

National suicide prevention priorities

NSPA Conference 31st January 2024

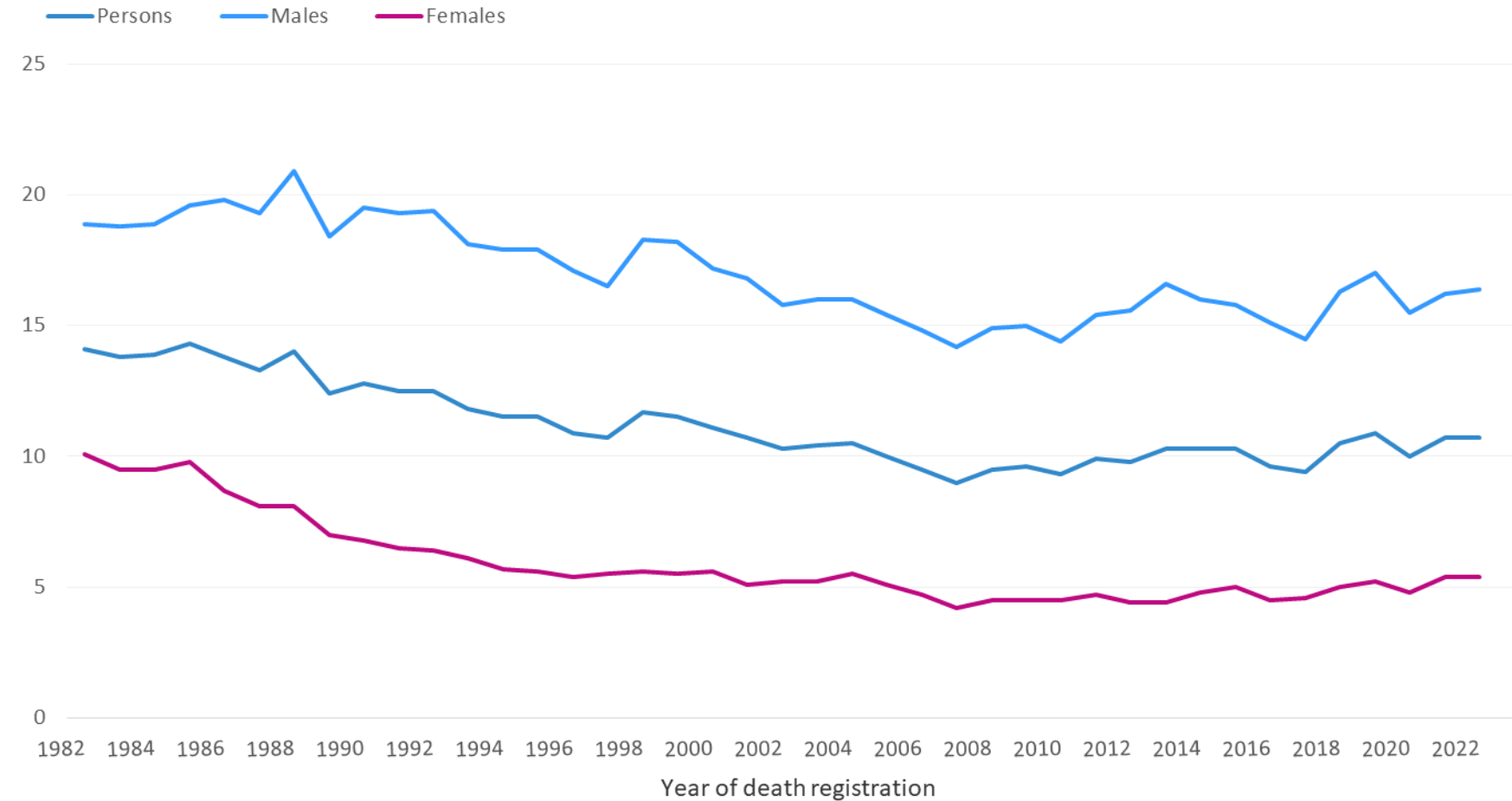
Professor Louis Appleby



Suicide rates registered, England and Wales 1982-2022

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

ASMRs per 100,000

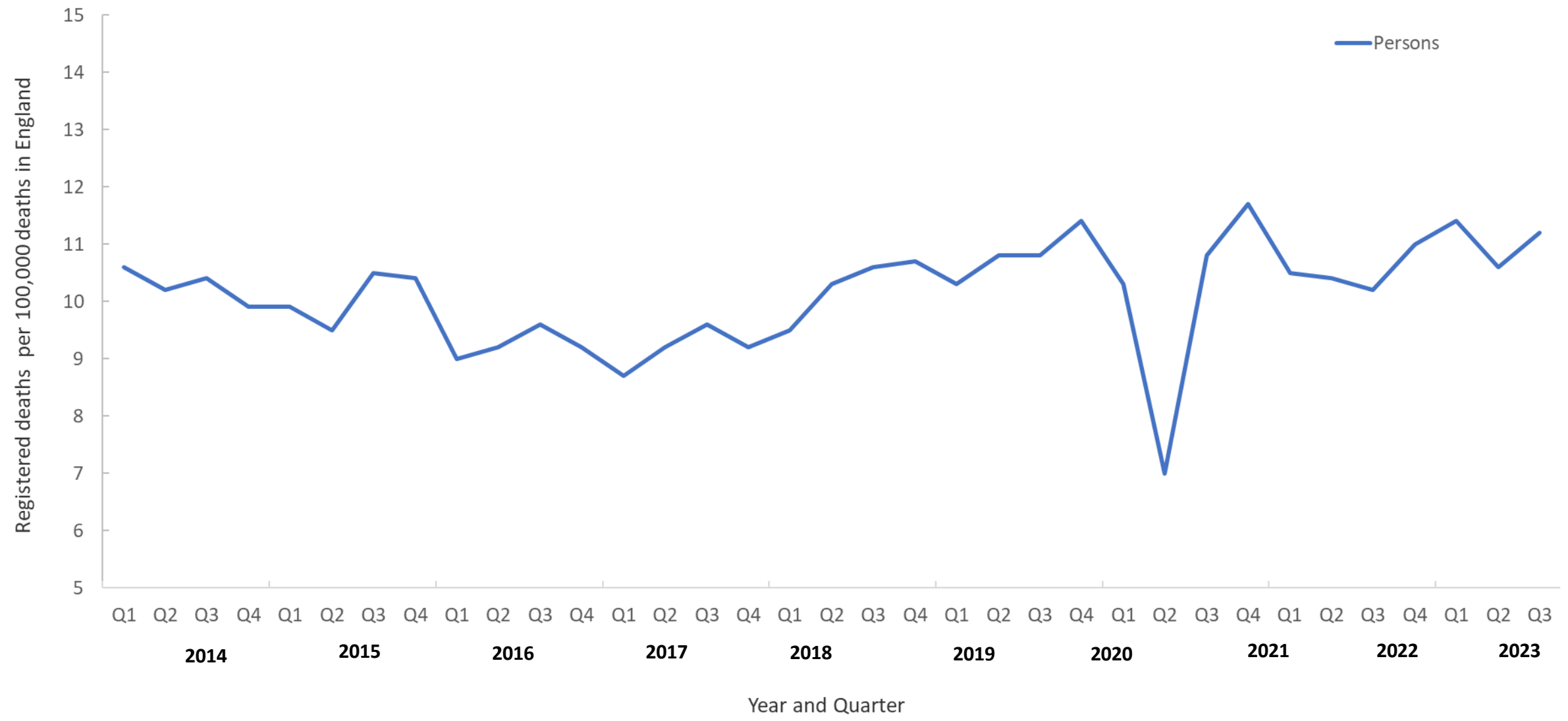


**Rates in 2007 and 2017
lowest on record**

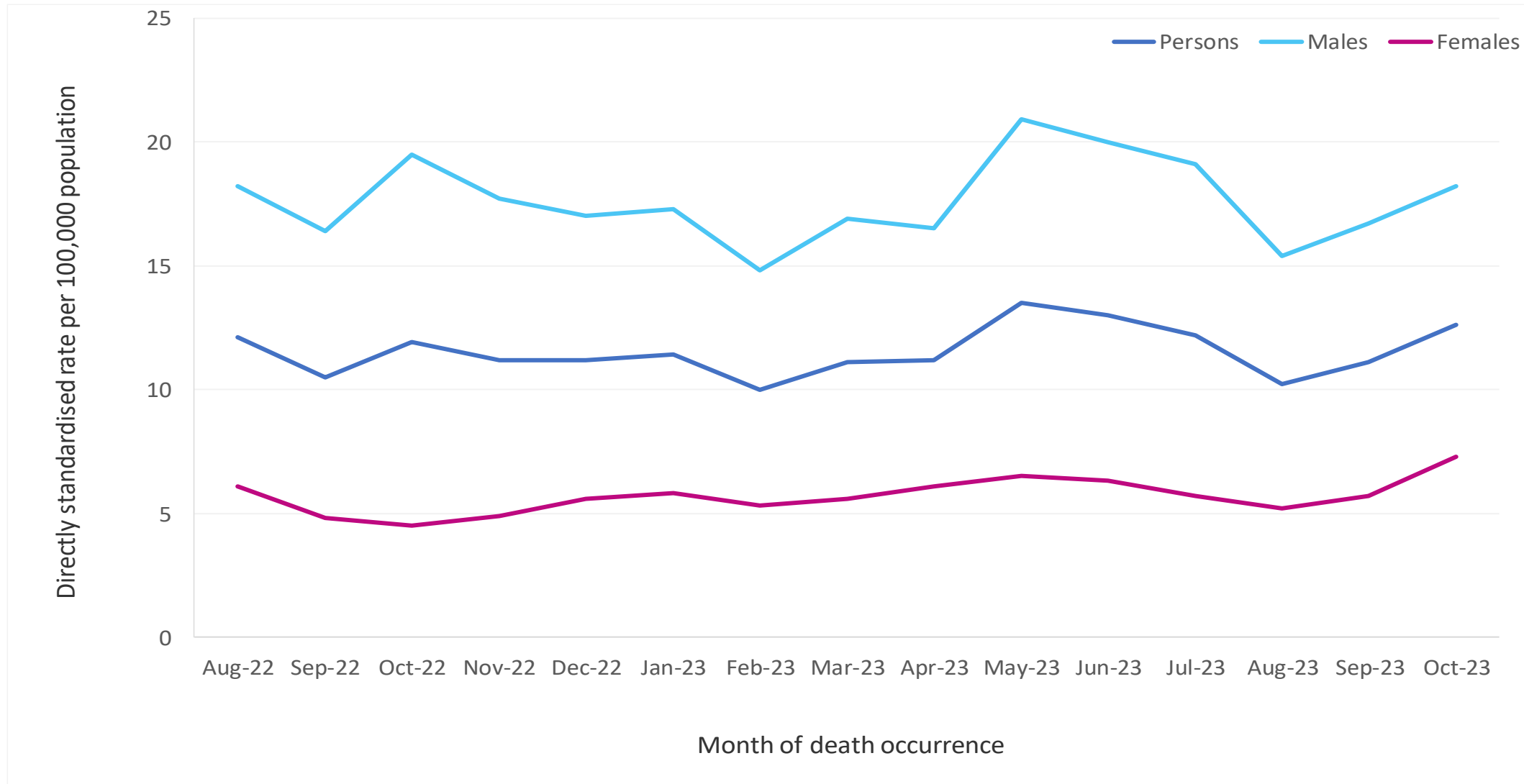
**Covid disruption
2020-2021**

**No overall change since
2018**

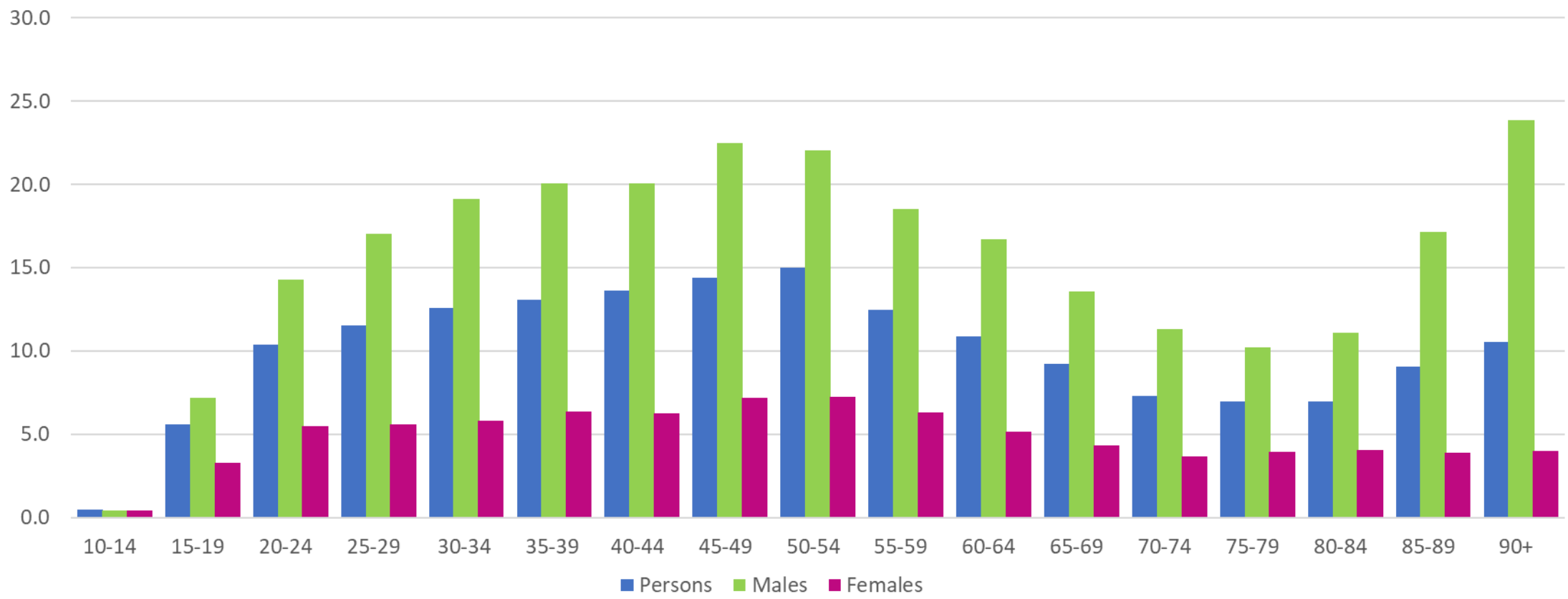
Quarterly suicide rates, 2014-22, England



Monthly trends in deaths by suspected suicide, RTS data

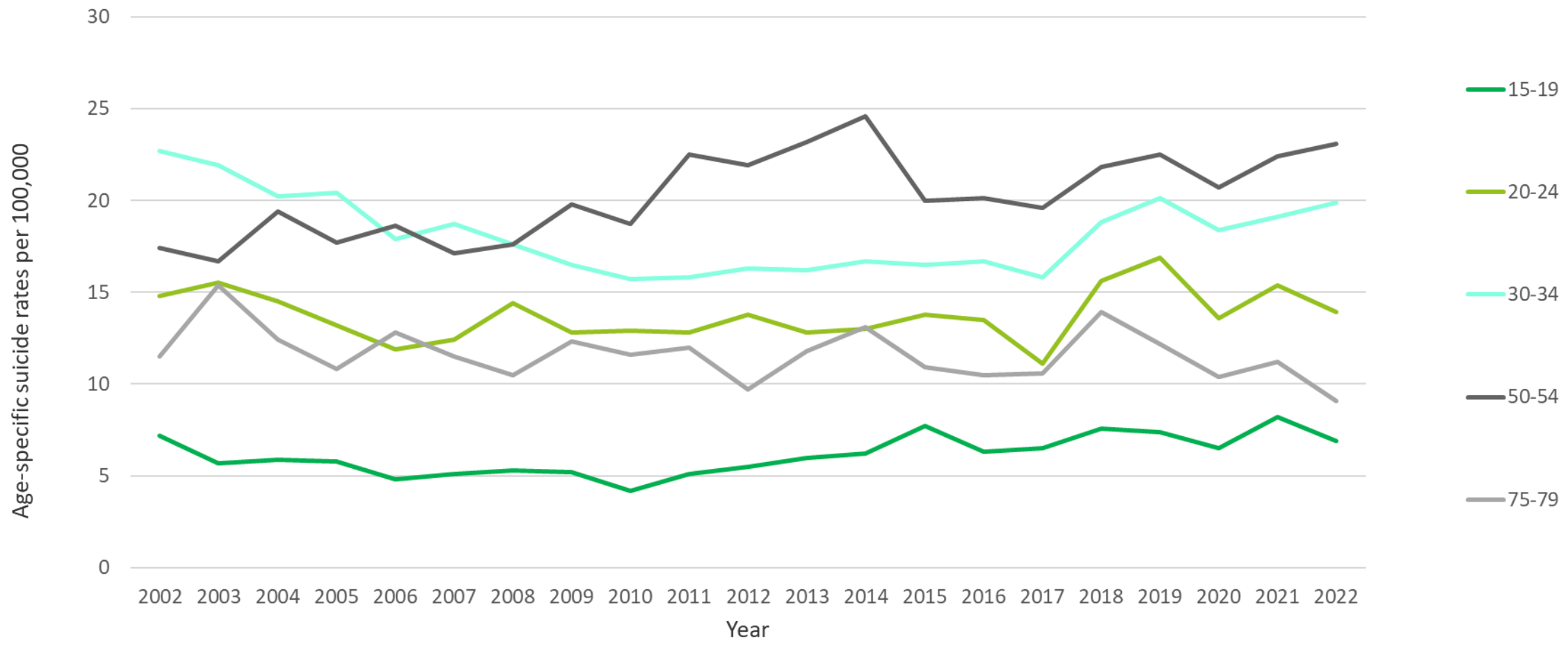


Age-specific suicide rates, 3-year average 2020-2022, England



Men aged 45-54 and 90+ have highest suicide rates

Male suicide rates by selected age groups, England



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations>

Suicide by middle-aged men (deaths occurring in 2017)

Long standing risks from childhood

Prevention: Family and parenting support, Economic inclusion

Opportunities: Adapt interventions to suit men's needs, Bereavement support tailored to men

National Confidential Inquiry

Suicide by middle-aged men (deaths occurring in 2017)

91% of men aged 40-54 had service contact

Primary care (GP and/or FGP)	85%
Mental health services	70%
Justice system	10%
Substance misuse providers	7%
Employment services	7%

Higher rates

- 66% Mental health diagnosis
- 52% Physical health conditions
- 57% experienced economic adversity
- Unemployment, financial or housing problems common

National Confidential Inquiry into Suicide and Homicide by Self-harm

BMJ Public Health Original research

Antecedents and service contact in an observational study of 242 suicide deaths in middle-aged men in England, Scotland and Wales, 2017

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ABSTRACT
Introduction Middle-aged men are the demographic group at highest risk of dying by suicide. We conducted a national study of deaths by suicide in men in mid-life to investigate the stresses they face before they take their lives and their contact with services that could be preventative.
Methods This study is a detailed descriptive examination of suicide in a sample of men aged 40-54 who died by suicide in England, Scotland and Wales in 2017, based on national mortality data. We extracted information on the antecedents of suicide from official investigations, mainly coroner inquests and police death reports.
Results In 2017, there were 1516 suicides by middle-aged men, representing 25% of all suicide deaths. Of the 288 suicide deaths in middle-aged men randomly selected for review, we obtained data about antecedents on 242 (84%). Many were unmarried (161, 67%). We found a complex pattern of stresses and recent adversity before suicide including economic adversity (139, 57%), physical ill-health (125, 52%), self-harm (106, 44%), alcohol and/or drug misuse (119, 49%), and bereavement (82, 34%; including by suicide, 14, 6%). Most men (220, 91%) had known contact with healthcare, justice system or other support services—67% (n=162) in the previous 3 months, 38% (n=91) in the previous week. Contact with multiple agencies was reported for 17% of men.
Conclusions A mix of long-standing and recent risks contribute to suicide risk in men in mid-life. Economic stresses, including unemployment, financial and housing problems, are particularly important factors in this group. Contrary to our expectations, most men were in contact with support services. Economic support (especially at a time of severe economic pressure), addressing isolation, joint working with the voluntary sector, and addressing specific stresses, such as bereavement, may help reduce risk.

WHAT IS ALREADY KNOWN ON THIS TOPIC
 → In the UK, middle-aged men have the highest suicide rate, but there are few national studies examining the antecedents of suicide in this group.

WHAT THIS STUDY ADDS
 → We identified multiple stresses and recent adversities in middle-aged men who died by suicide. Several factors, such as mental and physical illness and alcohol misuse, confirm associations with suicide from previous research and are important to prevention in this group. Other antecedents, such as a history of violence and online harms we found in more men than expected.
 → We found evidence of much more help-seeking than expected, including in the week prior to death, with many men having been in contact with a range of services or agencies, mainly their general practitioner. This differs from previous studies and a commonly accepted notion that men do not seek help.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY
 → Services can contribute to suicide prevention in middle-aged men by improving recognition of risk when men present to services and by ensuring appropriate support tailored to their needs is available and accessible.
 → Recognition of financial stresses, and signposting to employment and debt advice and housing support, is also an important part of suicide prevention. Given the current global cost of living crisis and the increased burden this has historically placed on men, a suicide prevention priority must be to offer and maintain economic protections to groups we know to be vulnerable to economic adversity.

INTRODUCTION
 Worldwide, male suicide rates are three times higher than for women, and are highest in the UK, the USA, Australia, Canada and many other high-income countries, middle-aged men have the highest suicide rates.¹⁻⁴

Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/bmjph-2023-000319>).

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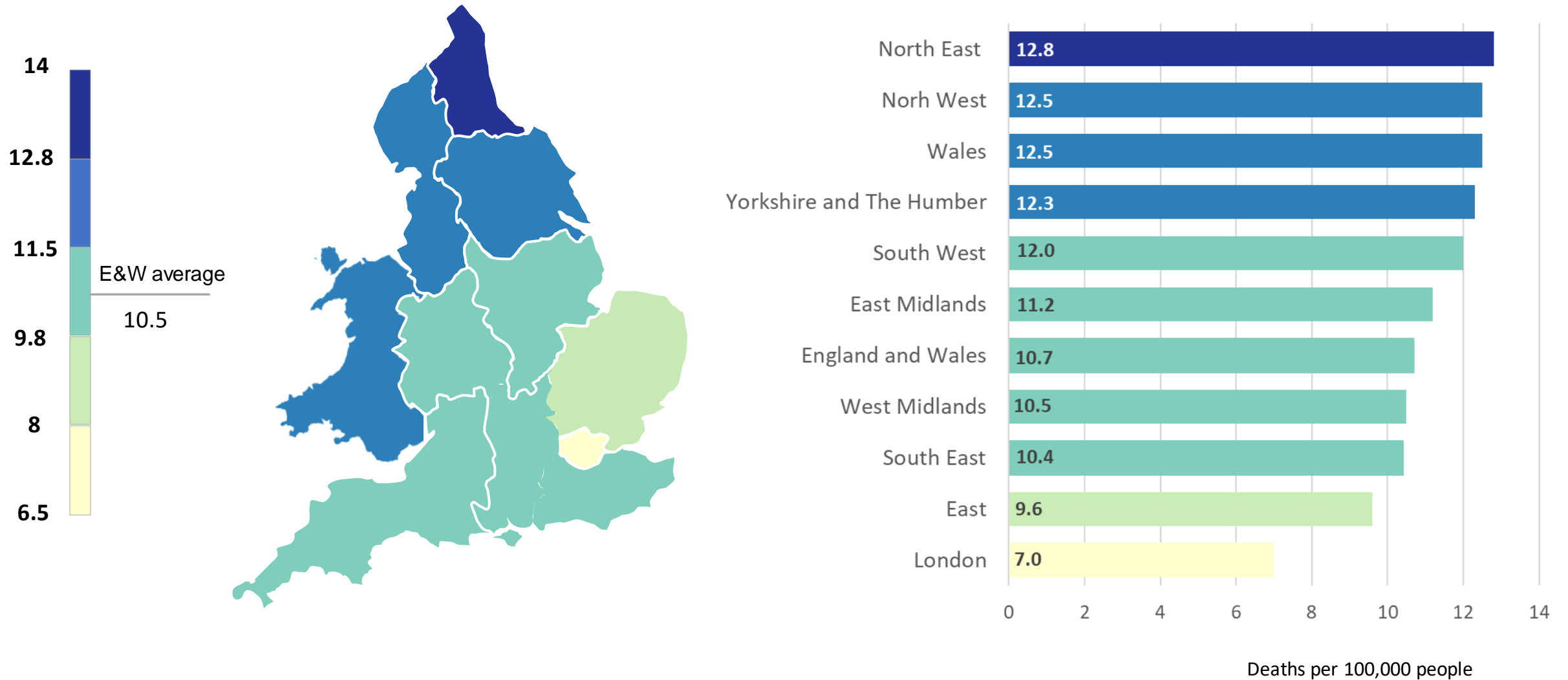
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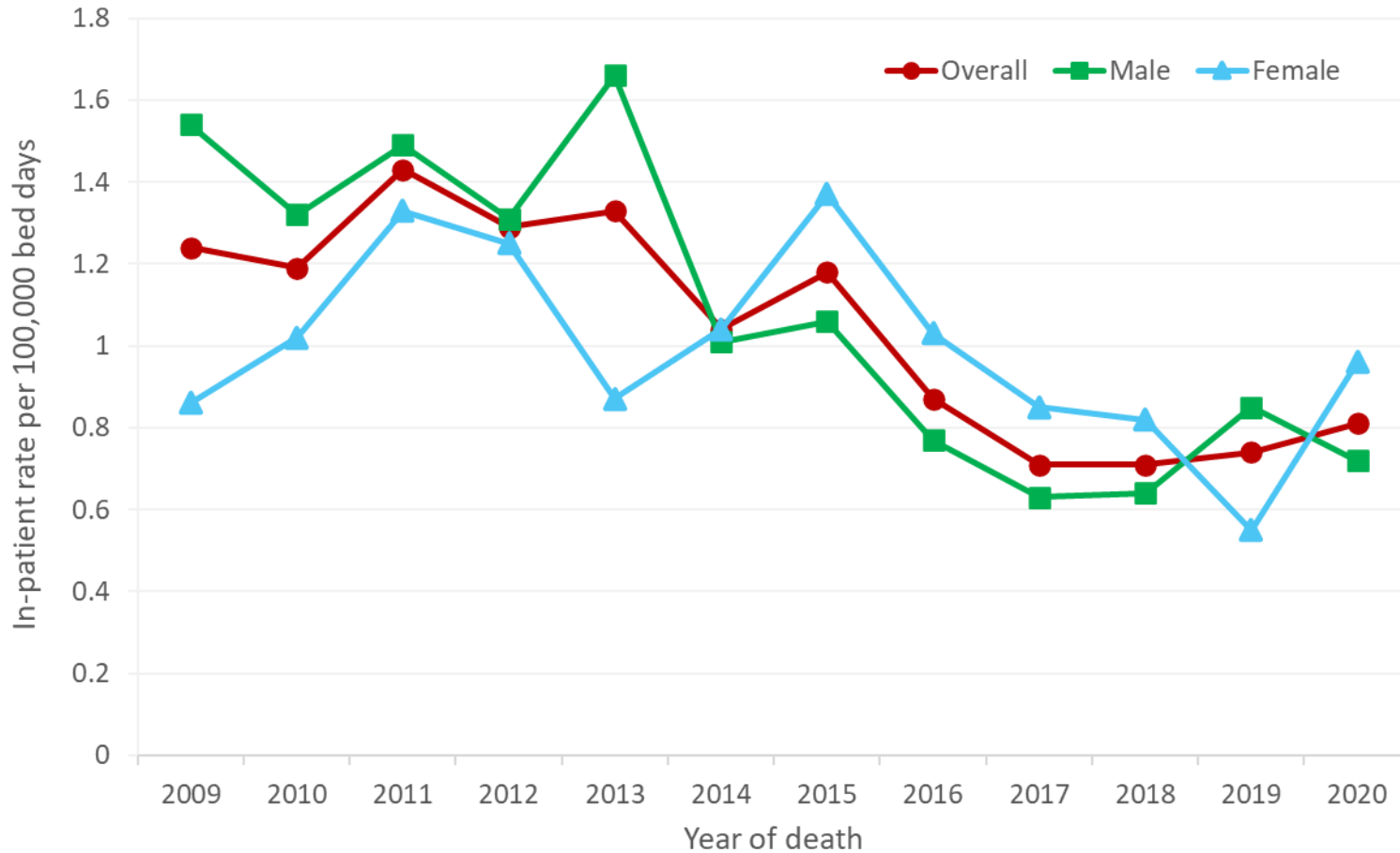
We found high rates of

- economic adversity
- physical ill-health
- alcohol/drugs

Most had recent contact with services - simplistic to say men don't seek help.

Suicide rates vary by geography





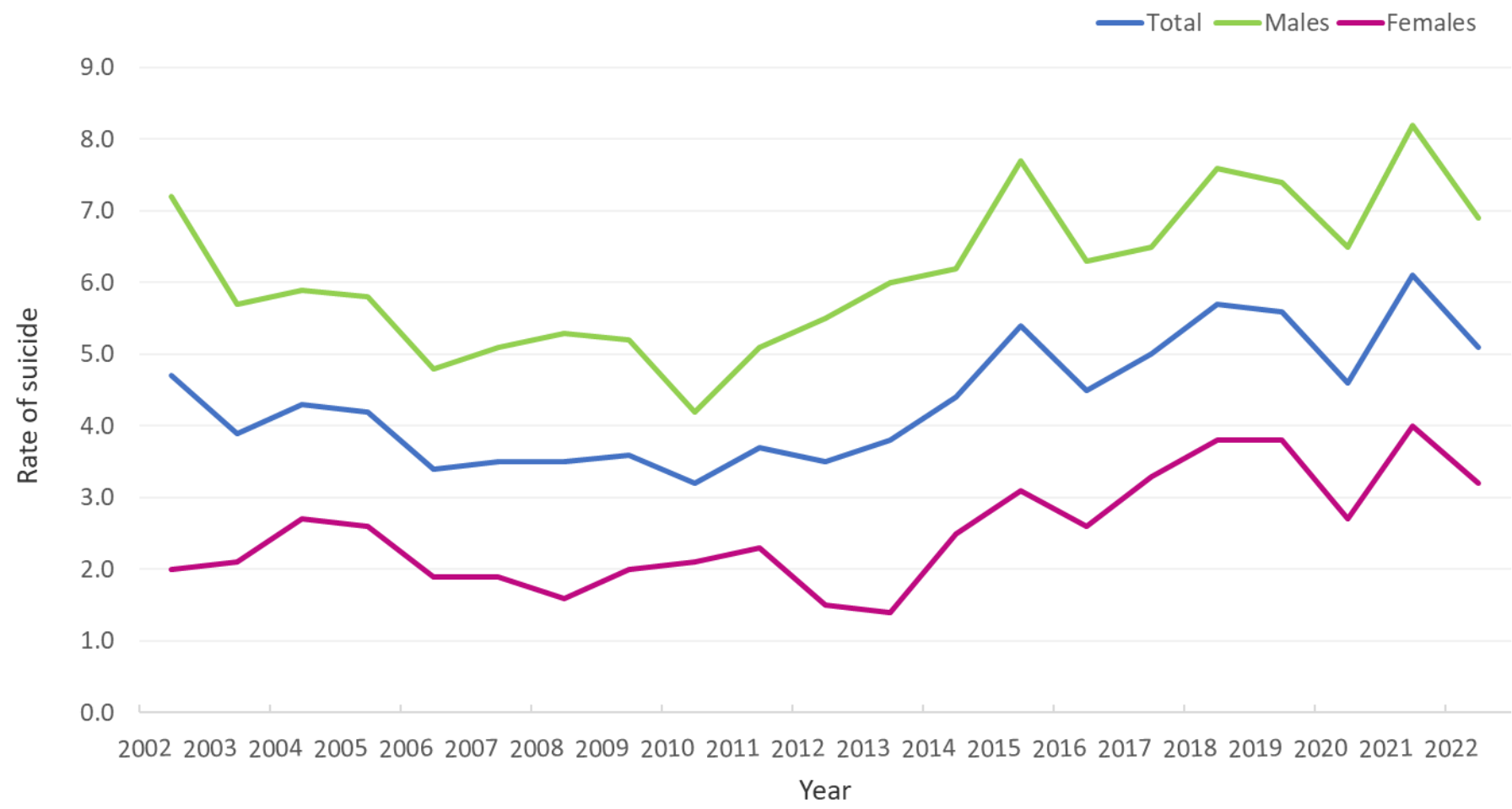
Falling inpatient suicide rates over the last decade:

- fall started several years earlier - this is a **long-term trend**
- seems to have **levelled off since 2016**
- less apparent in **younger patients.**

10 evidence-based ways to improve safety in MH care



Suicide rates in 15-19 year olds

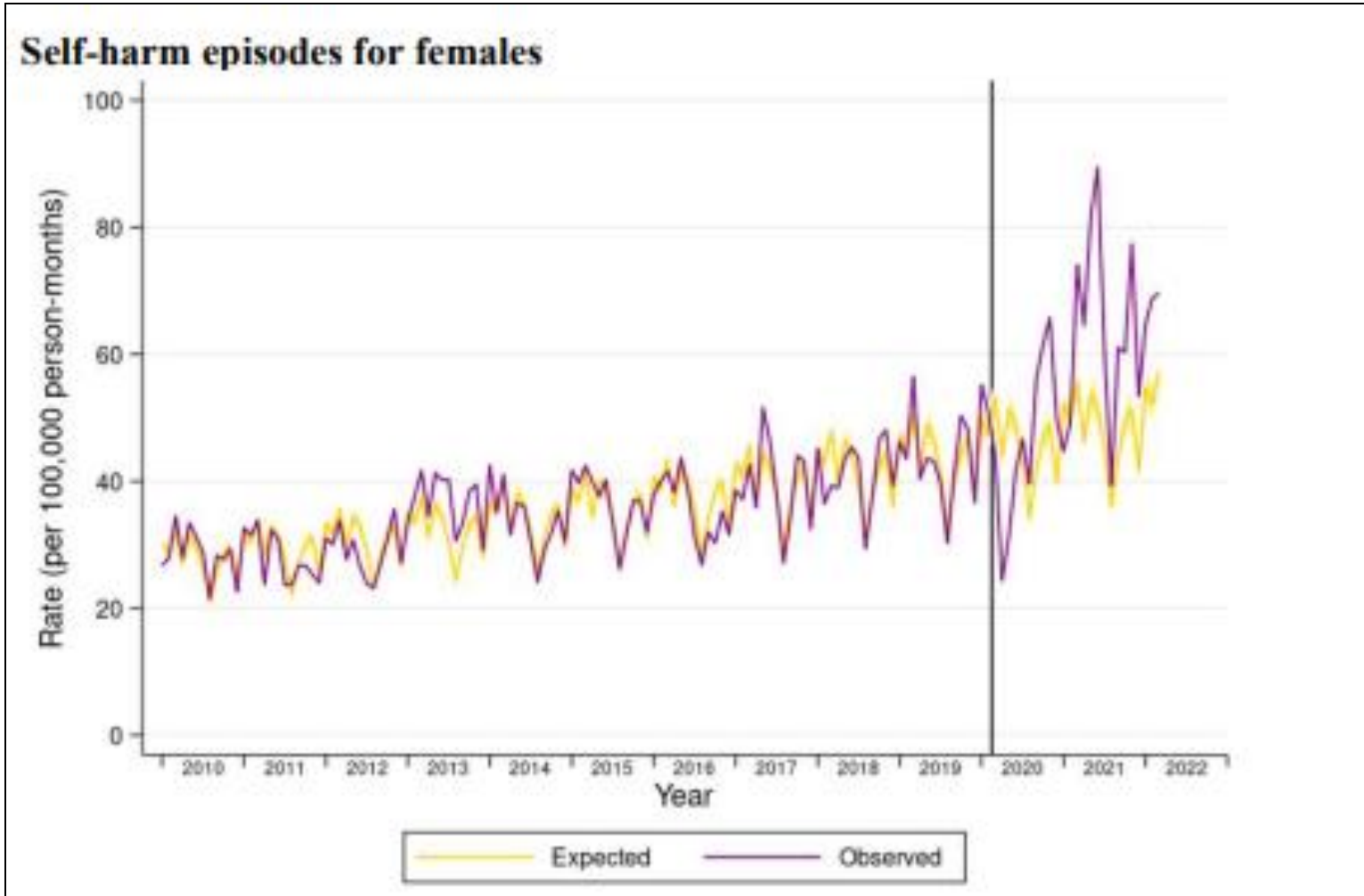


Rise over several years

Covid disruption 2020-2021

No overall change since 2018

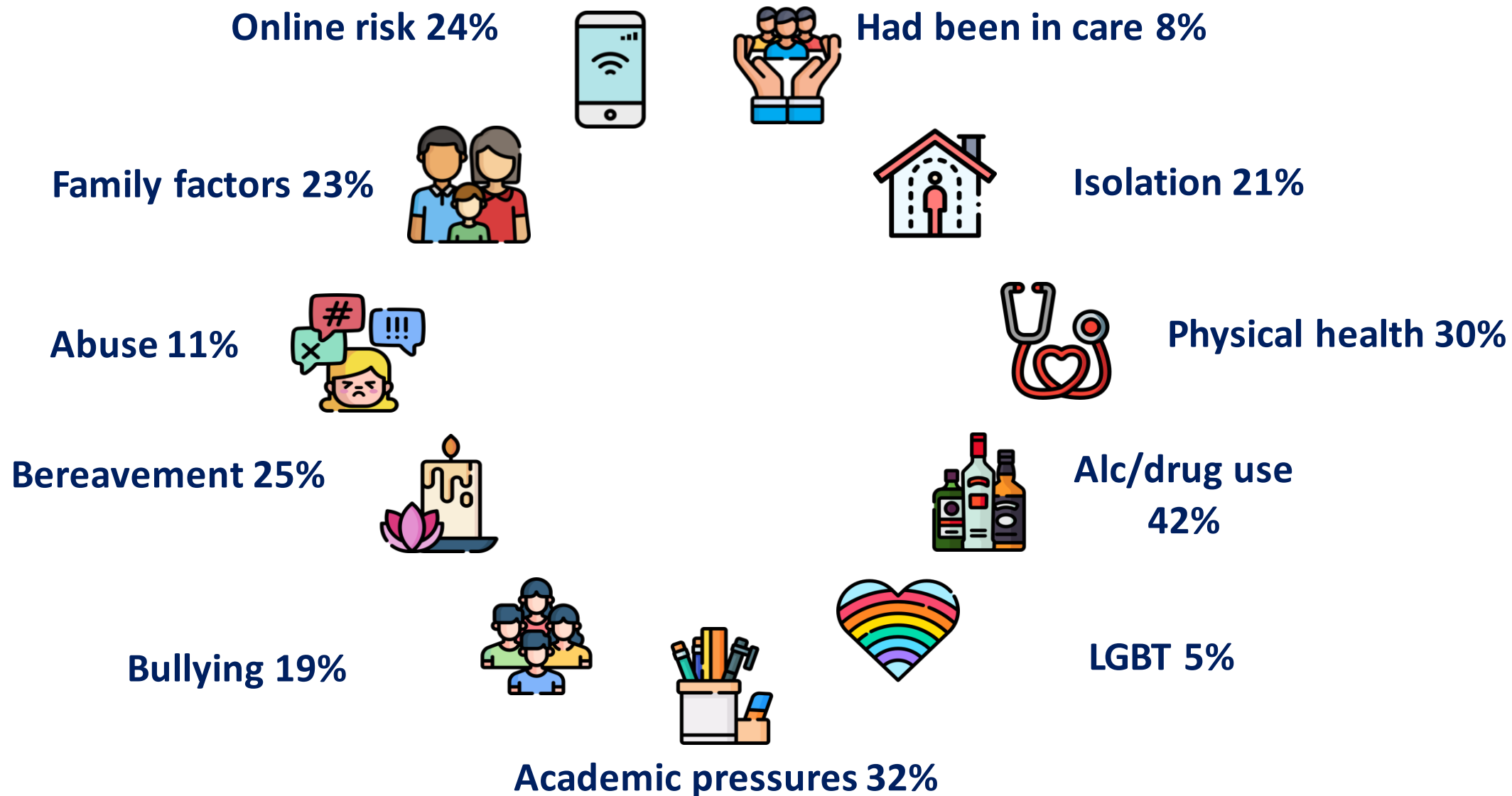
Source: ONS Suicides in England: 2022 registrations



Based on primary care records

Recent rise mainly in girls 13-16

No rise in boys



- Rates generally stable since 2018, including in **young people**
- Comprehensive strategy in place, **implementation** is now key
- Possible warning signs - importance of **economic stress**