Wirral Suicide Audit 2014

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WIRRAL

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Version History	Date	Author	Reviewer	Actions
V1	22/03/2016	Hannah Cotgrave	Brendan Collins	Tables/Figures amended. General changes to content.
V2	11/04/2016	Hannah Cotgrave	Bev Murray	Reference tables updated. Caveats around changes from 2013 provided.
V3	14/04/2016	Hannah Cotgrave	John Highton	General changes to content.

Report Overview

Abstract	Audit of all cases recorded as suicide (or the related verdicts of open, misadventure or narrative) in 2014 that 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

Table of contents

Section	Page
Key Findings	4
Introduction	5
Verdicts	5
Gender	5
Ethnicity	5
Age	6
Place of Birth	6
Marital Status	8
Employment Status	9
Cause of Death	9
Time of Year	10
History of Drug or Alcohol Abuse	10
History of mental health problems	11
History of relationship and/or financial problems	11
History of violence or prison/youth offending institutions	11
Prescribed Drugs	12
References	13

List of Tables

No.	Description	Page
1	Cases included in the 2014 audit with assigned verdicts	5
2	Proportion of Wirral suicides (and related verdicts) by ethnicity (2014)	5
3	List of prescribed medication reported in suicide (and related cases) in Wirral in 2014	12

List of Figures

No.	Description	Page
1	Age breakdown of Wirral cases of Suicide (and related verdicts) by gender (2014)	6
2a	Breakdown of 2014 cases of suicide (and related verdicts) by place of birth	7
2b	Breakdown of all 2014 deaths in Wirral by place of birth	7
3	Marital status of Wirral cases of suicide and related verdicts in 2014, by gender	8
4	Suicide and related verdict cases for Wirral in 2014, by employment status	9
5	Suicide and related verdict cases for Wirral in 2014 by cause of death and gender	9
6	Suicide (and related verdicts) in Wirral in 2014 by season	10
7	History of drug or alcohol abuse, by gender	10
8	Proportion of individuals with a history of previous suicide attempts and/or self-harm	11
9	Proportion of individuals with relationship and financial problems	11

Key Findings

- Unless otherwise specified the below key findings relate to the 44 cases of suicide and related verdicts in Wirral in 2014
- There were 44 cases assigned as suicide, open, misadventure or narrative verdicts in 2014. Of these, 29 cases were suicide verdicts
- Of the 29 cases deemed by the Coroner as suicide, suicide notes were present in 40% (11 cases)
- Men were over-represented in the audit, with 75% of cases being male and 25% being female in 2014
- Female cases were younger than male cases, which goes against the national picture.
- Men appeared more likely to commit suicide at an older age and were more likely to be retired than women
- Ethnicity data showed that Wirral's BME population is over-represented; 11% of verdicts were amongst the BME community, which makes up 5% of the Wirral population
- In 2014, 42% of cases concerned people who were born outside of Wirral. This compares to 50% of *all* deaths in Wirral in 2014 (occurring in people born outside of Wirral)
- The most common cause of death was hanging/strangulation, followed by self-poisoning.
- Autumn (September to November) was the season most people were likely to commit suicide
- Around half of women had current or historical issues with drugs and/or alcohol (45% and 55% respectively). In men, around one in four had a current or historical issue with drugs (27%) and/or alcohol (25%)
- Around one in four individuals had previously attempted suicide (27%) and/or had a history of self-harm (25%)
- Around one in five individuals (18%) were known to Mental Health services. However, we cannot tell from the data how many people have previously been detained under Section 36 of the Mental Health Act
- There was insufficient data regarding a history of violence or involvement with prison or youth offending institutions
- 25% of cases recorded individuals as having relationship problems and 23% as having financial problems
- Mirtazapine and Sertraline were the most commonly prescribed drugs for individuals included in this audit (11% for both), whilst cannabis was the most commonly mentioned illegal drug (14% of cases)

Introduction

Cases are included in this audit if they were examined by the Coroner during the 2014 calendar year. The date of death may not necessarily have been during 2014 however, as historically, some cases took time to arrive at Coroner Court. Since December 2013, Wirral cases fall within the jurisdiction of the Liverpool Coroner and delays have reduced. Similarly, ONS suicide figures are presented for deaths registered in a particular calendar year (ONS, 2016) with 49% of the 4,822 suicides in England registered in 2014, occurring before 2014.

Verdicts

This audit is not just for cases determined to be suicide, but also for cases of potential or possible suicide. It therefore includes the verdicts of open, misadventure and narrative – as well as suicide. The Coroner will only assign a suicide verdict in cases where suicidal intention is beyond reasonable doubt. Even in cases which may appear to be suicide, a verdict of misadventure, narrative or open may still be assigned, because the Coroner cannot be certain that suicide was the deceased person's clear intention. In total, there were 44 cases in 2014 that fell into these categories - see Table 1.

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

Year	Suicide	Misadventure	Narrative	Open	Total
2014	29	2	13	0	44
2013	10	21	3	19	53

Of the 29 cases deemed to be suicide, suicide notes were present in 11 cases (around 40% or 4 in 10). In 16 of the 29 cases (over 50%) the cause of death was hanging/strangulation. For the majority of narrative cases, hanging/strangulation was also the recorded cause of death (57% or 4 cases). When comparing figures from 2013 and 2014, it is clear that there is a significant change in the categorisation of verdicts, for example, in 2013, 10 of 53 cases where deemed as suicide, whereas in 2014, 29 of 44 cases had a suicide verdict. Possible contributing factors to this change may be improvements in recording of information enabling a more concise verdict to be reached, and the change in jurisdiction to Liverpool Coroner Service affecting interpretation of evidence.

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 cases included in this audit 75% were male and 25% were female. Wirral therefore appear to be in line with national trends for 2014; 76% males and 24% female (ONS, 2016).

Similar figures have been recorded in previous years; Wirral Suicide Audit 2012 (76% male, 24% female) and Wirral Suicide Audit 2013 (70% male, 30% female).

Ethnicity

Table 2: Proportion of Wirral suicides (and related verdicts) by ethnicity (2014)

White British	Irish	Mixed Black & White African	Chinese	Any other Asian	Any other Black	Not known
68%	3%	2%	2%	2%	2%	21%

As Table 2 shows, 21% of cases did not contain data on ethnicity. Of the remaining cases where ethnicity data was available, the Black and Minority Ethnic (BME) population made up11% of suicide (and related verdicts), which is an over-representation as Wirral is estimated to have a BME population of 5% (NOMIS, 2015).

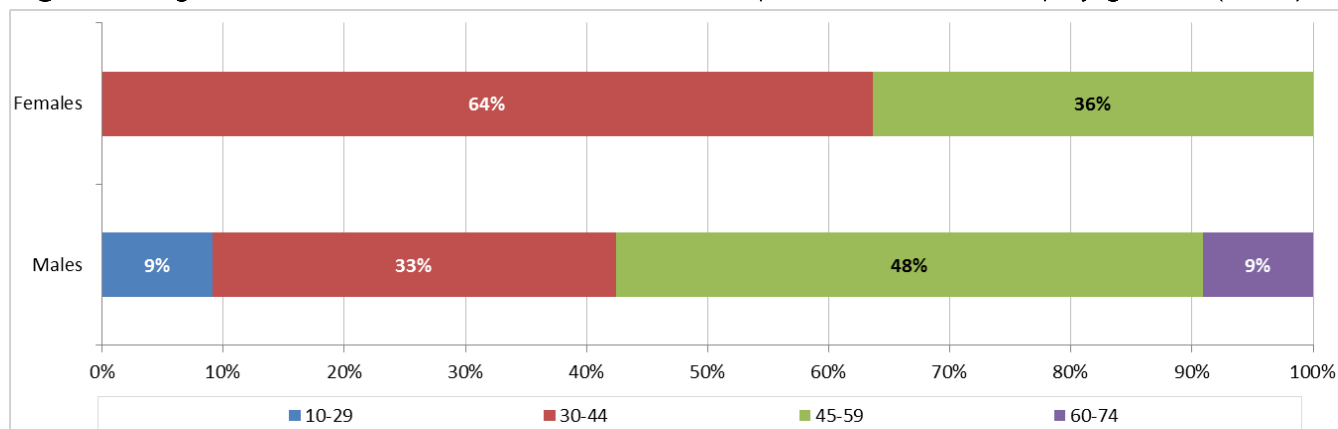
The majority of cases in the 2014 audit were of White British ethnicity (68%), but this is an under-representation compared to Wirral's White British population of 95% (NOMIS, 2016).

It is not possible to compare this on a national scale, as ethnicity is not reported on nationally reported death registrations. Further, due to incomplete information in previous years, this data is also not comparable at a local level.

Age

Another important factor in suicide is age. Nationally, those aged between 49-59 years had the highest rate of suicide for male and for females. As Figure 1 shows, this trend is evident in Wirral for males only as the age bracket with the highest suicide rate for females is 30-44, indicating that women are more likely to commit suicide at a younger age in Wirral than the UK.

Figure 1: Age breakdown of Wirral cases of Suicide (and related verdicts) by gender (2014)

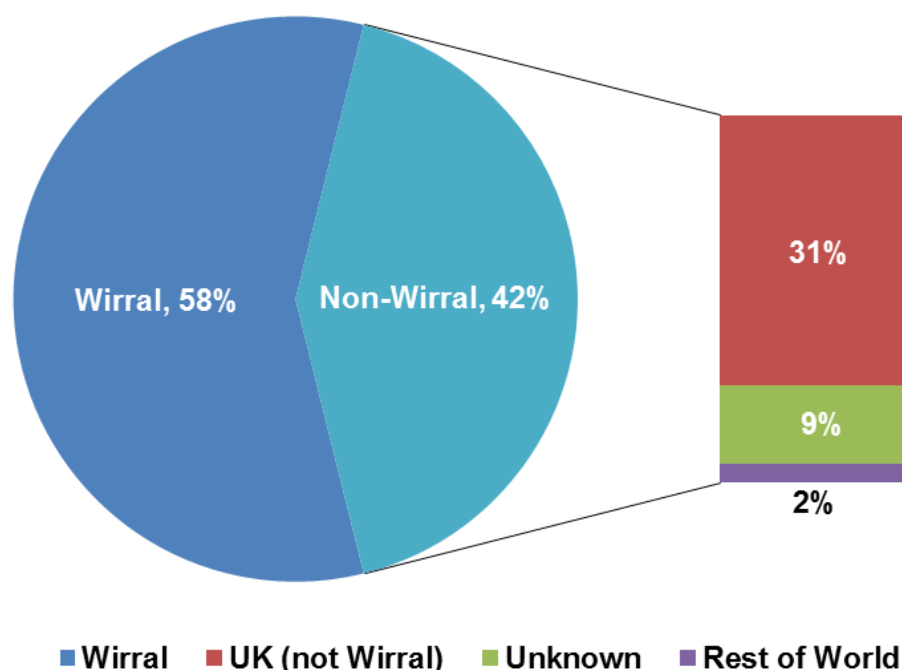


As Figure 1 shows, males and females had different age brackets in which suicide (or possible suicide) was more likely. For males, there is a greater range of ages, with cases from within the 10-29 bracket and the 60-74 bracket. In comparison, all female cases occurred within the 30-44 and 45-59 brackets. It therefore appears that in Wirral in 2014, despite the wider age-range of male cases, both (males and females) are most likely to commit suicide between the ages of 30-59. These figures cannot be compared to the previous Wirral Suicide Audit (2013) due to a difference in the age brackets.

Place of Birth

Figure 2a shows the breakdown of Wirral cases (resident in Wirral at the time of their death), which came before the Coroner in 2014 by the listed place of birth. Place of birth may be a relevant factor for suicide because it can affect social support and mental health in general. If people are living far from their place of birth, it can mean that they are more likely that 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 other parts of the UK and are living far from friends and relatives.

Figure 2a: Breakdown of 2014 cases of suicide (and related verdicts) by place of birth



As the chart shows, in 58% of all cases shown before the Coroner in 2014, Wirral was listed as their place of birth. Of the remaining 42% who were born outside of Wirral, the majority were from elsewhere in the UK.

Although it may seem that 42% of Wirral cases were born elsewhere is a high proportion, when examined alongside deaths from all causes in Wirral in 2014, it appears that individuals who committed suicide (or potentially committed suicide) in Wirral in 2014 are not so different after all. See figure 4b below.

Figure 2b: Breakdown of *all* 2014 deaths in Wirral by place of birth

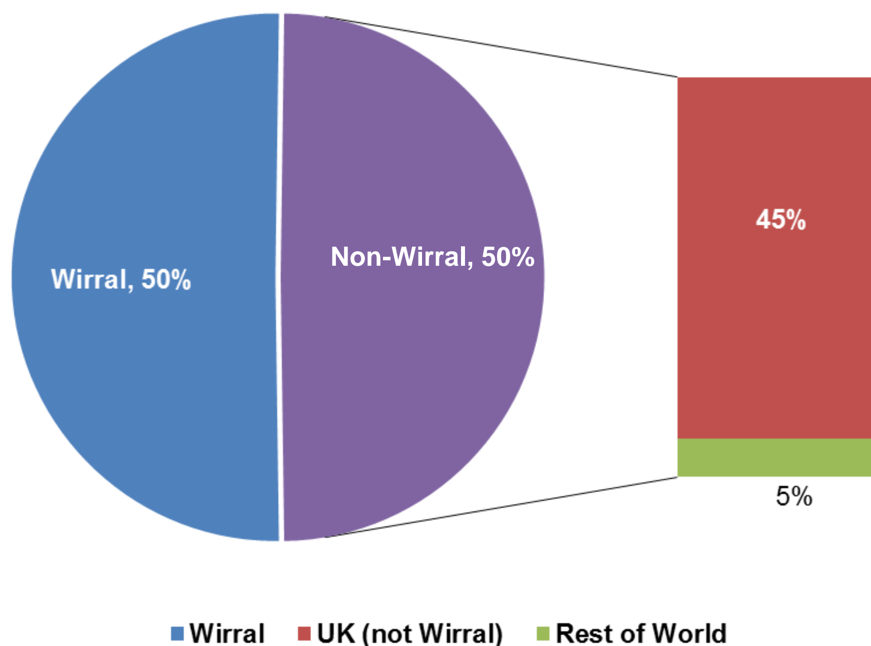
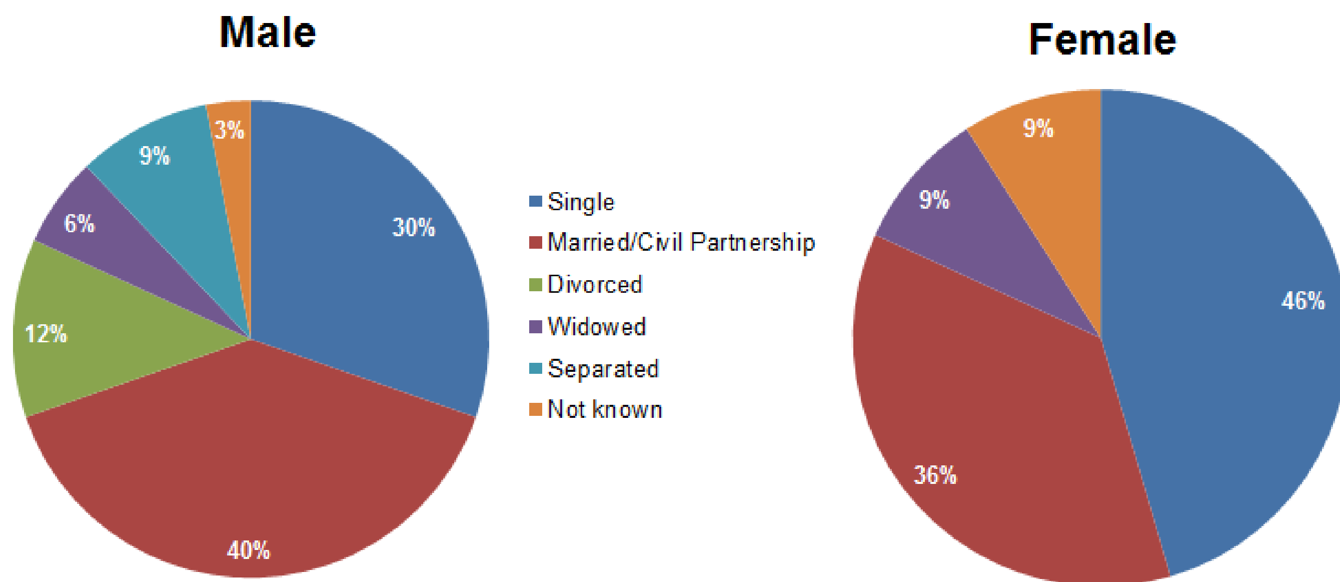


Figure 4b shows that deaths in Wirral are split equally between those born in Wirral and those born outside of Wirral. Comparing 2a and 2b, it would seem, contrary to expecations, that those born in Wirral were more likely to commit suicide than those born elsewhere.

Marital Status

Figure 3 below shows the breakdown of suicide and related verdicts by both gender and marital status at the time of death. Marital status is well evidenced as being related to risk of suicide and, as the chart shows, there are some differences between the genders.

Figure 3: Marital status of Wirral cases of suicide and related verdicts in 2014, by gender



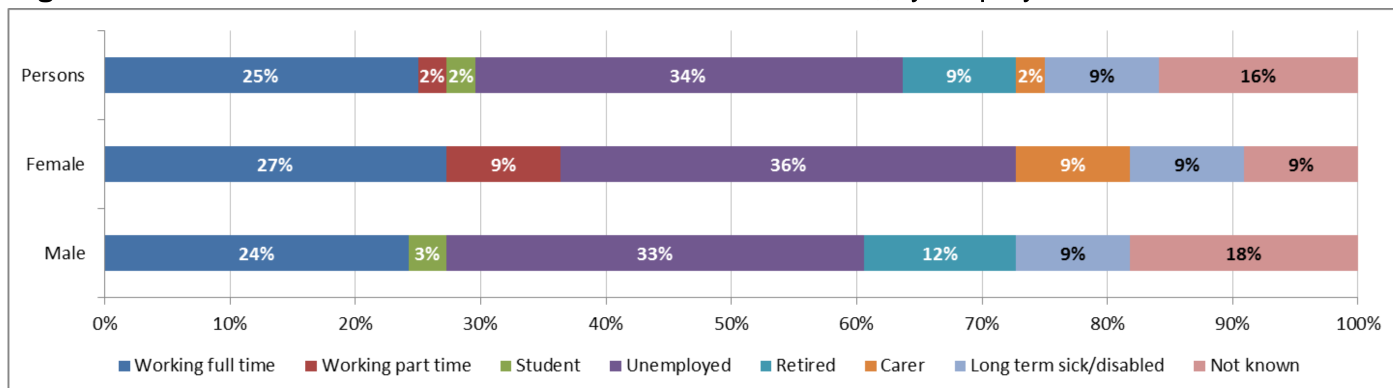
As Figure 3 above shows, men who were married/in a civil partnership accounted for the largest proportion of male suicide (and related verdicts) in Wirral in 2014; 40% or 2 in 5. Historically, single or divorced men have the highest rates of male suicide (ONS, 2016).

Amongst women, those who were single accounted for the largest portion of female suicides (or related verdicts) in Wirral in 2014 with almost half (46%) known to be single at the time of death. National trends show that women who were single or divorced had higher suicide mortality rates than those women were married (ONS, 2016). In Wirral, this does not fully appear to be the case as, despite those who were single making up the largest portion of female cases (46%), women who were married/in a civil partnership at time of death accounted for more suicide (or related verdicts) than those who were divorced. In the Wirral Suicide Audit 2013, the largest proportion of female suicides (or related verdicts) recorded 'divorced' as the marital status, it is therefore perhaps a surprise that no female suicide (or related verdict) cases had a 'divorced' marital status in 2014.

Employment Status

Employment status is a well-evidenced factor in suicide, with unemployment resulting in a higher risk of suicide for men. Figure 4 shows the suicide and related verdict cases for Wirral in 2014, by employment status.

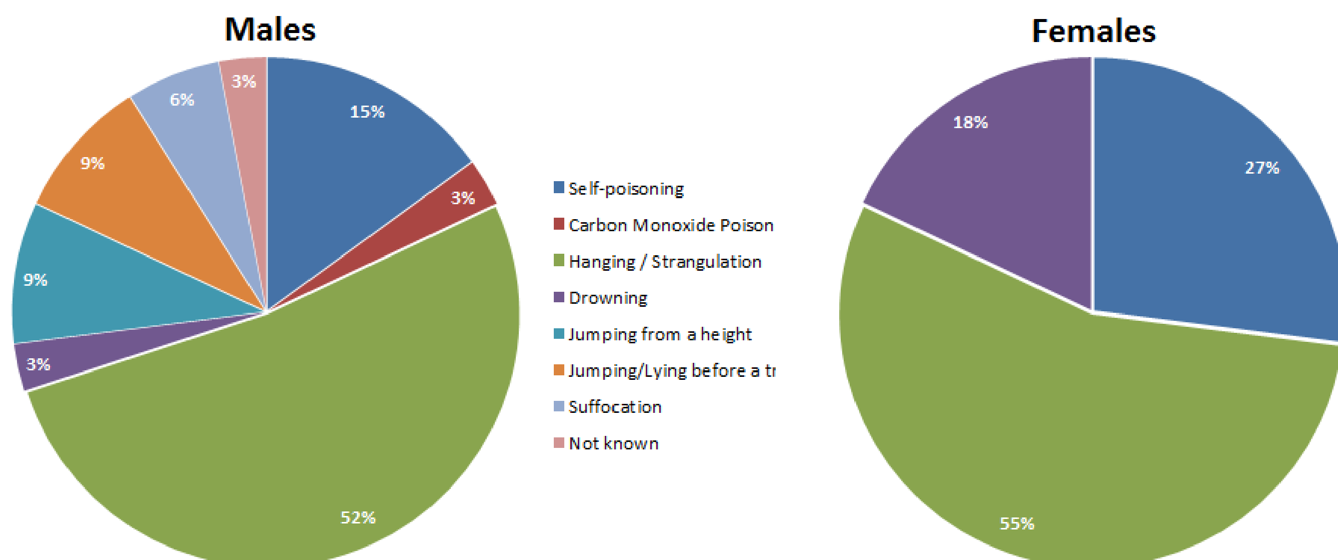
Figure 4: Suicide and related verdict cases for Wirral in 2014, by employment status



A third of all the male cases in 2014 were unemployed (33%) suggesting a strong association between unemployment and suicide. For women, the proportion was greater, with 36% of all female cases in 2014 being unemployed. This is a change from the data reported in the Wirral Suicide Audit 2013, where the largest proportion of female cases in 2013 recorded 'retired' as the employment status. In the 2014 audit, females were more likely to commit suicide at a younger age than historically. In Wirral overall, those who are unemployed or working full-time are the most likely to commit suicide with a combined proportion of 59% (or around 3 in 5).

Cause of Death

Figure 5: Suicide and related verdict cases for Wirral in 2014 by cause of death and gender



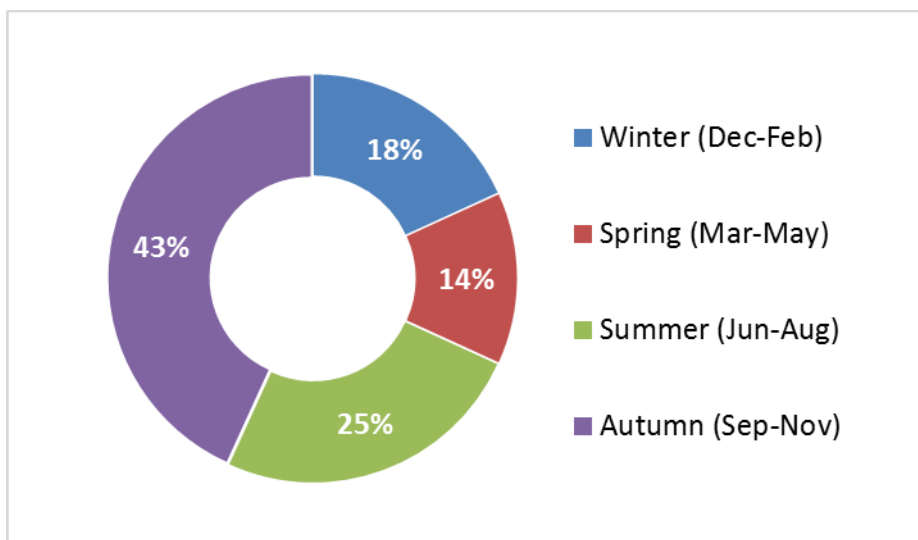
As Figure 5 shows, the most common cause of death for both males and females in Wirral was hanging or strangulation in 2014 (52% of deaths in males, 55% in females). This differs from the Wirral Suicide Audit 2013, in which self-poisoning was the most common method, but is in line with UK trends, where hanging was most common method and self-poisoning was the second

most common method. In Wirral in 2014, self-poisoning was also the next most common method; with 15% of male cases and 27% of female cases reporting self-poisoning as the cause of death.

In 3% of male suicide (or related cases) the 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 the cause of death – difficult.

Time of Year

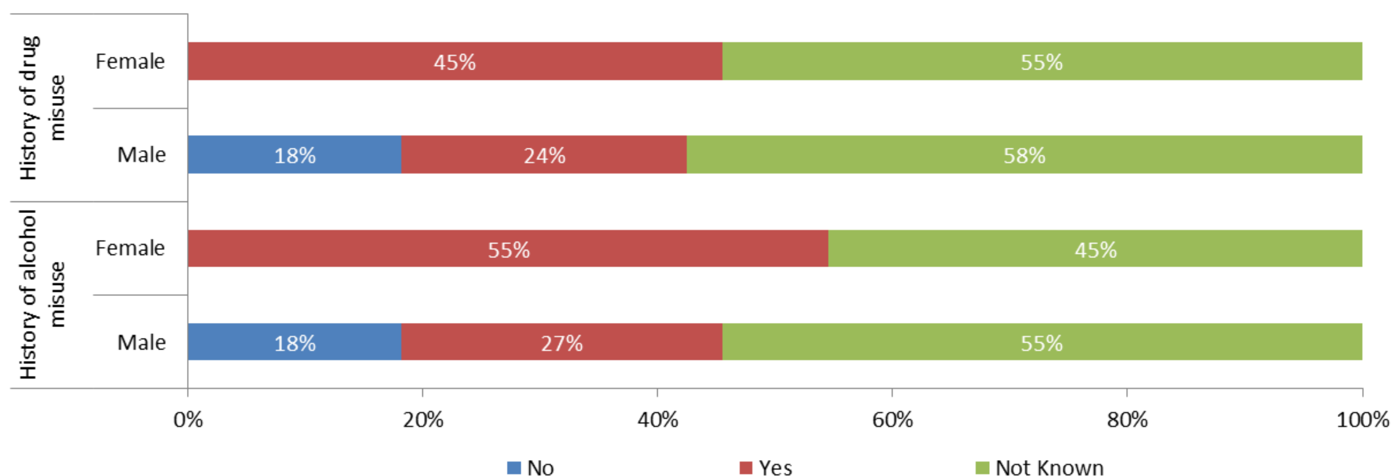
Figure 6: Suicide (and related verdicts) in Wirral in 2014 by season



As the chart shows, Autumn appears to be the most likely time of year for suicide (and related verdicts) to occur. There is no national data to compare this to, however, it differs significantly to figures recorded in Wirral Suicide Audit 2013, where Winter was the most common season for suicide (and related cases) to occur.

History of Drug or Alcohol Abuse

Figure 7: History of drug or alcohol abuse, by gender

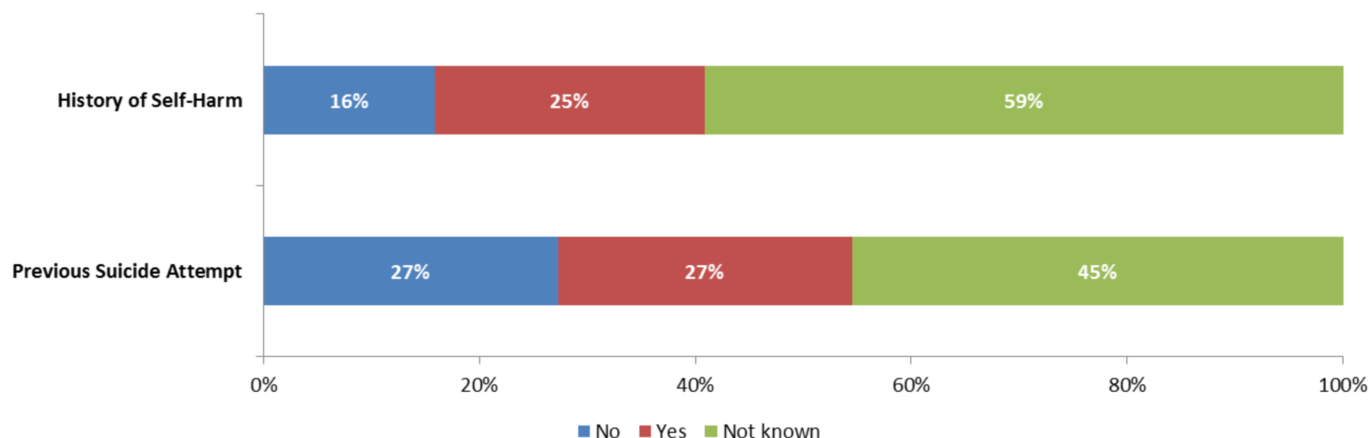


As Figure 7 shows, over half (55%) of female cases in 2014 had current or historic issues with alcohol. Amongst men, this figure was 27%, however as alcohol abuse was unknown in many cases, this figure may have been higher. Nationally, alcohol abuse is regarded as a risk factor in suicide and this seems particularly true in female cases presented in Wirral in 2014. Similarly, females were more likely than males to have current or historical problems with drugs (45% versus 24%), however, again, a portion of male cases did not have this information recorded (58%).
In 16 out of 44 cases (36%), alcohol was either noted to have been regularly used and/or present in the post-mortem. Similarly, cannabis and/or cocaine use was also recorded in 14% and 11% of

cases respectively. Other non-prescribed drugs listed as a cause or contributory factor in death were gas canisters, such as helium and nitrogen.

History of mental health problems

Figure 8: Proportion of individuals with a history of previous suicide attempts and/or self-harm

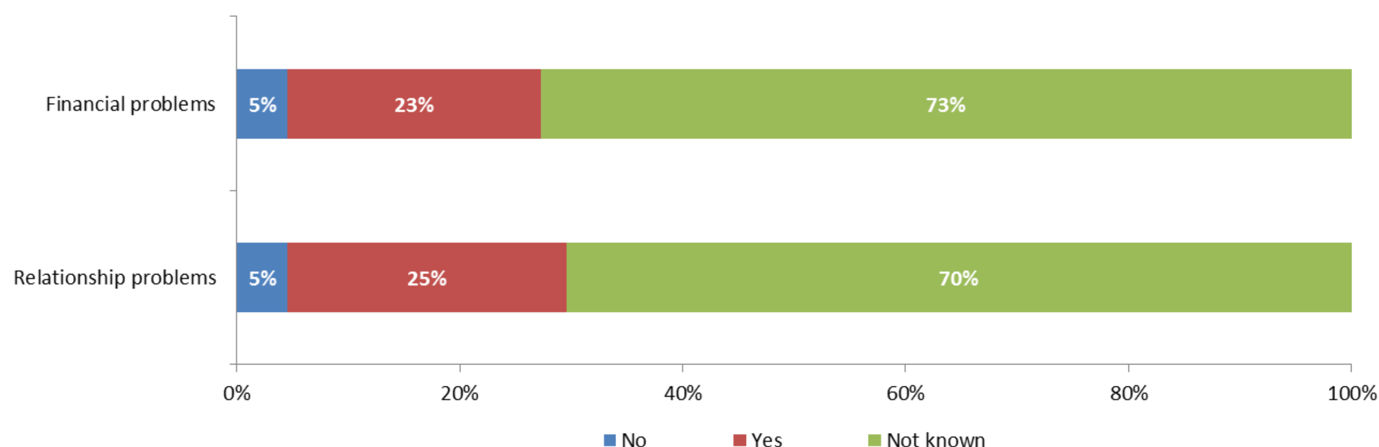


As Figure 8 shows, 25% (11 cases or one in four) of cases presented in 2014 reported a history of self-harm. Similarly, 27% (n=12) of cases reported previous suicide attempts. Furthermore, 8 of the 44 cases in 2014 reported that an individual was known to Mental Health services, however, this was unreported in 34 cases and so the figure could indeed be higher.

In previous reports, information regarding how many individuals had previously been detained under the Mental Health Act was reported; however, there is not sufficient data for this to be included in this report.

History of relationship and/or financial problems

Figure 9: Proportion of individuals with relationship and financial problems



As Figure 9 above shows, 23% of individuals (or around one in four) had financial problems prior to their death. Similarly, 25% of cases reported that individuals had experienced relationship problems. However, it is important to note that this information is not definitive but rather indicative from the contents of a suicide note (if this existed) or disclosure from friends and relatives.

History of violence or prison/youth offending institutions

In previous Wirral Suicide Audit reports, information regarding individuals who had a history of violence and/or involvement with prison/youth offending institutions was reported. However, due to a lack of sufficient information, it has been omitted from this report.

Prescribed Drugs

In 28 out of 44 cases (64%), individuals had been prescribed medications, the majority of which were for mental health issues such as depression and anxiety. Table 3, below, shows all of the drugs mentioned in the Coroner's files in 2014. Mirtazapine and Sertraline were the most commonly prescribed drugs. There were some instances were medications were found in the post-mortem that had not been included in the list of their prescribed medications, such as Methadone and Tramadol. This suggests that either the list provided was incomplete or the individuals had acquired the medications illegitimately.

Table 3: List of prescribed medication reported in suicide (and related cases) in Wirral in 2014

Prescribed Drug	Drug Type/Prescribed For
Mirtazapine	Antidepressant
Sertraline	SSRI (depression)
Fluoxetine	SSRI (depression)
Venlafaxine	SSRI (depression)
Omeprazole	Stomach Ulcers
Ramipril	(ACE) inhibitor
Aspirin	Anti-inflammatory
Simvastatin	Statin (CVD)
Lisinopril	(ACE) inhibitor
Quetiapine	Anti-psychotic (schizophrenia, bipolar disorder)
Salbutamol	Asthma
Metformin	Diabetes
Felodipine	Hypertension
Meberezine	Irritable Bowel Syndrome (IBS)
Zopiclone	Sleeping tablets
Citalopram	SSRI (depression)
Perindopril	(ACE) inhibitor
Antihistamines	Allergy
GTN Spray	Angina
Cefalexin	Antibiotic
Nitrofarantoin	Antibiotic
Trimethoprim	Antibiotic
Terbinafine	Antifungal medication
Ibuprofen	Anti-inflammatory
Mesalazine	Anti-inflammatory
Olanzapine	Anti-psychotic (schizophrenia, bipolar disorder)
QVAR	Asthma Medication
Clonazepam	Benzodiapine (anxiety, alcohol withdrawal symptoms)
Diazepam	Benzodiapine (anxiety, alcohol withdrawal symptoms)

References

2016, Suicides in the United Kingdom: 2014 registrations, Office for National Statistics (ONS) Accessed at 01/04/2016 Available at: http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2014registrations

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

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

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