7.4.4 Suicide prevention

Why is this issue important?

Deaths by suicide are not inevitable. An inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides.[1]

In England, one person dies every two hours as a result of suicide.[1] The highest risk is among men in their 40s,[1] so many years of life may be lost. When someone takes their own life, the effect on their family and friends is devastating and many others may be affected indirectly. Across England, the rate of deaths by suicide has been rising slightly since 2006-2008, after a period of falling rates in the early years of the century.[2]

A national strategy for preventing suicide was published on 10 September (World Suicide Prevention Day) 2012. This strategy identifies the following high risk groups:

- young and middle-aged men;
- people in the care of mental health services, including inpatients;
- people with a history of self-harm;
- people in contact with the criminal justice system;
- specific occupational groups, such as doctors, nurses, veterinary workers.

Key outcomes

- ***Suicide rate (Public Health Outcomes Framework)***

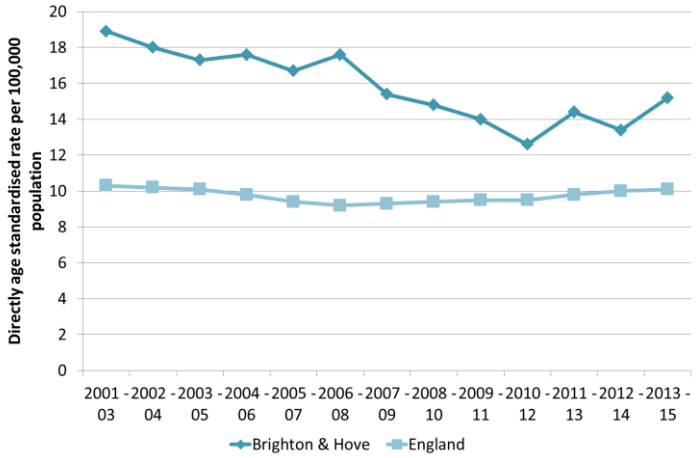
Impact in Brighton & Hove

Brighton & Hove has had a higher rate of deaths from suicide than England for the past century.[3] The Office for National Statistics (ONS) publishes rates for deaths by suicide and undetermined injury (open verdicts). The most recent rates published are for 2013-15.

The rate of deaths by suicide and injury undetermined for Brighton & Hove residents for 2013-15 was 15.2 per 100,000 population (age standardised three-year average), approximately 50% higher than the rate for England (10.1 deaths per 100,000). Brighton & Hove ranks 4th of 152 local authorities in the country, where 1 is the highest rate. In addition, among our CIPFA nearest neighbours (comparable areas), the Brighton & Hove rate is the highest.[4]

However, the Brighton & Hove rate has fallen from 18.9 per 100,000 people in 2001-03 (Figure 1).[4] The numbers of deaths vary by year; in 2015 there were 36 suicide or undetermined injury deaths of residents of Brighton & Hove (Table 1).

Figure 1: Suicide and injury undetermined directly age standardised mortality rate: annual trend aged 15 or over, 2001-03 to 2013-15



Source: Public Health England

Table 1: Number of suicides and undetermined injury deaths by year, by gender, Brighton & Hove, 2005 to 2015

Year	Male	Female	All
2005	22 (67%)	11 (33%)	33
2006	29 (63%)	17 (37%)	46
2007	20 (65%)	11 (35%)	31
2008	27 (73%)	10 (27%)	37
2009	25 (71%)	10 (29%)	35
2010	23 (88%)	3 (12%)	26
2011	30 (79%)	8 (21%)	38
2012	19 (70%)	8 (30%)	27

[1] Department of Health and HM Government. Preventing suicide in England: a cross-government outcomes strategy to save lives. London: HM Government; 2012 [online]. Accessed 2013 May. Available at URL: https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

[2] Department of Health. Statistical update on suicide. February 2015.

[3] Scanlon T, Memon A, Dorling C, Walker A. 100 years of suicide in Brighton and Hove, England. J Epidemiol Community Health. 2011 Aug;65(Suppl 1):A158.

[4] Public Health England. Public Health Outcomes Framework tool. Available at www.phoutcomes.info [Accessed 04/11/.2016]

2013	33 (83%)	7 (18%)	40
2014	24 (75%)	8 (25%)	32
2015	28 (78%)	8 (22%)	36

Source: Office for National Statistics Primary Care Mortality Database

The high rate of deaths in Brighton & Hove may in part be explained by higher rates of some key risk factors for suicide:

- The percentage of adults aged 18 or over registered with a doctor who are on a depression register is significantly higher at 8.6%, compared to 7.3% in England (2014-15).
- The rate of emergency hospital admissions for intentional self-harm (directly age-sex standardised per 100,000 people) in Brighton & Hove is significantly higher at 288.0 compared to 191.4 for England in 2014-15.
- The proportion of adults in specialist drug treatment services and alcohol misuse services.

In Brighton & Hove, hanging is the most common method used for suicide, followed by self-poisoning, as is the case across England.

The majority of deaths by suicide and injury undetermined take place at private addresses: 175 (56%) of 313 deaths with an identified place of death between 2006 and 2014. A further 38 deaths were at hospitals or hostels. 52 deaths of Brighton & Hove residents took place outside the city, of which nine were at Beachy Head.

Mapping suicides in public places has identified the seafront as a high-risk area, with 27 deaths of 48 overall. A further 13 were in woodland or parks.

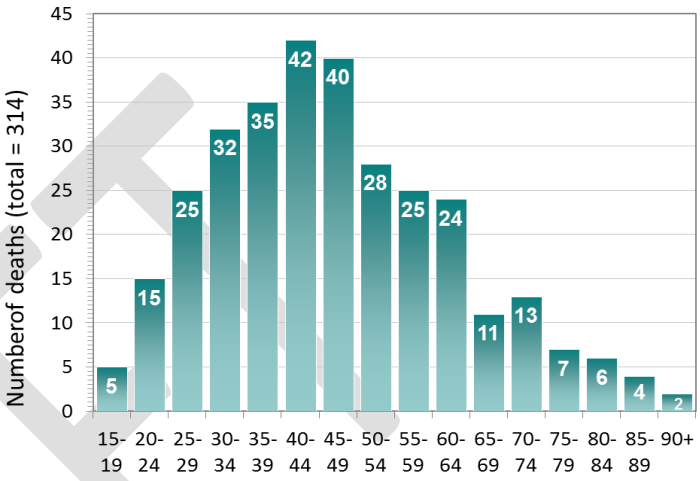
The combination of these factors – that a majority of deaths are by hanging and at home – makes preventing access to the means of death more difficult. Prevention will need to address the underlying causes of the impulse or wish to die.

Local inequalities

Age: Reflecting this high rate of deaths in the city, years of life lost to suicide among local residents aged 15-74 years are also significantly higher at 41.1 per 10,000 population (three-year average) compared England (31.9).[5]

The local pattern for deaths by age groups between 2006-14 shows that most occur in the middle-aged (Figure 2). Brighton & Hove has a significantly higher rate of deaths among men aged 35-64 than England, but not among men aged 65 or over.[5]

Figure 2: Number of deaths by age group, suicides and injury undetermined 2006 to 2014



Source: Office for National Statistics Primary Care Mortality Database

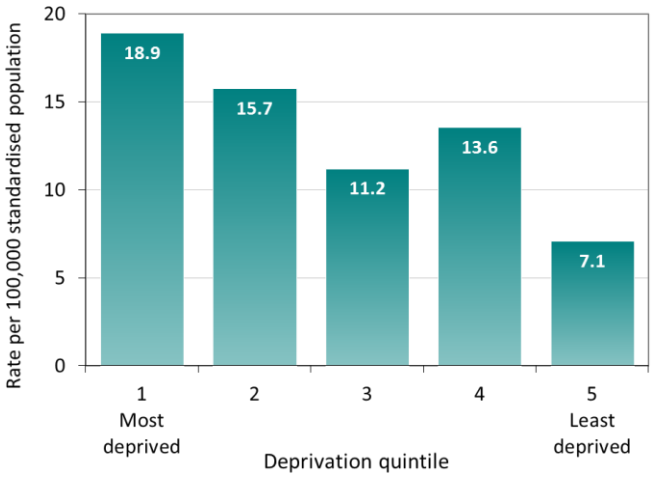
ONS death registration data for 2006 to 2014 also show a slight fall in the mean age for suicide and undetermined injury deaths, from 47.5 years in 2006-2008 to 44.7 in 2012-2014.

Gender: In Brighton & Hove, as in England, the male suicide rate is three times higher than the female rate. The increase in the suicide rate for England in 2014 was driven by a rise in female suicides but this has not been seen in Brighton & Hove (Table 1).

Deprivation: During 2008-2014 there was a higher rate of deaths in the most deprived 20% of areas in the city (18.9 per 100,000 people) than in the least deprived 20% (7.1 per 100,000 people) (Figure 3).

[5] Public Health England. Suicide Prevention Profile. Available at https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide [Accessed 18/10/2016]

Figure 3: Deaths by suicide and injury undetermined by deprivation quintile, Brighton & Hove, 2008 to 2014



Source: Office for National Statistics Primary Care Mortality Database

Coroner's records: Age, gender and deprivation are available from death registration records but to look at other factors the Public Health team conduct audits of suicide and undetermined injury deaths using Coroner's records. The audit of the Coroner's records for Brighton & Hove between 2003 and 2010 provided more insight into the demographic and personal details of those who have taken their own lives. More recent information from the audit of Coroners' records confirms this analysis.

Lesbian, gay, bisexual and transgender (LGBT): Sexual and gender orientation are not recorded on death registration and this information is not available on a systematic basis from the Coroner's records.

We do know from the Count Me in Too survey of LGBT people in the City[6] found that 23% have had suicidal thoughts with 7% attempting suicide in the past five years. Risks of suicide and suicidal vulnerabilities vary: those who identified as bisexual, queer or 'other' in terms of sexuality, trans people, young people, those who feel isolated, those on a low income, abuse survivors, the homeless and those who are disabled and/or long-term health impaired are more likely to report having experienced suicidal thoughts or to have attempted suicide.

A local voluntary organisation, Allsorts Youth, carried out a survey of 67 LGBT young people aged 16-25 years in March 2016. They identified high levels of suicidal distress: 32 (48%) had contemplated suicide and 10 (15%) had attempted suicide.

Trans: Trans people are at higher risk of suicidal ideation and attempting suicide. The national Trans Mental Health Study 2012 reported that the majority of participants, 84%, had thought about ending their lives at some point. 35% of participants overall had attempted suicide at least once and 25% had attempted suicide more than once.[7]

Similarly, the Count Me In Too survey found that more than half of trans respondents (56%) had serious thoughts of suicide and 26% had attempted suicide in the past five years, and 16% had attempted suicide in the past 12 months.[6] A survey of 53 young trans people by Allsorts Youth in 2015/16 (October to March) found that 55% had contemplated suicide and 17% had attempted suicide.[8]

Ethnicity: A higher proportion of White British and White Other groups than the expected proportion for all Brighton & Hove residents die by suicide or injury undetermined in all years for which the Coroner's records have been audited. The numbers of deaths in other ethnic groups are too small to allow reliable conclusions to be drawn.

Employment: Of those who died between 2003 and 2010, 30% were employed compared to 72% in the overall population of the city.[9] Subsequent audits have confirmed that unemployment, job insecurity and redundancy are risk factors.

Mental and physical health: A high proportion of people taking their own lives had a mental or physical health problem: of those included in the 2003-2010 local audit, 23% had a physical health problem; 11% suffered chronic pain. Subsequent audits confirm this as a risk factor. A national

[6] Browne K, Lim J. Count Me In Too survey. Brighton: Brighton University; 2010. [online] Available at: http://www.realadmin.co.uk/microdir/3700/File/CMIT_MentalHealth_Report_Final_29.5.08.pdf [Accessed 10/08/2016]

[7] Jay McNeil J. Bailey L. Ellis S. Morton J. Regan m. Trans Mental Health Study 2012. September 2012. Available at http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf [Accessed 10/08/2016]

[8] Allsorts Youth Project. Allsorts Trans Six Monthly Report. October- March 2015-16.

[9] Office for National Statistics, Brighton & Hove Labour market Profile. Available at: https://www.nomisweb.co.uk/ [Accessed 06/07/2016]

report found that at least 10% of the suicides in the UK are by chronically or terminally ill people.[10]

Between 2007 and 2010, 70% of people included in the local audit had a mental health diagnosis and 57% had a history of previous self-harm or suicide attempts. Depression was the most common diagnosis, recorded in over 50% of deaths. Again, subsequent audits confirm this as the most common risk factor.

Other factors identified in the 2003-10 local audit include:

- **Stressful life events** are identified nationally as a risk factor for both adolescents[11] and adults[12] and the local audit confirms this. Risks include: financial problems, difficulties in primary relationships, significant bereavements including bereavement by suicide.
- Around half of people taking their own lives had an **alcohol or a drug misuse problem**.
- A similar proportion had **suffered abuse or had a history of being violent** themselves.
- Over one in ten had a history of **offending**.
- **People living alone** are at increased risk of suicide: 53% of people who died were living alone compared with 36% of our residents who live in one-person households.[13]
- **Carers appear to be under-represented**: only 1% of people who died by suicide were carers.

Where we are doing well

The city has a local strategy and an annual action plan to prevent suicides; a multi-agency group steers its implementation. The history of high suicide rates has led to local investment in prevention initiatives including:

- A pilot scheme to provide brief psychological interventions at A&E following self-harm.
- A new psychiatric liaison team at the Royal Alexandra Children's Hospital.
- NHS Brighton & Hove has supported work to divert people held under Section 136 from police cells to Millview Hospital.
- A men's outreach campaign in 2016.
- A men's shed is being developed in East Brighton, designed to provide support for retired and unemployed men.
- The public health schools programme includes training for teachers and school staff on bullying, self-harm and other risks for suicidal thoughts and behaviour.
- Meetings between clinicians involved in providing care, following a death by suicide, to identify any learning that can be shared.
- Suicide prevention training for frontline staff working with high risk groups.
- Support for higher risk groups such as young people identifying as LGB or Trans or people living in more deprived areas, as well as those bereaved or victims of abuse.
- Development of an app (including a young people-friendly version) to signpost support for anyone who may be thinking of suicide.
- Services to support those who may be thinking of suicide or have been bereaved by suicide.
- Public events to mark World Suicide Prevention Day each year in the city.

HM Coroner for Brighton & Hove has been generous in sharing her records for the purposes of suicide prevention.

Predicted future need

Future trends are hard to predict, however times of economic hardship are linked to higher rates of suicide and national incidence has risen since 2008.

What we don't know

Linking any specific intervention to a reduction in deaths by suicide is problematic, given the small number of people and the wide variations in the personal circumstances involved. Factors such as rates of employment are largely beyond local control.

Only age, gender and residence is available from deaths registration data and so information on protected characteristics is lacking. Locally the audit of Coroner's records gives some information but sexual orientation and gender identity are not systematically recorded.

[10] Bazalgette L, Bradley W, Ousbey J. The truth about suicide. London: DEMOS; 2011.
[11] Adams DM. Overholser JC. Spirito A. Stressful life events associated with adolescent suicide attempts. Can J Psychiatry. 1994 Feb;39(1):43-8.
[12] Wang Y. Sareen J. Afifi TO. Bolton S. Johnson EA. Bolton JM. A Population-Based Longitudinal Study of Recent Stressful Life Events as Risk Factors for Suicidal Behavior in Major Depressive Disorder. Archives of Suicide Research Volume 19 2015 Issue 2.
[13] Office for National Statistics. Census 2011

7.4.4 Suicide prevention

Key evidence and policy

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

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

Two updates to the national strategy have identified further priorities for action:

- Self-harm
- Supporting mental health in a financial crisis
- Helping people affected or bereaved by suicide
- Middle-aged men
- Children and young people
- Working with Coroners[14]
- Social media
- Effective treatment of depression
- Work with police including transport police[15]

Public Health England has published several documents providing practical advice and evidence based guidance related to suicide prevention.

Recommended future local priorities

The suicide prevention action plan for Brighton & Hove, agreed by the multi-agency Suicide Prevention Strategy Group, identifies priorities for each year.

It is available at https://www.brighton-hove.gov.uk/content/health/health-and-wellbeing/suicide-prevention-action-plan

Key links to other sections

- Social connectedness
- Substance misuse
- Alcohol
- Emotional health and wellbeing
- Mental health
- Dual diagnosis

Last updated

November 2016

[14] Department of Health. Preventing suicide in England: One year on. January 2014

[15] Department of Health. Preventing suicide in England: Two years on. February 2015.