

Suicide and self-harm in Southwark

Southwark's Joint Strategic Needs Assessment

People & Health Intelligence Section

Southwark Public Health

30 November 2017

GATEWAY INFORMATION

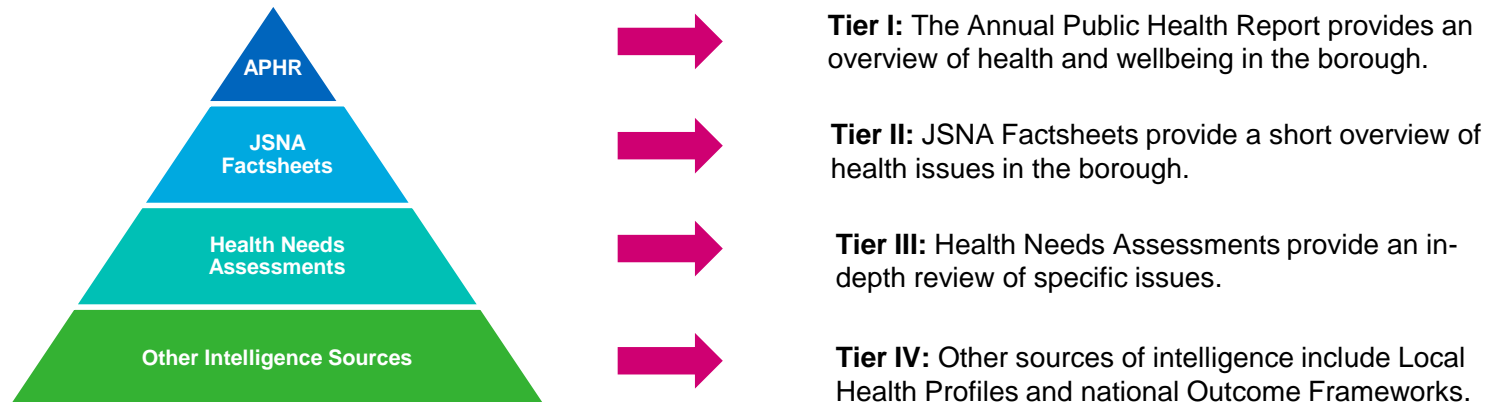
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This Health Needs Assessment provides an overview of suicide and self-harm in Southwark

AIMS & OBJECTIVES

This review forms part of the Joint Strategic Needs Assessment (JSNA) for Southwark. It aims to provide an overview of suicide and self-harm in the borough through the following objectives:

- To provide an understanding of key national policies relating to suicide and self-harm
- To describe the current extent of suicide and self-harm in Southwark
- To identify risk factors behind suicide and self-harm, along with at risk groups
- To highlight the current actions being taken to reduce suicide and self-harm locally
- To offer recommendations for further local work

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In recent years a number of key policy documents have been published around suicide prevention

POLICY CONTEXT

- England's mental health strategy 'No health without mental health' states that suicide prevention starts with better mental health for all¹
- In January 2017 the Department of Health released its third progress report on the National Suicide Prevention Strategy, published in 2012²
- In its Five Year Forward View for Mental Health the independent Mental Health Taskforce set a national ambition to:³
 - Reduce the suicide rate in England by 10 per cent by 2020/21
 - For every local authority to have a multi-agency suicide prevention plan in place by 2017
- Additional guidance and support for local suicide prevention planning was published by Public Health England in October 2016⁴

References

1. HM Government, Preventing Suicide in England: A cross-government outcomes strategy to save lives, 2017.
2. HM Government, Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives, 2017.
3. Mental Health Task Force, Five Year Forward View for Mental Health, NHS England, 2016
4. Local Suicide Prevention Planning, Public Health England, 2016

Self-Harm is the single biggest indicator of suicide risk in England

POLICY CONTEXT

- The Government's Suicide strategy published in 2012 identified those who self-harm as a high risk group¹
- Self-harm may be an attempt to end life, communicate with others, influence or secure help or care from others as a way of obtaining relief from a difficult or overwhelming situation²
- Approximately 50 per cent of people who have died by suicide have a history of self-harm³ and one in four people who take their own lives have been treated in hospital for self-harm in the preceding year¹

References

1. HM Government, Preventing Suicide in England: A cross-government outcomes strategy to save lives, 2012.
2. NICE, The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care
3. HM Government, Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives, 2017

Guidance for local action focuses on the national strategy which outlines seven key areas to tackle suicide

POLICY CONTEXT

The national strategy committed to tackling suicide within six key action areas. In January 2017, the scope was extended to include self-harm¹

- Reducing the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups
- Reducing access to means of suicide
- Providing better information and support to those bereaved or affected by suicide
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- Supporting research, data collection and monitoring
- Reducing rates of self-harm as a key indicator of suicide risk

In 2016 Public Health England published guidance for local suicide prevention planning² and highlighted three main recommendations for local authorities:

- Establish a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations
- Complete a suicide audit
- Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

References

1. HM Government, Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives, 2017.
2. Local Suicide Prevention Planning, Public Health England, 2016

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With approximately 13 cases every day in England, suicide is a major public health and social concern

INTRODUCTION - SUICIDE

Suicide is a major public health and social concern

- There has been a year on year increase in the national suicide rate since 2006-08
- Suicide is now the leading cause of death among men below the age of 50 and a significant cause of death in young women
- It is estimated that each suicide among working adults cost the England economy approximately £1.67 million
- Although suicide is seen as a proxy of underlying rates of mental ill-health, not all suicides occur among the mentally unwell.
- A wide range of factors contribute towards an individuals risk of taking their own life
- Through mitigating the associated risk factors, all suicides are preventable

References

1. Office for National Statistics – Suicides in the United Kingdom, 1981 to 2015

A coroner only records a verdict of suicide where there is evidence that the deceased intended to take their own life

INTRODUCTION - SUICIDE

Suicide has been defined by the Office for National Statistics as a death with an underlying cause of intentional self harm or an injury or poisoning of undetermined intent

- In England and Wales, all suicides are certified by HM Coroner following an inquest. The death cannot be registered until the inquest is completed, which can take months and sometimes years
- Due to this time lag, suicide figures present deaths registered within a particular year, rather than deaths which occurred in that year
- Open and narrative verdicts are given to cases where there is insufficient evidence to conclude that the death was a suicide or an accident
- The common use of narrative verdicts in England and Wales can lead to the misclassification of deaths
- It is commonly acknowledged that official statistics underreport the actual number, and therefore rate, of suicide in most countries including the UK

References

1. Office for National Statistics – Suicides in the United Kingdom, 1981 to 2015

A wide range of factors contribute to an individual's risk of taking their own life

WHO IS AT RISK?



Men are 3x more likely to take their own life; risk is highest among those aged 45-49



People with mental health issues including those in the care of mental health services



Specific occupational groups; doctors, nurses, veterinary workers, farmers and agricultural workers



People with a disabling, long-term or chronic illness



Young people from the LGBTQI+ community



People with a history of drug and/or alcohol abuse



People in contact with the criminal justice system



People in receipt of employment benefits



People with a history of self harm

References

1. HM Government, Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives, 2017.

Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year

SUICIDE TREND

In 2013-15 the suicide rate in Southwark was 11.0 per 100,000. Slightly above the regional and national level

- In that period there were 78 cases in the borough, an average of 26 per year
- While local figures fluctuate each year due to the small number of cases, there has been a year on year increase in the national suicide rate since 2006-08

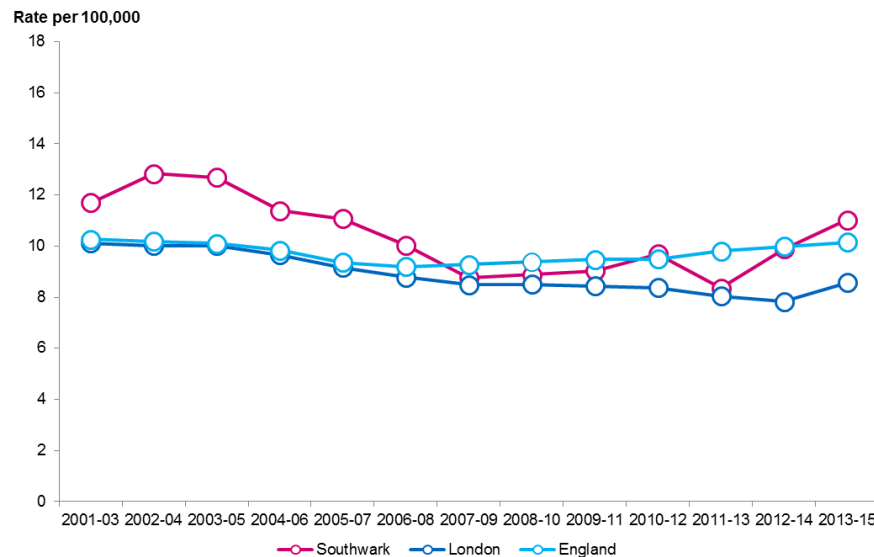


Figure 1: Suicide trend in Southwark

References

1. Public Health Outcomes Framework. Indicator 4.10.

Southwark has one of the highest levels of suicide in London, ranking fourth out of the 32 boroughs

LONDON RANKING

Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15

Lambeth is not far behind, while Lewisham is 24th

While the mortality rate in Southwark is higher than the London average the difference is not statistically significant

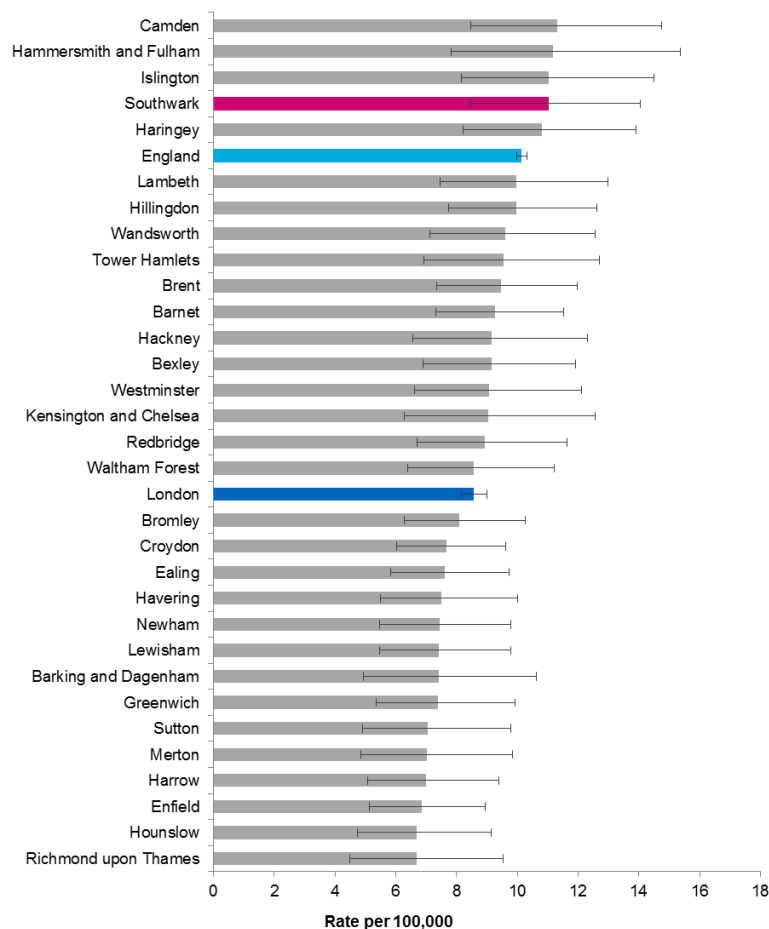


Figure 2: Suicide rate across London, 2013-15

References

1. Public Health Outcomes Framework. Indicator 4.10.

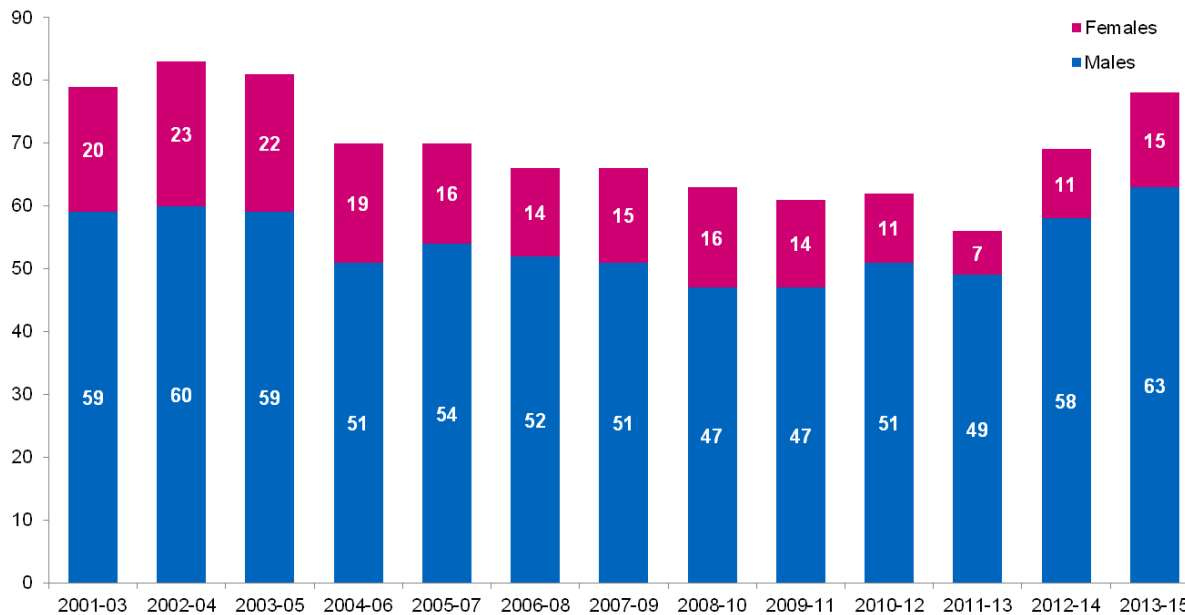
The overwhelming majority of suicides occur among men, mirroring the national picture

DEMOGRAPHICS

In 2013-15 just over 80% of suicides in Southwark were among men

- The pattern has remained relatively stable over time and mirrors the national picture

Figure 3: Number of suicides in Southwark by sex



References

1. Public Health Outcomes Framework. Indicator 4.10.

The suicide rate increases with age, peaking in middle age for both males and females

DEMOGRAPHICS

National data show that the suicide rate increases with age among both males and females

- The male suicide rate peaks among those aged 45-49, with the female rate peaking among those aged 50-54
- This pattern is also evident in Southwark, with deaths among those aged between 40 and 59 accounting for around half of all suicides in the borough

Figure 4: Age specific suicide rates in England, 2015

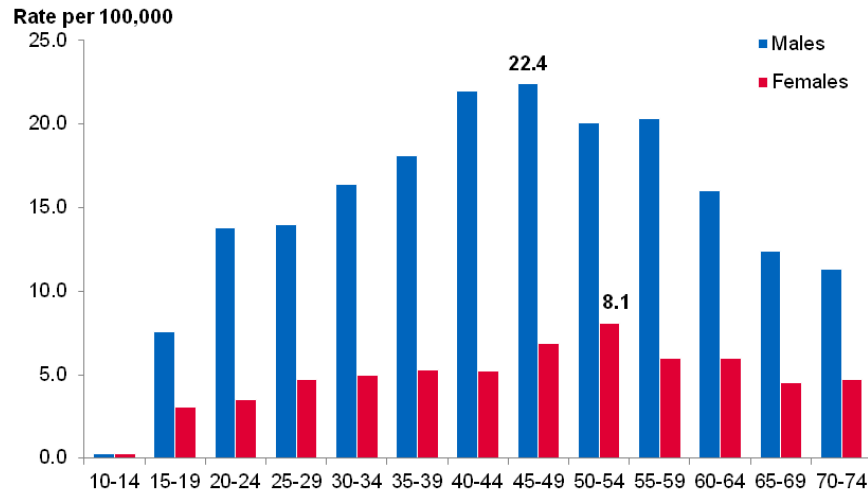
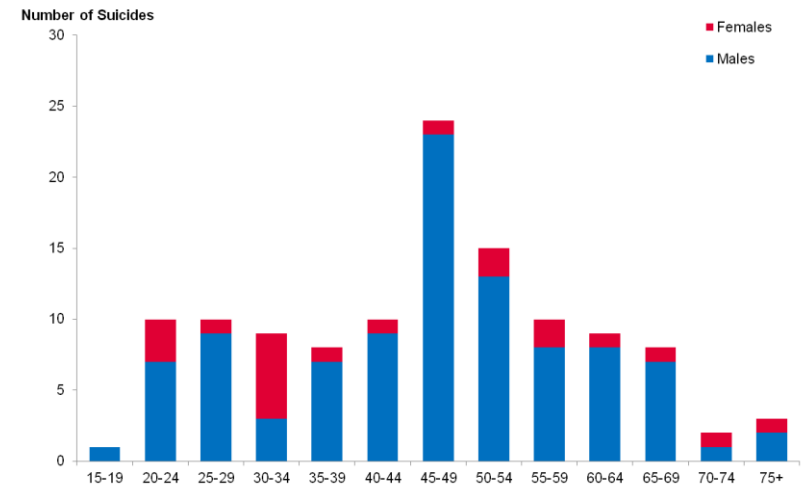


Figure 5: Number of suicides in Southwark by age, 2011-15



References

1. Office for National Statistics – Suicides in the United Kingdom, 1981 to 2015
2. Primary Care Mortality Database NHS Digital, 2011-2015.

Among both men and women, those in the lowest skilled occupations are at the greatest risk of suicide

OCCUPATION

A report by the Office for National Statistics in 2017 found that the risk of suicide varies greatly between occupational groups

- Males working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average
- The risk of suicide among low-skilled male labourers, particularly those working in construction roles, was 3 times higher than the male national average
- The highest elevated risk of suicide among females is among those in the lowest-skilled occupations, where the risk is almost twice the national average
- Male and female carers have a risk of suicide that is almost twice the national average

Attempting to explain suicide by occupation is complex as it is likely that a number of factors act together to increase risk. There are 3 broad reasons why an occupation may carry a high risk of suicide:

- Job-related features such as low pay and low job security increase risk of suicide
- People at high risk of suicide may selectively go into particular occupations
- Access to, or knowledge of, a method of suicide increases risk

References

1. Office for National Statistics – Suicide by occupation, 2011 to 2015

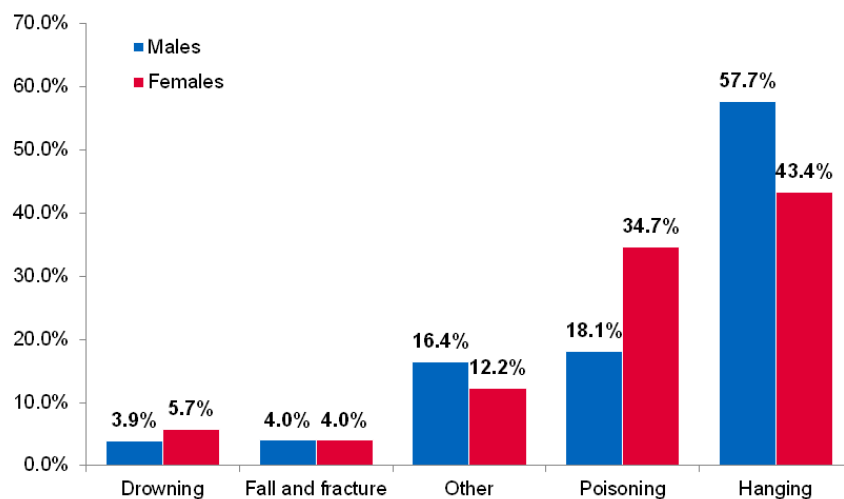
The most common method of suicide amongst males and females nationwide is hanging

METHOD

Hanging was the most common method of suicide in the UK in 2015 amongst both males and females.

- The proportion of suicides from hanging has increased in recent years.
- This increase, in particular among females, may be related to restrictions on the availability of other methods, for example, drugs used in overdose and to a misconception that hanging is a quick and painless way to die¹.
- Figures for 2015 show that poisoning as a method of suicide is significantly more common among females than males.

Figure 6: Suicides in the UK by method and sex, 2015



References

1. Office for National Statistics – Suicides in the United Kingdom, 1981 to 2015

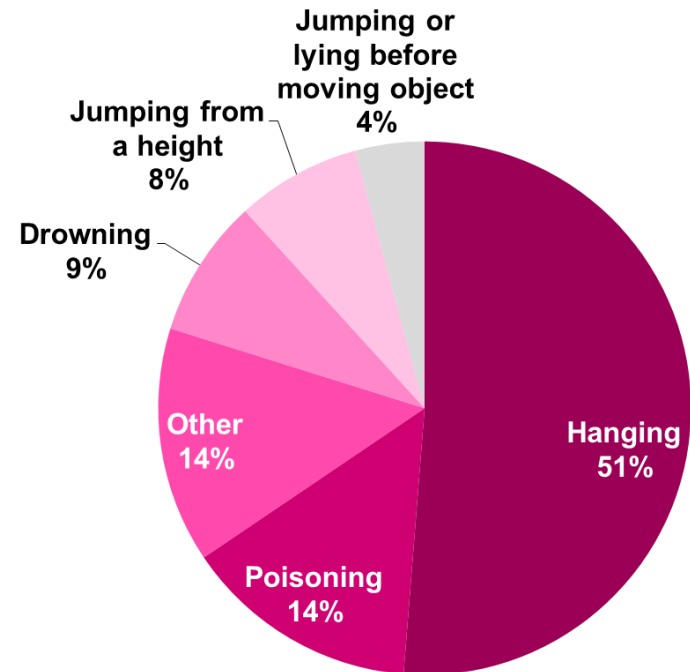
The most common method of suicide in Southwark is hanging, mirroring the national picture

METHOD

The most common methods of suicide in Southwark mirror the national picture

- Hangings account for half of all local suicide cases
- Poisoning is the second most common method of suicide in the borough, accounting for around 1 in 7 cases

Figure 7: Suicides in Southwark by method, 2011-2015



References

1. Primary Care Mortality Database NHS Digital, 2011-2015

Suicide is a significant cause of death in young adults, and is an indicator of underlying of mental ill-health

SUMMARY OF KEY FINDINGS - SUICIDE

- Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year
- Southwark has one of the highest levels of suicide in London
- The overwhelming majority of suicides occur among men, mirroring the national picture
- The suicide rate increases with age among both males and females, peaking in middle age
- The most common method of suicide amongst males and females is hanging

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Approximately 50 per cent of people who died by suicide have a history of self-harm

INTRODUCTION – SELF HARM

Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent

- It is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act
- Individuals who start to self-harm when young might adopt the behaviour as a long-term strategy for coping; there is a risk that the behaviour will spread to others; and also that greater engagement with the behaviour may lead in time to a higher suicide rate
- Most young people who reported self-harming did not seek professional help afterwards
- Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England
- In 2014, one in five 16 to 24 year old women reported having self-harmed at some point in their life

References

1. NHS Digital: Adult Psychiatric Morbidity Survey 2014
2. Public Health England. Public Health Outcomes Framework Indicator 2.10ii

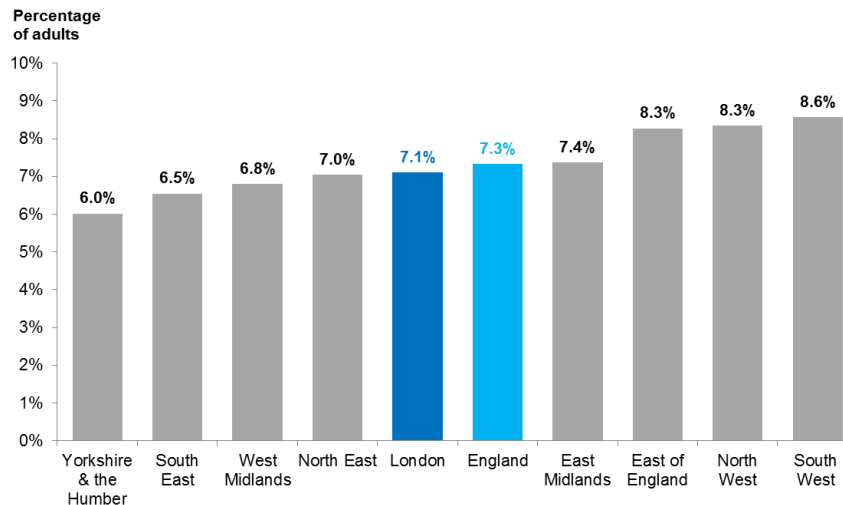
Roughly 1 in 14 adults in London report having self-harmed at some point

REGIONAL VARIATION

Results from the Adult Psychiatric Morbidity Survey in 2014 show that nationally 7.3% of adults in England report that they have self-harmed at some point in their lives

- Levels of self-harm in London are comparable to those nationally
- Applying the London prevalence to Southwark would suggest around 17,000 adults in the borough have self-harmed at some point in their lives

Figure 8: Self-harm rates by region and sex



References

1. NHS Digital: Adult Psychiatric Morbidity Survey 2014

There is a steep age gradient in the prevalence of self-harm and levels are increasing across all age groups

DEMOGRAPHICS

The age gradient in self-harm is very pronounced, and this is particularly evidenced among females

- Results from the 2014 APMS show that almost 1 in 5 young women report having self-harmed compared to 1 in 100 women aged 65-74
- Young women are more than twice as likely to report having self-harmed as their male counterparts (19.7% compared to 7.9%)
- The prevalence of self-harm has increased across all age groups since 2000. This is particularly evidence among those aged 16-24 and 25-34

Figure 9: Self-harm by age group in 2014

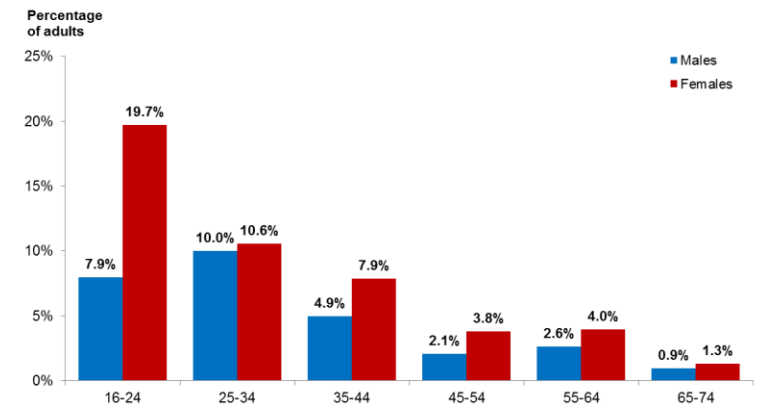
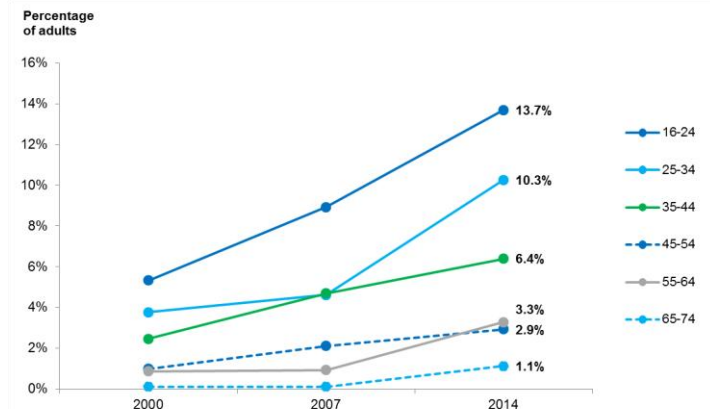


Figure 10: Self-harm trends by age group



References

- NHS Digital: Adult Psychiatric Morbidity Survey 2014

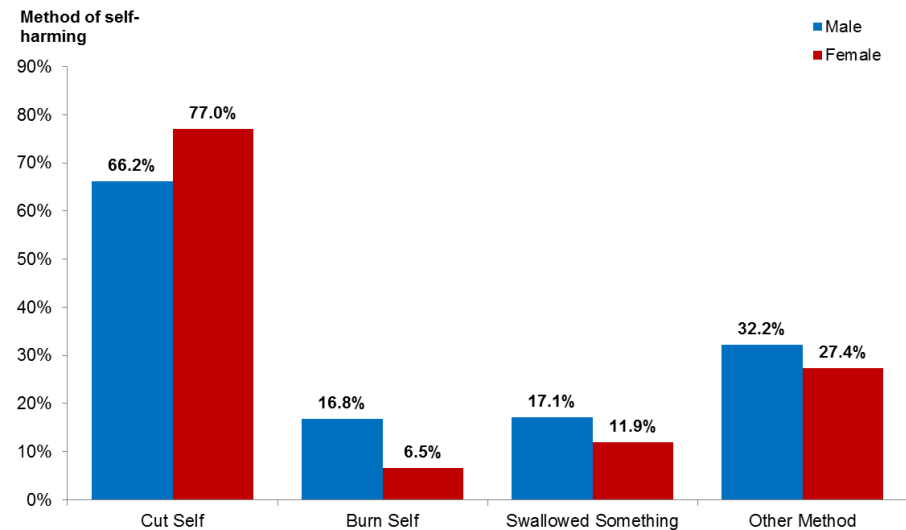
Three-quarters of people who reporting having self-harmed in 2014 had cut themselves

METHOD

The most common method of self harm in England is self-cutting

- Women are more likely to cut themselves compared to men with 77% of those who self-harmed using this method
- Men were more likely to use methods other than self-cutting compared to women
- Men were 2.5 times more likely to burn themselves compared to women

Figure 11: Self-harm by method 2014



References

1. NHS Digital: Adult Psychiatric Morbidity Survey 2014

Self-harm admissions in 10-24 year olds has seen a year on year increase, however remain below national rates

SELF-HARM ADMISSIONS

In 2015-16 there were 117 hospital admissions for self-harm in Southwark. The admission rate is comparable to the overall rate for London, but significantly lower than the national average

- Although the trend in London has stayed stable over time, Southwark has mirrored the national picture of a steady increase over the last five years
- Since 2011-12 admission rates for self-harm among young people in Southwark have almost doubled

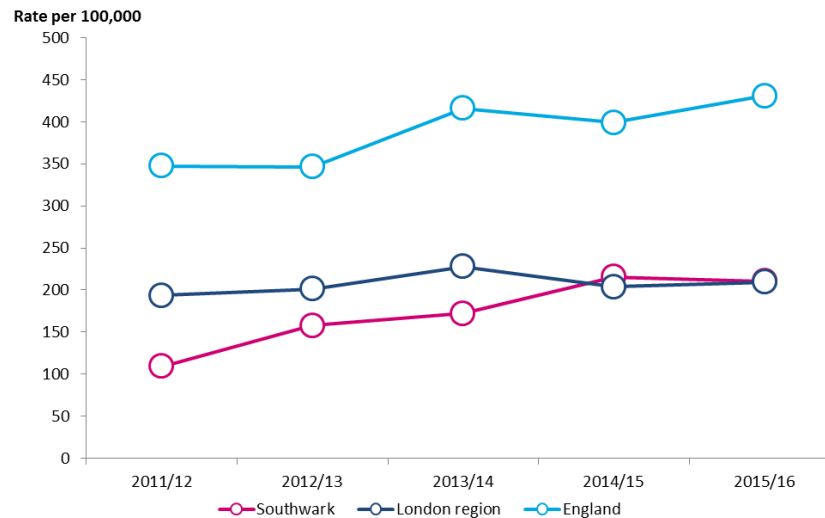


Figure 12: Self-harm 10-24 year olds admissions in Southwark

References

1. Public Health Outcomes Framework: 2.10ii Emergency hospital admissions for intentional self-harm

Self-Harm is a significant health issue with up to 1 in 14 people in England self-harming at some point in their lives

SUMMARY OF KEY FINDINGS – SELF HARM

- Results from the Adult Psychiatric Morbidity Survey in 2014 show that up to 1 in 14 adults in London report self-harming at some point in their lives
- Applying the London prevalence to Southwark would suggest around 17,000 adults in the borough have self-harmed
- Levels of self-harm are higher among women than their male counterparts
- Almost 1 in 5 young women report having self-harmed compared to 1 in 100 women aged 65-74
- Young women are more than twice as likely to report having self-harmed as their male counterparts (19.7% compared to 7.9%)
- The prevalence of self-harm has increased across all age groups since 2000
- Three-quarters of people who reporting having self-harmed in 2014 had cut themselves
- Since 2011-12 admission rates for self-harm among young people in Southwark have almost doubled

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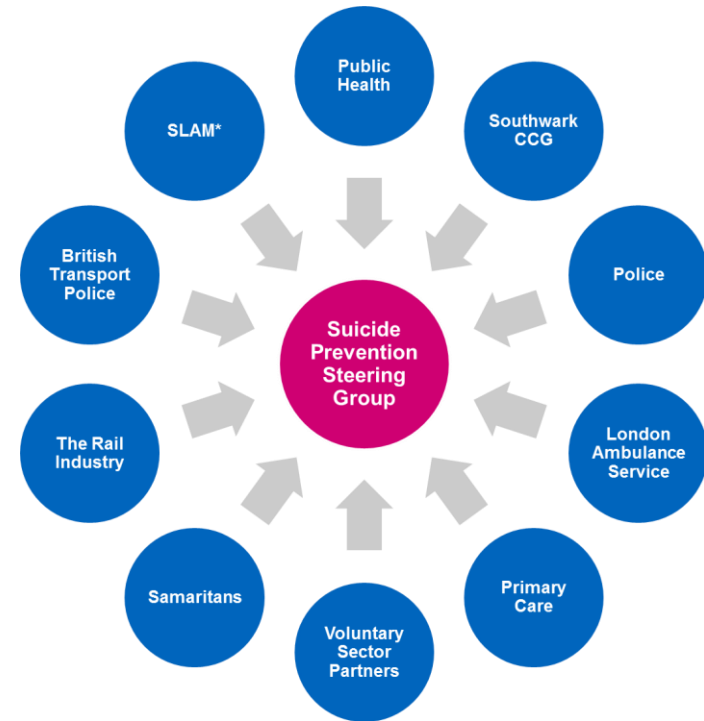
Next Steps

A partnership approach is essential to achieving our vision of lower rates of suicide and self-harm

A PARTNESHIP APPROACH

Local partners committed to reducing the rates of suicide and self-harm across the borough have come together as a Suicide Prevention Steering Group.

- Southwark's suicide prevention workstream was established in February 2017 and a multi-stakeholder prevention steering group meets on a six-monthly basis
- In line with national guidance for local suicide prevention planning, Southwark's Suicide Prevention Steering Group have committed to refreshing the borough's suicide strategy



Structure of Southwark's Suicide Prevention Steering Group

*South London and Maudsley NHS Foundation Trust

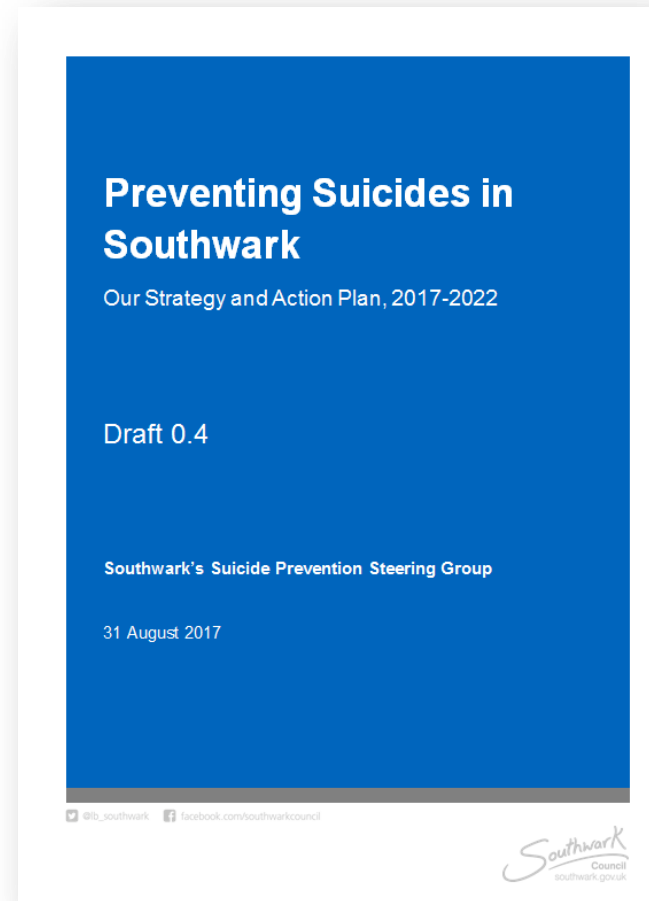
Southwark's Suicide Prevention Steering Group have co-produced a new preventative strategy and action plan

OUR STRATEGY AND ACTION PLAN

Southwark's prevention steering group has worked collaboratively to develop a new prevention strategy and action plan.

- In Southwark we know that many suicides are preventable. Therefore partners across the borough who are committed to reducing our local suicide rate have set an ambition for Southwark: to focus on preventable suicides and reduce their occurrence by as much as we possibly can.

It is our ambition in Southwark to reduce the local suicide rate as well as the incidence of self-harm and attempted suicide by as much as we possibly can over the five years of this strategy.



We have identified seven priority areas for action that are based around national guidelines

AREAS FOR ACTION

Southwark's priority areas for action have been built around the recommendations outlined in the National Suicide Prevention Strategy and tailored to local needs.

1. Reducing the risk of suicide in **high risk groups**
2. Tailoring approaches to **improve mental health** across all communities
3. Prevention of suicide in high risk locations and **reducing access to means of suicide**
4. Providing better information and **support to those bereaved** or affected by suicide
5. **Supporting the media** in delivering sensitive approaches to suicide and suicidal behaviour
6. Reducing rates of **self-harm and attempted suicide** as a key indicator of suicide risk
7. Supporting research, **data collection**, monitoring and information sharing

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We need to work in partnership in order to achieve our vision of reducing suicide and self-harm in Southwark

NEXT STEPS

Delivering on the commitments set out in our action plan:

Southwark's multi-stakeholder Suicide Prevention Steering Group will work together to implement the actions outlined in the action plan.

- The action plan corresponding to the first two years of the strategy. After 18-months, the Steering Group will look to revise the action plan and seek approval from the Health and Wellbeing Board.

Developing our understanding:

We are aware that the information presented in our strategy doesn't tell the full story of suicide in Southwark. We want to work with other partners across the borough to further develop our understanding.

- Access to data from the Coroner Court would provide a much richer dataset that could inform more targeted and effective interventions
- Develop a near-real time monitoring and reporting process of suicides, suicide attempts and self-harm in Southwark through data sharing with a number of partners

Continuous community engagement:

No single organisation has the power to deliver effective suicide prevention in isolation and therefore it is imperative that partners across the borough work together in order to achieve our vision of reducing suicide and self-harm in Southwark.

Find out more at
southwark.gov.uk/JSNA

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