

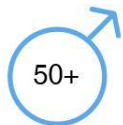
Joint Strategic Needs Assessment



Suicide

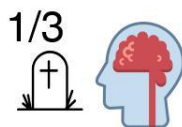
Last updated: January 2020

Isle of Wight summary



The majority of suicides locally occurred in males aged 50+

One third of those taking their own life locally were in contact with specialist mental health services



On average, four times more men than women take their own lives

Hospital admissions for self-harm have dropped significantly in 2014/15 compared to 2013/14



Public Health foreword

“In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating.”

Nationally, real progress has been made since 2002 in reducing the already relatively low suicide rate to record low levels. This has been achieved through the 2012 national and all age suicide prevention strategy for England.

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. The Isle of Wight Council works very closely with all of its partners to implement, support and deliver the Isle of Wight's Suicide Prevention Strategy
<http://www.isleofwightccg.nhs.uk/Downloads/Consultations/Suicide%20Prevention%20Strategy.pdf>.”

Carol Foley – Acting Public Health Principal
Isle of Wight Council

Background

Suicide is a major issue for society and one of the leading causes of years of life lost, alongside circulatory disease and cancers. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

In January 2019, ‘Preventing Suicide in England: Fourth progress report of the cross government outcomes strategy to save lives’ was published by the Department of Health

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>). This is the fourth national suicide prevention strategy and is being used to update the 2012 strategy in five main areas:

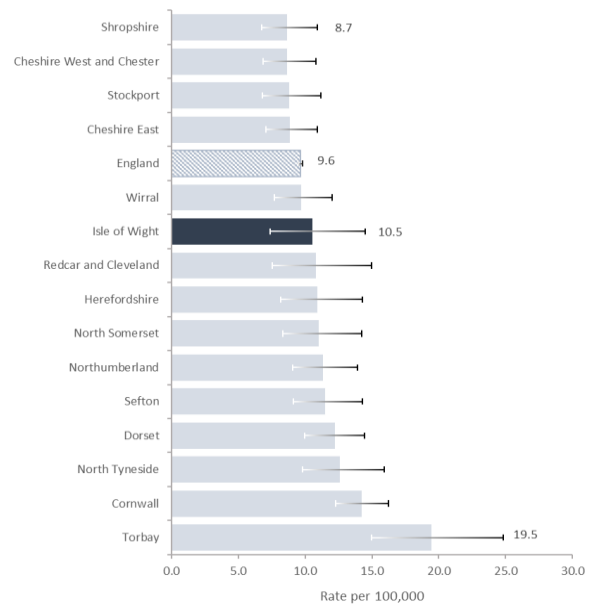
- Expanding the strategy to include self-harm prevention in its own right
- Every local area to produce a multi-agency suicide prevention plan
- Improving suicide bereavement support in order to develop support services
- Better targeting of suicide prevention and help seeking in high risk groups
- Improve data at both the national and local levels

Local suicide prevention

From April 2013, local responsibility for coordinating and implementing work on suicide prevention became an integral part of local authorities' new responsibilities for leading on local public health and health improvement. Included in these responsibilities is the establishment of a local suicide prevention partnership, the implementation of a process for local suicide audit and the delivery of local action to prevent and reduce suicide.

Key points from the local suicide audits carried out in 2013 and 2014 were that the majority of suicides occurred in males aged fifty and over, one third of those taking their own life were in contact with a specialist mental health service and two thirds had a diagnosis of mental illness.

**Suicide age-standardised rate per 100,000 (3 year average):
Isle of Wight and CIPFA comparator authorities: 2016 - 18**



Source: PHE Fingertips tool - Suicide Prevention Profile
<https://fingertips.phy.org.uk/profile-group/mental-health/profile/suicide> (accessed 23 January 2020)

Understanding the data

In the UK, a coroner is able to give a conclusion of suicide for those as young as 10 years old. However, rates per 100,000 are provided by the ONS for ages 15 years and over. This is because of the difficulty of classifying children's deaths as suicide, and because the number in those aged under 15 tends to be low and their inclusion may reduce the overall rates.

The actual number of suicides can give a misleading picture of the incidence of suicide when considered alone. Rates per 100,000 people are therefore calculated in order to adjust for the underlying population size. An area or group with a larger population may have a higher number of suicides than an area or group with a smaller population, but the rate per 100,000 may be lower.

Directly age standardised rates (DSR) are rates that have been standardised to the European population so that comparisons between areas can be made with greater confidence. Crude rates have not been standardised in this way and are a basic calculation of the number of deaths divided by the population (times by 100,000). The two types of rate are not necessarily comparable.

Suicide

The suicide rate for persons on the Isle of Wight is high. The three-year average over 2016 to 2018 is 10.5 per 100,000 compared to the England average (9.6) and the majority of its comparator authorities, however there is no statistically significant difference between any of the comparators due to the small number of people taking their own lives on the Isle of Wight (39 over the three years).

When broken down by gender, males follow roughly the same pattern as all-persons, with a higher rate than most of its comparators but not significantly higher than any of them.

For females, the Isle of Wight has a lower rate than most its comparators; one comparator having had their figures suppressed due to there being small observed numbers of suicides (less than 25).

For both the Isle of Wight and England, there are significantly more males taking their own lives than females.

Suicide Trend

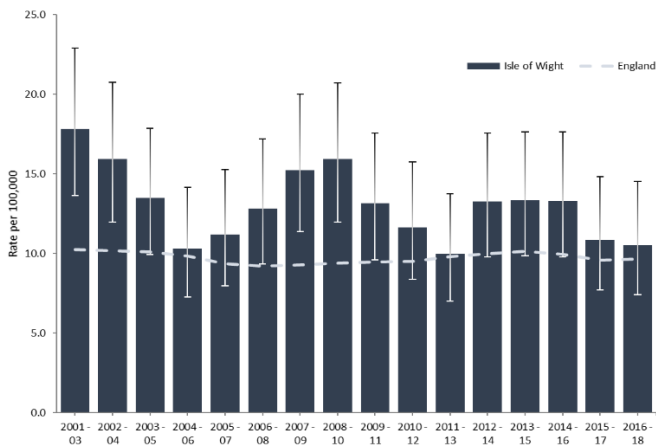
When examining suicide trends over time, it is important to look over a longer period. Increases and decreases between individual years should not be considered in isolation. There may be fluctuations year-on-year but these should not be viewed as 'true' changes to the trend due to the small numbers.

Suicide mortality rates across the Isle of Wight have fluctuated each year since 2001-03 compared to the England rate which has remained fairly constant, as can be seen in the graph below. It is important to note that, because of the relatively small number of deaths of Isle of Wight residents each year from suicide, even three-year aggregated mortality rates are susceptible to fluctuation. A small change in the annual number of deaths can result in a significant change in the mortality rate.

Suicide

Last updated: February 2017

**Suicide age-standardised rate per 100,000 (3 year average):
Isle of Wight and England trend: 2001-2003 to 2016-18**



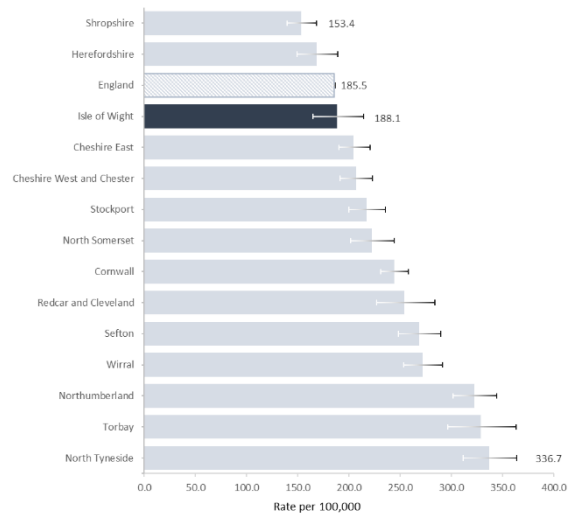
Source: PHE Fingertips tool - Suicide Prevention Profile
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (accessed 24 January 2020)

Self-harm

The Government strategy Preventing Suicide in England (2012) highlights that people who self-harm are at increased risk of suicide. Risk is increased in those repeating self-harm and in those who have used violent/dangerous methods of self-harm.

The graph below shows the DSR for emergency hospital admissions for intentional self-harm. The Isle of Wight is not significantly different to England but is significantly lower than most of its comparator authorities.

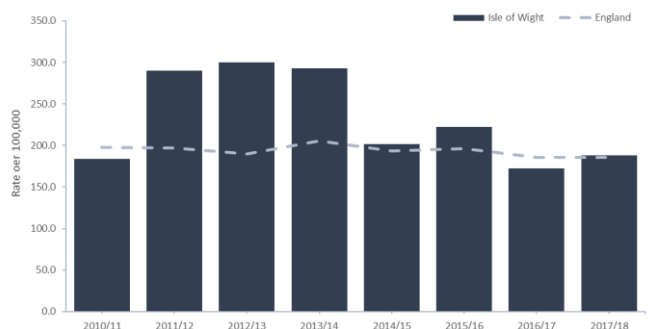
**Emergency hospital admissions for intentional self-harm -
Directly age-sex-standardised rate per 100,000:
Isle of Wight and CIPFA comparator authorities: 2017/18**



Source: PHE Fingertips tool - Suicide Prevention Profile
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (accessed 24 January 2020)

The chart below shows the trend in hospital admissions for self-harm. For the financial year 2017/18, the Isle of Wight (188.1 per 100,000) has seen a slight increase compared to the previous year but remains in line with the England (185.5) average.

**Emergency hospital admissions for intentional self-harm -
Directly age-sex standardised rate per 100,000:
Isle of Wight and CIPFA comparator authorities: 2010/11 to 2017/18**



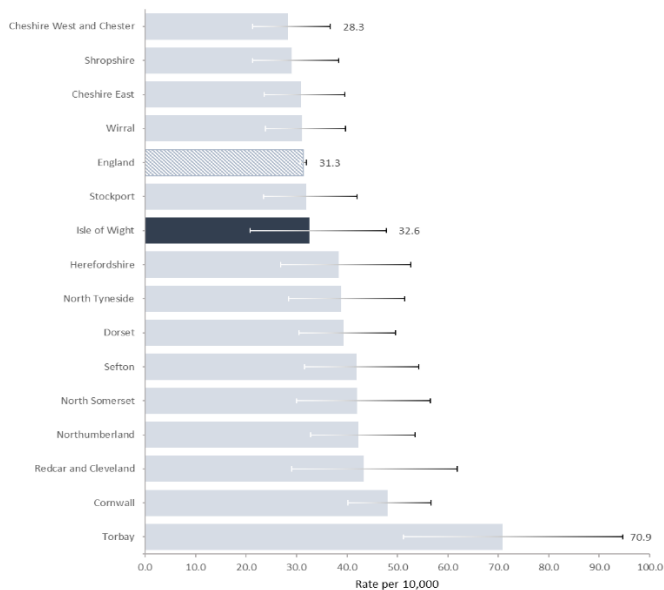
Source: PHE Fingertips tool - Suicide Prevention Profile
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (accessed 24 January 2020)

Years of life lost

Years of life lost is a measure of premature mortality and gives an estimate of the length of time a person would have lived had they not died prematurely. It can be used to compare the premature mortality experience of different populations and quantify the impact on society from suicide.

The chart below shows the Isle of Wight rate is 32.6 per 10,000, which is not statistically significantly different to the England average (31.3) or any of its CIPFA comparators.

**Years of life lost due to suicide, age-standardised rate 15-74 years per
10,000 population (3 year average):
Isle of Wight and CIPFA comparator authorities: 2016 - 18**



Source: PHE Fingertips tool - Suicide Prevention Profile
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (accessed 24 January 2020)

Mental Health Crisis Concordat

This trend could be attributed to an initiative called Operation Serenity street triage which is a collaborative scheme between police and NHS staff, with the objective of supplying a better initial mental illness diagnosis. These actions have the potential to reduce emergency admissions for self-harm and help to ensure the correct treatment pathway before crisis occurs.

Before the Mental Health Crisis Concordat was initiated people experiencing a mental health crisis were taken to a place of safety, either a police station or a hospital under section 136 of the Mental Health Act. The reduction in the use of police cells along with the overall reduction in hospital admissions for self-harm help demonstrate the success of Operation Serenity.

Please see the report on the following link for more information:

<http://www.crisiscareconcordat.org.uk/inspiration/sim-specialist-support-high-intensity-mental-health-crisis-sergeant-paul-jennings-hampshire-constabulary/sim-network-9-0-protected-email-version-1/>

Useful sources

Public Health England publish a wealth of mental health indicators and comparator data online via their Fingertips tool

<https://fingertips.phe.org.uk/profile-group/mental-health>