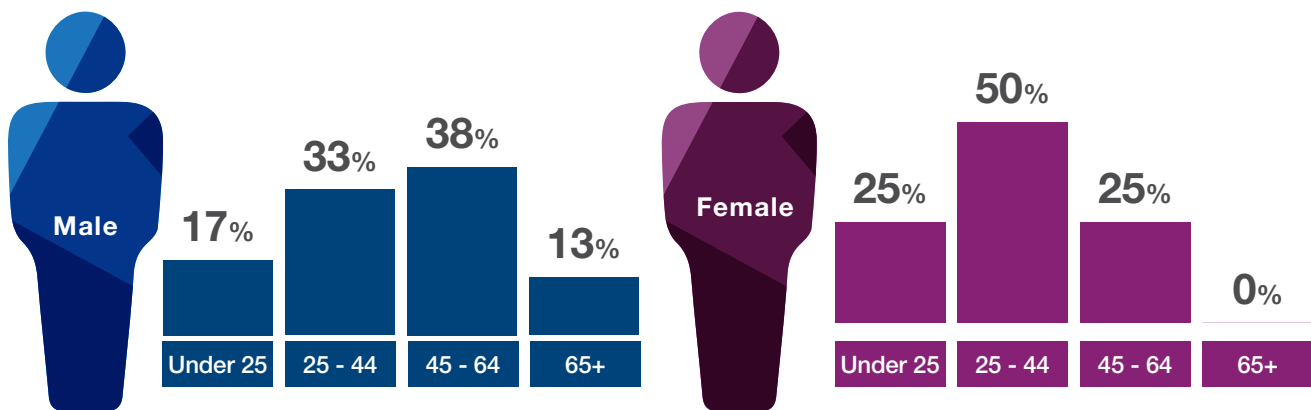
Mental health issues were identified as a contributory factor in just under half of incidents (46%) with a high proportion of individuals' suffering from anxiety or depression and 68% of individuals had contact with mental health services one week

to one month prior to their death.

The highest proportions of individuals with mental health issues were found in the 40 to 49 and 30 to 39 age groups with males suffering more from mental health issues than females.

68% of individuals who took their life by suicide in 2017 with a history of mental illness received treatment for mental health issues in the preceding 12 months with 57% of individuals taking prescribed medication.

North Yorkshire - Number of incidents of suicide where mental health was identified as a contributory factor 2017 Source: PHE



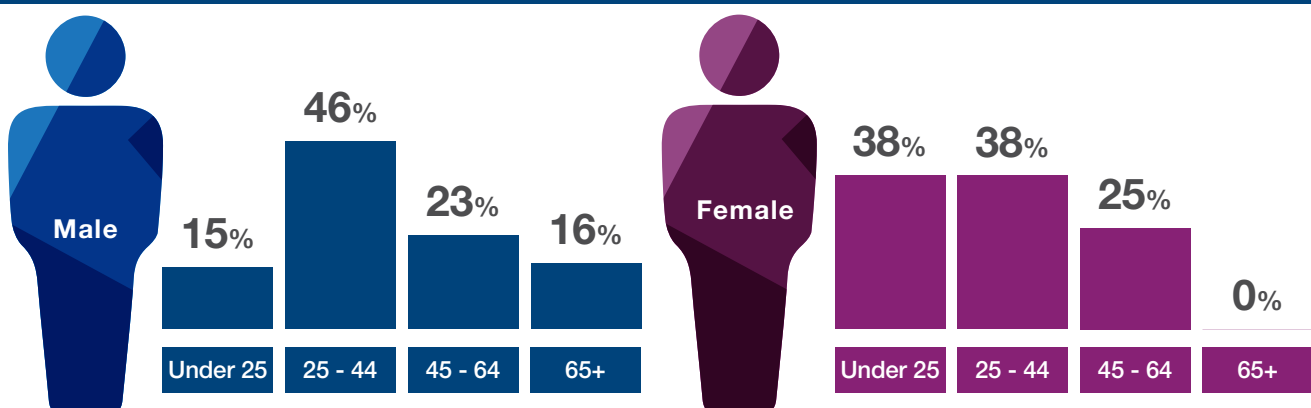
History of self-harm and previous suicide attempts

In 2017, a significant minority of individuals had a history of self-harm (64%). Self-harm was more common in males than females and cases of self-harm was more common in those aged 30 to 39 and 40 to 49. Individuals with a

previous suicide attempt on at least one occasion, with a history of self-harm accounted for 48%. Of those individuals, the proportion was slightly higher in females (60%) than males (40%).

The National Strategy for Suicide Prevention (2012) states that self-harm is the biggest indicator of suicide risk and that the UK has high rates of self-harm resulting in 200,000 hospital attendances annually.

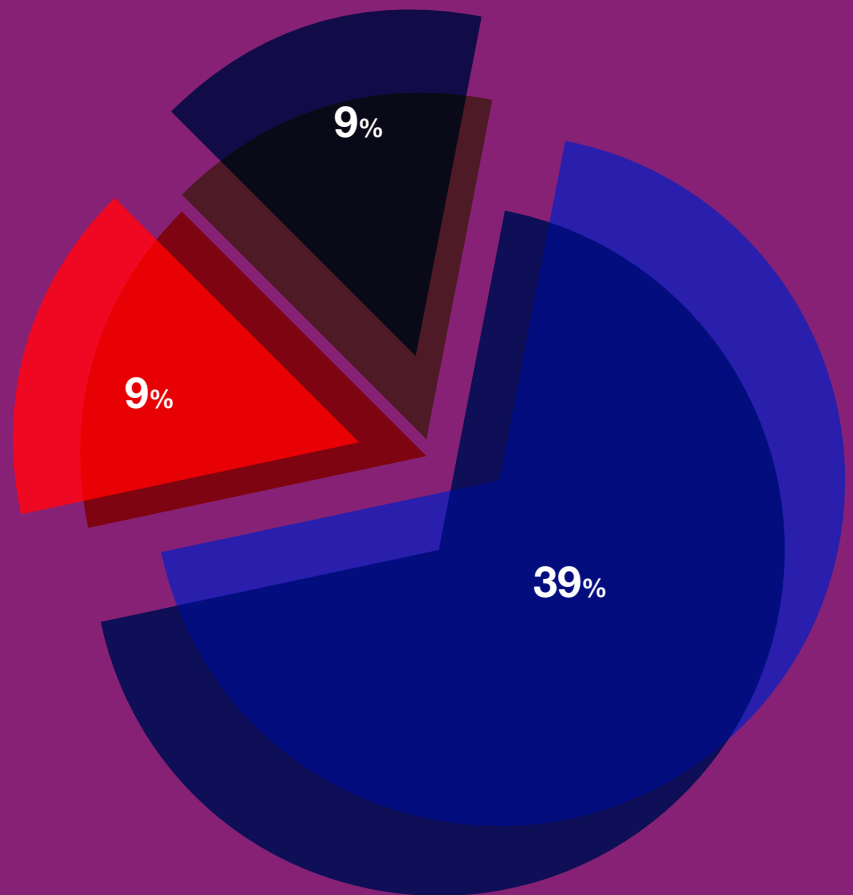
North Yorkshire - Number of suicides with a history of self-harm 2017 Source: PHE



Other contributory factors

Diagnosed mental health issues were the most common contributory factor for individuals who took their life by suicide, followed by drug use and undiagnosed mental health issues.

30% of individuals who were diagnosed with a mental health conditions were in the care of their GP and 68% 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.



Most common contributory Factors to cause of death

- Drug Use
- Undiagnosed Mental Health
- Diagnosed Mental Health

Suicides Audit in North Yorkshire 2017

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