

## 7.25 Suicides and self-harm

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Suicide death, attempted suicide and deliberate self-harm (DSH) are interrelated. Self-harm, whether with or without intent to commit suicide, increases the risk of subsequent actual suicide, especially in the first year following DSH when one study showed that suicide occurred at a rate of 7 per 1,000 in the first year, 66 times that of the suicide rate in the general population<sup>[1]</sup>.

### Policy context

The most recent national suicide prevention and reduction strategy was set out in 2012 [2] This strategy aims to reduce the risk of suicide in key high-risk groups; tailor approaches to improve mental health in specific groups; reduce access to the means of suicide; provide better support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide; and to support research, data collection and monitoring..

### Suicide in Barking and Dagenham

In England, there are around 4700 suicide deaths annually, 3600 male suicides annually and 1,100 female suicides. The male suicide rate of 14 per 100 thousand is 3.5 times that for females, namely 4 per 100 thousand. The male suicide rate has increased significantly since 2007, while female rates have stayed relatively constant.

Over the period 2012-14 Barking and Dagenham had 34 suicide deaths, a rate of 7.2 per 100,000. This is lower than for England as a whole (8.9 per 100,000 population), but similar to London's rate (7.0 per 100,000 population).

Trends in suicides rates locally are difficult to determine as rates are very variable and the fluctuation in the small numbers year on year can make a big impact even on the three year rolling average. Of the 34 suicides in the three years 2012-14, 28 were men and 6 women. These numbers are too small to calculate a meaningful suicide rate for females <sup>[3]</sup>, though the male rate of 11.4 per 100,000 is below the all England rate.

Implications of suicide for potential years of life lost (PYLL) are important. These are affected by the age pattern of suicide deaths, with higher PYLL resulting from suicides at younger ages. In terms of London borough contrasts in male and female rates for potential years of life lost (PYLL) from suicide, the female rate in LBB is among the lowest in London. By contrast, the male rate is the ninth highest in London at 39.8 per 10,000. The ratio for LBB of male to female rates for PYLL due to suicide is the second highest in London (exceeded only in Waltham Forest).

Other demographic and health status characteristics affect suicide rates but available suicide data for LBB do not include these characteristics. One factor is marital status: being unmarried is a risk factor for suicide, whereas marriage has a beneficial effect. People with mental illness have a higher suicide risk than the

general population, and a previous suicide attempt is the most important risk factor for suicide. Unemployment is also a suicide risk factor [4].

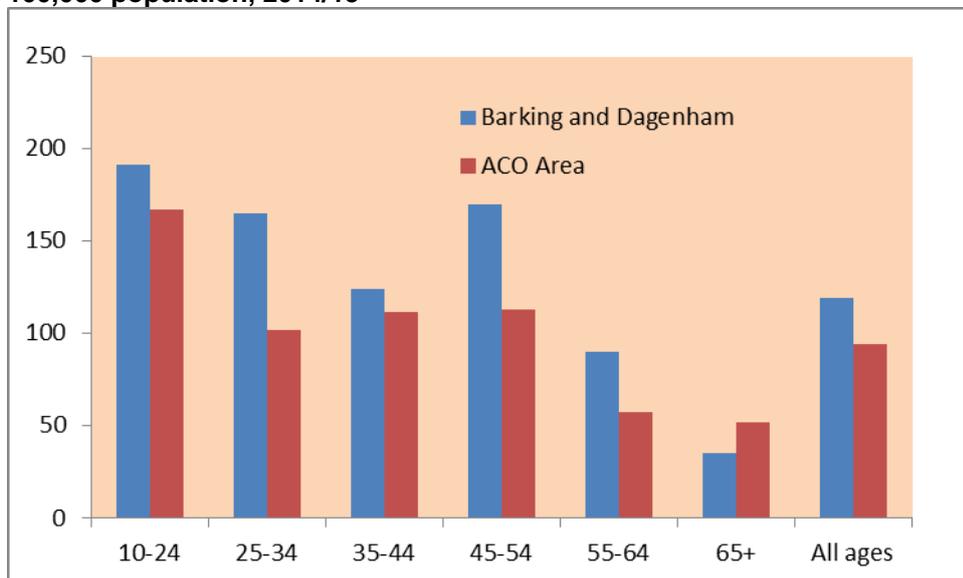
### Measuring self-harm

By contrast to completed suicide, self-harm (including attempted suicide) is more common. Different levels of self-harm between local authorities (and smaller areas within local authorities) can be established using hospital admissions data (e.g. for deliberate self-poisonings, overdose, or self-cutting), although not all such patients are admitted to hospital.

Hospital episode data (with ICD10 range X60-X84) for 2014/15 for London boroughs show Barking and Dagenham had an age standardised rate for attempted suicide at 119 per 100,000, about 17 times the level of completed suicide. This rate is based on events and populations for ages 10 and over. There are around 240 hospitalisations among LBBB residents annually for intentional self-harm. The London rate for self-harm is 97 per 100 thousand.

Rates are particularly high in early adulthood, with around 80 annual admissions for patients under age 25. Figure 7.25.1 compares rates in the borough to those in the Accountable Care Organization area (LBBB, Havering and Redbridge). The high rate of attempted suicide in young adulthood is especially marked among women, with females aged 10-24 being three times more likely to be admitted than males

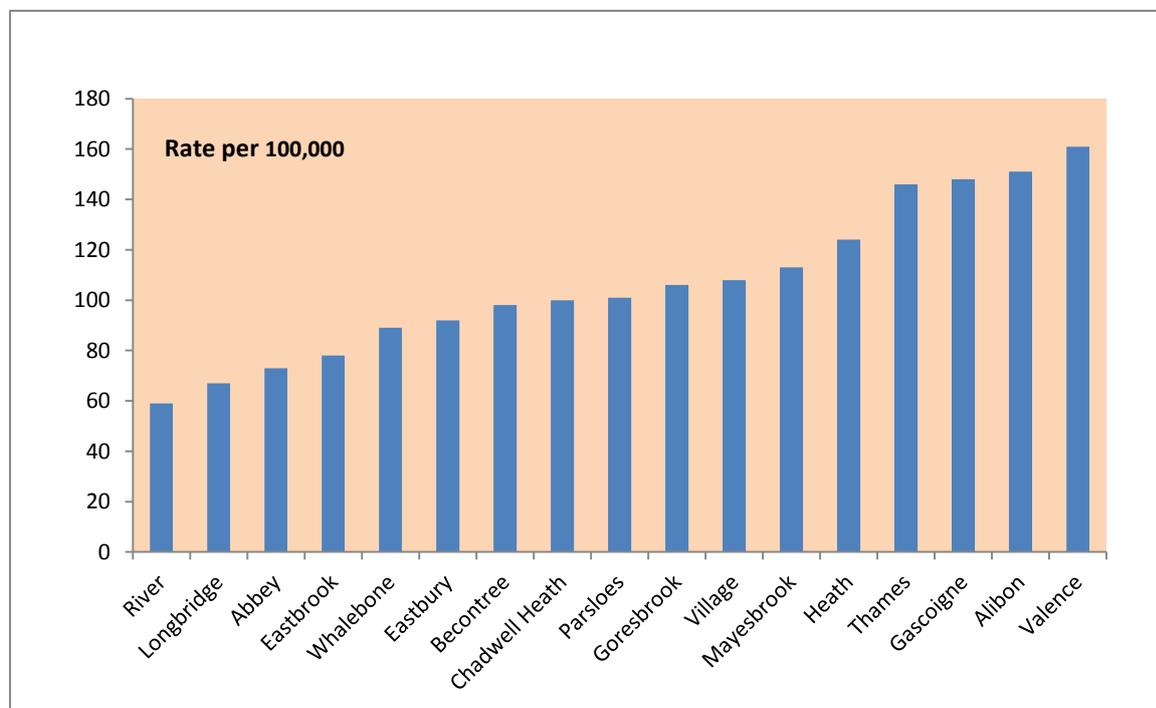
**Figure 7.25.1: Attempted suicide rates, Barking and Dagenham, and ACO area, DSR per 100,000 population, 2014/15**



Source: Hospital Episode Statistics

Differences in self-harm rates between electoral wards are also evident (Figure 7.25.2, based on self-harm admissions between 2012-13 and 2014-15). Lowest rates are in Longbridge and River wards, the highest in Valence and Alibon wards.

**Figure 7.25.2: Self-Harm Standardized Admission Rates, 2012-13 to 2014-15, LBBB wards**



Source: Hospital Episode Statistics

[1] <http://cebmh.warne.ox.ac.uk/csr/What%20happens%20to%20dsh%20patients%2016may.pdf>

[2] <https://www.gov.uk/government/publications/suicide-prevention-strategy-launched>

[3] <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/3/par/E12000007/are/E09000002> (accessed 23 June 2016)

[4] Samaritans, 2012, Men, Suicide and Society.

## Recommendations for Commissioners

Rates for deliberate self harm are high in Barking and Dagenham, as compared to other London boroughs. The National Suicide Prevention Strategy sets out a systematic approach to identifying and better supporting high risk groups to reduce suicide attempts.

Action needs to be taken to develop and implement a local strategy to address suicide and deliberate self harm.