SUICIDE AND UNDETERMINED INJURY

What's the issue?
“A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who take their own lives don't want to die – they just want to stop hurting. Suicide prevention starts with recognising the warning signs and taking them seriously” [364], but 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” [365].

Suicide rates are highest among those aged 35-64 years (13.3 deaths per 100,000 for 2011-13 for England), with rates 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) [99]. So it affects people at younger ages compared to the majority of other medical diseases and 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. 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’, says Hawton” [365]. There is an increased risk of suicide, depression and admission to psychiatric care among those bereaved by suicide [366], and increased risk of a suicide attempt among those affected by a schoolmates suicide [367].

What's our situation?
Over the period 2014-16, there were 92 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. Since 2001-03, the rate in Hull has been consistently higher than England (range 2.0 to 4.5 deaths per 100,000 population higher), although the rate in Hull has fallen at a slightly faster rate than England over this time period (−0.09 versus −0.01 deaths per year per 100,000 population) [27, 98, 99, 103, 116].

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disabilities 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 can 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, unemployment and crime levels, and improve educational attainment, health and resilience 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. Online training is also available [368].

There is a requirement for all local authorities to develop and implement a local plan which should include provision for bereaved families [369]. 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 [370]. Documents are available to help local authorities with this requirement [371, 372].

The Hull Mental Health and Suicide Prevention Plan was launched in November 2017 together with the Director of Public Health Annual Report. The aim is that “if suicide does occur, we react, learn and make changes as a system, to avoid it happening again” [7]. There are ongoing audits of suicide deaths with the intention learning and reducing future risk.

REFERENCES


