Suicide rates indicate the level of mental illness that is underlying in a population. Self-harm can be a risk factor for subsequent suicide and can result from a wide range of psychiatric, psychological, social and physical problems.

Local authorities have a lead responsibility for suicide prevention locally, working closely with the police, clinical commissioning groups (CCG's), NHS England, coroners and the voluntary sectors.

This profile is a summary of the upcoming suicide and self-harm prevention audit which will be published in January 2018.

National Strategies

The government created two national strategies in a bid to prevent suicide; 'Suicide Prevention Strategy for England, 2012' and 'No health without mental health, 2011'. Work is to be undertaken by Local authorities alongside various stakeholders such as the police, CCGs and mental health trusts. The 'Suicide prevention strategy' has three main objectives:

1. Reduction in the suicide rate in the general population in England
2. Better support for those bereaved or affected by suicide
3. Identifies key areas of action:
    - reducing the risk of suicide in key high-risk groups
    - tailoring approaches to improve mental health in specific groups
    - reducing access to the means of suicide
    - providing better information and support to those bereaved or affected by suicide
    - supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
    - supporting research, data collection and monitoring

The 'No health without mental health, 2011' focuses on all sectors working collaboratively to provide high quality and easily accessible services to improve mental health.

Definitions

Self-harm is defined as 'an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act, and is an expression of emotional distresses.

Suicide is defined as 'the act of deliberately killing oneself'.

Self-harm in Merton

A&E attendances and hospital admissions: In 2014-2015 Merton had 112.6 per 100,000 population emergency hospital admission for self harm which is lower than England and similar to London.[1]

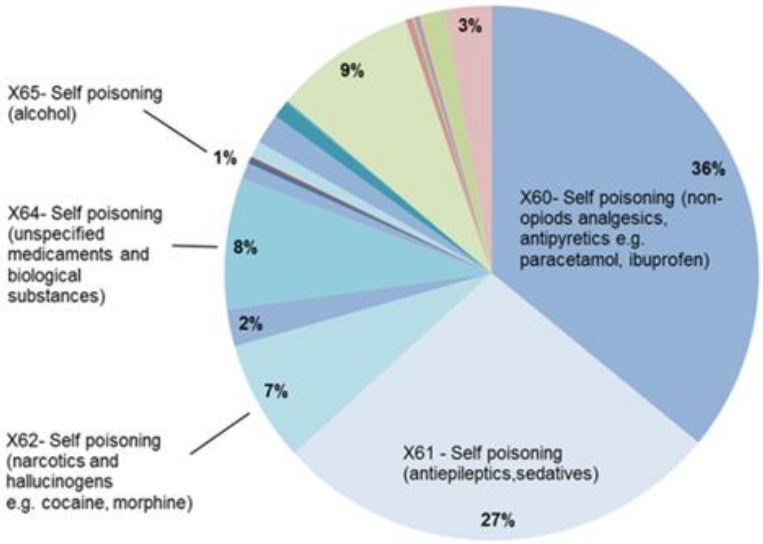
Age/sex: 15-19 year old women had the highest A&E attendances (664 persons per 100,000 population), followed by 10-14 year olds with 6,020 persons per 100,000 population. Men aged 40-44 years old, had the highest A&E attendances (227 persons per 100,000 population).[2]

[1] Suicide Prevention Profile: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide
[2] SUS (Secondary user service) data, 2013-2016

Ethnicity: Men of 'white ethnic group' had the highest rate (136 persons per 100,000 population) and men of 'Asian/Asian British' and 'Other ethnic groups' had the lowest self harm A&E attendances. Women of 'white ethnic group', 'mixed/multiple ethnic groups' and 'other ethnic groups' had the highest A&E attendances and women of 'Asian/Asian British' and 'Black/African/Caribbean/Black British' had the lowest A&E attendance.[2]

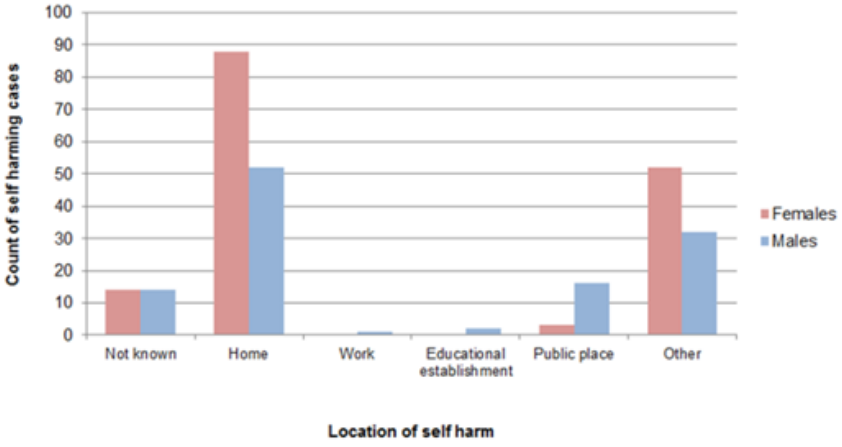
Method of self-harm: Self-poisoning' is the most common method in both sexes and all age groups accounting for 85% of all self harming episodes from 2013-2016. Self poisoning by 'non opioids analgesics, antipyretics and anti-rheumatics' is the most common type of self poisoning in both men and women. 'Injury by sharp object' was the second most common method of self harm accounting for 9% of all self harming hospital admissions. 15-19 year olds have the most self harming related hospital admissions, of which 75% was due to self-poisoning.[2]

Figure 6.12 Self- harm hospital admission by method of self harm (Data source: SUS Data 2013-2016)



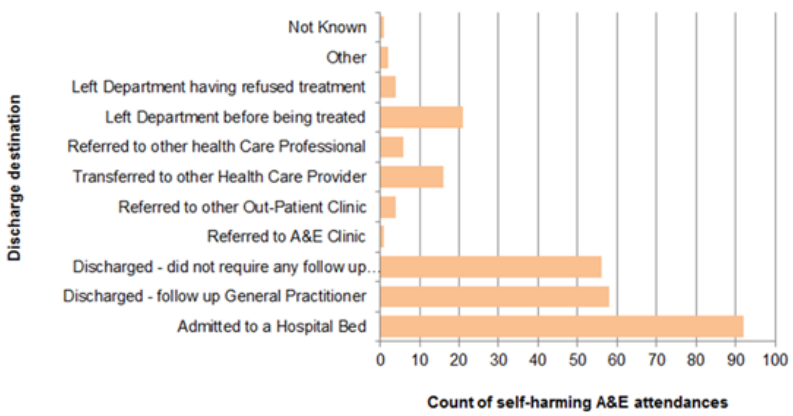
Incident location 'Home' is the most common location of self-harm.[2]

Figure 6.14: Location of self harming episodes (Data source: SUS Data 2013-2016)



Discharge destination outcome: Only 35% of self harming cases are admitted into hospital. 22% are discharged with follow up with their general practitioner. 21% are discharged without any follow up.[2]

Figure 6.15: Self-harming A&E attendances by discharge destinations (Data source: SUS Data 2013-2016)

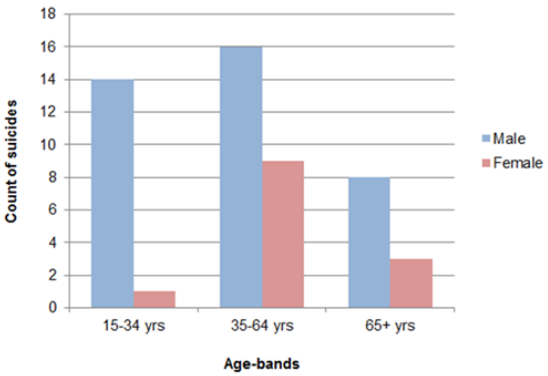


Suicide in Merton

Generally, Merton has lower suicide rates compared to England and London. Since 2001 Merton has had a general declining trend in suicide which has been better than England but worse than London.[1] 2011-2016 data show that suicide rates in Merton peak between June and September. In 2015, there were 1.58 suicides per month.[3]

Age/sex: According to PHE, Merton has lower suicide rates in all age groups apart from men aged 65 and older (17.2 persons per 100,000 in 2010-2014) compared to England and London. Men in London and England have higher suicide rates than in Merton, specifically within the 35-64 year old range. Primary Care Mortality data for 2011-2016 indicates that the most suicides in Merton occurred in men aged 35-64 years old.

Figure 7.8: Count of suicides in Merton, 2011-2016
(Data source: PCMD 2011-2016- Merton residents)



Ethnicity: Data from British transport police found that White European men have the highest suicide rate.[4]

Method of suicide & contributing factors: Nationally in 2015, 'Hanging, suffocation and strangulation' were the most common methods of suicide in both men and women followed by poisoning in women. The proportion of suicide by poisoning has decreased in both sexes and the proportion of hanging has increased in both sexes.[5] From 2011-2016, amongst Merton residents, hanging (suffocation) is the most common method of suicide in both men and women - 48.6% and 35.7% respectively.[3] 68% of people committing suicide at train stations had mental health problems.[4]

Figure 7.14: Count of method of suicde by sex, 2011-2016
(Data source: PCMD, 2011-2016, Merton)

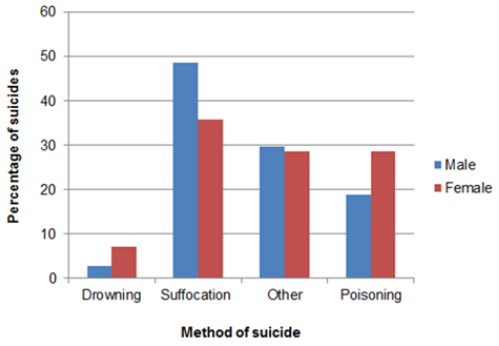
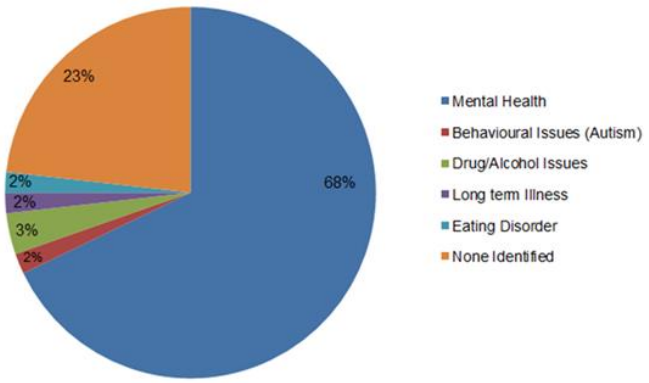


Figure 7.11: Suicide contributing factors, 2013-2015
(Data source: British Transport Police - London Borough of Merton, February 2015)



Incident location: From 2011-2016, most suicides occurred at home, in both men and women – 62.2% and 57.2%, respectively. Train stations were the second most common site of suicide in both men and women – 16.2% and 21.4%, respectively.[4]

Ongoing work: The Council and partners are developing the strategy on Suicide and Self-harm prevention.

Other sources of information:

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

[3] Primary Care Mortality Data (PCMD), 2011-2016 - Merton
[4] British Transport Police Data, 2013-2015
[5] Suicides in the UK, 2015 Registrations

Spine charts comparing indicators for self-harm and suicide in Merton and England

Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Merton		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	2015/16	188	91.7	93.8	196.5	635.3		55.7
Adults in treatment at specialist drug misuse services: rate per 1000 population	2014/15	360	2.3	5.0	4.8	0.7		15.1
Adults in treatment at specialist alcohol misuse services: rate per 1000 population	2014/15	312	2.0	1.9	2.1	0.7		7.2
10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow) (Persons)	2015/16	43	19.7	19.1	51.0	176.6		10.0
10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow) (Male)	2015/16	21	*	17.6	43.5	164.4		14.2
10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow) (Female)	2015/16	22	*	20.8	58.7	188.9		16.5
Hospital admissions as a result of self-harm	2015/16	74	241.7	209.5	430.5	1,444.7		102.5
Hospital admissions for self-harm: standardised emergency admission ratio (all ages)	2010/11 - 14/15	-	42.8	-	100.0	23.3		284.5
Adults in treatment at specialist alcohol misuse services: rate per 1000 population	2013/14	268	1.8	2.0	2.3	0.7		6.9
Adults in treatment at specialist drug misuse services: rate per 1000 population	2013/14	379	2.6	5.1	5.0	0.8		16.5
Hospital admissions for mental health conditions	2015/16	50	108.2	82.1	85.9	179.8		33.8
Hospital admissions as a result of self-harm (10-14 yrs)	2015/16	10	93.8	110.2*	225.1	839.3		38.9
Hospital admissions as a result of self-harm (15-19 yrs)	2015/16	43	431.1	322.7*	648.8	1,899.9		157.3
Hospital admissions as a result of self-harm (20-24 yrs)	2015/16	21	203.6	199.3*	410.3	1,582.3		53.2
Emergency admissions 15-19	2015/16	486	48.7	45.2	53.7	93.9		28.1

Indicator	Period	Merton			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons)	2014 - 16	–	44	9.0	8.7	9.9	6.1		18.3
Suicide: age-standardised rate per 100,000 population (3 year average) (Male)	2014 - 16	–	33	14.3	13.4	15.3	8.4		27.7
Suicide: age-standardised rate per 100,000 population (3 year average) (Female)	2014 - 16	–	11	4.7	4.2	4.8	2.3		11.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2012 - 14	–	39	23.9	23.0	31.9	10.7		62.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2012 - 14	–	31	39.7	35.4	50.2	16.4		101.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2012 - 14	–	8	8.5	10.7	13.7	0.0		26.2
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Male)	2011 - 15	–	19	10.6	8.0	10.5	4.5		25.3
Suicide crude rate 10-34 years: per 100,000 (5 year average) (Female)	2011 - 15	–	212	2.7*	2.7	2.9	2.5		4.0
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2011 - 15	–	21	10.8	16.8	20.8	8.9		39.7
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)	2011 - 15	–	390	5.0*	5.0	6.0	5.0		7.1
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2011 - 15	–	11	20.7	13.1	12.6	2.9		26.2
Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)	2011 - 15	–	139	5.2*	5.2	4.4	3.7		5.6

Source: PHE Fingertips