



National
Suicide Prevention
Alliance

An introduction to the nRTSSS system and associated report and responsible use of suicide data in communications

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Office for Health
Improvement
& Disparities

The monthly 'Near to Real Time Suspected Suicide Surveillance (nRTSSS)' report

Wednesday 17th July 2024

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Official Statistics

Statistical report: near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to March 2024

Updated 27 June 2024

Applies to England

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Print this page

This report contains sensitive content which refers to details on deaths by suspected suicide.

If you are struggling to cope, please call Samaritans for free on 116 123 (UK and the Republic of Ireland) or contact other sources of support, such as those listed on the [NHS help for suicidal thoughts](#) webpage. Support is available around the clock, every day of the year, providing a safe place for you, whoever you are and however you are feeling.

If you are a journalist covering a suicide-related issue, please consider following the [Samaritans' media guidelines on the reporting of suicide](#) because of the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise on terminology and include links to sources of support for anyone affected by the themes in this report.

Monthly report has been published since November 2023

8th report will be published
25th July 2024

Published as an 'Official Statistic in Development' because:

- Data coverage is improving
- data quality is improving
- Consulting with users about what data presentation best supports suicide prevention planning and action

Official Statistics

Near to real-time suspected suicide surveillance (nRTSSS) for England

Monthly reporting of deaths by suspected suicide, acting as an early warning system for indications of change in suicides to inform suicide prevention.

From: [Office for Health Improvement and Disparities](#)

Published 30 November 2023

Last updated 27 June 2024 — [See all updates](#)

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Applies to England

Documents



[Statistical report: near to real-time suspected suicide surveillance \(nRTSSS\) for England for the 15 months to March 2024](#)

HTML



[Data tables: near to real-time suspected suicide surveillance \(nRTSSS\) for England for the 15 months to March 2024](#)

HTML



[Methodology: near to real-time suspected suicide surveillance \(nRTSSS\) for England](#)

HTML



[Pre-release access list: near to real-time suspected suicide surveillance \(nRTSSS\) for England](#)

HTML

Purpose of work - inform suicide prevention planning

Develop a near to Real Time Suspected Suicide Surveillance (nRTSSS) system for England that provides an early warning system for indications of change in suicides through analysis of data on suspected suicides

- Deliver monthly nRTSSS reporting based on National Police Chiefs Council data
- Commit to develop nRTSSS reporting, data collection, and collaboration to inform suicide prevention

Work is being undertaken by OHID, but guided by the nRTSSS Leadership Group

(policy leads, academic experts, local suicide prevention leads, DHSC statisticians, and organisations with topic knowledge including Samaritans and ONS)



What the work is / what it is not

- Monthly reporting aims to
 - Be an early warning system
 - Identifying potential changes in trends in suicide as early as possible
 - Focus on population sub-groups, and method
 - Be a product in development that can get better
 - Be a process that can support improving data collection
- Monthly reporting does not
 - Take account of local variation
 - Draw upon the more detailed data collection made possible by agency collaboration
 - Contribute greatly to cluster identification
 - Support immediate case specific action
- The national nRTSSS aims to complement and support local RTSSS
- The national nRTSSS aims to complement and add to suicide data provided by ONS



Why is this important?



Office for Health
Improvement
& Disparities

Suicide prevention profile

Age-standardised rates for suicide by age and sex

National Mental Health Intelligence Network

Suicide Prevention Profile

- **Updated May 2024**
- **Latest data** for overall suicide rates and years of life lost to suicide rates
- Age-standardised rates for suicide by age and sex **replacing** old crude rates
- Accompanied by a [statistical commentary](#)

Suicide Prevention ▾

Data view ▾
Area profiles

Geography
England

Topic ▾
Suicide data

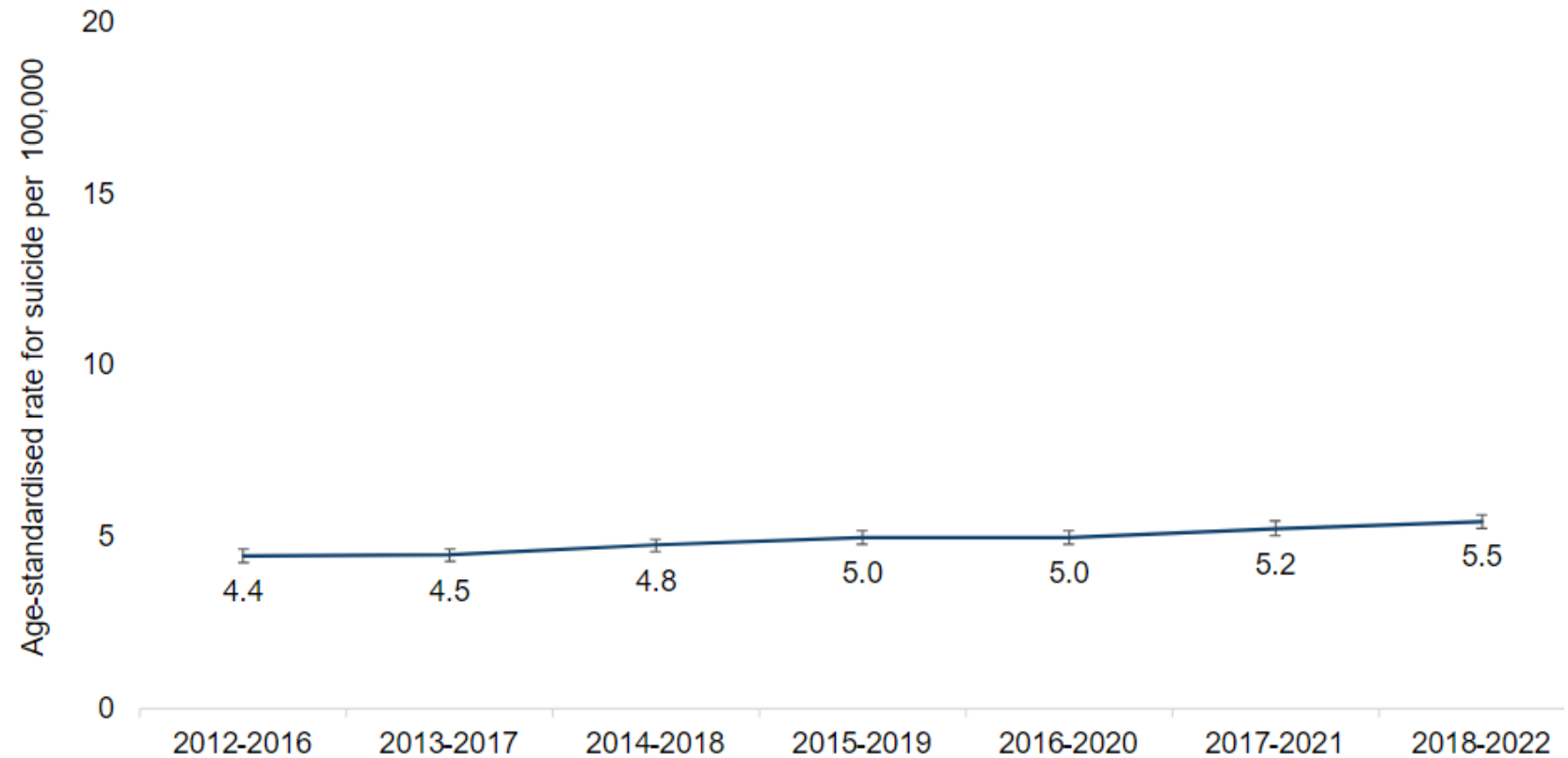
► [Legend](#) ► [More options](#)

Indicator	Period	England count	England value	Recent trend
Overall suicide rate for population aged 10 years and older (3 years pooled)				
Suicide rate (Persons, 10+ yrs)	2020 - 22	15,415	10.3 per 100,000	–
Suicide rate (Male, 10+ yrs)	2020 - 22	11,443	15.8 per 100,000	–
Suicide rate (Female, 10+ yrs)	2020 - 22	3,972	5.2 per 100,000	–
Suicide rate for population aged 10 to 24 years (5 years pooled)				
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs) New data	2018 - 22	2,688	5.5 per 100,000	–
Suicide rate for population aged 25 to 44 years (5 years pooled)				
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs) New data	2018 - 22	9,221	12.3 per 100,000	–
Age-standardised rate for suicide by age and sex (Male, 25-44 yrs) New data	2018 - 22	6,985	19.2 per 100,000	–
Age-standardised rate for suicide by age and sex (Female, 25-44 yrs) New data	2018 - 22	2,236	5.8 per 100,000	–
Suicide rate for population aged 45 to 64 years (5 years pooled)				
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs) New data	2018 - 22	9,670	13.3 per 100,000	–
Age-standardised rate for suicide by age and sex (Male, 45-64 yrs) New data	2018 - 22	7,275	20.4 per 100,000	–
Age-standardised rate for suicide by age and sex (Female, 45-64 yrs) New data	2018 - 22	2,395	6.5 per 100,000	–
Suicide rate for population aged 65 years and older (5 years pooled)				
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs) New data	2018 - 22	4,173	8.1 per 100,000	–
Age-standardised rate for suicide by age and sex (Male, 65+ yrs) New data	2018 - 22	3,055	13.1 per 100,000	–
Age-standardised rate for suicide by age and sex (Female, 65+ yrs) New data	2018 - 22	1,118	4.0 per 100,000	–
Years of life lost to suicide for population aged 15 to 74 years (3 years pooled)				
Years of life lost due to suicide (Persons, 15-74 yrs) New data	2020 - 22	14,222	34.1 per 10,000	–
Years of life lost due to suicide (Male, 15-74 yrs) New data	2020 - 22	10,605	51.5 per 10,000	–
Years of life lost due to suicide (Female, 15-74 yrs) New data	2020 - 22	3,617	17.2 per 10,000	–



Age-standardised rate for suicide for persons aged 10 to 24 years, *England*

- Across 10-year period rates have significantly increased by approximately 23%

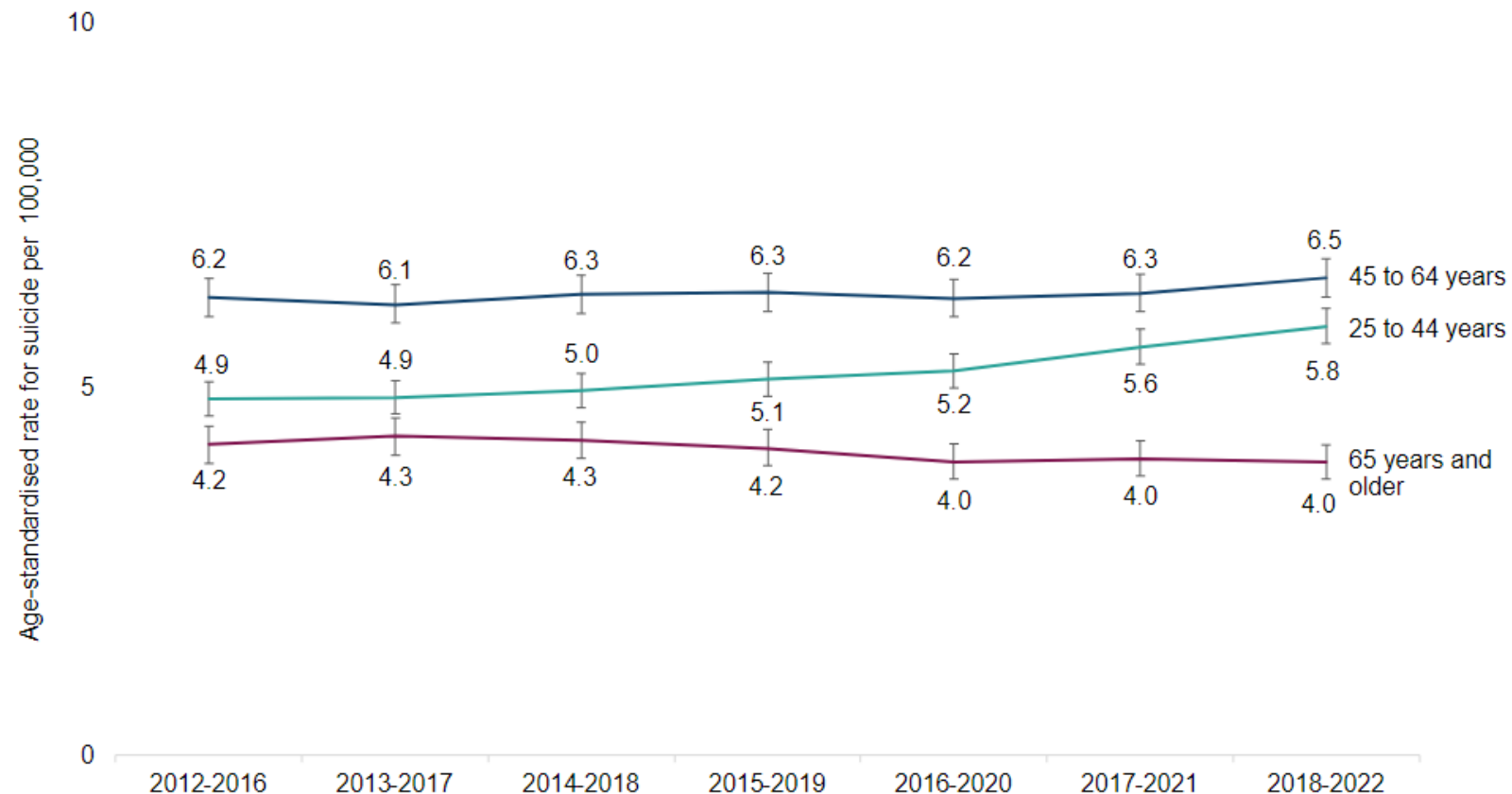


Source: Office for National Statistics (ONS) mortality statistics



Age-standardised rate for suicide for females by age group, *England*

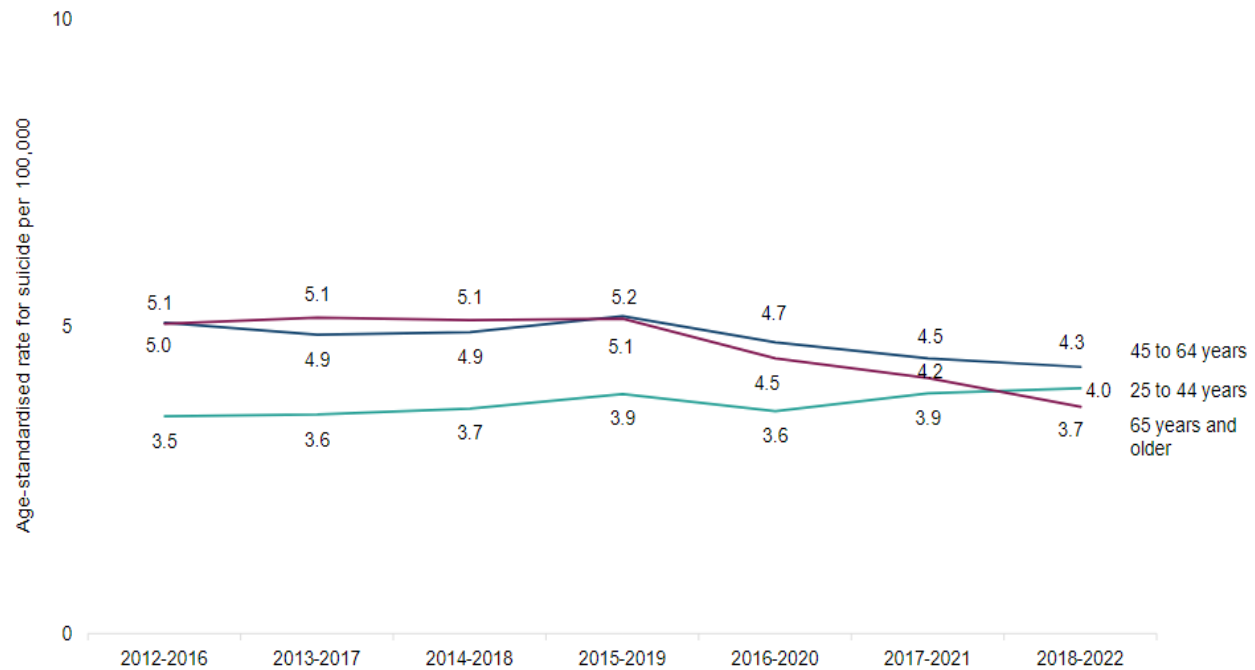
- Across the 10-year period females aged 25 to 44 years showed a significant increase in rate by 18%
- Rates for females aged 65 years and older steadily decreased



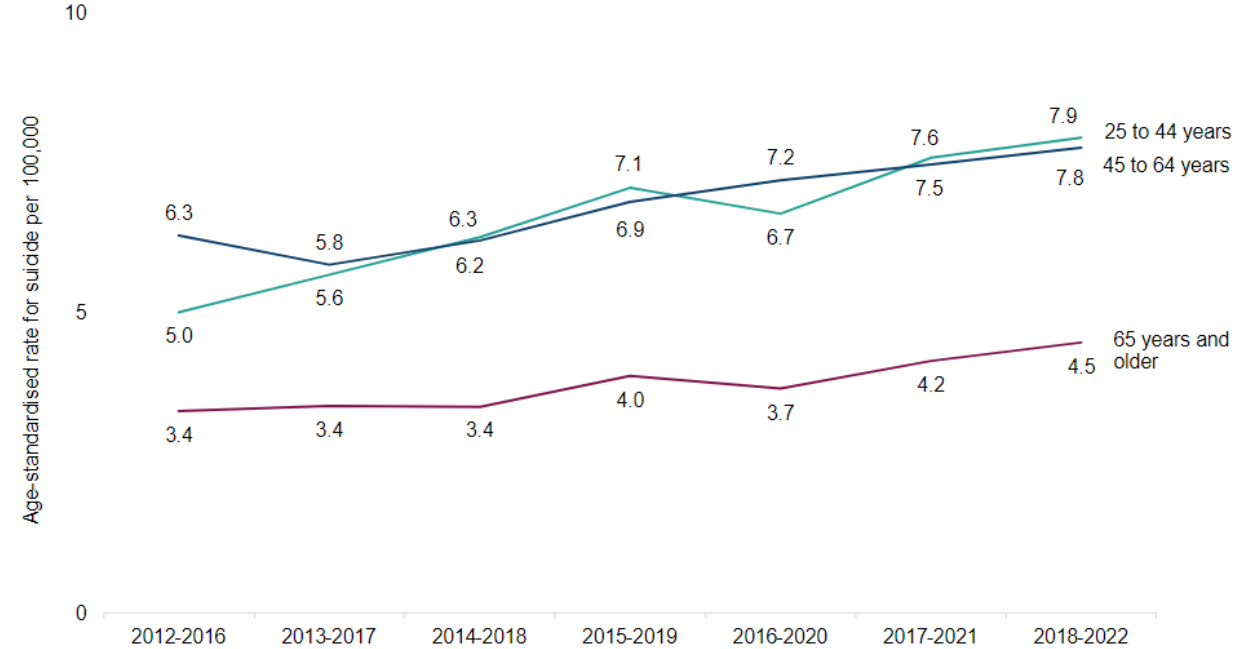
Source: Office for National Statistics (ONS) mortality statistics

Age-standardised rate for suicide for females by age group, London and Yorkshire and the Humber

London



Yorkshire and the Humber

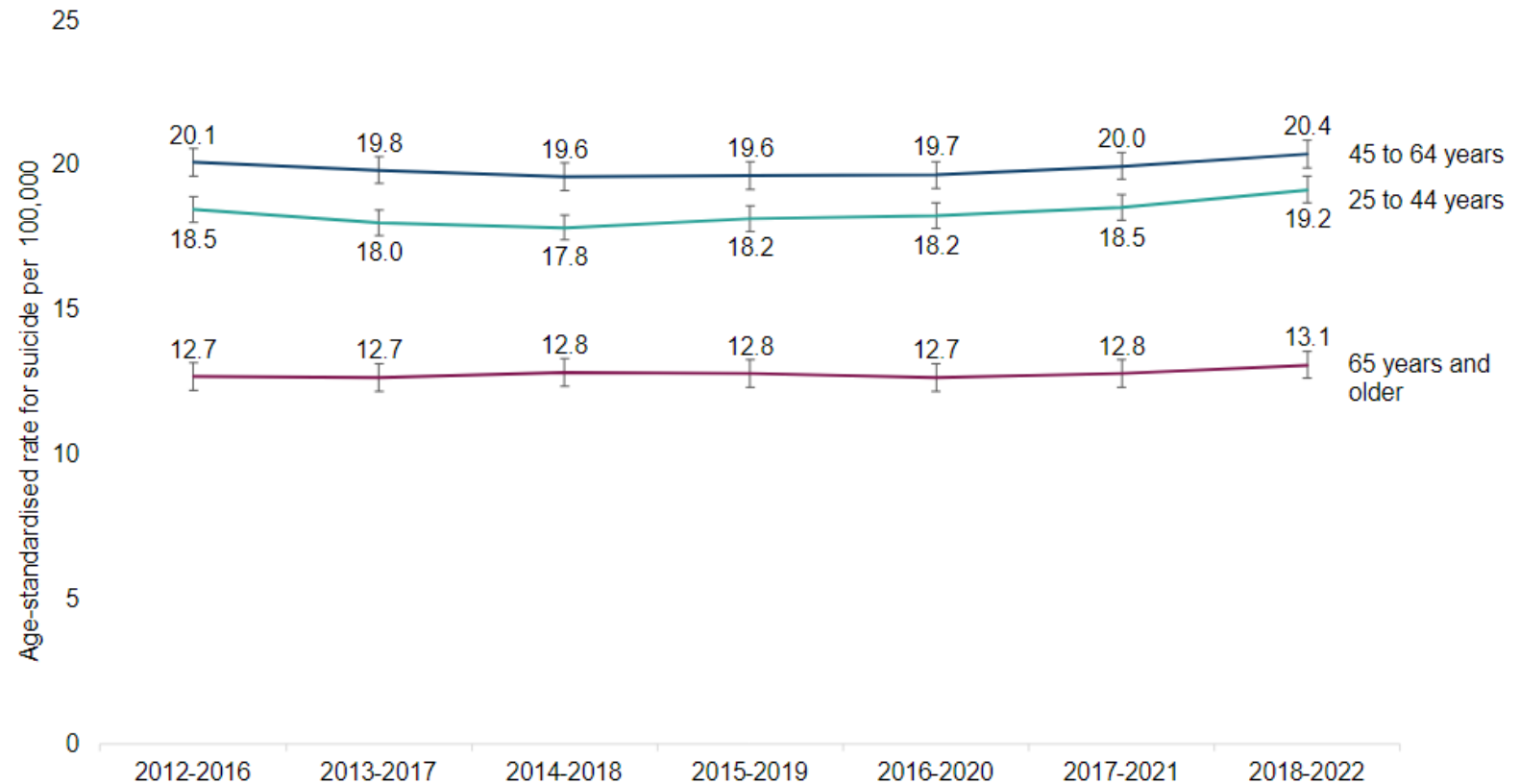


Source: ONS mortality statistics



Age-standardised rate for suicide for males by age group, *England*

- Across the 10-year period males aged 45 to 64 years showed highest rates
- There has been a significant increase in rates for males aged 25 to 44 years from 2014-2018 period by 7%

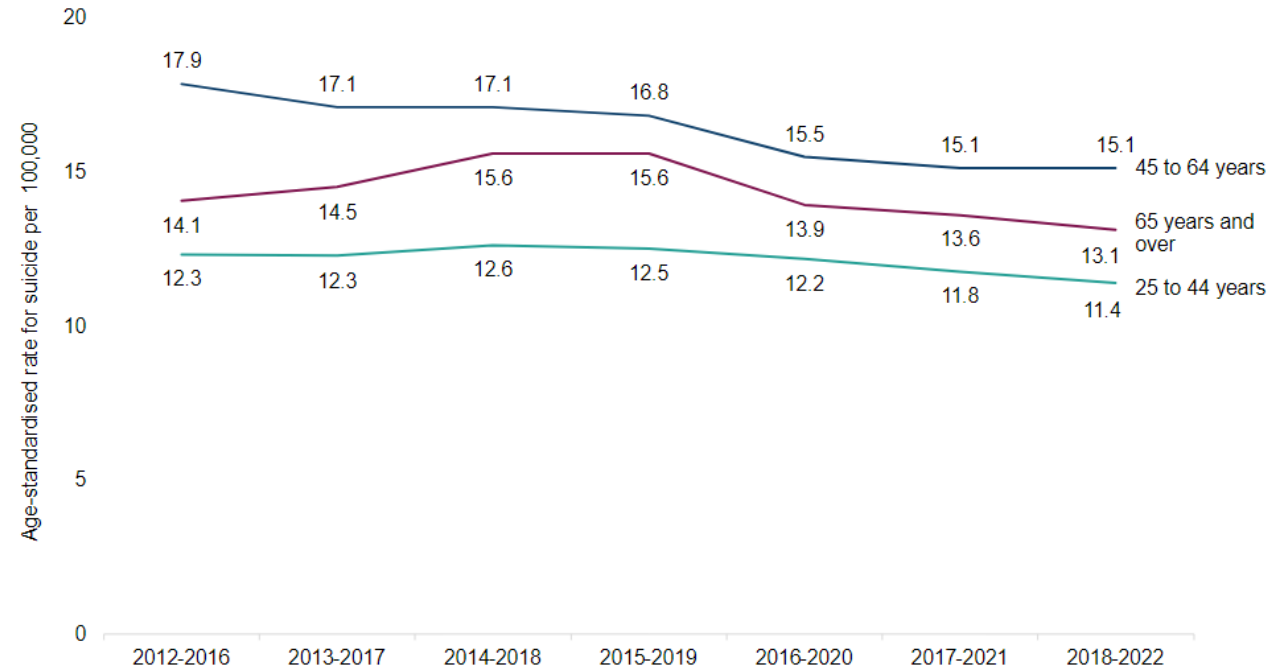


Source: Office for National Statistics (ONS) mortality statistics

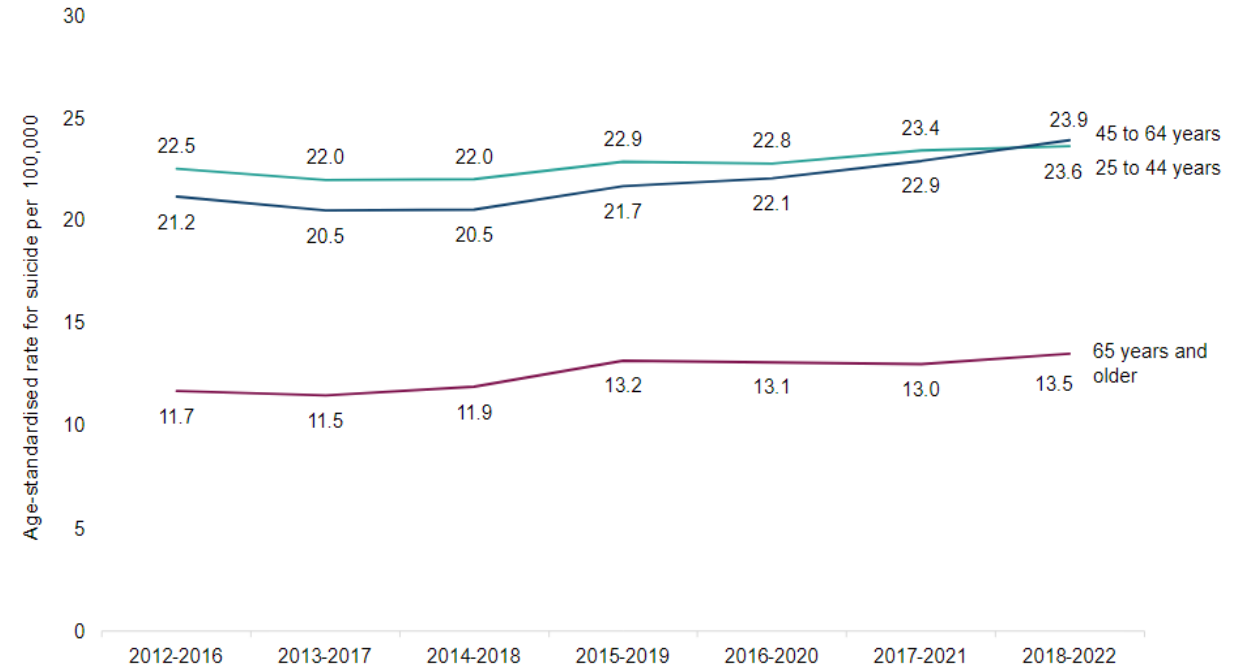


Age-standardised rate for suicide for males by age group, London and Yorkshire and the Humber

London



Yorkshire and the Humber



Source: ONS mortality statistics

About the nRTSSS monthly report

The basis for RTSSS monthly report

- The term 'suspected suicide' is used because cause of death has not yet been confirmed by coroner inquest, the listed method(s) have also not been confirmed and are provisional
- This report draws upon data from across England supplied by local police force areas (PFAs) submitting to National Police Chiefs' Council (NPCC) Suicide Prevention Portfolio, but reports data at England level only
- Suspected suicide cases are allocated to an area based on event of occurrence rather than attending police force
- Rates are based on place of event occurrence rather than the place of residence for the deceased



Monthly reporting

Monthly data

- Suspected suicide - overall, split by sex, and split by age - presented as directly standardised rates
- For area data to be included:
 - Police Force Area (PFA) must submit data for the latest month
 - Duplicates tested for and removed
 - PFA obs vs exp ratio must be above 0.85
- When figures based on less than 5 cases they are suppressed

Quarterly data

- Suspected suicides method type proportions overall
- All PFA data included

Historical data

- Records received late (i.e. not in specified period from month of occurrence) will be included
- Therefore, historical monthly and quarterly data points may be recalculated
- Because of this, PFAs that were excluded can be subsequently included



The report

Basis for reporting

In March 2024 there were 337 deaths by suspected suicide included in reporting:

- 247 (73.3%) were in males and 90 (26.7%) in females
- 34 (10.1%) were in people aged 10 to 24, 119 (35.3%) in people aged 25 to 44, 140 (41.5%) in people aged 45 to 64, and 44 (13.1%) in people aged 65 and over

In the 15 months between January 2023 and March 2024 there were 5,171 deaths by suspected suicide included in reporting:

- 3,811 (73.7%) were in males and 1,360 (26.3%) in females
- 502 (9.7%) were in people aged 10 to 24, 1,950 (37.7%) in people aged 25 to 44, 1,963 (38.0%) in people aged 45 to 64, and 756 (14.6%) in people aged 65 and over



Summary of report findings (*from May 2024 report)

Data on deaths by suspected suicide in England shows that for the period December 2022 to February 2024:

- the overall rate for February 2024 is low - however, due to relatively small numbers, monthly figures are subject to variation and should be viewed in this context
- for persons, males, females and the age groups 25 to 44 and 45 to 64, the rate recorded in February 2024 is the lowest in the reporting period
- when compared to the previous month (January 2024), the rate for February 2024 is significantly lower for persons, males, females and the 25 to 44 and 45 to 64 age groups
- when compared to the same month in the previous year, for persons, males, females and 10 to 24 and 25 to 44 age groups, February 2024 is lower than February 2023 - these differences are not statistically significant
- over the entire period, rates are consistently higher for males and the age groups 25 to 44 and 45 to 64
- the proportion of deaths for the method group 'hanging, strangulation and suffocation' is consistently the highest across all quarters - however, there is a continual decrease across the reporting period
- the proportion of deaths for method group 'drowning' shows a continual increase across the reporting period
- there is some indication of increasing trend in deaths by suspected suicide in the 'poisoning' method group

Note: some reported findings are not statistically significant and are based on relatively small numbers.



Summary of caveats (*from June 2024 report)

When considering the findings in this report, readers should take into account that:

- rates for August 2023 to March 2024 are based on around 80% of England's population, whereas January 2023 to July 2023 are based on about 70% - some caution should be applied when considering these findings
- the rates reported for August 2023 to March 2024 are based on a population that includes a greater proportion of areas with 'low' suicide rates than the other reported months



Figure 1: monthly trends in deaths by suspected suicide (directly standardised rate) per 100,000 population in England, persons, January 2023 to March 2024

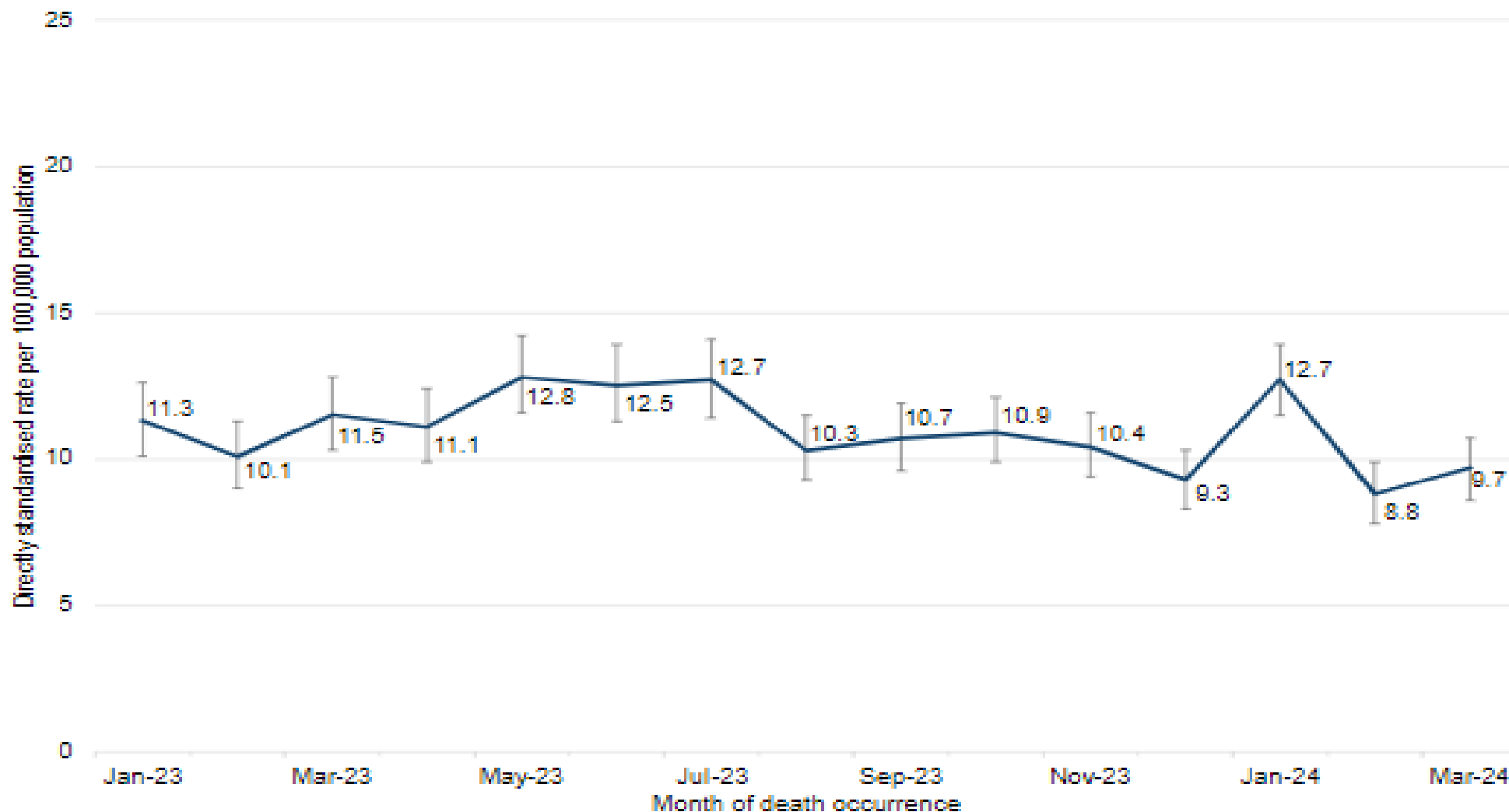


Figure 2: monthly trends in suspected suicide (directly standardised rate) per 100,000 population, in England, males, January 2023 to March 2024

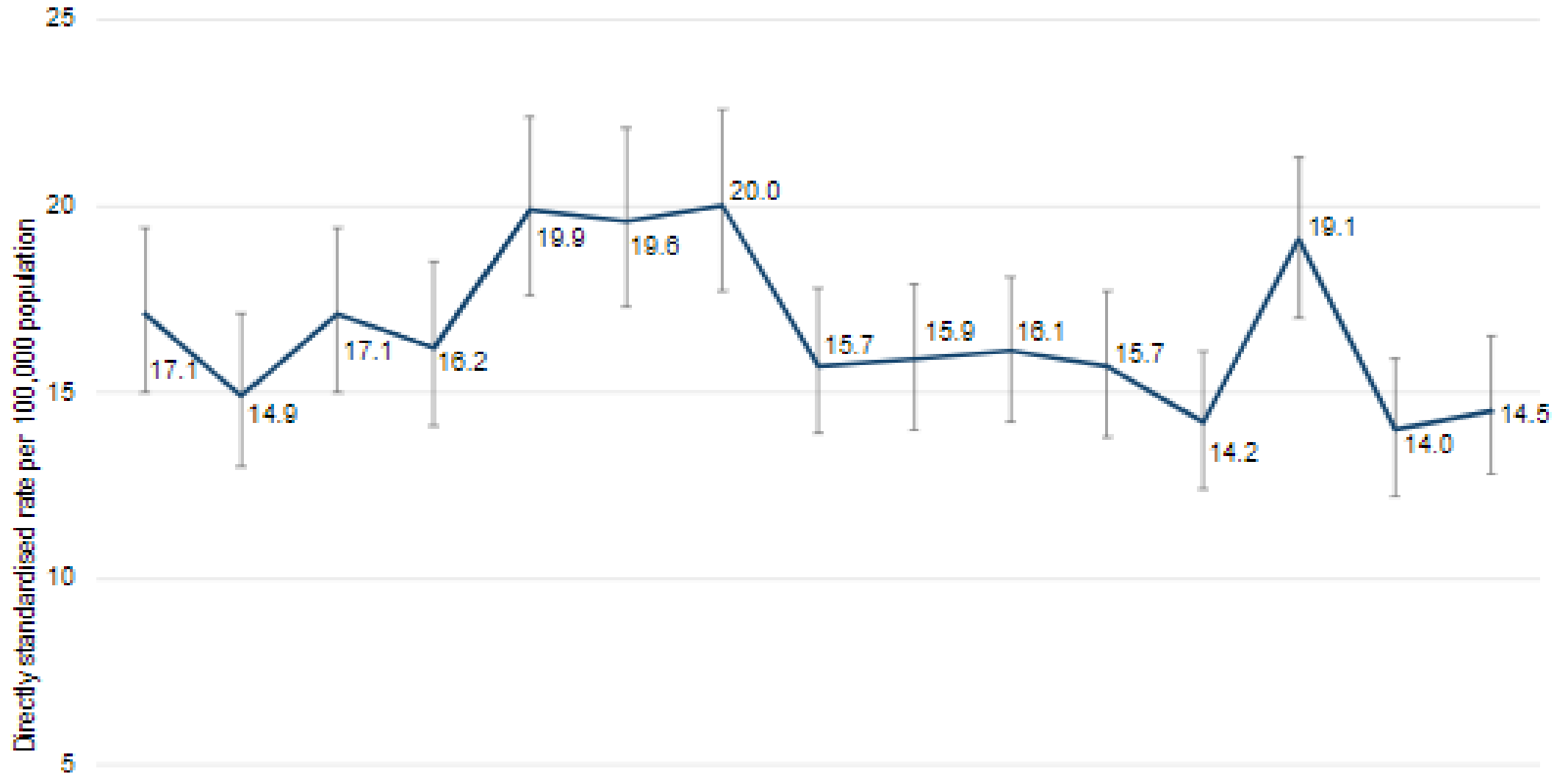


Figure 3: monthly trends in suspected suicide (directly standardised rate) per 100,000 population, in England, females, January 2023 to March 2024

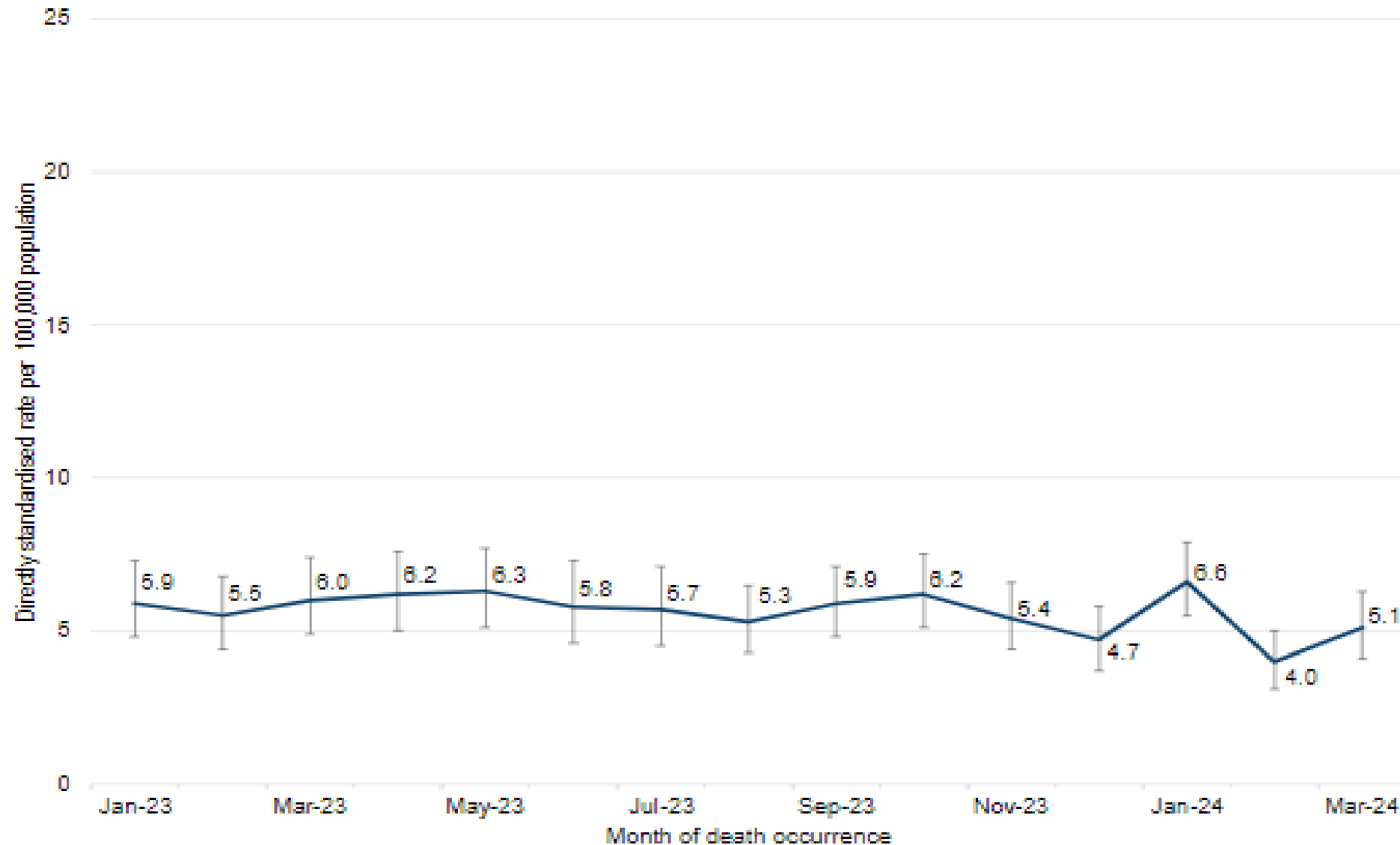


Figure 4: monthly trends in suspected suicide (directly standardised rate) per 100,000 population in England aged 10 to 24, January 2023 to March 2024

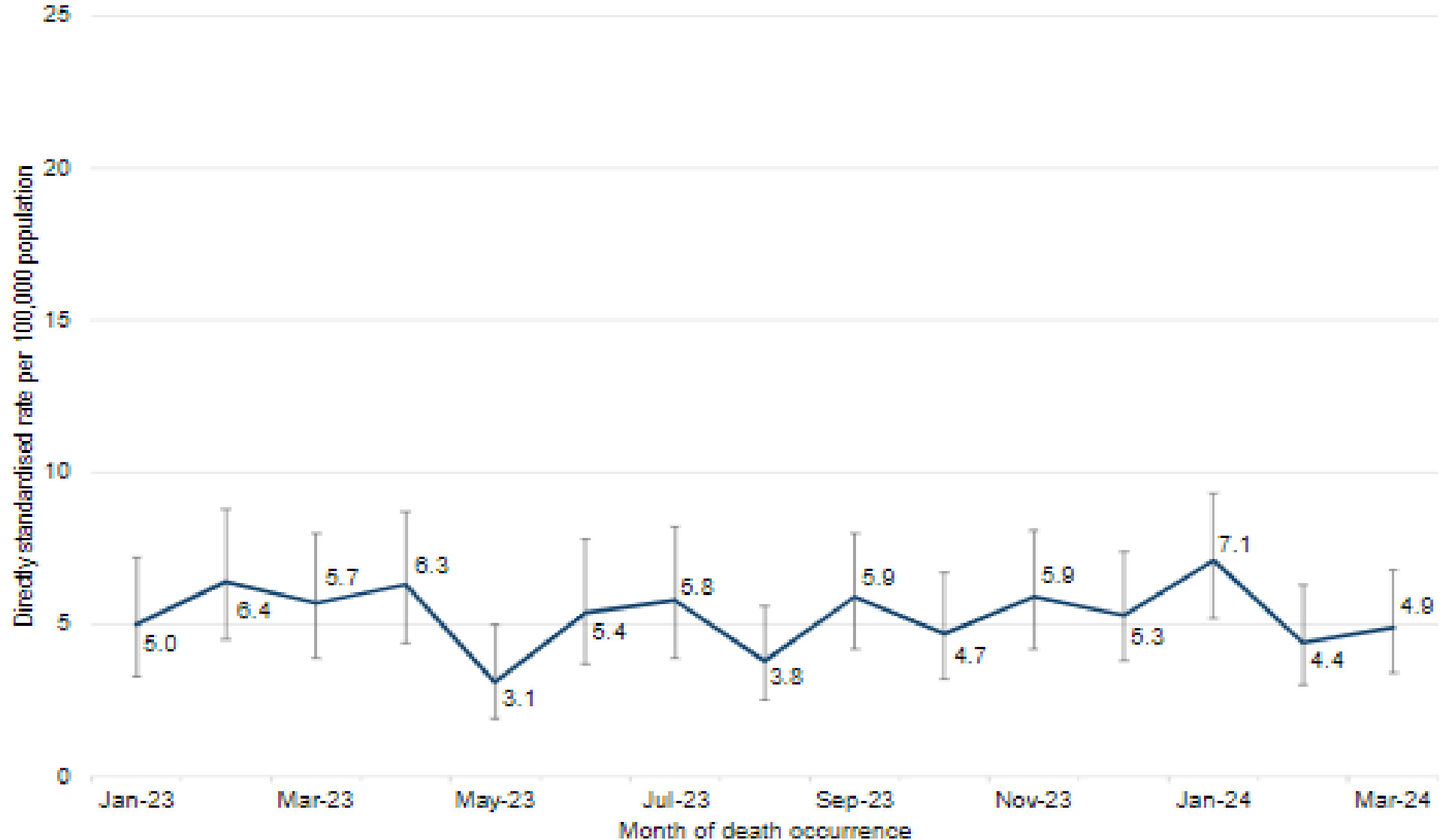


Figure 5: monthly trends in suspected suicide (directly standardised rate) per 100,000 population in England aged 25 to 44, January 2023 to March 2024

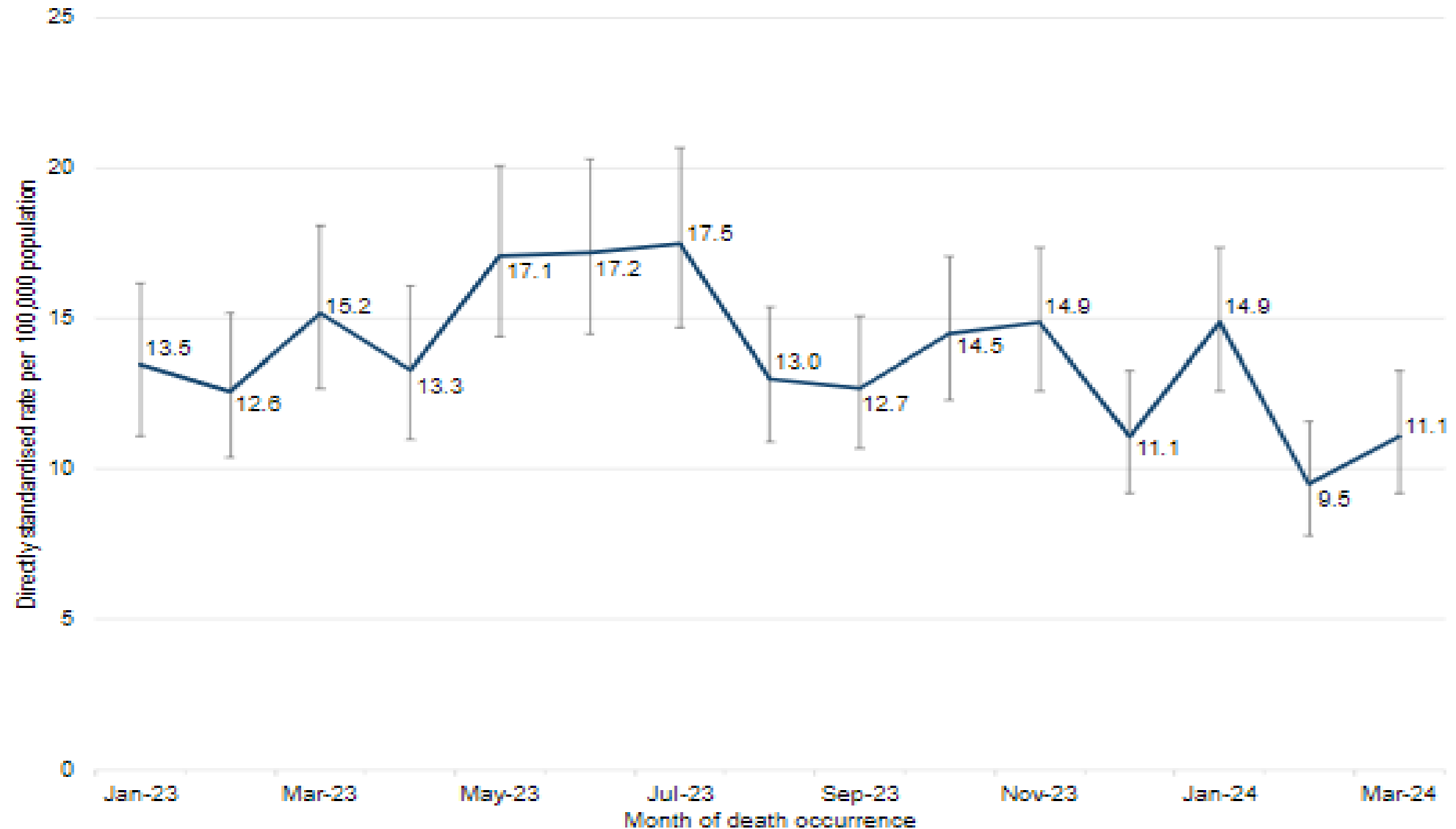


Figure 6: monthly trends in suspected suicide (directly standardised rate) per 100,000 population in England aged 45 to 64, January 2023 to March 2024

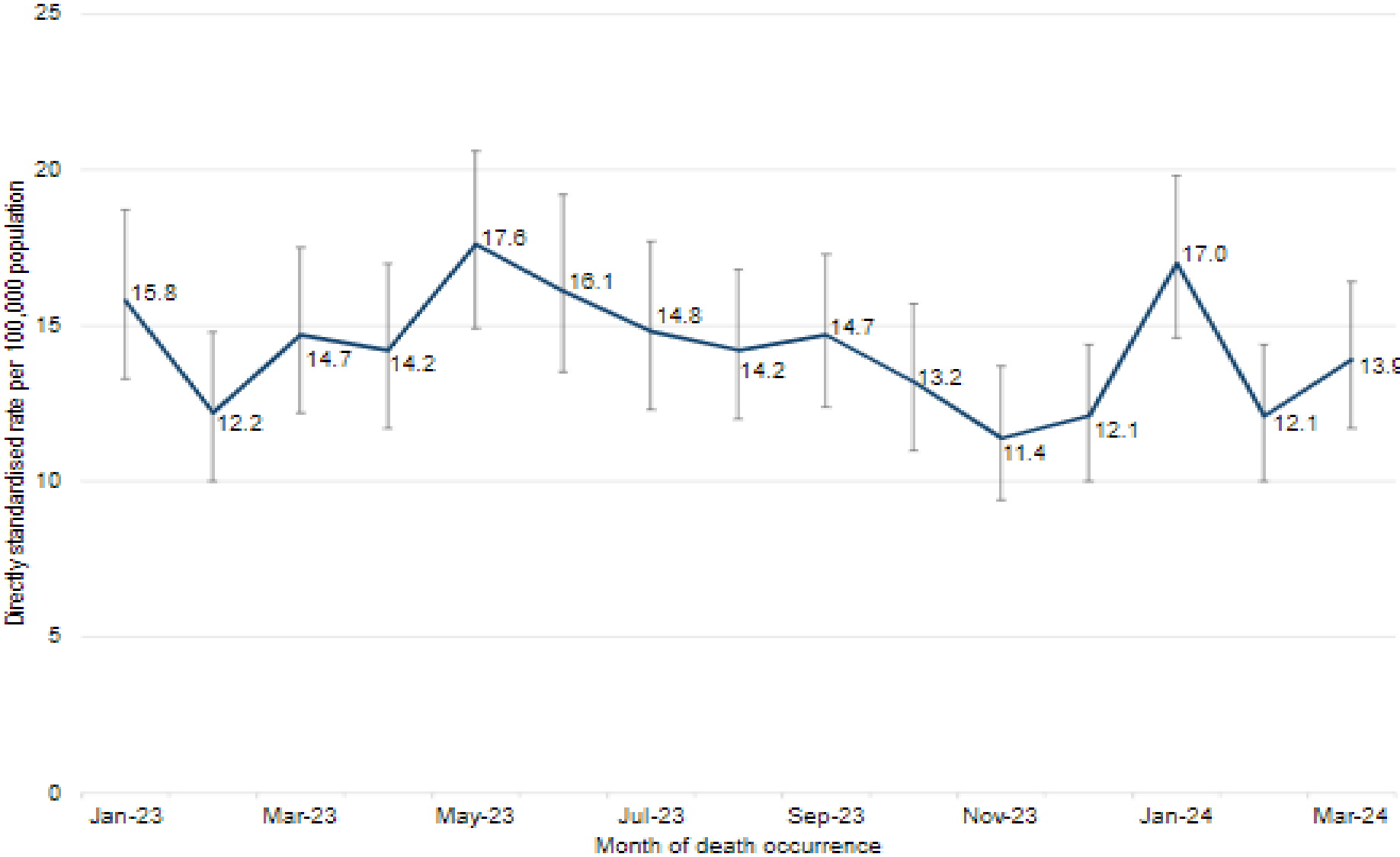
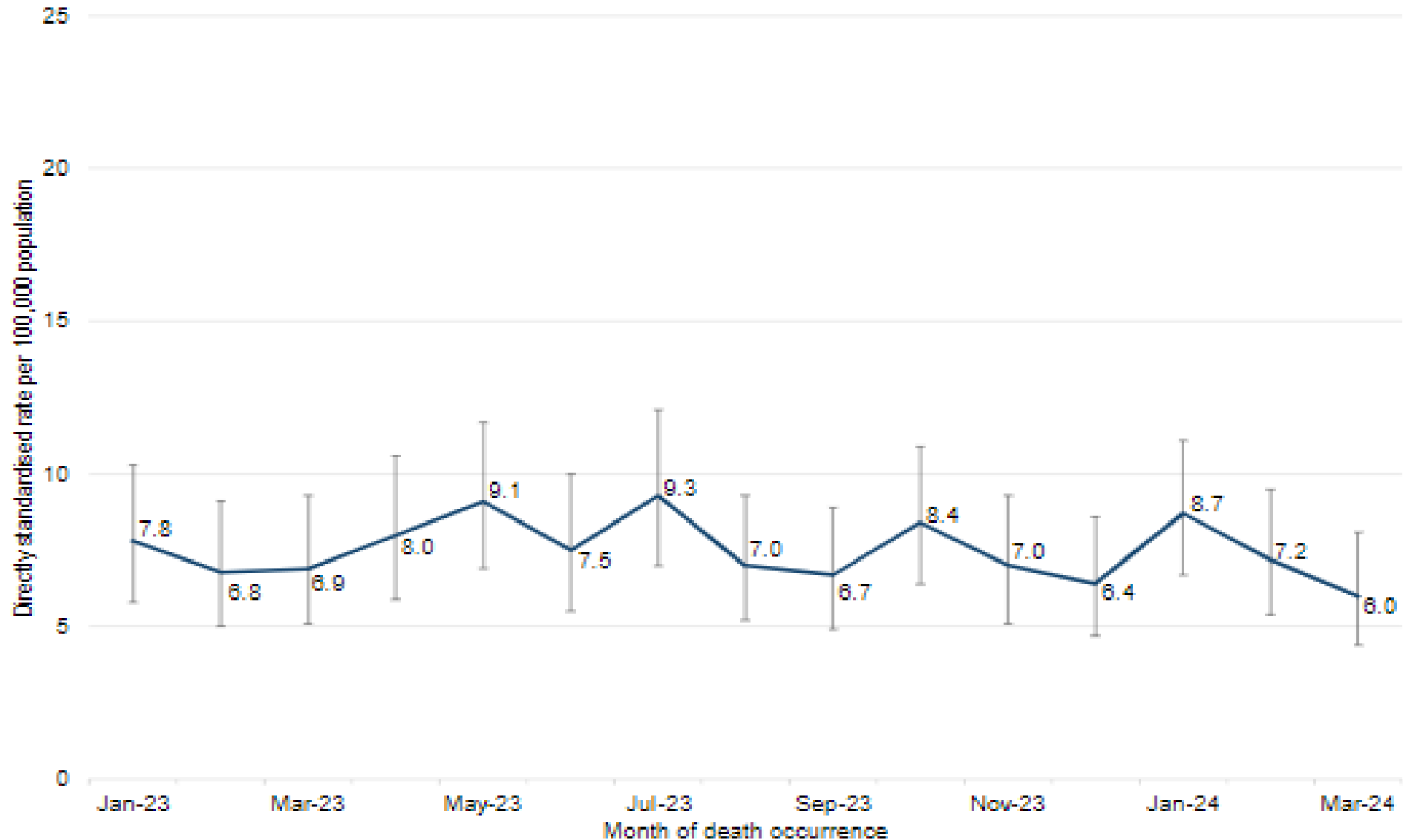


Figure 7: monthly trends in suspected suicide (directly standardised rate) per 100,000 population in England aged 65 and over, January 2023 to March 2024



How should the nRTSSS report be used?

Contribution to suicide prevention at different system levels

It is surveillance – not ‘there is change’ but ‘is there change?’

- Nationally, intelligence feed into
 - National Suicide Prevention Strategy Advisory Group (NSPSAG)
 - National Police Chiefs Council Suicide Prevention Group
 - Policy leads in DHSC and NHSE
 - Developing an alerts process
- Locally, intelligence feed into local nRTSSS and suicide prevention teams
 - Provides data based on Date of Death not Date of Registration of Death
 - Provides indications of trends unlikely to be seen at a local level (too few cases)
 - Provides indications of changes in method unlikely to be seen at a local level
 - Contributes intelligence that sits alongside local intelligence



Developing reporting and collaboration

Intelligence source development

Data set development (linked to strategy priorities):

- Report now based on data from 80% of England (an improvement) – should be higher – working with police to make it so (37/39 PFAs included or close to)
- Even with 100% of PFAs submitting to the rates, still unlikely to be all suspected suicides – work with police / Coroners / hospital trusts / others to address this
- Currently working on revising the Data Sharing Agreement so record level data will include whole postcode (to broaden use of data) and include free text field (more detail on method / emerging methods)
- Improve completeness / quality of fields in data set not currently used (e.g. ethnicity, occupation, contact with mental health services)
- Once we have full postcode – ambition to work with ONS to audit nRTSSS and suicide datasets



Product reporting / use development

Report development (linked to strategy priorities):

- Developing alerts / trigger points process
- After 9 months of reporting - take stock / questionnaire users about product value / development priorities
- Likely developments include – add counts to quarterly method figures, annual (or six monthly) report with further breakdown (e.g. split by age and sex), bespoke reports (user prioritised)
- Potential opportunities (particularly from having full postcode) – present data by deprivation, land use (urban / rural / coastal etc), role in cluster identification? (note – resource constraints).

Discussion / any questions?

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Any questions?

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