

# **Lincolnshire Suicide Audit 2020**

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## Foreword

Suicide is a major issue for society and a leading cause of years of life lost. It is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. It is the leading cause of death in the UK for 10-19 year olds. These deaths are often the result of the ultimate loss of hope and meaning of purpose in life. Suicide can devastate families and leave a lasting impact on their own wellbeing. However, suicide is not always inevitable and is preventable.

The [Suicide Prevention Strategy for England](#) recommends that local authorities develop a Suicide Prevention Strategy and Action Plan. Lincolnshire County Council Public Health published the Lincolnshire Suicide Prevention Strategy 2020 – 2023, which has been developed on a multi-agency basis, their ambition is to reduce suicide and suicide behaviours in Lincolnshire to a minimum ([Source: Lincolnshire Suicide Prevention Strategy 2020 – 2023](#)).

This annual suicide audit will support the strategy through provision of appropriate and timely intelligence that helps identify cohorts of local people who are at high risk of suicide. This intelligence will enable local priority actions for preventing suicide to be considered and developed. The value of this audit is to provide insight into suicide within Lincolnshire, including trends and identifying any areas where services could or need to be focused.

## Global and national context

Suicide is defined as the intentional taking of one's own life. Since the Suicide Act 1961, it has been written in law that the act of suicide is no longer a criminal offence, however Section 2(1) of the Act provides that it is an offence to assist another person to die by suicide ([Source: Cambridge Core](#)). Suicidal behaviour is most commonly regarded and responded to as a psychiatric emergency. Suicide is considered to be a major public health problem, but is recognised as preventable with timely, evidence based interventions. ([Source: World Health Organisation](#))

In 2016 the [World Health Organisation](#) (WHO) estimated there were an estimated 793,000 suicide deaths worldwide. This indicates an annual global age-standardised suicide rate of 10.5 per 100,000 population. The UK age standardised suicide rates are similar to some other Western European countries (like Portugal or Germany) but overall lower than France and some Scandinavian countries.

The [Five Year Forward View for Mental Health](#) set out clear recommendations on suicide prevention and reduction and made a commitment to reduce suicides by 10% nationally by 2020/21. In 2018/19 local communities most affected by suicide were being given additional funding to develop suicide prevention and reduction schemes. This investment marked the start of a three year programme worth £25 million that will reach the whole country by 2021.

At the time of writing, the NHS has made a renewed commitment that funding for mental health services will grow faster than the overall NHS budget, creating a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24.

Suicide prevention features in the [NHS Long Term Plan](#), and will include a dedicated quality improvement programme to implement the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health in addition to multi-agency suicide prevention plans.

## National suicide statistics

In 2019, the Office for National Statistics (ONS) reported there were 5,691 registered suicides in England and Wales, which equates to an age standardised rate of 11.0 deaths per 100,000. Suicides in England and Wales have remained consistent with the rate observed in 2018 of 10.5 deaths per 100,000 (5,420 registered suicides).

In line with recent trends, three quarters of registered suicides were among men. In 2019, 4,303 men died as a result of suicide, which equates to 16.9 deaths per 100,000, rising from 16.2 deaths per 100,000 in 2018. In comparison, the suicide rate for women in 2019 was 5.3 deaths per 100,000, a rise from 5.0 deaths per 100,000 in 2018.

In 2019, men aged 45 to 49 years had the highest suicide rates at 27.1 per 100,000 men, while women aged 50-54 years had the highest suicide rates at 7.4 deaths per 100,000. Suicides among under 25s have generally increased in recent years, most noticeably among females aged 10-24 years where the rate of 3.1 per 100,000 is at its highest level since 2012.

As reported in previous years, hanging, suffocation or strangulation remains the most common method for both men and women to take their own lives. In 2019, this accounted for 61.7% of suicides among men and 46.7% among women. The percentage of suicides by hanging among men has seen an upward trend from 44.5% of suicides in 2001 to 61.7% in 2019. Poisoning is the second most common method of suicide but is more common among women (36.2% of all suicides) than men (17.9% of all deaths). ([Source: ONS, Suicides in England and Wales, 2019](#))

## Risk factors

There is an apparent link to the socioeconomic factors and types of occupations of individuals:

- Relationship breakdowns contribute to suicide risk, the greatest risk is among divorced men, who in 2015 were almost three times more likely to end their lives than men who were married or in a civil partnership.
- People who live in more deprived areas where there is less access to services, employment and education are more at risk of suicide; i.e. people among the most deprived 10% of society, are more than twice as likely to die from suicide than the least deprived 10% of society. ([Source: ONS, Who is most at risk of suicide?](#))
- The lowest risk of suicide was found among corporate managers and directors, professionals including health professionals, and people working in customer service and sales.
- Men working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average. The risk of suicide among low-skilled male labourers, particularly those working in construction roles, was 3 times higher than the male national average.

- The risk among men in skilled trades was 35% higher than national average. The risk was especially high among building finishing trades; particularly plasterers and painters and decorators who had more than double the risk of suicide than the male national average.
- The risk of suicide was elevated for those in culture, media and sport occupations for men (20% higher than the male average) and women (69% higher).
- For women, the risk of suicide among health professionals was 24% higher than the female national average; this is largely explained by high suicide risk among female nurses.
- Male and female carers had a risk of suicide that was almost twice the national average. ([Source: ONS, Suicides by occupation](#))

## Findings from registered mortality data for Lincolnshire

### Methodology

The number of deaths from suicide and injury of undetermined intent in Lincolnshire was obtained from ONS's published data using the ICD10 codes X60-X84 (age 10+ only), Y10-Y34 (ages 15+ only) registered in the respective calendar years.

Civil Registration mortality data was used to provide both the numbers and age specific mortality rates (ASR) of deaths from suicide and injury of undetermined intent in Lincolnshire, as well as to provide additional context around demographics, methods of suicide and deprivation.

Where applicable, figures for deaths from suicide are presented as directly standardised rates (DSR) per 100,000 of the resident population. This method uses a standard age-specific population profile to enable a comparison of rates over time or between different geographical areas. The latest DSRs covering deaths between 2002 and 2020 for Lincolnshire, its districts and England have been obtained from [ONS Suicides in England and Wales 2020](#).

**Please note** that in accordance with [ONS disclosure rules](#) surrounding mortality data, any counts where the number of deaths are less than 7 have been suppressed and any counts greater than 7 are reported to the nearest 5, to minimise the risk of unlawful disclosure due to small numbers.

### Key findings

- There were 75 registered deaths in 2019 and 90 deaths in 2020 due to suicide and undetermined intent in Lincolnshire.
- Death from suicides among women decreased from 18 in 2018 to 9 in 2019. However in 2020 the number increased to 23. Deaths among men from suicide fell from 63 in 2018 to 55 in 2019, but again increased to 61 in 2020. Men made up 86% of all deaths from suicide in Lincolnshire in 2019 and 73% of all suicides in 2020.
- There were 230 deaths from suicide in Lincolnshire between 2017 and 2019, and 255 between 2018 and 2020.

- During 2017-19, suicide rates were highest in Lincoln (16.2 per 100,000) and East Lindsey (13.3 per 100,000); while in 2018-20, rates were highest in Lincoln (20.3 per 100,000) and West Lindsey (14.3 per 100,000).
- Between 2016-18 and 2018-20, suicide rates have increased across a number of districts, with the highest increases seen in Lincoln, which has risen by 34.4% (15.1 per 100,000 in 2016-18, 20.3 per 100,000 in 2018-20) and is the local authority with the highest suicide rate in England.
- Between 2017 and 2019, suicide rates were highest among those aged 50-54 years (17 per 100,000), which is consistent with national suicide rates. Between 2018 and 2020, the highest rates were among the 30-34 year age group, at 17.3 per 100,000.
- In 2017-19, men were 3.4 times more likely to die from suicide than women, and 3.9 times more likely in 2018-20.
- Hanging/strangulation is the most common method of suicide in Lincolnshire, making up 57.7% of all suicides between 2017 and 2019, and 71% between 2018 and 2020.
- Over the three year period between 2017 and 2019, the suicide rate in the most deprived decile (13.5 per 100,000) is 2.5 times as high as in the least deprived decile (5.3 per 100,000). Between 2018 and 2020, the suicide rate in the most deprived decile (18.9 per 100,000) is 3.1 times higher than the least deprived decile (6.0 per 100,000), and more than double the national rate of 9.3 per 100,000.

## Suicide patterns over time

During 2019, there were 75 deaths due to suicide and injury of undetermined intent in Lincolnshire, which marks a 17% reduction on the 90 deaths seen in 2018. In 2020, the number increased to 90 deaths.

Due to the small numbers there can be noticeable variation year on year. Therefore, three year rolling averages have been used to smooth this variation and to investigate the longer term trend, as shown in Figure 1. Over the 3 year pooled period between 2017 and 2019, there were a total of 230 deaths (yearly average of 80 deaths), and between 2018 and 2020, there were a total of 255 deaths (yearly average of 85 deaths).

Please note that due to availability of data at the time of writing, other analysis in this report may differ from Figures 1 and 5.

**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

**Figure 2:** Number of deaths (rounded for suppression) due to suicide in Lincolnshire, by broad age group and district: 2018-2020

District	Broad age group			
	15-29	30-49	50-69	70+
Boston	*	10	*	*
East Lindsey	*	15	20	10
Lincoln	10	20	15	*
North Kesteven	*	10	10	*
South Holland	*	10	*	*
South Kesteven	10	10	10	*
West Lindsey	*	10	10	*

\* Value suppressed as count is less than 7

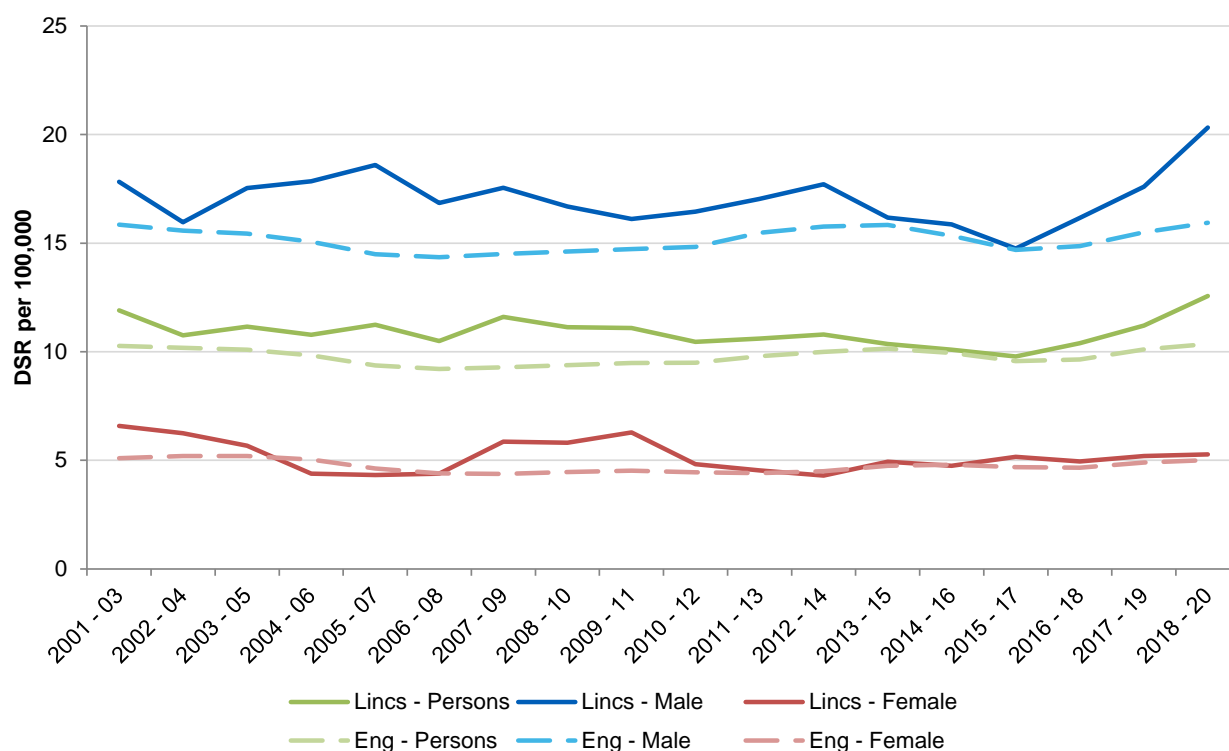
**Figure 3:** Number of deaths (rounded for suppression) due to suicide in Lincolnshire, by sex and age group: 2018-2020

Age group	Males	Females
15-19	*	*
20-29	25	*
30-39	30	10
40-49	30	10
50-59	40	10
60-69	20	*
70-79	15	*
80+	10	*

\* Value suppressed as count is less than 7

Figure 4 shows that between 2017 and 2019, total suicide rates (11.2 per 100,000), male suicide rates (17.6 per 100,000) and female rates (5.2 per 100,000) in Lincolnshire are statistically comparable to England rates (total 10.1 per 100,000, males 15.5 per 100,000, females 4.9 per 100,000). Between 2018 and 2020, total suicide rates (12.6 per 100,000) and male suicide rates (20.3 per 100,000) in Lincolnshire have increased from the previous period and are statistically significantly worse (higher) than England rates (total 10.4 per 100,000, males 15.9 per 100,000). Female suicide rates in Lincolnshire (5.3 per 100,000) have remained comparable to rates in 2017-19 (5.2 per 100,000) and the England rate of 5.0 per 100,000.

**Figure 4:** Directly standardised mortality rates (DSR) due to suicide in Lincolnshire, by gender



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

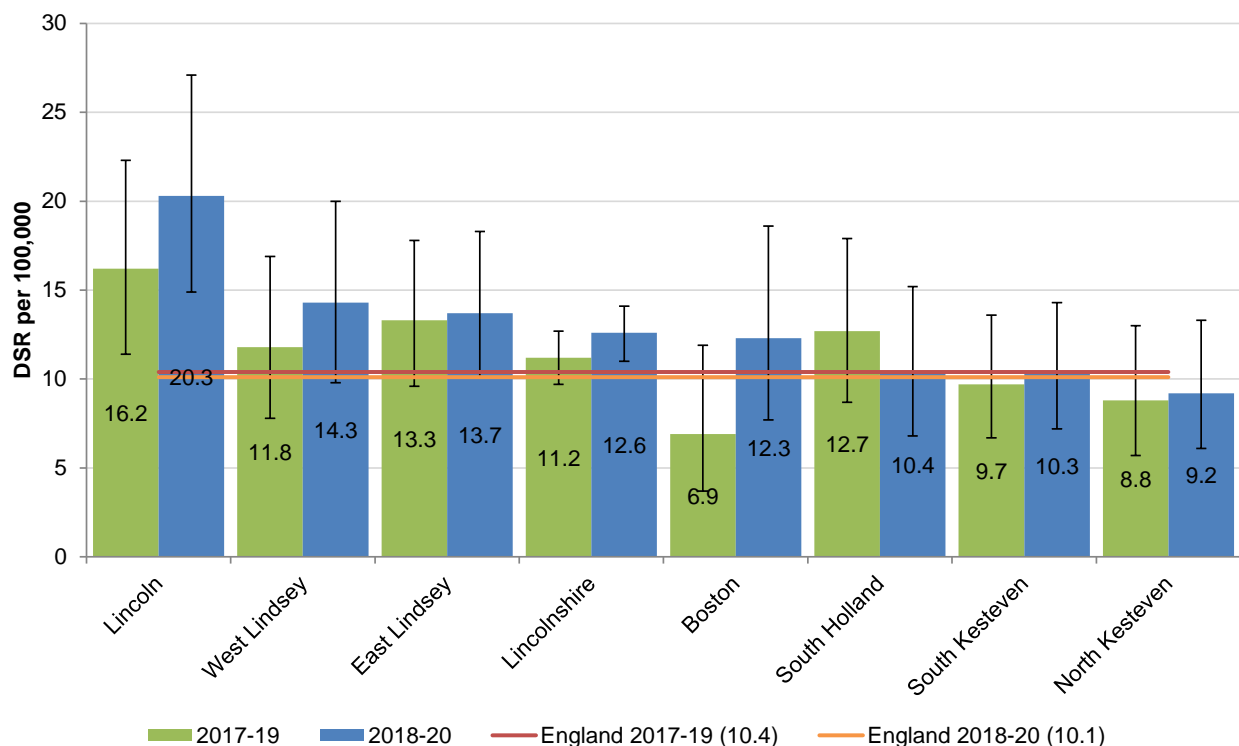
Longer term observations highlight that current rates are lower than in the 2000s, however male rates are increasing and almost at the highest suicide rates seen between 2005 and 2007 of 18.6 per 100,000. Total suicide rates have also increased and are close to the highest rates seen between 2001 and 2003 of 11.9 per 100,000. Female suicide rates have seen a much smaller increase and have remained fairly constant since 2013.

Due to the increase in male suicides between 2017 and 2019, the gender gap has widened on the previous period (2016-18), with 86% of suicides being males, however this gap has since narrowed to 73% between 2018 and 2020. Trend data shows that year on year, men make up between 63% and 86% of all suicides in Lincolnshire, suggesting some variation. It is important to note however that low numbers are very susceptible to random fluctuation year on year due to individual circumstances rather than whole population change.

## Suicide patterns by geography

As seen in Figure 5, within Lincolnshire there is variation in suicide rates by district. In the latest periods, Lincoln has the highest suicide rate (16.2 per 100,000 in 2017-19, 16.1 per 100,000 in 2018-20). Between 2017-19 and 2018-20, rates have increased in most districts, except for South Holland, although these changes are not statistically significant. Lincoln has had the highest suicide rates in the county since 2010-12, with the exception of 2015-17 where rates were highest in East Lindsey.

**Figure 5:** Directly standardised mortality rates due to suicide in Lincolnshire, 2017-19 and 2018-20



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

Further granular analysis of mortality data reveals that, there are seven electoral wards in Lincolnshire with five or more registered deaths from suicide. Four of these wards are in Lincoln,

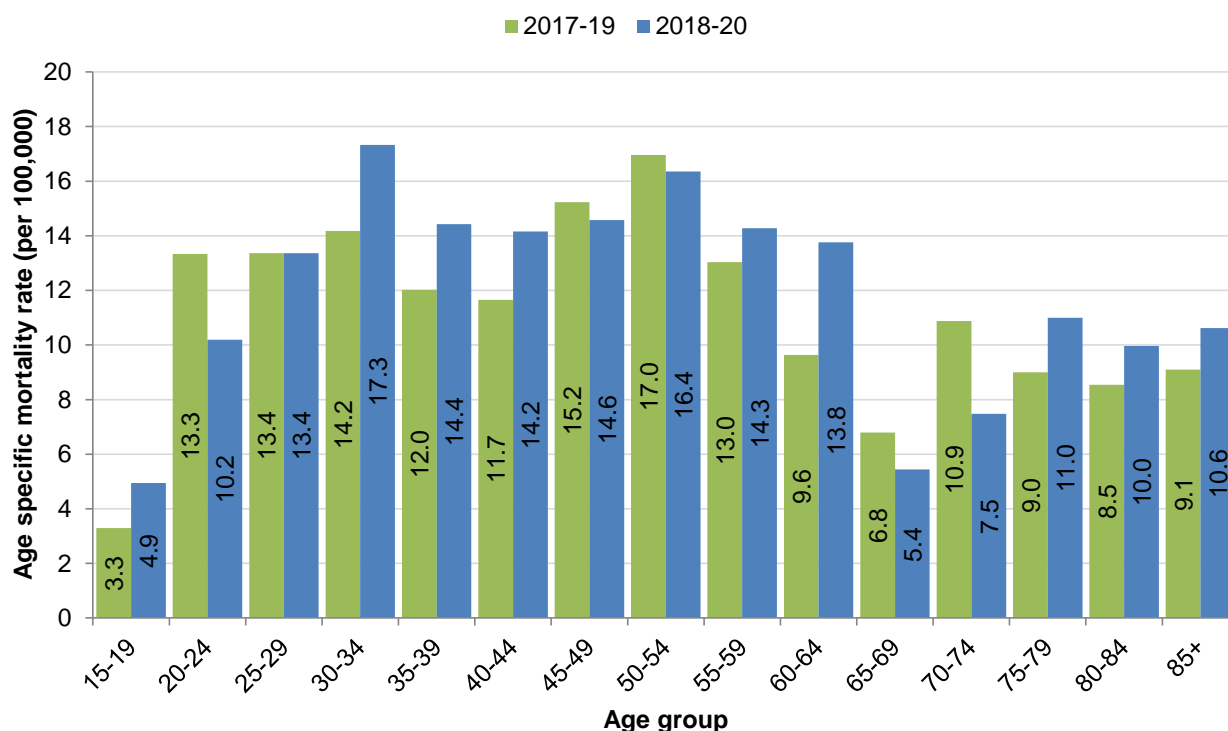
and one ward in East Lindsey, North Kesteven and West Lindsey. It should be noted that this analysis is based on the home postcode of the deceased, rather than the place of death.

## Suicide patterns by age and gender

As highlighted in Figure 4, we know that deaths from suicide or undetermined intent are more common in men than women. This is a pattern seen nationally where three-quarters of registered suicides in 2018 were among men, which has been the case since the mid-1990s.

Figure 6 shows the age specific mortality rates for all suicides in Lincolnshire. The highest suicide rates in 2017-19 can be seen among the 50-54 year old age group, at 17.0 per 100,000, while in 2018-20, the highest rates were among the 30-34 year age group, at 17.3 per 100,000. The 15-19 year age group had the lowest rates in both 2017-19 (3.3 per 100,000) and 2018-20 (4.9 per 100,000).

**Figure 6:** Age specific mortality rates due to suicide in Lincolnshire, by quinary age group, 2017-19 and 2018-20



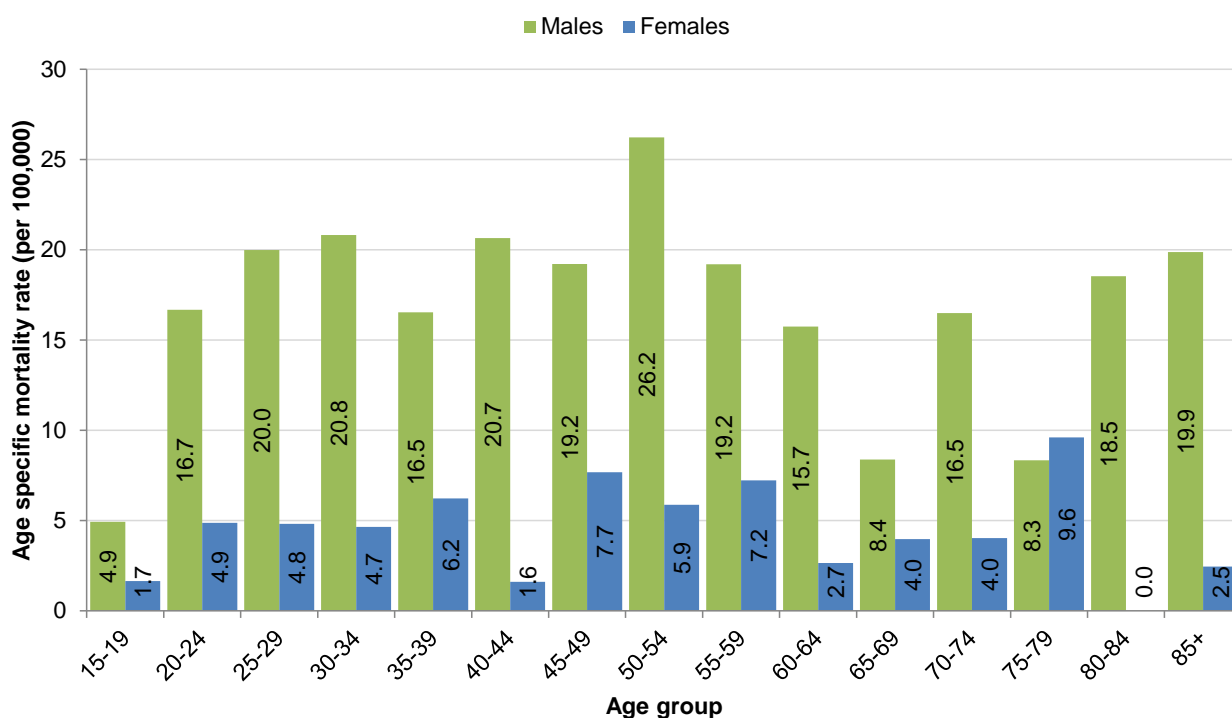
Source: NHS Digital, Civil Registration, Primary Care Mortality Database

Total suicide rates have seen the greatest increase in the 60-64 year age group (from 9.6 per 100,000 in 2017-19 to 13.8 per 100,000 in 2018-20), while rates among 20-24 year olds have fallen from 13.3 per 100,000 to 10.2 per 100,000. The largest increase in male suicide rates are among the 60-64 year age group (from 15.7 per 100,000 in 2017-19 to 24.3 per 100,000 in 2018-20), and the largest increase in female suicide rates are among the 40-44 year age group (from 1.6 per 100,000 in 2017-19 to 4.8 per 100,000 in 2018-20). It should be noted that these observed fluctuations could be a result of the low numbers seen in Lincolnshire, rather than an emerging change in deaths within specific age groups.

Figures 7 and 8 highlight the differences in age profiles between men and women who died from suicide. In 2017-19, men in this period were 3.4 times more likely to die from suicide than women, and 3.9 times more likely in 2018-20. For men, suicide rates are highest among those aged 50-54 years (26.2 per 100,000 in 2017-19, 27.5 per 100,000 in 2018-20), which differs to the national picture where men aged 45-49 have the highest suicide rates.

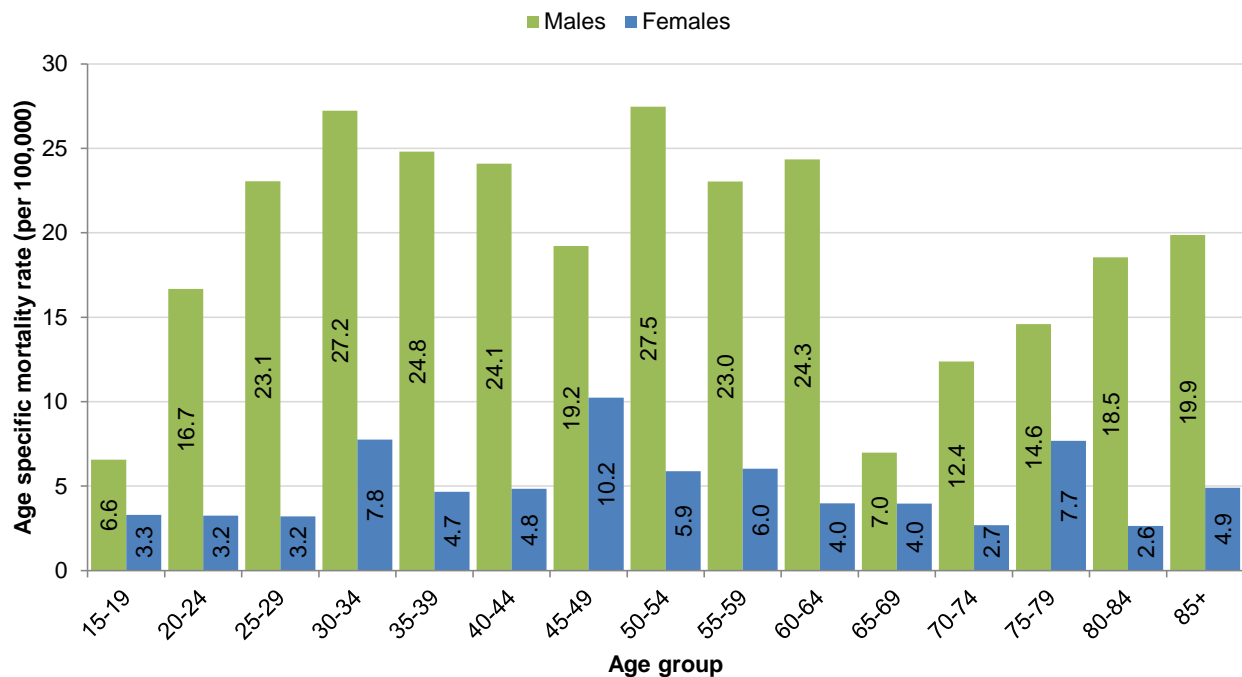
In addition to Civil Registration mortality data, the [Adult Psychiatric Morbidity Survey \(APMS\)](#) provides data on the prevalence of both treated and untreated psychiatric disorders in the English adult population (aged 16 and over). The 2014 survey found that 20.6% of adults had thought of taking their own life at some point, with women being more likely (22.4%) than men (18.7%) to have suicidal thoughts; while men are more likely to die from suicide, women are more likely to report an attempted suicide (8%) than men (5.4%). Almost half of those who reported an attempted suicide did not seek any help following their last suicide attempt.

**Figure 7:** Age specific mortality rates due to suicide in Lincolnshire, by sex and quinary age group, 2017-19



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

**Figure 8:** Age specific mortality rates due to suicide in Lincolnshire, by sex and quinary age group, 2018-20



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

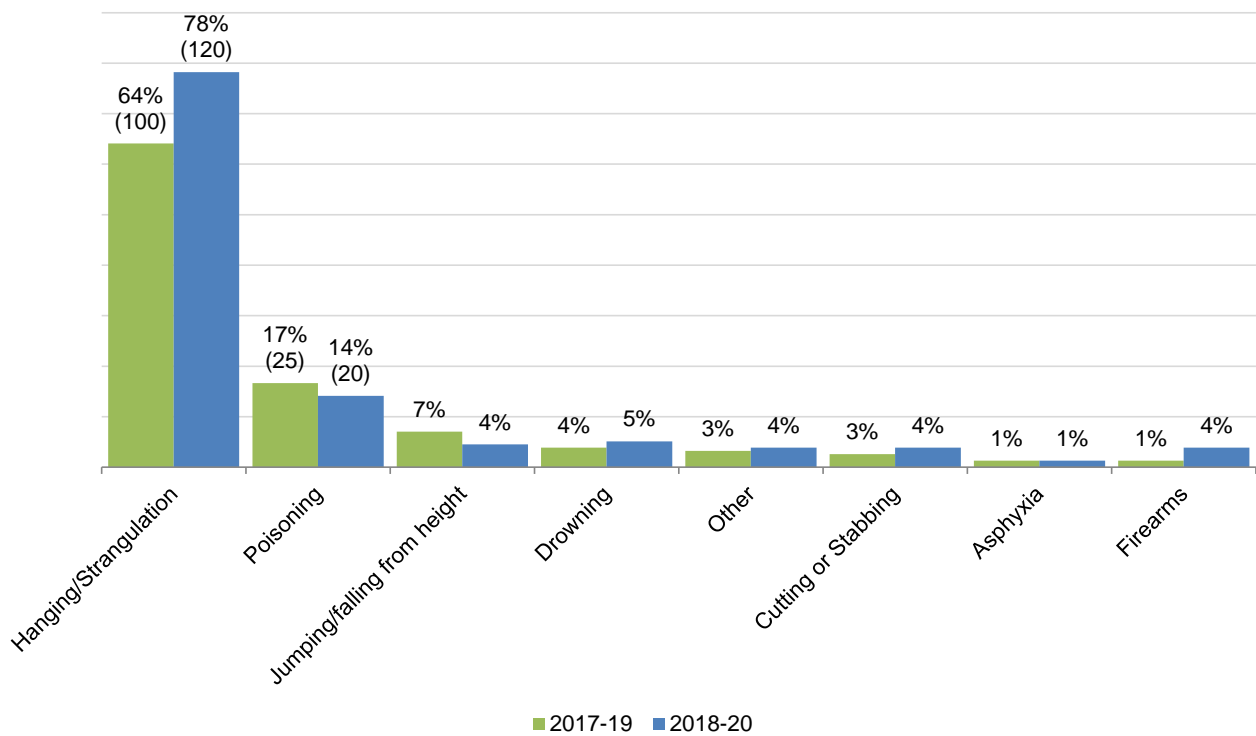
## Suicide methods

In Lincolnshire, hanging/strangulation/suffocation is the most common method of suicide, making up 58% of all suicides in 2017-19 and 71% of all deaths in 2018-20. Patterns of suicides from hanging/strangulation have seen an upward trend, increasing from 41% of all deaths from suicide in 2001-03 to 62.4% in 2018-20, while suicides from poisoning have seen a downward trend from 33% of all deaths from suicide in 2001-03 to 17.5% in 2018-20.

Between 2018 and 2020, hanging/strangulation/suffocation continues to be the most common method among men (120 deaths from suicide or 78% of all suicides). The number of hanging/strangulation suicides among men has increased by 87% between 2001-03 and 2018-20.

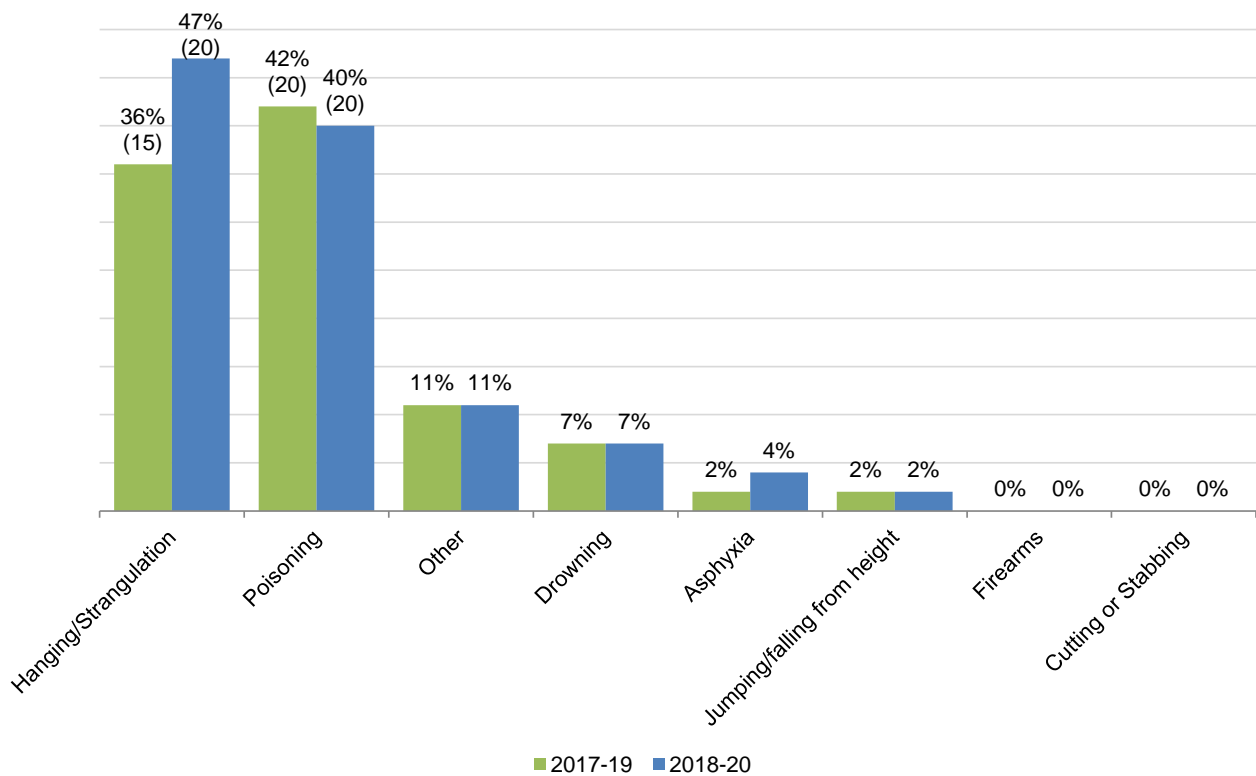
Poisoning was the most common method in female suicides in both 2016-18 (46%) and 2017-19 (42%); however, proportions of female suicides by poisoning have fallen by 37% between 2001-03 and 2018-20.

**Figure 9:** Male deaths due to suicide (rounded for suppression) in Lincolnshire, by method, 2017-19 and 2018-20



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

**Figure 10:** Female deaths due to suicide (rounded for suppression) in Lincolnshire, by method, 2017-19 and 2018-20



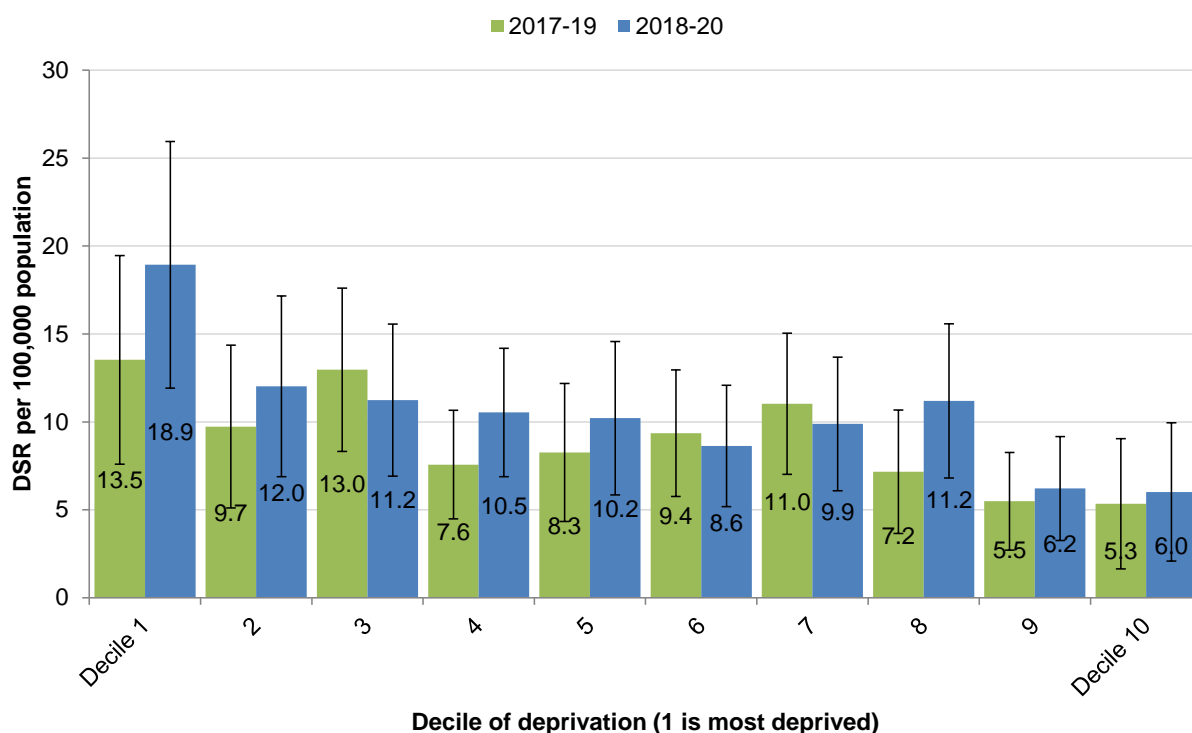
Source: NHS Digital, Civil Registration, Primary Care Mortality Database

## Suicide patterns by deprivation

The Index of Multiple Deprivation 2019 (IMD 2019) is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every 32,844 Lower Super Output Areas (LSOA), or neighbourhood, in England. Each LSOA is ranked based on their deprivation scores, with those ranked in the top 10% being considered the most deprived areas in England and those in the bottom 10% the least deprived areas. ([Source: The English Indices of Deprivation 2019](#))

By measuring suicide rates at LSOA level, we can show aggregate rates for each decile or 10% band of deprivation. Figure 11 shows that between 2017 and 2019, suicide rates in the most deprived decile (13.5 per 100,000) are 1.3 times higher than the national average (10.1 per 100,000) and almost 2.5 times higher than in the least deprived decile (5.3 per 100,000). This observed gap shows that 2017-19 suicide rates in the most deprived decile are not statistically significantly different to rates in the least deprived decile.

**Figure 11:** Directly standardised mortality rates due to suicide in Lincolnshire, by deprivation (IMD 2019), 2017-19 and 2018-20



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

Detailed analysis of deaths from suicide by postcode between 2018 and 2020 reveal clusters of deaths occurring in more deprived areas of Lincolnshire including along the east coast in Mablethorpe and Skegness, in Lincoln and in Boston. It is important to note that whilst suicides have occurred in areas of high deprivation, they also occur in less deprived areas and there does not appear to be any direct correlation.

Between 2018 and 2020, the gap between the most and least deprived deciles in Lincolnshire increased, with suicides in the most deprived decile (18.9 per 100,000) being 3.1 times higher than in the least deprived decile (6.0 per 100,000). The rate in decile 1 is more than double the national average of 9.3 per 100,000. 2018-20 rates in the most deprived decile are significantly higher than those in the least deprived decile.

An Office for National Statistics blog ([Source: How does living in a more deprived area influence rates of suicide? 2020](#)) identified that over the past decade, the gap between the most and least deprived areas is only seen among working age people and living in a deprived area increases the risk of suicide, particularly in those aged between their late 30's and late 40's. Middle-aged men, living in the most deprived areas, face even higher risk with suicide rates of up to 36.6 per 100,000 compared to 13.5 per 100,000 in the least deprived areas. It was highlighted that unemployment, economic uncertainty, unmanageable debt, and lack of social connection are all risk factors for suicidal behaviour in men.

## Registration delays

Registration delay is the time taken in days between the time of death and the date the death was registered after the Coroner's inquest. For most deaths, the delay is taken as an average, however as deaths from suicide and undetermined intent are often complex and can sometimes take many years for a Coroner to register, this can skew the registration delay. For suicides, the median delay is used, as this is not affected by rare, complex cases.

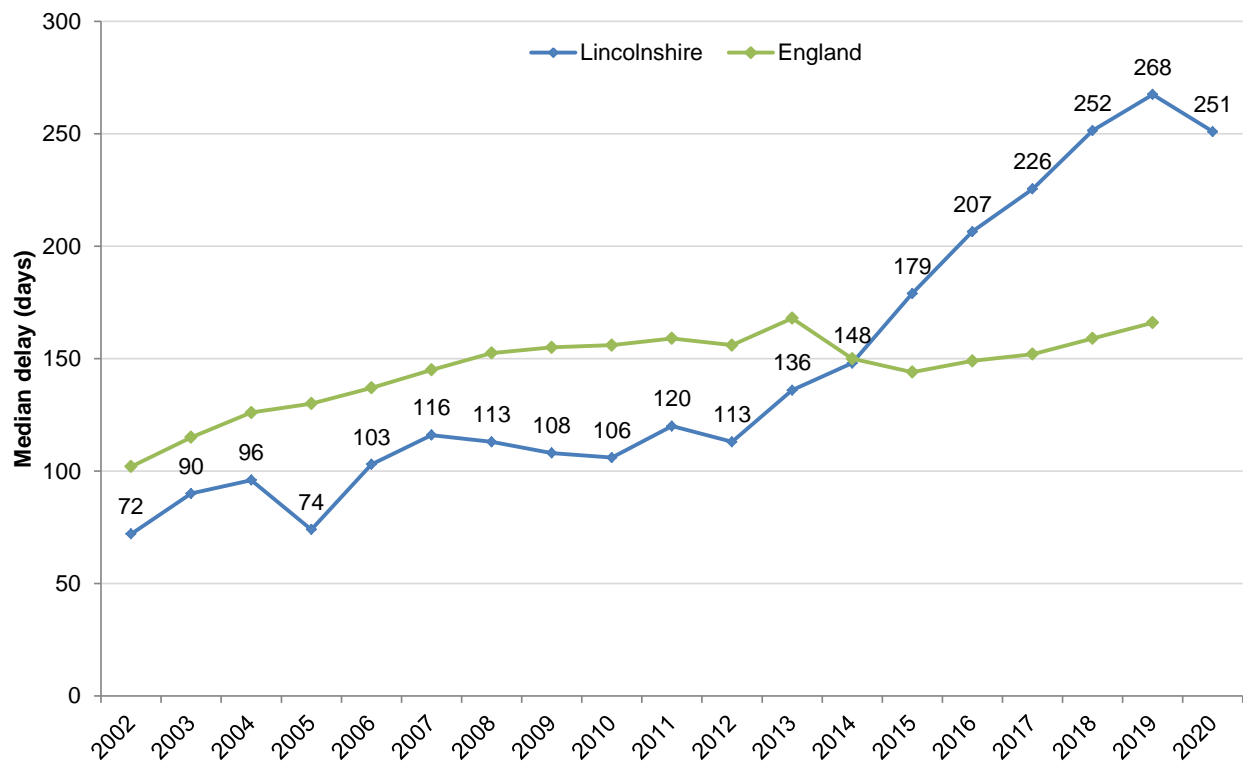
**Please note** that the latest national data for registration delay is 2019, so no national comparison can be made for 2020.

In Lincolnshire, the median registration delay for suicides registered in 2019 was 268 days, which is 1.5 times higher than the England median of 166 days. Despite a significant upward trend in registration delay in recent years, as well as increased Coroner capacity due to COVID-19, the registration delay for deaths from suicide in 2020 was 251 days, marking the first decline in registration delay since 2012.

Nationally, registration delays were 1.6 times higher in 2019 (166 days) than they were in 2002 (102 days). Lincolnshire has seen a more significant increase in registration delays over the same period, from a median of 72 days in 2002 to 251 days in 2020.

Since 2002, the increase in registration delays in England has been steady, however the increase in Lincolnshire has occurred over a shorter period; the median delay has more than doubled from 127 days in 2011 to 268 in 2019. ([Source: ONS Suicides in England and Wales 2019](#))

**Figure 12:** Median registration delays due to suicide in Lincolnshire, 2002 - 2020



Source: NHS Digital, Civil Registration, Primary Care Mortality Database; ONS, Suicides in England and Wales 2019

## Findings from Lincolnshire Coroner's Service

Prior to 2019, Public Health had created an information sharing agreement with Lincolnshire Coroners Service in which they supplied detailed record level information on all investigated deaths where the Coroners verdict was suicide; or where a verdict of suicide was not reached but where open, narrative, or misadventure verdicts suggested 'undetermined intent' with suicide as a possible cause.

The flow of detailed information stopped in late 2019 as a result of resourcing issues and capacity at the Coroner's Office. Public Health are currently working with the Coroner's Office to resolve the backlog of missing information and re-establish the process of sharing this vital evidence.

### Data collection

This summary provides additional context on the deceased, drawn from the more extensive and highly detailed records and case notes associated with the Coroner's investigation, and includes more specific personal details for the deceased, details surrounding the death, any risk factors or details of organisations, services or professionals the deceased were in contact with prior to death.

Lincolnshire Coroner's Service provided data on 116 deaths where inquests concluded a verdict of suicide, open, narrative or misadventure verdicts; this data covers all deaths concluded during 2016, 2017, 2018, and up to February 2019.

### Key findings

- Of the 116 suicides concluded, 78% were men.
- 26% of suicides were among people aged between 50 and 59 years, 83% of which were men.
- There were 11 suicides by young people under 25, and 13 suicides by people aged 75 and over.
- There were 16 people who were born outside of the UK (mainly from EU countries), making up 14% of all cases.
- Just over half (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.
- Almost two thirds (65%) of suicides were concluded to have been premeditated, and over half (51%) of people who died left a suicide note.
- 43% had known suicidal tendencies and 40% of those who died by/from suicide had made at least one previous attempt.
- 67% of people who died were known to have experienced some form of mental ill health.

## Findings from Real Time Surveillance data

To support wider suicide prevention in line with the strategy and action plan, a suicide Real Time Surveillance (RTS) evaluation project was undertaken between December 2019 and February 2020 to investigate the possibility of establishing permanent data flows between Lincolnshire Police and Lincolnshire Public Health. The information shared by Lincolnshire Police is taken from the Sudden Death Report completed by the attending officer at the incident.

The result of this evaluation found that the information was sufficiently detailed and timely to be used as a possible tool in suicide prevention. It is expected that RTS will help by:

- Developing an early alert system for suicides
- Enabling all appropriate agencies to be more responsive to suicides
- Better identifying any patterns and trends in suicides which could aid prevention by enhancing targeting of services
- Reducing suicide rates

The following summary looks at data reported from January 2019 to December 2020 and provides some context to all deaths where suicide was suspected. Please note following analysis is interpretive of the RTS data only; however it is not conclusive, as these cases are still subject to a Coroner's inquest.

- In 2019, there were 77 deaths where suicide was suspected, and in 2020 there were 73 deaths.
- 83% of deaths in 2019 and 68% in 2020 were males, which is comparable to figures reported from Civil Registration mortality data.
- 22% of suspected suicides in 2019 were in the 50-59 year age groups, and 25% of suspected suicides in 2020 were in the 30-39 year age groups.
- The ages at time of death recorded range from 15 years to 84 years and the average age at death was 47 years in 2019 and 45 years in 2020.
- Hanging/strangulation/suffocation was the most common method, making up 69% of all suspected suicides in 2019 and 51% in 2020. The proportion of suspected suicides from poisoning has increased from 13% in 2019 to 30% in 2020.
- In the remaining cases, drowning, asphyxia, cutting/stabbing, and jumping from height were mentioned in the Sudden Death Report.
- 65% of suspected suicides in 2019 and 63% in 2020 occurred in or around the deceased own home. In the remaining cases, deaths occurred in park/woodland areas, rivers/lakes/canals and railways/roads.

## Conclusion

The local picture shows that deaths from suicide in Lincolnshire have increased since the last reported audit; however, these increases are in line with nationally reported figures.

Characteristics and details surrounding suicides remain consistent with previous years, with hanging/strangulation/suffocation being the most common method for people to take their own lives, both in Lincolnshire and nationally.

As with previous audits, men continue to contribute to the majority of suicides in Lincolnshire, however the gender gap had widened in 2019 with men making up 86% of all suicides, and 73% of all suicides in 2020.

Findings from the Coroner's data showed that 78% of deaths from suicide between January 2016 and February 2019 were men. Further analysis revealed that hanging/strangulation/suffocation was the most common method of suicide, 67% of individuals had experienced mental ill health, 43% had known suicidal tendencies, and 40% had made at least one previous attempt.

Findings from the Real Time Surveillance project are consistent with registered mortality and Coroners data, with 83% of suspected suicides in 2019 and 68% in 2020 being men and hanging/strangulation/suffocation made up 69% of all suspected suicides in 2019 and 51% in 2020.

This audit continued to look at suicides using both NHS Digital mortality data to provide long term figures; however due to the Coroner's Office being unable to resource and supply enhanced data, analysis of detailed Coroner's data for 2019 and 2020 was not included. Hence, detailed monitoring of risk factors of deaths from suicide in Lincolnshire was not possible for this report.

The global COVID-19 pandemic has resulted in negative impact on mental health of UK population. This impact has resulted from anxieties about the disease, loneliness and social isolation from extended lockdown and shielding of vulnerable groups, and from anxieties across all members of society about job insecurity, bereavement, and educational attainment. Also, long term effect of COVID-19 infection, particularly among some young people, can lead to long term mental health complications.

In a May 2021 briefing, the Centre for Mental Health have predicted that around 10 million people in the UK (8.5 million adults and 1.5 million children and young people) will require mental health support in the next three to five years as a direct result of the pandemic. The briefing identified that the groups of people who face an especially high risk of poor mental health include people who have survived severe COVID-19 illness (especially those treated in intensive care), those working in health and care services during the pandemic, people economically impacted by the pandemic and those who have been bereaved. ([Source: Centre for Mental Health, Covid-19 and the nation's mental health, May 2021](#)).

In a follow up to the [Mental Health and Young People Survey \(MHCYP\)](#) in July 2020, one in six (16%) of children aged 5 to 16 had a probable mental health disorder during the pandemic, compared to one in nine (10.8%) in 2017.

In August 2020, the [Office for National Statistics \(ONS\)](#) reported that almost one in five adults (19.2%) were likely to be experiencing some form of depression during the pandemic as at June 2020; this had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020).

A [NatCen study](#) on older people found that incidence of depression, anxiety and loneliness was greater in those who were in high risk groups and self-isolating, and those with existing co-morbidities.

## Recommendations

- Suicide audits should continue to be produced annually, to support the Lincolnshire Suicide Prevention Strategy and Action Plan 2020 - 2023.
- There is a need to be able to access Coroner's records on deaths from suicides in order to understand potential risk factors where targeted actions can reduce the number of deaths from suicide.
- Support the Lincolnshire Suicide Prevention Steering Group in their implementation of the RTS process locally to ensure the information is used effectively to monitor cases and to escalate any new or emerging issues.
- Monitor the impact of the COVID-19 pandemic on population health and wellbeing as new and additional evidence emerges and direct targeted interventions at groups identified as having an increased risk of death from suicide.