

Salford 2017 Annual Suicide Audit Report (Executive Summary)

**Reporting suicides and deaths from injuries with
undetermined intent occurring in Salford in 2017**

**Public Health and Strategy and Policy Service Group
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Executive Summary

Suicide is a public health concern. It extends beyond the numbers and trends and into the impact on those affected by suicide and the wider community in terms of years of life lost. 'Intentional self-harm by hanging, strangulation and suffocation' is the leading cause of young deaths (age 15-39) within England & Wales¹. It is the main cause of death for men aged 15-39, and for women aged 15-29. It has higher rates than those killed by cancer, road accidents or heart conditions.² This report is of suicide and deaths through injury of undetermined intent that occurred between 1st January 2017 – 31st December 2017 based upon Office for National Statistics (ONS)/ Primary Care Mortality Database (PCMD³) data.

The aim of the Salford annual suicide audit is to provide the annual overview of suicide numbers and trends in Salford (the demographics, common themes and factors in deaths by suicide and undetermined injuries). This information is used to inform the planning and evaluations of action led by the Salford Suicide Prevention Partnership. Work on suicide is coordinated through the Suicide Prevention Partnership – working to an ambition and aspiration of 0 (zero) deaths by suicide. The Salford Suicide Prevention Strategy 2017-2022 is directing this work, via its Action Plan.

There were 27 "Deaths from Suicide and Undetermined Injuries" (the phrase "Suicides and Deaths through Injury of Undetermined Intent" is also used) in Salford during 2017, covering the full year period of 1st January 2017 – 31st December 2017, based upon ONS/PCMD⁴ data.

	Salford 2016*	Salford 2017*	GM	UK
Gender	83% male: 17% female	67% male: 33% female	83% male: 17% female	75% male: 25% female#

*Salford Suicide Audit

#Samaritans Suicide statistics Report 2017

Of the cohort of 27, 67% were men and 33% were women. Ages ranged from aged 17 years to over 85 years old. 67% were aged 25-54 years old, with the largest proportion being people aged 25-34 (30%). The average age of death is 45.9 years overall, with the average age of males at 42.5 years, and the average age of females at 52.9 years, representing a difference of 10.4 years. Where ethnicity data was available, 74% were White British, 7% were non-White British, 4% was White European and 15% were unknown/ not answered.

Religion as a factor is difficult to determine due to incomplete reporting. For 7% there is mention of some degree of religion/ spirituality (but not which one), 30% were recorded as

¹ ONS Top 10 Causes of Death by Sex and Age (2017). Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/causesofdeathtover100years/2017-09-18>

² ONS Statistical Bulletin Causes of Death over 100 Years (18 February 2017). Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/causesofdeathtover100years/2017-09-18>

³ PCMD = Primary Care Mortality Database

⁴ PCMD = Primary Care Mortality Database

not having any religion/ spirituality and for 63% it is unknown/ not answered. Sexuality is another demographic feature that is difficult to determine: for 74% they were heterosexual, 4% was Lesbian, Gay, Bisexual and Transgender, and 22% were unknown/ not answered.

Unfortunately in 2017, 27 people died from suicide. Salford City Council aims to reduce and prevent suicide, therefore undertaking a suicide audit to direct interventions. The audit has highlighted:

- **Mental Health:** 37% had a mental health diagnosis, these being: 18% with depression, 7% with personality disorder, 4% with bipolar affective disorder, 4% with schizophrenia and 4% with other delusional disorders. 59% had a history of primary mental health service contact and 37% of individuals had involved contact with Specialist Secondary Care Mental Health Services.
- **Drug and Alcohol:** 48% had alcohol issues, 26% had drug issues and 22% had both alcohol and drug misuse together. For both issues, the proportions who had received treatment were much lower than the proportions that were considered to have substance misuse issues. Some of these issues were very long standing, for example, some individuals were consuming high levels of alcohol for ten years or more.
- **Drugs and alcohol at time of death:** 26% had consumed alcohol at the time of their deaths. 30% had consumed illegal drugs at the time of their deaths (e.g. cocaine and/ or cannabis).
- **Access to means:** 44% died at their home address, 30% died in a public place and 19% individuals died at hospital. Of those who died in hospital, all had been found in various states of consciousness at home and were taken to Salford Royal Hospital (A&E)⁵, to affect resuscitation, where they subsequently died. Additionally, 4% died in an 'other private place', and 4% in an 'other location'.
- **Relationships:** 56% were single, 19% were divorced/ dissolved civil partnership, 19% were married/ in a civil partnership, 4% was a widower, and 4% was unknown. Of the same cohort, 41% were in no relationship, 22% were in a current relationship and living together, 15% were in a relationship but not living together, and 7% had another type of relationship status. However, for 15% the relationship status was unknown.
- **Social isolation:** 30% lived alone and 56% lived with other people, 4% was not known, and 11% other. Irrespective, feelings of loneliness, isolation and the lack of social connections appeared to be a factor.
- **Employment:** 33% were unemployed, 26% were in some kind of employment (including full time, part time, self-employed, or insecure employment), and 22% were retired.
- **Financial Issues:** 30% had financial issues identified as a factor that was associated with their decision to end their lives, including: gambling, debts building up, pawning personal property/ possessions and a range of welfare benefit circumstances.

⁵ Salford Royal Hospital is now part of Salford Royal Foundation Trust.

- **Previous abuse:** 19% had some kind of abuse incident that had occurred at some point in their life that have been identified as a possible factor that was associated with their decision to end their lives.
- **Multiple risk factors:** 93% had three or more risk factors identified, 81% had four or more risk factors identified, and 56% had five or more risk factors identified. For example, someone could potentially have physical health problems (either from birth or injury), which means they were not working, leading to financial concerns, substance misuse, relationship breakdown, social isolation, a mental health diagnosis, and attempts at self-harm.
- **Previous suicide attempts:** 56% had previously attempted suicide and 48% were known to have self-harmed. This information came from a range of sources, including: medical records or witness statements. Not all of these attempts had involved seeking help from services.
- **Internet:** 15% were known to have researched suicide on-line prior to their death, for 85% it is unknown. Evidence of such on-line research was found on mobile phones, laptops, or iPads whereby some had accessed chat websites and uploaded selfie style videos. There was evidence of Google searches of a harmful nature or sometimes it was identified that there was a Google search which presented a clue as to what stressful issues were on that individuals mind prior to their death.

30% had mentioned suicide to friends or family in some way prior to their death. Such notifications ranged from sending text messages, making comments about self-harming and making comments about 'killing themselves' while drinking or in low mood. Suicide notes were left in 33% of instances. In 22% of the 27 instances another notification, normally a text message was left/ found.

- **Physical Health Issues:** 15% had a disability or other physically distressing condition (non-psychiatric), that limited their mobility and caused chronic pain.
- **Bereavement and connection with suicide:** 33% had suffered from bereavement and 7% had a connection with suicide (through the loss of a parent, sibling or friend to suicide, often many years before their own suicide).
- **Contact with the police:** 30% had been arrested and remanded or bailed at some point in their lives. 11% had been arrested and released with a fine or no charges. This information was only available if GPs and/ or intervention support workers knew about the prison stay and thus included it in their statements/ notes. However, there are other pieces of evidence/ information (mostly from family/ friend testimony) that provided an indication of an individual's troubled/ criminal past.

Due to the relatively small number of deaths from suicide and undetermined injuries, caution is needed in interpreting year-to-year fluctuations. Notwithstanding this caution, future and on-going suicide prevention work in Salford should target the following specific groups/ characteristics:

- males,
- those aged 25 – 54,
- those suffering from depression or anxiety,

- those suffering from substance misuse (especially alcohol),
- those living alone,
- those who are either unemployed or retired,
- those known to (or suspected of) self-harming and/ or previously attempting suicide, and
- those in contact with mental health services (primary and secondary).

It is also important to note that although the numbers are small, the female suicide rate is now the highest since 2006 and the highest since the current suicide audit records began.