
Wirral Suicide Audit 2016

September 2017

Produced by Wirral
Intelligence Service

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Version History

Version History	Date	Author	Reviewer	Actions
V1	05/09/2017	Sarah Kinsella	Hannah Cotgrave	Typos, re-numbering of charts
V2	19/09/2017	Sarah Kinsella	Steve Gavin	Addition of national comparator, splitting some key messages

Report Overview

Abstract	Audit of all cases recorded as suicide (or the related verdicts such as Narrative) in 2016 that were resident in Wirral.
Intended or potential audience	External <ul style="list-style-type: none">• Coroner's Office• GPs• CWP Internal <ul style="list-style-type: none">• Mental Health Leads• DMT (plus other departmental DMTs)
Links with other topic areas	<ul style="list-style-type: none">• Mental health• Self-harm• Other long-term conditions• Substance misuse• Debt/finances/benefits• Bereavement• Social Isolation

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Key Findings

- There were 32 cases of suicide and related verdicts in Wirral in 2016. There were 21 cases assigned as suicide, 11 were assigned a narrative verdict
- Wirral had a slightly higher suicide rate than in England overall (10.0 per 100,000 in Wirral compared to 9.7 per 100,000 in England) in 2016
- Suicide notes were present in around one in three cases (34%, n=11). There were five cases not assigned a suicide verdict where a suicide note was found (assigned as narrative verdicts)
- Men were over-represented in the audit; 66% of cases were male and 34% were female in 2016
- Average age at suicide was 48 for females and 47 for males. The peak age band was 45-64 and this is also the case nationally
- Improved ethnicity data showed that Wirral's BAME population was slightly under-represented; 3% of verdicts were amongst the BAME community, which makes up 5% of the Wirral population
- The most common cause of death was hanging/strangulation, and this was also the case nationally
- Both male and female suicide cases were most likely to be living alone
- In terms of marital status, female cases were equally likely to be single or married/in a civil partnership, male cases were most likely to be single
- Sexuality was poorly recorded despite LGBT young people having a significantly higher risk of suicide (and self-harm)
- The most likely employment status for both genders in 2016 was to be unemployed (one in three or 33% of all male cases and 31% of females cases)
- September and February appeared to be the peak months for suicide in Wirral, but there was no upturn in Winter or around Christmas/New Year as might be expected
- The majority of suicide cases (57% of males and 55% of females) were known to mental health services. This is higher than national figures, which show around one in three suicide cases were known to mental health services (Mind, 2015)
- One in five men had previously been detained under the Mental Health Act (19%) versus one in ten of women (9%)
- Around one in three of both males and females women had current or historical issues with drugs (36% and 29% respectively).
- Around the same proportions had current or historical issues with alcohol (36% of women, 38% of males)
- Three-quarters of females had previously attempted suicide (73%) and/or had a history of self-harm (73%). Figures were significantly lower for males (43% and 29% respectively)
- Relationship issues appear to be a significant antecedent in suicides, with 38% of cases having a record or some kind of relationship issue at the time of their death
- Diazepam and Zopiclone were the commonly found prescribed drug at post mortem
- Alcohol and cocaine were the most commonly found non-prescribed substances at post-mortem

Introduction

Cases are included in this audit if they were examined by the Coroner during the 2016 calendar year. The date of death may not necessarily have been during 2016 however, as historically, some cases took time to arrive at Coroner Court. From December 2013, Wirral cases fall under the jurisdiction of the Liverpool Coroner and delays have reduced. Similarly, ONS suicide figures are presented for deaths registered in a particular calendar year (ONS, 2016) with for example, 49% of the 4,822 suicides in England registered in 2014, occurring before 2014.

Verdicts

This audit examines not only confirmed suicide cases, but also those cases of potential or possible suicide. It therefore includes the verdicts of open, misadventure and narrative – as well as suicide. The Coroner will only assign a suicide verdict in cases where suicidal intention is beyond reasonable doubt. Even in cases which may appear to be suicide, a narrative or open verdict may still be assigned, because the Coroner cannot be certain that suicide was the deceased person's clear intention. See Table 1.

Table 1: Cases included in the 2013-16 audits with assigned verdict

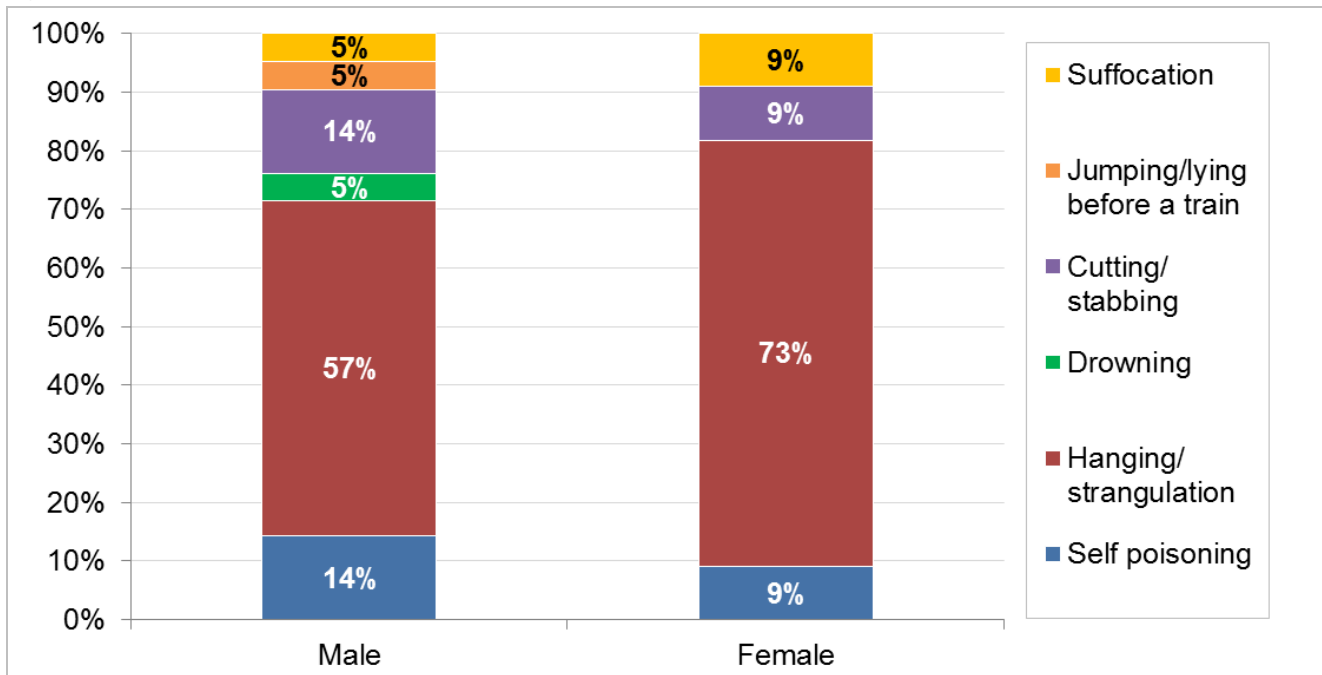
Year	Suicide	Misadventure	Narrative	Open	Total
2016	21	0	11	0	32
2015	20	1	8	2	31
2014	29	2	13	0	44
2013	10	21	3	19	53

Of the 32 cases included in this audit in 2016, suicide notes were present in 11 cases (around 34%). When comparing verdicts from previous years, it is clear that there is a significant change in categorisation. For example, in 2013, just 10 of 53 cases were deemed as suicide, compared to 19 Open verdicts. By 2016, there were no Open verdicts at all and the majority (n=21) of cases had a suicide verdict. Misadventure has reduced similarly (to zero). Possible contributing factors to this change may be improvements in recording of information enabling a more concise verdict to be reached; the change in jurisdiction (to the Liverpool Coroner) affecting interpretation of evidence; and less stigmatising attitudes toward mental health and suicide.

Method used

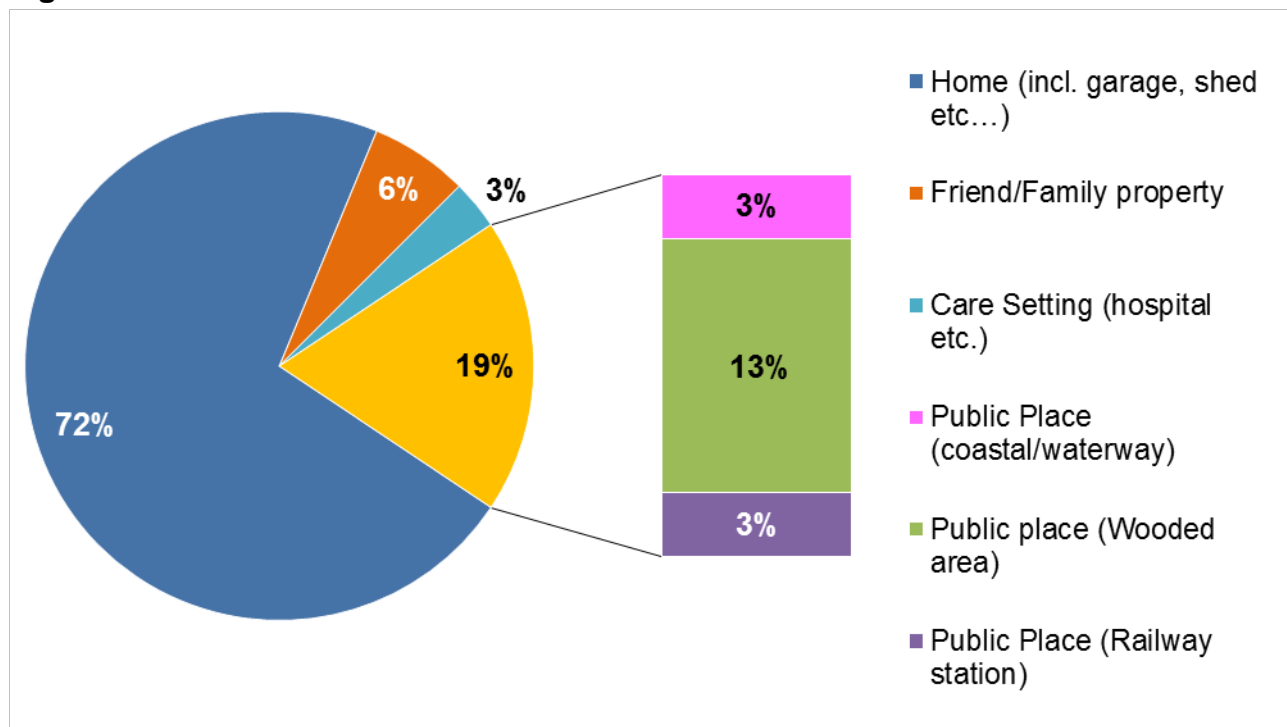
As Figure 5 shows, the most common suicide method for both males and females in Wirral was hanging or strangulation in 2016 (73% of deaths in males, 57% in females). This is in line with UK trends, where hanging was also the most common method. Self-poisoning and cutting/stabbing were the next most commonly used methods. Males appear to have used a greater number of methods than females in 2016. See Figure 1.

Figure 1: Suicide and related verdict cases for Wirral in 2014 by cause of death and gender



Location of death

Figure 2: Location of death of Wirral Suicide cases in 2016

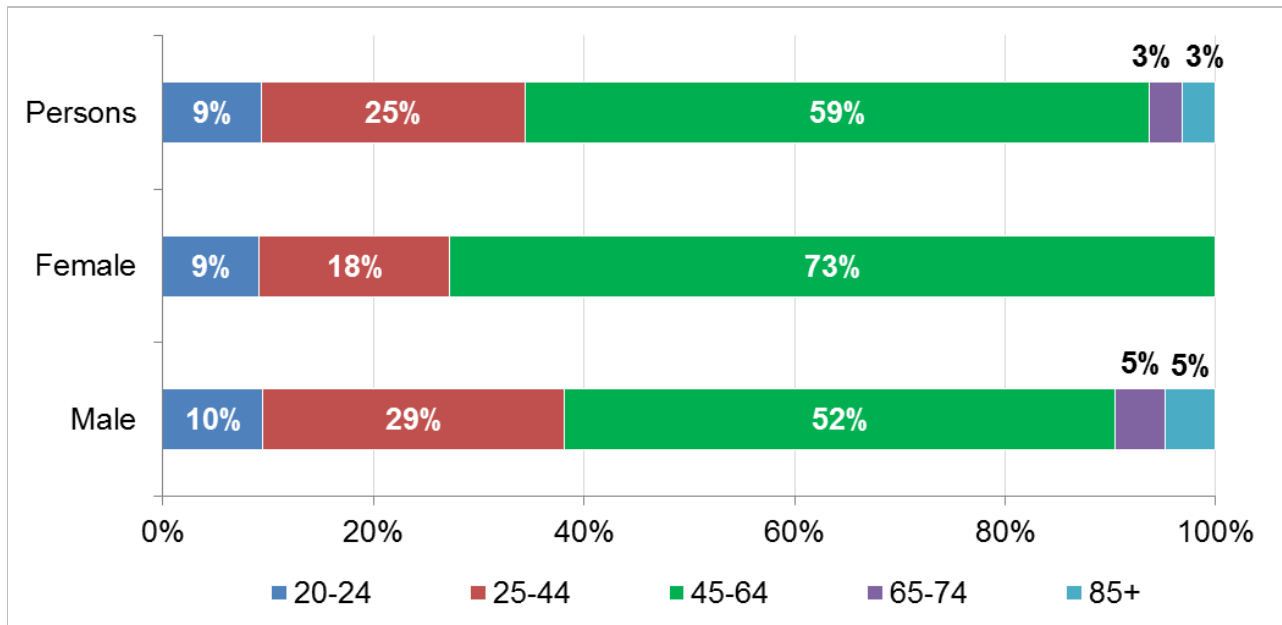


As the chart shows, the majority of people committed suicide in their own home (72% or three quarters) in 2016 and this is a consistent trend over many years. Wooded public places were the next most common place (13%), with public places overall making up one in five (19%) of all Wirral cases.

Age

Another important factor in suicide is age. Nationally, those aged between 45-64 years had the highest rate of suicide (for both genders), and this was also the case in Wirral.

Figure 3: Age breakdown of Wirral cases by gender (2016)

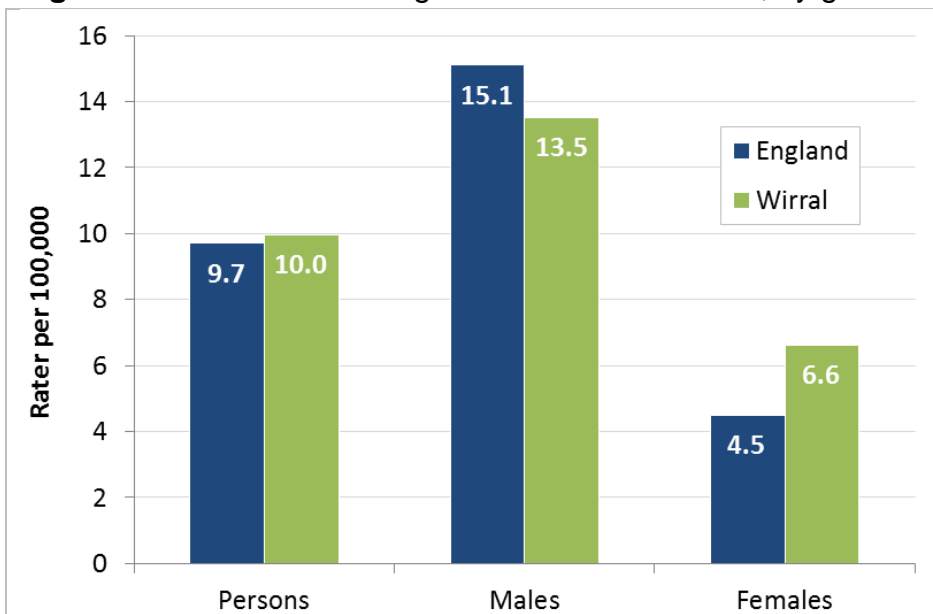


As Figure 3 shows, in 2016 there were no cases in people aged under 20, and no cases in women of retirement age (65+). There were a greater proportion of males in the 25-44 bracket compared to women, but the most common age remained 45-64.

Gender

Gender is an important factor in suicide, with national data indicating that men are significantly more likely than women to take their own life.

Figure 4: Suicide rate in England and Wirral in 2016, by gender (rate per 100,000)



Nationally, suicide cases were 76% males and 24% female in 2016. As Figure 4 shows, Wirral shows a similar pattern to England overall, namely that suicide is more common amongst men. In Wirral however, the gender effect is less pronounced. In England, the suicide rate is three times higher in men than it is in women. In Wirral however, it is twice as high.

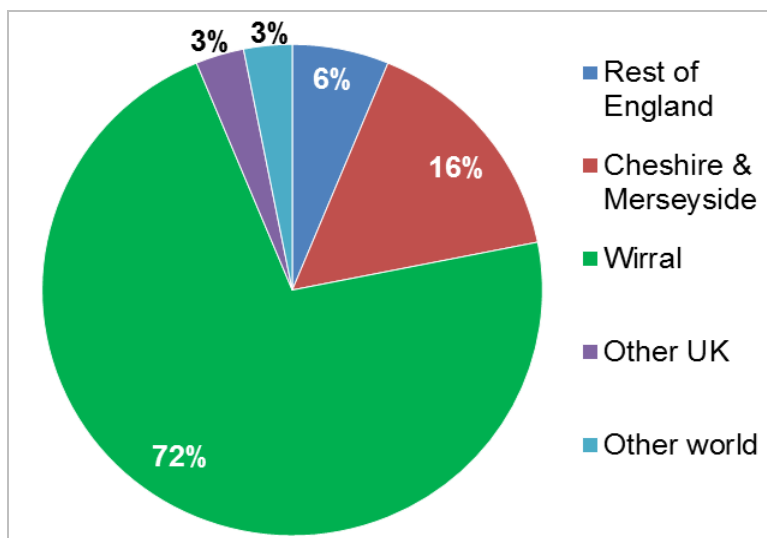
Source: ONS, 2017

Of the cases included in this audit, 2 in 3 were male (66%, n=21) were male while one in three (34%, n=11) were female. It is a long-standing national and international trend for suicide to be more common in men than it is in women. It should be noted that the information in Figure 4 are NOT from this audit, they are national data that only include suicide verdicts (unlike this audit, which includes other verdicts such as narrative verdicts for example).

Place of Birth

Place of birth may be a relevant factor for suicide because it can affect social support and mental health in general. Figure 5 shows the breakdown of Wirral cases (resident in Wirral at the time of their death), which came before the Coroner in 2016 by their listed place of birth

Figure 5: Breakdown of 2014 cases of suicide (and related verdicts) by place of birth



If people are living far from their place of birth, it can mean that they may be more likely to lack a network of friends and family to whom they can turn in times of need. This is not just true for those born outside of the UK, but also of people born in other parts of the UK who are living far from friends and relatives. As the chart shows, the majority (72%) of cases in 2016 were from Wirral.

Ethnicity

It is not possible to compare Wirral data to the national picture, as ethnicity is not reported on national death registrations.

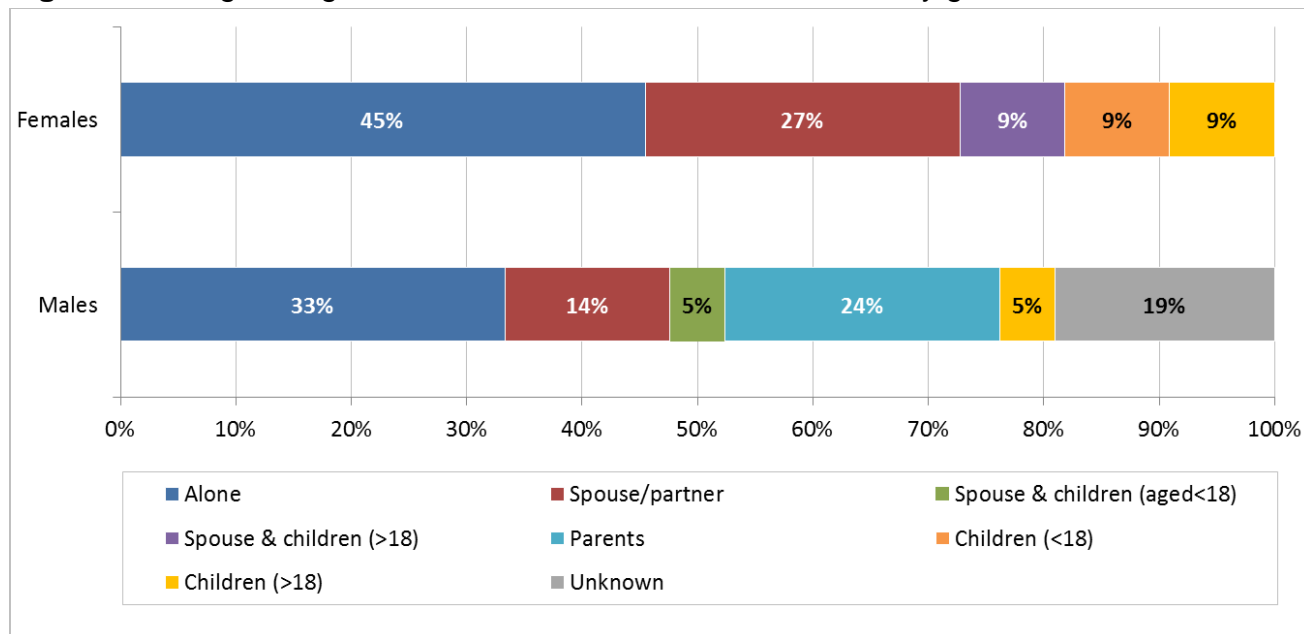
All 2016 Suicide Audit cases in Wirral contained ethnicity information. This is a vast improvement on previous years, when ethnicity was poorly recorded. Wirral is estimated to have a BAME population of 5%, so in 2016, there was a slight under-representation of the BAME community in suicide figures (3% of suicide cases were from a BAME group).

The only BAME group represented were the 'Any other White' group. The largest 'Any Other White' community in Wirral is the Polish community, followed by the Romanian, Spanish, Hungarian and Lithuanian communities (this information is from New National Insurance Registrations and Wirral School Survey data).

Living Arrangements

Those who are living alone are thought to be at greater risk of suicide, and Wirral data (see below) appears to confirm this theory. Figure 6 below shows that living alone was the most common living arrangement for both males and females, but particularly for women. The next most common living arrangement was with a spouse/partner (females) and living with parents (males).

Figure 6: Living arrangements of Wirral suicide cases in 2016, by gender



Marital Status

Table 2 below shows the breakdown of suicide and related verdicts by both gender and marital status at the time of death. Marital status is well evidenced as being related to risk of suicide and, as the chart shows, there are some differences between the genders.

Table 2: Marital status of Wirral cases of suicide and related verdicts in 2016, by gender

Marital Status	Male	Female	Persons
Single	57%	27%	47%
Married/civil partnership	19%	27%	22%
Divorced	14%	18%	16%
Widowed	5%	18%	9%
Separated	5%	9%	6%

As Table 2 shows, men who were single accounted for the largest proportion of male suicide (and related) verdicts in Wirral in 2016 (57%). Historically, single or divorced men have the highest rates of male suicide (ONS, 2016).

The pattern in women was less clear. There were equal proportions of women who were single or married/civil partnership accounted in Wirral in 2016 (27% in each of these categories). National trends show that women who were single or divorced had higher

suicide mortality rates than women who were married (ONS, 2016), but this does not appear to be the case locally.

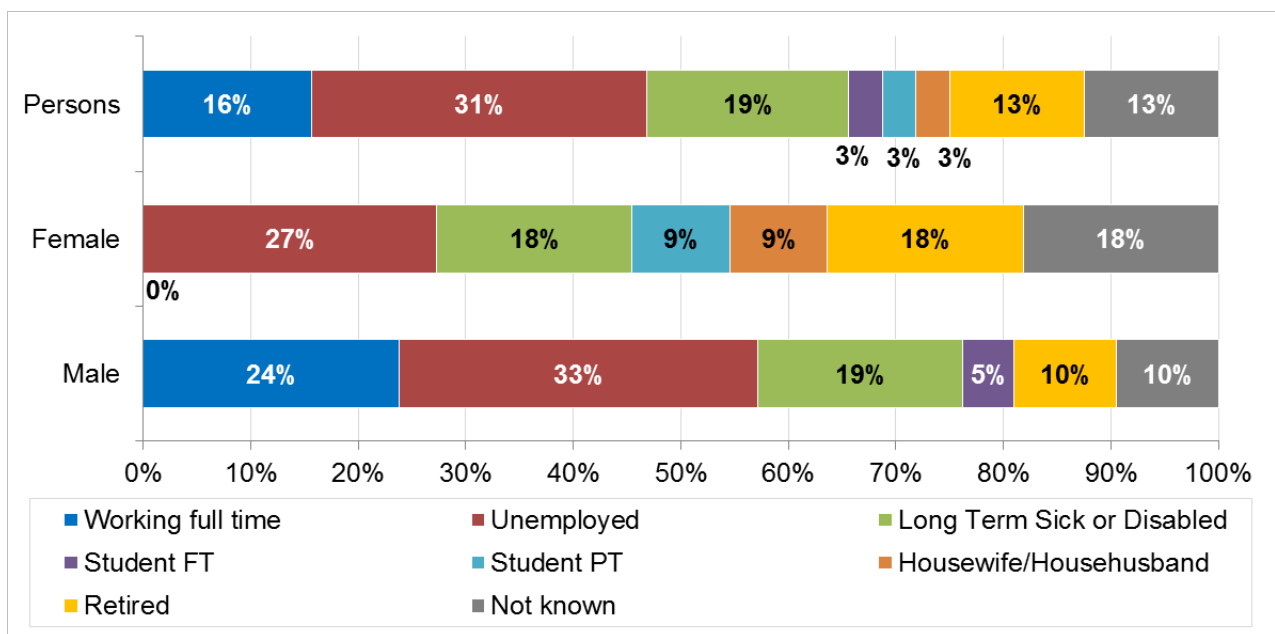
Sexuality

The RaRE Research Report (2015) has estimated that young LGBT people (those aged <26 years) are almost twice as likely to have attempted suicide at least once, compared to their heterosexual counterparts (33.9% versus 17.9%). Despite the LGBT population having a higher risk of experiencing suicidal ideation, data recording around sexuality is poor. It is only through anecdotal reports from family and/or friends that sexual preference is identified. Results have therefore been omitted from this audit on the basis of limited recording and poor data (although this indicator is included on the regional Suicide Audit data collection template). This issue could perhaps be raised at various local and regional suicide forums.

Employment Status

Employment status is a well-evidenced risk factor for suicide, with unemployment usually associated with a higher risk of suicide for men. Figure 7 shows the suicide and related verdict cases for Wirral in 2016, by employment status and gender.

Figure 7: Suicide and related verdict cases for Wirral in 2014, by employment status



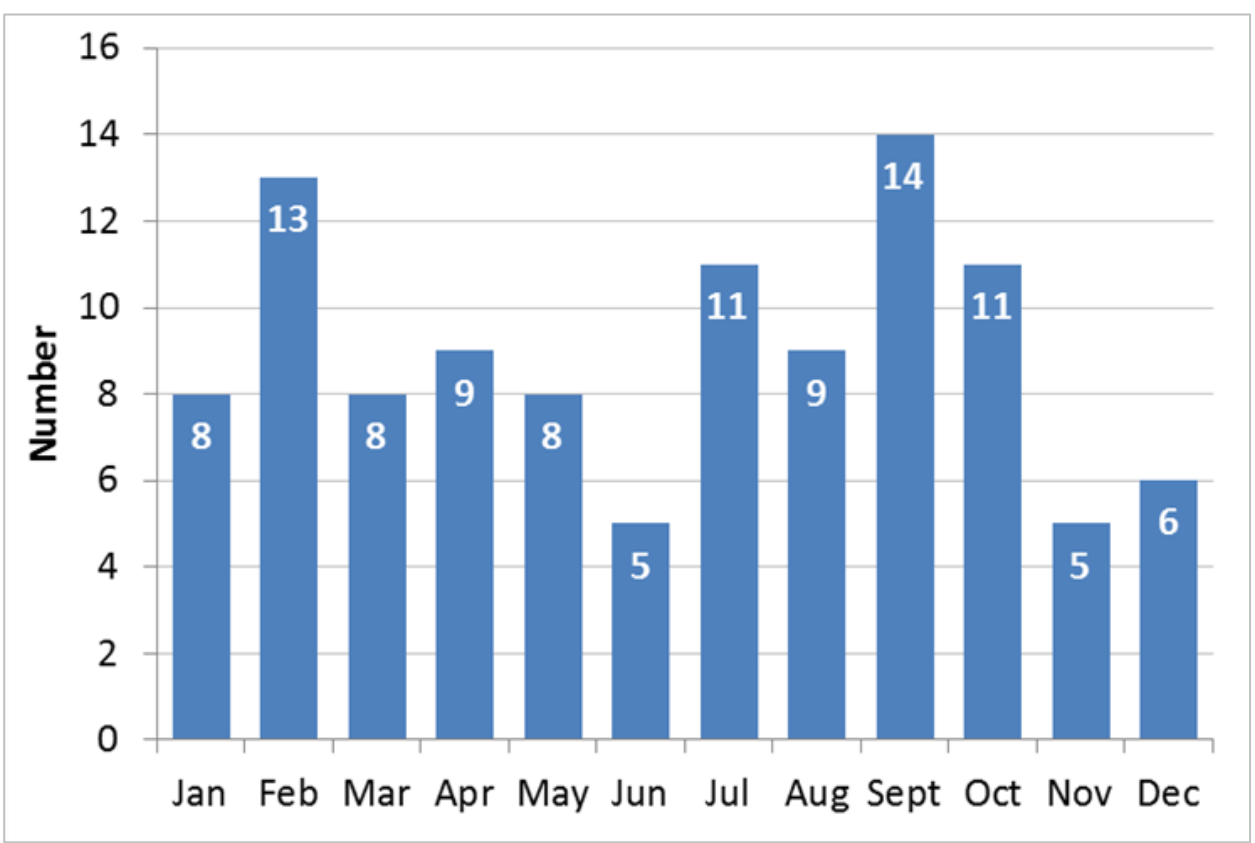
The most likely employment status for both genders in 2016 was unemployed, with one in three (33%) of all male cases unemployed. A slightly smaller proportion of women (31%) were unemployed, but it was still the most common employment status. This suggests there remains a strong association between unemployment and suicide. For all cases, the next most likely employment status was being Long Term Sick or Disabled. There were no female cases at all who were in full-time work, although one in four of all male cases (24%) were in full-time work. This may be indicative of work having more of a protective effect on

women than it does on men, but any conclusions are impossible to reach when numbers are so small.

Seasonality/Time of Year

As there are such a small number of suicides in Wirral annually, numbers have been grouped by month for the last three years. See Figure 8.

Figure 8: Wirral Suicide deaths by month of occurrence, 2014 to 2016

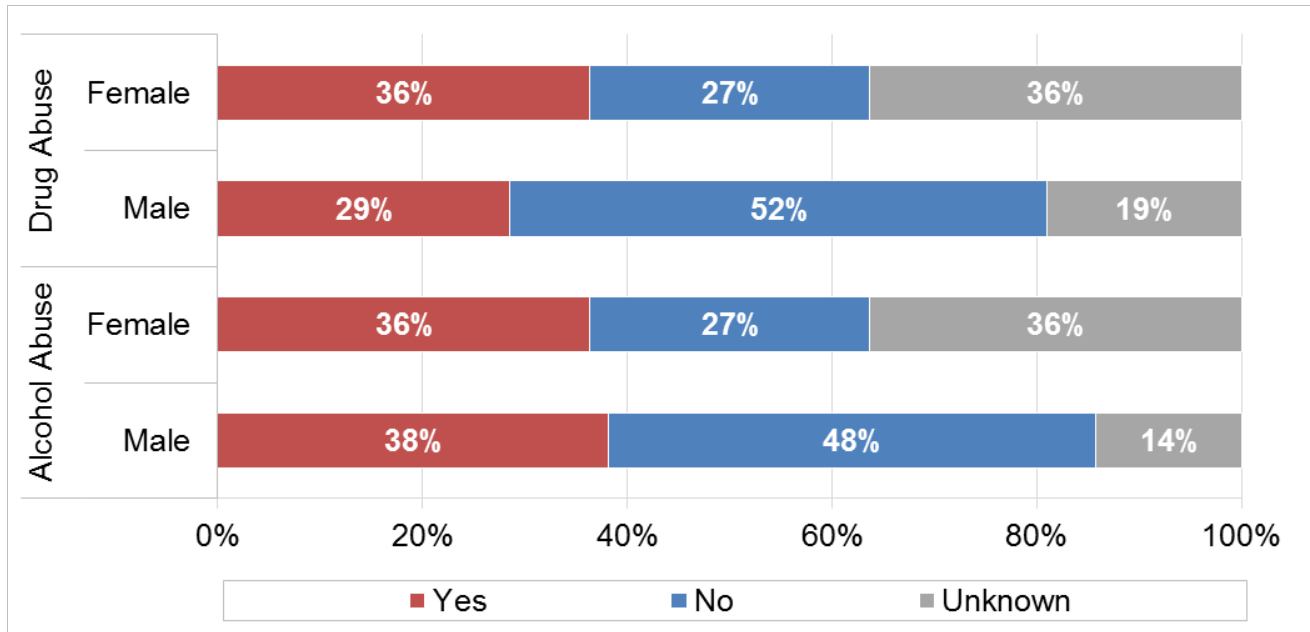


The chart shows that September and February appear to have been peak months in the last 3 years, but only marginally. Contrary to popular expectation, it does not appear that December and Christmas mark a particular peak in suicides, in fact December appears to have been one of the lower months for suicide in Wirral in recent years.

History of substance misuse

Substance misuse is a risk factor for suicide and as such, are recorded on the suicide data collection template. Figure 9 below shows the proportion of cases, by gender, where drug or alcohol abuse was an issue and highlights that just over one in three of both male (38%) and female (36%) suicide cases in 2016 had current or historic issues with alcohol. Similarly, around one in three of both genders were also reported as having current or historic issues with drugs (36% of females, versus 29% of males).

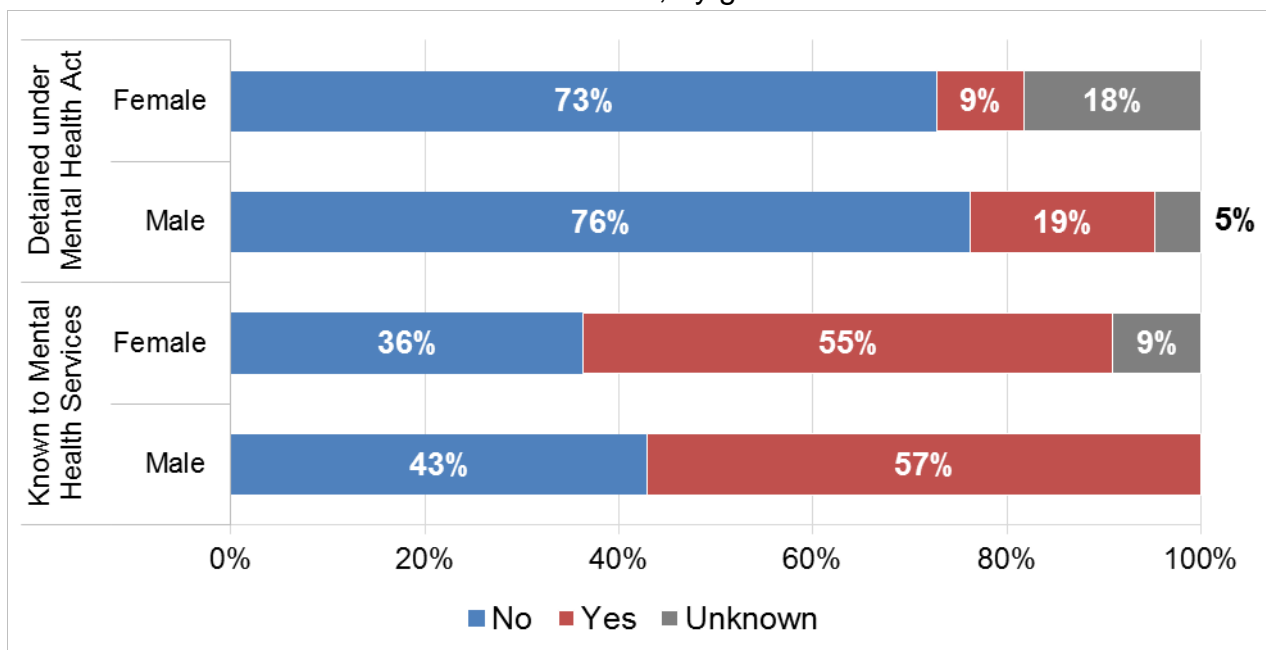
Figure 9: Suicide cases in Wirral with a history of drug or alcohol abuse, by gender, 2016



As with all the issues noted in the Coroners records, reporting relies on accurate and/or up to date medical records, or relatives disclosing to the coroner a full and frank history. It is therefore possible that the figures above for confirmed issues with drugs or alcohol may understate both issues. In 13 out of 32 cases (42%), alcohol was either noted to have been regularly used and/or present in the post-mortem. Similarly, cannabis and/or cocaine use was also recorded in 6% and 13% of cases respectively. Opiates were recorded at post-mortem in 3 cases (10%). Other non-prescribed drugs listed as a cause or contributory factor in death were diazepam, zopiclone (bought illegally from internet), helium gas and drugs usually used in anaesthesia (e.g thiopental).

History of mental health problems

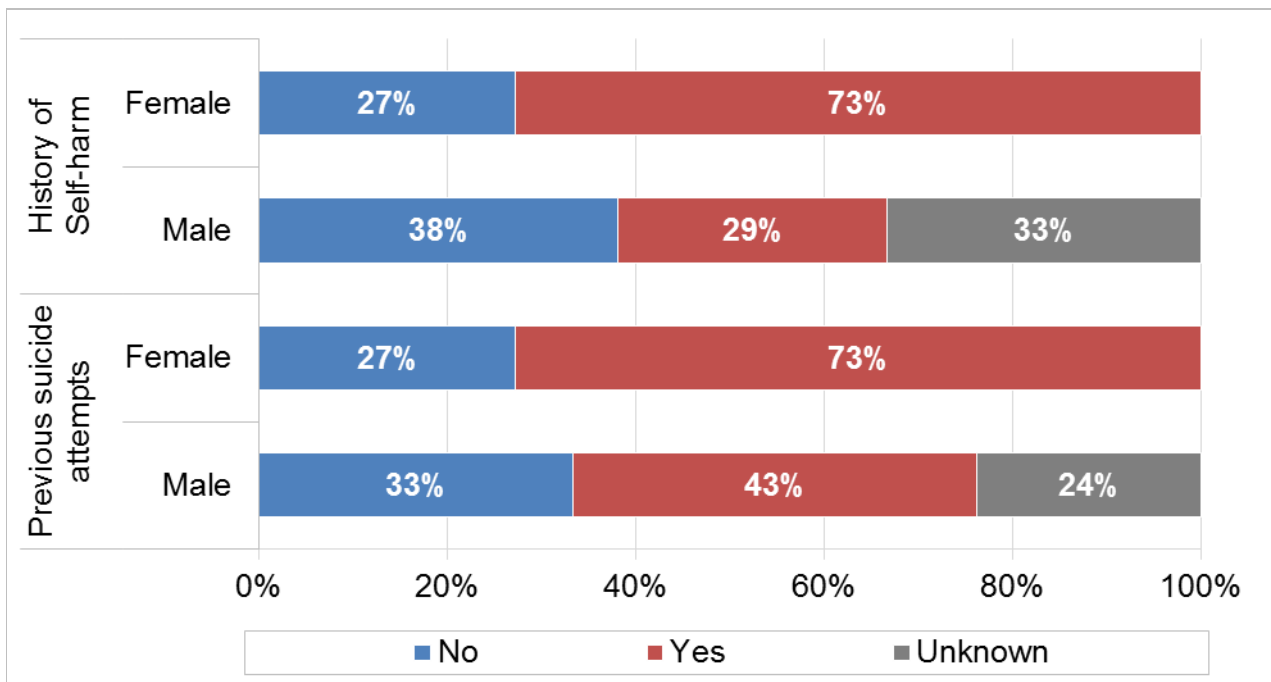
Figure 10: Proportion of individuals known to mental health services and previous detention under the Mental Health Act in 2016, by gender



As Figure 10 shows, one in five males (19%) and one in 10 females (9%) had previously been detained under the Mental Health Act. A much larger proportion were known to mental health services – over half in both males and females (57% and 55% respectively). This is higher than national figures, which show around one in three suicide cases were known to mental health services (Mind, 2015).

Figure 11 below shows history of self-harm and previous suicide attempts by gender.

Figure 11: Proportion of individuals with a history of self-harm and previous suicide attempts in 2016, by gender

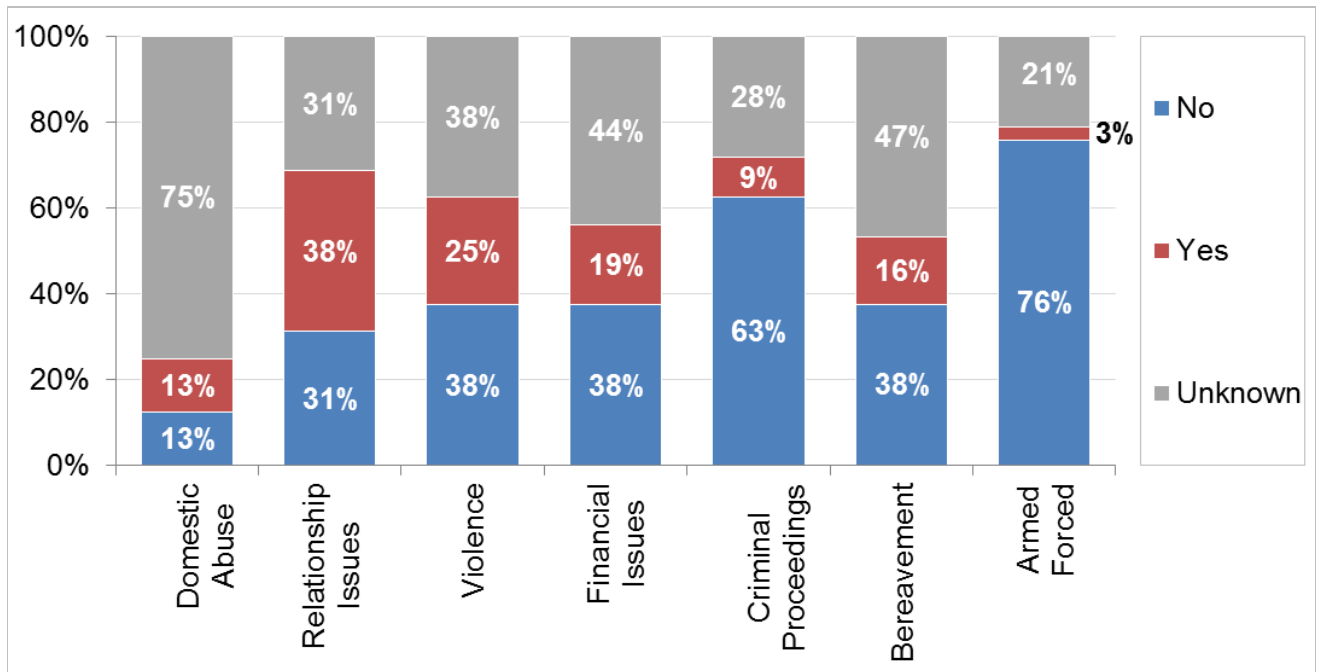


As the chart shows, self-harm and previous suicide attempts were much more prevalent in females than males, with three-quarters of all female cases recorded as having had these issues. By contrast, less than one in three males (29%) had a history of self-harm, while 43% had a history of previous suicide attempts.

Other antecedents

As Figure 12 shows, more than one in three (38%) of individuals had relationship problems and this appears to be the most common risk factor in Wirral suicides (of those listed in this chart). individuals (or around one in four) had financial problems prior to their death. Similarly, 25% of cases reported that individuals had experienced is important to note that this information is not definitive but rather indicative from the contents of a suicide note (if this existed) or disclosure from friends and relatives.

Figure 12: Proportion of individuals with various risk factors for suicide



Prescribed Drugs

In 20 out of 32 cases (two in three or 62%), individuals had been prescribed medications, the majority of which were for mental health issues such as depression and anxiety. Diazepam and Zopiclone were the most commonly prescribed medications.

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