

Suicide is a major issue for society and a leading cause of years of life lost. Around 5% of the population attempt suicide at some point in their lives (University of Manchester, 2017). The majority of people who survive a suicide attempt do not go on to die by suicide. On average, 13 people die through suicide every day in England. The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost to society. Suicide is a very complex issue and often there isn't one main reason why someone decides to take their own life. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

A local suicide audit is currently being undertaken to provide an overview of deaths of Torbay residents by suicide and indeterminate injury. Local audits are undertaken to support suicide prevention initiatives in the local area.



Why is this important?

In Torbay suicide is the leading cause of death in those aged 20-34.



What is the local context?

Around 20 people per year in Torbay lose their lives to suicide.



What should we do?

Continue to work to reduce stigma of mental health, increase awareness of support services and reduce social isolation.

A death is officially considered a suicide only when a coroner at an inquest has concluded that the person intentionally took their own life. Deaths by undetermined injury are where the coroner at inquest reaches an open or narrative verdict because the intention of the person is uncertain. Only open and narrative verdicts which are considered deaths by undetermined injury are included in the suicide audit.

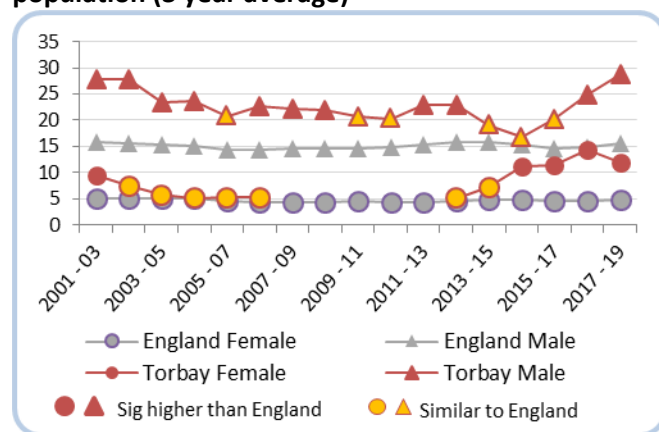
Suicide is defined here as all deaths where the underlying cause of death was recorded as intentional self-harm (ICD10 Code X60 –X84) or, for those aged 15+, deaths of undetermined intent (ICD Y10 – Y34). This information is drawn from the Primary Care Mortality Database. Deaths included are for Torbay residents, regardless of the location where they died, by year of registration. However, not all of the deaths will have occurred during these years as the deaths are only registered after an inquest has concluded.

In Torbay, there have been 174 deaths classified as Suicide (Intentional self-harm – 134, Undetermined Intent – 40) during the period 2010 - 2019. Although the numbers have been rising this rise is not statistically significant between years.

For the periods since 2014-2016, the Torbay suicide rate for all people was significantly higher than the rate for England, this was the first time this has occurred since 2007-2009. The initial increase in 2016 was due to the increase in female suicides (13 female suicides

compared to 9 male suicides). However, for 2017 and 2018, male suicides increased to 34 over the two year period compared to 13 female suicides. The 2016 rise in female suicides is still influencing the rise in the 2016-18 period (Fig 1).

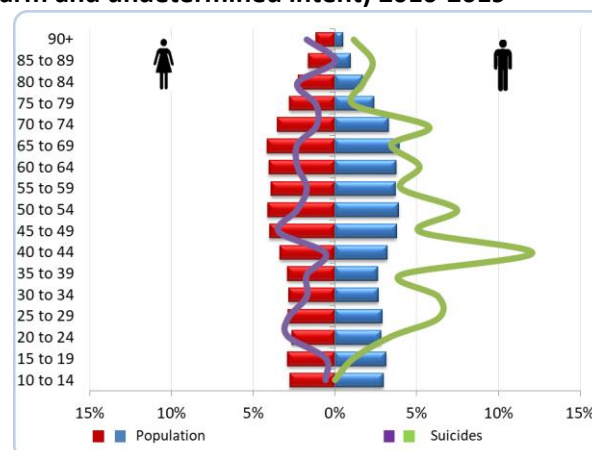
Fig 1: Age standardised suicide rate per 100,000 population (3 year average)



Source: PCMD

Age and Sex - 2½ times more males than females died during the period 2010 -2019 (123 males, 51 females). Of the 123 males, 91 were classified as intentional self-harm and 32 as undetermined intent. Of the 51 females, 43 were classified as intentional self-harm and 8 as undetermined intent.

Fig 2: Torbay Suicides by age band (Intentional self-harm and undetermined intent) 2010-2019



Primary Care Mortality Database. MYE Population (ONS)

SUICIDE AUDIT

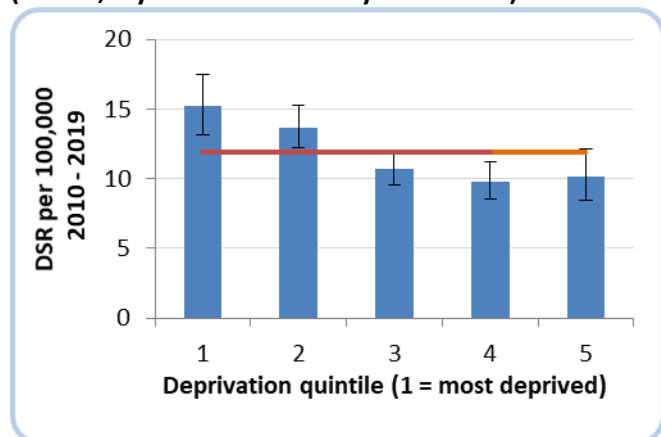
AN OVERVIEW OF TORBAY

As shown in fig.2 for males, suicides peak within the 40 to 44 age band (21 suicides). This is significantly higher than the next highest age bands (13 suicides). Nationally the peak rates for suicide by males are in middle age between 40 and 54. Female suicides have a small peak from 45 to 54 (this is in line with national trends) but not as pronounced as male suicides.

Research suggests one reason that men are more likely to complete suicide is because they are less likely than women to ask for help or talk about depressive or suicidal feelings (Wylie, 2012).

Deprivation – Locally suicide rates are highest in the areas of Torbay with the highest levels of deprivation. This trend is seen across Devon, Plymouth and Torbay as illustrated in fig. 3.

Fig 3: Variation in suicide rates by deprivation quintile (Devon, Plymouth and Torbay 2010-2019)



Primary Care Mortality Database. IMD 2019

Mental Health – A number of studies have suggested that up to 90 per cent of people who die by suicide have a diagnosed or undiagnosed mental health problem at the time of death (Samaritans, 2013).

Dementia – whilst suicide in older people is rare nationally there has been an increasing number of deaths by suicide of those with a diagnosis of dementia with an average of 18 deaths per year in the UK and 24 deaths in 2015 (Manchester, 2017).

Maternity - Suicide is now one of the leading causes of death in pregnant women and new mothers in the UK. Suicide is the leading cause of direct deaths occurring within a year after the end of pregnancy (MBRRACE-UK, 2019).

Occupation – An ONS analysis of deaths from suicide in different occupational groups for work age people shows carers, skilled trades and unskilled occupations had the highest risk of suicide. Men working in the

lowest-skilled occupations had a 44% higher risk of suicide than men as a whole. For women, the risk of suicide among professionals was 24% higher than for women as a whole (this is mostly explained by high risk of suicide among female nurses) (ONS, 2017)

Methods - The commonest method of suicide in the UK, used in about half of cases, is hanging. The next most common method is self-poisoning: opiates (and opiate-containing compounds) remain the main type of drug taken in fatal overdose in the UK, including both prescribed and illicit drugs (University of Manchester, 2017). Research suggests that media reports highlighting detail of specific methods may influence both suicide rates and choice of method (Biddle *et al.* 2012).

Local action – Partners across Devon, Plymouth and Torbay are committed to working together to reduce suicides. The [Devon STP Suicide Prevention Strategic Statement](#) gives an overview of strategic intent and the [Torbay Multi-agency Suicide and Self-harm Prevention Plan](#) details how local organisations and groups work in partnership to reduce suicides in the population.

References and further information:

Samaritans offer a free 24 hours a day, 7 days a week support service (116 123)

Biddle, L., Gunnell, D., Owen-Smith, A., Potokar, J., Longson, D., Hawton, K., Kapur, N. and Donovan, J., 2012. Information sources used by the suicidal to inform choice of method. *Journal of affective disorders*, 136(3), pp.702-709.

MBRRACE-UK (2016) Confidential Enquiry into Maternal Death 2016 <https://www.npeu.ox.ac.uk/mbrance-uk/reports>

MBRRACE-UK: Saving Lives Improving Mothers' Care report for 2019 <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf>

ONS (2017) Suicide by occupation, England: 2011 to 2015, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015>

PHE Suicide Prevention Profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Torbay Multi-agency Suicide and Self-harm Prevention Plan <https://www.torbay.gov.uk/council/policies/health/suicide-prevention/>

University of Manchester (2017) National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Samaritans (2013) Media Guidelines for Reporting Suicide <https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>