SUICIDE AND UNDETERMINED INJURY

What's the issue?

Most people who commit suicide do not intend to die, but it is often a cry for help. “A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die – they just want to stop hurting. Suicide prevention starts with recognising the warning signs and taking them seriously” [320]. However, recognising these signs is difficult. “Even mental health professionals find it hard to know when a person is particularly at risk. "Once a person has decided to take their life, they can go to great lengths to cover up their plans,” says Professor Keith Hawton from the Centre for Suicide Research, University of Oxford” [321].

Mortality rates increase with age for most diseases and conditions, but for suicide whilst the rates are highest among those aged 35-64 years (13.3 deaths per 100,000 for 2011-13 for England), rates are relatively uniform across other age groups (15-34 years: 7.9 deaths; 65-74 years: 7.2 deaths and 75+ years: 8.4 deaths per 100,000 population) [78]. So it affects people at younger ages compared to the majority of other medical conditions.

There are also huge effects on family and friends. “The loss of someone you've been close to, whatever the cause of their death, can bring intense feelings of grief. But losing someone through suicide can cause reactions and emotions that are different to those felt after death from illness, an accident or natural causes. The fact that a person’s death involved an element of choice raises painful questions. Shock, social isolation, feelings of intense guilt, self-blame and self-questioning can be greater when bereavement is caused by suicide than when it’s caused by other types of death. "The grieving process is characterised by questioning and a search for an explanation," says Hawton. He goes on to state that “Suicide is still a stigmatised topic, which can reinforce feelings of shame and stigma in the bereaved, and make the person feel worse and more isolated’’” [321].

What’s our situation?

Over the period 2012-14, there were 83 deaths from suicide and undetermined injury in Hull. There is considerably year-on-year variability in the mortality rate from suicide and undetermined injury due to the relatively small number of deaths. Over the last 12 years (from 2001-03), the rate in Hull (range 10.2 1 to 13.0 deaths per 100,000 population) has been consistently higher than England (range 8.2 to 9.2 deaths per 100,000 population). The rate in Hull has decreased from over 14 deaths per 100,000 population during the period 1997-99 to 2007-09 (with exception of 2001-03 (13.2) and 2006-08 (13.3)) to fewer than 13 deaths per 100,000 population between 2008-10 and 2012-14 with the exception of 2011-13 at 13.9 deaths per 100,000 population [26, 77, 78, 82, 94].

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disability report.

What are the strategic needs?

Reducing suicide involves a multi-factorial approach as the causes and reasons why people consider taking their own lives are complex. There is an increased risk with deprivation and poverty, and among those who have already presented for mental health issues. Unemployment, debt, problems with relationships, drug and alcohol abuse, child abuse, and a wide range of other factors could have an influence. There is a need to identify the most vulnerable citizens and work with them to address their specific needs. Strategies to reduce poverty and unemployment, improve educational attainment, reduce crime levels, increase resilience and improve health and reduce health inequalities should have an influence on suicide.

People should be encouraged to seek help and support if they are considering taking their own life, and help should be given to families and friends so that they recognise the signs and have the support they need to help family members or friends who are having suicidal thoughts.
The All Party Parliamentary Group on Suicide and Self-Harm Prevention in 2012 supported development of the strategy “Preventing suicide in England” [322] and in 2013 issued a report following a review of local suicide prevention strategies and made recommendations for the future which included a requirement for all local authorities to develop and implement a local plan which should include provision for bereaved families [323]. The suicide prevention strategy included six key areas: (i) reducing the risk of suicide in key high-risk groups; (ii) tailor approaches to improve mental health in specific groups; (iii) reduce access to the means to suicide; (iv) provide better information and support to those bereaved or affected by suicide; (v) support the media in delivering sensitive approaches to suicide and suicidal behaviour; and (vi) support research, data collection and monitoring [322].

References


