


Agenda Item 7

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|  Lincolnshire COUNTY COUNCIL <i>Working for a better future</i> | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on behalf of Derek Ward, Director of Public Health

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 16 February 2022 |
| Subject: | Suicide Prevention in Lincolnshire |

Summary:

The purpose of this report is to provide information on recent suicides in Lincolnshire and the action that we are taking locally to reduce future suicide deaths.

Suicide devastates families and communities. It is the biggest killer of men aged under 50 and all adults under the age of 35. Suicide is also the leading cause of death for 10-19 year olds.

A suicide death is often the result of the ultimate loss of hope and purpose in life. Whilst the relationship between suicide and mental ill health is well established, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.

There are actions that we can take to prevent suicides. The Lincolnshire Suicide Prevention Strategy 2020 – 2023, developed by a multi-agency partnership, identifies five priorities to reduce suicides in Lincolnshire. These priorities, and key actions completed in 2021 and for delivery in 2022 are outlined in the report.

Actions Required:

Health Scrutiny Committee for Lincolnshire is asked to:

- receive this report on suicide prevention in Lincolnshire and to note its content.
- note the actions being taken to reduce suicide deaths.

1. Background

England and Wales

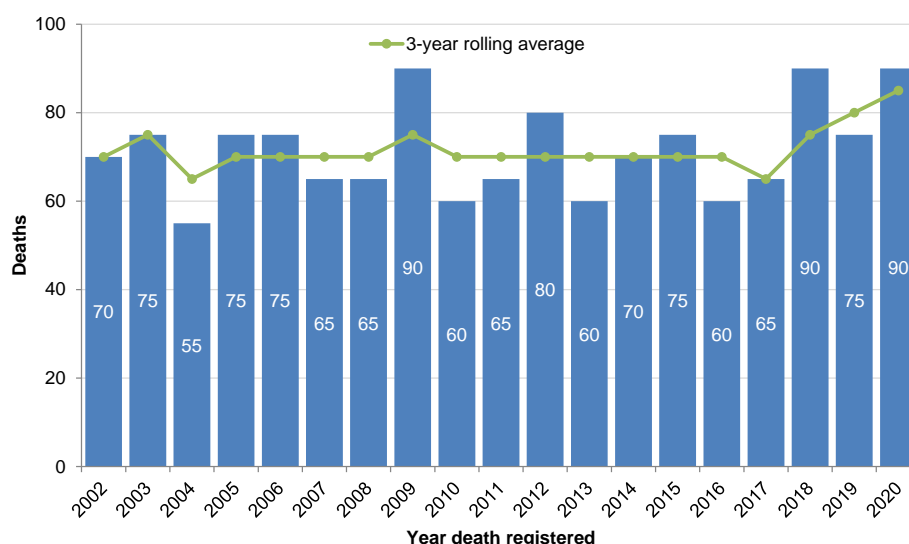
In 2020, there were 5,224 suicides registered in England and Wales. This is 10.0 per 100,000 people. Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s. The rates are highest among males and females aged 45-49 years old. There are regional variations with the lowest rate of suicide in London (7.0 deaths per 100,000) and highest in the North East (13.3 deaths per 100,000).

In England and Wales, the rate of death in 2020 was significantly lower than in 2019 (11.0 per 100,000), and this decrease is likely to be driven by a decrease in male suicides at the start of the coronavirus pandemic, and delays in death registrations because of the pandemic. In England and Wales, all deaths by suicide are certified by a coroner following an inquest and cannot be registered until the inquest is completed.

Lincolnshire

In Lincolnshire, in 2020 there were 90 deaths due to suicide and undetermined intent. Figure 1 shows the number of suicide deaths in Lincolnshire between 2002 and 2020.

Figure 1: Number of deaths (rounded for suppression) due to suicide in Lincolnshire, single year and three-year averages, 2002-2020



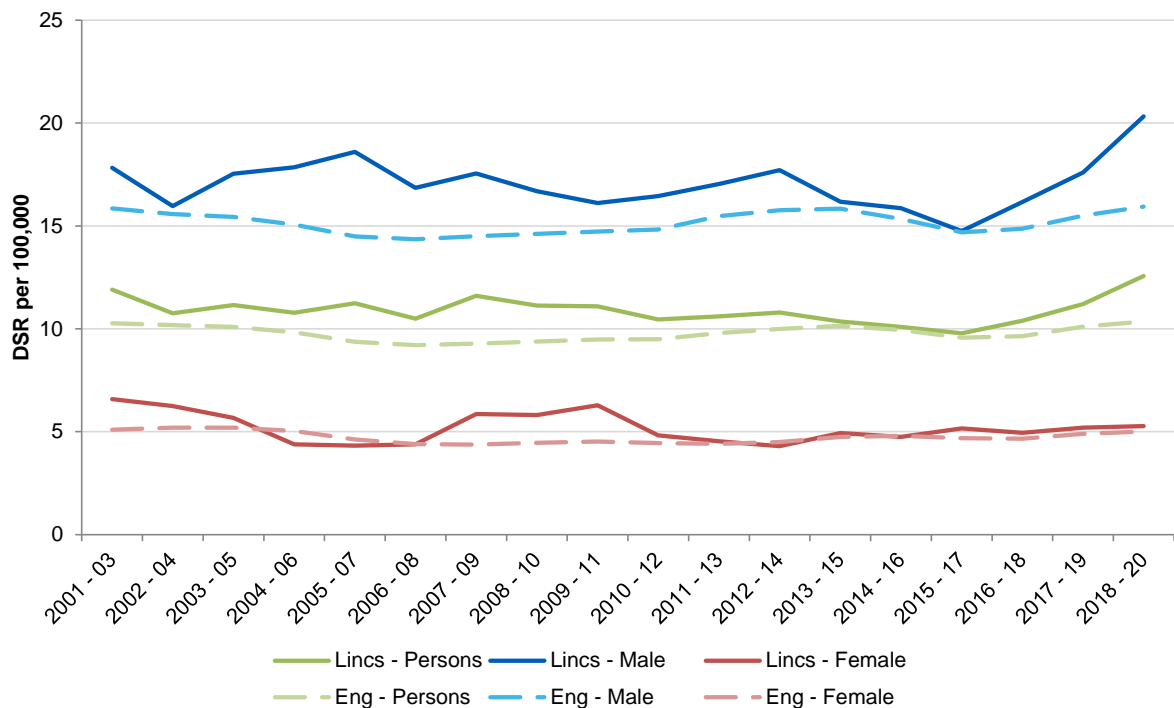
Source: NHS Digital, Civil Registration, Primary Care Mortality Database

Every suicide death is a tragedy, but due to the overall small number of suicide deaths each year there can be noticeable variation and so to investigate trends over time and to understand differences between demographic and geographical sub-groups, we pool data in rolling 3-year periods. In the latest period for which data is available (2018-2020) there were 255 suicide deaths in Lincolnshire (an average of 85 deaths a year). This is higher than in 2017-19 when there were 230 deaths in Lincolnshire (an average of 80 deaths a year).

Gender

Between 2018 and 2020 the male suicide rate in Lincolnshire was 20.3 per 100,000, which is significantly higher than the England average of 15.9 per 100,000. For females, the suicide rate was 5.3 per 100,000, comparable to the England rate of 5.0 per 100,000. Figure 2 shows the trend in male and female suicide rates over time. Since 2015-17 the suicide rate for all persons has increased, driven by rises in male suicides.

Figure 2: Directly standardised mortality rates due to suicide in Lincolnshire, by gender

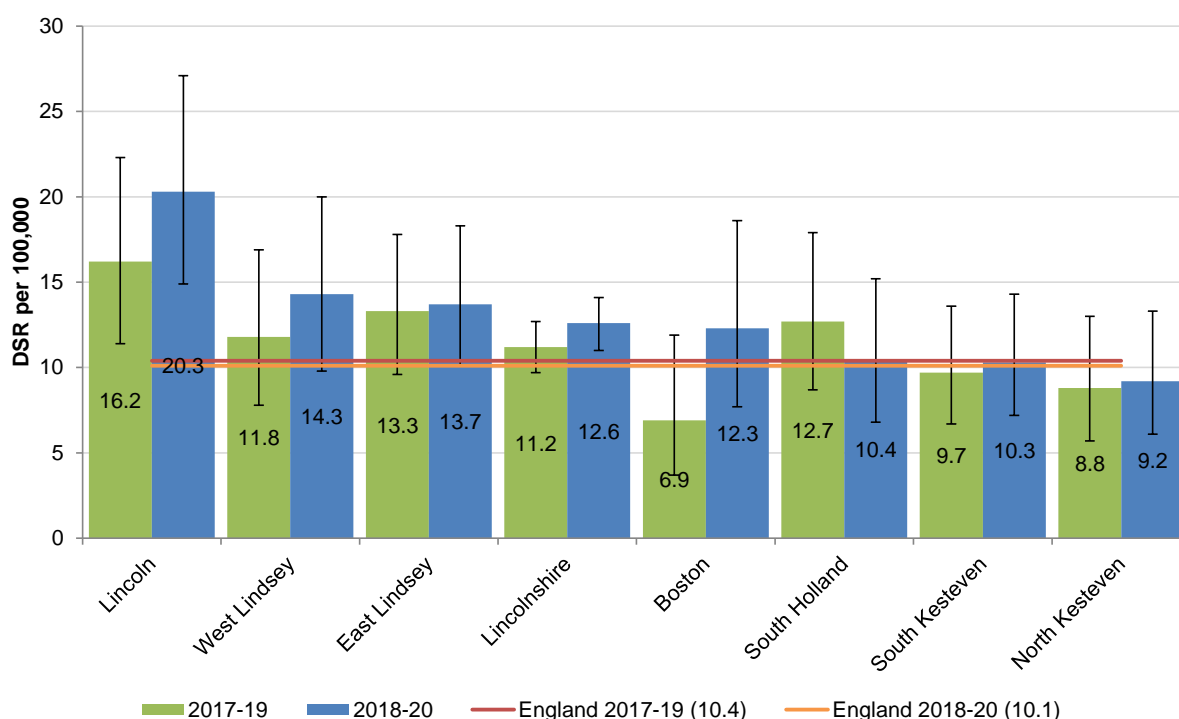


Source: ONS, *Suicides in England and Wales 2020*; NHS Digital, *Civil Registration, Primary Care Mortality Database*

Districts

There is variation in the suicide rate by district. In 2018-2020, Lincoln had the highest rate of 20.3 per 100,000. This was the highest rate in England. The rate in all other districts is comparable to the national average of 10.4 per 100,000 (see Figure 3). Lincoln has had the highest suicide rates in the county since 2010-12, with the exception of 2015-17 when rates were highest in East Lindsey.

Figure 3: Directly standardised mortality rates due to suicide in Lincolnshire, 2017-19 and 2018-20



Source: ONS, *Suicides in England and Wales 2020*

Each year, we produce a Suicide Audit for Lincolnshire, which provides further breakdown of the available data on suicide deaths by age, method and other factors. The latest audit for 2020 (published in October 2021) is available as Appendix A.

Risk Factors

There are several key factors that increase the risk of death by suicide. Males are significantly more likely to die by suicide than females. The rate of suicide varies by age over time; in 2018-2020 the age group with the highest rate was 30-35 years, and in 2017-19 it was people aged 50-54 years. However, suicides among under 25s have risen in recent years, especially among females.

Other key risk factors identified nationally include:

- Financial hardship
- Relationship breakdown
- Unemployment
- Living in areas of higher deprivation
- Caring responsibilities
- Domestic violence, child neglect or abuse
- For men, working in the lowest-skilled occupations

In Lincolnshire, we work with the Coroner's Office to better understand the lives of people who have died by suicide, including any risk factors and contact with organisations, services or professionals prior to death. This provides a richer local picture of the circumstances surrounding suicide deaths in Lincolnshire.

Data from 2016 to 2019 tells us that:

- 26% of suicides were among people aged 50-59 years, 83% of which were men
- 14% of people who died by suicide were born outside the UK (mainly in the EU)
- 51% were either employed or self-employed at the time of their death
- The most common method of suicide was hanging, strangulation or suffocation, used in 60% in suicides
- 70% of suicides occurred in the individual's own home
- 43% had known suicidal tendencies and 40% of those who died by suicide had made at least one previous attempt
- 67% of people who died were known to have experienced some form of mental ill health

Covid-19 and Suicide

There is considerable public and professional concern about the potential impact on suicide rates of the Covid-19 pandemic and the measures taken to contain it. Covid-19 may present new risk factors, or exacerbate existing trends and inequalities in risk factors for suicide.

Suicide rates in England were rising before the pandemic. The 2018 rate rose by 12% and the 2019 rate, reported in September 2020, showed a 5% rise. It is too early to know what the ultimate effect of the pandemic will be on suicide rates; however, suicide is preventable and so we are acting now to protect people's mental health in these uncertain times.

Preventing Suicide in Lincolnshire

National guidance recommends that every local authority completes a suicide audit (see Appendix A), develops a suicide prevention strategy (see Appendix B), and establishes a multi-agency group to coordinate action within the local area. The Lincolnshire Suicide Prevention Strategy 2020-2023 was produced through active engagement with local partnerships through the Suicide Prevention Steering Group (our local multi-agency suicide prevention group) using local data and intelligence and with reference to regional and national strategies.

The Lincolnshire Suicide Prevention Strategy identifies five 'Priorities for Action':

1. We will develop a **Local Suicide Prevention Core Offer**, to share help and support available to people touched by suicide (including suicidal ideation).
2. We will target additional support to **High Risk Groups**. We will develop our understanding of how best to prevent suicide in high risk groups through research, analysis and engagement with key stakeholders, leading to prevention initiatives to support those at greatest risk from suicide.

3. We will support **Children and Young People** (CYP) and their families. The key focus will be to promote and improve children and young people's emotional wellbeing and mental health through effective awareness and support to CYP and families from birth right through to adulthood, as well as improving access to support, creating mentally healthy schools and communities for CYP, targeting promotion and support for the most vulnerable and providing crisis support as required.
4. We will develop our **Knowledge and Intelligence**. A key source of intelligence that has informed this strategy are the annual suicide audits completed by colleagues in Public Health. This will continue to be strengthened with further intelligence to determine the focus of the Suicide Prevention Strategy and Action Plan.
5. We will **Raise Awareness and Improve Training**. We will agree a common approach to raising awareness of suicide and of identifying training needs. The Lincolnshire Core Suicide Prevention Offer will include guidance that professionals and the public can access to increase awareness of suicide, associate risks and what they can do to help prevent suicide.

The Strategy is delivered through the multi-agency Lincolnshire Suicide Prevention Steering Group, which is made up of representatives from across the statutory and community and voluntary sector and includes representatives with lived experience of suicide.

Key Actions in 2020-21

To support delivery against the Suicide Prevention Strategy the Suicide Prevention Steering Group has delivered the following in 2020-21 (this list is not exhaustive):

- Developed a visual guide to pathways of support for individual and professionals. The pathway for adults is in final testing and we are now developing a separate pathway for children and young people.
- Piloted a suicide bereavement support service (with The Tomorrow Project).
- Supported the establishment of a range of local projects to prevent suicide through the Community Suicide Prevention Innovation Fund (CSPIF).
- Worked in key high risk settings to implement local frameworks/plans for suicide and self-harm prevention (including HMP Lincoln and Lincolnshire Partnership NHS Foundation Trust).
- Developed and distributed of a wide range of resources to promote positive mental health of children and young people with a focus on support for parents/carers and professionals.
- Started a review of Healthy Minds Lincolnshire, CAMHS and other emotional and behavioural support (including mental health crisis and suicide prevention for CYP)
- Implemented a new assessment form for young people in Lincolnshire Secure Unit that self-harm or are suicidal
- Developed a new CPD bulletin created for partners bringing together training, awareness courses and online resources

Key Priorities for 2022

Building on the work in 2021, and expanding the programme to address identified local needs, in 2022 the Lincolnshire Suicide Prevention Steering Group will:

- Expand our collaboration around data and intelligence, including nationally (with a particular emphasis on accessing and responding to attempted suicide data)
- Develop a Lincolnshire response to potential suicide clusters
- Review our communications and awareness campaigns
- Enhance the offer around suicide bereavement support
- Strengthen support for children and young people in line with recommendations in the [National Confidential Inquiry into Suicide by Children and Young People](#).
- Refresh the Lincolnshire training offer for mental health, including suicide prevention
- Better understand the impact of Covid-19 on inequalities in mental health and wellbeing, and suicide rates, and identify effective action to support mental health and wellbeing and prevent suicides.

2. Consultation

This is not a consultation item.

3. Conclusion

This report summarises recent suicide deaths in Lincolnshire and the local action that we are taking to prevent future deaths. The Health Scrutiny Committee is asked to note the contents.

4. Appendices

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| These are listed below and attached at the back of the report | |
| Appendix A | Lincolnshire Suicide Audit 2020 |
| Appendix B | Reaching Out and Saving Lives: Lincolnshire Suicide Prevention Strategy 2020-23 |

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lucy Gavens, Consultant in Public Health, who can be contacted at lucy.gavens@lincolnshire.gov.uk.

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