Wirral Suicide Audit 2017

Wirral Intelligence Service

December 2018

Wirral Suicide Audit 2017

For further information please contact:
Public Health Intelligence Team
Wirral Intelligence Service
Email: intelligencerequests@wirral.gov.uk

Or visit the Wirral Intelligence Service website:
www.wirralintelligenceservice.org

Contents

Key Findings

- There were 27 cases of suicide and other, related verdicts included in the 2017 Wirral Suicide audit. There were 20 cases assigned as suicide, 5 assigned as narrative verdicts and 2 assigned as Open/Other
- Wirral had a slightly higher suicide rate than England overall (10.1 per 100,000 in Wirral compared to 9.6 per 100,000 in England) in 2015-17 (according to ONS data, which includes only those cases classified as suicide)
- Suicide notes were present in just under half of all cases (44%, n=12). There were also three cases which were not assigned a suicide verdict, but where an explanatory note (which could be seen as a suicide note) was found. These three cases were assigned as narrative or open/other verdicts
- Men were over-represented in the audit; 85% of cases were male (n=23) and 15% were female in 2017 (n=4) The proportion male/female spilt is usually more like 75:25
- Average age at suicide was 50 for females and 45 for males. The peak age band was 45-64 and this is also the case nationally
- Improved ethnicity data showed that Wirral's BAME population was slightly under-represented; but numbers are too small to make firm conclusions
- The most common cause of death in 2017 was self-poisoning. This marks a change, as historically, (both locally and nationally), hanging was the most common method used
- Both male and female suicide cases were most likely to be living alone. In terms of marital status, both males and females were more likely to be single. This is also a long standing local and national trend
- Sexuality is still poorly recorded, despite LGBT young people having a significantly higher risk of suicide (and self-harm)
- The most likely employment status for both genders in 2017 was to be unemployed (nearly half for both males and females; 48% and 50% respectively). This is a long standing local and national trend
- September, October and February appear to be the peak months for suicide in Wirral over the last 4 years. There was no upturn in Winter or around Christmas/New Year
- Most suicide cases (57% of males and 50% of females) were known to mental health services and around one in in ten had previously been detained under the Mental Health Act (11%)
- Males appeared more likely than females to have had current or historical issues with drugs and/or current or historical issues with alcohol (caveat of small numbers)
- Males also appeared more likely to have attempted suicide than females; recorded self-harm was similar in males and females (around half of all cases)
- Physical health issues (52%), relationship issues (41%) and bereavement (22%) were the most common antecedents in Wirral suicides in 2017
- Mirtazapine (anti-depressant) was the most commonly found prescribed drug at post mortem
- Alcohol (n=13) and cocaine (n=5) were the most commonly found non-prescribed substances at post-mortem

Introduction

Cases are included in this audit if they were examined by the local Coroner during the 2017 calendar year. The date of death may not necessarily have been during 2017 however, as some cases take time to arrive at Coroners Court (usually due to the need to collect and collate evidence relating to the case for the Coroner to consider). Office for National Statistics (ONS) suicide figures are presented for the year when deaths were registered (e.g. around half of the suicides in England registered in one year, actually occur in the year before).

Verdicts

Unlike the ONS statistics on suicide, which are restricted to cases assigned as suicide, this audit considers cases of *potential* or *possible* suicide. It therefore also includes the verdicts of open, misadventure and narrative (see Appendix for more details on verdicts). The Coroner will only assign a suicide verdict in cases where suicidal intention is beyond reasonable doubt. Even in cases which appear to be suicide, a narrative or open verdict may still be assigned if the Coroner cannot be certain that suicide was the deceased person's clear intention, see Table 1.

Table 1: Cases included in the Wirral Suicide audits with assigned verdict, 2013 to 2017

Year	Suicide	Misadventure	Narrative	Open/Other	Total
2017	20	0	5	2	27
2016	21	0	11	0	32
2015	20	1	8	2	31
2014	29	2	13	0	44
2013	10	21	3	19	53

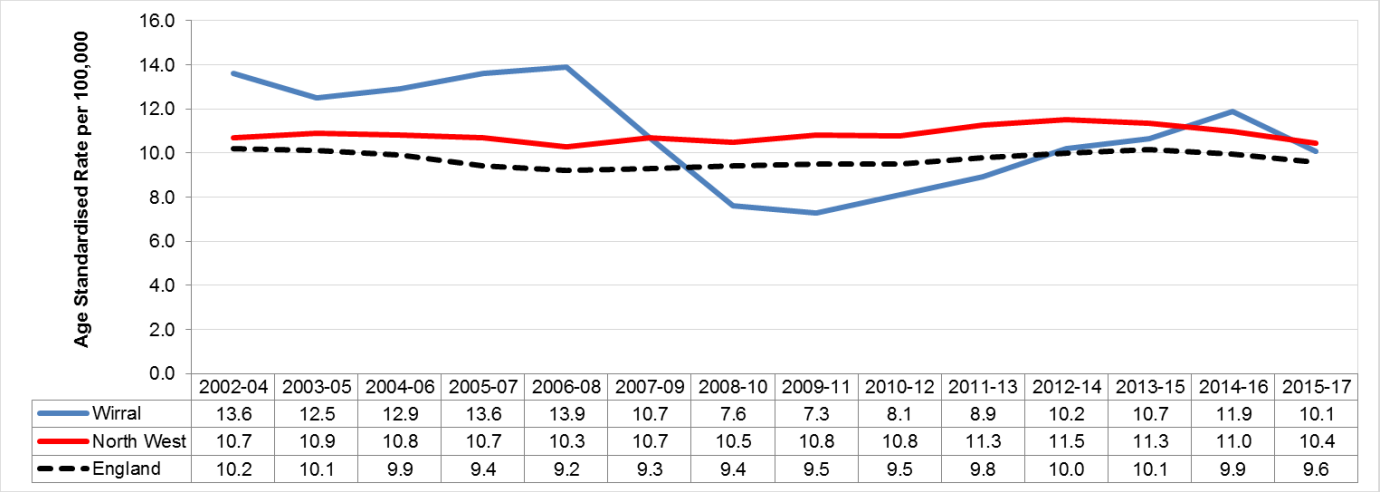
Of the 27 cases included in the 2017 Wirral audit, suicide notes were present in 12 cases (around 44%). When comparing verdicts from previous years, there was a significant change in categorisation after 2016. For example, in 2013, just 10 of 53 cases were classified as suicide, compared to 19 open verdicts. Between 2015 and 2017, there were only 4 open verdicts and, in 2017, the majority (n=20) of cases examined in this audit were assigned a suicide verdict. Misadventure has reduced similarly (to zero). Possible contributory factors to these changes may be improvements and standardisation in the recording of information, enabling a more concise verdict to be reached; the change in jurisdiction (to the Liverpool Coroner); and less stigmatising attitudes toward mental health and suicide.

Trend in suicide rates

Figure 1 below shows the 15-year trend in suicide rates locally, regionally and nationally. It should be noted that the information in Figure 1 is NOT based on numbers collected in this audit. It is based on national data that are restricted to suicide verdicts only.

It shows that suicide rates in Wirral (i.e. national data on suicide verdicts only) have fluctuated more than England or the North West (Figure 1). This is typical of smaller datasets. The overall trend in Wirral, however, appears to be a downward one, and this also appears to be the case nationally, albeit with a much shallower decline than Wirral

Figure 1: Trend in suicide rate in England and Wirral, 2002-04 to 2015-17



	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Wirral	13.6	12.5	12.9	13.6	13.9	10.7	7.6	7.3	8.1	8.9	10.2	10.7	11.9	10.1
North West	10.7	10.9	10.8	10.7	10.3	10.7	10.5	10.8	10.8	11.3	11.5	11.3	11.0	10.4
England	10.2	10.1	9.9	9.4	9.2	9.3	9.4	9.5	9.5	9.8	10.0	10.1	9.9	9.6

Source: ONS, 2018
Note: This chart is based on national data which includes suicide verdicts only

Gender

Gender is an important factor in suicide, with national and international data indicating that men are significantly more likely than women to take their own life and this has also been the case locally since recording began.

Despite men being more likely than women to take their own life, the recent UK Adult Psychiatric Morbidity Survey reported that women were more likely to make an attempt (5.4% of men, compared with 8.0% of women) [12].

Nationally, suicide cases were 75% males and 25% female in 2017 and in previous years, Wirral has showed very similar proportions. In 2017 however, the proportion of suicides in men in Wirral increased, of the cases included in this audit, 85% were male while 15% were female.

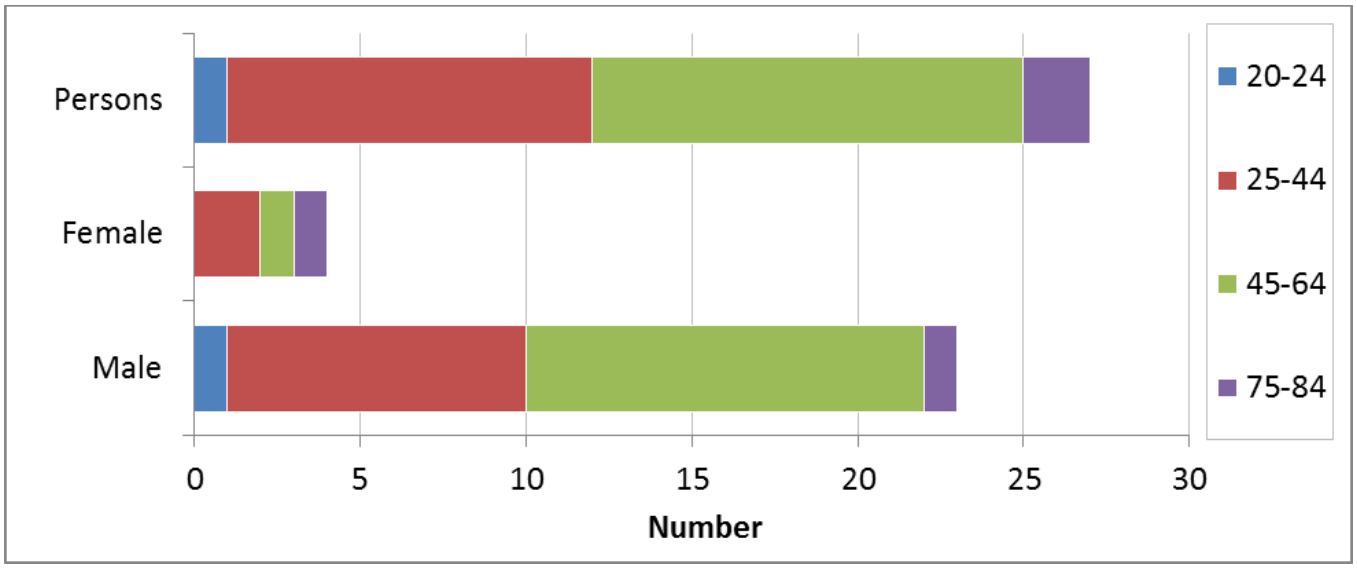
Ethnicity

All 2017 Wirral Suicide Audit cases contained ethnicity information. Wirral is estimated to have a Black and Minority Ethnic (BAME) population of 5%, so 4% of cases in BAME groups in 2017 is a slight under-representation of the BAME community in suicide figures, although overall figures are too small to draw firm conclusions. The ethnicity of the BAME cases has not been published for confidentiality reasons. It is not possible to compare Wirral data to a national picture, as ethnicity is not reported on national death registrations.

Age

Another important factor in suicide is age. Nationally, people aged between 45-64 years were most likely to take their own life (38% of all suicide cases) and this was also the case in Wirral (48% of all cases included in this audit). When split by age and sex however, Wirral differs slightly from the national picture. In Wirral in 2017, suicide was most common in females aged 25-44, whereas nationally, suicide was most common in females aged 45-64 years. Wirral data are however, based on very small numbers and so are susceptible to large fluctuations; but are nevertheless shown in Figure 2 below.

Figure 2: Age breakdown of Wirral cases by gender (2017)



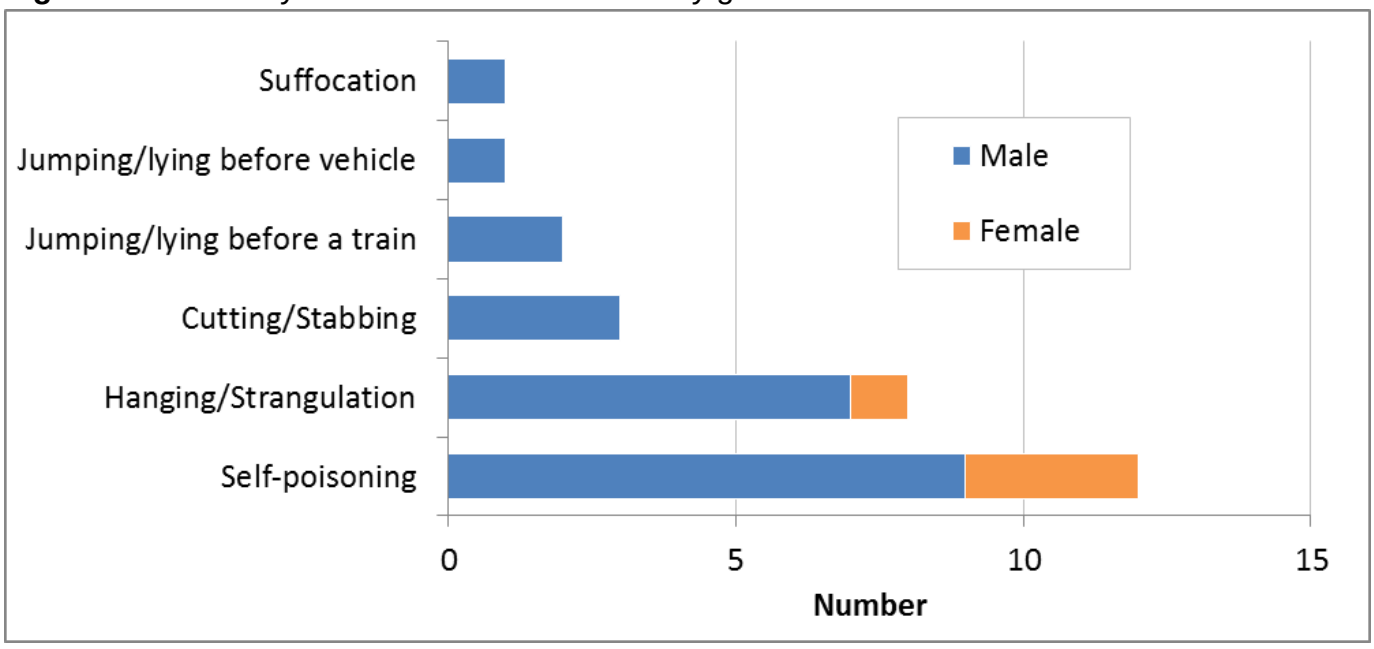
Source: Merseyside Coroner records (data collected specifically for this audit)

In Wirral in 2017, there were no suicides in people aged under 20, and no cases in women under 25. There was a greater proportion of women in the 25-44 bracket compared to men, but the most common age overall remained 45-64 year olds. The average age was 45.5 years overall; 44.8 years for men and 49.5 years for women.

Method

The most common suicide method for both males and females in Wirral in 2017 was self-poisoning. This represents a change in Wirral compared to both previous years and against the national picture, where hanging remained the most common method in 2017) [1]. Self-poisoning was the second most common method nationally [1]. Males in Wirral appear to have used a greater variety of methods than females, although this is mainly a function of a greater number of male suicides overall, see Figure 3.

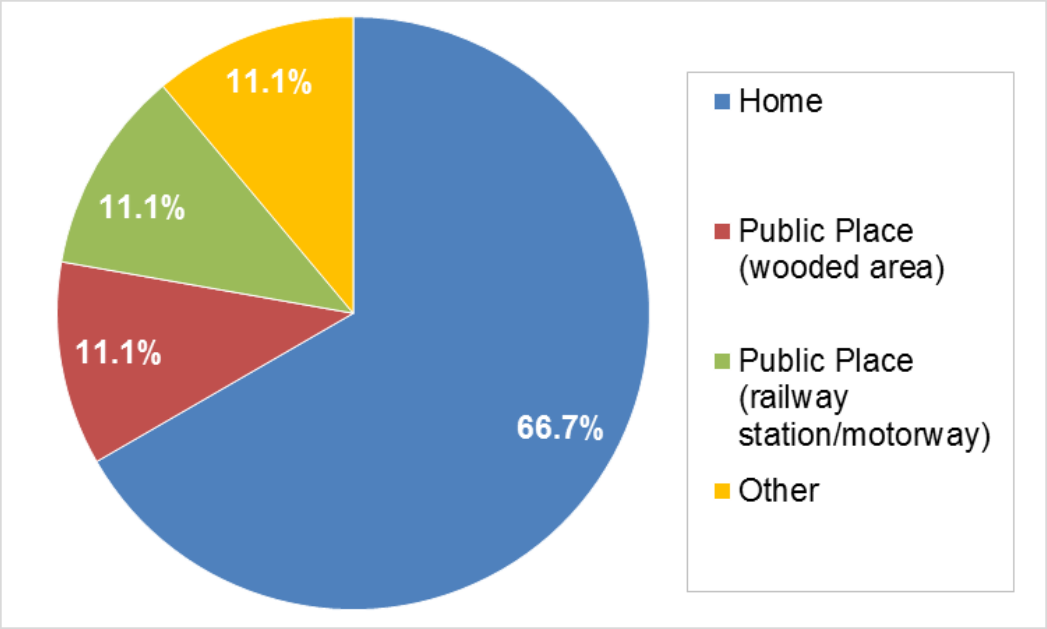
Figure 3: Suicide by method for Wirral in 2017 by gender



Source: Merseyside Coroner records (data collected specifically for this audit)

Location of event

Figure 4: Location of death of Wirral Suicide cases in 2016



As Figure 4 shows, two in three Wirral suicides took place in the persons own home in 2017 and this is a consistent trend over many years. Places such as wooded public places and railway stations/motorways made up the remaining locations.

Source: Merseyside Coroner records (data collected specifically for this audit)

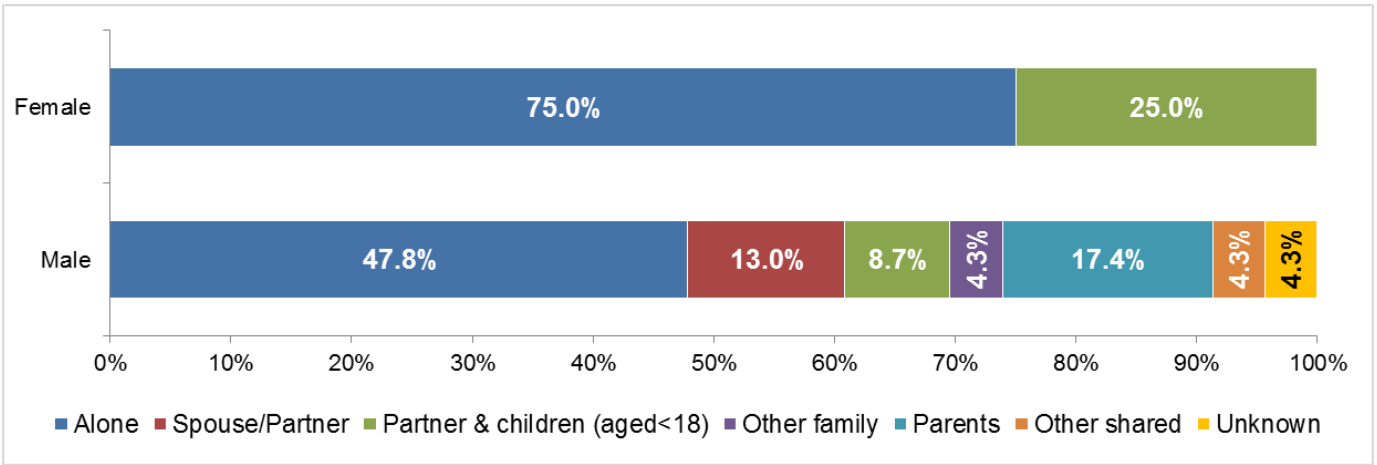
Place of birth

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 may mean that they could be more likely to lack a network of friends and family to whom they can turn in times of need. This is not just true for those born outside of the UK, but also of people born in other parts of the UK who are living far from friends and relatives. In Wirral in 2017, the majority (85.2%) of cases in 2017 had Wirral as their place of birth.

Living Arrangements

Wirral data appears to show that living alone was the most common living arrangement for both males and females included in this audit, particularly for women. The next most common living arrangements were living with a partner & children (females) or living with parents (males).

Figure 5: Living arrangements of Wirral suicide cases in 2017, by gender



Source: Merseyside Coroner records (data collected specifically for this audit)

Marital Status

Table 2 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 [3,7,8] with marriage appearing to have a protective effect (married people have the lowest rates of suicide in both genders), while divorced people have the highest rates. There were some differences between the genders in Wirral in 2017, see Table 2.

Table 2: Marital status of Wirral cases of suicide and related verdicts in 2017, by gender

Marital Status	Male	Female	Persons
Single	69.6%	50.0%	66.7%
Married/civil partnership	13.0%	0.0%	11.1%
Divorced	4.3%	25.0%	7.4%
Widowed	0.0%	25.0%	3.7%
Separated	8.7%	0.0%	7.4%
Unknown	4.3%	0.0%	3.7%

Source: Merseyside Coroner records (data collected specifically for this audit)

Single men accounted for the largest proportion of male suicide and related verdicts in Wirral in 2016 (69.6%). The pattern in women was less clear (mainly because numbers were so small), but half were single. National data show that women who were divorced had higher suicide mortality rates than women who were married [8]. Due to the small number of female suicides locally in 2017, it is difficult to draw any conclusions.

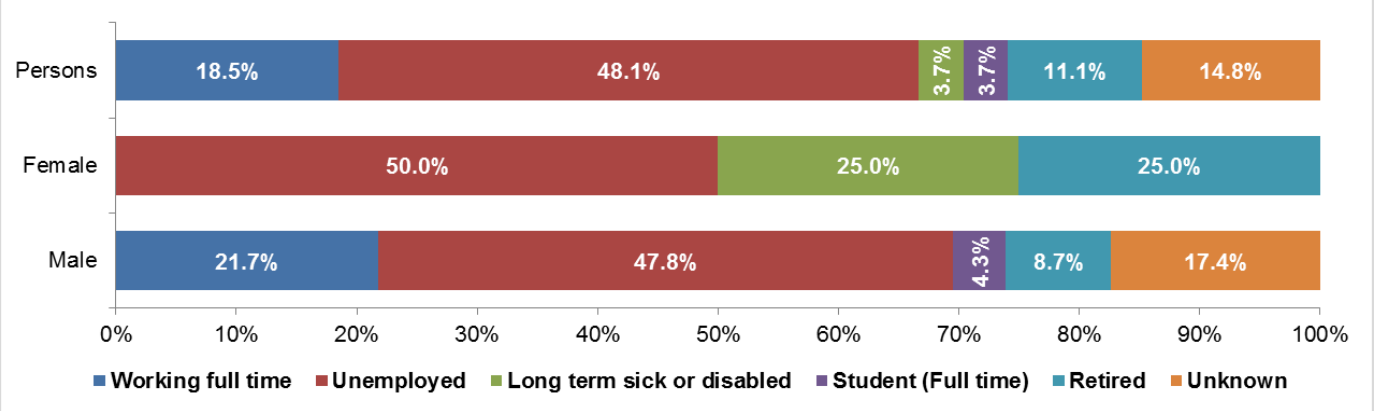
Sexuality

The RaRE Research Report (2015) has estimated that young Lesbian, Gay, Bisexual & Trans (LGBT) people (those aged <26 years) are almost twice as likely to have attempted suicide at least once, compared to their heterosexual counterparts (33.9% versus 17.9%) [5]. Despite the LGBT population having a higher risk of experiencing suicidal ideation, data recording around sexuality is poor. It is only through anecdotal reports from family and/or friends that sexual preference is identified. Results have therefore been omitted from this audit on the basis of limited recording and poor data (although this indicator is included on the regional Suicide Audit data collection template). This issue could perhaps be raised at various local and regional suicide forums.

Employment Status

Employment status is a well-evidenced risk factor for suicide, with unemployment and lower skilled roles usually associated with a higher risk of suicide [9, 10]. The highest rates of suicide tend to be among workers with the lowest level of skill (for example, cleaners, low-skilled labourers), whereas the lowest rates of suicide were seen amongst those working in highly skilled occupations (for example, managers, chief executives, senior officials) [9]. It is important to note that it may not be the actual occupation that puts individuals at risk, but features of that occupation such as low pay, job insecurity and the wider socio-economic characteristics of individuals employed in a particular sector [9] See Figure 6.

Figure 6: Suicide and related verdict cases for Wirral in 2017, by employment status and gender



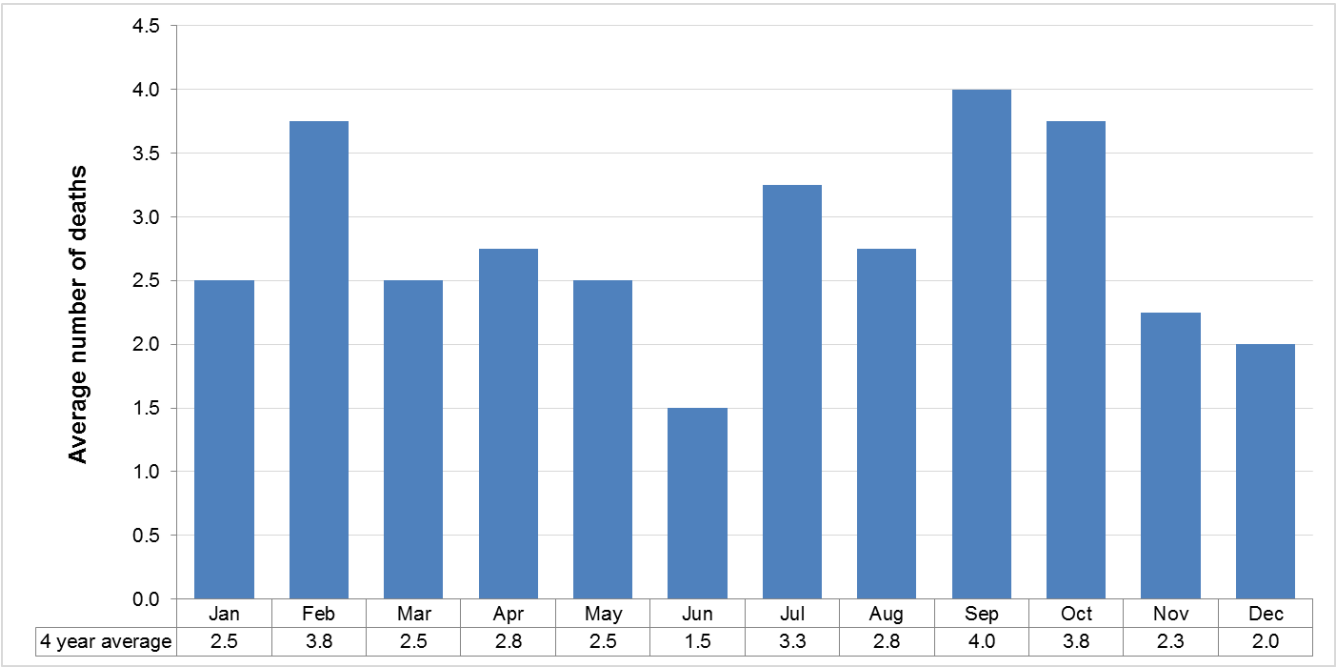
Source: Merseyside Coroner records (data collected specifically for this audit)

The findings of an international study looking at World Health Organisation (WHO) data from 63 countries found unemployment elevated suicide risk [10]. Wirral data would seem to support this finding, as around half of both male and female suicide cases were unemployed, but in Wirral overall, just 3% of the working age population are unemployed [13]. In Wirral in 2017, none of the female cases were in employment of any kind (full or part time), but obviously, as previously mentioned, this relates to a very small number of female suicide cases overall.

Seasonality / time of year

As there are such a small number of suicides in Wirral annually, numbers have been grouped by month for the last four Wirral Suicide Audits (2014-17), see Figure 7.

Figure 7: Wirral suicide audit deaths, by month of occurrence, 2014-17



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
4 year average	2.5	3.8	2.5	2.8	2.5	1.5	3.3	2.8	4.0	3.8	2.3	2.0

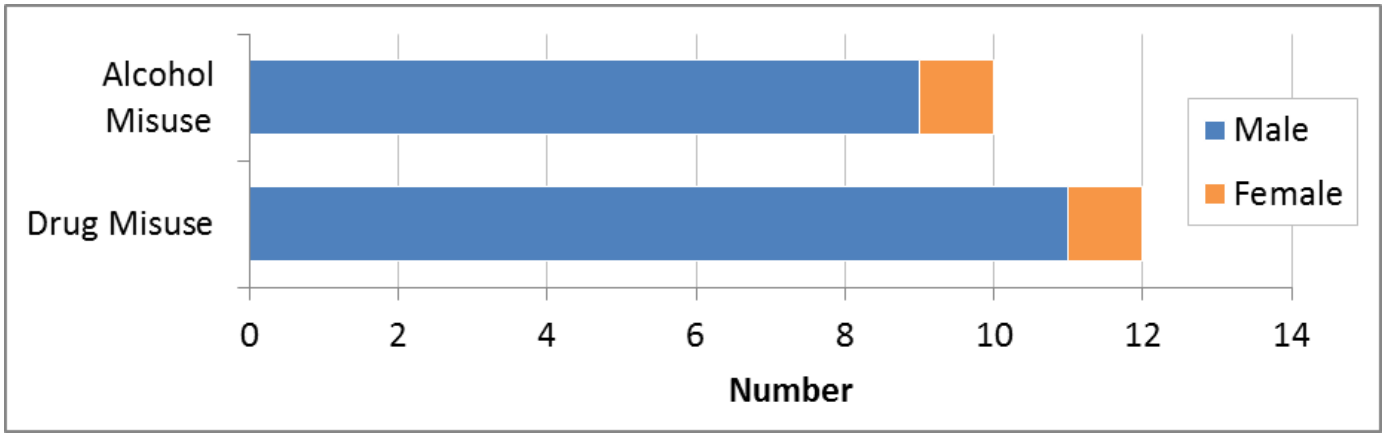
Source: Merseyside Coroner records (data collected specifically for this audit). Date relates to when suicide occurred, not when case was examined by the Coroner (which can occasionally be some time later)

The chart shows that contrary to popular expectation, December and Christmas/New Year do not mark a particular peak in suicides during these years. In fact, December appears to have been one of the lower months for suicide in Wirral between 2013 and 2017.

History of substance misuse

Substance misuse is a risk factor for suicide [9] and, as such, is recorded on the suicide data collection template. Figure 8 below describes the number of Wirral cases where either alcohol or drug misuse were mentioned in the medical records and noted by the Coroner in 2017.

Figure 8: Suicide cases in Wirral with a history of drug or alcohol abuse, by gender, 2017



Source: Merseyside Coroner records (data collected specifically for this audit)

Figure 8 shows the proportion of cases, by gender, where drug or alcohol abuse was mentioned in the persons notes. It shows that males were more likely than female suicide cases to have had current or historic substance misuse issues or alcohol issues.

As with all the issues noted in the Coroners records, reporting relies on accurate and/or up to date medical records, or relatives disclosing a full and frank history to the coroner. It is possible therefore, that the figures above for confirmed issues with drugs or alcohol may understate both issues.

In more than half (17 out of 27 cases or 63%), alcohol was either noted to have been regularly used and/or present in the post-mortem (detected from either blood or stomach contents). Similarly, cannabis and/or cocaine use were also recorded in 7% and 19% of all cases. Other non-prescribed drugs listed as a cause or contributory factor in death were methadone, amphetamines and Fentanyl (very small numbers).

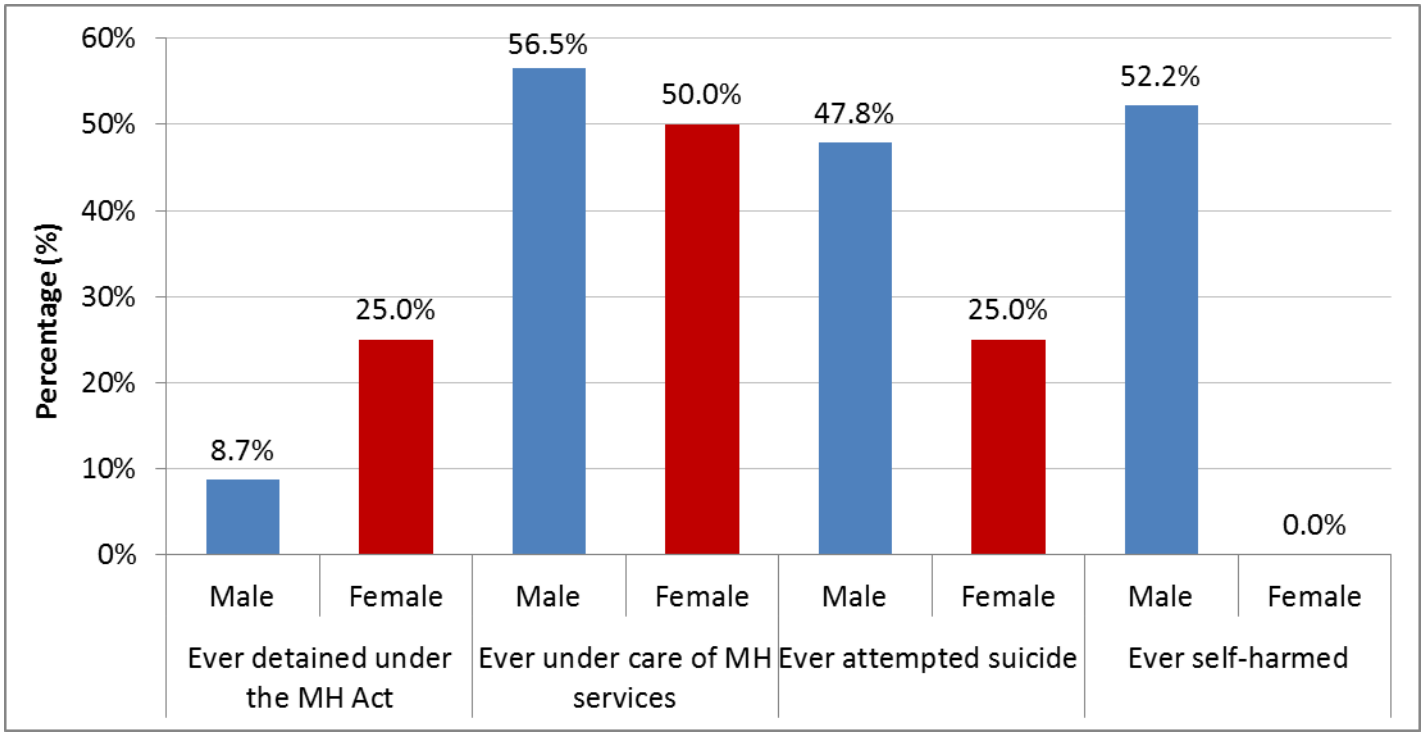
Prescribed medications

In 9 out of 27 cases (or 33%), individuals were currently prescribed medications for mental health issues. Of these, Mirtazapine (an anti-depressant) was the most commonly prescribed medication. This figure is lower than might be expected, given that over half of all cases were recorded as being known to mental health services.

History of mental health issues

As has been the case in previous Wirral audits, a large proportion of cases in 2017 were either currently or previously under the care of mental health services – around half in both males and females (57% and 50% respectively). See Figure 10 below.

Figure 10: Proportion of individuals with a history of various factors related to mental health issues in 2017, by gender



Source: Merseyside Coroner records (data collected specifically for this audit)
Notes: 'Known to MH services' is every having been lifetime recipient of mental health services

As Figure 10 also shows, one in four females and less than one in 10 males (8.7%) had previously been detained under the Mental Health Act. It also shows that in Wirral in 2017, self-harm and previous suicide attempts were more prevalent in males than females. One year of Wirral data however is a very small dataset, from which it is difficult to draw conclusions. It is worth noting that nationally, self-harm is more prevalent among women [12].

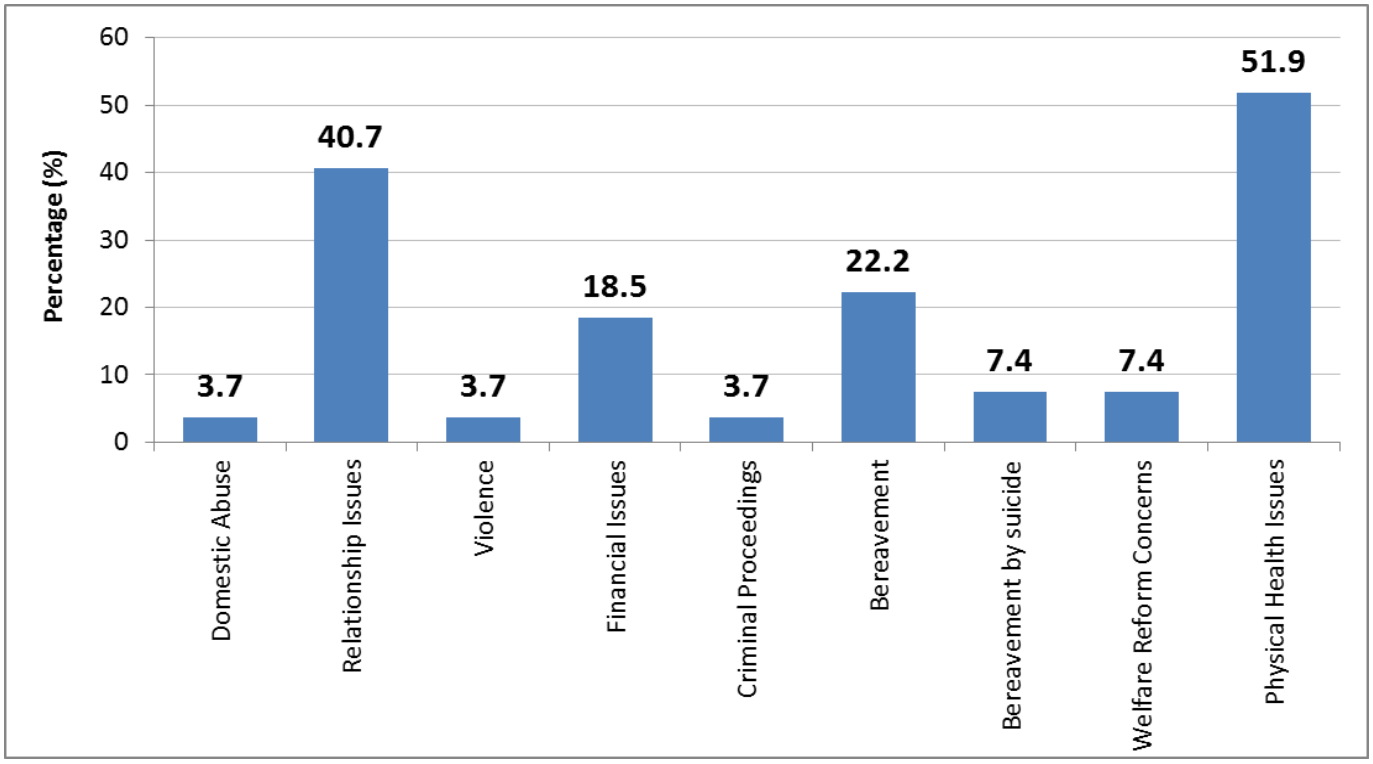
Certain learning disabilities (such as Autistic Spectrum Disorders) are linked to a higher risk of suicide [11]. In 2017, there was one case where a learning disability was noted, but it was not recorded as being an ASD (although it was noted by the coroner as increasing the persons vulnerability).

Other potential contributory factors

It is important to note that the information in this section, is not definitive but rather indicative from the contents of a suicide noted (if they existed) or disclosure from friends and relatives. True prevalence of these factors could be higher than that stated by friends, family or medical histories.

The most common factor in Wirral suicide cases in 2017 were physical health problems. This is not to suggest that these were the cause of the suicide, it is just notable that more than half (n=14) did have a health issue of some kind. Of those cases where physical health issues were noted, around half (n=6) were related to excessive alcohol use or illicit drug use (e.g. alcoholic liver disease, fatty liver disease, COPD). Around 40% had relationship problems and around 1 in 4 individuals (22%) had suffered a bereavement which was noted in their records. A third of all the bereavements noted were due to a suicide.

Figure 11: Proportion of Wirral suicide cases where various potential contributory antecedents (known to be linked to suicide) were noted by the coroner



Source: Merseyside Coroner records (data collected specifically for this audit)

References

1. Suicides in the United Kingdom: 2017 registrations, Office for National Statistics (ONS). Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations

2. 2016, KS201EW – Ethnic group, NOMIS (Official Labour Market Statistics) Accessed at 11/04/2016, Available at: http://www.nomisweb.co.uk/census/2011/KS201EW/view/1946157107?cols=measures

3. Kinsella, S. *2016*, Wirral Suicide Audit 2013, Wirral Council. Accessed at: 04/04/2016, Available at: http://info.wirral.nhs.uk/document_uploads/JSNA%202016/Wirral%202013%20Suicide%20Audit%20PUBLIC%20VERSION.pdf

4. Yur'yev, A. Värnik, A. Värnik, P. Sisask, M. Leppik, L. *2010* '*Employment status influences suicide mortality in Europe'* International Journal of Social Psychiatry (58I, 62-68**)** The Authors Accessed at: 16/04/2016, Available at: http://isp.sagepub.com/content/58/1/62.full.pdf+html?hwoaspck=true

5. Nodin, N. Peel, E. Tyler, A. Rivers, I. *2015*, 'The RaRE Research Report: LGB&T Mental Health – Risk and Resilience Explored', PACE (with University of Worcester/Brunel University London/London South Bank University) Available at: http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf

6. Mind response to annual suicide statisics, available at: https://www.mind.org.uk/news-campaigns/news/mind-responds-to-ons-suicide-stats/#.W_Qzh2xLG70

7: Trends in suicide by marital status in England and Wales, 1982–2005. Office for National Statistics (2008).

8. Trends in suicide by marital status in England and Wales, 2002–2015

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/006242suicidesbymaritalstatusandsexenglandandwales2002to2015

9. Suicide by occupation, England: 2011 to 2015. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015

10. Dr Carlos Nordt, Ingeborg Warnke, Prof Erich Seifritz, Wolfram Kawohl. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. The Lancet Psychiatry. Volume 2, Issue 3, P239-245, March 01, 2015

11. Darren Hedley, Mirko Uljarević. Systematic Review of Suicide in Autism Spectrum Disorder: Current Trends and Implications. Current Developmental Disorders Reports. Available at: https://doi.org/10.1007/s40474-018-0133-6

12. Mental Health and Wellbeing in England Adult Psychiatric Morbidity Survey 2014. Available at: https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf

13. Claimant Count, May 2018. From Wirral Statistical Compendium (2018). Available at: https://www.wirralintelligenceservice.org/this-is-wirral/wirral-compendium-of-statistics/

Appendix

Coroners Verdicts

Most Inquest verdicts must be decided on the balance of probability (in other words 'it is more likely than not' that the death of a person happened in a particular way). However, Inquest verdicts of Suicide (and Unlawful Killing) must be decided 'beyond reasonable doubt'. This is the reason that in some cases, what may appear to be an apparent suicide (e.g. a note which could be construed as a suicide note is present), is given an alternative verdict such as Narrative or Misadventure. The 'beyond reasonable doubt' requirement of a suicide verdict is that the deceased has acted in a *conscious* way; the presence of large concentrations of alcohol or drugs can therefore often mean a suicide verdict will not be assigned, because alcohol and drugs are well evidenced to affect the ability of individuals to make conscious choices.

'Short form' Inquest Verdicts

- **Suicide:** The Coroner has determined that the person has voluntarily acted to destroy his or her life in a conscious way
- **Misadventure:** Similar to Accidental Death, but implies that the deceased has taken a deliberate action that has then resulted in his or her death
- **Open verdict:** Used when there is not enough evidence to return a verdict. This is rare and generally only used as a verdict of 'last resort'

Narrative verdict

The above list is not exhaustive and the Coroner has no obligation to use short form verdicts. The Coroner can use a 'narrative verdict', which sets out the circumstances of the death in a detailed way based on the evidence that the Coroner has heard. For those attending an Inquest of a loved one, it can sometimes be more satisfying to hear the Coroner's verdict in this form, as more of a detailed conclusion of events leading to the death is provided.

Appendix

File Number		Date Of Inquest			Postcode		
Birth Date	/ /	Death Date		/ /	Sex	M / F	
Age Group	0-9	10-15	16-19	20-24	25-44	45-64	65-74	75-84	85+
Disability	Not known/Yes/No	Peri-natal (pre or post)		Not known/Yes/No	Religion		
Sexual Orientation	Not known	Bi-sexual	Transgender	Heterosexual	Homosexual	Gender reassignment	
Place Of Birth				Nationality			
Ethnicity					Asylum Seeker	Refugee	
Marital Status	Divorced/dissolved civil partnership	Separated		Married/civil partnership	Single	Widowed/Surviving civil partner	
Relationship Status	Not known	No relationship		Current relationship	Other		
Living Situation	Not known Other family Adults (non family)	Alone Parents Other (please specify)		Spouse Other shared	Spouse & Child(ren) <18 Child(ren) <18	Spouse & Child(ren) >18 Child(ren) >18	
Employment Status	Not known Unemployed Other	Carer Long-Term Sick or Disabled		Retired	Working Full-Time Working Part-Time	Full-Time Student Part-Time Student	
Occupation					Armed Services	Not known/Yes/No	
Housing Status At Time Of Death	Not known Social Housing Owner-Occupier	NHS/SSD/Voluntary/Independent Provider Prison or Young Offenders Institution Privatley rented			B&B/Lodgings Other Homeless/No Fixed Abode	Supervised Hostel Unsupervised Hostel	
Dependents	Not known / LAC / Yes / No			Dependents Ages			
Location Of Event				Time Of Death	:	am/pm	
Method Of Death	Hanging/Strangulation Self Poisoning Drowning Carbon Monoxide Poisoning	Cutting or Stabbing Firearms		Electrocution Suffocation Burning Not known	Jumping from a height Jumping/Lying before a train Jumping/Lying before a road vehicle Other		
Conclusion	Suicide	Open		Narrative	Other:		
Suicide Note Present	Not known / Yes / No			In The Case Of Open Verdict Is There Sufficient Evidence To Suggest Suicide		Not known/Yes/No	
Previous Suicide Attempt	Not known/Yes/No	History Of Self-Harm		Not known/Yes/No	History Of Violence	Not known/Yes/No	
A&E attendances (last 12 months)		History Of Alcohol Misuse		Not known/Yes/No	History Of Drug Misuse	Not known/Yes/No	
History of Domestic Abuse	Not known/Yes/No Victim / Perpetrator	History of Sexual Assault		Not known/Yes/No	Terminal Illness	Not known/Yes/No	
History Of Being In Prison Or Young Offender's Institution At Any Time In Previous 12 Months		Not known/Yes/No		History Of Involvement With Probation Service At Any Time In Previous 12 Months		Not known/Yes/No	
Relationship Problems		Not known/Yes/No		Financial Problems		Not known/Yes/No	
Bereavement		Not known/Yes/No		Bereavement by Suicide		Not known/Yes/No	
Pending Criminal Proceedings		Not known/Yes/No		Welfare Reform Concerns		Not known/Yes/No	
Last Mental Health Service Contact		Not known Within 6 months		Within 1 week Within 1 year	Within 1 month More than 1 year	Within 3 months	
Known To Mental Health Services	Not known/Yes/No	Detained		Not known/Yes/No	Open Spell Of Care With Mental Health Services	Not known/Yes/No	
Subject To Care Program Approach	Not known/Yes/No	Evidence Of 'Risk Assessment' Being Carried Out		Not known/Yes/No	Mental Health Diagnosis	Not known/Yes/No	
Registered GP	Not known/Yes/No	Practice			CCG		
Last Contact With GP Or Other Members Of The Primary Health Care Team		Not known Within 6 months		Within 1 week Within 1 year	Within 1 month More than 1 year	Within 3 months	
Reason For Last Visit To GP		Not known		Physical Health	Long-Term Illness	Mental Health	
Case Led To Practice Based SEA	Not known/Yes/No	CCG Informed Of SEA		Not known/Yes/No	SEA Involved Consideration Of Any Secondary Care	Not known/Yes/No	

File Number		Date Of Inquest		Postcode	
Additional Information					
Known Antecedents Prior To Suicide					
Physical Health Problems (please provide details)					
Blood And Stomach Levels Of Any Substance (In Overdose, Details Substance Responsible For Death)					
Prescribed Medication					

Contact details

For further details please contact:

- Sarah Kinsella – Senior Public Health Analyst – Wirral Intelligence Service sarahkinsella@wirral.gov.uk

To subscribe to Wirral Intelligence Service Bulletin then please complete this form

To give us feedback

- Let us know your views or if you need to find out more about a particular topic or subject then please send us an email