

Worcestershire Health & Wellbeing Board JSNA Briefing on Deaths from Suicide & Undetermined Intent

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Summary

- x On average one person dies each week as a result of suicide in Worcestershire.
- x Worcestershire has similar suicide rates to England with an average of 55 deaths per year.
- x Males in Worcestershire are 3 times more likely to die by suicide than females. In Worcestershire the male suicide rate is higher than the national average whereas the female rate is lower than national.
- x Residents aged 25-44 have the highest suicide mortality rate.
- x The most common method of suicide is hanging which accounts for over half of all suicides in Worcestershire, as it does nationally.
- x Redditch residents consistently have a higher suicide rate than the England average, although this is not always statistically significant.
- x Residents living in least affluent areas of Worcestershire are twice as likely to die by suicide than those living in the most affluent areas.

Worcestershire

In Worcestershire, the promotion of good mental health and wellbeing throughout life is a priority in the current Health and Wellbeing Strategy (2016-2021). A local multi agency suicide prevention plan was agreed by the Health and Wellbeing Board in February 2018 and forms the basis of an ongoing programme of work in Worcestershire. A Suicide Prevention Partnership group progresses the action plan with partners across the system. The group also links with the Regional Suicide Prevention lead.

Notes about the data

Why include Undetermined Intent?

Until recently, a coroner would record a verdict of suicide when they have decided that there is evidence beyond reasonable doubt that the injury was self-inflicted and the deceased intended to take their own life. Undetermined verdicts include cases where the evidence available to coroners is not sufficient to conclude that the death was a suicide (beyond reasonable doubt) or an accident (on balance of probability). They include those cases where there may be doubt about the deceased intentions. There have been a number of research studies which show that many open verdicts are most likely suicides. This is the reason that suicides and undetermined deaths are usually included in suicide statistics.

More recently, following a High Court ruling in September 2018, the standard of proof has moved from 'burden of proof' to 'a balance of probabilities'. Going forward, this could give a more accurate picture of who is taking their own life.

Date of Death vs Date of Death Registration?

All nationally published suicide/undetermined deaths analysis are based on the registration date of the death. This is due to the time delay which can be caused by the inquest and any subsequent investigations. Deaths can be registered up to 4 years after the date of death, this would mean that if statistics were based on the date of death they would have to be revised retrospectively year after year. By using date of registration, data can be more easily used for annual comparisons. All analyses in this report, unless stated otherwise, are based on the death registration date.

Grouping data?

Virtually all nationally published suicide/undetermined deaths analysis is grouped together over several years, and a rolling three year average rate produced. This is due to the relatively small numbers involved which means that a few additional deaths in any one year could have a marked impact on annual rates. A three year rolling average rate is used primarily to smooth out these short term fluctuations and therefore enable longer term trends to be seen. In order to analyse method, deprivation and occupation in Worcestershire, we have had to pool 10 years data in order to make numbers more robust.

Comparator Areas

The Chartered Institute of Public Finance and Accountancy (CIPFA) produces a list of 'nearest neighbours' for each local authority area. This list identifies local authorities which are similar in population age makeup, density and other socio-economic indicators. Worcestershire has been classified as similar to Warwickshire and Gloucestershire, so they provide useful comparator areas, where appropriate.

Key indicators

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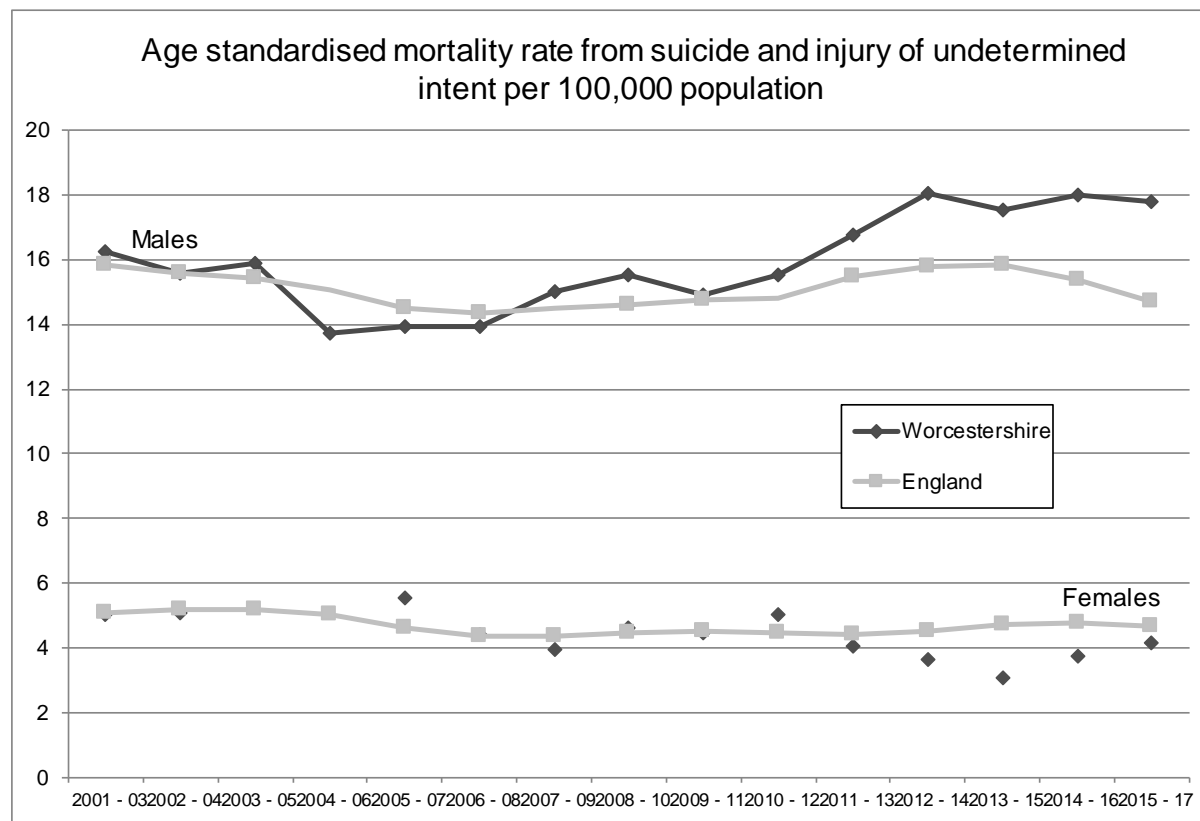
Suicide and undetermined deaths

Figure 1 shows the mortality rate of persons who died (based on registration date) from suicide or injury undetermined per 100,000 population for Worcestershire compared to England and its nearest neighbours, Warwickshire and Gloucestershire (in statistical terms).

Figure 1: Age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (Persons)

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Figure 2: Gender split of age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population



Method of Suicide

The most common method of suicide in Worcestershire was hanging which has accounted for nearly 58% of all male suicide registrations between 2009 and 2018. Poisoning remains the more common method for females accounting for 45% of female suicides, a trend which has remained fairly static over time. This is a slightly different picture than nationally, where for the first time in 2013, hanging overtook poisoning for female suicides in England. This may be due to the restriction in the availability of other methods such as drugs used in overdoses. For example, analysis conducted in 2012 revealed that there was a major reduction in deaths involving the pain-killing drug co-proxamol following its withdrawal in 2005¹. It will take some time for the change in method to become apparent in Worcestershire due to the small numbers of female suicides, however, the indications are there that there is starting to be a shift in method for females as has happened nationally.

¹ Article Source: Six-Year Follow-Up of Impact of Co-proxamol Withdrawal in England and Wales on Prescribing and Deaths: Time-Series Study
 Hawton K, Bergen H, Simkin S, Wells C, Kapur N, et al. (2012) Six-Year Follow-Up of Impact of Co-proxamol Withdrawal in England and Wales on Prescribing and Deaths: Time-Series Study. PLOS Medicine 9(5): e1001213. <https://doi.org/10.1371/journal.pmed.1001213>

Table 2 - Worcestershire Residents – Number and Percentage of Suicide/Undetermined Deaths by Method 2009 – 2018 Registrations (10 years pooled data)

Method	Gender		Persons
	Male	Female	
Hanging	233	42	275
Poisoning (incl Carbon Monoxide)	60	54	114
Drowning*			31
Railways			22

Occupation

Occupation is difficult to analyse due to the small numbers involved, however, an ONS analysis entitled “Suicide by occupation in England: 2011 – 2015” concluded:

“Males working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average; the risk among males in skilled trades was 35% higher. The risk of suicide among low skilled male labourers, particularly those working in construction roles, was 3 times higher than the male national average.”

We cannot replicate this data analysis locally due to the small numbers involved, however, we have analysed the Worcestershire working age population over a longer time period and detailed in Table 4 are the numbers and percentages of deaths between 2009 and 2018 by Occupation Group according to the Standard Occupational Classification 2010 system (SOC2010), along with a comparison of the average percentage employed in each major group over the period.

Table 4 – Number of Suicide/Undetermined Deaths in Worcestershire by SoC2010 Major Group (Pooled data for 2009 – 2018)

Major Group Code and Description	Number of Suic/Undet. deaths in working age
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Public Health England (2016) Local suicide prevention planning – A practice resource
<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Public Health England (2015) Preventing suicides in public places – A practice resource
<https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places>

Nationally available data:

ONS – [Suicides in the UK: 2017 registrations](#)

ONS – [Suicide by occupation, England : 2011 to 2015](#)

ONS - [Suicides by method, England, 2014 to 2017 registrations](#)

Public Health Outcomes Framework: <http://www.phoutcomes.info/>

Health Profiles: <http://fingertips.phe.org.uk/profile/health-profiles>

Local Health: <http://www.localhealth.org.uk/>

Suicide Prevention Profile: <https://healthierlives.phe.org.uk/topic/suicide-prevention>

Further information & feedback

This briefing has been written by Worcestershire County Council's Public Health Intelligence Team. We welcome your comments on these briefings and how they could better suit your requirements, please do contact us with your ideas. Email: jfulton@worcestershire.gov.uk
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