Wirral Suicide Audit 2015

January 2017

Produced by Wirral Council Public Health Intelligence Team

Wirral Suicide Audit 2015

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Current Version: 1

Version History	Date	Author	Reviewer	Actions
Public Version	23/1/2017	Sarah Kinsella	Hannah Cotgrave Steve Gavin John Highton Matthew Atkinson	Clarifications, typos, re-ordering of content, re-labelling of charts

Report Overview

Abstract	Audit of all cases recorded as suicide (or related verdicts of open, misadventure or narrative) in 2015 who were resident in Wirral.
Intended or potential audience	**External** • Coroner's Office • GPs • CWP **Internal** • Mental Health Leads • DMT (plus other departmental DMTs)
Links with other topic areas	• Mental Health • Other long-term conditions • Debt/finances/benefits • Bereavement

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Key Findings

- Trend data shows that Wirral had higher rates of suicide than all UK regions between 2002 and 2009, but between 2006 and 2008 experienced a huge drop to take it below that of every other region (greater fluctuations are characteristic of smaller datasets). Rates have now increased again slightly and in the most recent time period (2013-15), Wirral rates were average and not dissimilar to England overall
- Unless otherwise specified the below key findings relate to the 31 cases of suicide and related verdicts in Wirral in 2015
- Of the 20 cases deemed by the Coroner as suicide, suicide notes were present in 50% (10 cases). Suicide notes were present in a further 4 cases not recorded as suicide (these were also included in this audit)
- Men were over-represented in the audit - 76% of cases were male and 24% were female in 2015. This is exactly the same proportions as in England overall
- The most common age for suicide in Wirral in 2015 was people aged 45-64, followed by those aged 25-44
- The average age at suicide in Wirral in 2015 was 45
- In contrast to national findings, female cases appear to be younger than male cases, a factor which was also noted in the 2014 audit. Men in Wirral appear more likely to commit suicide at older ages and were more likely to be retired than women (e.g. 8% of cases were aged 75+ compared to no female cases in these age bands)
- The most recent data indicates that male suicide cases were most likely to be single, whereas female cases were most likely to be married or divorced
- Black and Minority Ethnic (BME) groups made up 6% of suicide (and related verdicts), which is almost exactly what would be expected, as Wirral is estimated to have a BME population of 5% (NOMIS, 2015)
- The most common cause of death in 2015 was hanging/strangulation, followed by self-poisoning (this was also the case in 2014 and mirrors the national picture)
- The most common employment status of all suicide cases was ‘unemployed’ (36% or more than one in three). The next most common employment status was retired

(16%) and unknown (16%). Smaller percentages were people who were working (12%), students (10%) and people who were long term sick or disabled (10%)

- In Wirral in 2015, a fairly large percentage (25%) of female suicide cases were students/school pupils, but it should be remembered that the actual numbers are small (because the overall number of female suicides was small)
- Half of men in this audit had a current or historical issue with alcohol (48%), compared to 13% of women. This is in contrast with the previous year's audit (2014), when a higher proportion of women than men had current or historical issues with alcohol
- Around one in three men in this audit had a current or historical issue with drugs (30%), whilst none of the female cases had a recorded issue with drugs. Again, this contrasts with the previous year, when more women than men had current or historical issues with drugs (45% of women, compared to 25% of men). Although, as mentioned before, smaller numbers of female suicides can skew proportions considerably
- Almost half of all male suicide cases (48%) in 2015 were known to mental health services, compared to a quarter of females (25%).There were no female cases in this audit who had ever been detained under the Mental Health Act, compared to 17% of males who had previously been detained
- Recorded instances of self-harm or previous suicide attempt did not differ significantly by gender – both appear fairly common amongst both sexes. More than one in three of all suicide cases in 2015 had a record of self-harm or a previous suicide attempt (29% had both)
- Relationship problems appeared to be the most pertinent factor in Wirral suicides in 2015. In almost half (48%) of all cases, relationship problems were recorded. Also common were financial problems (16% of cases) and domestic abuse (also 16% of cases)
- The vast majority of suicide cases were registered with a GP (93%) and more than half of all of the last GP consultations (55%) were for a physical health problem, a quarter (26%) were for a mental health problem
- One in four (25%) of female suicide cases had seen their GP within one month of their death. In males more than one in three (35%) had seen their GP within one month of their death
- Vitamin B/thiamine and mirtazapine were the most commonly prescribed drugs for individuals included in this audit. The number of cases where an illegal drug was found (post-mortem) was negligible and was limited to cannabis
- One in three of all suicide cases in 2015 (n=11 or 35%) had consumed alcohol prior to their death
- Isolation was mentioned in the case files of three individuals (10% of all cases), 2 of whom were not found for some time after death

Introduction

Cases are included in this audit if they were examined by the Liverpool Coroner (Wirral falls under the jurisdiction of the Liverpool Coroner) during the calendar year of 2015. The date of death may not necessarily have been during 2015 however, as some cases take time to arrive at Coroner Court. This is also the case for Office for National Statistics (ONS) suicide figures, where for instance, 49% of the 4,822 suicides in England registered in 2014, occurred before 2014.

National data

National suicide figures (from ONS) do not contain open, narrative or misadventure verdicts (as is the case with this audit), but it is useful to see the national picture regardless. **Figure 1** shows suicide rates by region, including Wirral as a red line.

Figure 1: Suicide rate (per 100,000) in the four countries of the United Kingdom in 2015

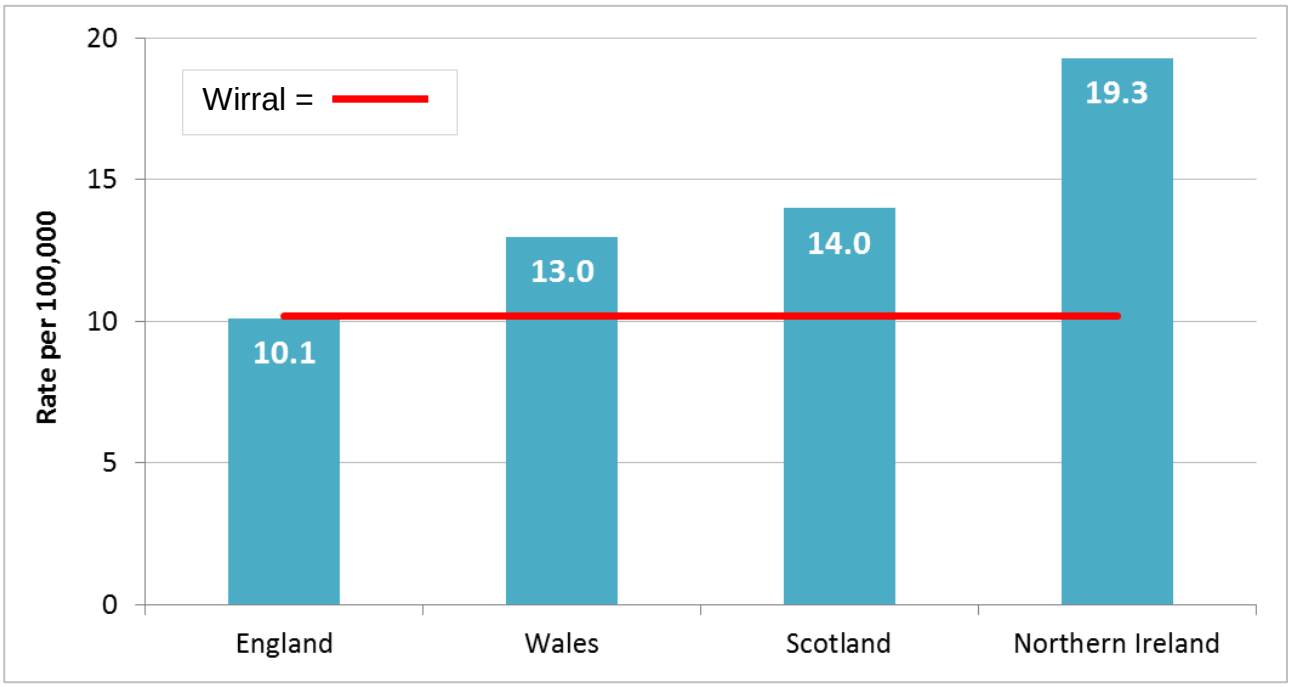
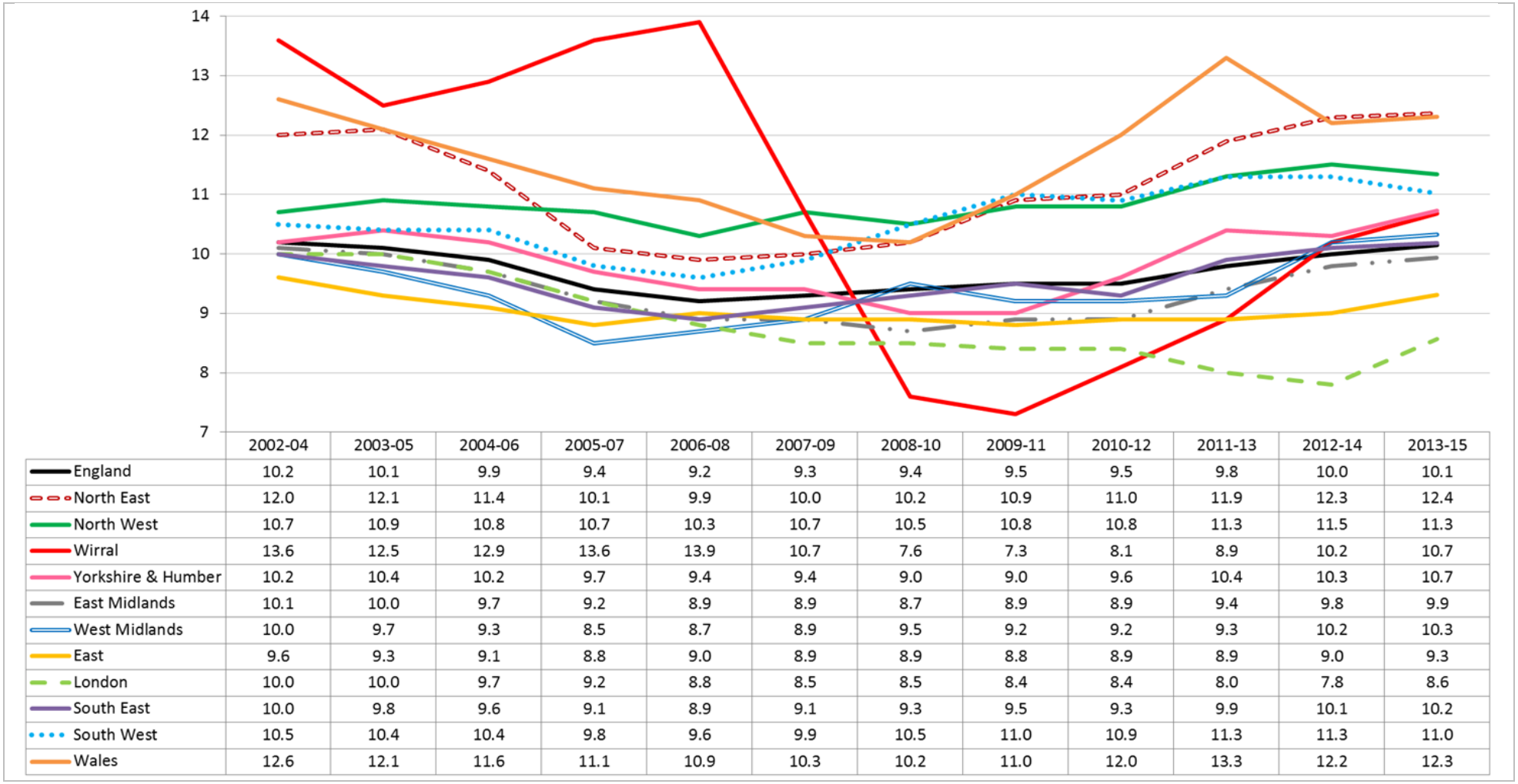


Figure 1 shows the suicide rate in the four countries of the United Kingdom in 2015 (data from one year only) compared to Wirral (red line). Figures are from ONS and as with the regions shown above, do not include narrative verdicts (as is the case in local audit), but figures are useful for comparative purposes.

England had the lowest rate of the four constituent countries that make up the union, with Northern Ireland having the highest rate – almost double that of England at 19.3 cases per 100,000 population. The chart shows that the Wirral suicide rate in 2015 (shown by the red line on Figure 1) was very similar to that of England overall at 10.2 per 100,000 (number of cases was 29). The previous year (2014), the number of cases was much higher – 38 cases – and this has affected the 3 year aggregated rate shown in **Figure 2** below (Wirral rate was 10.7 for 2013-15). See **Figure 2** below.

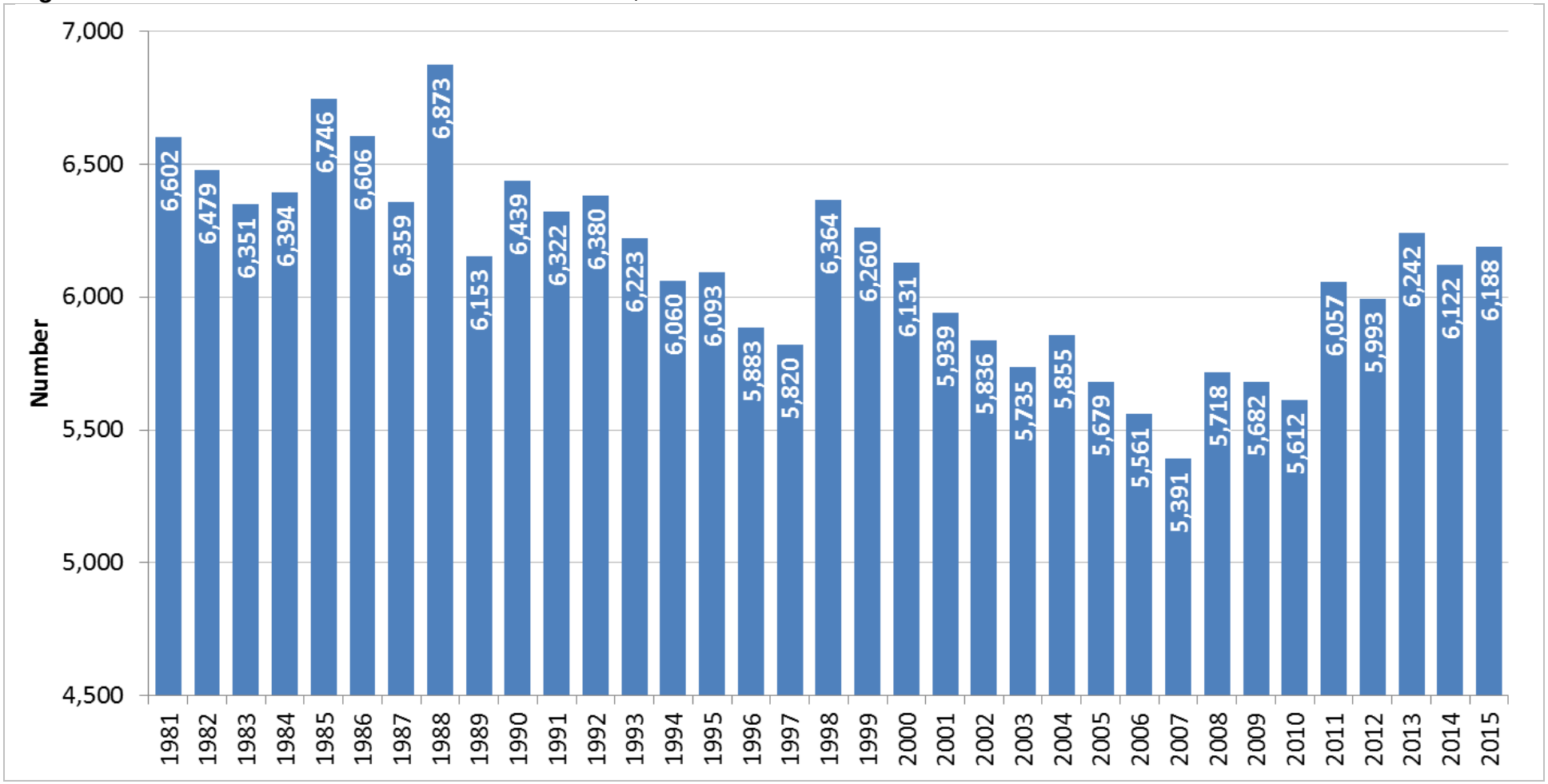
Figure 2: Trend in suicide rates by region (includes Wirral), 3 year aggregated rate per 100,000, 2002 to 2015



	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15
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
North East	12.0	12.1	11.4	10.1	9.9	10.0	10.2	10.9	11.0	11.9	12.3	12.4
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
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
Yorkshire & Humber	10.2	10.4	10.2	9.7	9.4	9.4	9.0	9.0	9.6	10.4	10.3	10.7
East Midlands	10.1	10.0	9.7	9.2	8.9	8.9	8.7	8.9	8.9	9.4	9.8	9.9
West Midlands	10.0	9.7	9.3	8.5	8.7	8.9	9.5	9.2	9.2	9.3	10.2	10.3
East	9.6	9.3	9.1	8.8	9.0	8.9	8.9	8.8	8.9	8.9	9.0	9.3
London	10.0	10.0	9.7	9.2	8.8	8.5	8.5	8.4	8.4	8.0	7.8	8.6
South East	10.0	9.8	9.6	9.1	8.9	9.1	9.3	9.5	9.3	9.9	10.1	10.2
South West	10.5	10.4	10.4	9.8	9.6	9.9	10.5	11.0	10.9	11.3	11.3	11.0
Wales	12.6	12.1	11.6	11.1	10.9	10.3	10.2	11.0	12.0	13.3	12.2	12.3

As **Figure 2** shows, every area (except the North West and South West, saw an increase in suicide rates in the most recent time period (2013-15), compared to the previous period. Overall, it appears that there was a dip in suicides around 2005-2008, after which point, almost every area saw figures start to creep up again. There have been steep rises for each of the last four time periods in Wirral, but fluctuations look more extreme due to small numbers. It is still the case that overall, Wirral had higher rates than all areas included in the chart in 2002-09, but is now mid-table. The number of Wirral cases included to calculate the 2013-15 rate was 88 (average 29 per year).

Figure 3: Trend in total number of suicide cases in UK, 1981-2015



As Figure 3 shows, 2007 was a record low for suicide registrations in the UK, with a total of 5,391. Since then, the trend has been – with some fluctuation – generally an upward one. In 2015, registrations were 6,188 – which is lower than in 2013 (2013 was a 14 year high, figures had not been this high since 1999), but is still higher than all years since 2000. The highest number of suicide registrations in the UK was observed in 1988, when there were 6,873 suicide registrations in the UK. Reasons for this are unclear, but could include factors such as high levels of unemployment, the advent of Care in the Community and increases in the drug using population.

Wirral Audit data (2015)

This audit is not just for cases determined to be suicide, but also for cases of potential or possible suicide. It therefore includes other verdicts (e.g. open, narrative). The Coroner assigns a suicide verdict where suicidal intention is beyond reasonable doubt. In cases which may *appear* to be suicide, a verdict of misadventure, narrative or open may still be assigned, if the Coroner cannot be certain that suicide was the deceased person's clear intention. In total, there were 31 cases in Wirral during 2015 that fell into these categories - see Table 1 below.

Table 1: Cases included in the 2013, 2014 and 2015 audits with assigned verdict

Year	Suicide	Open	Narrative	Other	Misadventure	Total
2015	20	1	8	1	1**	31
2014	29	0	13	*	2	44
2013	10	19	3	*	21	53

*Other only included on new data collection form devised in 2016.

**Misadventure no longer an option on the new Cheshire & Merseyside Suicide Data Collection Form. However one case was still included in this audit because of the presence of a suicide note.

Of the 20 Wirral cases deemed to be suicide in 2015, suicide notes were present in half (10 cases, or 50%). There were however, also cases which were *not* found to be suicide in which notes were also present (n=4). Three of these four were Narrative verdicts whilst one was Misadventure. This brought the total number of cases included in this audit - in which a suicide note was present - to fourteen.

It is notable how significantly the distribution of verdicts has changed since the re-organisation of the Coroners occurred (Wirral cases are now examined by the Liverpool Coroner) at the end of 2013. Cases deemed to be suicide have increased, whilst cases categorised as Open or Misadventure have decreased. It is also worth noting that the total number of cases included in the Wirral audit has also decreased from 53 cases included in 2013, to 31 in 2015, a reduction of 42%.

Additional factors included on the new Suicide Audit template included terminal illness, history of bereavement by suicide, history of sexual assault, history of service in the armed forces and welfare reform concerns. There were no individuals in 2015 where the person was known to have served in the armed forces. Each of the other remaining factors was noted only once in this audit

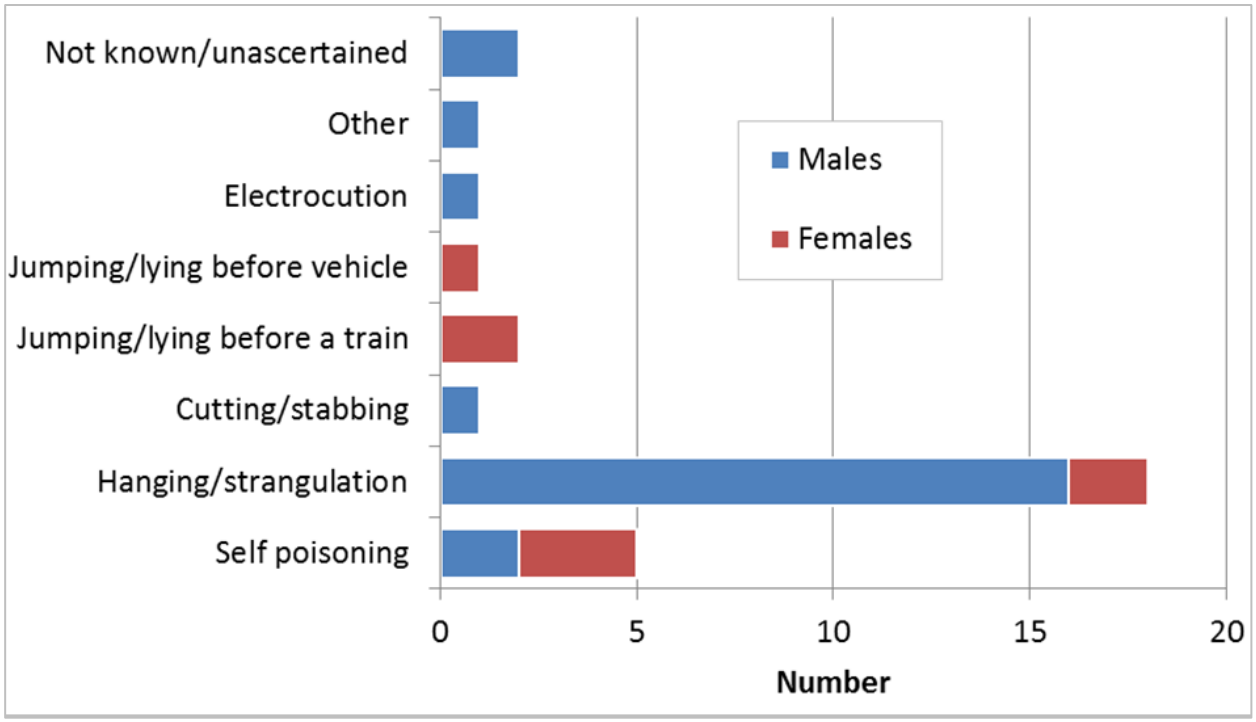
Gender

Gender is an important factor in suicide, with national data indicating that men are significantly more likely than women to take their own life. Of the 31 cases included in this audit 76% were male (n=23) and 24% were female (n=8). Wirral therefore appears to be exactly in line with the national trend, in which suicide cases were 76% males and 24% female in 2015 (ONS, 2016). Similar figures have been recorded in previous years; Wirral Suicide Audit in 2012 (76% male, 24% female), 2013 (70% male, 30% female) and 2014 (75% male, 25% female) and show a consistent picture with regard to gender distribution.

Suicide method

There were some cases in the 2015 audit where the method or cause of death 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 cause of death – difficult. This can be due to social isolation, which was noted as a factor for several unascertained cases in both this audit and the previous year (2014). As **Figure 4** shows, the most common method used in Wirral in 2015 was hanging and strangulation (58% of cases). There was a slight difference between the genders, with the most common method in women being self-poisoning.

Figure 4: Suicide method in Wirral audit cases in 2015, by gender



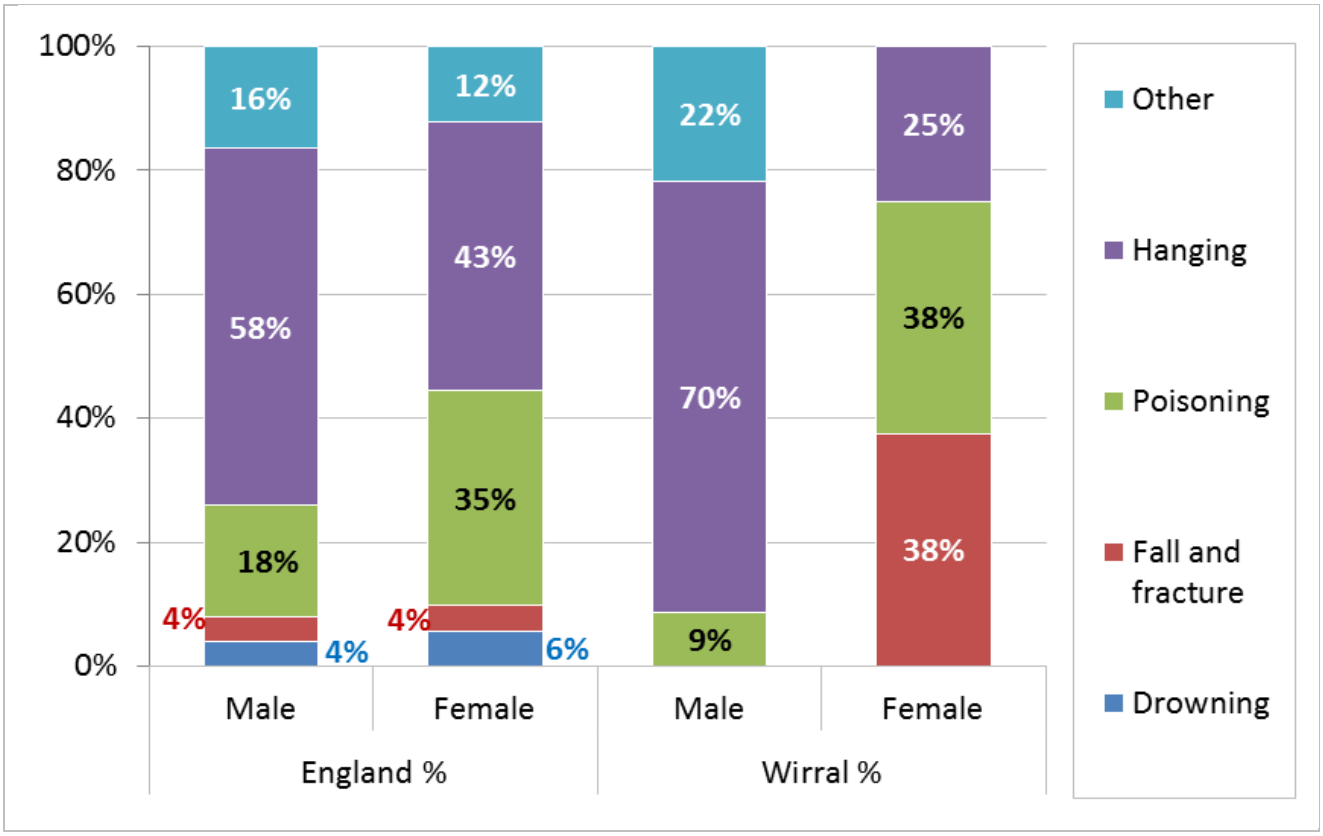
There is a general perception that women use less violent options than men (in suicide cases), such as self-poisoning, but the Wirral data for 2015 is contradictory in this regard.

Although self-poisoning (perceived as a less violent method) was the most common method among females in Wirral, the other common method for women is extremely violent (e.g. jumping/lying before a train or car).

Numbers are too small to draw firm conclusions however, as women only made up 8 of the 31 cases in Wirral in 2015, whilst men made up 23 cases (26% of cases versus 74% of cases).The most commonly used methods in Wirral closely mirror the national picture.

Figure 5 (over page) shows Wirral and England (smaller number of categories than is used in this audit).

Figure 5: Proportion of suicides by method and gender, England & Wirral 2015



As Figure 5 shows, there were some differences between Wirral and England with regard to suicide method, although the main trends remained the same (hanging followed by poisoning were the most common methods in both Wirral and England overall – with some differences between the sexes).

Drowning did not figure at all in Wirral and there were no female deaths at all in Wirral classed as 'Other'. In contrast, male suicide deaths classed as 'Other' made up a slightly larger proportion of suicides in Wirral than was the case nationally (22% versus 16%).

Fall and fracture deaths in Wirral (including jumps from height or into the path of a car or train) showed the largest contrast with England, where it comprised only 4% of suicide deaths in both males and females. In Wirral women, this method made up 38% of deaths, but none in men – notwithstanding the smaller numbers of female suicides, this is worth noting.

Ethnicity

Table 2: Proportion of Wirral suicides (and related verdicts) by ethnicity (2015)

White British (White British (English, Welsh, Scottish, NI)	Mixed: White & Asian	Mixed White & Black Caribbean	Not known
87%	3%	3%	7%

As Table 2 shows, 7% of Wirral cases did not contain data on ethnicity (this is an improvement on previous years when upwards of one in five cases (more than 20%) of cases had no assigned ethnicity information. White British made up the vast majority of all

cases included in this audit (87%). Black and Minority Ethnic (BME) groups made up 6% of suicide (and related verdicts), which is almost exactly what would be expected, as Wirral is estimated to have a BME population of 5% (NOMIS, 2015).

It is possibly worth noting that 2 individuals classed as White British were from Ireland, but as they were from the North, are classified for the purposes of this audit as White British). This does however, constitute 6% of all included cases which is an over-representation, as the Northern Irish community do not make up 6% of the Wirral population. As a previous chart showed, of the 4 countries which make up the UK, Northern Ireland had by far the highest suicide rates, almost double that of England (see page 5), so the fact that 6% of Wirral cases came from Northern Ireland is worth noting.

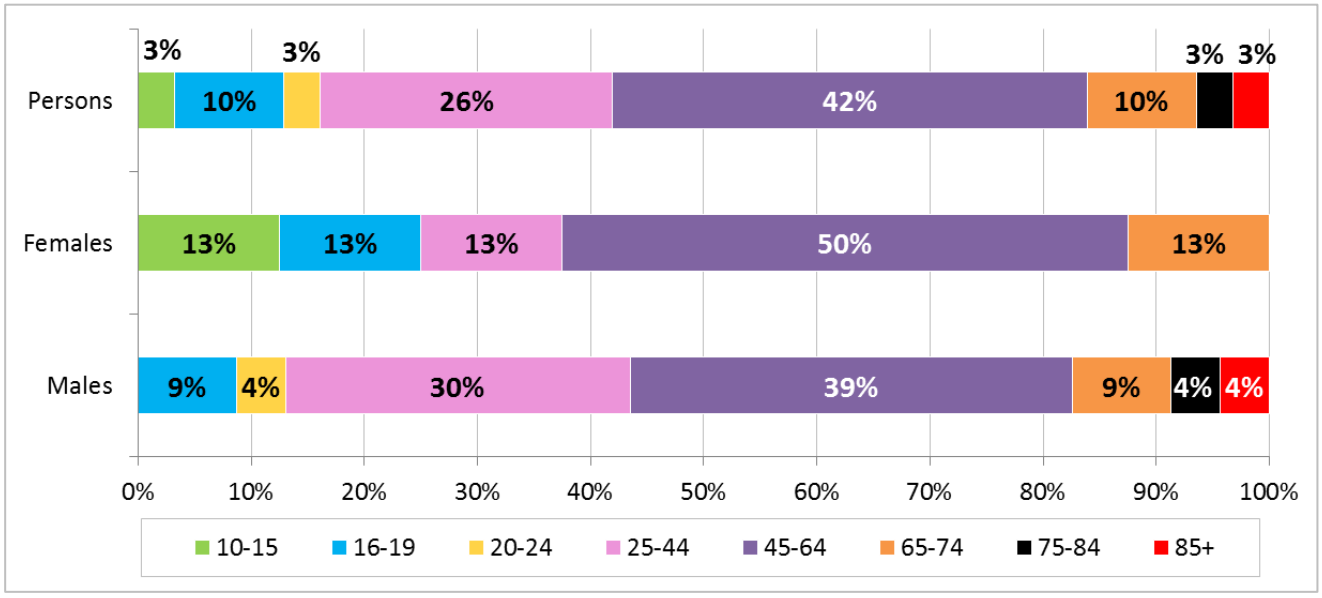
It is not possible to compare local information to national data, as ethnicity is not reported on nationally reported suicide registrations. Further, due to incomplete information in previous years, backward comparability is not possible either.

Age

Backward comparability with previous suicide audits is not possible on this measure as the age categories changed on forms introduced in 2016 (that were used in this audit to classify 2015 cases).

Another important factor in suicide is age. As **Figure 6** shows, the most common age for suicide in Wirral in 2015 was people aged 45-64, followed by those aged 25-44. The average age at which cases committed suicide in Wirral in 2015 was 45.

Figure 6: Age breakdown of Wirral Suicide Audit cases, by gender (2015)



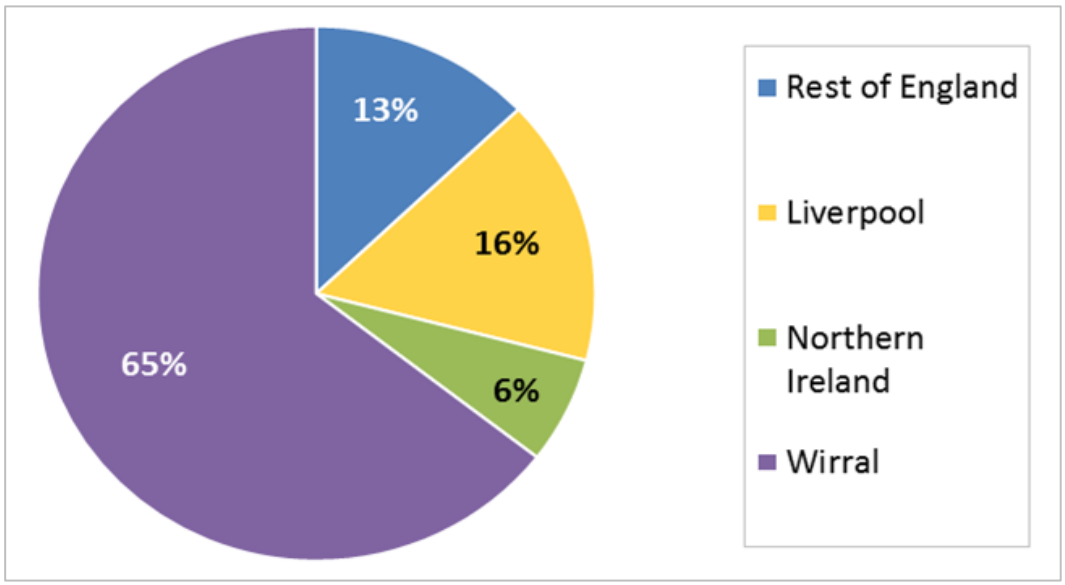
On the basis of 2015 data, it would appear that males in Wirral appear slightly more likely to commit suicide at older ages (17% of suicides in the 65+ age group, compared to 13% in females), whilst women appear more likely to commit suicide at younger ages. For instance, over one in four (26%) of female suicides in Wirral were in those aged under 19. In men, the

same figure was just 9% (although it should be noted that the smaller number of female suicide means that the picture can be skewed by just one or two individuals).

Place of Birth

Figure 7 shows the breakdown of Wirral cases (resident in Wirral at the time of their death), 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 could mean that they are more likely than those born locally to lack a network of friends and family to whom they can turn to for support in times of need. This is not just true for those born outside of the UK, but also people who were born *in* the UK, but who are living far from friends and relatives. As the chart shows, in 2 out of 3 cases (65%) in 2015, Wirral was listed as the place of birth. Of the remaining 35% who were born outside of Wirral, the majority were from Liverpool. Just one in five (19%) were from the rest of the UK and none were of foreign nationality.

Figure 7: Breakdown of 2015 cases by place of birth



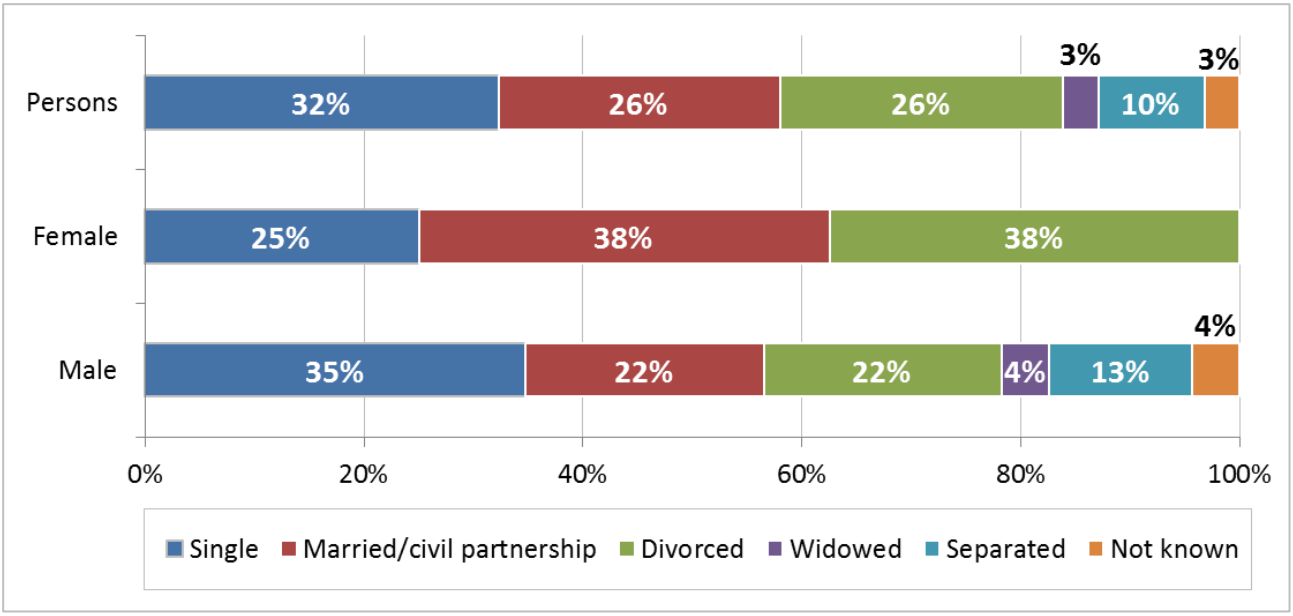
Marital Status

Figure 8 (over page) 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 some differences between the genders.

It is important to note that **Figure 8** below (and many of the other charts in this document) presents the data as a percentage. This can make it appear that there are equal numbers of male and female cases, when obviously this is not the case – males, females and all persons are only presented as 100% to aid comparison

Figure 8 shows that single men accounted for the largest proportion of male suicide (and related verdicts) in Wirral in 2015; 35% or 1 in 3. Historically, single or divorced men have the highest rates of male suicide (ONS, 2016). The proportion of females who were single was lower than was the case for men – 25% of females compared to 35% of men. Females were more likely to be married or divorced (both 38%). The proportion of each gender who were either divorced or separated was very similar in fact, at 38% in females and 35% in males (around one in three of both).

Figure 8: Marital status of Wirral cases of suicide and related verdicts in 2015, by gender



Interestingly, there were no females who were widowed in the 2015 cases, but 4% of male suicides were widowers. Also interesting, was that the marital status seems to be better recorded for women than is the case for men. Amongst men, marital status was unknown in 4% of cases, whereas there were no females in whom marital status was not recorded in 2015.

In summary, it would appear from the 2015 data that males were more likely to be single, whereas females were more likely to be married or divorced.

Employment Status

Employment status is a well-evidenced factor in suicide, with unemployment linked to a higher risk of suicide, especially in men.

Figure 9 shows the suicide and related verdict cases for Wirral in 2015, by employment status, for all persons, whilst **Figure 10** (also over page), shows the figures split by gender.

As the chart shows, over 1 in 3 (36%) of all suicide cases in Wirral in 2015 were unemployed, although this figure could potentially be higher, as in 16% of cases, the records did not state the deceased's employment status.

The proportion of retirees was also high (16% or 1 in 6 of all cases.

Figure 9: Suicide and related verdict cases for Wirral in 2015, by employment status

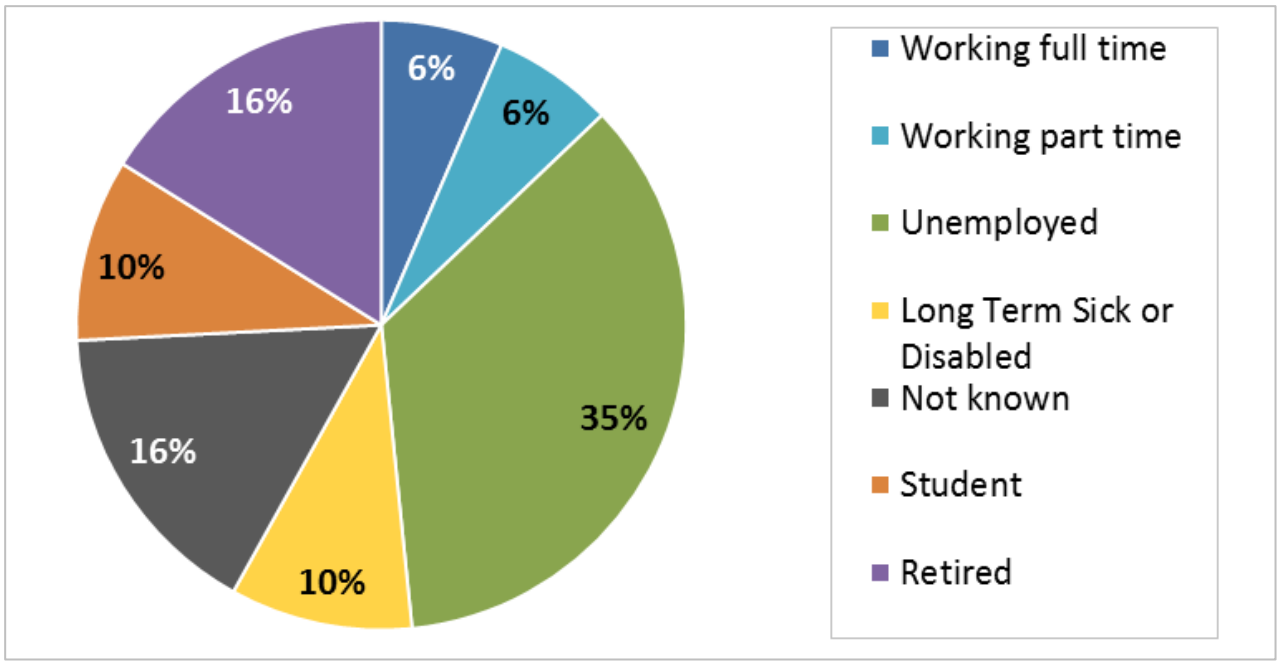


Figure 10: Suicide and related verdict cases for Wirral in 2015, by employment status and gender

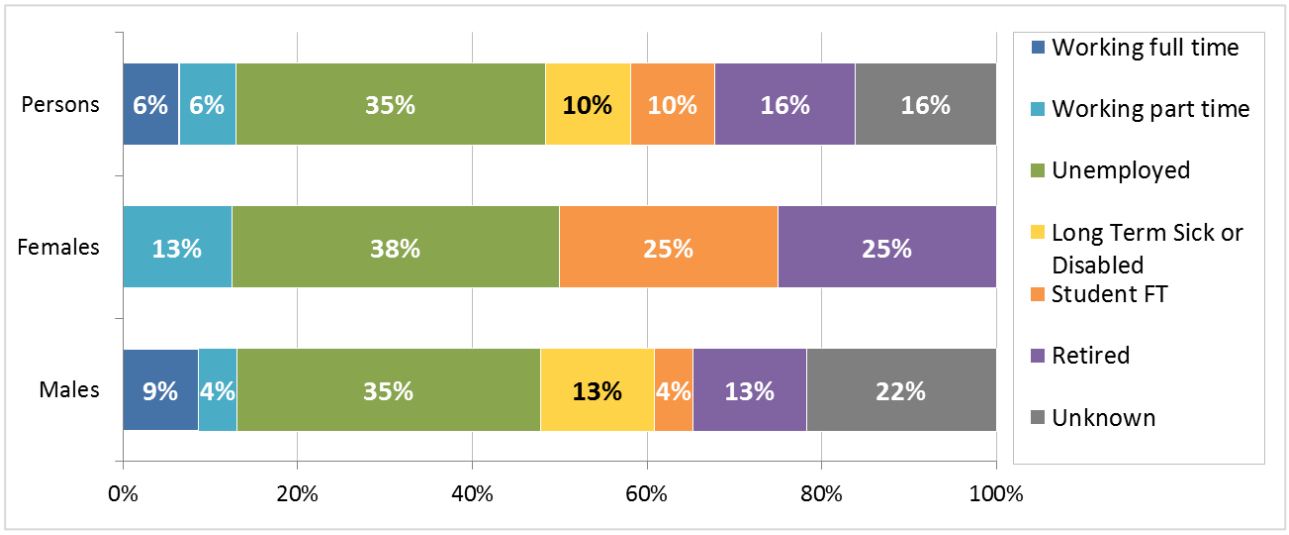


Figure 10 shows a mixed picture with regard to employment and suicide in Wirral. The proportion of those in any kind of employment was exactly the same amongst men and women (both 13%), but there were no female cases of suicide who were working full-time.

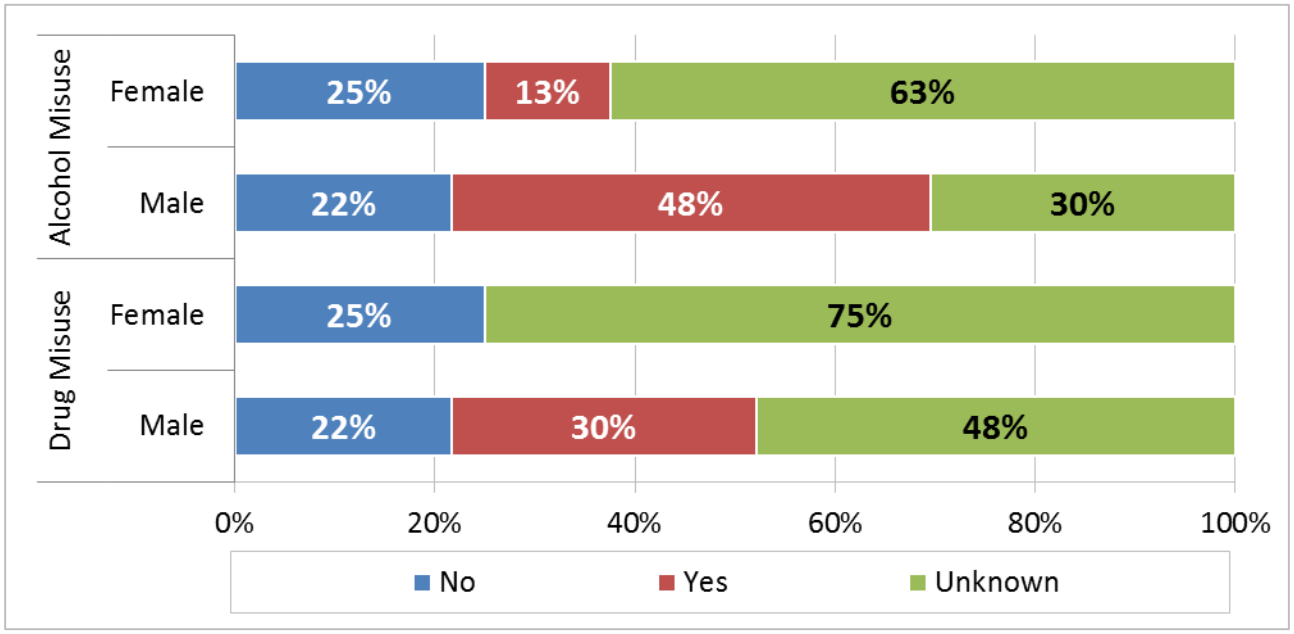
Unemployment was very similar between the genders (35% and 38% respectively). Differences were apparent in the proportion for which an employment status was *not* known (because it was not included in the records). Employment status was missing for over 1 in 5 male cases (22%) compared to 0% in females (i.e. all female case files contained a record of employment status).

A considerable percentage (25%) of female cases were students or school pupils, which probably just reflects the younger age profile of female suicide cases in 2015. Just 4% of male cases were students.

History of Drug or Alcohol Abuse

As **Figure11** shows, almost half (48%) of all male suicide cases had a history of alcohol abuse, compared to just 13% of female cases. Interestingly, around one in three (30%) males had a history of drug abuse, whilst there were no women with a history of drug abuse recorded amongst suicide cases this year.

Figure 11: History of drug or alcohol abuse, by gender, 2015



The number of cases recorded as having no history of drug or alcohol abuse was broadly similar across both genders at 25% of females and 22% of males. However, as a history of alcohol or drug abuse was unknown in many cases, these figures may be higher.

Nationally, alcohol abuse is regarded as a risk factor in suicide and in contrast to this audit, this seemed particularly true of females in Wirral in 2014, but in 2015, it appears to have been more prevalent in males. Similarly, in the last suicide audit, females appeared more likely than males to have current or historical problems with drugs (45% versus 24%). There is however, always a large degree of uncertainty in every annual audit, due to the large proportion of cases in which information is incomplete.

Despite the relatively high proportion of people with a history of drug abuse, the only illegal drug (detected at post-mortem) was cannabis (and only in two cases). All other drugs detected were prescription drugs. One in three of all suicide cases in 2015 (n=11, 35%) had consumed alcohol prior to their death. It is also worth noting that the most commonly noted prescribed item for individuals included in this audit was vitamin B/thiamine supplementation. This supplement is prescribed to those with chronic alcohol issues because long-term alcohol use results in thiamine deficiency, which in turn causes alcohol-related brain damage (e.g. the neurological disorder Wernicke–Korsakoff syndrome). Without supplementation, around 80-90% of chronic alcohol users will develop alcohol-related brain damage.

Prescribed drugs

The majority (19 out of 31, or 61%) of cases in the 2015 audit had been prescribed medication, taking on average 3.3 medications each. The remaining 12 individuals were not prescribed any medication (39%). The most commonly prescribed class of medications were anti-depressants (n=18). There were instances where medications were identified at post-mortem which did not appear in the list of prescribed medications, suggesting either incomplete case files, or that individuals had acquired the medication unofficially/illegally.

Table 3: List of prescribed medication for audit cases in Wirral in 2015

Drug	Class/function/disorder	No.
Vitamin B/Thiamine	Supplement, alcohol abuse	7
Mirtazapine	Anti-depressant (NaSSA), depression	5
Omeprazole	Proton pump inhibitor, reflux	<5
Diazepam	Benzodiazepine, anxiety, alcohol withdrawal symptoms	<5
Fluoxetine	Antidepressant (SSRI), depression	<5
Amitriptyline	Antidepressant (tricyclic), depression	<5
Lithium/Priadel	Anti-manic, Bi-polar disorder	<5
Olanzapine	Anti-psychotic, schizophrenia	<5
Beta-blocker	Propranolol, CHD	<5
Lanoxin (digoxin)	Digitalis glycoside, Heart failure, AF	<5
Zopiclone	Hypnotic, non-benzodiazepine, sleep disorders	<5
Tramadol	Opioid, analgesic	<5
Venlafaxine	Anti-depressant (SSNRI), depression	<5
Citalopram	Anti-depressant (SSRI), depression	<5
Sertraline	Anti-depressant (SSRI), depression	<5
Simvastatin	Statin, CHD	<5
Perindopril	ACE inhibitor, blood pressure	<5
Ramipril	ACE inhibitor, CHD	<5
Lamotrigine	Anti-convulsant, bipolar	<5
Phenytoin	Anti-convulsant, epilepsy	<5
Carbamazepine	Anti-convulsant, epilepsy, neuropathic pain	<5
Gabapentin	Anti-convulsant, epilepsy, neuropathic pain	<5
Fexofenadine	Anti-histamine, allergy	<5
Oetirizine	Anti-histamine, allergy	<5
Dapsone	Anti-malarial, prevention of malaria, restless legs syndrome	<5
Quinine	Anti-malarial, prevention of malaria, restless legs syndrome	<5
Quetiapine	Anti-psychotic, schizophrenia	<5
Lorazepam	Benzodiazepine, anxiety	<5
Salbutamol	Bronchodilator, asthma	<5
Amlodipine	Calcium channel blocker, CHD	<5
Colchicine	Gout	<5
Ibuprofen gel	NSAID, analgesic	<5
Co-codamol	Opioid, analgesic	<5
Codeine	Opioid, analgesic	<5
Oramorph	Opioid, analgesic	<5
Paroxetine	Antidepressant (SSRI), depression	<5

History of mental health problems

A history of mental health problems is one of the most relevant factors in suicide audit cases. As Figure 12 below shows, 1 in 4 (25%) of female cases in this audit were known to mental health services, whilst among males it was almost half (48%) who were known to mental health services.

Figure 12: Proportion of individuals who had been Detained under the Mental Health Act or who known to Mental Health services (2015)

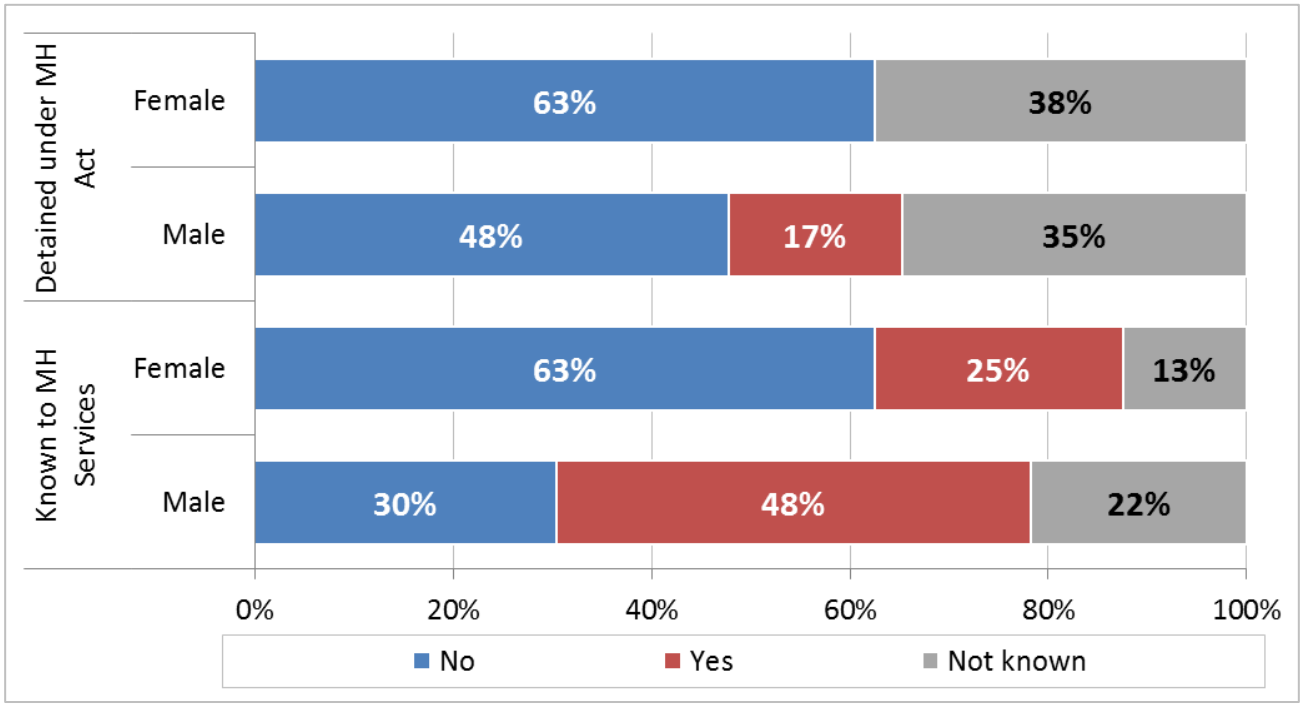
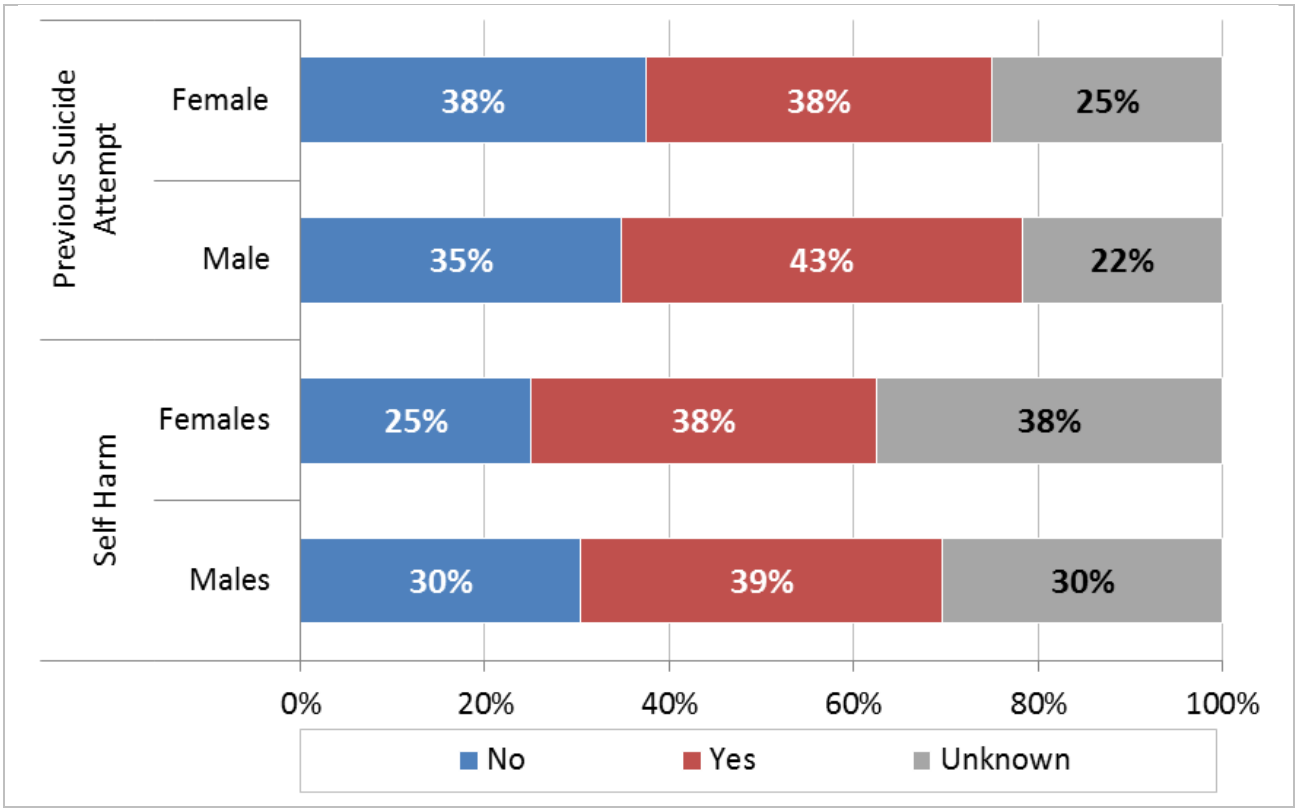


Figure 12 shows that in 2015, none of the female cases had been detailed under the Mental Health Act, compared to 17% of males. Almost half of all male cases (48%) were known to mental health services, compared to a quarter of females (25%). There were also a significant number of cases where it was unknown if the person had ever been detained or whether they were known to services, so of course, it is possible the true proportions could be higher or lower than those stated.

History of self-harm or previous suicide attempts

Figure 13 below shows the proportion of 2015 suicide cases, by gender who had a recorded history of self-harm or suicide attempts. As mentioned before, for the purposes of comparability, men and women are presented as 100%, but of course, there were more male cases than female cases of suicide overall. It is also the case that the high proportion of unknowns mean that these figures are indicative, rather than definitive.

Figure 13: History of self-harm and previous suicide attempts by gender, 2015



As **Figure 13** shows, a previous history of self-harm or suicide attempt did not differ significantly by gender – both appear to be fairly common amongst both sexes and there was a large degree of overlap. The proportion of individuals who had a history of both self-harm and suicide was 29%. In numbers this was 13 people with a history of previous suicide attempt(s), 12 with a history of self-harm and 9 with a history of both.

History of the following: domestic abuse; pending criminal proceedings; relationship problems; violence; prison; service in the armed forces and bereavement

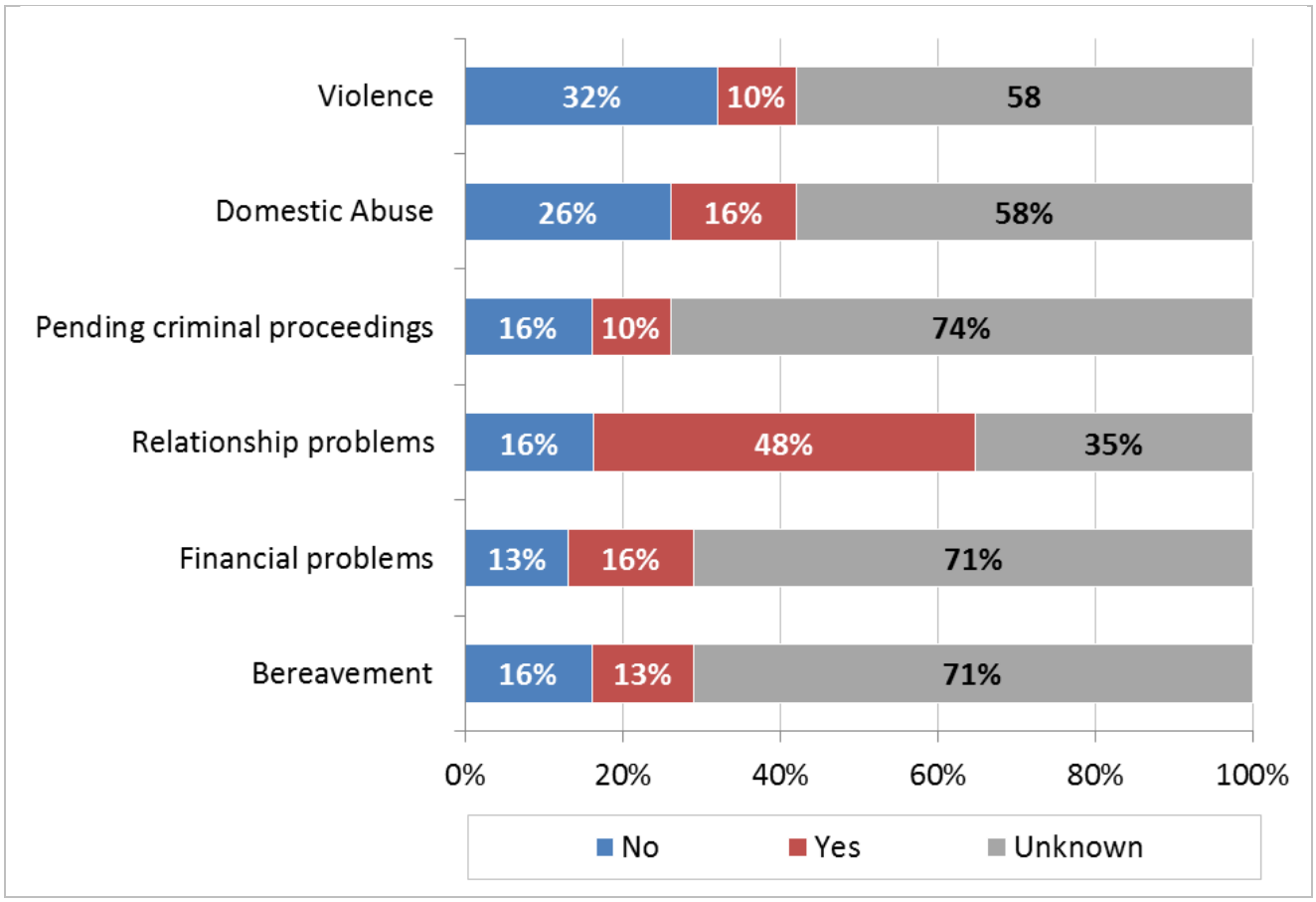
It is important to note that the information shown in **Figure 14** is not definitive, but rather indicative from the contents of suicide notes (if they existed) or disclosure from friends and relatives. There is an argument that all charts in this audit could be split into 'Yes' and 'No/Unknown', because it is rarely definitively stated that something was *not* an issue. It is generally only in the case notes if it has been disclosed or a matter of legal record.

In the case of the various life events shown in Figure 13 below, it would appear that relationship problems are a common factor preceding suicides, with half of all the cases from 2015 having a record of relationship problems (48%).

Financial problems were also fairly common (one in 6 or 16%), although not as common as in the 2014 audit, where 23% (or one in 4) individuals were recorded as having financial problems. Domestic abuse was also a fairly common factor, although it is important to note that in the case of recording of domestic abuse, this includes both perpetrators and victims.

In this audit, of the five cases where domestic abuse was noted, 3 were victims and 2 were perpetrators. A history of violence was noted in 10% of cases (all male).

Figure 14: History of various life events, all Wirral suicide audit cases 2015



The proportion of Wirral suicide cases where the bereavement of a significant other was noted, was 13% or one in seven in both men and women. The collection template does not record how long ago the bereavement occurred and of course, like many of the other factors, the large number of unknowns may mean the true figure is higher than stated here. One in ten suicide cases in 2015 had a note of pending criminal proceedings mentioned on their case files (10%).

Additional factors included in the Audit template used from this year includes terminal illness, history of bereavement by suicide, history of sexual assault, history of service in the armed forces and welfare reform concerns. Each of these factors was noted in either none or one individual in this audit and consequently were not included in the chart above.

History of contact with health services

The majority (93%) of audit cases were registered with a GP practice, only one case was definitely confirmed to have no GP, while in one case it was unknown/not stated. It would appear that more than one in three men and one in four women had seen their GP within a month of their death. A sizeable proportion of men (22%) had actually seen their GP within a week of their death. See **Figure 15** below.

Figure 15: Timing of last contact with GP, by gender, 2015

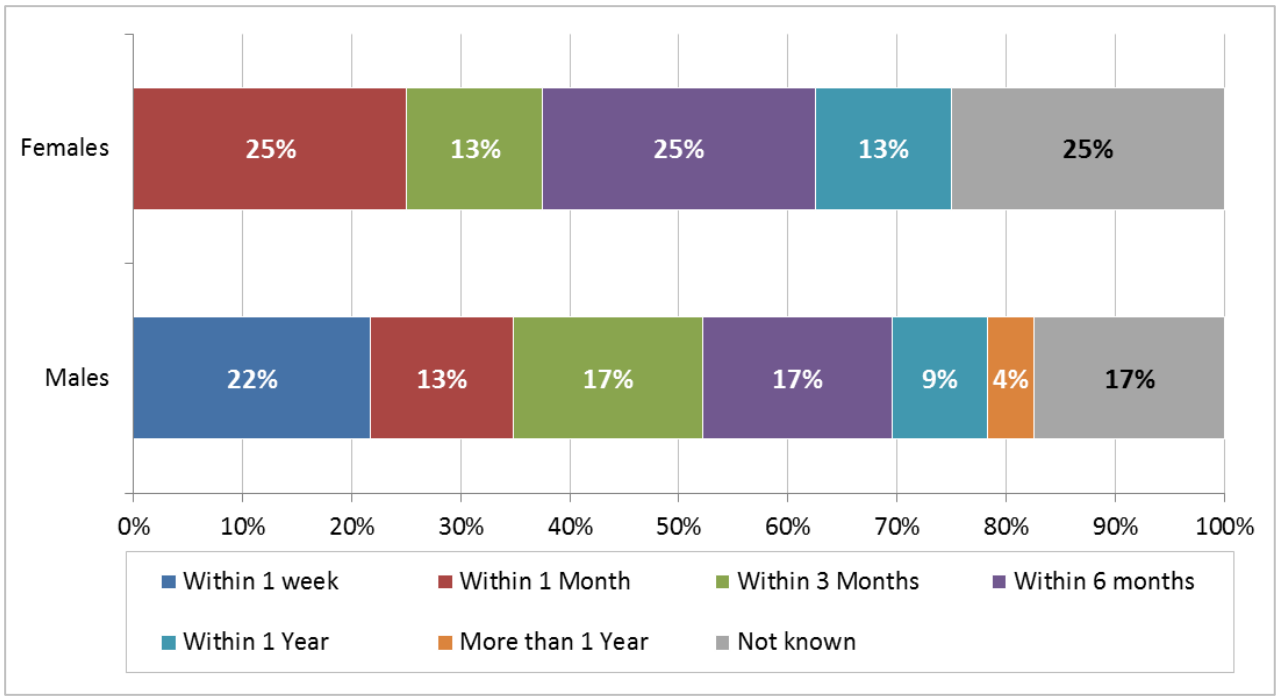
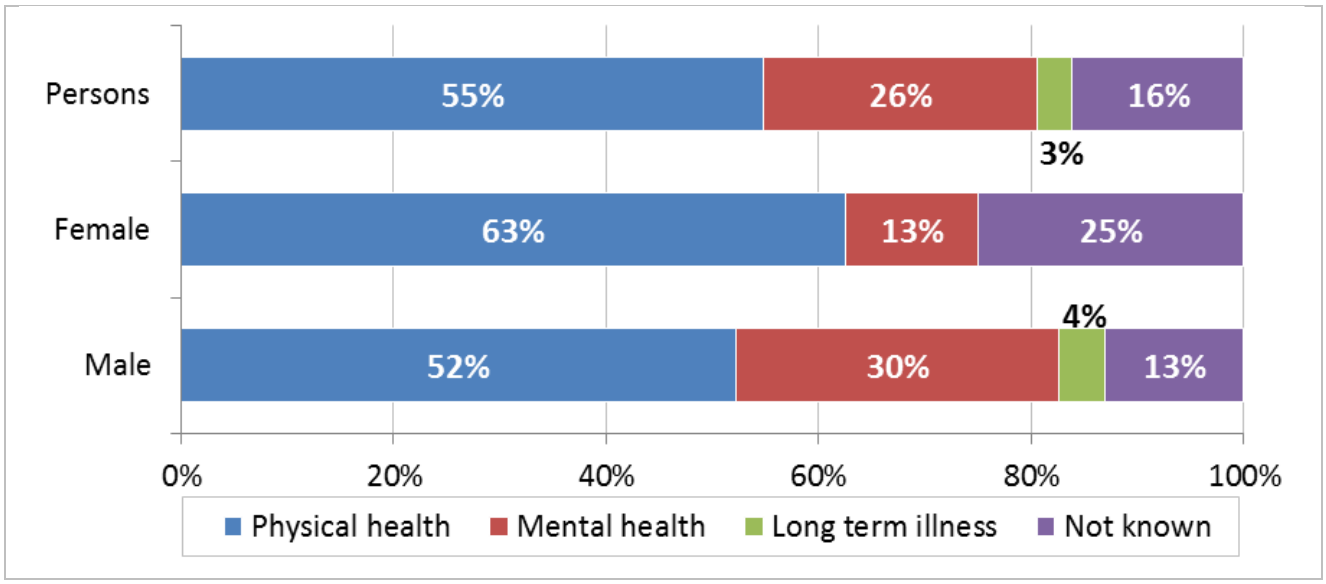


Figure 16: Reason for last contact with GP, by gender, 2015



As Figure 16 shows, a physical health problem was the most common reason for the last contact with a GP. Mental health was the reason for the last consultation in a higher proportion of men compared to women (30% or one in 3, compared to just 13% or one in 7 women). Overall, more than half of all of the last GP consultations (55%) were for a physical health problem, whilst a quarter (26%) were for a mental health problem.

Attendance at A&E

The attendance at A&E question concerns attendances within the last 12 months. **Figure 17** below shows this information by gender for 2015.

Figure 17: History of A&E attendance in 12 months prior to death

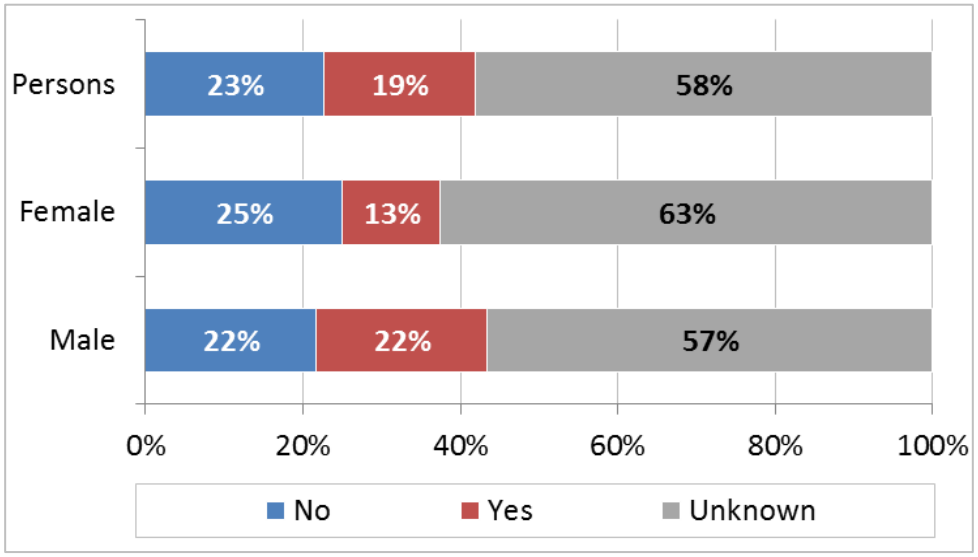


Figure 17 appears to show a similar picture to GP consultations, namely that males were more likely to have been recorded as visiting A&E than females in the 12 months prior to their death (22% versus 13%). Overall, one in 5 had visited A&E in the year prior to death.

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