

Suicide prevention in Lancashire

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Behaviour Change**

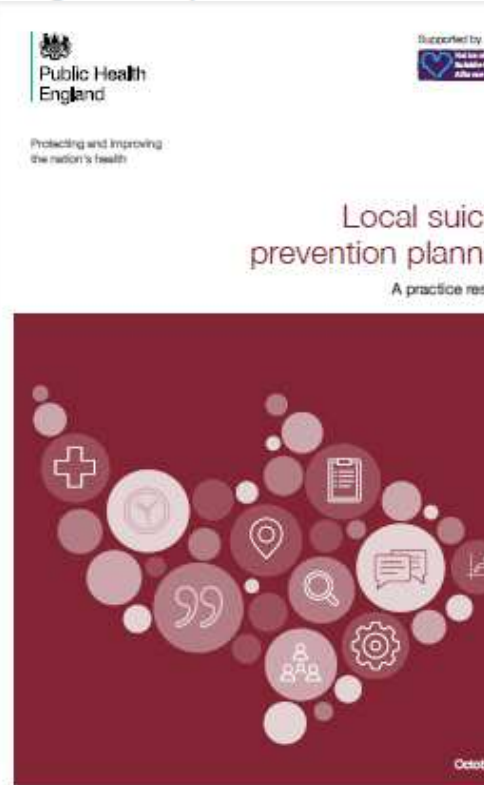
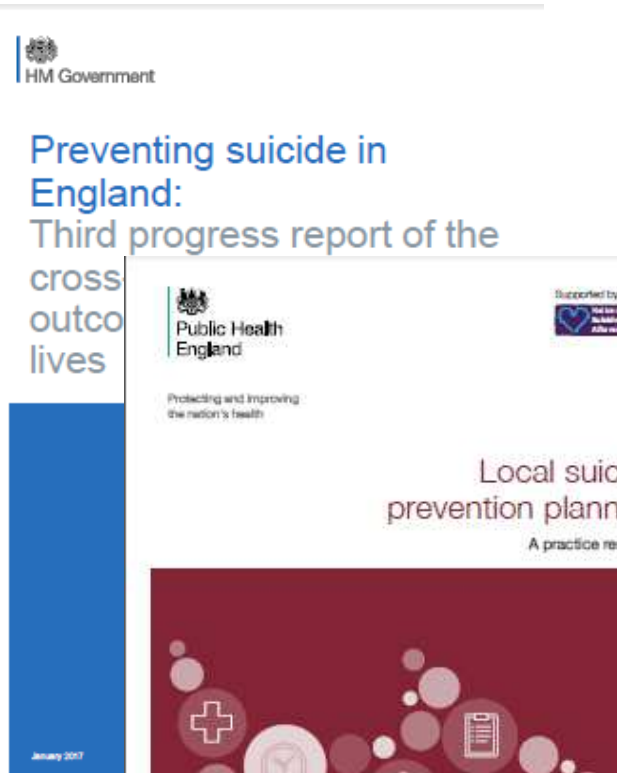
Overview

- Key policy documents
- Key themes
- STP - local
- Suicide Audit
- Drug Related Deaths
- Debt
- Dual Diagnosis

Key recent policy documents...



A report from the independent Mental Health Taskforce to the NHS
February 2016



Key themes: Governments Strategy

- Reduce risks in high risk groups
- Improve mental health in specific groups
- Reduce access to the means of suicide
- Provider better information and support to those affected
- Support media in delivering sensitive approaches
- Support research, data, monitoring
- Reduce rates of self harm

Key themes: PHE

- Reduce risk in men
- Preventing and responding to self harm
- Mental health of children and young people
- Treatment of depression in Primary Care
- Acute mental health care
- Tackling high frequency locations
- Reducing isolation
- Bereavement support

STP - local

- STP Suicide Prevention Oversight Group
- Suicide Prevention Delivery Group
- Suicide Prevention Plan
- Lancashire Suicide Prevention Partnership
- Local delivery

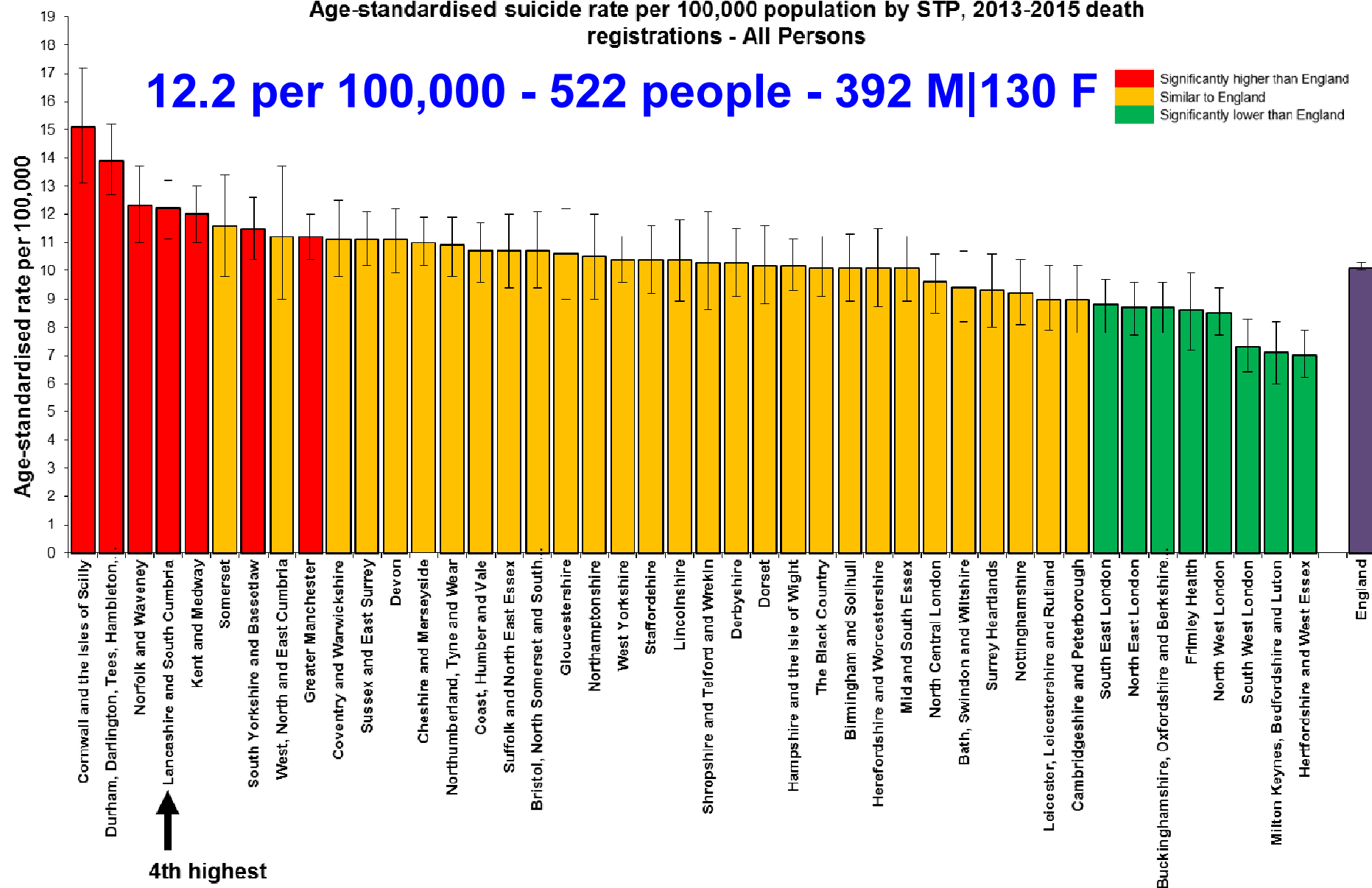
Key task examples...

- Bereavement support – STP
- Real time surveillance – STP
- SP audit methodology – STP
- Hot spots – local
- District interest – local
- Application of data - local

Age-standardised suicide rate per 100,000 population by STP, 2013-2015 death registrations - All Persons

12.2 per 100,000 - 522 people - 392 M|130 F

Significantly higher than England
Similar to England
Significantly lower than England



Suicide rate rank in England STPs

Age band	Lancashire & South Cumbria STP Rank	Highest	Lowest
10-29	11th highest	Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	The Black Country
30-44	5th highest	Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	South West London
45-59	8th highest	Cornwall and the Isles of Scilly	Milton Keynes, Bedfordshire and Luton
60-74	9th highest	Cornwall and the Isles of Scilly	West, North and East Cumbria
75 and over	18th highest	Cornwall and the Isles of Scilly	Leicester, Leicestershire and Rutland



England - top 10% districts & UAs

4.10 - Suicide rate (Persons)

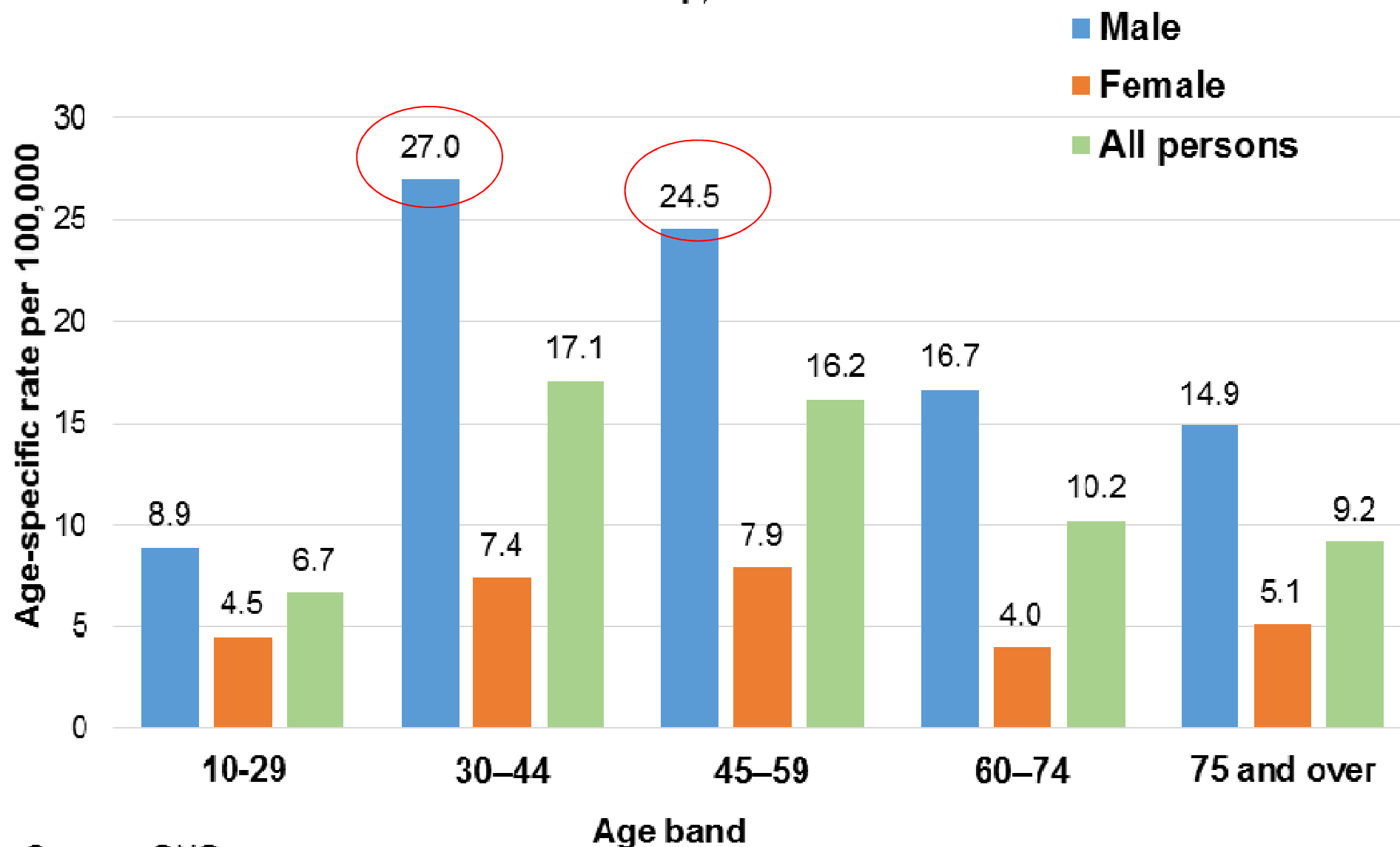
2013 - 15

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	14,429	10.1	10.0	10.3
Middlesbrough	—	59	17.4	13.2	22.6
Great Yarmouth	—	46	17.3	12.6	23.1
Weymouth and Portland	—	28	17.2	11.3	24.9
Preston	—	58	16.8	12.7	21.8
Blackpool	—	59	16.6		
Tendring	—	59	16.5		
Norwich	—	59	16.1		
County Durham	—	215	15.7		
Brighton and Hove	—	108	15.2		
Cornwall	—	222	15.1*		
Taunton Deane	—	41	14.7		
Corby	—	26	14.5		
Warwick	—	54	14.4		
Swale	—	52	14.4		
Southampton	—	83	14.4		
Bassetlaw	—	43	14.4		
Stafford	—	51	14.3		
Darlington	—	39	14.2		
Rotherham	—	96	14.2		
King's Lynn and West Norf...	—	54	14.2		
Portsmouth	—	75	14.1		
Chesterfield	—	40	14.0		
York	—	74	14.0		
Shepway	—	41	13.9		
St. Helens	—	63	13.7		
Lincoln	—	35	13.7		
Hyndburn	—	28	13.7	9.1	19.8
Hastings	—	32	13.7	9.3	19.3
Tunbridge Wells	—	41	13.6	9.8	18.6
Gravesham	—	37	13.6	9.6	18.8
Stockton-on-Tees	—	68	13.6	10.5	17.3
Nuneaton and Bedworth	—	45	13.5	9.9	18.1
Dartford	—	35	13.5	9.3	18.8
Isle of Wight	—	51	13.4	9.9	17.7
Runnymede	—	29	13.4	8.9	19.2
Carlisle	—	37	13.3	9.3	18.3
Colchester	—	61	13.2	10.1	17.0
Tameside	—	75	13.2	10.3	16.5
Salford	—	81	13.1	10.4	16.4

Preston 4th
highest &
Blackpool 5th
highest (Out
of the 326
Upper tier
and district
authorities)

**Age-specific suicide rate per 100,000 population by sex -
Lancashire and South Cumbria Sustainability and Transformation
Partnership, 2013-2015**

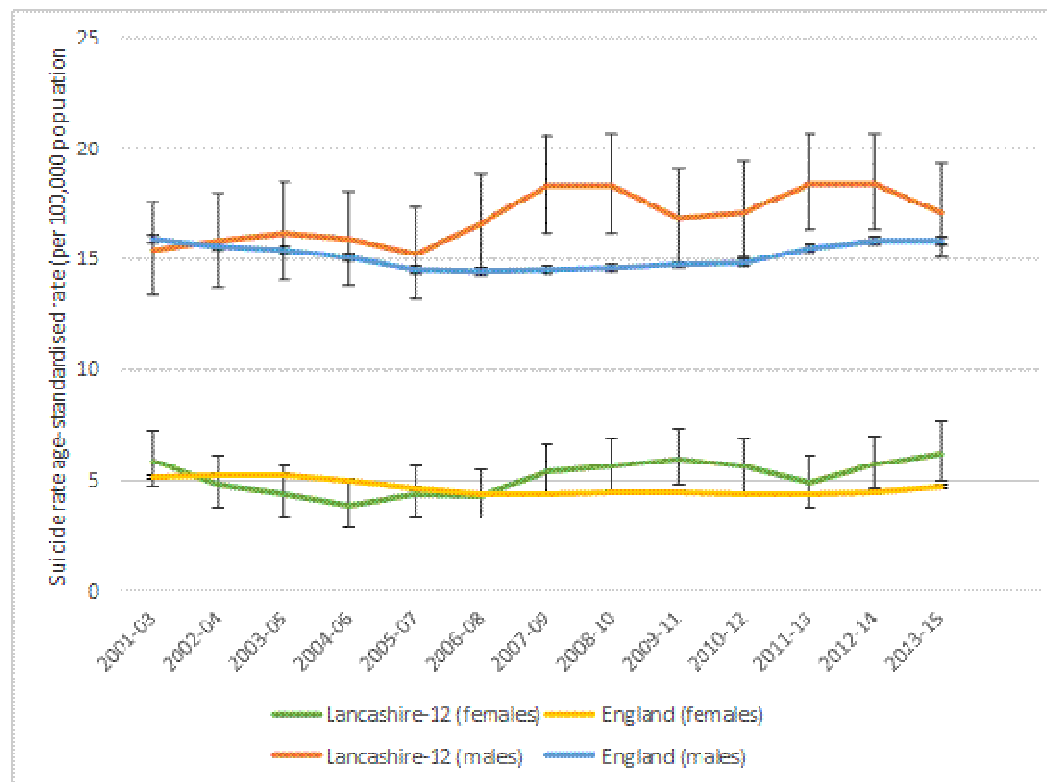


Source: ONS

Introduction: suicide in Lancashire

- Over time:

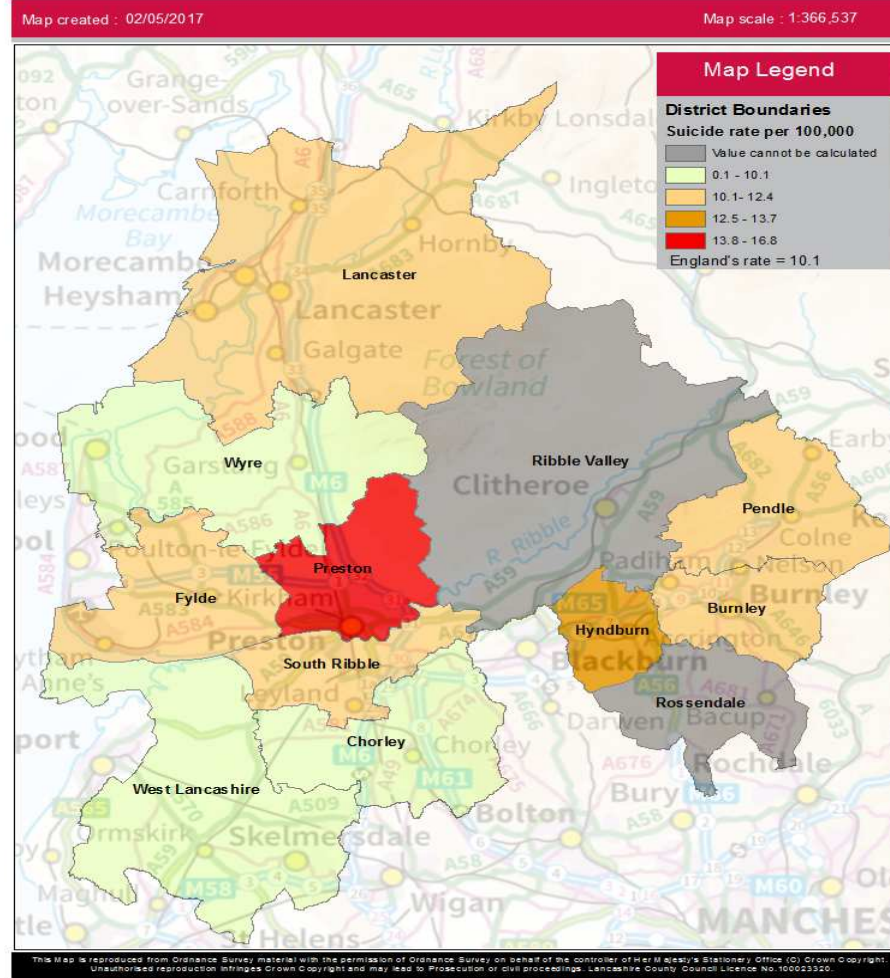
Trend in male and female suicide rate in England and Lancashire –2001-2003 to 2013-2015



Introduction: suicide in Lancashire

- The districts of Lancashire County Council:

Mortality rate from suicide and injury of undetermined intent
per 100,000 population (2013-2015), all persons, Lancashire-12 districts

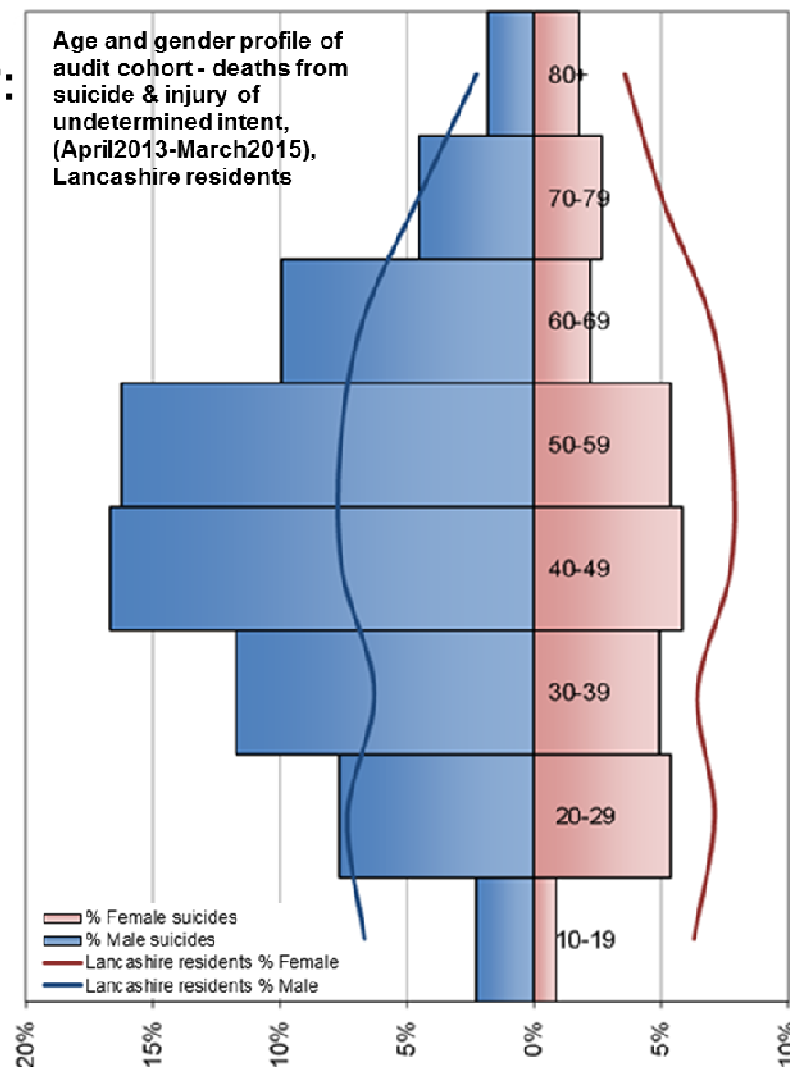


Methods

- **Case definition:**
 - ONS definition of suicide
 - Resident within Lancashire-12
 - Died between 1 April 2013 and 31 March 2015
 - Inquest conducted by one of the four Lancashire coroners
- **Case finding:**
 - Primary Care Mortality Database
- **Data collection:**
 - Inquest files
 - Standardised proforma
 - 222 cases reviewed: 174 suicide verdicts, 48 open verdicts

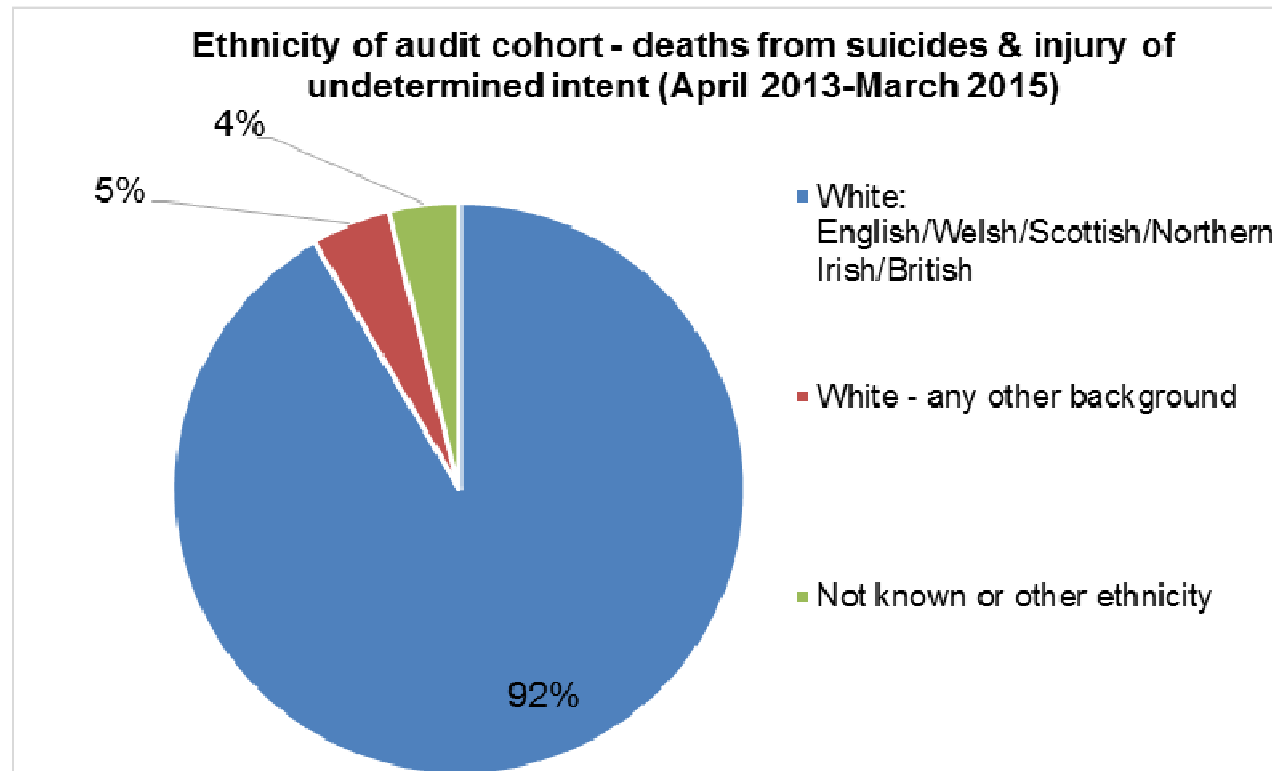
Results: demographic details

- Age and gender:



Results: demographic details

- Ethnicity:



Results: demographic details

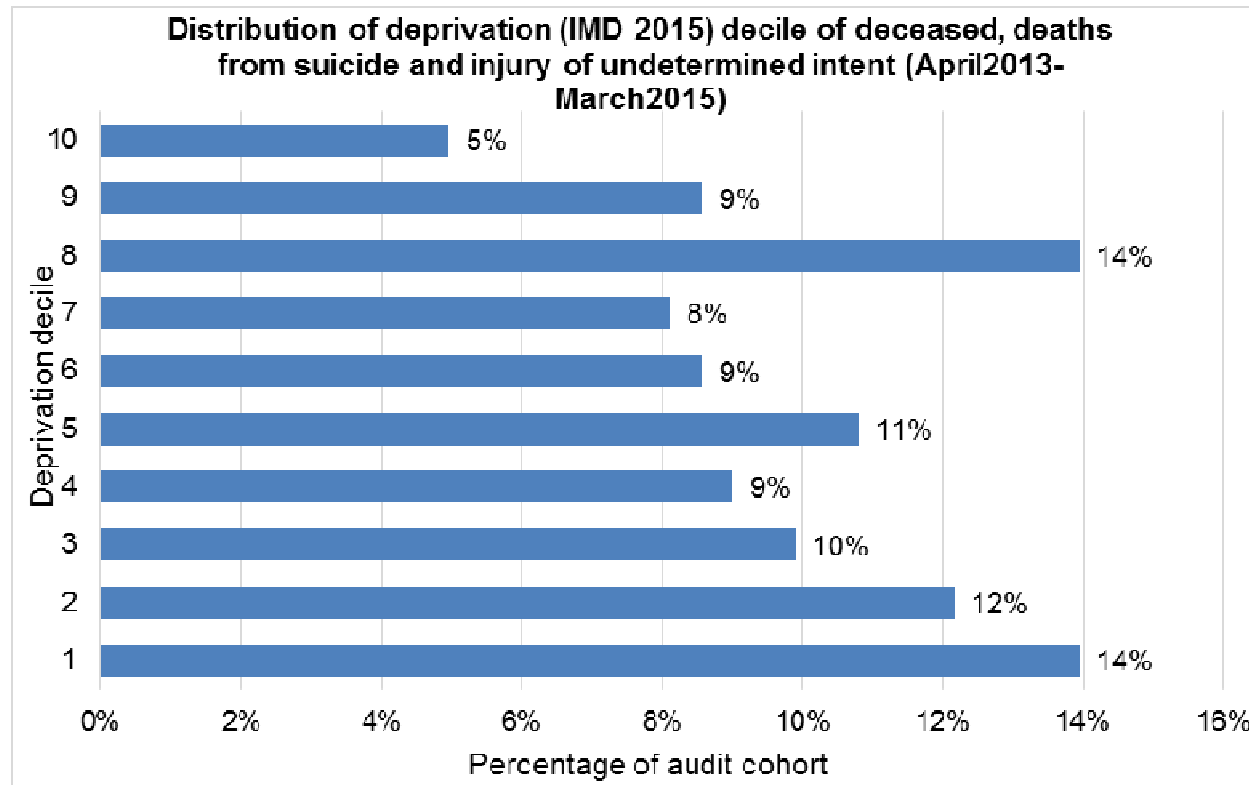
- Marital status and living situation:

Marital Status	Number (%)
Single	92 (41)
Married	49 (22)
Divorced	24 (11)
Seperated	23 (10)
Widowed	16 (7)
Co-habiting/civil partnership	10 (5)
Not known	7 (3)

Living situation	Number (%)
Alone	96 (43)
Spouse/partner	45 (20)
Spouse/partner and child(ren) or child(ren) under 18 only	25 (11)
Parents	25(11)
Adults (non-family)	9 (4)
Other family	7 (3)
Child(ren) over 18	5 (2)
Other	6 (3)
Not known	<5(<2)

Results: demographic details

- Deprivation:



* Decile 1=most deprived, decile 10=least deprived

Results: demographic details

- Employment and occupation:

Employment status	Number (%)
Working full-time	70 (32)
Working part-time	7 (3)
Unemployed	52 (23)
Economically inactive:	63 (28)
•Retired	38 (17)
•Long-term sick or disabled	11 (5)
•Student	9 (4)
•Caring for home/family	5 (2)
Others	5 (2)
Not known	25 (11)

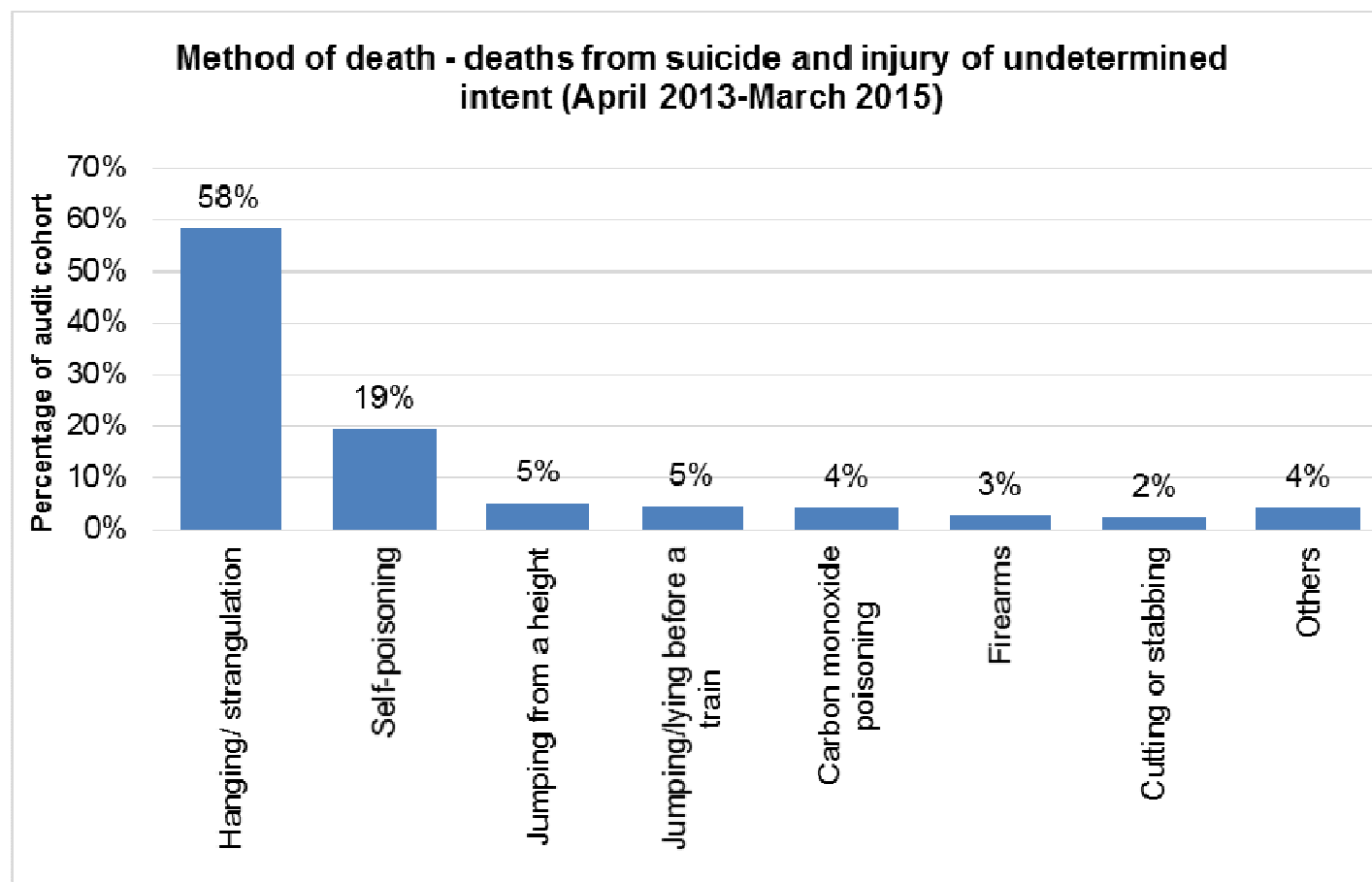
Results: circumstances of death

- Factors contributing to death:

Factors contributing to suicide	Number (%)
Mental illness (including history of self-harm)	70 (32)
Financial difficulties	47 (21)
Relationship breakdown/difficulties	45 (20)
Substance misuse	35 (16)
Bereavement	31 (14)
Ongoing criminal investigation or recent police contact	28 (13)
Abuse	25 (11)
Loneliness/social isolation	16 (7)
Family history of suicide	13 (6)
Stress at work	11 (5)
Concerns regarding children's custody	9 (4)
Internet content	7 (3)

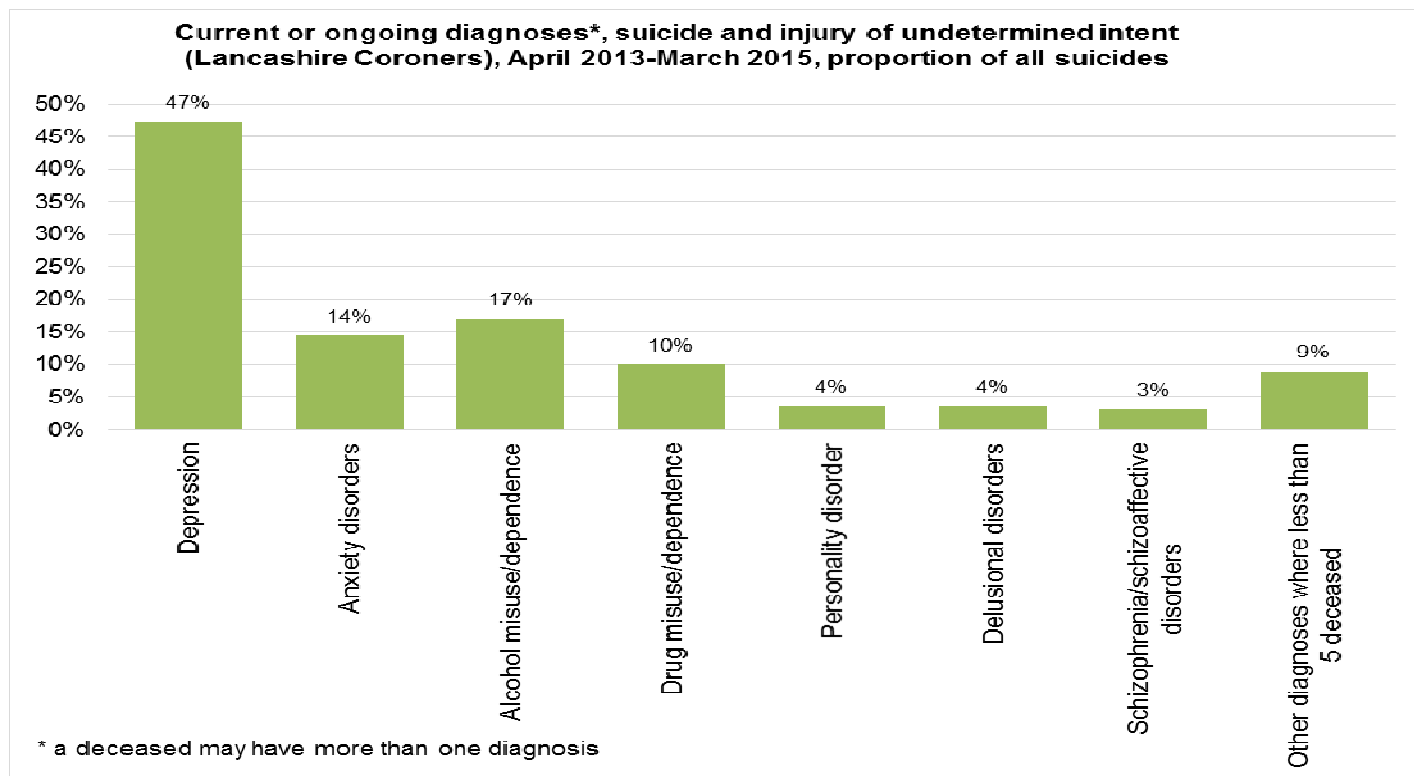
Results: circumstances of death

- Method of death:



Results: contact with primary care

- 48% had a physical health condition and 32% had both a mental illness and a physical health condition
- 63% males, 77% females had a mental health diagnosis:

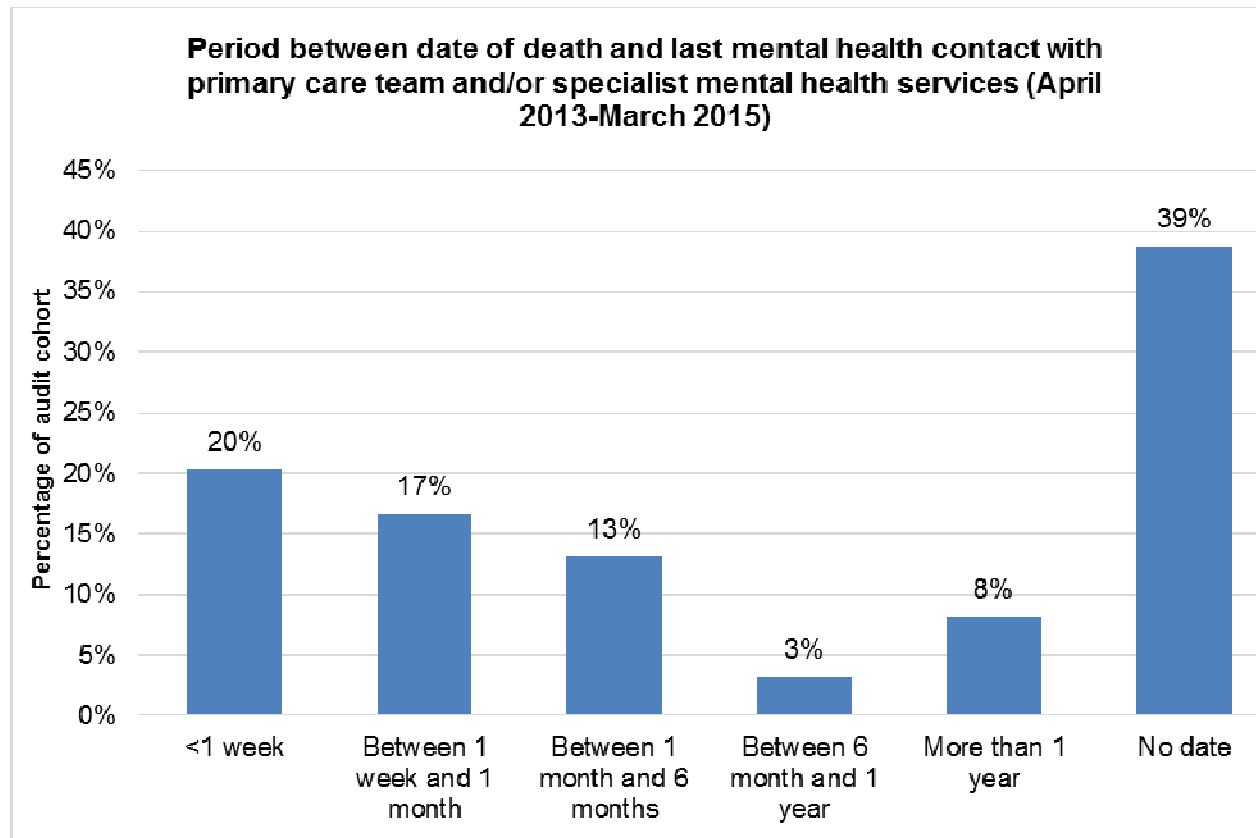


Results: specialist mental health services

- Nature of last contact:

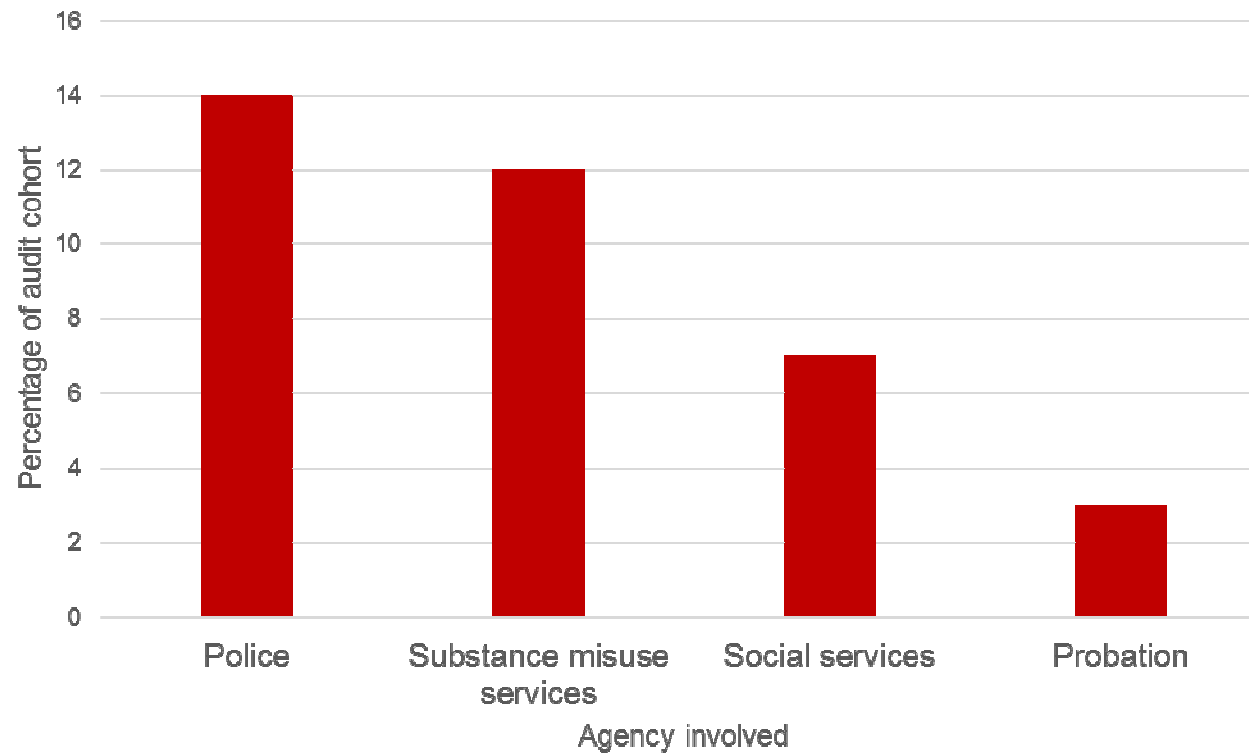
Nature of last contact with specialist mental health services	Number (%)
Discharge from caseload	26 (12)
Contact while on caseload	55 (25)
Assessment, but not taken on caseload	21 (9)
No contact	20 (9)
Not known	100 (45)

Results: primary care and mental health services combined

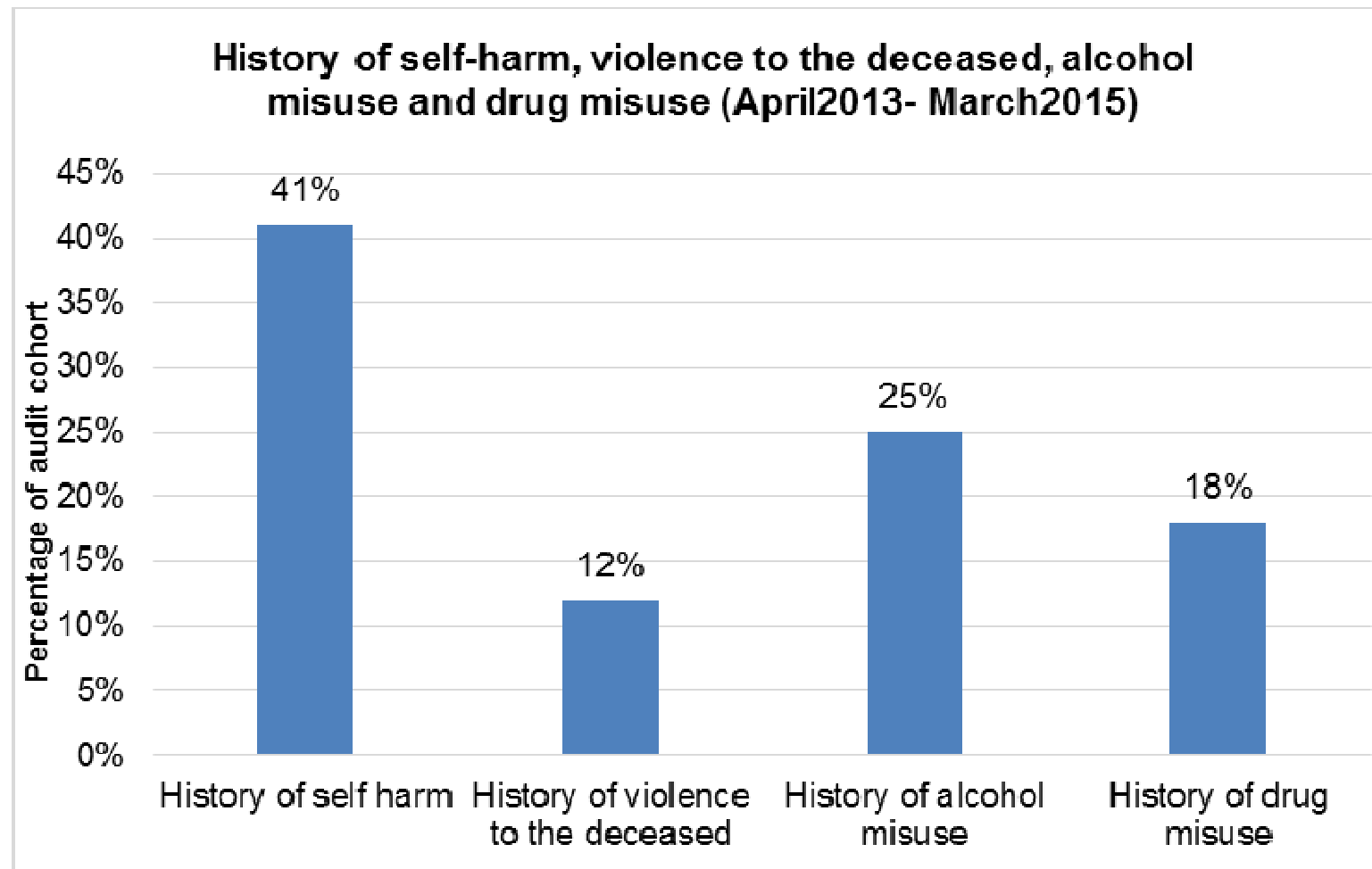


Results: other services

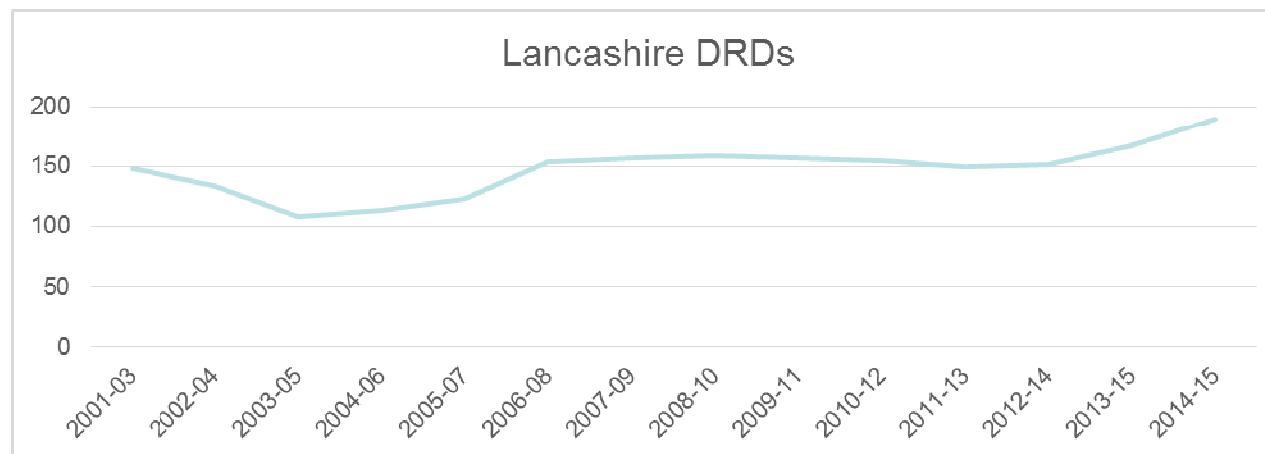
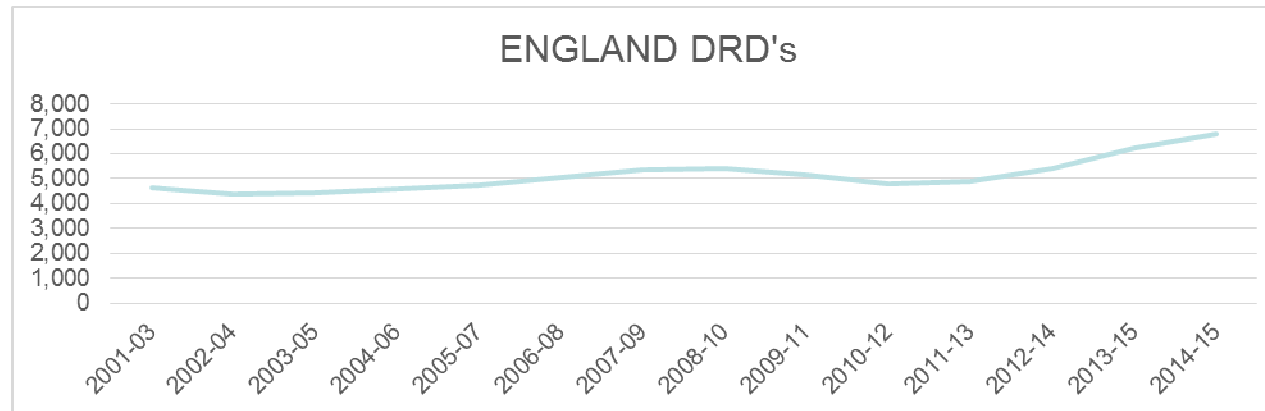
Other agencies in contact with the deceased (April 2013-
March 2015)

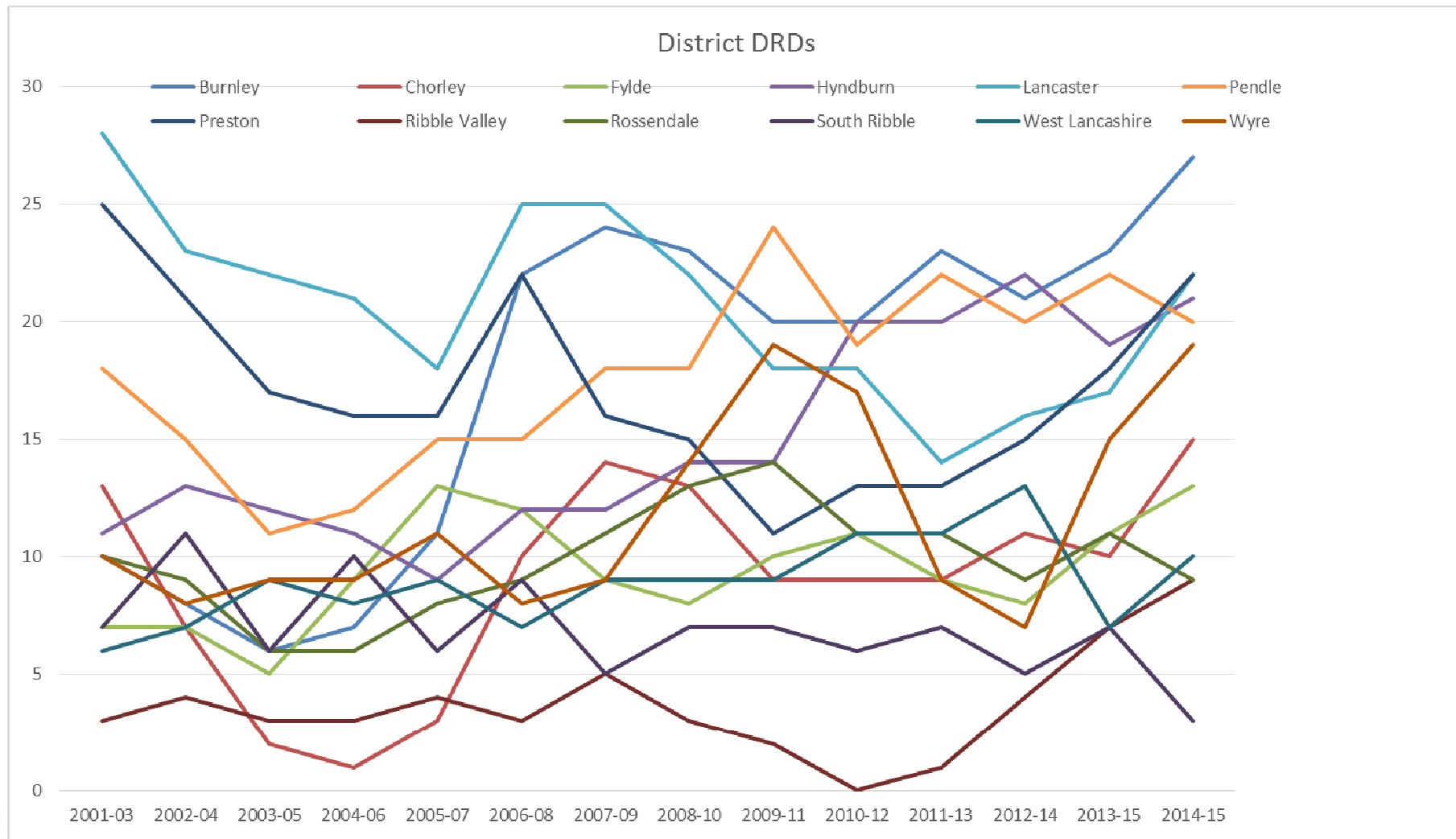


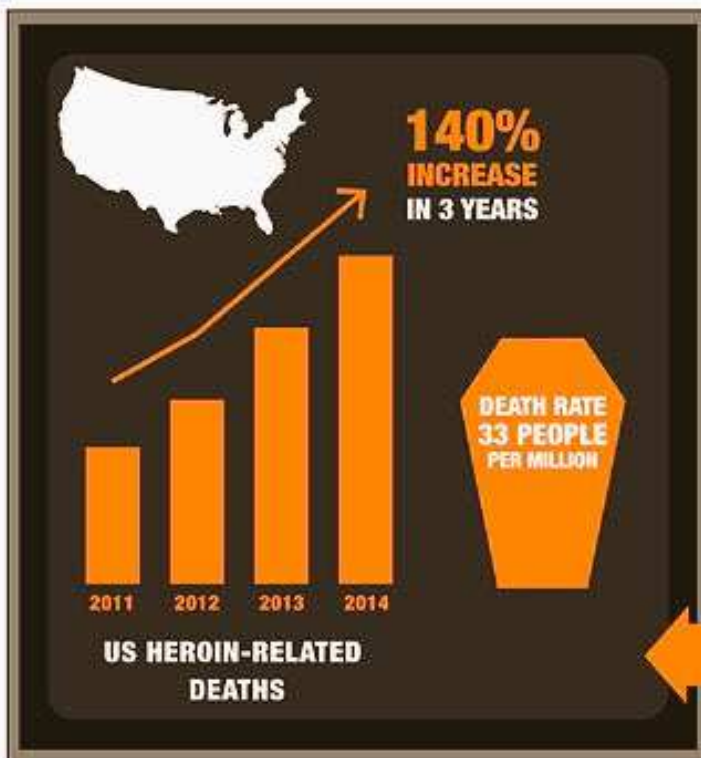
Results: substance misuse and abuse



Drug Related Deaths

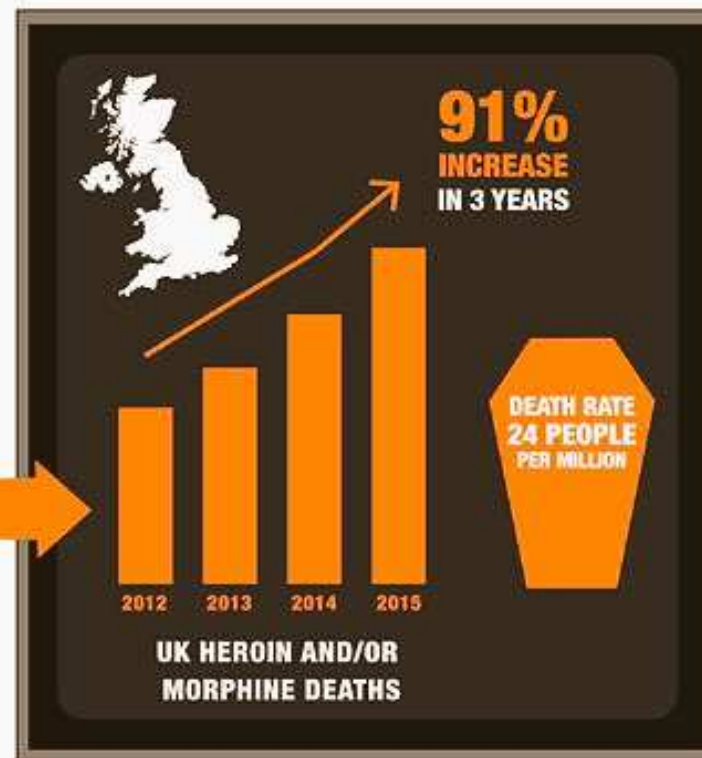






SOURCE: NATIONAL OVERDOSE DEATHS - NATIONAL INSTITUTE ON DRUG ABUSE

WHY IS NO-ONE TALKING ABOUT A CRISIS IN THE UK LIKE THEY ARE IN THE US?



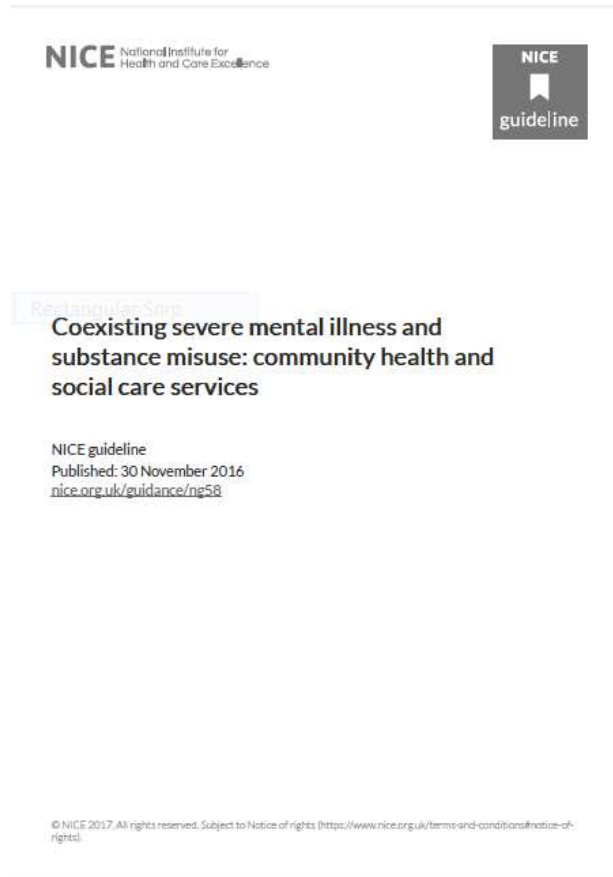
SOURCE: ONS; NRS; NISRA

www.release.org.uk

[f @ReleaseDrugs](#) [t @Release_drugs](#)

Release
Drugs, the Law & Human Rights

Dual Diagnosis



Next steps

- Dissemination of information
- Integration within suicide prevention work
 - Lancashire County Council
 - Lancashire and South Cumbria STP
 - Finalise LCC Suicide Prevention Strategy
 - Increase MH training
 - Bereavement service
 - Real Time Surveillance