

Suicide Prevention

Introduction

Suicide is devastating for families and communities and there are significant social and gender inequalities. Norfolk has the highest suicide rate in the eastern region, statistically significantly higher than the national average.

The Office for National Statistics define suicide as deaths from intentional self-harm (where a coroner has given a suicide conclusion or made it clear in the narrative conclusion that the deceased intended to kill themselves) in people aged 10 years and over; and events of undetermined intent (mainly deaths where a coroner has given an open conclusion), in people aged 15 years and over.

Summary

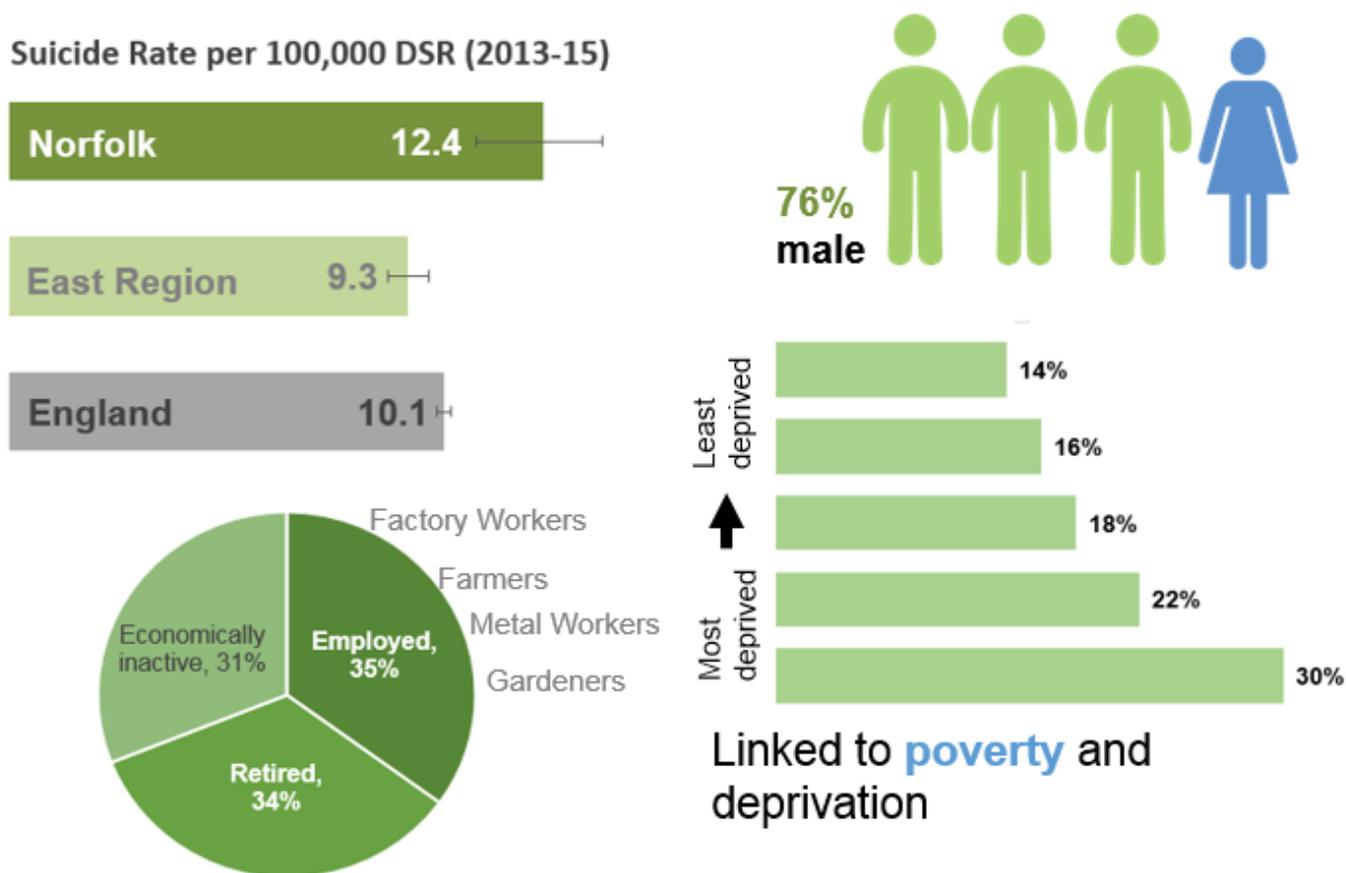


Figure 1: Summary of suicide statistics from ONS and Norfolk Suicide Audit 2016.¹

Headlines

Over the last three years (2013-2015) in Norfolk 290 people have taken their own lives, on average there are 77 suicides every year in the county. This gives Norfolk an age-standardised suicide rate of 12.4 per 100,000, significantly higher than the national average of 10.1. The Norfolk rate is largely a result of a peak of registrations of suicide deaths in males in 2014 (see Figure 2).

¹ Norfolk Public Health Suicide Audit 2016 http://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/Norfolk_Suicide_Audit_2016_v2.5.pdf

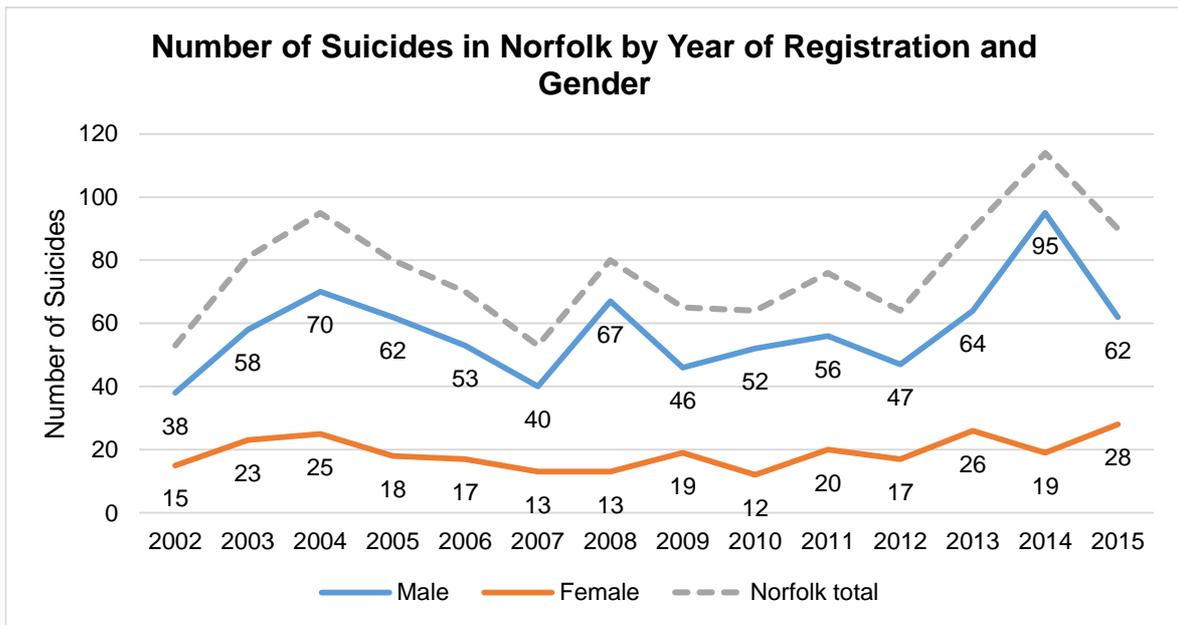


Figure 2: Number of suicides in Norfolk by Year of Death and Gender. Source: Primary Care Mortality Database.

The suicide rate for males is far higher than for females (19.3 per 100,000 compared to 6.1 per 100,000). Three-quarters of people that have died from suicide in Norfolk in the last ten years were male (76%).

Two thirds of suicide occur in the individual’s home (68%). The next most common location group is ‘woodland and other outside areas’ (6%). Norfolk has a range of isolated places which give people the opportunity to take their own lives, including rivers, remote train tracks and the coast; but there is no obvious location in Norfolk that is repeatedly the site of suicide deaths.

The majority of suicides are carried out by hanging (or self-suffocation) or by poisoning (intentionally overdosing on legal or illegal substances); these two methods account for three quarters (74%) of all suicide in Norfolk.

The most commonly cited contributing factor to suicide deaths in Norfolk is poor mental health, cited in two thirds of cases reviewed for the Norfolk Suicide Audit (66%). Of a sample of people who have died by suicide in Norfolk in the last ten years 43% were known to have had some contact with mental health services, 33% in the year before their death – which is higher than the 28% seen on average nationally.² Other common contributing factors are people suffering poor physical health, isolation, relationship breakdown and financial difficulties.³

Influences on Health and Wellbeing

Suicide can have a devastating impact on the families, friends and communities of the deceased - for every person who dies at least ten people are directly affected.⁴ Research suggests that compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.⁵

Social, environmental, population context

The age breakdown of suicide in Norfolk mirrors trends seen nationally.⁶ Based on ten years of Norfolk suicide data (2006-2015) the average age of people who die by suicide in Norfolk is 49 years old. For both men and women the age bracket with the greatest percentage of suicides is 45-59, with a third of all people who die by

² Healthcare Quality Improvement Partnership (2015) National Confidential inquiry into suicide and homicide by people with mental illness.

³ Norfolk Public Health Suicide Audit 2016 http://www.norfolksight.org.uk/wp-content/uploads/2018/09/Norfolk_Suicide_Audit_2016_v2.5.pdf

⁴ World Health Organization Department of Mental Health and Substance Misuse. Preventing suicide: How to start a survivors' group. Geneva: WHO; 2008.

⁵ Pitman A, Osborn D, King M, Erlangsen A. Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry*. 2014;1:86–94.

⁶ ONS (2016) Suicides in the United Kingdom: 2015 registrations. Office for National Statistics.

suicide in this age range. However, suicide affects all age groups and over the last ten years there have been nine suicides of young people (aged 18 or under) and 47 suicides by people in their 80s and 90s.

Suicide is linked to poverty and deprivation – 30% of suicides in Norfolk occur amongst people living in the more deprived areas compared to just 14% in the least deprived (see Figure 1 above). This demonstrates the impact of health inequality on mental well-being, and how it disproportionately affects those people who are already among the most vulnerable in our society. Approaches aiming to protect those who are vulnerable in this way - people in debt or homeless, for example - are vital to reducing risk.

The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.⁷

Current services, local plans and strategies

Norfolk County Council is committed to working with partners to reduce the number of suicides in the county. The local multi-agency Suicide Prevention Implementation Group is tasked with implementing and monitoring the suicide prevention action plan. At the time of writing a draft Suicide Prevention strategy has been released for consultation, with a full launch planned for spring 2017.⁸

The government Mental Health Five Year Forward View (2016) has set the ambition to reduce the number of deaths from suicide by 10% from 2016-2021. Norfolk's Suicide Prevention Group has adopted this target with a view to reducing the suicide rate further in later years, to as close to zero as possible.

The Norfolk Suicide Prevention Action Plan reflects government priorities to:

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

The Norfolk Suicide Prevention strategy has an additional focus on people with substance misuse issues. Also, as a rural county there is a particular interest in ensuring that individuals experiencing isolation and stress are identified and supported effectively, such as farmers. Norfolk has an older population which is growing, and older people with complex physical health issues are identified in the suicide audit as an area of focus for improving quality of life and pain management. There is also a work stream which has identified activities on reducing suicides of children and young people, further details are outlined in Child Suicide Audit (2016) and the suicide prevention action plan.

One of the key outputs from the new strategy is to develop educational guidance to promote strengths based interventions such as safety planning rather than risk assessing, and preventative activities for professionals to support them to identify and encourage individuals contemplating suicide to make a different decision. There will also be a multi-agency training framework which sets out the levels of awareness and knowledge expected across professions, what the training should include, and how it could be delivered – setting the quality standard for Norfolk. This will be enhanced by the knowledge of experts by experience.

Another element of the Norfolk Suicide Prevention Strategy is to raise awareness of suicide and campaign to reduce stigma so that people are confident in coming forward to find the right support. This could range from self-help well-being tools, finding meaningful employment, or participating in an activity which reduces social

⁷ McDaid D, Park A, Bonin E-M. Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M, editors. Mental health promotion and prevention: the economic case. London: Department of Health; 2011. p.26-28.

⁸ Draft Norfolk Suicide Prevention Strategy and Action Plan 2016-2021 can be viewed in the January 2017 meeting papers of the NCC Communities Committee:

http://norfolkcc.cmis.uk.com/norfolkcc/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx

isolation. Campaigns will include messages tailored to carers, friends and family who might otherwise consider themselves powerless to effect change.

Furthermore Norfolk agencies have committed to undertaking activities which improve services as well as ideas for innovation and support for community and voluntary sector agencies.

References and information

Norfolk Public Health Suicide Audit 2016

http://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/Norfolk_Suicide_Audit_2016_v2.5.pdf

Office for National Statistics – Suicide in the UK: 2015

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations>

Public Health England Suicide Prevention Profile

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/qid/1938132828/pat/6/par/E12000006/ati/102/are/E10000020>

Public Health England – Local Suicide Prevention Planning: A Practical Resource

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

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