Item 5

North Yorkshire County Council
Scarborough & Whitby Area Constituency Committee
26 September 2018 @ 10:30am

Overview of the Activity Ongoing to Reduce Suicide

1.0 Purpose of the Report

1.1 To provide Scarborough and Whitby Area Constituency Committee with an overview of the current activity to reduce suicides in Scarborough and Whitby

2.0 Background/Context

2.1 In response to national guidance and recognised best practice, a North Yorkshire Multi-agency Suicide Prevention Strategic Group (SPSG) was created in 2014. This group developed a strategic suicide prevention plan and identified that an audit of suicides within the County should be prioritised

2.2 In 2015 a North Yorkshire suicide audit was conducted and covered the period 2010-2014. A report was published in 2016. The audit reports the number of deaths due to suicide and aims to provide a more accurate picture of local trends. The audit report provides an insight into the common stresses, risk factors and catalysts which led those to take their own live. The report also identifies gaps in services, in terms of their availability and accessibility

3.0 Suicide and Self-harm Prevention Strategic Plan

3.1 Further annual audits conducted for periods 2015 and 2016 led to a refresh of the North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023 (Appendix 1).

3.2 The Plan sets out a vision to 'work together to reduce the numbers of people lost to suicide whilst providing support to those affected by self-harm and suicide in North Yorkshire with seven key priorities:

Priority 1	Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups
Priority 2	Recognising and reducing common contributory factors and life stressors
Priority 3	Reduce access to the means of suicide
Priority 4	Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death
Priority 5	Further develop research, data collection and monitoring
Priority 6	Develop opportunities for training and awareness raising
Priority 7	Reducing rates of self-harm as a key indicator of suicide risk

4.0 Suicide Audit 2015 data from coronial files (Appendix 2)

4.1 The rate of suicides in North Yorkshire (10.1 per 100,000) is lower than that observed regionally (10.4 per 100,000) but slightly higher than the national average (9.9 per 100,000).

4.2 North Yorkshire is ranked 9th out of the 16 CIPFA neighbours and the rate among males is much higher than among females in North Yorkshire. In North Yorkshire the suicide rate fell to 9.7 per 100,000 in 2012-14, but this has since increased to 10.1 per 100,000 population in 2014-16. Within North Yorkshire, **Craven** and **Scarborough districts** have the highest rate of suicide (11.5 per 100,000) compared to Richmondshire district which has the lowest rate (9.0 per 100,000) but this is not statistically significantly different.

5.0 Mental Health

Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) was 42% across North Yorkshire.

6.0 Drugs and Alcohol

Whilst not an explicit cause of death, alcohol was identified in 35.4% with the majority of alcohol found in males (70.6%) in comparison to females (29.4%). Alcohol was most commonly found in those aged 40 to 49 (35.3%)

6.1 35.4% of individuals took drugs at the time of death. Of this 35.4%, 70.6% of individuals took non-prescribed drugs and this proportion is significantly higher when compared to the 2010-14 audit (12.7%).

6.2 The 2010-14 audit highlighted the majority of individuals who took non-prescribed drugs involved males, and this pattern can be seen in the 2015 audit with 33.3% of females taking non-prescribed drugs at the time of death in comparison to 66.7% of males. Those aged 40-49 (33.3%) were more likely to have taken non-prescribed drugs at the time of death.

6.3 The most common drug found to be present was Benzodiazepine followed by equal proportions of cocaine. The presence of non-prescribed drugs was most commonly found in incidents of hanging or strangulation (58.3%) and self-poisoning (16.7%).

7.0 Current suicide data

7.1 <u>North Yorkshire data</u>

Total suspected suicide deaths across North Yorkshire (The scope of this relates to the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death is as the result of suicide)

Gender	**2017/18**	**2018 to date**
Female	22	5
Male	67	30
All	**89**	**35**

Age most at risk	**2017/18**	**2018 to date**
40-49 years	21	10

7.2 Scarborough data

	2017/18	2018 to date
Resident of Scarborough District at time of death	20	7
Died in Scarborough	26	6

8.0 What are we doing to prevent suicides?

8.1 The North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023 sets out the key priorities for North Yorkshire however in the Scarborough area we have:

- Public Health (PH) investment into Stronger Communities and Living Well to identify and support vulnerable people in the community.
- PH invested £70,600 in community Applied Suicide Intervention Training (ASIST) and Mental Health First Aid training (MHFA)
- Signage put up along the coast and on Spa Bridge in Scarborough
- Working with TEWV to review a number of deaths in the Scarborough area to:
  - To close the gap against the national suicide rate
  - To have a percentage reduction of the number of suicides in secondary care mental health services
  - To provide a person-centred & carer focused approach
  - To provide a responsive, safe & effective in the way we deliver care
  - To have a compassionate, competent workforce
  - To understand the local context & make best use of research & evidence to evaluate the impact of our work
  - Establish a zero suicide approach across the trust
- Suicide awareness messages included in safeguarding training for holiday parks following a number of deaths in 2017 in holiday parks.
- Review and refresh of the children's and young people's self-harm pathway to be launched in winter 2018 for schools, workforce, parents and children and young people.
- Four years NHS England funding awarded for the North East and Durham Sustainability and Transformation Partnerships (STPs) to focus on suicide. This will include Hambleton, Richmondshire and Whitby CCG area. In year 1 funding will be allocated against the following key areas:
  - Local data analysis and audit
  - Workforce development (training)
  - Grass roots community funding allocation process
  - Team Talk suicide prevention through football
  - A/E self-harm pathways review
  - Primary care data base development to identify those most at risk of suicide
- Further funding will be allocated to all other STP areas in future waves.

9.0 Recommendations

9.1 That the committee:

i. Notes the information in the paper
ii. Supports the work of the Suicide Prevention Strategic Group
iii. Raises awareness of this agenda

Claire Robinson
Health Improvement Manager – Public Health
30 August 2018

Background Documents:

North Yorkshire Suicide Audit 2010-2014

Appendices:

Appendix 1 - Draft - North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023
Appendix 2 - North Yorkshire Suicide Audit Briefing Report 2015

North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023

Contents

Vision:

Working together to reduce the numbers of people lost to suicide whilst providing support to those affected by self-harm and suicide in North Yorkshire.

Introduction

In response to the government's Preventing suicide in England a cross-government outcomes strategy to save lives (2012) and the subsequent Preventing suicide in England: three year on annual report (2017) a Suicide Prevention Strategic Group (SPSG) in North Yorkshire has been established to oversee the implementation and development of this North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023.

Deaths by suicide have been reducing in recent years. In the UK, there were 223 fewer suicides registered in 2016 than in 2015; this is a 3.6% fall. Of the 5,965 suicides registered in 2016, a total of 4,508 were male and 1,457 were female. (ONS 2016).

	Persons		Male		Female	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**
North Yorkshire	190	12.51	145	19.6	45	5.8
Yorkshire and Humber	1464	11.11	1135	17.6	329	4.9
England	14227	10.61	10765	16.4	3512	5.1

Rate per 100,000 (2015-2018)

Out of 14,429 people who died by suicide in 2014-16 in England 14,277 (75.7%) of those people were men, with suicide remaining one of the biggest killers for men under the age of 50. This trend is seen locally in North Yorkshire with a higher proportion of suicide deaths also being males under 50 years of age.

In 2012 Public Health England (PHE) estimated the average overall cost of someone taking their own life to be £1.7 million. This takes into account of lost output of the individual and their relatives in the months and years following the death, the police investigations, inquest and funeral.

Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. (Preventing Suicide in England)

Preventing Suicides in England

A cross-government outcomes strategy to save lives

The overall objectives of the National Strategy are:

- A reduction in the suicide rate in the general population in England; and
- Better support for those bereaved or affected by suicide.

The National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy now expanded to include addressing self-harm as a new key area:

1. Reducing the risk of suicide in high risk groups;
2. Tailoring approaches to improve mental health in specific groups;
3. Reducing access to means of suicide;
4. Providing better information and support to those bereaved or affected by suicide;
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Supporting research, data collection and monitoring; and
7. Reducing rates of self-harm as a key indicator of suicide risk

Priority 1 Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups

Nationally identified high risk groups are

- Young and middle-aged men;
- People in the care of mental health services, including inpatients;
- People in contact with the criminal justice system;
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and
- People with a history of self-harm.

The North Yorkshire Picture

Between 2015 and 2018 in North Yorkshire the highest number of suicides are among men aged 40-59 (40%) and this reflects the national picture. The average age of all those who have taken their life by suicide is age 50. The average age is slightly lower for males (49) and females is slightly higher (53).

The number of suicides vary by district with Scarborough district witnessing the highest number of suicides between 2015 and 2018 (45) in comparison to Richmondshire district with the least. This highlights the impact deprivation can have as Scarborough is one of the most deprived areas in North Yorkshire.

However, over the three year period there has been an increase in the number of suicides in Harrogate district with the most common cause of death hanging or strangulation.

What are we going to do?

1. Ensure the recommendation for the Prevention Concordat are considered as part of the suicide prevention work
2. Encourage workplace policies that support mental health
3. Support national and local campaigns to promote good mental health
4. Understand local need through the surveillance process
5. Promote information and advice about local support services
6. Support the review of recent deaths in mental health services

Priority 2 Recognising and reducing common contributory factors and life stressors

The North Yorkshire audit reports identified significant life stressors the most common contributory factor for individuals was mental health issues.

The North Yorkshire picture

Between 2015 and 2018 diagnosed mental health issues were the most common contributory factor for individuals who choose to take their own lives (28.4%). It is not always clear if mental health issues were of themselves triggers to other stressors, or if significant life stressors precipitated further episodes of depression and anxiety among individuals with lower resilience and perhaps a propensity for lower mental wellbeing.

The top 5 contributory factors for individuals who died by suicide are:

- Diagnosed mental health (28.4%)
- Undiagnosed mental health (12.6%)
- Ill health- long term (7.9%
- Financial problems (7.4%)
- Ill health- acute (6.3%)

What are we going to do?

1. Ensure the Alcohol Strategy for North Yorkshire reflects the recommendations
2. Ensure the drug and alcohol support services for both children and adults are aware of the risk factors identified within the suicide audit
3. Ensure reviews of mental health services includes findings from the suicide audit
4. Consider the roll of Stronger Communities and Living Well can support people at risk of social isolation and frailty

Priority 3 Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. Suicide methods most amenable to intervention are:

- hanging and strangulation in psychiatric inpatient and criminal justice settings;
- self-poisoning;
- those in high-risk locations; and
- those on the rail and underground networks

The North Yorkshire picture

In North Yorkshire between 2015 and 2018 the most common method of suicide was hanging or strangulation (44.2%) and this method was most popular with men with 84.5% of males taking their life by hanging or strangulation in comparison to 15.5% of females. This method of suicide is much more common among those aged 40-49 with 23.8% of taking their life this way.

The second most common method of suicide was self-poisoning (9.5%) and this method accounted for a higher proportion of suicides among females (55.6%) than males (44.4%). Hanging or strangulation and self-poisoning were also the most common means by which individuals died by suicide followed by overdose. A higher proportion of males (56.3%) than females (43.8%) took their own life between 2015 and 2018 by overdose.

What are we going to do?

1. Identify local hotspots
2. Produce signage with Project Kraken along the coast line.
3. Support British transport police and Network Rail to reduce suicides on the rails
4. Work with local caravan parks to provide safeguarding and suicide awareness training

Priority 4 Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death

- Consider experiences and views, where possible of people bereaved or otherwise affected by suicide in activity planning and awareness raising.
- Improve advice and support available to those concerned about suicidal ideation of family members, friends or colleagues including children and young people.
- Consider the importance and recommendations of Future in Mind.

North Yorkshire picture

Across North Yorkshire, bereavement featured as a contributing factor in 3.7 % of suicide cases. Most of these cases had lost family members i.e. partner or parents, siblings or other relative.

What are we going to do?

1. Produce effective and timely emotional and practical support for families bereaved by suicide is essential to help the grieving process and support recovery.
2. Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide or self-harming behaviours.

Priority 5 Further develop research, data collection and monitoring

- Ensure national guidelines assimilated into North Yorkshire policies.
- Improve access to suicide data.
- Encourage on-going relationship with coroner, police to support improved data collection.

The North Yorkshire Picture

North Yorkshire currently has systems in place to collect data for both suspected and confirmed suicides, however self-harm data is still not understood and more work is required to address this issue.

What are we going to do?

1. Share local emerging research with the Suicide Surveillance Strategic Group
2. Conduct annual suicide audits
3. Develop the current data sharing between the coroners and police to ensure for the early identification of suicide contagion or clusters
4. Develop an early alert system for suicides

Priority 6 Develop opportunities for training and awareness raising

The North Yorkshire Picture

North Yorkshire County Council funded training for staff in organisations across the county to develop the skills to support people who are experiencing mental health issues.

Eleven organisations across North Yorkshire have been awarded grants totalling £70,600 from the County Council's public health fund for their staff to be trained as Mental Health First Aid (MHFA) practitioners or Applied Suicide Intervention Training (ASIST) instructors. Successful organisations range from service user-led community groups, national mental health charities, sport organisations, substance misuse organisations and the ambulance service.

Add internal training information

What are we going to do?

1. Develop targeted campaigns to those most at risk
2. Develop a range of training options for internal and external partners
3. Work with the Sustainability and Transformation Partnerships (STP) to prioritise training

Priority 7 Reducing rates of self-harm as a key indicator of suicide risk

The National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy now expanded to include addressing self-harm as a new key area

The North Yorkshire picture

A significant minority of individuals had a history of self-harm (20.5%) between 2015 and 2018 in North Yorkshire. Self-harm was more common in males (66.7%) than females (33.3%). Cases of self-harm was more common in those aged 40-49 (25.6%) and those aged 30-39 (20.5%).

There is also evidence at a national level that highlights the crude rate of hospital admissions as a result of self-harm for those aged 20-24 has increased across North Yorkshire between 2011/12 and 2016/17 and the rate is now statistically significantly higher than the England average.

What are we going to do?

1. Evaluate the effectiveness of the current children and young people's self-harm pathway and supporting information
2. Develop an interactive online pathway which includes school, workforce and parental support and information
3. Co design information with families of those affected by suicide or self-harming behaviours
4. Launch interactive pathway in September 2018
5. To understand the prevalence of self-harm across North Yorkshire
6. Work with local Sustainability and Transformation Partnerships to identify self –harm as a key priority

Governance arrangements

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Acknowledgements

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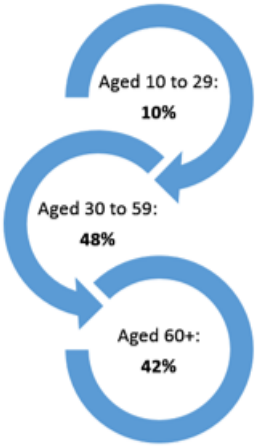
North Yorkshire Police
North Yorkshire County Record Office

Table of Contents

Summary of findings



The average age of the deceased was **56**.
38% of individuals who died by suicide were aged under 49 and **21%** of individuals were aged between 50 and 59.

Most common methods of suicide

Hanging

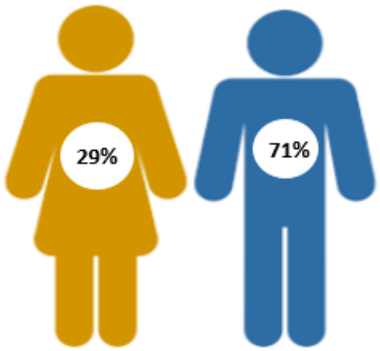
Self-poisoning

Firearms

Previous mental health issues were identified as a contributory factor in just under half (**42%**) of incidents with **33%** of individuals' suffering from anxiety or depression.

35% of individuals took drugs at the time of death. Of this, **71%** of individuals took non-prescribed drugs at the time of death in comparison to **18%** who took prescribed drugs.

Alcohol was identified in **35%** of deaths; in men **71%** versus **29%** in women. Those aged 40 to 49 (**35%**) were more likely to take alcohol at the time of death.



54% of individuals were in employment

8% of individuals were unemployed

6% of individuals were housewife /househusband

31% of individuals were retired

Over half (**63%**) of incidents occurred at the individuals' home address in comparison to **4%** of incidents which occurred in a park or woodland.

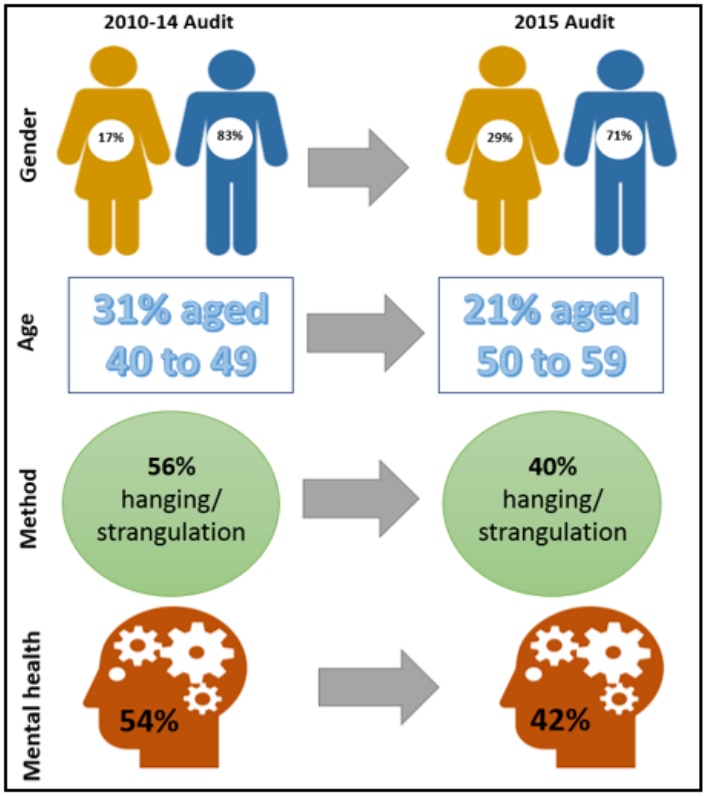
35% of individuals had a history of self-harm and **47%** had experienced a self-harm episode within the 12 months leading up to death

Introduction

Reducing suicides is a key priority of the North Yorkshire Suicide Prevention Strategic Group the Health and Wellbeing Board and Scrutiny of Health, which can only be achieved by understanding which groups of individuals are particularly at risk of suicidal thoughts and behaviours. This report pulls together data about deaths from North Yorkshire collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015 and reflects changes in groups or risk factors which have emerged in 2015.

The North Yorkshire 2015 audit of suicides is based on a small number of deaths (48) over a one year period, therefore it is not possible to make direct comparisons with the 2010-14 audit as the 2010-14 audit covers a wider timeframe and therefore a larger number of deaths (227) and caution should be taken when interpreting the report due to the small numbers.

There has been an increase (12%) in the proportion of female suicides to male suicides in the 2015 audit, however this is not statistically significantly different. This trend is in line with the national pattern as recent figures show female suicides are at their highest in a decade in England[1]. The increase in female suicides across North Yorkshire will be monitored by the suicide surveillance sub-group going forward.



The 2015 audit identified those aged between 50-59 were more likely to take their own life in comparison to the 2010-14 audit which identified that those aged 40-49 where the most at risk group.

Hanging or strangulation remain the most common means of suicide in both the 2010-14 and 2015 audit, with a higher proportion of males than females taking their life by hanging or strangulation.

Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) decreased in the 2015 audit when compared to the 2010-14 audit; however this is not statistically significant.

[1] https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

Aims
The 2015 annual audit aimed to:

- compare local data and suicide trends with those identified nationally and regionally
- reflect changes in groups or risk factors which have emerged in 2015
- identify opportunities to influence the work of the North Yorkshire Suicide Prevention Strategic Group

Updated national and local strategies
Samaritans Suicide Statistics report in 2017 stated that in 2015 6,188 coroner's conclusion of suicides were registered in the UK. The highest suicide rate in the UK was for men aged 40-44 In England and the UK, female suicide rates are at the highest in a decade an indication of the picture of suicide risk changing.

NICE GID-PHG95 Preventing suicide in community and custodial settings: Draft guidance consultation due for publication in September 2018. This guideline covers ways to reduce deaths by suicide and help people bereaved or affected by suicides. This includes families and emergency responders, who may as a result be at risk of harming themselves. It looks at measures that can be used in places where suicide is more likely, and at ways to identify and help people at risk. It also covers how local services can best work together and what plans and training they need to put in place.

Audit Scope
For this annual suicide audit information was collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015.

The audit included:

- Residents of North Yorkshire who died within the County were there was a coroner's conclusion of suicide
- All age deaths with a conclusion of suicide
- People who resided outside of North Yorkshire who died by suicide in the County.
- Residents in North Yorkshire who took their lives outside England in cases where the body was repatriated to the County

The audit did not include:

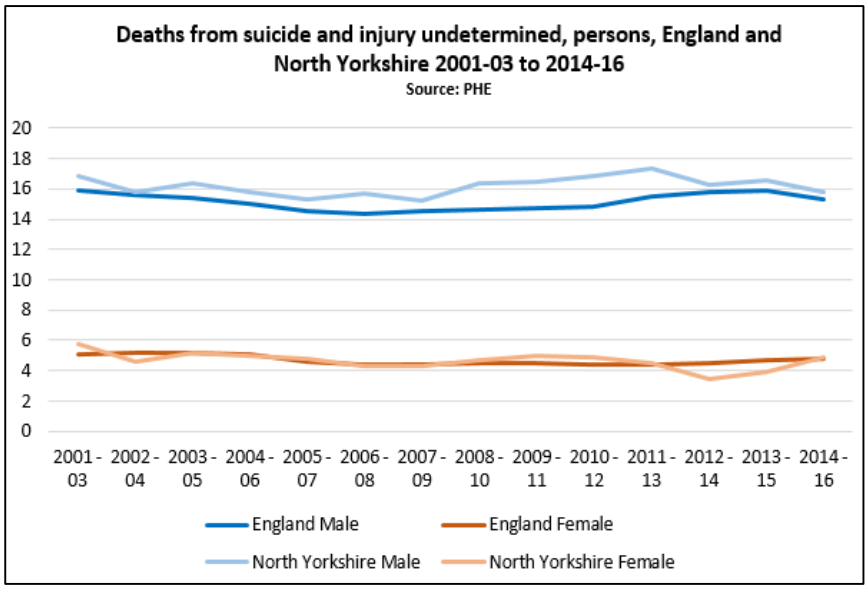
- Deaths subject to an 'open' or 'narrative' inquest outcome
- Deaths of people who resided in North Yorkshire and who died elsewhere in England (as those investigations fell under the jurisdiction of the coroners for those other areas)
- Deaths determined as suicide which occurred within the city of York

Data Analysis

National and regional comparisons using ONS data

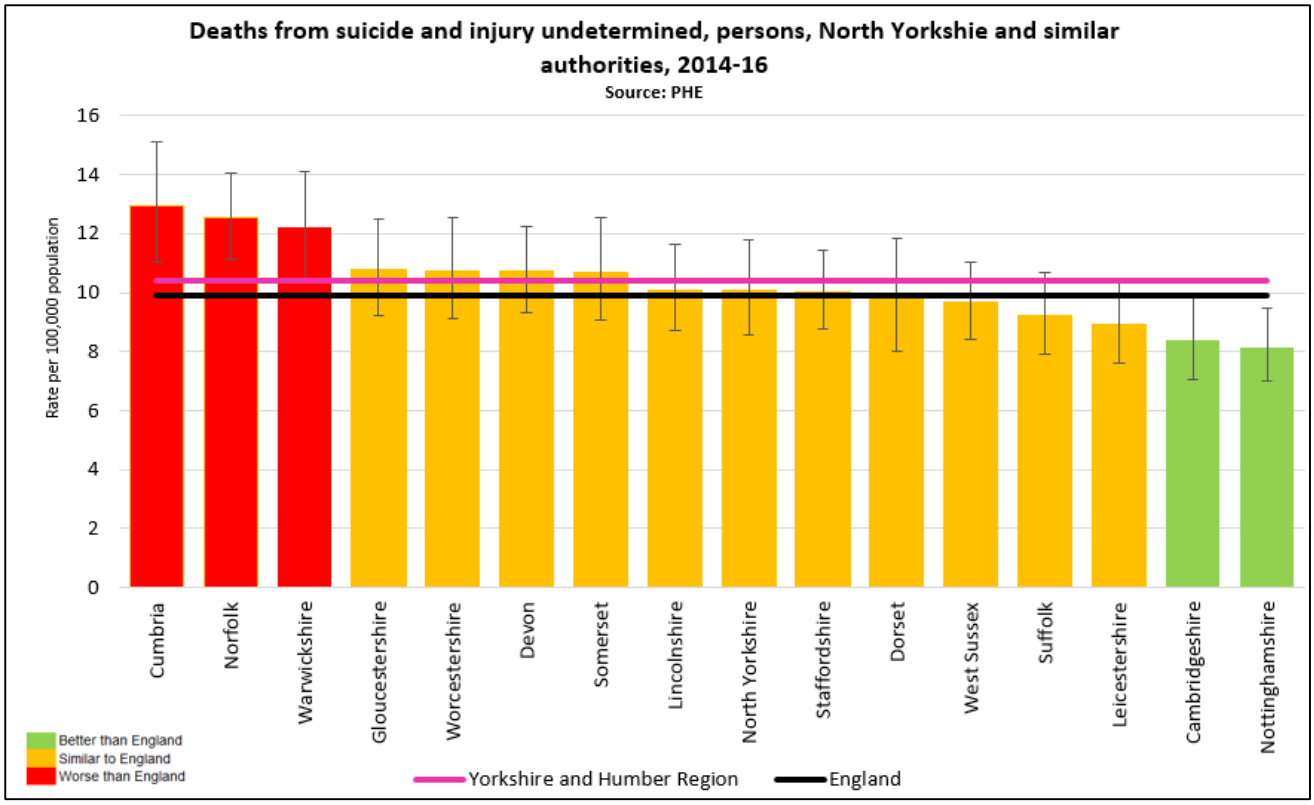
Published suicide figures are calculated as rates per 100,000 of population and are adjusted to take into account differences in the age breakdown of different areas. The latest published rates are for the three year period 2014-16.

The rate of suicides in North Yorkshire (10.1 per 100,000) is lower than that observed regionally (10.4 per 100,000) but slightly higher than the national average (9.9 per 100,000).



North Yorkshire is ranked 9th out of the 16 CIPFA neighbours[2] and the rate among males is much higher than among females in North Yorkshire. In North Yorkshire the suicide rate fell to 9.7 per 100,000 in 2012-14, but this has since increased to 10.1 per 100,000 population in 2014-16. Within North Yorkshire, Craven and Scarborough districts have the highest rate of suicide (11.5 per 100,000) compared to Richmondshire district which has the lowest rate (9.0 per 100,000) but this is not statistically significantly different.

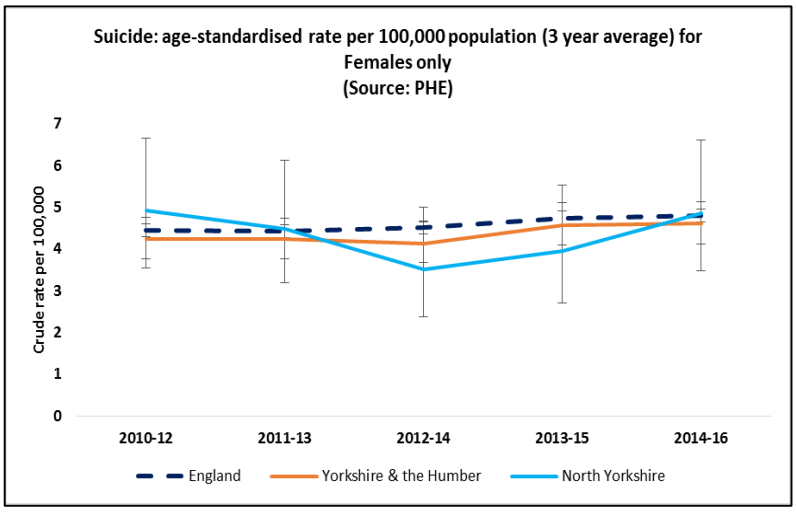
[2] Each local authority has an ordered list of other similar local authorities, from most similar to least similar, based on population, output area density, output area based scarcity, tax base per population, unemployment, retail premises density, housing benefit caseload, people born outside UK and Ireland, households with less than four rooms, households in social rented accommodation, persons in lower NS-SEC (social) groups, standardised mortality ratio, authorities with coast protection expenditure, non-domestic rateable value per population, properties in different tax bands and an area cost adjustment (other services block).



The North Yorkshire 2015 audit data suggests a number of potential areas within the County where people who die by suicide are more likely to live.

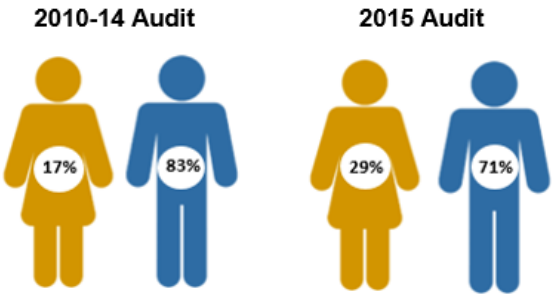
Ryedale has the highest rate of suicide (13.1 per 100,000 population) in comparison to Richmondshire with the lowest rate (1.9 per 100,000 population).

Age and Gender



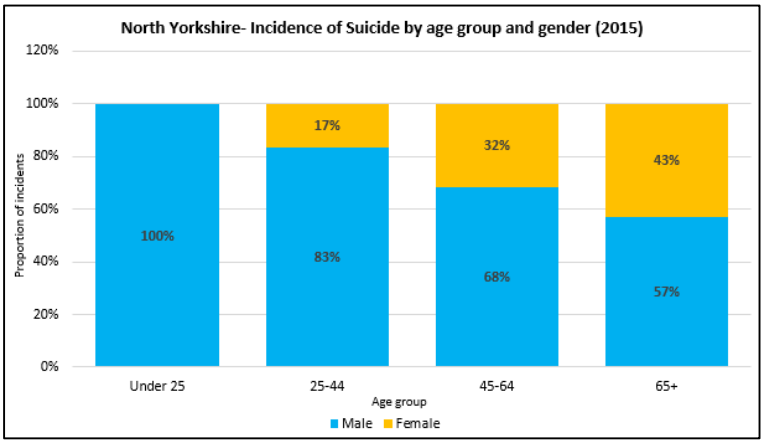
National data indicates for North Yorkshire the overall rate of suicide has not significantly changed when compared to 2010-12 and the crude rate of suicide is 10.1 per 100,000 population which is slightly higher than the England average (9.9 per 100,000 population).

The chart to the left highlights no change between 2010-12 and 2014-16 in the proportion of female suicides in North Yorkshire.
For North Yorkshire, the age-standardised rate per 100,000 population for females is 4.9 (2014-16) similar to the regional and national averages.



The 2015 audit highlights that suicides remain more common amongst males than females. However the proportion of suicides that were females increased in the 2015 audit in line with national trends. As mentioned previously this is not statistically significant but will continue to be monitored by the suicide surveillance sub-group.

Of the 48 suicides recorded as part of the audit (2015), 71% involved males with the highest number of incidents recorded in men aged 50 to 59. This trend differs when compared to the 2010-14 audit as the most at risk group was males aged 40-49. It is interesting to note the change in age group for at risk group between the two audits as there is an increase in older people are taking their own life.

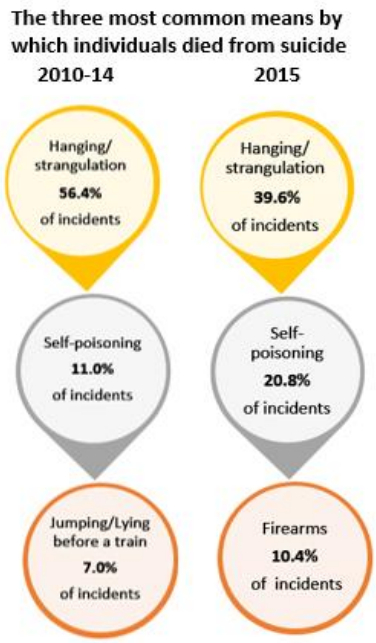


However, in contrast to men, the number of incidents among women is highest in the 60 to 69 age group, followed by the 50 to 59 age group. This trend differs when compared to the 2010-14 audit were the number of incidents among women was highest in those aged 40-49. Again this is not statistically significantly but it is interesting to note that more elderly females are more likely to take their own life which follows a similar pattern to males.

Details of suicide event

Method of suicide

The 2015 audit shows that the most common means of suicide was hanging or strangulation (39.6%) which is similar to the finding of the 2010-14 audit. This method was more common with men with 89.5% of males taking their life by hanging or strangulation in comparison to 10.5% of females.



The second most common method of suicide was self-poisoning (20.8%) and this method accounted for a higher proportion of suicides among females than males. Of those 40% of individuals used anti-depressants as a form of self- poisoning and over half of the individuals were diagnosed with depression at the time of death. Although there has been an increase in the percentage of individuals using self-poisoning as a means of suicide this is not statistically significant when compared to the 2010-14 audit.

The 2015 audit shows that the use of firearms is the third most common method of suicide (10.4%). A higher proportion of males than females took their own life in 2015 using a firearm. When compared to the 2010-14 audit the use of firearms was the fifth most common method with 5.7% of individuals using a firearm with the majority of incidents involving males. Although the 2015 audit highlights an increase in the use of firearms this is not statistically significant.

Location of incident

62.5% of incidents occured at the indiviudals' home address

In 2015 more than half of incidents (62.5%) occurred at the individuals' home address, similar to the 2010-14 audit (63%). The 2015 audit highlighted that men (63.3%) were more likely to take their own life at home in comparison to women (36.7%). The most common age group to take their life at homes were aged between 50 and 59 (23.7%). In contrast to this the 2010-14 audit highlighted that 76.5% of individuals in the 70-79 age group were more likely to take their life at home.

53.3% of incidents of hanging or strangulation took place at the individuals' home address and 26.6% of self-poisoning also took place at the individuals' home address. Over half of individuals who used these methods were aged over 50 (58.3%) which may to a certain extent reflect their mobility both in terms of method and location. A similar trend can be seen in the 2010-14 audit with 76.9% of deaths involving hanging or strangulation taking place at the individuals' home address.

Use of alcohol and drugs at time of death

Whilst not an explicit cause of death, alcohol was identified in 35.4% with the majority of alcohol found in males (70.6%) in comparison to females (29.4%). Alcohol was most commonly found in those aged 40 to 49 (35.3%).

Alcohol was identified in **35.4%** of individuals

Alcohol was most commonly present in incidents of hanging or strangulation (52.9%) and self-poisoning (41.2%) similar to the 2010-14 audit where alcohol was most commonly present in incidents of hanging or strangulation (38.3%) and self-poisoning (56%).

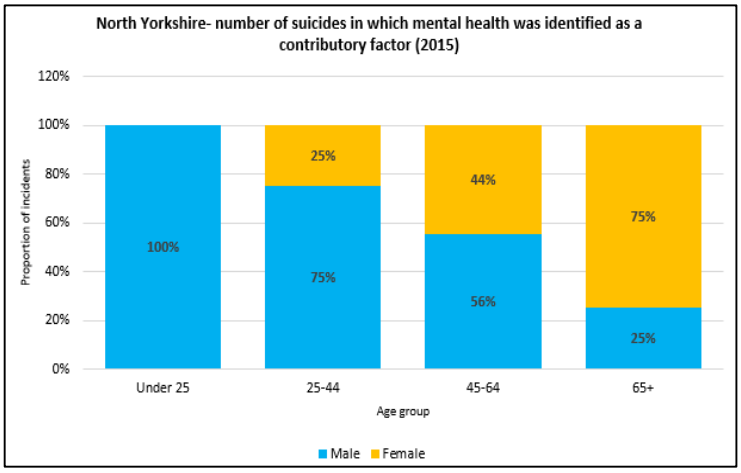
Drugs were identified in **35.4%** of individuals

35.4% of individuals took drugs at the time of death. Of this 35.4%, 70.6% of individuals took non-prescribed drugs and this proportion is significantly higher when compared to the 2010-14 audit (12.7%). The 2010-14 audit highlighted the majority of individuals who took non-prescribed drugs involved males, and this pattern can be seen in the 2015 audit with 33.3% of females taking non-prescribed drugs at the time of death in comparison to 66.7% of males. Those aged 40-49 (33.3%) were more likely to have taken non-prescribed drugs at the time of death. The most

common drug found to be present was Benzodiazepine followed by equal proportions of cocaine. The presence of non-prescribed drugs was most commonly found in incidents of hanging or strangulation (58.3%) and self-poisoning (16.7%).

Prevalence and impact of Mental Health

Mental health issues were identified as a contributory factor in just under half of incidents with a high proportion of individuals' suffering from anxiety or depression. Half of individuals where mental health was identified as a contributory factor received a consultation with their GP in the last 12 months regarding issues of mental health and a quarter of individuals had contact with mental health services 1 week to 1 month prior to their death.

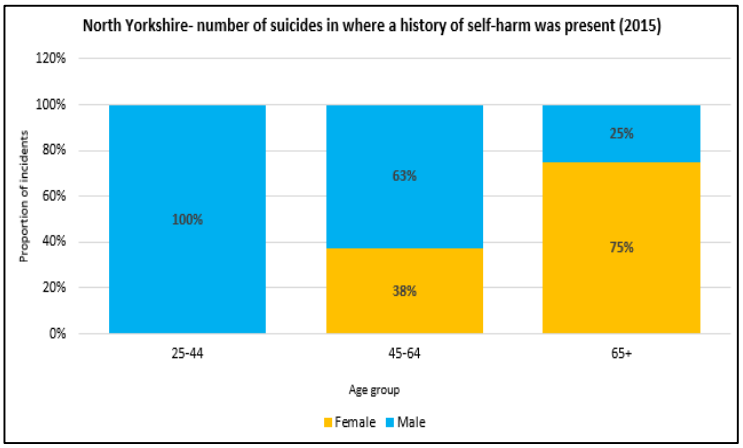


A small minority of individuals with a mental health issue used self-poisoning as a means of suicide and with an overdose of anti-depressants being the most common method of self-poisoning. The highest proportions of individuals with mental health issues were found in the 60-69 age group with males suffering more from mental health issues than females.

80% of individuals with a history of mental illness received treatment for mental health issues in the preceding 12 months with 55% of individuals taking prescribed medication.

History of self-harm and previous suicide attempts

In 2015, a significant minority of individuals had a history of self-harm (35.4%), similar to 2010-14. Self-harm was more common in males than female and cases of self-harm was more common in those aged 40-49 and those aged 60-69.

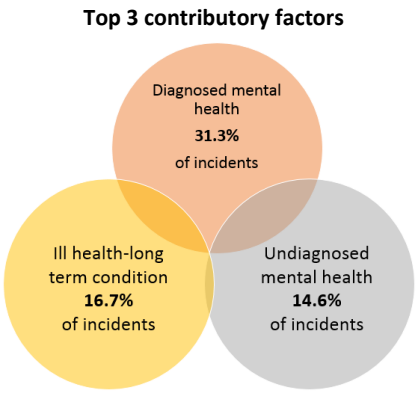


Of the individuals with a history of self-harm, 47.1% had experienced a self-harm episode within the 12 months leading up to death, in comparison to 52.9% where the most recent self-harm attempt was more than 12 months prior to death.

Individuals with a previous suicide attempt on at least one occasion accounted for 47.1%. Of those individuals, the proportion was slightly higher in males (62.5%) than females (37.5%). This is in contrast to the 2010-14 audit where there was a slightly higher proportion of females to males who had attempted suicide on at least one previous occasion. However, there are similarities between the two audits as in both 2010-14 and 2015 there were higher proportions of individuals aged 30-39 who had a history of previous attempts. In contrast to this the 2010-14 audit also highlighted high proportions of those aged 40-49 who had a history of previous suicide attempts in comparison to the 2015 audit which highlighted those aged 60-69 were more likely to have a history of previous attempts.

Other contributory factors

Diagnosed mental health issues were the most common contributory factors for individuals who choose to take their own life. 50% of individuals who were diagnosed with mental health conditions were in the care of their GP and 25% of individuals had contact with mental health services one month prior to their death. It is not always clear if mental health issues were of themselves triggers to other stressors, or if significant life stressors precipitated further episodes of depression and anxiety among individuals with lower resilience and perhaps a propensity for lower mental wellbeing.



Recommendations

This report should be read in conjunction with national and local strategy guidance and the North Yorkshire Suicide Prevention Strategic group action plan.
http://nypartnerships.org.uk/suicide

A further suicide audit for the period 2016 will be produced in 2018. The scope of the 2016 audit will extend to include the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death is as a result of suicide and will include open and narrative verdicts.