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# **Wirral Suicide Audit 2013**

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# Wirral Suicide Audit 2013

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## Current Version:

Version History	Date	Author	Reviewers	Actions
	8/1/2016	Sarah Kinsella	Hannah Cotgrave Steve Gavin Beverley Murray Julie Graham	Addition of trend data in appendices. Clarification of open verdicts. Typos.

## Report Overview

<b>Abstract</b>	Audit of all cases recorded as suicide (or the related verdicts of open, misadventure or narrative) in 2013 that were resident in Wirral.
<b>Intended or potential audience</b>	<b>External</b> <ul style="list-style-type: none"><li>• Coroner's Office</li><li>• GPs</li><li>• CWP</li></ul> <b>Internal</b> <ul style="list-style-type: none"><li>• Mental Health leads</li><li>• DMT (plus other departmental DMTs)</li></ul>
<b>Links with other topic areas</b>	<ul style="list-style-type: none"><li>• Mental health</li><li>• Other Long Term Conditions</li><li>• Debt/finances/benefits</li><li>• Bereavement</li></ul>

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## Wirral 2013 Suicide Audit

### Key Findings

- There were 53 cases which were assigned as suicide, open, misadventure or narrative verdicts in 2013. Ten of the 53 cases were suicide verdicts
- Of the 10 cases deemed by the coroner to be suicide, suicide notes were present in half of those cases (5 or 50%). In all of the cases found to be suicide, the cause of death was hanging/strangulation
- Men were over-represented in the suicide (and related verdicts) figures than women, with 70% of cases being male and 30% female in 2013
- Men appeared more likely to commit suicide at younger ages and were highly likely to be unemployed, compared to women
- Women appeared more likely to commit suicide at older ages than men, consequently they were more likely to be retired and/or widowed than male cases (whether this is a cause or consequence is unclear)
- Ethnicity was not recorded in enough detail to draw any conclusions
- In 2013, 41% of all Wirral suicide and related verdicts were born outside of Wirral. This compares to 49% of *all* deaths in Wirral in 2013 (occurring in people born outside of Wirral).
- The most common cause of death was self-poisoning, followed by hanging/strangulation
- Winter (December to February) was, perhaps unsurprisingly, the season most people were likely to commit suicide
- In 11 of the 53 total Wirral cases (21% or one in five) for 2013, the person had lain undiscovered for a period of time, a strong indication that these individuals were socially isolated people
- Around half of men had current or historical issues with drugs and/or alcohol (46% for both). Amongst women, almost two in three had a current or historical issue with alcohol (63%), and a quarter had had issues with drugs (25%)
- Around one in four individuals had previously attempted suicide (24%), whilst one in ten (11%) had a history of self-harm
- Around one in 8 individuals (13%) were known to mental health services, whilst around one in 20 (6%) had ever been detained under the Mental Health Act
- Around one in 12 (8%) individuals were recorded as having a history of violence in 2013, whilst around one in 25 (4%) were recorded as ever having been in prison or a Youth Offending Institution
- 15% of people were recorded as having relationship problems, 4% as having financial problems
- Methadone was the most commonly prescribed drug for individuals included in this audit (9% of cases), whilst cocaine was the most commonly mentioned illegal drug (11% of cases).

## Introduction

Cases are included in this audit if they were examined by the Coroner during the 2013 calendar year. The date of death may not necessarily have been during 2013 however, as historically, some cases took time to arrive at Coroner court. Following a local re-organisation (from December 2013, Wirral cases now fall within the jurisdiction of the Liverpool Coroner) and delays have been significantly reduced.

## Verdicts

This audit is not just of cases determined to be suicide, but also of cases of potential or possible suicide. It therefore includes the verdicts of Open, Misadventure and Narrative – as well as Suicide. The Coroner will only assign a suicide verdict in cases where suicidal intention is beyond reasonable doubt. Even in cases which may appear to be suicide, a verdict of misadventure, open or narrative may still be assigned, because the Coroner cannot be certain that suicide was the deceased persons clear intention. In total, there were 53 cases in 2013 which fell into the above categories. See Table 1 below.

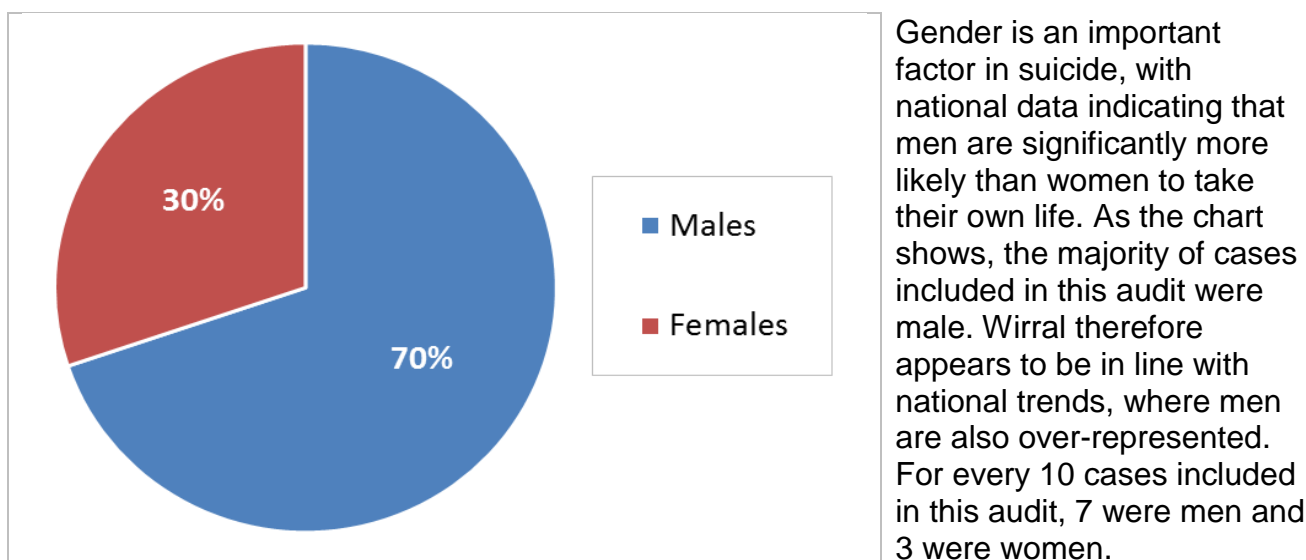
**Table 1:** Cases included in the 2013 audit with assigned verdict

Suicide	Open	Misadventure	Narrative	Total
10	19	21	3	53

Of the 10 cases deemed by the coroner to be suicide, suicide notes were present in 5 of those cases (50% or half). In all 10 cases assigned as suicide, the main cause of death was hanging/strangulation. In the 19 cases where the verdict was Open, the majority of cases (11 cases or 58%), the cause of death was unascertained. In the 21 cases of Misadventure, the cause of death in every case was self-poisoning.

## Gender

**Figure 1:** Proportion of Wirral suicide (and related verdicts) by gender



Gender is an important factor in suicide, with national data indicating that men are significantly more likely than women to take their own life. As the chart shows, the majority of cases included in this audit were male. Wirral therefore appears to be in line with national trends, where men are also over-represented. For every 10 cases included in this audit, 7 were men and 3 were women.

In the previous Wirral suicide audit (2012), the proportions were very similar (76% men, 24% female).

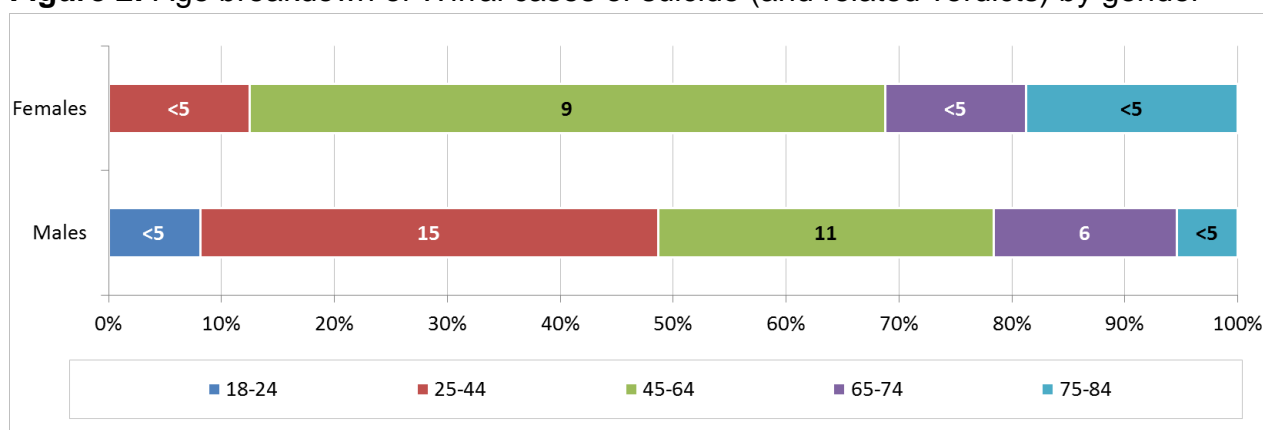
## Ethnicity

Only 8 out of 53 cases contained ethnicity information. It was not therefore possible to conduct any analysis or investigation into ethnicity and suicide in Wirral using 2013 data.

## Age

Age is also an important factor in suicide and there are differences between the genders on the ages at which suicide is more likely. It should be remembered that the chart below makes it appear as though there were equal numbers of suicides/potential suicides amongst men and women in Wirral in 2013. This is **not** the case however. Each gender is represented as 100% (even though the actual numbers are larger for men) so that the genders can be compared more easily. Actual numbers are shown on the chart, with numbers less than 5 suppressed for reasons of confidentiality.

**Figure 2:** Age breakdown of Wirral cases of suicide (and related verdicts) by gender



As Figure 2 shows, men and women differ slightly in the age band in which a suicide (or possible suicide) are most likely. Amongst men, the largest percentage of cases occurred in younger men - those aged 25-44 (40%). In women however, the largest percentage of cases occurred in those who were slightly older - the 45-64 age group (24%) of cases. In addition, there were no female cases in 2013 in those aged under 24, whereas just under 8% of male cases were aged under 24. In summary, it would appear that men are more likely to commit suicide at younger ages (and in greater numbers) compared to women.

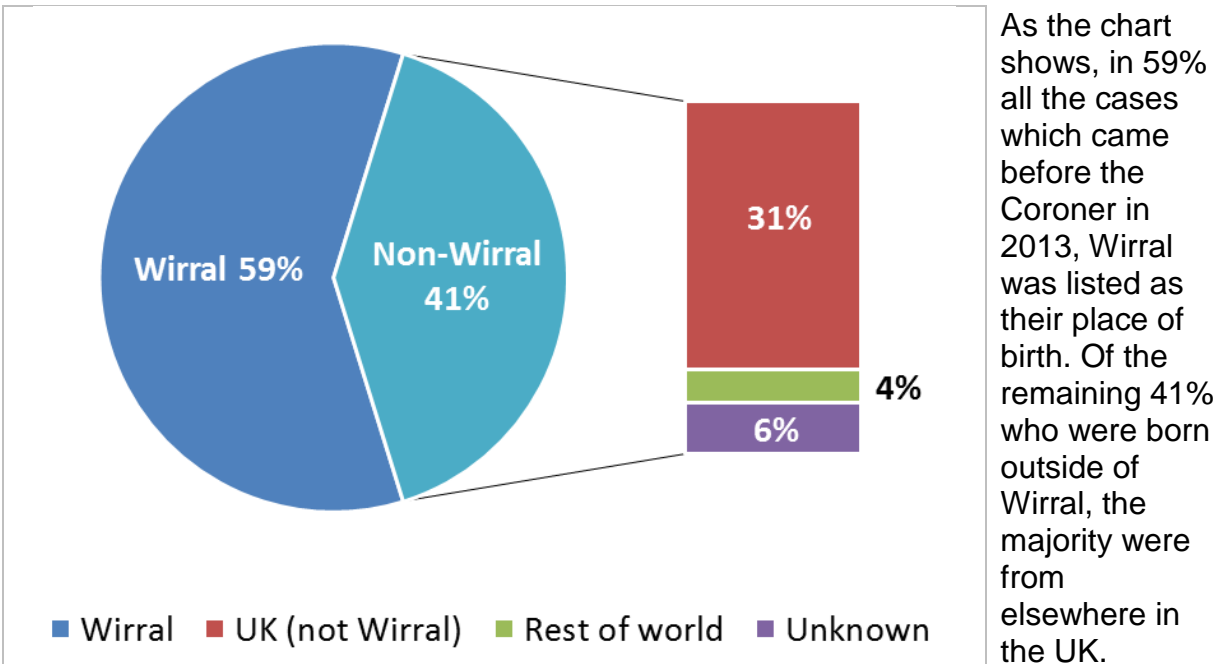
Age categories/banding have changed for 2013 (previously different categories were used). See Appendices for trend data (using the previously used age categories and including 2013 data) on age.

## Place of birth

Figure 3 shows the breakdown of Wirral cases (resident in Wirral at the time of their death) which came before the Coroner in 2013 by the listed place of birth. Place of birth may be a relevant factor for suicide, because it can affect social support and mental health in general. If people are living far from their place of birth, it can mean that they are more likely than those born locally to lack a close network of friends and family to whom they

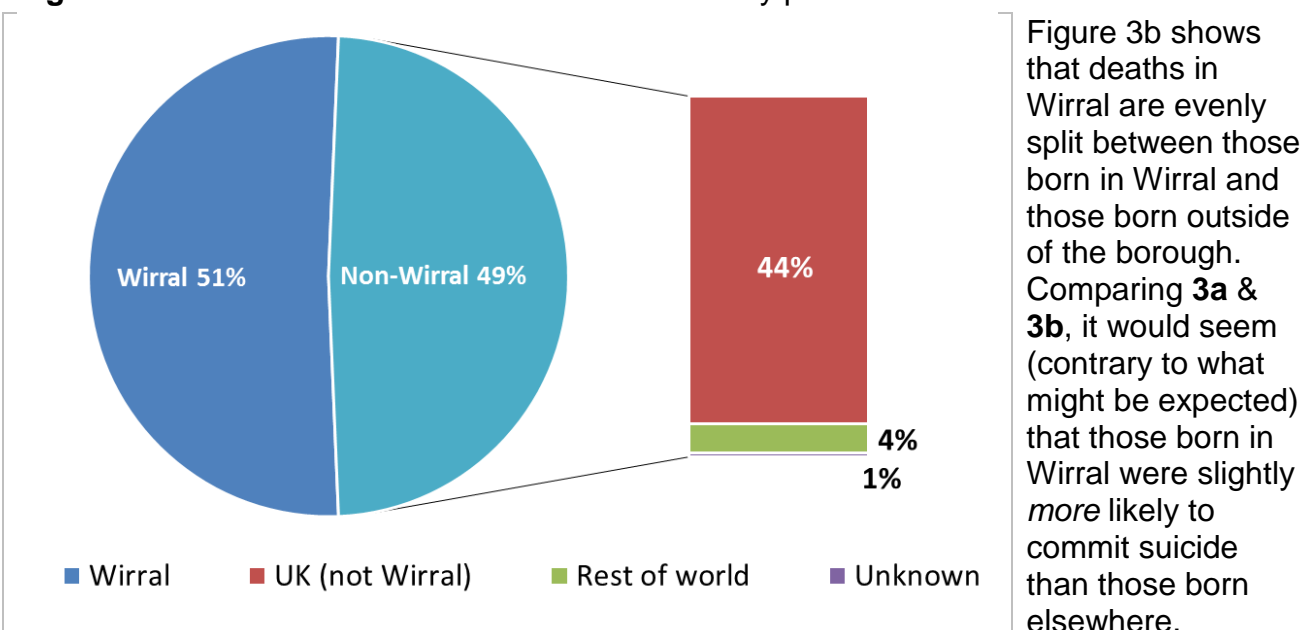
can turn to for support in times of need. This is not just true for those from other countries and cultures living in the UK, it can be true of people who are from other areas of the UK, but who currently live far from friends and family.

**Figure 3a:** Breakdown of 2013 cases of suicide (and related verdicts) by place of birth



Although it may seem that 41% of Wirral cases were born elsewhere is a high proportion, when examined alongside all deaths which took place in Wirral in 2013, it appears that individuals who committed suicide (or potentially committed suicide) in Wirral in 2013 are not so different after all). See Figure 3b below.

**Figure 3b:** Breakdown of *all* 2013 deaths in Wirral by place of birth

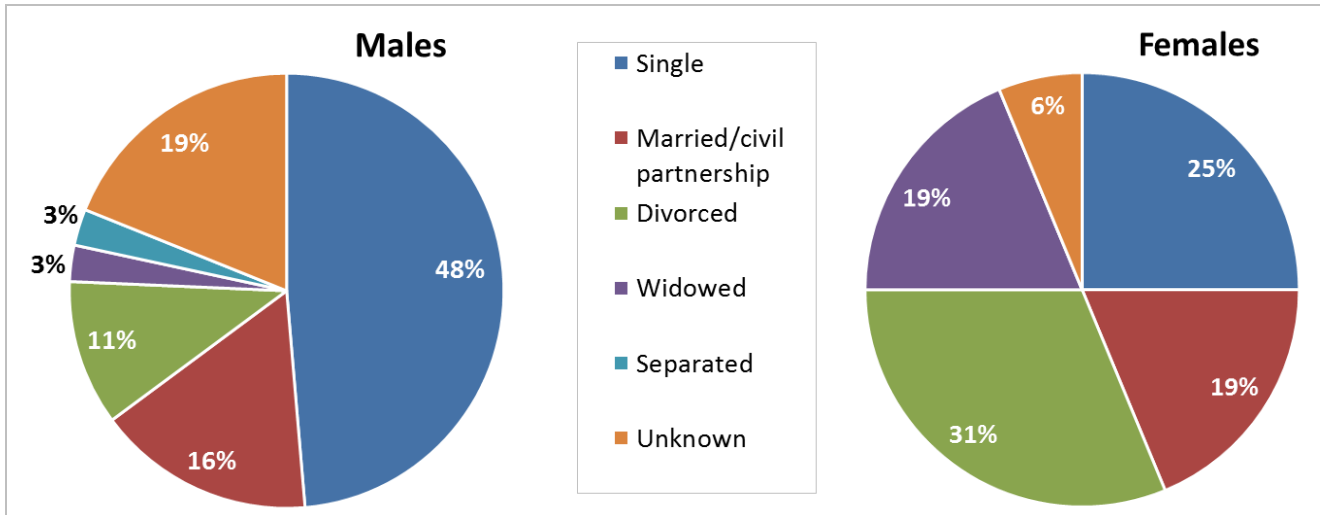




## Marital Status

Figure 4 below shows the breakdown of suicide and related verdicts, by both gender and marital status at the time of death. Marital status is well evidenced as being related to risk of suicide, and as the chart shows, there are notable differences between the genders.

**Figure 4:** Marital status of Wirral cases of suicide and related verdicts, by gender



As Figure 4 above shows, men who were single accounted for the largest proportion of suicide (and related verdicts) in Wirral in 2013, with almost half (48%) known to be single. As 19% had an unknown marital status, it could be that this figure is even higher in reality.

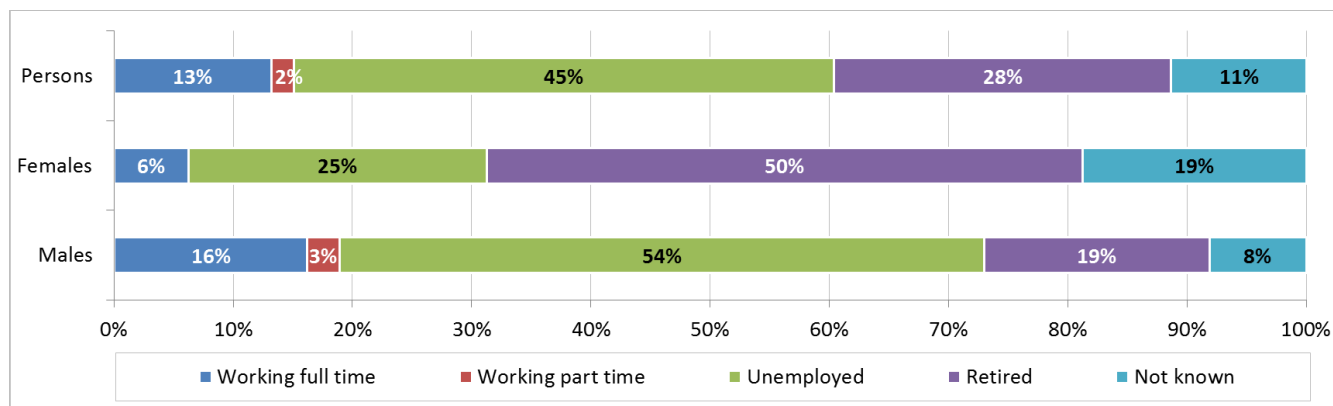
Amongst women, the picture was slightly different. For example, cases classed as suicide or related verdicts in Wirral women, were most likely to have occurred in those who were divorced (31%). Amongst men, only 11% of cases were amongst divorced men.

Another notable difference was in those people classified as widowed – amongst men, only 3% of cases were recorded as widows, compared to 19% of women. There are demographic reasons for this; women are of course, much more likely to be widows than men, given that men generally die earlier, but it is still a phenomenon worthy of note.

## Employment Status

Employment status is a well evidenced factor in suicide, with unemployment resulting in a higher risk of suicide for men. Figure 5 below shows the suicide and related verdict cases for Wirral in 2013, by employment status.

**Figure 5: Suicide and related verdict cases for Wirral in 2013, by employment status**

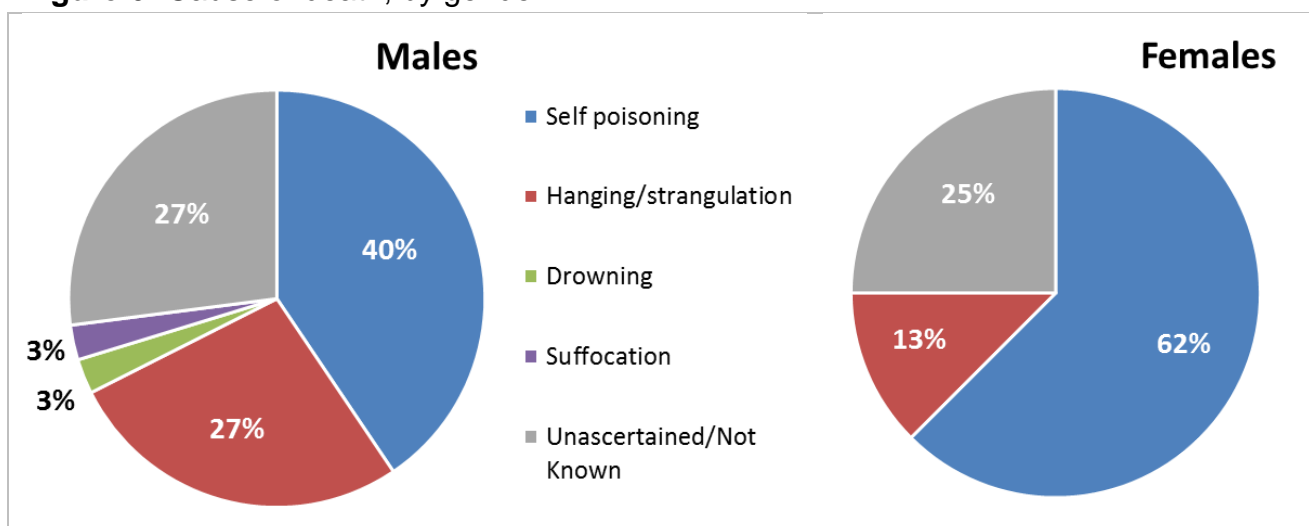


As mentioned on earlier charts, Figure 5 may give the impression that there were equal numbers of male and female suicides, but this is not the case, each has been shown as 100% to aid comparison between the genders.

As the chart shows, Wirral appears to be consistent with UK overall, in that unemployment appears to be a key factor in male suicide. More than half of all the male cases in 2013 were unemployed (54%). For women the picture was slightly different and although unemployment was common amongst female cases (25% were unemployed), the most likely employment status was 'retired', with half of all female cases of suicide and related verdicts being retired (50%). This does fit with other factors already covered earlier in this report, indicating that women tend to commit suicide at older ages than men (and are for example, more likely to be widowed).

### Cause of death

**Figure 6: Cause of death, by gender**

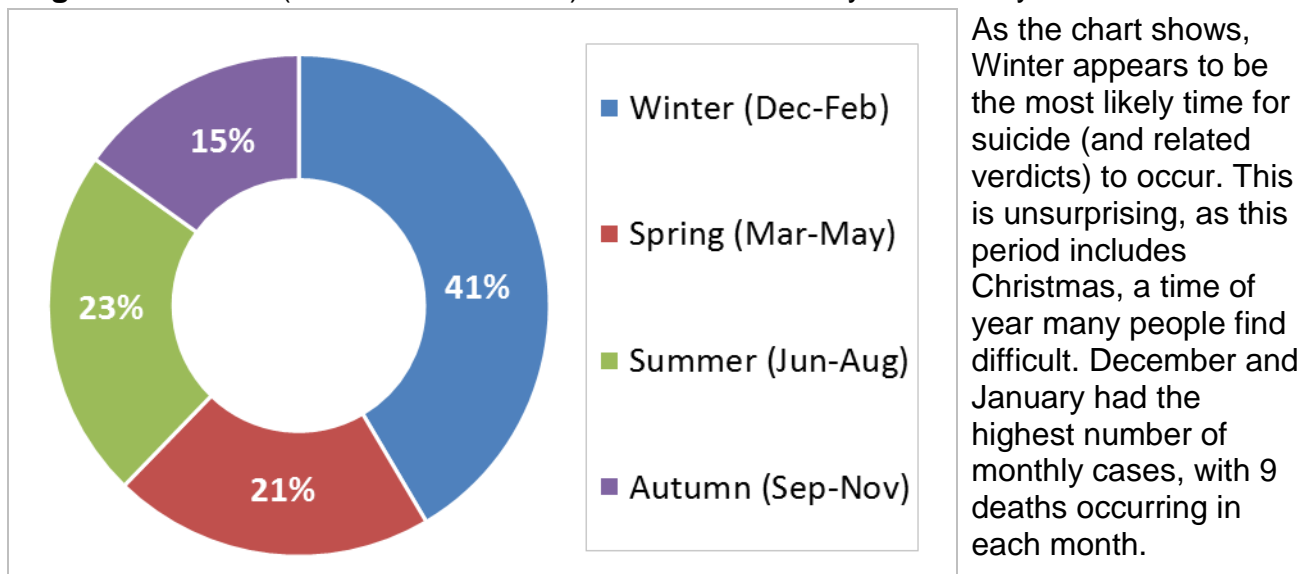


As Figure 6 shows, self-poisoning was the most common cause of death for both men and women in 2013, although it was far more common amongst women (62% of deaths, compared to 40% of male deaths). Hanging and strangulation was the next most common cause of death (27% of male deaths, 13% of female deaths). The 3<sup>rd</sup> most commonly

assigned cause was 'Unascertained'. This classification is used when a cause of death cannot, for various reasons, be established. One reason can be that a body has lain undiscovered for some time, making post-mortem – and conclusions about the cause of death – difficult. In 11 of the 53 deaths examined in 2013 (21% or one in five) for this audit, the body of the deceased person had lain undiscovered for a length of time. This is a strong indication that these individuals were isolated and lacking in social support, given that their absence was not missed for a period of time and this should be noted.

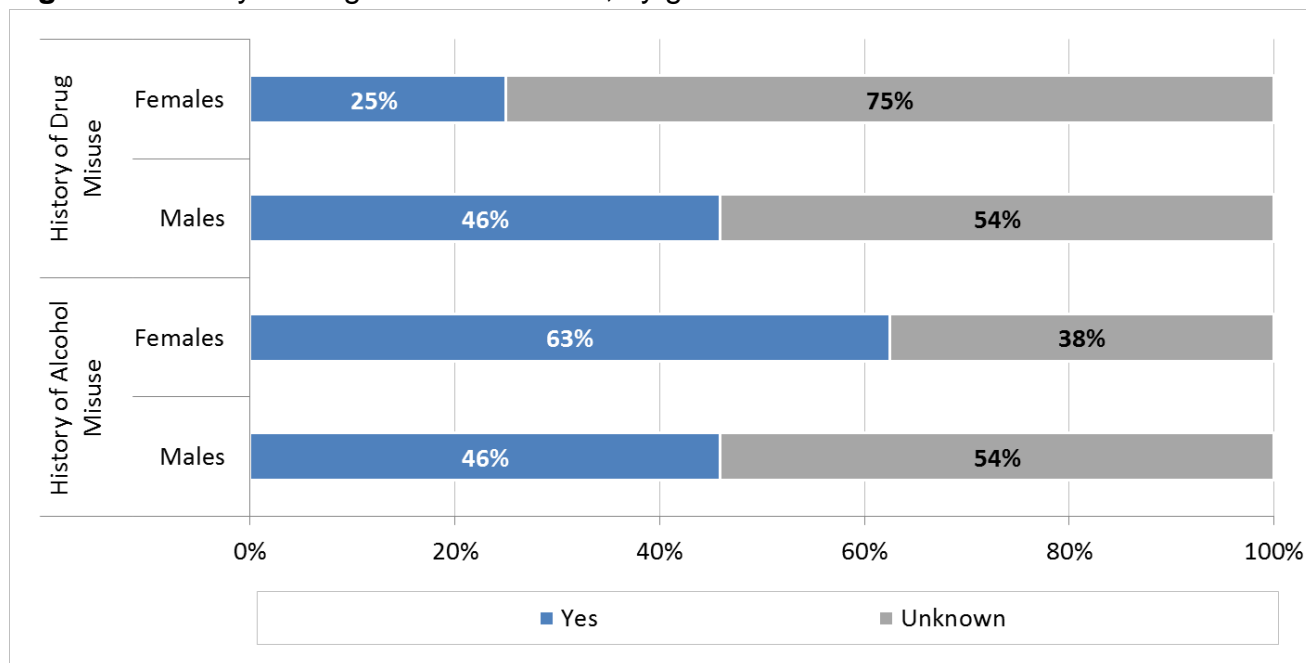
### Time of Year

**Figure 7:** Suicide (and related verdicts) in Wirral in 2013 by seasonality



### History of Drug or Alcohol Abuse

**Figure 8:** History of drug or alcohol abuse, by gender

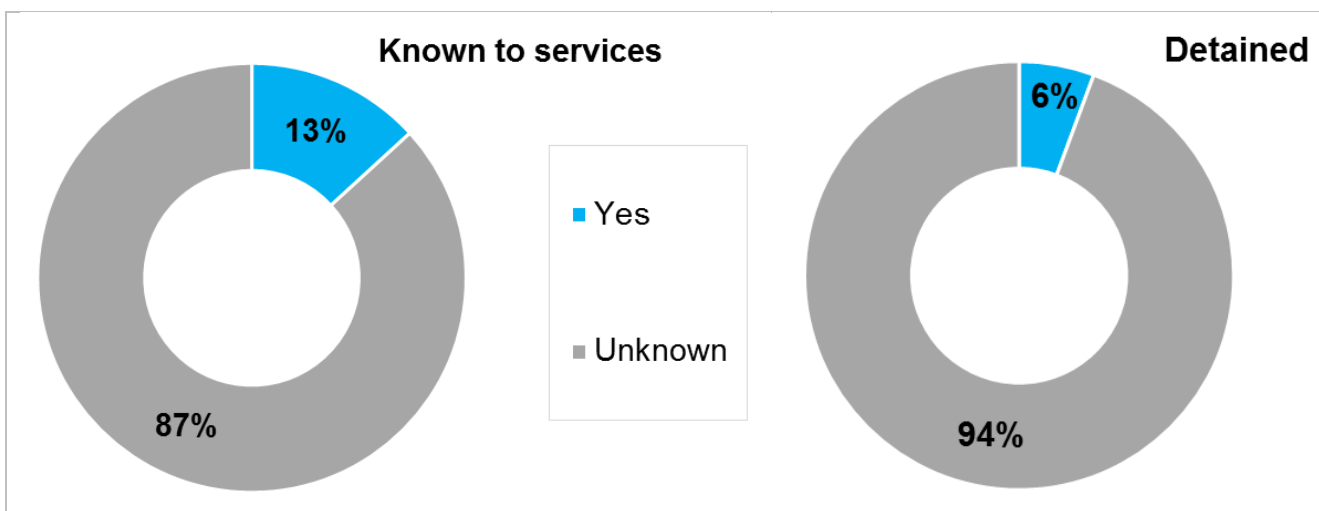


As Figure 8 shows, a history of alcohol abuse was more likely than not amongst women, with almost two in three (63%) of all the deaths occurring in 2013, taking place in those who had either current or historical problems with alcohol. Amongst men, the equivalent figure was 46% – almost half of all cases. These findings are consistent with national findings that a history of alcohol abuse is a risk factor for suicide – and this seems particularly true of women in Wirral in 2013. With regards to a history of drug abuse, men were more likely to have had problems than women (46% versus 25% in women), with almost half of cases having current or previous problems with drugs.

In 9 of the 53 cases (17%) methadone was either prescribed and/or was present in the body at post-mortem. Similarly cocaine was noted to have been regularly used, and/or present at post-mortem in 6 cases (11%) and was the most commonly mentioned illicit drug noted in this audit. Cannabis (n=5, or 9% of cases) was the next most commonly mentioned illicit drug. Other non-prescribed drugs listed as a cause or contributory factor in death were butane gas, propane gas and helium gas.

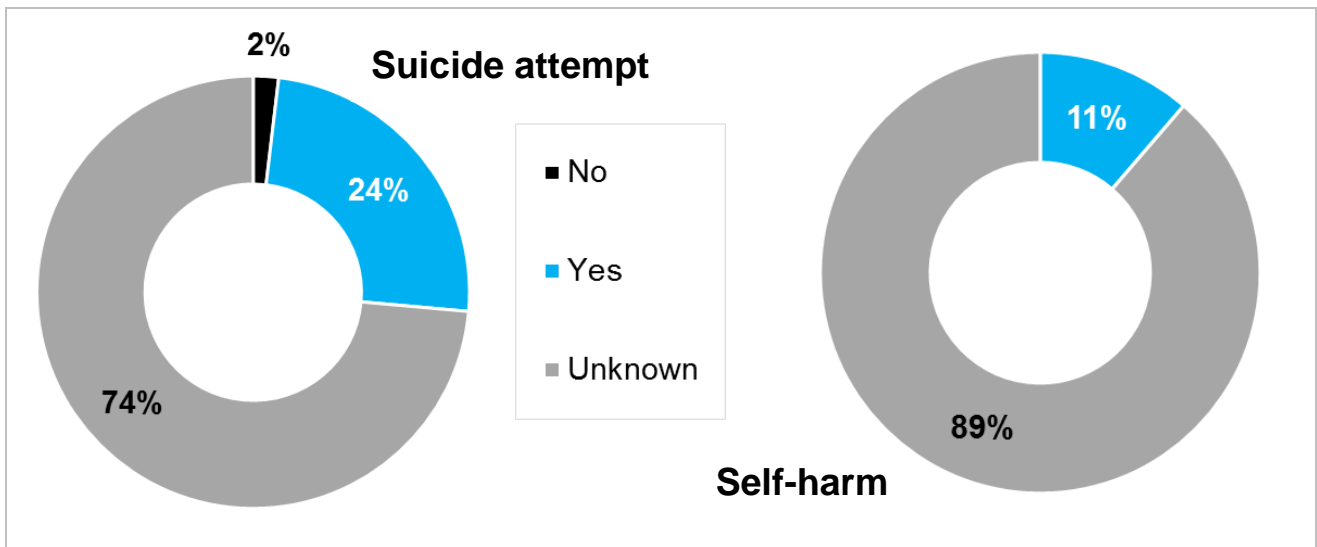
### History of mental health problems

**Figure 9:** Proportion of individuals who were known to mental health services and those who were recorded as ever having been detained under the Mental Health Act



As Figure 9 shows, around one in 8 individuals (13%) were known to mental health services, whilst around one in 20 (6%) had ever been detained under the Mental Health Act.

**Figure 10:** Proportion of individuals with a history of previous suicide attempts and self-harm



As Figure 9 above shows, a history of previous suicide attempt was noted in around one in four of individuals (24%), compared to around one in ten (11%) of people with a history of self-harm.

### History of violence or prison

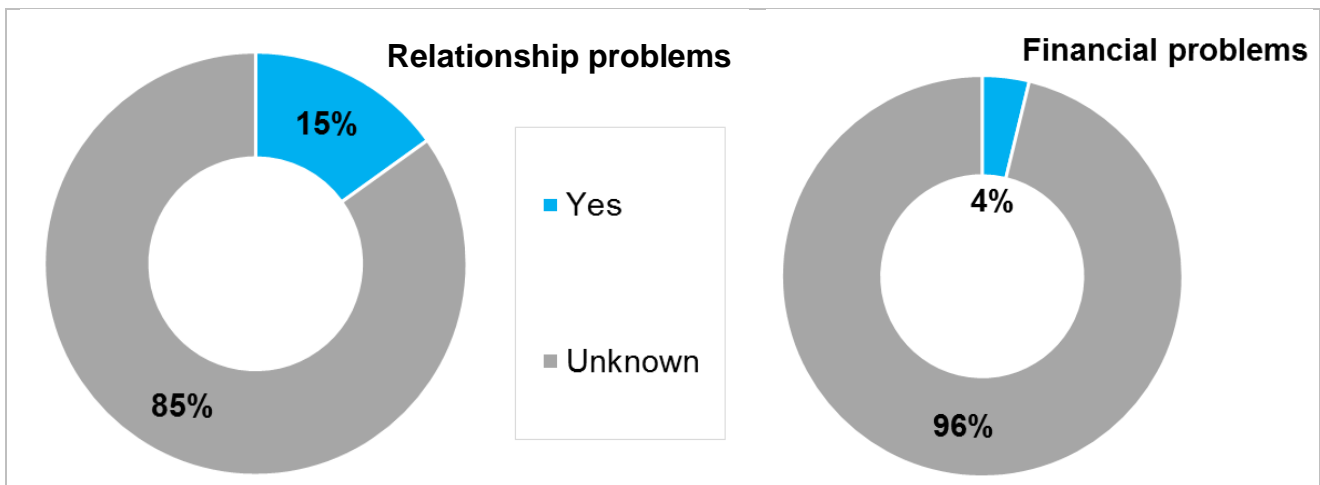
**Figure 11:** Proportion of individuals with a history of violence and prison



As Figure 11 shows, around one in 12 (8%) individuals were recorded as having a history of violence in 2013, whilst around one in 25 (4%) were recorded as ever having been in prison or a Youth Offending Institution.

## History of relationship or financial problems

**Figure 12:** Proportion of individuals with relationship and financial problems



As Figure 12 above shows, 15% - or one in seven – individuals had relationship problems prior to their death, whilst 4% (around one in 25) had recorded financial problems. It is important to note that this information is not definitive, only indicative, as information of this kind relies upon either a suicide note, if one exists, or disclosure from friends of family.

## Prescribed drugs

In 21 of the 53 cases (39%), individuals had been prescribed medications, the majority of which were for mental health problems, pain and drug dependency. Table 2 below shows all of the drugs mentioned in Coroners files in 2013. Methadone was the most commonly mentioned prescribed drug. There were also additional cases where methadone was recorded as being in the deceased person's system post-mortem, but their prescribed drugs did not list methadone, indicating that either the list was incomplete, or the individuals had acquired the methadone illicitly.

**Table 2:** List of drugs prescribed to those included in the 2013 Suicide Audit

Prescribed drug	Drug Type/Prescribed for
Methadone	Opioid (drug dependency)
Omeprazole	Stomach ulcers
Quetiapine	Anti-psychotic (schizophrenia, bipolar disorder)
Thiamine	Prevention of alcohol-induced brain damage (Korsakoffs Syndrome)
Diazepam	Benzodiazepine (anxiety, alcohol withdrawal symptoms)
Fluoxetine	SSRI (depression)
Sertraline	SSRI (depression)
Paracetamol	Painkiller
Amitriptyline	Tricyclic antidepressant
Amoxicillin	Antibiotic
Atenolol	Beta-blocker (hypertension and Angina)
Betnovate	Skin conditions
Bisoprolol	Beta-blocker (hypertension and Angina)
Cetirizine	Allergy
Citalprom	SSRI (depression)
Clopidogrel	Antiplatelet agent (CHD)
Co-codamol	Painkiller
Concerta	Methylphenidate (ADHD)
Digoxin	Heart failure and AF
Dihydrocodeine	Painkiller
Gabapentin	Painkiller (also epilepsy)
Lactulose	Constipation
Lymecycline	Antibiotic
Mirtazapine	Antidepressant
Oramorph	Painkiller (opioid)
Paroxetine Hydrochloride	SSRI (depression, obsessive-compulsive disorder, anxiety)
Piprotil	Anti-psychotic (withdrawn from use in 2014)
Prednisolone	Steroid
Prozac	SSRI (depression)
Remapiril	(ACE) inhibitor
Risperidone	Anti-psychotic (schizophrenia, bipolar disorder)
Seretide	Asthma
Simvastatin	Statin (CVD)
Tramadol	Painkiller (opioid)
Trazadone	Tricyclic antidepressant
Viagra	Vasodilator