Updating suicide prevention priorities

NSPA Conference 24 January 2023

Professor Louis Appleby

Suicide rates, England and Wales 1981-2021

Age-standardised suicide rates by sex, England and Wales, registered

Persons Males Females

ASMRs per 100,000 people

25 20 15 10 5 0

1982 1985 1988 1991 1994 1997 2000 2003 2006 2009 2012 2015 2018 2021

Year of death registration

- **Suicide rates higher since lower standard of proof**
- **Fell in early pandemic**
- **2021 similar to pre-pandemic years 2018/2019**

Source: ONS

Quarterly suicide rates, 2014-22, England

Rate of registered deaths in England (y-axis, 5–15) by Year and Quarter (x-axis, Q1 2014 – Q3 2022); legend: Persons

Source: ONS

Suicide in England in the COVID-19 pandemic: RTS data

Total
Male
Female

suicide rate per 100,000 population

30.0
25.0
20.0
15.0
10.0
5.0
0.0

Lockdown 1

Lockdown 2

Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21

Month

Suicide rates using “real-time surveillance” data in 10 areas

Source: NCISH

Suicide in age and sex groups

Age-specific suicide rates, 2021, England and Wales

Age-specific suicide rate per 100,000 population

25.0
20.0
15.0
10.0
5.0
0.0

Persons
Females
Males

10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90+

Age group

Men aged 40-54 have highest suicide rates

Source: ONS Suicides in England and Wales: 2021 registrations

Male suicide rates by selected age groups

Age-specific suicide rates per 100,000 population

30.0
25.0
20.0
15.0
10.0
5.0
0.0

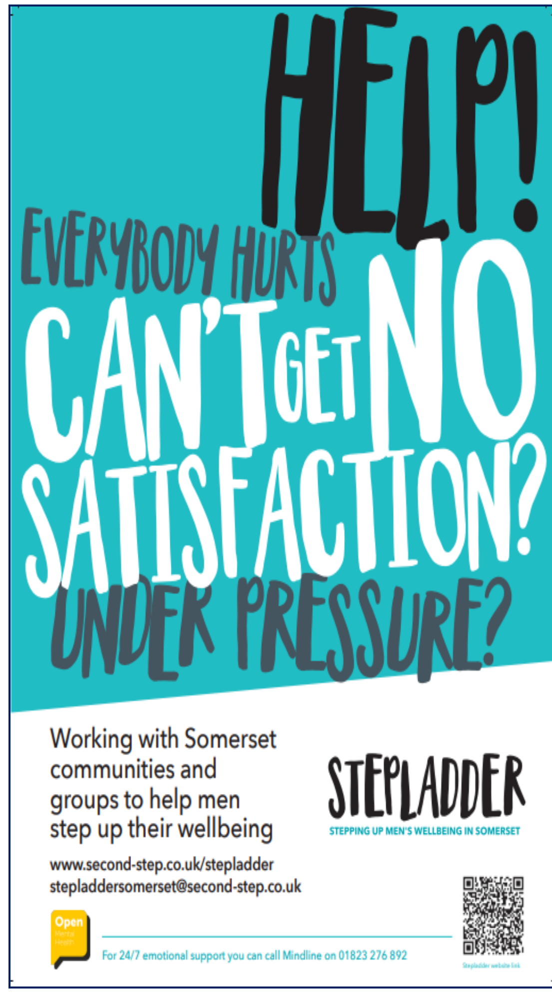
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

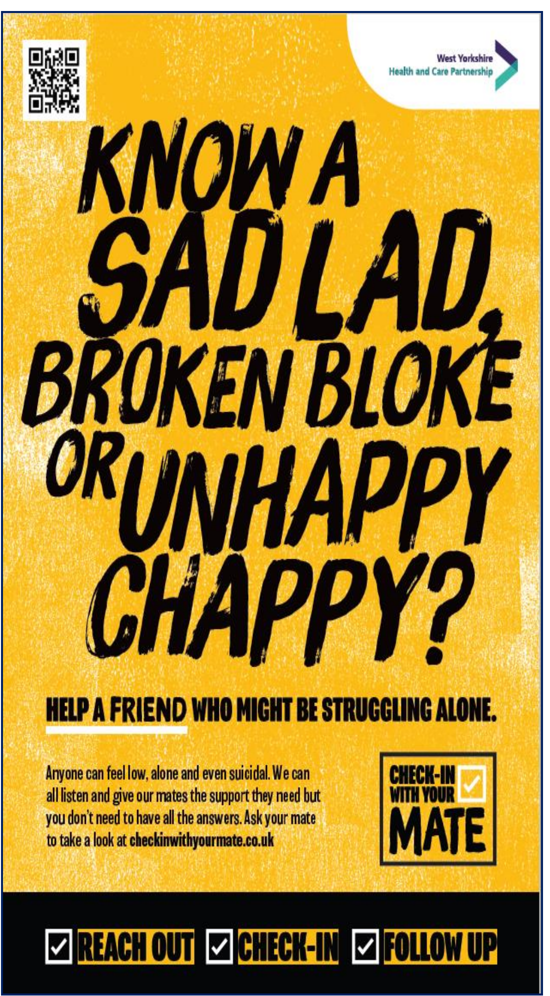
Year

15-19
20-24
30-34
50-54
75-79

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations

Voluntary sector initiatives for middle-aged men





Suicide rates vary by geography

14.1
12.8
11.5
E&W average
10.7
9.8
8.0
6.5

E&W average: 10.7

Region	Deaths per 100,000 people
North East	14.1
North West	12.9
South West	12.7
Wales	12.7
Yorkshire and The Humber	12.3
West Midlands	11.0
East Midlands	10.9
South East	10.5
East	8.2
London	6.6

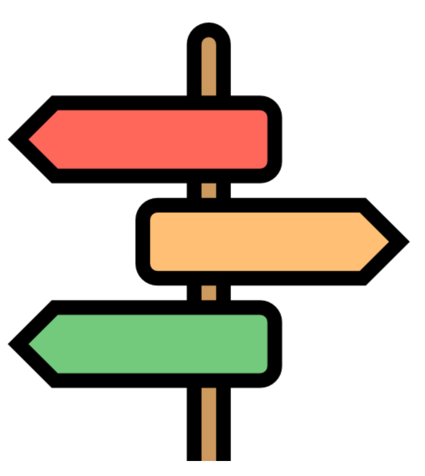
0 5 10 15

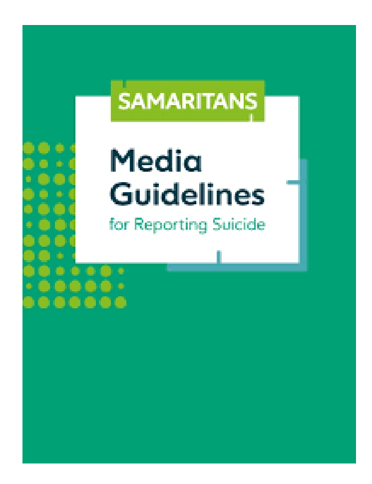
deaths per 100,000 people

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations

Suicide Prevention in the Cost of Living Crisis

- **Economic protections re bills, debt (Breathing Space)**
- **Public health messaging**
- **Inclusion in local suicide prevention plans**
- **Awareness and signposting by frontline services**
- **Working with media**





Post-discharge | **In-patient**

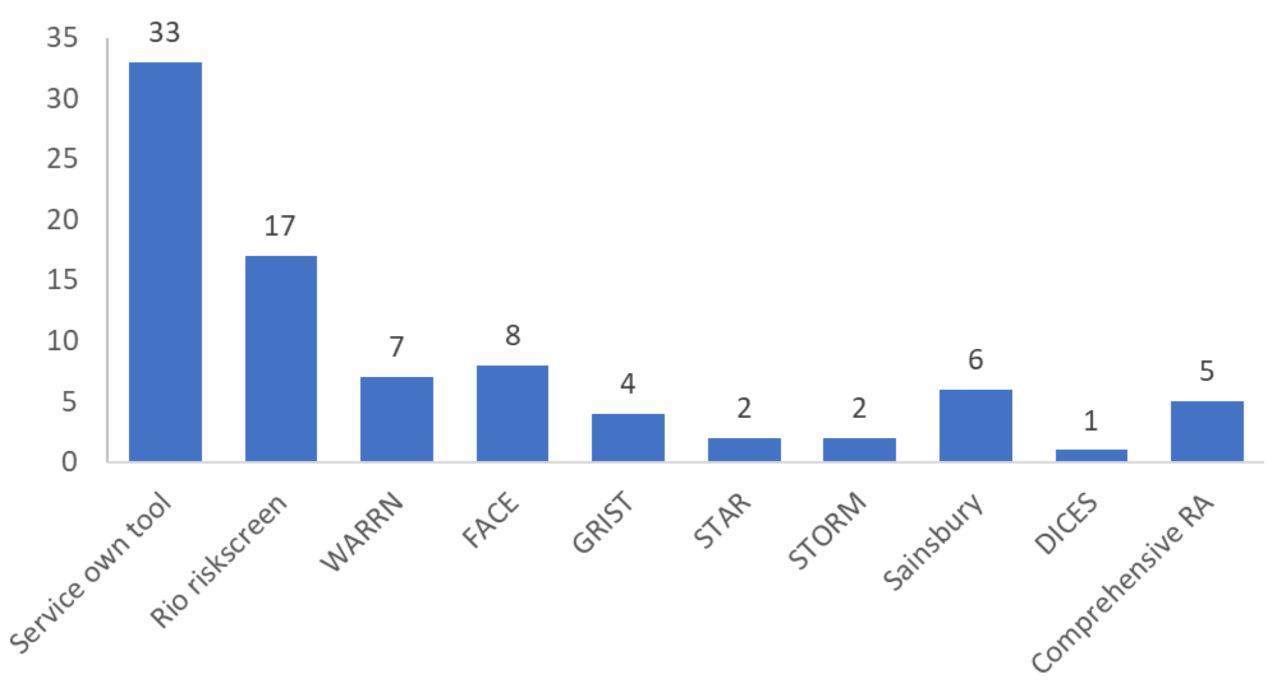
Year	Post-discharge	In-patient
2009	291	123
2010	248	115
2011	299	127
2012	268	123
2013	229	120
2014	229	94
2015	197	116
2016	188	84
2017	183	63
2018	184	77
2019	180	67

Number of patients (0–350); Year

- **1/3 of in-patient suicides occur on ward**
- **50% of in-patient suicides occur on agreed leave**
- **Peak risk post-discharge is day 3**

Source: NCISH, 2022

Suicide risk assessment tools: national study



Risk tools used vary between services

Many unvalidated risk tools are in use

NICE guidance 2022: Do not use risk assessment tools and scales to predict suicide

Need to develop personalised model of risk management

Source:NCISH

10 evidence-based ways to improve safety in MH care

10 ways to improve safety

- Safer wards
- Early follow-up on discharge
- No out-of-area admissions
- 24-hour crisis teams
- Family involvement in 'learning lessons'
- Guidance on depression
- Personalised risk management
- Outreach teams
- Low staff turnover
- Reducing alcohol and drug misuse

Source: NCISH

Suicide rates in 15-19 year olds

Girls
Boys
Total

10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0

Rate of suicide

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

Year

Highest total figure for **20 years**

Highest figure for girls for **40 years**

Source: ONS Suicides in England and Wales: 2021 registrations

Common themes in young suicides: national study

Online risk 24%

Had been in care 8%

Family factors 23%

Isolation 21%

Abuse 11%

Physical health 30%

Bereavement 25%

Alc/drug use 42%

Bullying 19%

LGBT 5%

Academic pressures 32%

Source: NCISH

Suicide-related internet use by young people

35%
30%
25%
20%
15%
10%
5%
0%

Any
Information on methods
Visiting websites which may have encouarged suicide
Communicating intent online
Victim of online bullying

Boys
Girls

Psychological Medicine

cambridge.org/psm

Online harms? Suicide-related online experience: a UK-wide case series study of young people who die by suicide

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Original Article

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Abstract

Background. Few studies have examined online experience by young people who die by suicide.
Methods. A 3-year UK-wide consecutive case series of all young people aged 10–19 who died by suicide, based on national mortality data. We extracted information on the antecedents of suicide of 544 of these 595 deaths (91%) from official investigations, mainly inquests.
Results. Suicide-related online experience was reported in 24% ($n = 128/544$) of suicide deaths in young people between 2014 and 2016, equivalent to 43 deaths per year, and was more common in girls than boys (OR 1.87, 95% CI 1.23–2.85, $p = 0.003$) and those identifying as LGBT (OR 2.35, 95% CI 1.10–5.05, $p = 0.028$). Searching for information about method was most common ($n = 68$, 13%), followed by posting suicidal ideas online ($n = 57$, 10%). Self-harm, bereavement (especially by suicide), social isolation, and mental and physical ill-health were more likely in those known to have suicide-related online experience compared to those who did not. 29 (5%) were bullied online, more often girls (OR 2.84, 1.34–6.04, $p = 0.007$). Online bullying often accompanied face-to-face bullying ($n = 16/29$, 67%).
Conclusions. Suicide-related online experience is a common, but likely underestimated, antecedent to suicide in young people. Although its causal role is unclear, it may influence suicidality in this population. Mental health professionals should be aware that suicide-related online experience – not limited to social media – is a potential risk for young patients, and may be linked to experiences offline. For public health, wider action is required on internet regulation and support for children and their families.

Introduction

Suicide rates in young people have risen in several high-income countries, although some countries (Australia) have experienced later rises (2009) than others (the UK, 2003) (Padmanathan, Bould, Winstone, Moran, & Gunnell, 2020). In 2019, 601 suicide deaths were registered in England and Wales in people aged 10–24, a 24% increase on the rate in 2017 (Office for National Statistics (ONS), 2020a). The rise appears to have been more marked in girls than in boys of the same age. In 2020, the suicide rate in 10–24 year olds has decreased to a level similar to that recorded in 2017 (4.8 per 100 000 population). The decrease, however, is likely to be driven by a delay in death registrations during the coronavirus disease 2019 (COVID-19) pandemic (ONS, 2021). In 2019, the suicide rate in girls and young women under 20 was the highest since recording began in 1981 (ONS, 2020a).

Previous research has highlighted several antecedents to suicide in young people (Björkenstam, Kosidou, & Björkenstam, 2017; Hawton, Saunders, & O'Connor, 2012; Hill, Witt, Rajaram, McGorry, & Robinson, 2021; Rodway et al., 2016), many of which are more common in girls than boys (e.g. family mental illness, abuse, bereavement, bullying, current or impending exams or exam results, physical health conditions, self-harm) (Rodway et al., 2020). Some of these may have contributed to the rise in suicide in young people, particularly girls. Self-harm rates in young people are certainly rising, and at a faster rate in girls than boys (McManus et al., 2019; Morgan et al., 2017). Bullying in 12–18 year olds has also risen (Ditch the Label, 2020), whilst academic stresses have recently been identified as a major source of concern for secondary and higher education students (Pascoe, Hetrick, & Parker, 2020). As suicide rates in young people have increased, there has been growing concern about the negative mental health impact of social media (HM Government, 2019) and the emotional and behavioural impact of viewing or sharing web-based self-harm imagery (Marchant, Hawton, Burns, Stewart, & John, 2021). There is also concern that exposure to internet risks (e.g. online

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https://www.cambridge.org/core/journals/psychological-medicine/article/online-harms-suiciderelated-online-experience-a-ukwide-case-series-study-of-young-people-who-die-by-suicide/BDF430691070BACDC1A14D12D66677E7

Suicide rates in ethnic minorities

Males

Females

Rates and risk factors vary between ethnic minorities

Most are low compared to white population

Exception is mixed/multiple ethnicity

Source: ONS (2021)

The University of Manchester

Intimate partner violence, suicidality, and self-harm

Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England

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Summary

Background Intimate partner violence (IPV) is a recognised risk factor for psychiatric disorders. There is little current evidence on IPV and self-harm and suicidality, and we therefore aimed to investigate the associations between experience of lifetime and past-year IPV with suicidal thoughts, suicide attempt, and self-harm in the past year.

Methods We analysed the 2014 Adult Psychiatric Morbidity Survey, a cross-sectional survey of 7058 adults (aged ≥16 years) in England, which used a multistage random probability sampling design and involved face-to-face interviews. Participants were asked about experience of physical violence and sexual, economic, and emotional abuse from a current or former partner, and about suicidal thoughts, suicide attempts, and self-harm. Other adversities were recorded through an adapted version of the List of Threatening Experiences. Multivariable logistic regression models quantified associations between different indicators of lifetime and past-year IPV, with past-year non-suicidal self-harm, suicidal thoughts, and suicide attempts. All analyses were weighted.

Findings Using weighted percentages, we found that a fifth (21·4%) of 7058 adults reported lifetime experience of IPV, and that 27·2% of women and 15·3% of men had experienced IPV. Among women, 19·6% had ever experienced emotional IPV, 18·7% physical IPV, 8·5% economic IPV, and 3·7% sexual IPV, which was higher than in men (8·6%, 9·3%, 3·6%, and 0·3%, respectively). Findings for ethnicity were unclear. Lifetime prevalence of IPV was higher in those living in rented accommodation or deprived neighbourhoods. Among people who had attempted suicide in the past year, 49·7% had ever experienced IPV and 23·1% had experienced IPV in the past year (including 34·8% of women and 9·4% of men). After adjusting for demographics, socioeconomics, and lifetime experience of adversities, the odds ratio of a past-year suicide attempt were 2·82 (95% CI 1·54–5·17) times higher in those who have ever experienced IPV, compared with those who had not. Fully adjusted odds ratios for past-year self-harm (2·20, 95% CI 1·37–3·53) and suicidal thoughts (1·85, 1·39–2·46) were also raised in those who had ever experienced IPV.

Interpretation IPV is common in England, especially among women, and is strongly associated with self-harm and suicidality. People presenting to services in suicidal distress or after self-harm should be asked about IPV. Interventions designed to reduce the prevalence and duration of IPV might protect and improve the lives of people at risk of self-harm and suicide.

Funding UK Prevention Research Partnership.

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Introduction

Intimate partner violence (IPV) is defined by WHO as physical violence, sexual, emotional or psychological abuse, and controlling behaviours within an intimate relationship. IPV is more prevalent in women than in men and is a known risk factor for subsequent psychiatric disorders.

Although some studies have considered the relationship between specific types of IPV and suicidality or self-harm, few have examined the wider range of IPV types with these outcomes. Existing studies are not generalisable to national, general populations as they use non-random samples and focus on subgroups, patients, service users, or young or narrow age-groups. Most of this research focused on women only, preventing comparison with men. The WHO multi-country study using population-based surveys showed that women with experience of physical or sexual violence were nearly 4 times more likely to attempt suicide than women without such experiences, but it provided no associations for men. A 2013 systematic review found two studies of men showing an association between IPV and depressive symptoms, but no evidence for an association between IPV and subsequent suicide attempt. Methodological flaws limited these studies with men.

Since the mid-1990s, three-quarters of suicides in England and Wales each year have been in men. With male rates higher in most countries, national suicide prevention strategies tend to focus on men at risk. For

Intimate partner violence is **strongly linked** to suicide attempts

50% with recent suicide attempt had **experienced IPV**

In those with previous IPV, **suicide attempts were 2.8x more common**.

Assessment of people who self-harm should include risk of domestic/partner abuse

Source: McManus S, Walby S, Capelas Barbosa E, Appleby L, Brugha T, Bebbington P, Cook E, Knipe D. Intimate Partner Violence, Suicidality, and Self-Harm: A Probability Sample Survey of the General Population in England. Suicidality, and Self-Harm: A Probability Sample Survey of the General Population in England. 2022 Apr 1.

Suicide Prevention Strategy in 2023

Updated suicide prevention priorities

- Ethnicity
- Online harms
- Economic stresses
- Pre-Covid trends, eg CYP
- Data
- LGBT
- Covid impact
- Gambling
- Domestic violence