

## REPORT OF THE ACTING CONSULTANT IN PUBLIC HEALTH

## UPDATE ON SUICIDE AND SELF-HARM IN SUNDERLAND

**1. Purpose of Report**

- 1.1. This report is to inform the Children, Education and Skills Scrutiny Committee of the current position in Sunderland regarding rates of suicide and self-harm and provide an overview of current and planned activity to improve outcomes.

**2. Background**

- 2.1. Suicide is a major issue for society, globally, nationally and locally and a leading cause of years of life lost. In 2015 there were 4,820 deaths from suicide in England, 247 deaths from suicide in the North East and 24 deaths from suicide in Sunderland.<sup>1</sup>
- 2.2. In 2015 the North East had a suicide rate of 10.9 per 100,000 population, compared to a rate of 13.2 deaths per 100,000 population in 2014. Although this represents a welcome reduction of 17.5% the suicide rate in the North East is still the second highest of all English regions, after Yorkshire and The Humber which had a suicide rate of 11.6 per 100,000 population in 2015.<sup>2</sup>
- 2.3. Nationally the suicide rate in males decreased in 2015, whilst it increased in females. The suicide rate in females is at the highest level in a decade. Across all broad age groups the suicide rate for males was 3 times greater than that of females.<sup>3</sup>
- 2.4. Annual mortality statistics for England and Wales show that suicide continues to be a leading cause of death for some age groups.<sup>4</sup> In 2015 suicide and injury or poisoning of undetermined intent was the leading cause of death for:
- boys and girls aged 5-19 years (16.9% of male deaths and 10.6% of female deaths)<sup>5</sup>;
  - males and females in the 20-34 years age group, accounting for 21.4% of deaths (24.5% males and 14.8% females);
  - males in the 35-49 years age group, accounting for 11.8% of deaths.
- 2.5. In 2012 the Department of Health published a national suicide prevention strategy for England,<sup>6</sup> which identified two overarching objectives and six key areas for action. Local areas should use these six key areas for action to develop local suicide prevention action plans, to be monitored and delivered through a local suicide

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<sup>1</sup> Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations.

<sup>2</sup> Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations.

<sup>3</sup> Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations

<sup>4</sup> Office for National Statistics (2016) Statistical Bulletin: Deaths Registered in England and Wales (Series DR): 2015

<sup>5</sup> From the ages of 10 -14 years the cause of death was intentional self-harm and for those aged 15 and over it was intentional self-harm and event of undetermined intent.

<sup>6</sup> Department of Health (2012) Preventing Suicide in England: a cross government outcomes strategy to save lives

prevention action group. The overarching objectives of the national suicide prevention strategy were to achieve a reduction in the suicide rate in the general population in England, and provide better support for those bereaved or affected by suicide.

- 2.6. An annual progress report of the national suicide prevention strategy is published annually, the latest of which was published in January 2017. This progress report recommends increasing the focus on young people in educational settings, including colleges and universities, to raise awareness of suicide risk and mental wellbeing. It also highlights specific action to strengthen the national strategy:
- better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan in 2017, with agreed priorities and actions
  - better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services
  - improving data at national and local level and how this data is used to help take action and target efforts more accurately
  - improving responses to bereavement by suicide and support services
  - expanding the scope of the National Strategy to include self-harm prevention in its own right.
- 2.7. Public Health undertakes an annual suicide audit as recommended in national guidance. The findings of the audit should be used to inform local priorities for suicide prevention.
- 2.8. Self-harm is a key risk factor for suicide. It has been shown that at least half of people who die by suicide will have engaged in self-harm at some stage in their lives, often shortly before death. The risk of suicide following self-harm is as much as 60-100 times the risk of suicide in the general population, in the first year after self-harm.<sup>7</sup>

### **3. Local Context**

#### **Nationally Published Suicide Data**

- 3.1. Data published by the Office for National Statistics shows that the suicide rate in Sunderland is declining, following a period when it had been increasing. The reported 3 year aggregated rate for Sunderland is now lower than the rate reported for England and the North East.
- 3.2. In 2013-2015 the suicide rate in Sunderland was 10.0 per 100,000 population. For the same period the rate was 10.1 per 100,000 in England and 12.4 per 100,000 in the North East.

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<sup>7</sup> Department of Health (2014) Annual Report of the Chief Medical Officer 2013. Public Mental Health Priorities: investing in the evidence.

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

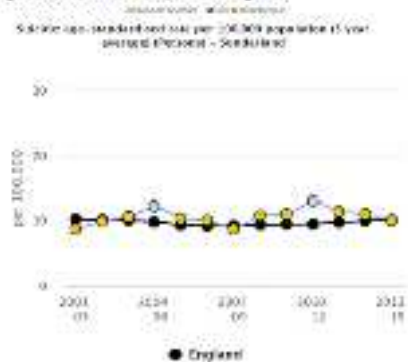
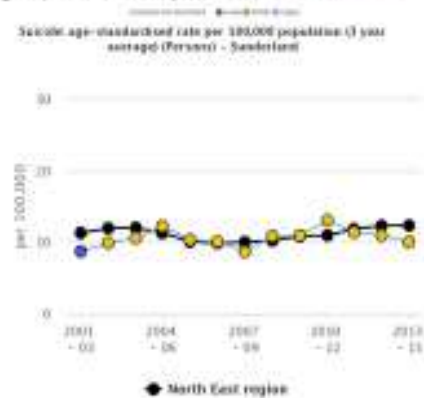


Figure 2: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to North East



- 3.3. The rate of male suicides in Sunderland has decreased, from 18.7 per 100,000 population in 2012-14 to 17.2 per 100,000 population in 2013-2015. (NB data is not available for female suicides as data is suppressed due to small numbers).
- 3.4. The annual suicide audit provides data collected from records of HM Coroner in Sunderland. It does not include records for Sunderland residents where the inquest was conducted through a different coroner's office. The audit report for 2013-2015 is based upon 62 records.

### Local Suicide Audit Data

- 3.5. In 2016 officers from the local authority accessed records at HM Coroner's Office in Sunderland, for deaths from suicide registered in 2015. The data has been used, alongside data from previous audits, to present an overarching audit of suicides and undetermined deaths in Sunderland for the period 2013-2015. Over this period 62 deaths were registered within this category.
- 3.6. Analysis of the local suicide audit data showed that 85% were male, and that 28% of male deaths occurred in the 35-44 age group and 56% of female deaths in the 45-54 age group.
- 3.7. Hendon ward had the greatest number of deaths from suicide (by area of residence), followed by Pallion and Sandhill ward. Together they accounted for 29% of all deaths from suicide. At a locality level Sunderland East had the greatest number of suicides, by event (28%) and area of residence (29%).
- 3.8. Data was analysed to show the breakdown of individual risk factors:
  - 70% were single, divorced, separated or widowed – the greatest risk factor was being single (40%)
  - 28% were married, cohabiting or in a common-law relationship
  - 45% lived alone and 31% lived with a partner (with or without children)
  - 40% were employed, 24% were retired and 23% were unemployed
  - 80% of those employed were in unskilled or semi-skilled employment
  - 48% had a mental health diagnosis
  - 40% had substance misuse problems (of these 40% had an alcohol problem, 32% had a drug problem and 28% had a drug and alcohol problem)

- 27% had a dual diagnosis of substance misuse and a mental health issue
- 42% had previously self-harmed
- 35% had previously attempted suicide
- 29% had experienced family / relationship breakdown
- 11% had been bereaved.

3.9. Analysis of contact by service type showed a significant proportion of people had contact with primary care services, 26% in the week before death and 58% in the 3 months prior to death. Mental health services had contact with 48% of people, 10% in the week before death. A fifth of people had made contact with Accident and Emergency in the 3 months prior to death.

### **Suicide Prevention**

3.10. The local suicide prevention group continues to meet, and in 2017 Sunderland takes on the rotating responsibility for chairing the sub-regional suicide prevention group.

3.11. Recent activity which has taken place locally with the aim of reducing the number of suicides includes:

- the new Samaritan signs with a Freephone and text number now erected on the Wearmouth and Queen Alexandra bridges
- NTW Mental Health Trust delivered suicide prevention training for primary care staff as part of a Time In Time Out session in December 2016, with over 80 staff in attendance
- community based suicide prevention training recommissioned for 4 years
- suicide prevention campaign – Sunderland Stands Together – developed and due to be launched, with a webpage and literature
- Initial Response Service and welfare rights working together closely to share information about individuals as appropriate, to provide targeted support
- positive media coverage in the Sunderland Echo on the lead up to Christmas in partnership with Washington Mind – 12 days of Christmas
- work developing to secure funding for ‘building resilience through sport’, which will target men in the at risk age group.

## **4. Local Context: Self-harm**

4.1. Rates of self-harm are monitored nationally through emergency hospital admission data and have not been updated since the last report in March 2016. The available data shows that for all ages hospital admissions due to self-harm in Sunderland are the lowest in the North East and lower than for England. The rate in Sunderland is 168.7 per 100,000 population, compared to 240.2 in the North East and 191.4 in England.

4.2. Nationally rates of self-harm are higher in young people aged 10 – 24 years, a trend that is reflected in Sunderland. Previously self-harm data for young people was reported on a 3 year aggregated basis, but it is now reported annually. The latest data available shows that in 2014/15 the rate of self-harm in young people is declining nationally and locally. The rate of self-harm in Sunderland amongst 10-24 year olds in 2014/15 was 497.3 per 100,000 population, compared to 616.3 per 100,000 population in 2012/13. The current rate, which represents 245 admissions,

is similar to the North East rate (477.7 per 100,000 population) but worse than the rate for England (398.8).

- 4.3. As reported previously Hospital Episode Statistics data for Sunderland for the period 2011/12 – 2013/14 showed that at a locality level the average rates of emergency hospital admissions due to self-harm were highest in Sunderland East and Sunderland North, but also in Washington North. The rates were particularly high in the Hendon ward, where it was over twice the Sunderland average. People living in the Hendon, Redhill, St Peters, Southwick and Washington North wards were at increased risk of self-harm.
- 4.4. Whilst the Hospital Episode Statistics data has not been refreshed, as it is not data made available routinely, modelled data (standardised admission ratios) are available at a locality level for 2010/11 – 2014/15 through Local Health for all ages. This data shows that Hendon ward had almost 3.5 times more hospital admissions for self-harm compared to Sunderland and the wards of Southwick, Redhill and Castle were at least double the number of hospital admissions than the Sunderland average.
- 4.5. In October 2016 Washington Mind were funded through Washington Area Committee to deliver a self-harm project for 12 months. The project is focused around young people, parents and professionals. Strong links have been formed with the four secondary schools in the Washington Area and amongst the ongoing work the Project Co-ordinators are delivering information in school assemblies and Personal, Social, Health and Education (PSHE) lessons and school staff are taking part in Understanding Self-Harm training. Parents' groups are being held to raise awareness of self-harm and provide safe and supportive information and a closed page has been set up on Facebook to provide continued support. In order to remain aware of current emotional difficulties and 'trends' around self-harm the Project Co-ordinators are also working therapeutically with a caseload of young people. Work will continue to progress in a spirit of collaboration with the needs of the young people being at the heart of the work.
- 4.6. The children's mental health service is now working alongside the 24/7 adult psychiatric liaison service to provide extended hours of contact within City Hospitals Sunderland. Provision is now available for children 7 days a week, until 10pm at night, and opportunities are being considered to extend this further. This ensures children who attend Accident and Emergency and need to have contact with mental health services do so in most cases. Where the children services are not available the adult psychiatric liaison service would provide support, and then transfer back to children's services.

## **5 Conclusions**

- 5.1 The importance of reducing rates of suicide and self-harm continues to be highlighted nationally, and recognised and supported in Sunderland. Progress is being made and rates of suicide and self-harm are declining, although there continues to be variation within Sunderland. The impact of the availability of comprehensive, high quality mental health services and a co-ordinated approach to suicide prevention should be recognised.

## **6 Recommendations**

The Scrutiny Committee is recommended to:

- (a) Approve the contents of the report.
- (b) Consider the content of the report, to identify further opportunities to support suicide prevention and reduce rates of self-harm across Sunderland.