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Children, Education and Skills Scrutiny: suicide and self-harm

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Purpose

AIM
Update the Children, Education and Skills Scrutiny Committee on
Suicide and Self-Harm

OBJECTIVES

- Understand the global, national and local challenge of suicide prevention
- Describe the national policy context
- Develop an understanding of national and local data

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Suicide Prevention – a global and local challenge

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- Suicide prevention is a global public health priority –over 800,000 people lose their lives to suicide every year
- Many more people attempt suicide every year – a previous suicide attempt remains one of the most significant risk factors for suicide
- Suicide happens across the life course – globally one of the leading causes of death of young people aged 15-29
- In 2015 there were:
 - 6,188 deaths from suicide in the UK
 - 4,820 deaths from suicide in England
 - 247 deaths from suicide in the North East
 - 24 deaths from suicide in Sunderland

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Suicide

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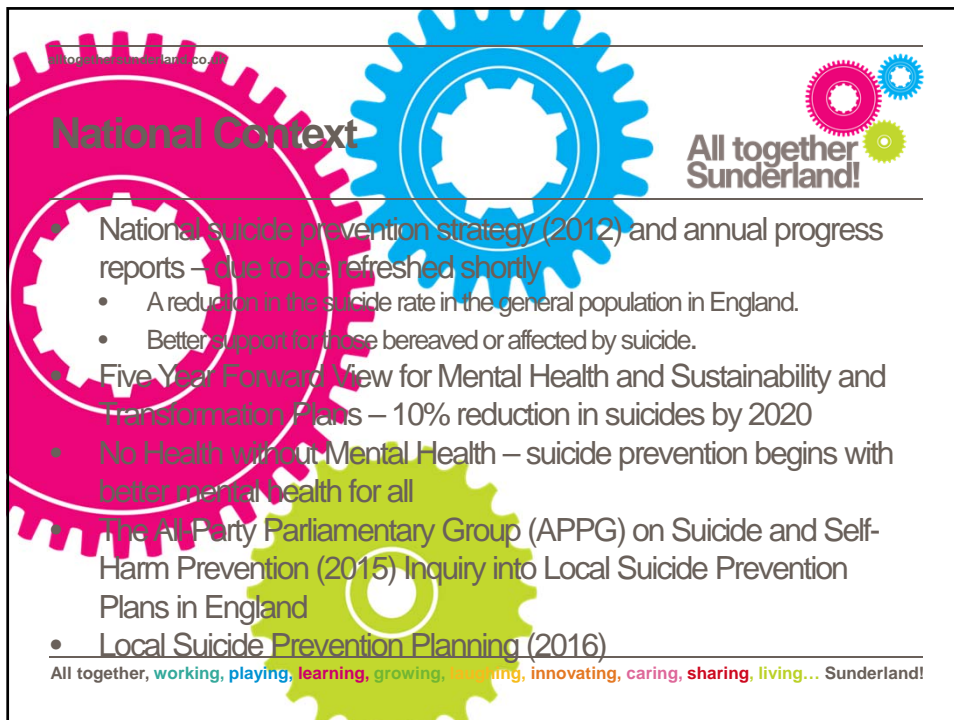
'... includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.'

In England 13 people take their own lives every day

For every person who dies as a result of suicide at least **10** people are affected

Economic cost for each person of working age - **£1.67 million**

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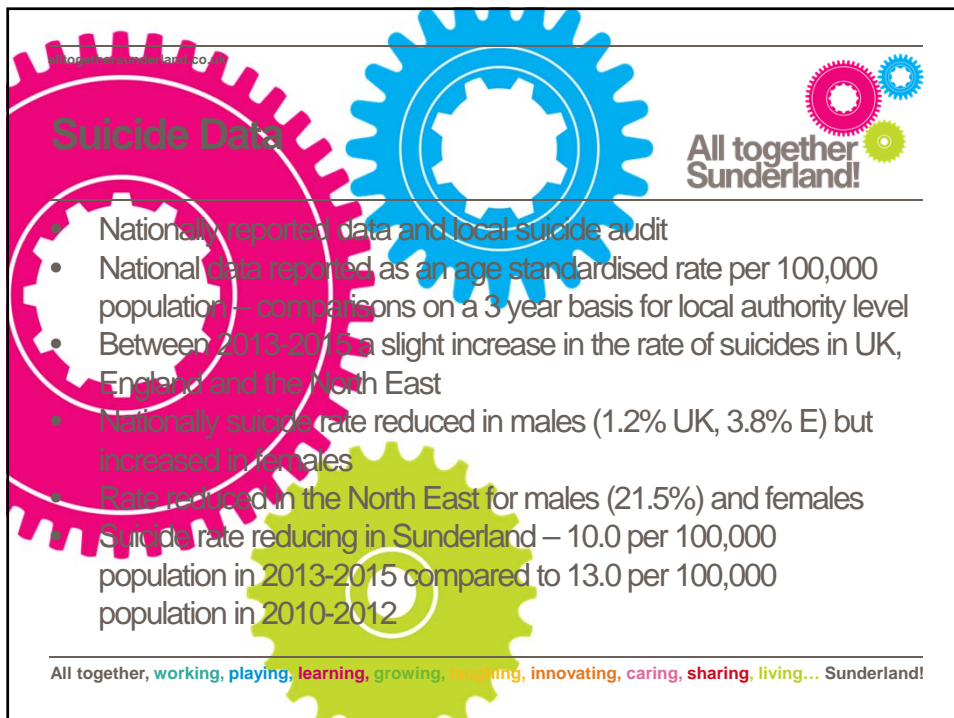
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National Context

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- National suicide prevention strategy (2012) and annual progress reports – due to be refreshed shortly
 - A reduction in the suicide rate in the general population in England.
 - Better support for those bereaved or affected by suicide.
- Five Year Forward View for Mental Health and Sustainability and Transformation Plans – 10% reduction in suicides by 2020
- No Health without Mental Health – suicide prevention begins with better mental health for all
- The All Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention (2015) Inquiry into Local Suicide Prevention Plans in England
- Local Suicide Prevention Planning (2016)

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Suicide Data

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- Nationally reported data and local suicide audit
- National data reported as an age standardised rate per 100,000 population – comparisons on a 3 year basis for local authority level
- Between 2013-2015 a slight increase in the rate of suicides in UK, England and the North East
- Nationally suicide rate reduced in males (1.2% UK, 3.8% E) but increased in females
- Rate reduced in the North East for males (21.5%) and females
- Suicide rate reducing in Sunderland – 10.0 per 100,000 population in 2013-2015 compared to 13.0 per 100,000 population in 2010-2012

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Figure 1: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to England

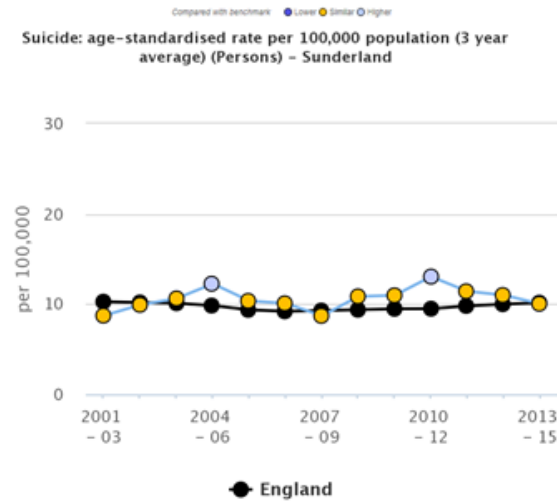
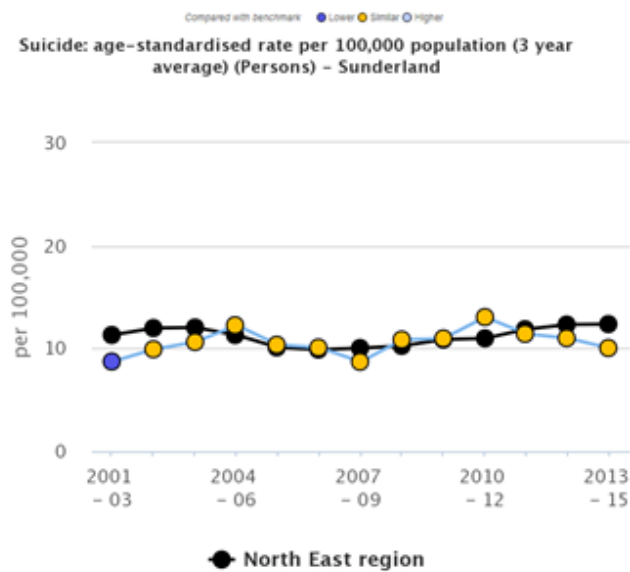
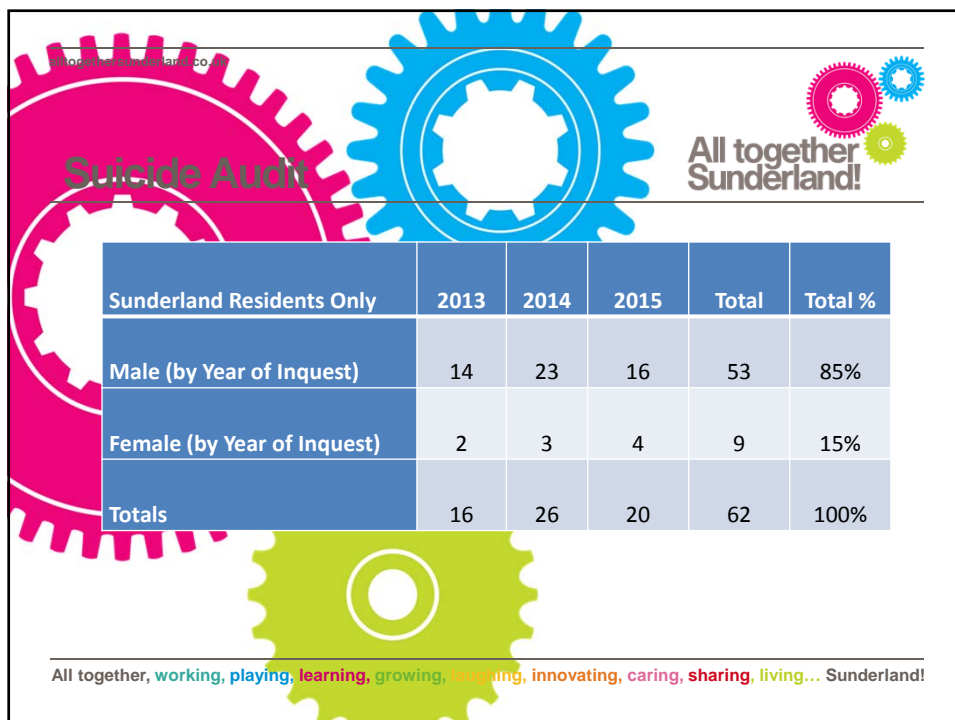
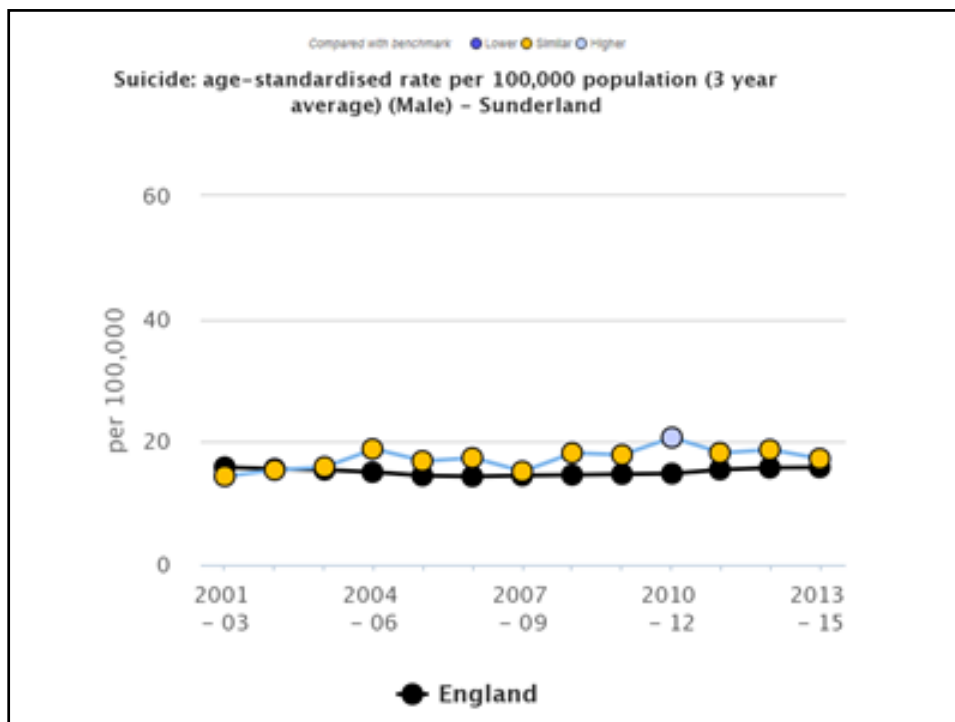
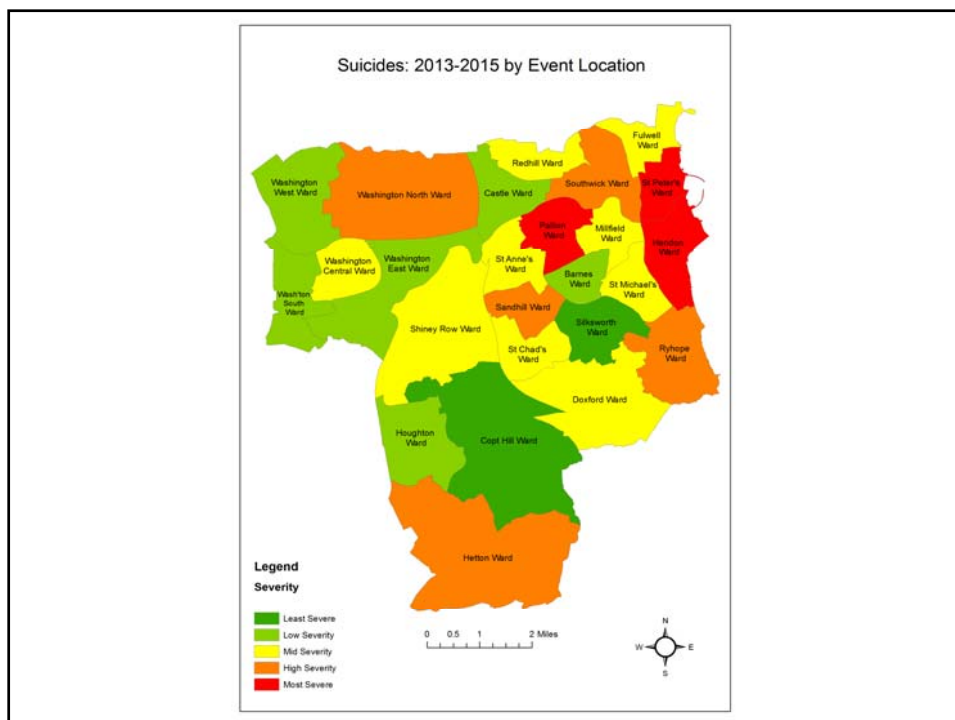
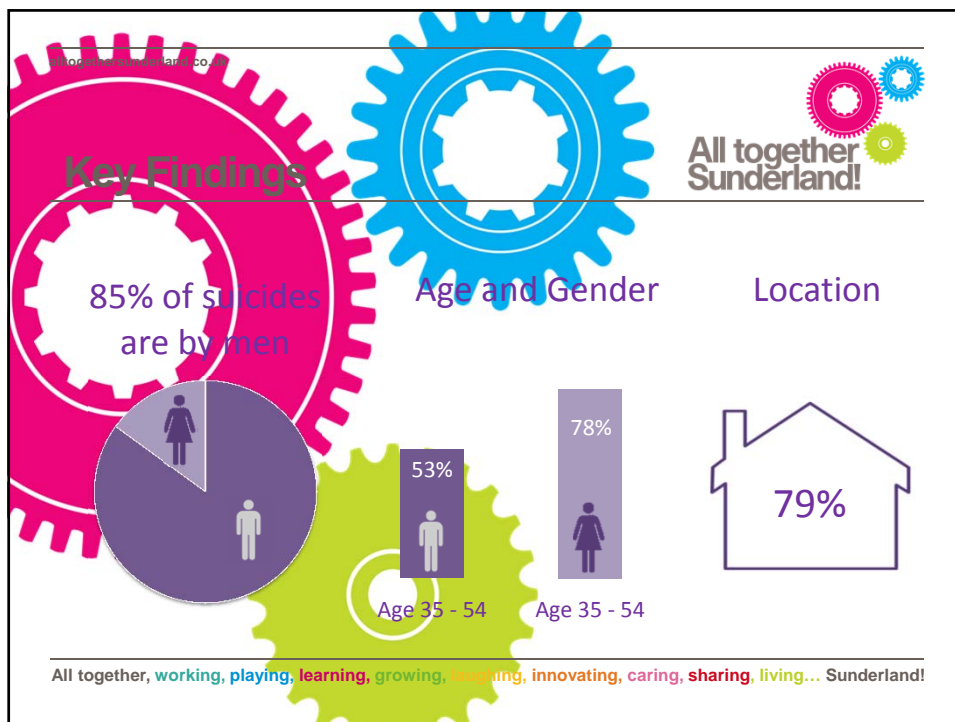
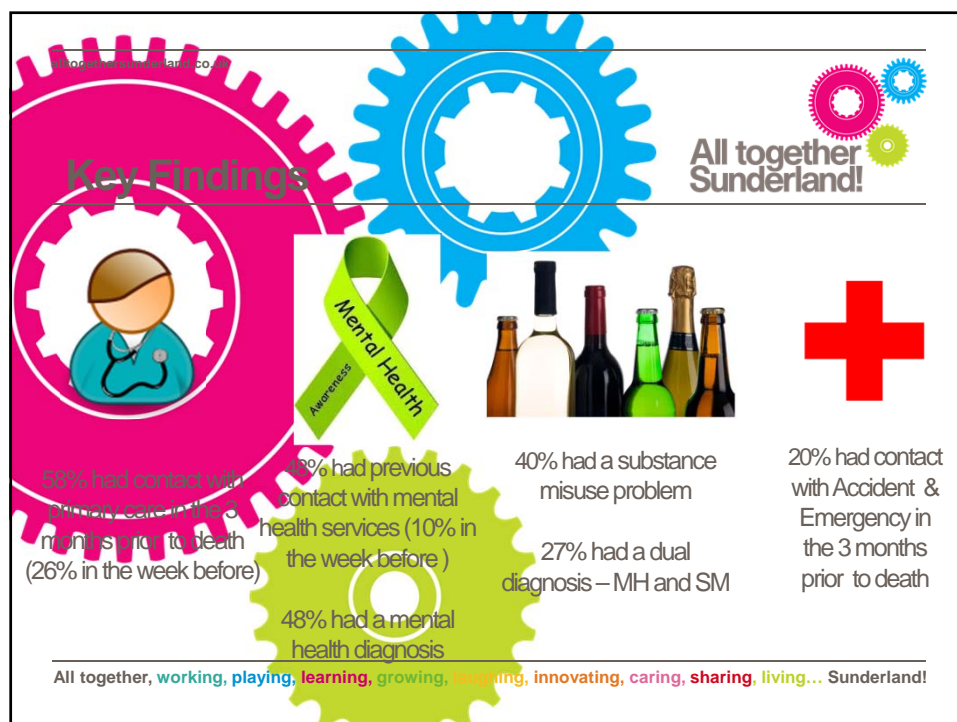
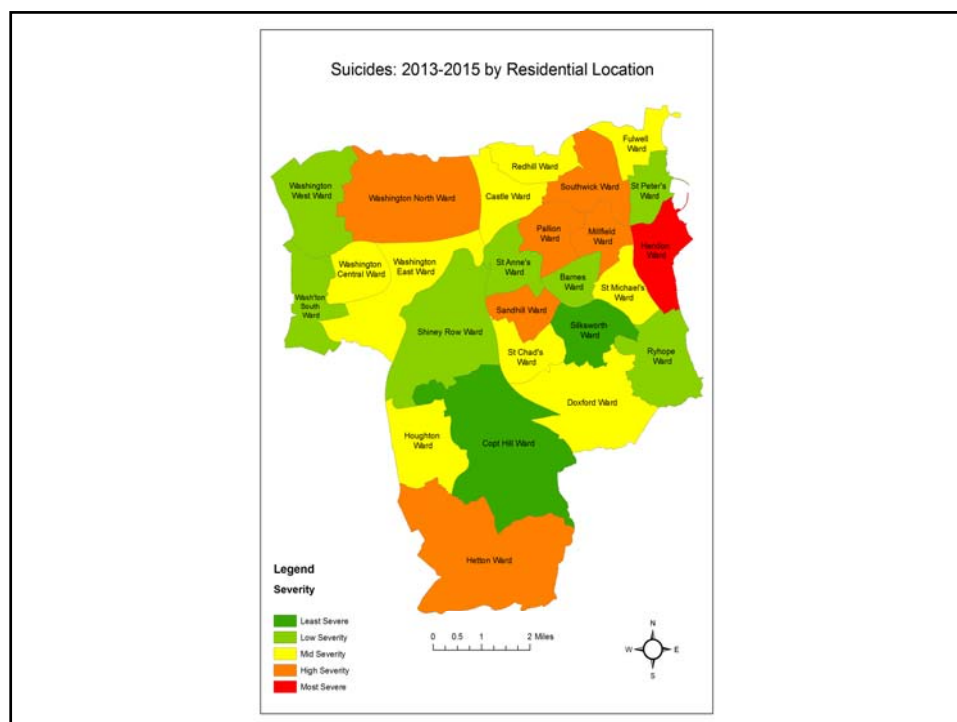


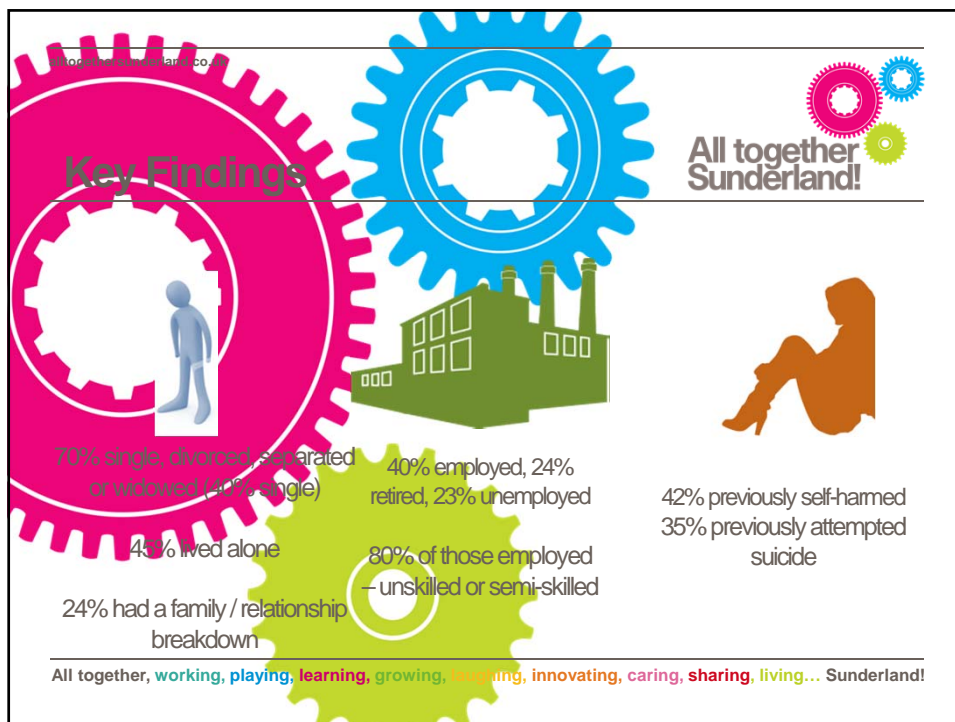
Figure 2: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to North East

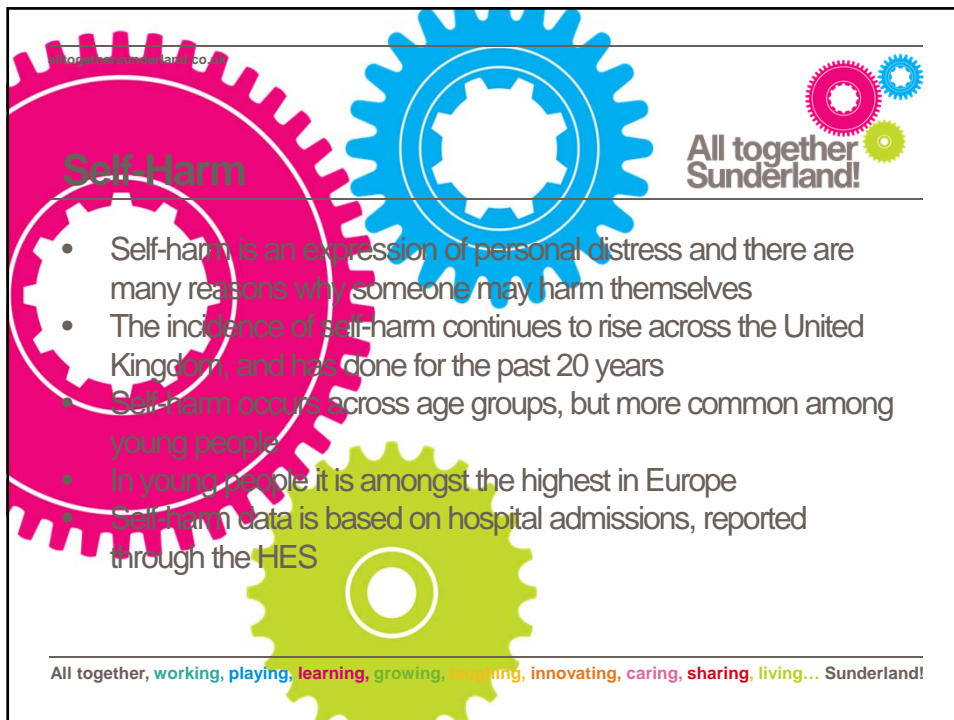










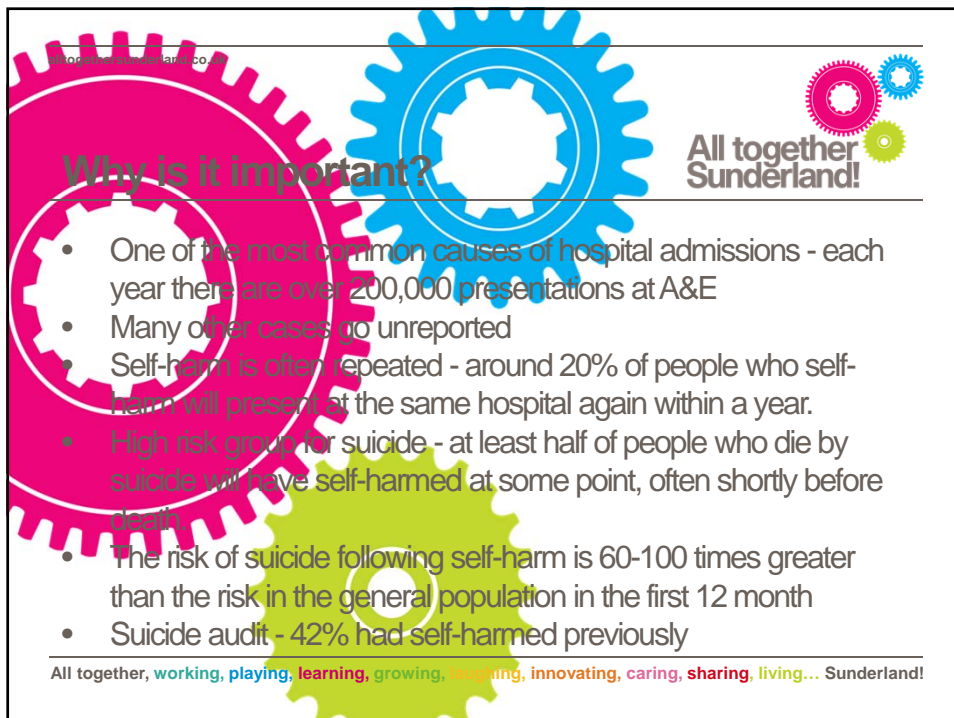


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Self Harm

- Self-harm is an expression of personal distress and there are many reasons why someone may harm themselves
- The incidence of self-harm continues to rise across the United Kingdom, and has done for the past 20 years
- Self-harm occurs across age groups, but more common among young people
- In young people it is amongst the highest in Europe
- Self-harm data is based on hospital admissions, reported through the HES

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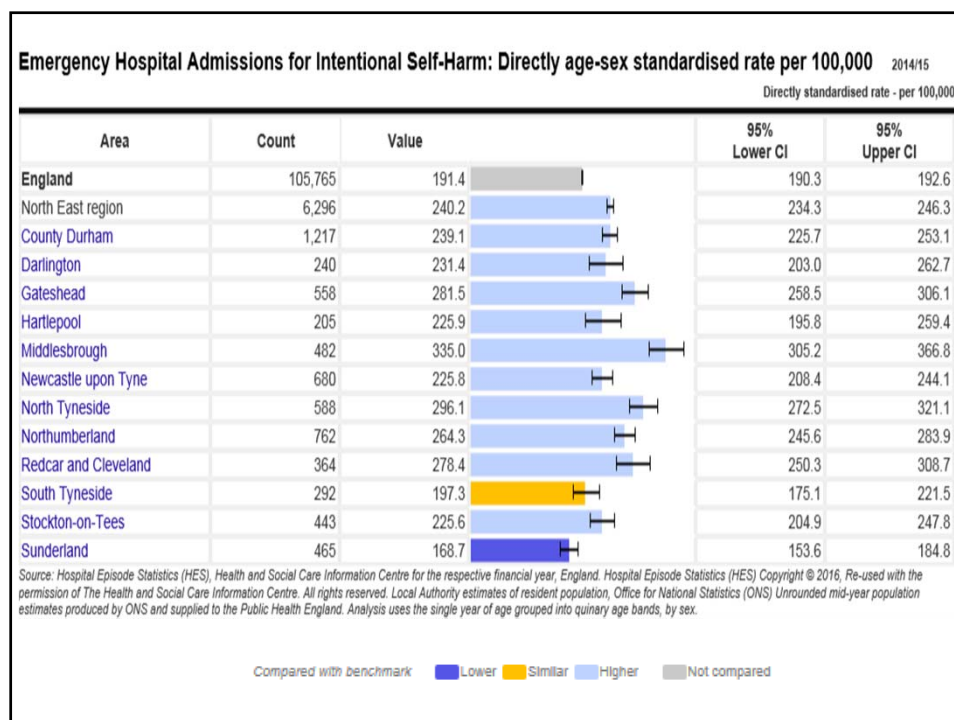
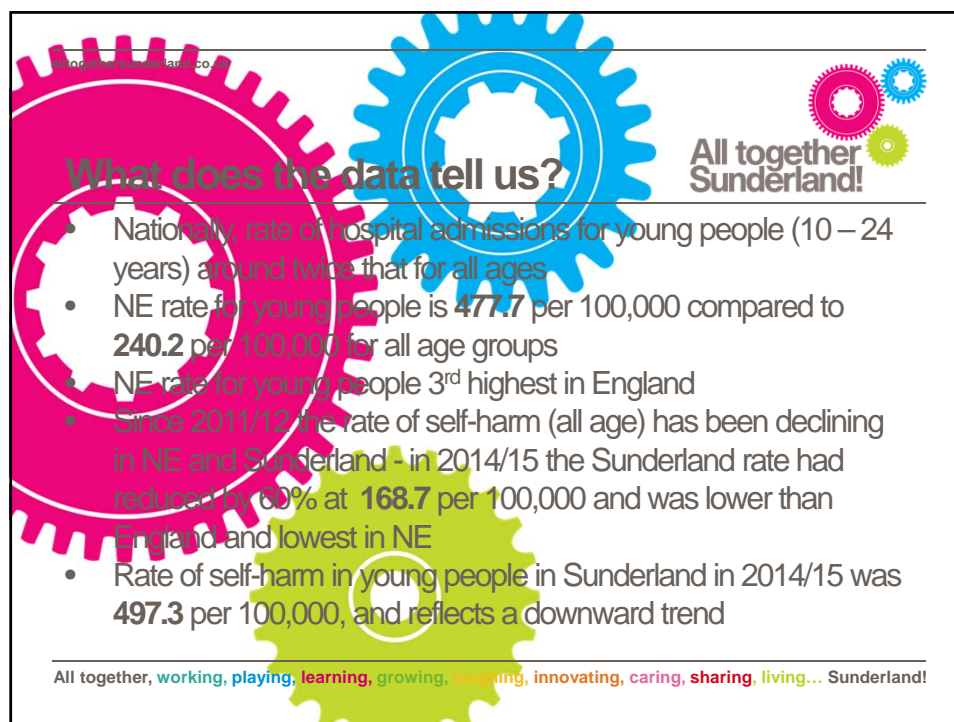


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Why is it important?

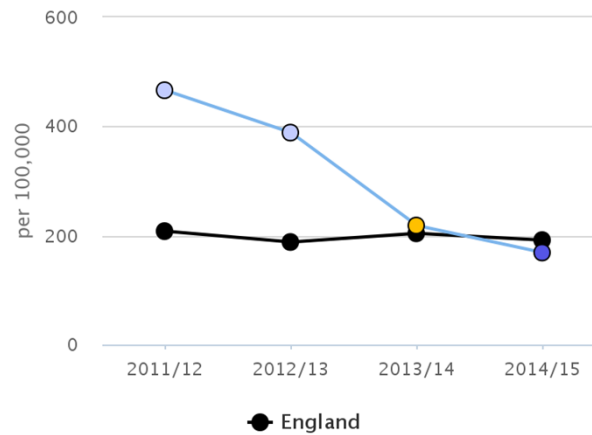
- One of the most common causes of hospital admissions - each year there are over 200,000 presentations at A&E
- Many other cases go unreported
- Self-harm is often repeated - around 20% of people who self-harm will present at the same hospital again within a year.
- High risk group for suicide - at least half of people who die by suicide will have self-harmed at some point, often shortly before death
- The risk of suicide following self-harm is 60-100 times greater than the risk in the general population in the first 12 month
- Suicide audit - 42% had self-harmed previously

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What does this look like?

Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000 – Sunderland



Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24

		Directly standardised rate - per 100,000	
Area	Value	Lower CI	Upper CI
England	398.8	394.9	402.7
North East region	477.7	458.4	497.5
County Durham	440.3	399.2	484.6
Darlington	526.8	425.9	644.3
Gateshead	531.3	456.2	615.3
Hartlepool	356.3	271.8	458.8
Middlesbrough	576.1	492.8	669.2
Newcastle upon Tyne	388.9	339.9	442.6
North Tyneside	563.0	482.9	652.4
Northumberland	511.8	450.6	579.1
Redcar and Cleveland	661.7	561.1	775.0
South Tyneside	512.8	429.5	607.5
Stockton-on-Tees	504.7	433.5	584.4
Sunderland	497.3	436.7	564.0

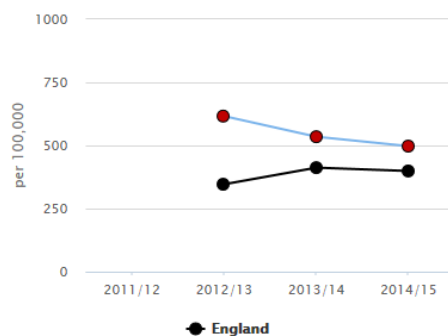
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Compared with benchmark Better Similar Worse Not compared

Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24

Sunderland

Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North East England	
2011/12	-	-	-	-	-	-
2012/13	330	616.3	551.4	686.7	479.6	346.3
2013/14	270	534.6	472.5	602.6	507.2	412.1
2014/15	245	497.3	436.7	564.0	477.7	398.8

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Compared with benchmark: Better (green dot), Similar (yellow dot), Worse (red dot), Not Compared (white circle)

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References

1. <http://www.who.int/mediacentre/factsheets/fs398/en/>
2. Office for National Statistics (2016) Statistical Bulletin
Suicides in the UK: 2015 registrations
3. <http://fingertips.phe.org.uk/>

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