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# **Wirral Suicide & Open Verdict Audit 2019-21**

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**June 2023**

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# Wirral Suicide & Open Verdict Audit 2019-21

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## Key Findings

- There were 87 cases included in this 2019-21 audit; 74 of which were assigned as suicide verdicts (85%); the remaining 13 cases (15%) were assigned other verdicts (e.g. open, narrative, misadventure)
- Wirral had a slightly higher suicide rate than England overall (11.4 per 100,000 in Wirral compared to 10.4 per 100,000 in England) in 2019-21 (according to ONS data, which includes only those cases classified as suicide)
- Suicide notes were present in 35 in 87 of Wirral cases (40%)
- Men were slightly over-represented in this audit; 76% of cases were male and 24% were female. This is consistent with the national male/female ratio (75/25)
- Average age at the time of death was 47 years; the peak age band was 40-49
- The proportion of Wirral suicide cases who were from ethnic groups other than White British was lower compared to the proportion of Wirral's population who are ethnically diverse; 3% compared to 5% respectively. Numbers are too small, to draw any conclusions however, especially as 10% of cases had no recorded ethnicity, despite recent improvements in recording
- The most common cause of death between 2019-21 in Wirral was hanging (59%), which, has historically been the most common method used (both locally and nationally)
- The most likely living situation of both male and female suicide cases was to be living alone (40%) and in terms of marital status, people were most likely to be single (44%)
- Sexuality is still poorly recorded, despite LGBT young people having a significantly higher risk of suicide (and self-harm); 76% of Wirral cases had no mention of sexuality
- Employment status was poorly recorded, particularly among females. Where employment status was recorded, males were most likely to be in work and females were equally likely to be either working or unemployed. If being unemployed due to being long term sick or disabled and unemployed are considered together, this was the most likely situation of cases in Wirral
- May appeared to be the peak months for suicide in Wirral over the last 3 years. Locally, December did not appear to mark a particular peak in cases in 2019-21
- Over half of cases were recorded as being known to mental health services (54%); around 1 in 7 (or 14%) had previously been detained under the Mental Health Act
- Current or historical issues with drugs and/or alcohol were not always definitively recorded, with 46% of cases having no mention of whether drug use had ever been an issue and 49% of cases with no mention of whether alcohol use was, or had ever been problematic
- Where drug or alcohol misuse was mentioned, 33% of cases (just over 1 in 3) had had previous or current drug misuse issues; 28% had (or had previously had) alcohol issues
- Females were more likely to have previously attempted suicide than males (62% versus 39% of males), and have recorded instances of self-harm than males (57% versus 40% of males)
- Physical health issues (40%), relationship issues (24%) and bereavement (23%) were the most commonly recorded antecedents in Wirral suicides between 2019-21 (consistent with previous audits)
- Mental health medications were the most commonly found prescribed drug at post-mortem (40% of cases); Sertraline being the most common
- Alcohol was detected in 32 cases (37%) of cases at post-mortem; the most commonly found illicit substance at post-mortem was cocaine (14% or 1 in 7 cases)

## Introduction

Suicide cases for single calendar years have decreased in recent years making it difficult to establish any conclusions about trends. It has therefore been decided for the Wirral Suicide & Open Verdict Audit to use data from three pooled years (in the case of this audit 2018, 2019 and 2020). The date of death may not necessarily have been during those years however, as some cases take time for an official verdict to be reached (possibly due to the need to collect sometimes complex evidence relating to the case).

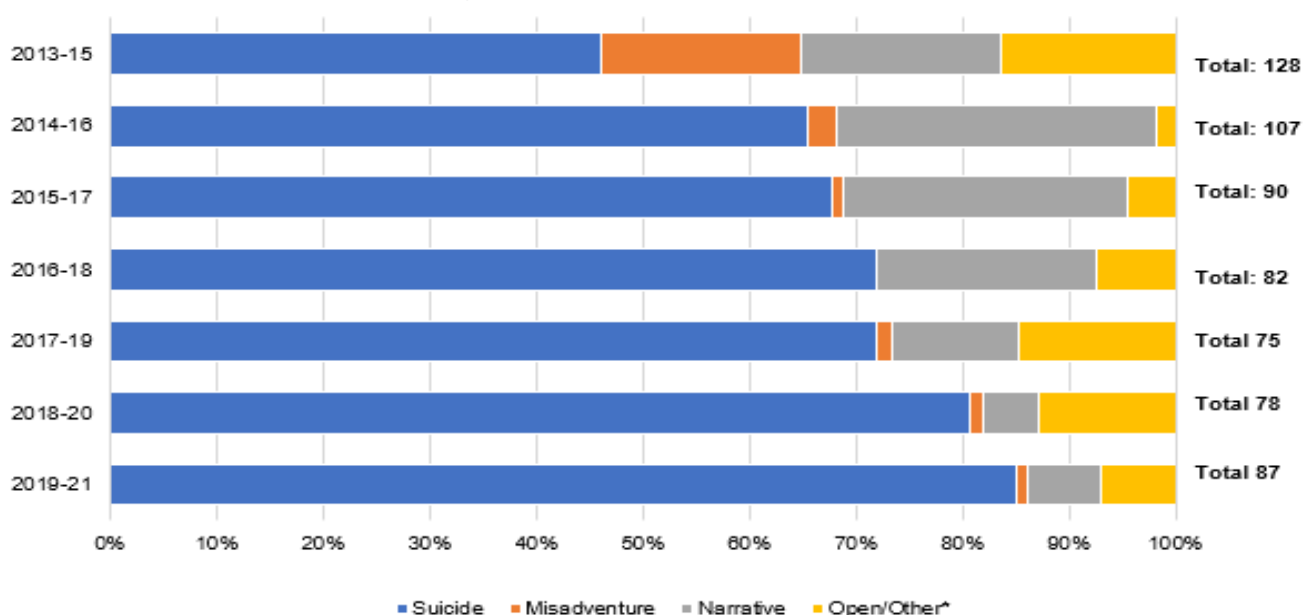
Office for National Statistics (ONS) suicide figures are also presented for the year that deaths are registered (e.g. around half of the suicides in England registered in one year will actually occur in the year before) but use the ICD-10<sup>1</sup> cause of death codes rather than the coroners verdict which are presented in this audit. This discrepancy can explain differences between the figures that are presented in this audit for Wirral and the national figures produced by ONS for Wirral - along with the fact that this audit also includes cases of potential or possible suicide, see next section.

Wirral uses the standardised Cheshire and Merseyside Suicide Audit Template when collecting the data for this audit (see [Appendix One](#)).

## Verdicts

Unlike ONS suicide statistics, which are restricted to cases assigned as suicide, this audit considers cases of potential or possible suicide where there appears to have been intent on behalf of the deceased person to end their life. Since 2018, Coroners assign suicide verdicts in cases where suicidal intention is a 'reasonable probability'. Sometimes however, cases that may appear to be apparent suicide, other verdicts may still be assigned if the Coroner cannot be certain that suicide was the deceased person's intention. Therefore, other verdicts such as open, misadventure, accidental death, drug related death and narrative (see [Appendix Two](#) for more details on verdicts) are sometimes included in this audit, particularly so prior to 2018.

**Figure 1:** Proportion of cases included in the Wirral Suicide audits by assigned verdicts and total number of cases included (right of chart), 2013-15 to 2019-21



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

**\*Note:** Some of the cases with verdicts as "other" include Accidental and Drug Related Death (i.e. the individuals used self-poisoning as their method)

As **Figure 1** shows, there has been a significant change in categorisation from 2013 onwards. In 2013-15, just under half (46%) of cases were classified as suicide; by 2019-21 however, 85% of cases were assigned as suicide.

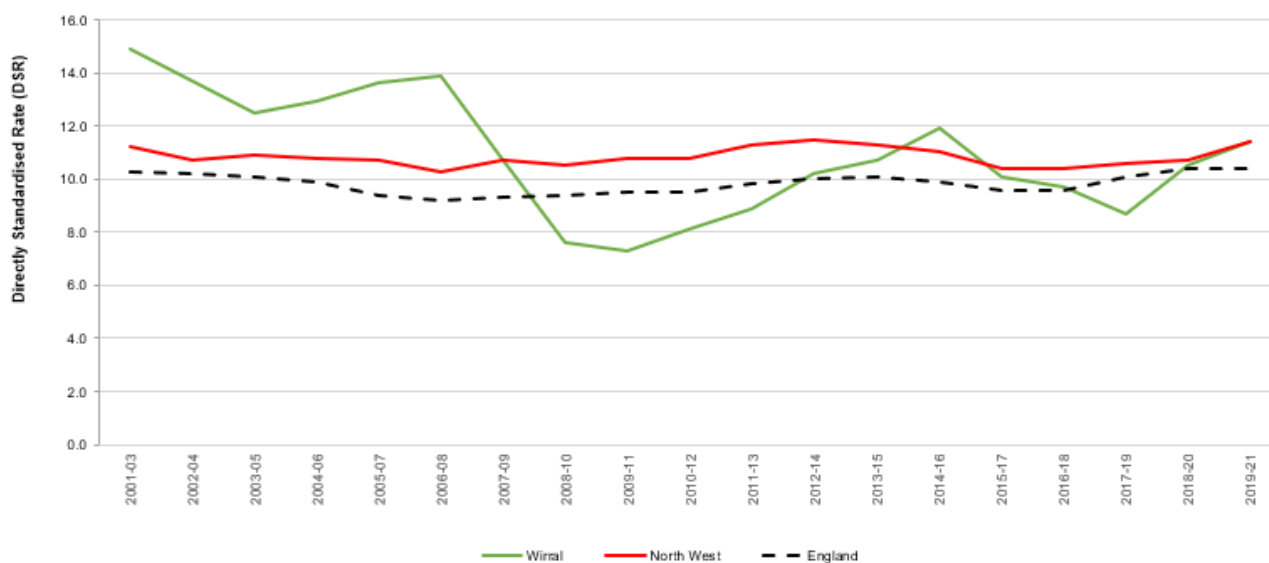
Possible contributory factors to this change may be improvements and standardisation in the recording of information enabling a more concise verdict to be reached; the change in jurisdiction (to the Liverpool Coroner); less stigmatising attitudes towards mental health and suicide and the change in 2018 from the threshold for considering suicide changing from to 'beyond reasonable doubt', to 'reasonable probability'.

## Trend in suicide rates

**Figure 2** shows the trend in suicide rates locally, regionally and nationally using ONS data. It should be noted that the information in **Figure 2** is NOT based on numbers collected in this audit. It is based on national data that are restricted to ICD-10 coded causes of death.

**Figure 2** shows that suicide rates in Wirral have fluctuated more than England and the North West, which is typical of smaller datasets. Nationally and regionally, the trend in suicide appears broadly stable, with a very slight increase in the regional and national rates for the latest period (2019-21). Over the same period, Wirral (11.4 per 100,000) has shown an increase and is now higher than England but similar to the North-West.

**Figure 2:** Trend in suicide rate in Wirral, North West and England, 2001-03 to 2019-21



**Source:** Public Health Outcomes Framework, OHID (2022)

**Note:** This chart is based on national data which are restricted to ICD-10 coded cause of death only. More information can be found here -

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheuk/qmi>

## 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<sup>2</sup>.

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<sup>3</sup>). For more information about suicide attempts please see the 'History of mental health issues' section [here](#).

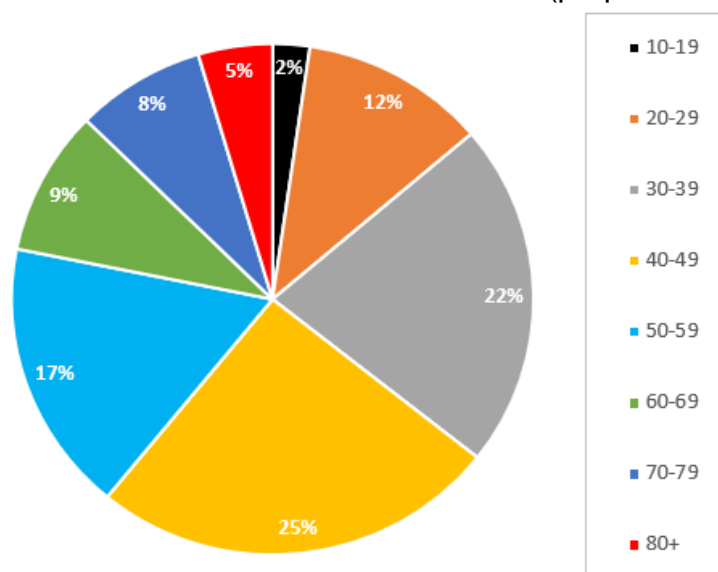
Nationally, suicide cases were 75% males and 25% female in 2019-21 and in previous years, Wirral has shown a very similar trend. For 2019-21 the proportion of suicides in Wirral were split 76% male whilst 24% were female – so in line with the national ratio.

## 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)<sup>4</sup>. In Wirral in 2019-21, those aged 45-64 comprised 34% of all suicide cases. The largest percentage of cases were in 25-44 age band, which comprised 46% of all suicide cases in Wirral.

The analysis in **Figure 3** below shows the age of Wirral cases split by smaller (10 year) age bands for additional insight and shows that the largest proportion of suicide cases occurring in those aged 40-49 years (25% or 1 in 4). Females saw the highest number of suicide cases within the 40-49 age group, while in males it was those aged 50-59. The average age of suicide cases in this audit was 47 years overall.

**Figure 3:** Age breakdown of Wirral suicide cases in 2019-21 (proportions)



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

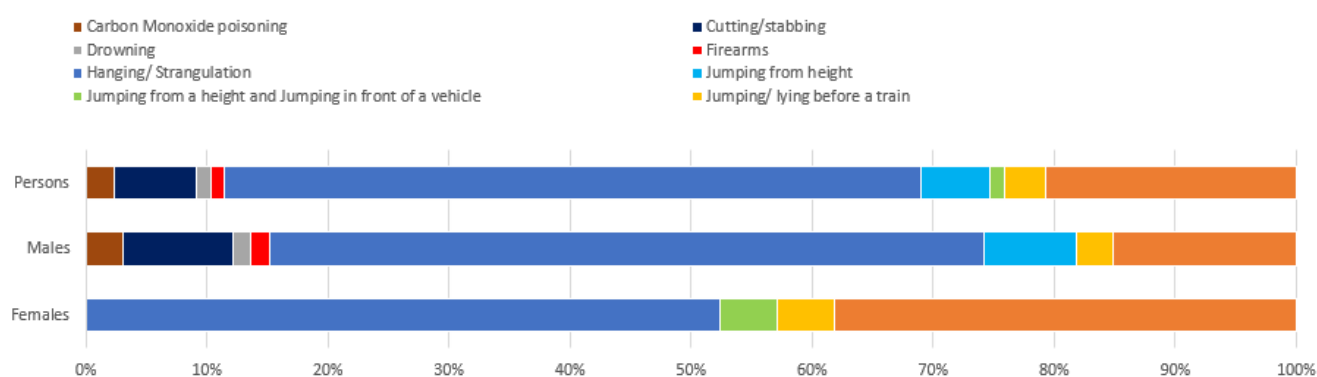
There were 5 suicide cases included in this audit among people aged 0-24, all were male. In addition, in those aged 45-64 and 65+, the overwhelming majority were also male (over 83%).

## Method

The most common suicide method for both males and females in Wirral between 2019-21 was hanging/strangulation (59% of all cases). Self-poisoning was the second most common method for both genders and this was true both nationally and in Wirral.

Males in Wirral appear to have used a greater variety of methods than females over the time period shown (true in previous time periods also), although this may just be a function of a greater number of male suicides overall, see **Figure 4**.

**Figure 4:** Proportion of suicides in Wirral, by method and gender, 2019-21



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

**Note:** ONS use a different categorisation of suicide methods compared to the Cheshire and Merseyside Suicide Audit Template. ONS only use 5 broad categories: 'drowning', 'fall and fracture', 'poisoning', 'hanging, suffocation and strangulation' and 'other' whereas the Cheshire and Merseyside Suicide Audit Template contains a greater number of methods.

## Ethnicity

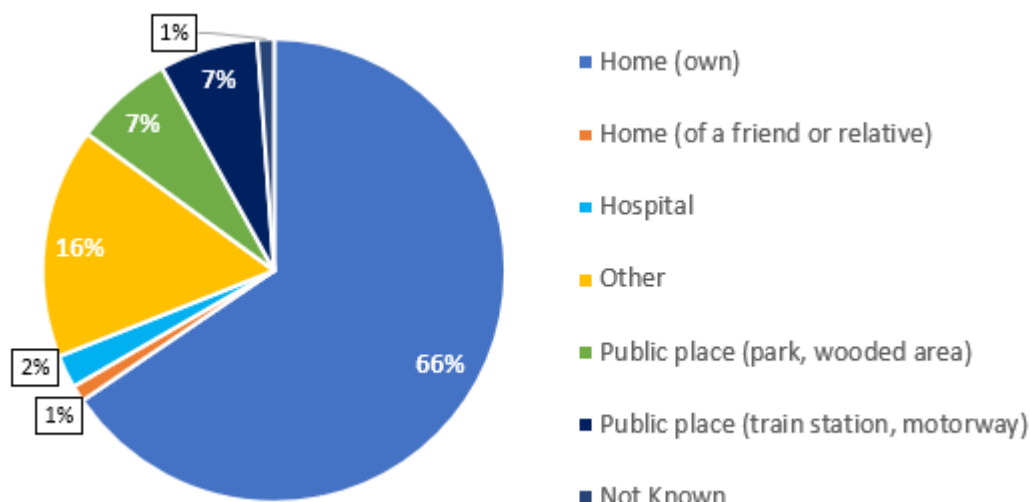
Wirral is estimated to have an ethnically diverse population of 7.6%<sup>7</sup>, so 3% of suicide cases in BAME groups in 2019-21 is less than might be expected although overall figures are too small to draw firm conclusions. There were also 12% of cases where ethnicity was unrecorded, so this also hinders drawing any 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.

## Location of event

As **Figure 5** shows, the most likely place people took their own life was in their own home; just over 2 in 3 cases took place in the persons own home between 2019-21. This is a consistent trend over many years in Wirral<sup>8</sup>.

Places such as wooded public places, railway stations/ motorways and hospitals or other care settings make up some of the remaining locations. "Other" may include locations such as being abroad, in a hotel or where records have not been clear about the specific location.

**Figure 5:** Location of death of Wirral Suicide cases in 2019-21



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

**Note:** Cases with 'hospital' as their place of death are generally those who have been conveyed from a place they were discovered, but who were unable to be resuscitated in hospital for example

## Place of birth

Place of birth may be a relevant factor for suicide because it can affect social support and mental health in general. People who are living far from their place of birth, may 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. Over half (64%) cases (**Table 1**) had Wirral as their place of birth. A further 12% of cases had the Cheshire or Merseyside area as their place of birth, meaning that 24% (or just over 1 in 4) cases included in this audit were living some distance from where they were born.

**Table 1:** Place of birth of Wirral suicide cases in 2019-21 number and proportion

Place of birth	Number	%
Wirral	56	64.4
Cheshire & Merseyside (excl. Wirral)	10	11.5
Rest of UK	11	12.6
Europe	<5	<5%
Rest of world	<5	<5%
Unknown	<5	<5%
<b>Total</b>	<b>87</b>	<b>100.0</b>

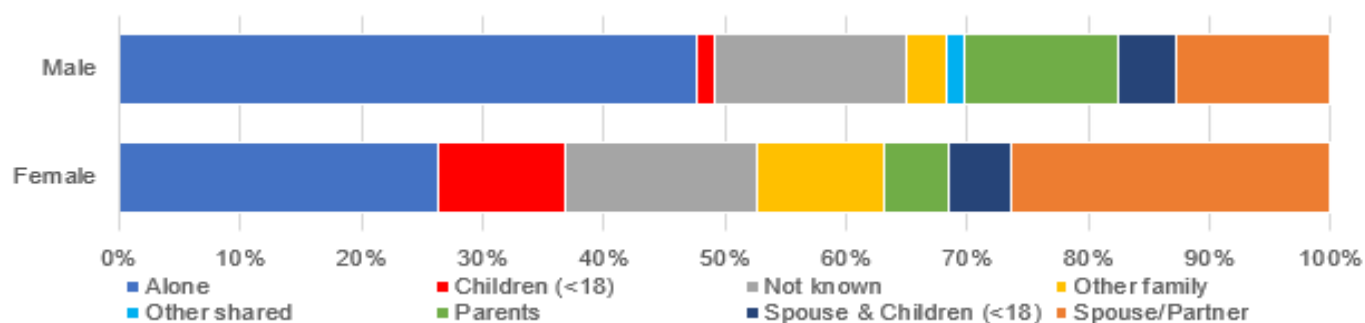
## Living Arrangements

Wirral data for 2019-21 shows that living alone was the most common living arrangement for both males and females included in this audit (44% overall) and this is a long standing trend (see **Figure 6**).

Males and females were then next likely to live with a spouse/partner (excluding unknown), Males appear more likely than females to live with their parents or in shared accommodation; females appear more likely than males to live with children.



**Figure 6:** Living arrangements of Wirral suicide cases in 2019-21, by gender (proportions)



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

**Note:** Cases are classed as unknown when the individuals' living situation is not directly mentioned in the Coroner's report

## Marital Status

Marital status is evidenced as being related to the risk of suicide with marriage appearing to have a protective effect on individuals compared to separated/divorced people<sup>9</sup>. **Table 2** shows the breakdown of suicide and related verdicts by both gender and marital status at the time of death.

**Table 2:** Marital status of Wirral cases of suicide and related verdicts in 2019-21, by gender

Marital Status	Male	Female	Persons
Co-Habiting	<5%	<5%	<5%
Married/Civil Partnership	24%	18%	20%
Not known	<5%	6%	<5%
Separated/divorced	24%	26%	25%
Single	43%	44%	44%
Widowed	<5%	6%	6%
Total	100%	100%	100%

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

**Note:** Figures may not sum due to rounding

Males and females who were single accounted for the largest proportion of suicide and related verdicts in Wirral between 2019-21 (44%). The next most common status was to be separated or divorced, again this was true of both males and females (25% of cases overall). National data shows that women who were divorced had higher suicide mortality rates than married women<sup>9</sup>.

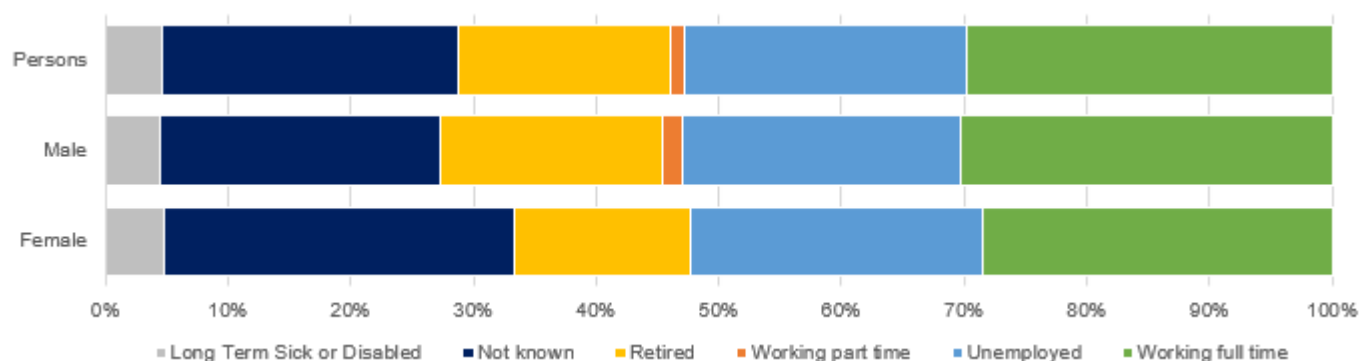
## Sexuality

Data recording around sexuality is poor. It is only through anecdotal reports from family and/or friends that sexual preference is identified. Detailed results have therefore been omitted from this audit based on limited recording and poor data (although this indicator is included on the regional Suicide Audit data collection template); 76% of Wirral cases had no mention of sexuality. This issue could perhaps be raised at various local and regional suicide forums. The RaRE Research Report (2015) has, however, 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 (34% versus 18%)<sup>10</sup>.

## 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<sup>11</sup>. The highest rates of suicide tend to be among workers with the lowest skilled jobs (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)<sup>11</sup>. It is important to note that it is not the actual occupation that puts individuals at risk, but features of that occupation such as low pay, job insecurity, lack of control over working environment and the wider socio-economic characteristics of individuals employed in a particular sector<sup>12</sup>. It may also be the case, that people with poorer mental health end up in lower skilled jobs for a variety of reasons related to their mental health.

**Figure 7:** Suicide and related verdict cases in Wirral, 2019-21, by employment status and gender



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

**Note:** Student FT refers to individuals who were full time students. Student PT refers to individuals who were part time students

The findings of an international study looking at World Health Organisation (WHO) data from 63 countries found unemployment elevated suicide risk<sup>12</sup>.

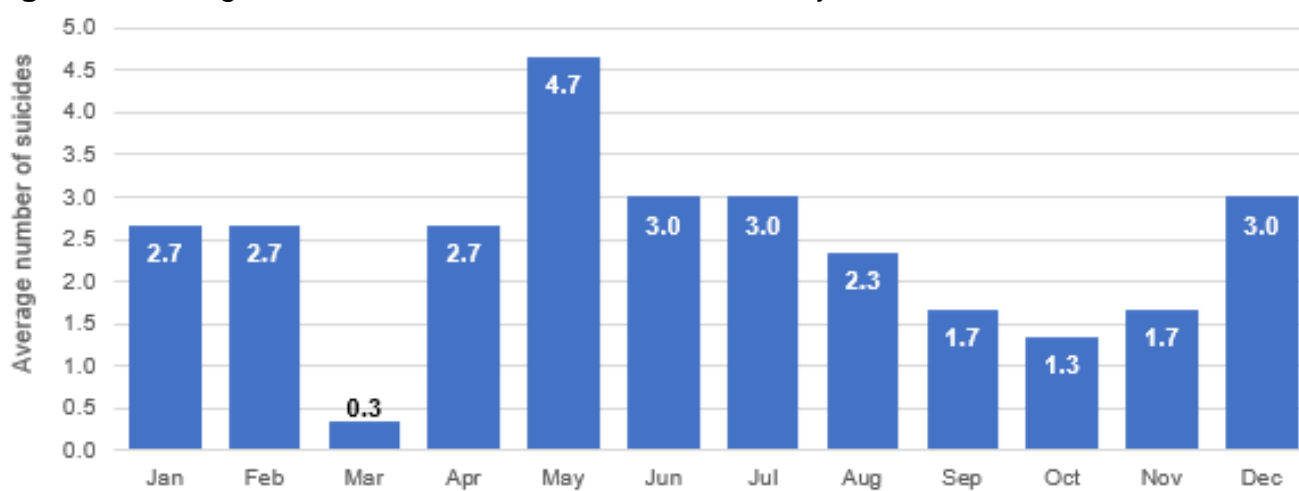
Although in Wirral in 2019-21, those who were unemployed made up a higher proportion of cases than might be expected at 23% of all cases (given that in Wirral overall, just 3.8% of the working age population are unemployed<sup>13</sup>), this was not the most common employment status as **Figure 7** describes. Males were most likely to be working (30%), while among females, the two most common options were also to be working (29%) and for employment status to be unrecorded (29%). It should be noted however, that overall, of those who were unemployed (23% of all audit cases) and those not working due to being long term sick of disabled (also 5% of audit cases) are considered together, this means that 28% of cases were not in work. This emphasises that proportionately, the risk of suicide is much higher for those who are unemployed, if those who are unemployed due to being long term sick or disabled are included.

## Seasonality / time of year

**Figure 8** shows that March and October had the lowest average number of suicide cases between 2019-21. Contrary to popular expectation, December did not mark a notable peak in suicides during the years covered by this audit (and this has also been true in previous years audits), although it was one of the higher months along with May, June and July (which had the highest average of all).

Reasons for this are unclear and cannot be compared to national figures as suicide cases are not presented by month nationally.

**Figure 8:** Average number of Wirral suicide audit cases, by month of occurrence, 2019-21

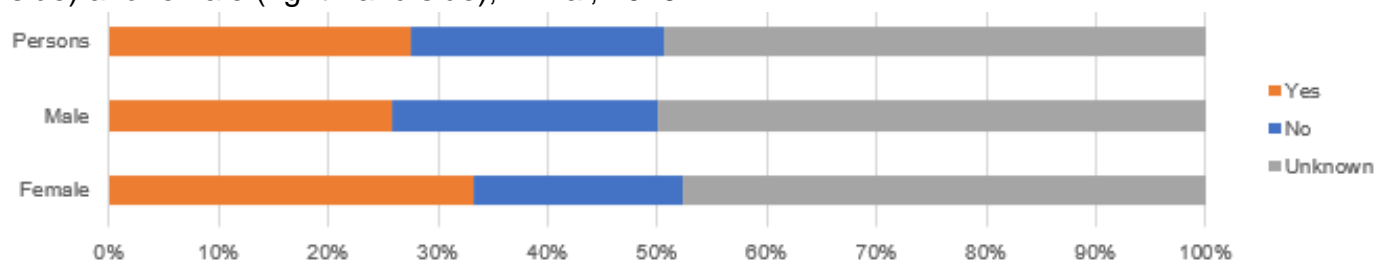


**Source:** Merseyside Coroner records (data collected specifically for this audit). Date relates to when the death occurred, not when case was examined by the Coroner (which can occasionally be some time later)

## History of alcohol misuse

**Figure 9** shows that similarly to drug misuse, there appears to be around one in three cases included in this audit who have a noted history of alcohol misuse and there was little difference between males and females.

**Figure 9:** Proportion of suicides in which alcohol misuse was recorded, by male (left-hand side) and female (right-hand side), Wirral, 2019-21



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

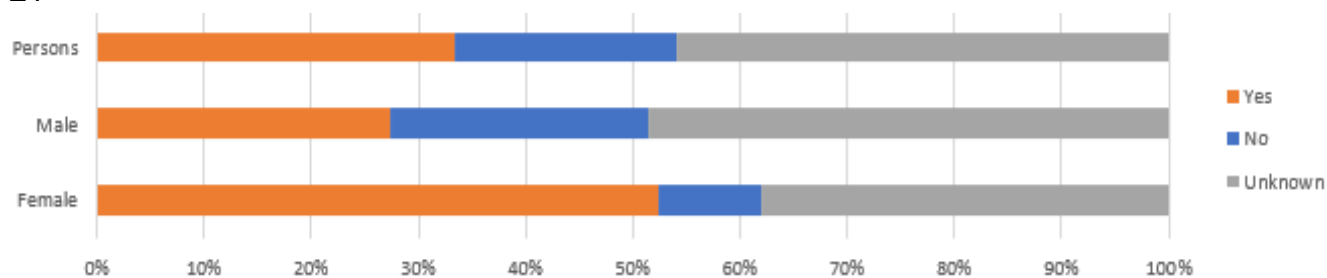
As with all issues noted in the Coroners records, reporting relies on accurate and/or up to date medical records, or relatives disclosing a full and frank history to the coroner.

It is possible therefore, that the figures above for confirmed issues with drugs or alcohol may understate both issues. In a third of cases (32 of 87 cases or 37%), individuals were noted as having alcohol present at the time of the post-mortem (detected from either blood or stomach contents).

## History of substance misuse

Substance misuse is a risk factor for suicide<sup>14</sup> and, as such, is recorded on the local suicide data collection template. **Figure 10** shows the proportion of Wirral cases, by gender, where drug was recorded and noted in the case records between 2019 and 2021. As **Figure 10** shows, just over one in three cases included in this audit, had a history of drug misuse noted on the case records. It should be noted however, that there are a large proportion of unknowns (around 46% of cases), so this may be an under-representation of the true picture. There appeared in this audit, to be a higher likelihood of females having a history of drug misuse compared to males, but this is against a backdrop of a much smaller number of overall suicide cases in females (small numbers can often result in large percentage differences).

**Figure 10:** Proportion of suicides in which drug misuse was recorded, by gender, Wirral, 2019-21



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

The most common illicit or non-prescribed drugs detected at post-mortem were cocaine (14% or almost 1 in 4 cases) and cannabinoids (13% of cases). Other illicit drugs mentioned in case notes were MDMA, amphetamines and butane (gas).

## Prescribed medications

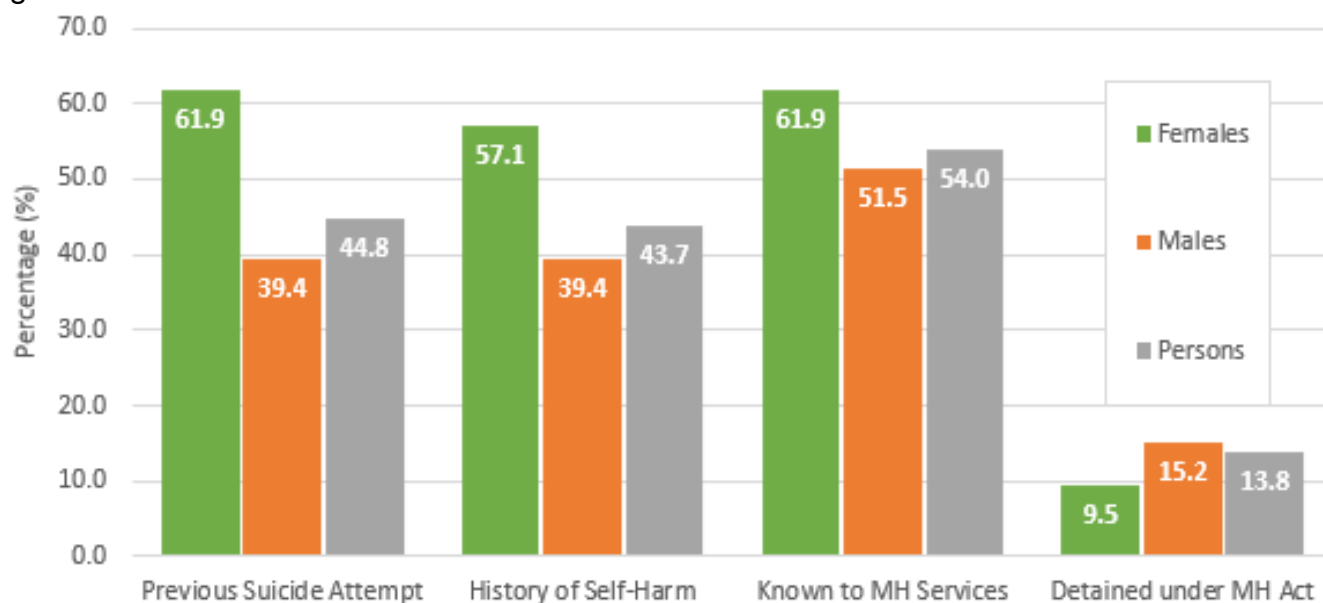
In 34 of 87 cases (or 39%), individuals had active prescriptions for mental health medications. Of these, Sertraline was the most commonly prescribed medication. This figure is lower than might be expected, given that over half of all cases were recorded as being known to mental health services.

Other drugs (prescribed and/or non-illicit) listed as a cause or contributory factor in death (due to being above therapeutic levels) included methadone, dihydrocodeine, venlafaxine, paracetamol and tramadol.

## History of mental health issues

As has been the case in [previous Wirral audits](#), a large proportion of suicides were either currently or previously known to mental health services – over half of males and just under two-thirds of females (52% and 62% respectively).

**Figure 11:** Proportion of individuals with a history of mental health related issues, 2019-21, by gender



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

**Notes:** 'Known to MH services' is every having a recorded instance of contact with mental health services

As **Figure 11** above also shows, just over one in ten (14%) of both females and males (10% and 15% respectively) had previously been detained under the [Mental Health Act](#). It also shows that in Wirral between 2019-21, self-harm and previous suicide attempts were more prevalent in females than males. Self-harm is more common among young people than other age groups, particularly young women. In England, the proportion of young women who said they had self-harmed increased by 13% between 2000 and 2014<sup>15</sup>.

Certain learning disabilities (such as Autistic Spectrum Disorders) are linked to a higher risk of suicide<sup>16</sup>. Between 2019-21, 2% of all cases had a record as having a learning disability.

## Other potential contributory factors

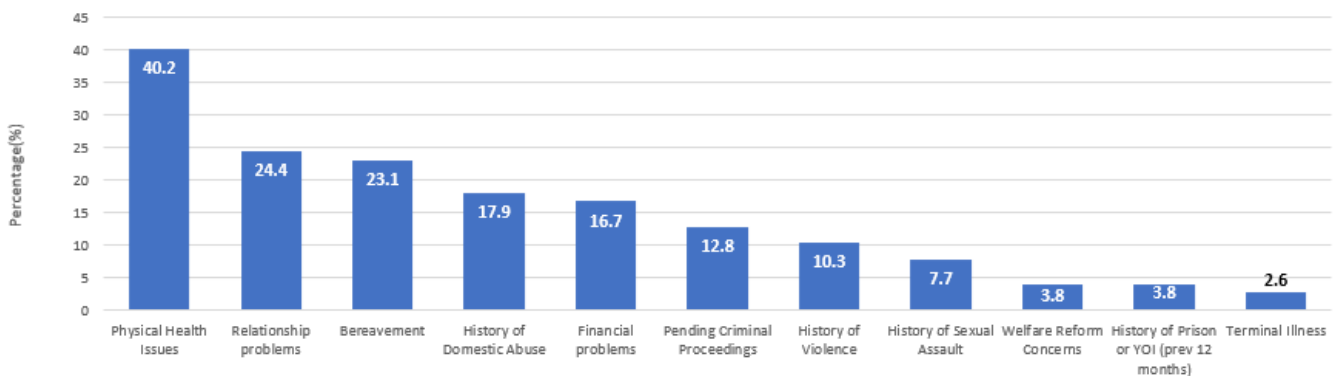
As with all the issues and history detailed in these audits, it is important to note that the information in this section, is not definitive but rather indicative from the contents of a suicide noted (if they existed) or disclosure from friends and relatives. True prevalence of these factors could be higher than Coroners are able to record.

The most common factor (of those included on the Cheshire & Merseyside template) in Wirral suicide cases in 2019-21 were physical health problems (**see Figure 12 below**). This is not to suggest that these were the cause of the suicide, just that 40% had at least one physical health issue of some kind. In almost 1 in 10 of all cases (9%), the deceased person had some form of terminal illness.

Just under one in four (24.4%) had relationship problems and around one in four individuals (23.1%) had suffered a bereavement which was noted in their records.

National figures, [provided by ONS](#), show that male prisoners in England and Wales were 3.7 times more likely to die from suicide than men in the general population. It is important to note, that the increased risk of suicide may not be specifically caused by the prison environment, but by the increased prevalence of substance misuse and mental health problems in the prison population<sup>17</sup>. In Wirral in 2019-21, 3.8% of cases had a history of being in prison or a youth offenders institute. In 12.8% of Wirral suicide cases, there were pending criminal proceedings noted in the records of the deceased.

**Figure 12:** Proportion of Wirral suicide cases in 2019-21 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)

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The ‘beyond reasonable doubt’ requirement of a suicide verdict meant that Coroner believed that the deceased had acted in a *conscious* way; the presence of large concentrations of alcohol or drugs therefore often meant a suicide verdict would not be assigned, because alcohol and drugs are well evidenced to affect the ability of individuals to make conscious choices.

## Coroners Verdicts Post-2018

On 26<sup>th</sup> July 2018, as a result of [a case in the High Court](#), the standard of proof – the evidence threshold – used by coroners to determine whether a death was caused by suicide was changed from the criminal standard of “beyond reasonable doubt”, to the civil standard of “on the balance of probabilities”.

The “standard of proof” refers to the level of evidence needed by coroners when determining whether a death was caused by suicide. This legal change appears [not to have resulted in any significant change in the reported suicide rate in England and Wales](#).

## ‘Short form’ Inquest Verdicts

- **Suicide:** The Coroner has determined that the person has voluntarily acted to end his or her life in a conscious way
- **Misadventure:** implies that the deceased has taken a deliberate action that has then resulted in his or her death, i.e., an intended act but with unintended consequence; similar to Accidental 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 coroner is not obliged to use short form verdicts and can use ‘narrative verdicts’ which set out the circumstances of the death in a detailed way, based on the evidence heard. For those attending an inquest of a loved one, it can sometimes be helpful to hear the Coroner’s verdict in this form, as more of a detailed conclusion of events leading to the death is provided.

## Contact details

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