

Lewisham Suicide Audit 2022

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Introduction

Lewisham's original suicide prevention strategy was developed in 2016, in line with national guidance. This guidance recommended that local authorities carry out an annual suicide audit.

Previous suicide audits were carried out in 2016 and 2019. This most recent audit takes account of data from 2019 to 2021 (where available). This larger data set offers more reliable figures to base future local prevention strategies. Data have been pulled from the primary care mortality database (PCMD) and real time surveillance system (RTSS) data via Thrive. Data were sought from the local coroner but were not available at the time of publication. Further work will be done to ensure coroner's data is available to support the findings from PCMD and RTSS data.

Definitions of suicide

The National Statistics definition of suicide includes deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of undetermined intent (ages 15 years and over) (Office of National Statistics, 2022). The underlying cause of death is coded by the Office of National Statistics using World Health Organisations International Classification of Diseases codes (ICD-10) X60-84 and Y10-34. These are based on death certificates. These are the codes used in the Primary Care Mortality Database which has been used to analyse the data.

The national policy context

In March 2021, the government released its fifth progress report of the Suicide Prevention Strategy for England and detailed the steps taken to reduce deaths by suicide since January 2019.

The COVID pandemic brought challenges and changes to lives, and for some this led to feelings of worry, anxiety, frustration and loneliness. National and local mental health services remained open throughout the pandemic, the UKHSA (previously Public Health England) launched their Every Mind Matters campaign and the DHSC funded the Better Mental Health Fund. The Suicide Prevention Cross-Government Work plan commits to tackling some of the mental health impacts of the pandemic and will form the foundation of policy development and delivery.

The progress report found that, nationally, between 2014 and 2017 there was a steady decline in the number of registered suicide deaths, but sadly the numbers increased in 2018 and 2019. Early data from 2020 do not suggest a rise in the average number of suicides.

High Risk Groups

National data suggests there are four vulnerable groups (HM Government, 2021):

1. **Middle-aged men** – the most recent ONS report shows that the group with the highest rate of suicide is men aged 45-49 years.
2. **People who self-harm** – evidence suggests that 50% of people who die by suicide have previously self-harmed.
3. **Children and young people** – during 2019 there were 565 suicides registered to those aged under 25 years old, and steepest in females.

4. **People with a mental illness** – There is an approximate 10 fold increase in risk of suicide for people under mental health care for mental illness.

Cross government action

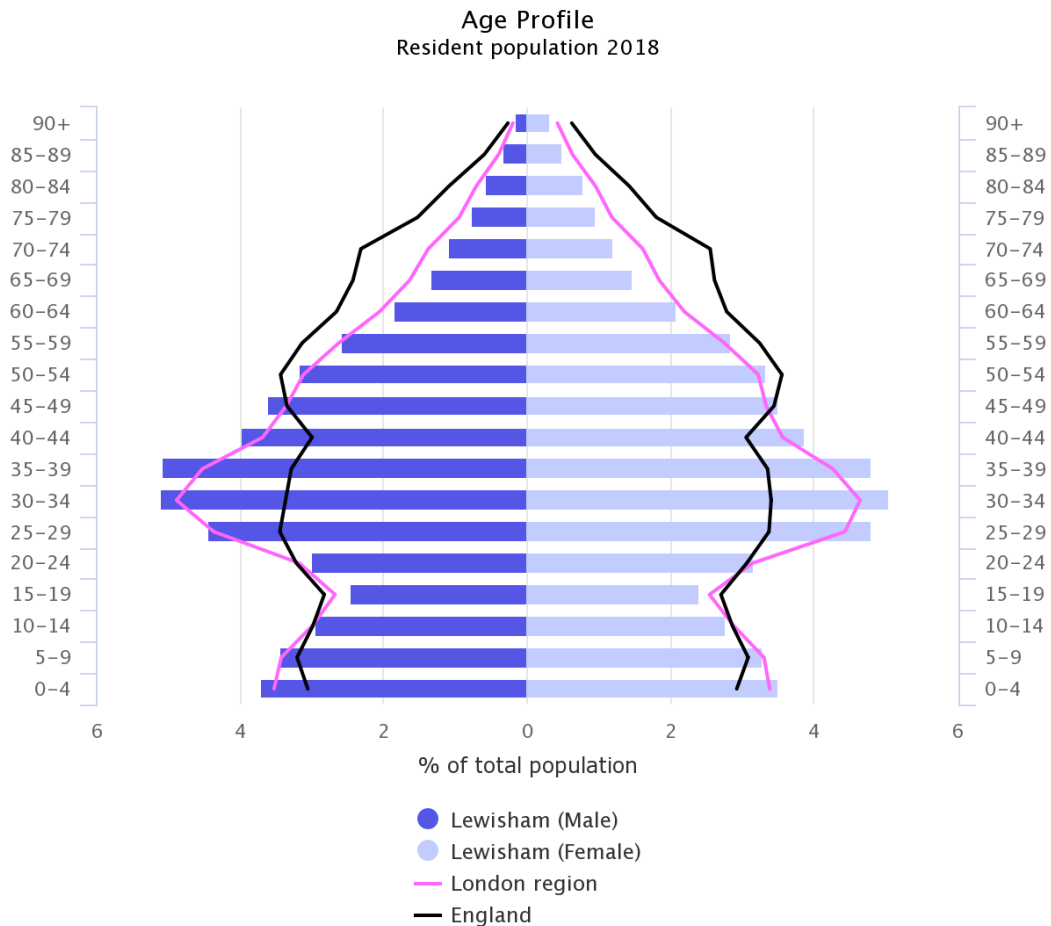
The national progress report sets out the importance in the wider determinants for mental health and direct and indirect impacts of these on suicide and self-harm. They categorise two main risk factors as;

1. **Economic** – unemployment, financial stressors, debt, pensions, & gambling
2. **Social** – rough sleeping, criminal activity, substance misuse, domestic abuse, poor mental health, secure accommodation, loneliness & social isolation

National Comparison

Lewisham's age profile has a significantly younger population compared with national averages, with larger numbers of people aged between 25 and 44. There are also correspondingly smaller populations of those aged 65+. London has a similar age demographic to Lewisham.

Figure 1- PHE Fingertips



Methodology

Data source

Anonymised data was extracted from the Primary Care Mortality Database (PCMD). The data set ran from April 2011/12 to March 2020/21, a total of 10 financial years. This data included age, gender, cause and location of death and country of origin. Data from the real time surveillance system was sought to complement the PCMOD data but this was only available for 2021/22. Although a different time frame, the data still gave insight into the suicides in the borough. Supplementary data from the coroner's office was unavailable, and this is a priority for future local audits.

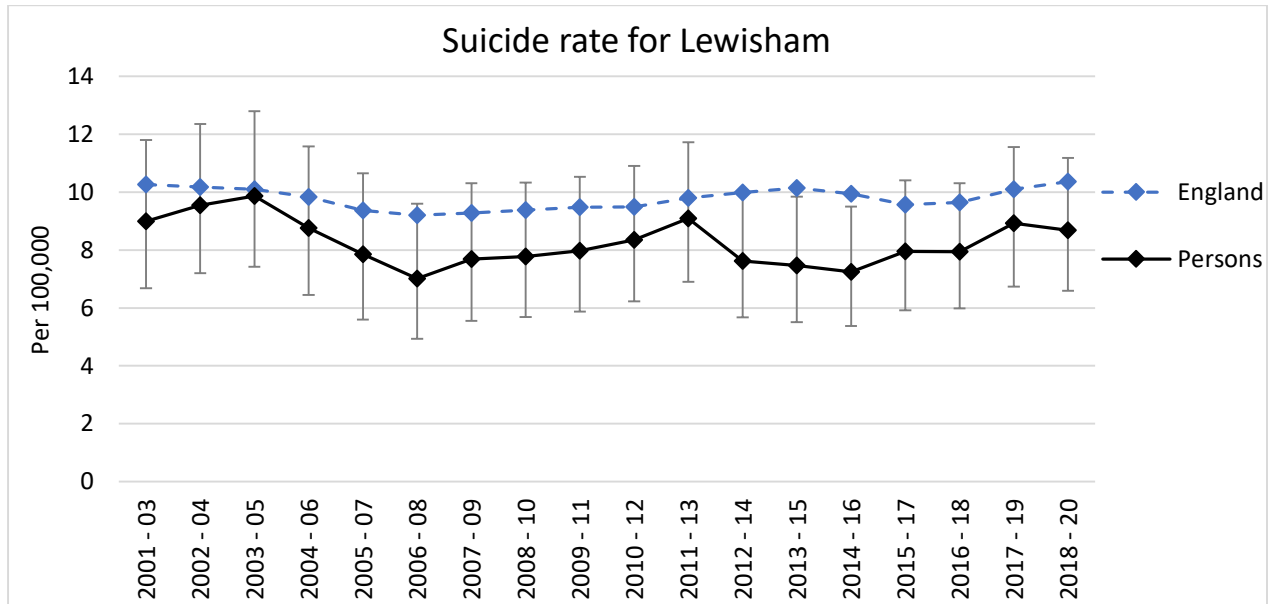
Analysis

The extracted data have been reviewed and presented in various ways. Frequency of suicides per year, month, age, gender, method of suicide, location of suicide and country of birth were used.

Results

Looking at the overall rates of suicide in Lewisham compared with the rate in England (Figure 2 Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing.

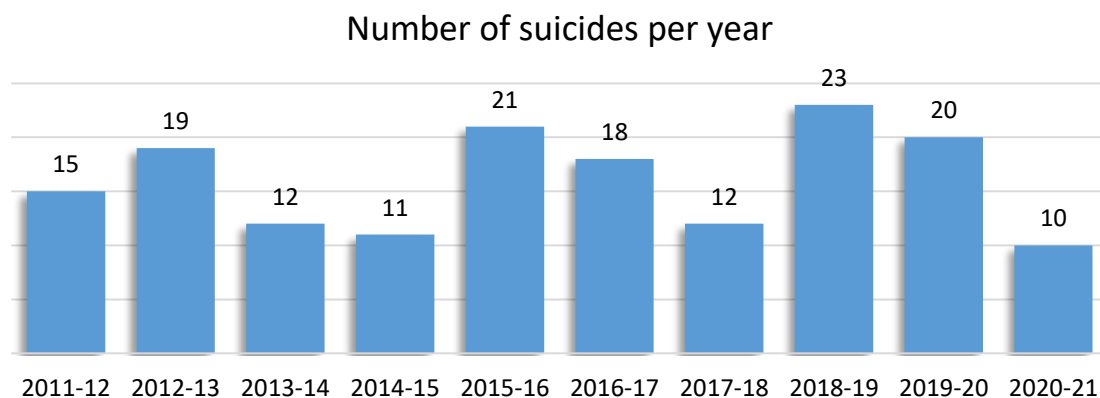
Figure 2 Suicide rate for Lewisham



Source: PHE Fingertips

Looking at the number of suicides per year in Figure 3 below, you can see that numbers have declined during 2020/21 which may be as a direct impact of COVID. The lock down and restricted movement of the population during the pandemic meant there were less means and opportunity for people to end their lives by suicide.

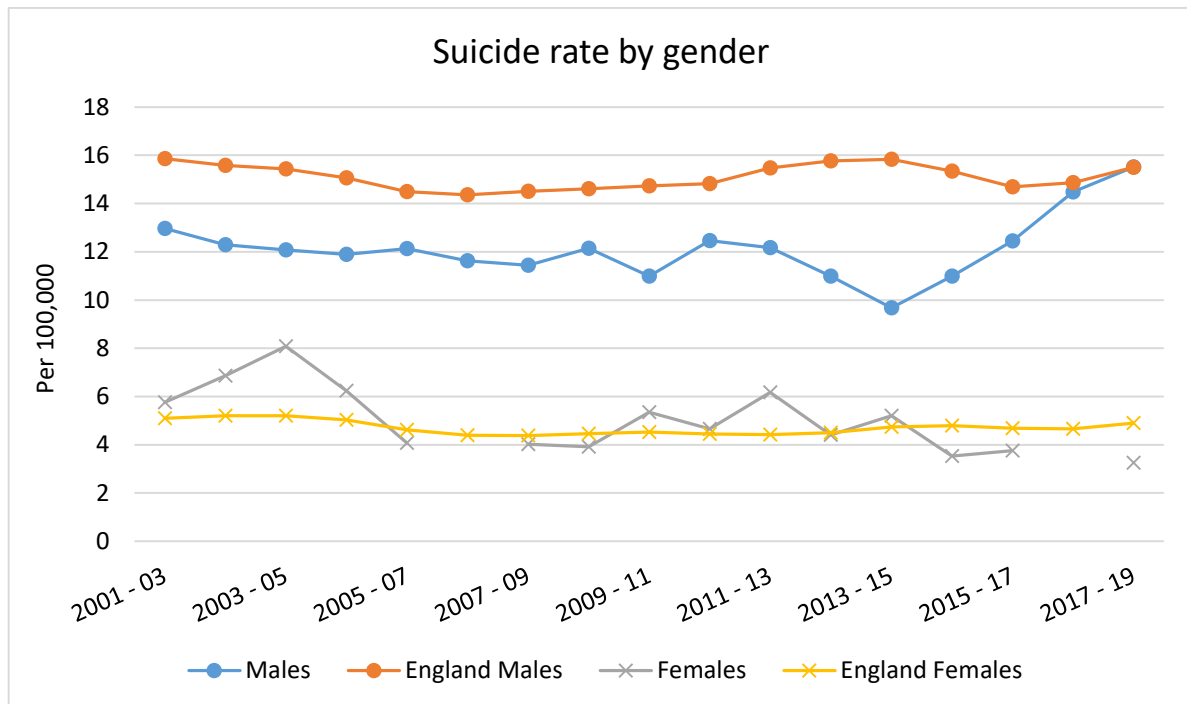
Figure 3 Number of suicides per year



Source: PCMD

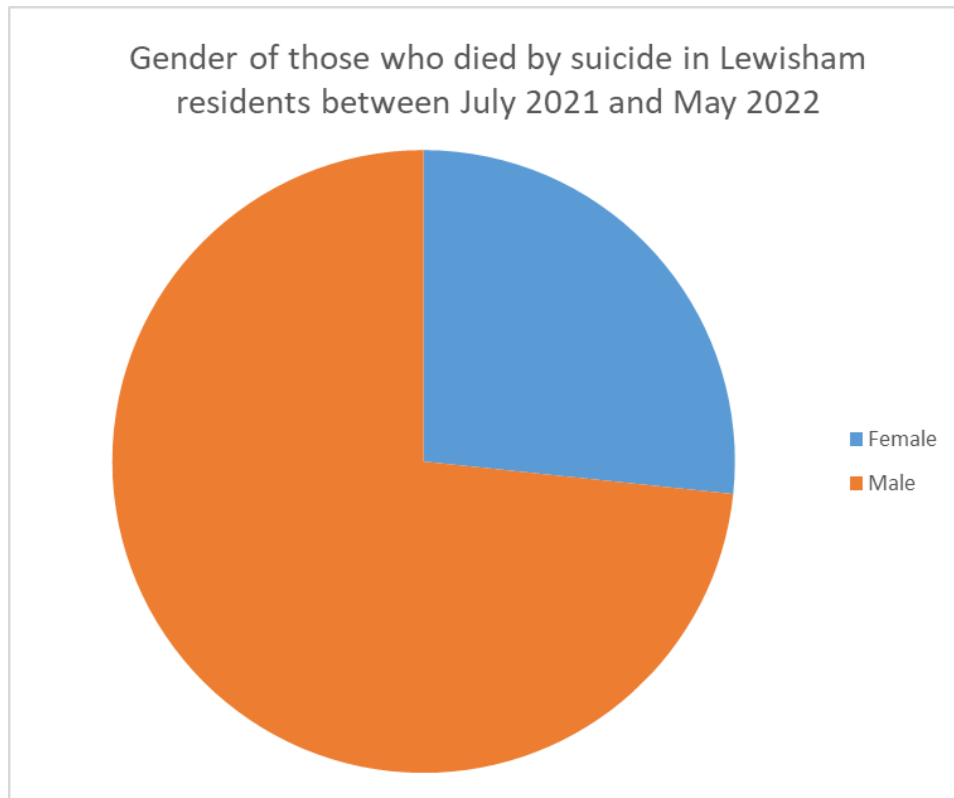
Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. A higher rate of males are more likely to die by suicide than females. Figure 4 shows that between 2001/3 and 2018/19 the rates locally in Lewisham fluctuated yet males continue to have a higher rate than females. It's notable that since 2013/15 there has been a steady yet maintained increase in the rate of death by suicide in men in Lewisham. The data from RTSS (Figure 5 Figure 5 Gender by proportion) found nearly three quarters of the most recent local deaths by suicide have been in males.

Figure 4 Suicide rate by gender



Source: PHE Fingertips

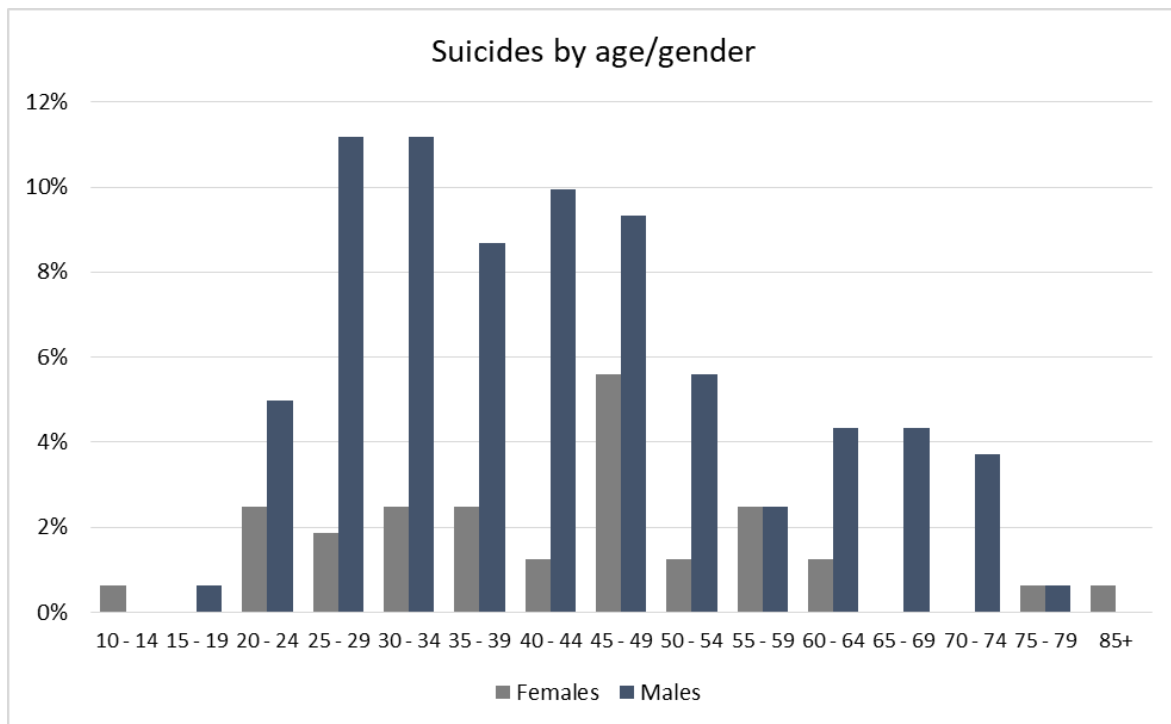
Figure 5 Gender by proportion



Source: RTSS

A similar trend continues when data on age and gender are compared. The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 6 shows the age groups of males and females who have died by suicide in the last decade in Lewisham. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. Less than 5% of all deaths by suicide were in those aged under 25 years.

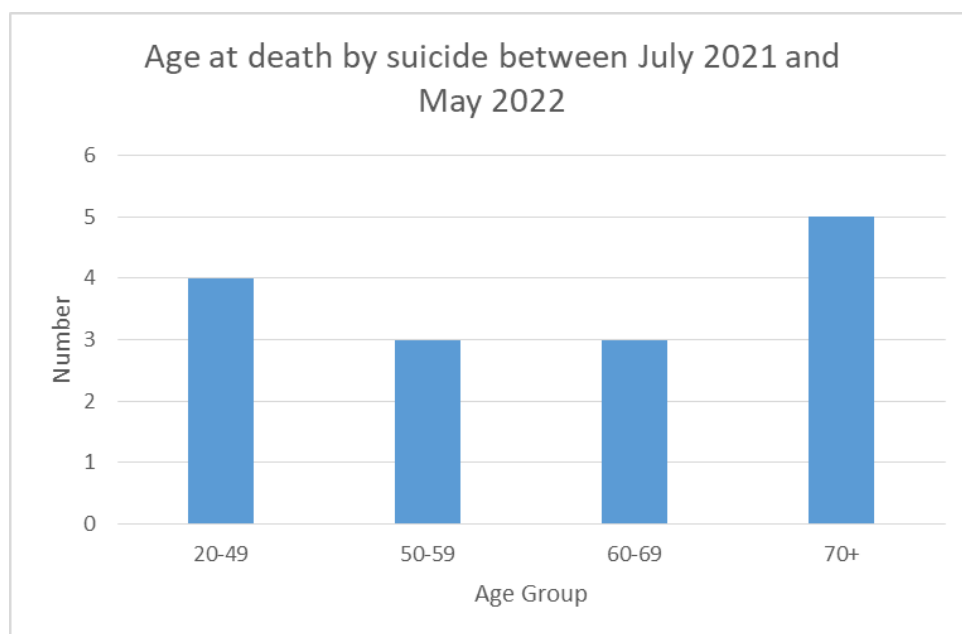
Figure 6 Suicide by age and gender



Source: PCMD

Figure 7 shows the age at death in all genders from the RTSS data set. Contrary to the national findings, these data suggest the number of deaths are weighted toward the older age groups. The reason for this more recent shift in age is not clear, and continual monitoring and data analysis will continue to identify ongoing trends.

Figure 7 Age at death (all genders)



Source: RTSS

Figure 8 below provides a benchmark of where Lewisham is locally with the rest of England. For 2016/18, Lewisham was worse than England when years of life lost due to suicide was measured, for all persons. Lewisham's years of life lost due to suicide for 2016-18 was 25.4 per 10,000 population, average for the rest of the London (see Figure 9).

Figure 8 Suicide prevention area profile

Indicator	Period	Lewisham			NHS region - local office	England	England		
		Recent Trend	Count	Value			Value	Value	Worst
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2016 - 18	-	62	25.4	-	31.3	61.0		16.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2016 - 18	-	54	45.4	-	47.8	101.8		21.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2016 - 18	-	8	*	-	14.9	39.5		5.7
Suicide rate (Persons)	2018 - 20	-	-	-	-	10.4	-	Insufficient number of values for a spine chart	
Suicide rate (Male)	2018 - 20	-	-	-	-	15.9	-	Insufficient number of values for a spine chart	
Suicide rate (Female)	2018 - 20	-	-	-	-	5.0	-	Insufficient number of values for a spine chart	

Source: PHE Fingertips

Figure 9 Years of life lost due to suicide

Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) 2016 - 18

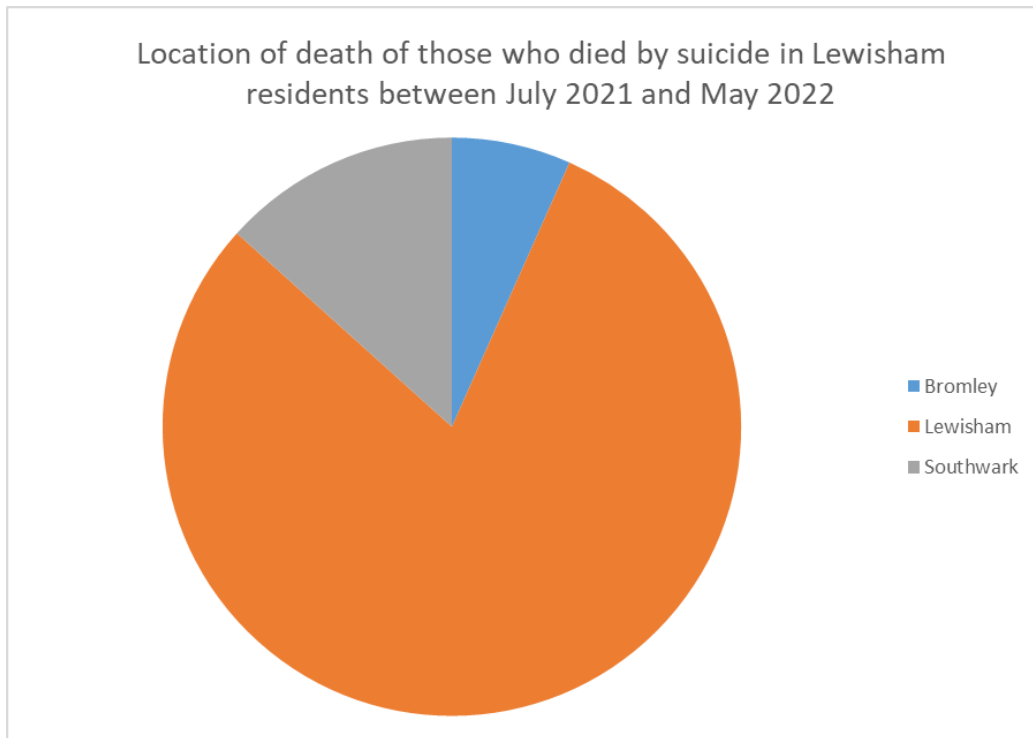
Directly standardised rate - per 10,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	–	12,883	31.3	H	30.8	31.9
London NHS region	–	-	-		-	-
NHS Hounslow CCG	–	67	33.9		25.4	44.0
NHS Croydon CCG	–	88	32.8		25.7	41.1
NHS Kingston CCG	–	44	32.2		22.7	44.1
NHS Bexley CCG	–	51	31.1		22.7	41.4
NHS Hillingdon CCG	–	69	30.7		23.5	39.4
NHS Hammersmith And Fulham CCG	–	48	29.3		20.8	39.7
NHS Merton CCG	–	45	28.9		20.1	40.0
NHS Camden CCG	–	62	28.4		21.3	37.0
NHS Tower Hamlets CCG	–	68	28.1		21.5	36.0
NHS Waltham Forest CCG	–	61	28.0		20.9	36.5
NHS West London (K&C & QPP) CCG	–	50	27.4		19.8	36.9
NHS Brent CCG	–	62	26.8		20.1	35.0
NHS Islington CCG	–	49	26.7		19.5	35.6
NHS Lewisham CCG	–	62	25.4		19.3	32.9
NHS Richmond CCG	–	43	25.0		16.7	35.5
NHS City And Hackney CCG	–	57	24.9		18.3	32.9
NHS Haringey CCG	–	51	24.6		17.9	32.8
NHS Wandsworth CCG	–	63	24.5		18.2	32.0
NHS Havering CCG	–	48	24.3		17.0	33.3
NHS Ealing CCG	–	70	24.1		18.4	31.0
NHS Newham CCG	–	62	24.1		18.2	31.2
NHS Sutton CCG	–	33	23.5		15.3	34.1
NHS Harrow CCG	–	39	22.9		15.9	32.0
NHS Greenwich CCG	–	49	22.0		15.6	29.9
NHS Lambeth CCG	–	56	21.6		16.0	28.5
NHS Enfield CCG	–	50	20.6		15.0	27.6
NHS Barking And Dagenham CCG	–	27	19.9		13.0	29.2
NHS Barnet CCG	–	62	19.0		14.2	24.8
NHS Redbridge CCG	–	47	18.2		13.0	24.8
NHS Southwark CCG	–	44	18.2		12.9	24.7
NHS Bromley CCG	–	51	18.0		12.7	24.5
NHS Central London (Westminster) CCG	–	25	16.6		10.3	25.2

Source: PHE Fingertips

Figure 10 reveals that of all Lewisham residents that died by suicide during July 2021 and May 2022, over three quarters of them died in Lewisham. A small proportion died in either Bromley or Southwark.

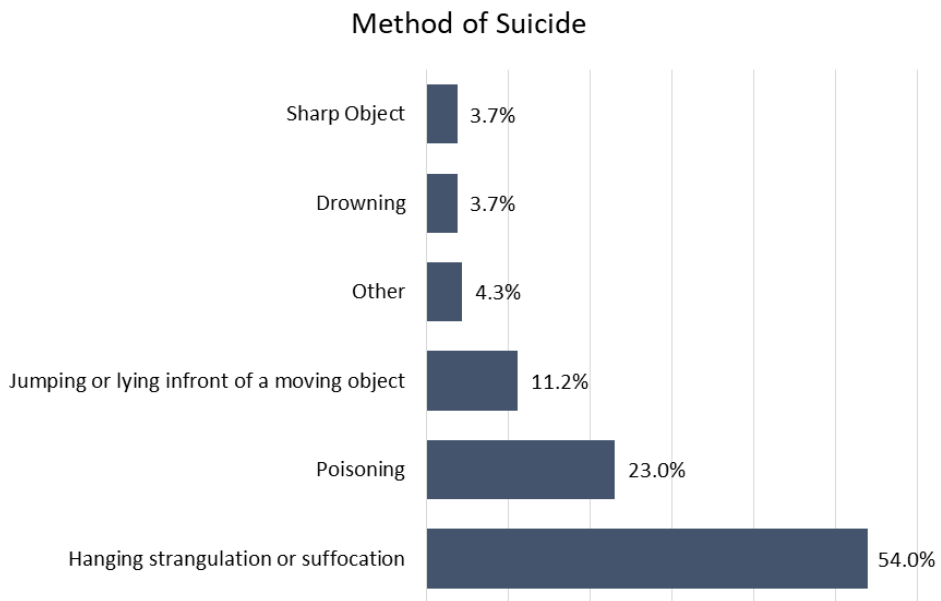
Figure 10: Location of death of those who died by suicide in Lewisham residents



Source: RTSS

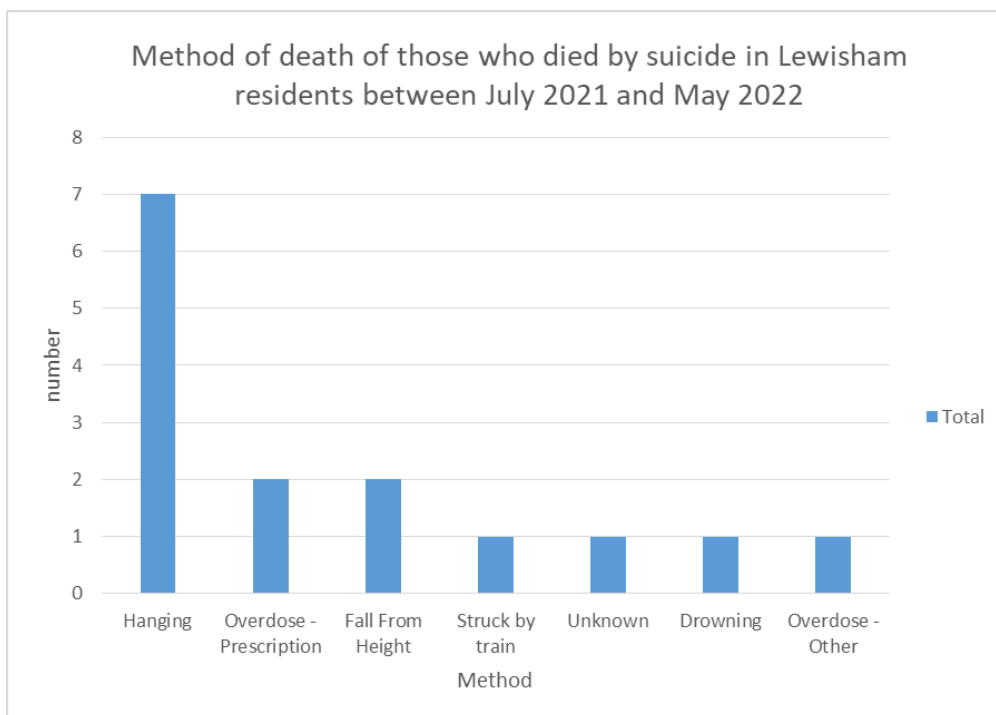
In Figure 11 below, method of suicide is plotted for the 10 year period 2011-2021. It's clear from the chart that over half of those who died by suicide in that period died by hanging, strangulation or suffocation. Approximately one quarter died by poisoning. When looking at more recent data from the RTSS, a similar pattern can be seen (see Figure 12). This pattern continues when looking at method by gender (see Figure 13).

Figure 11: Recorded method of suicide



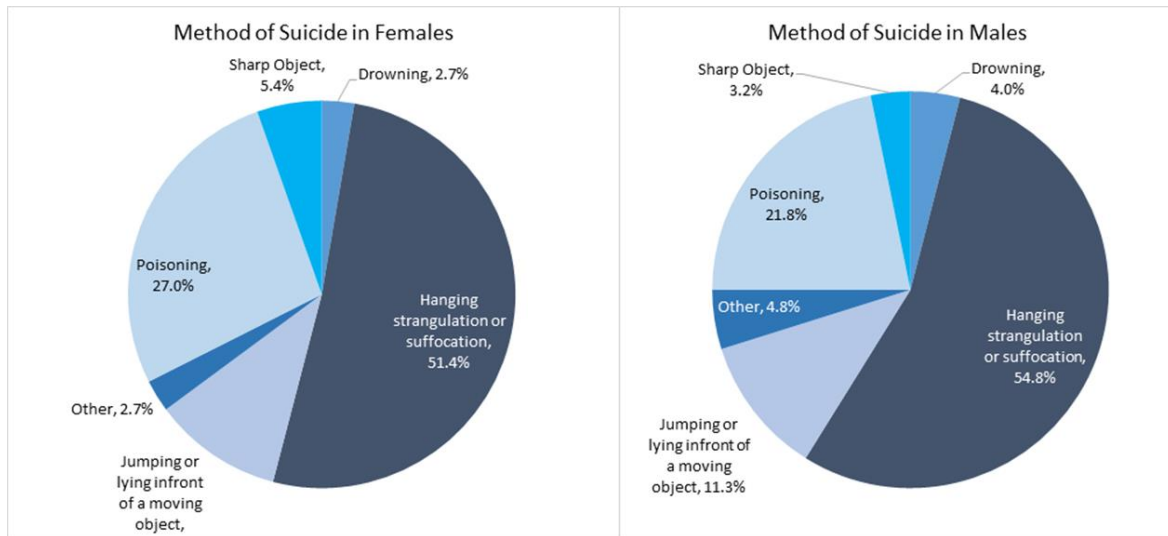
Source: PCMD

Figure 12: RTSS recorded method of suicide



Source: RTSS

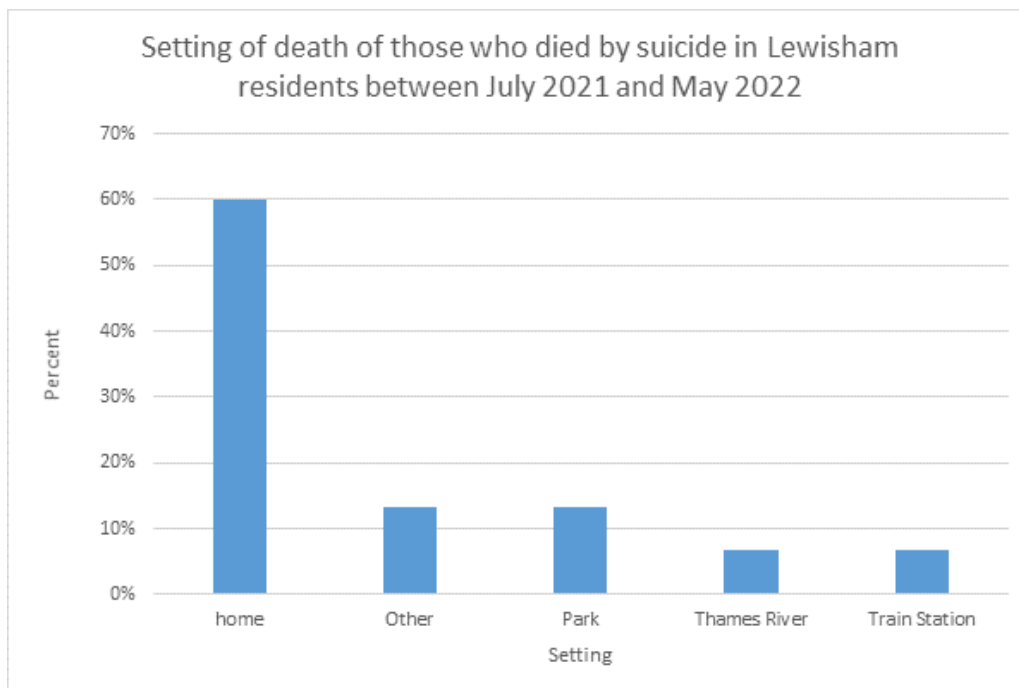
Figure 13: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021



Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 14).

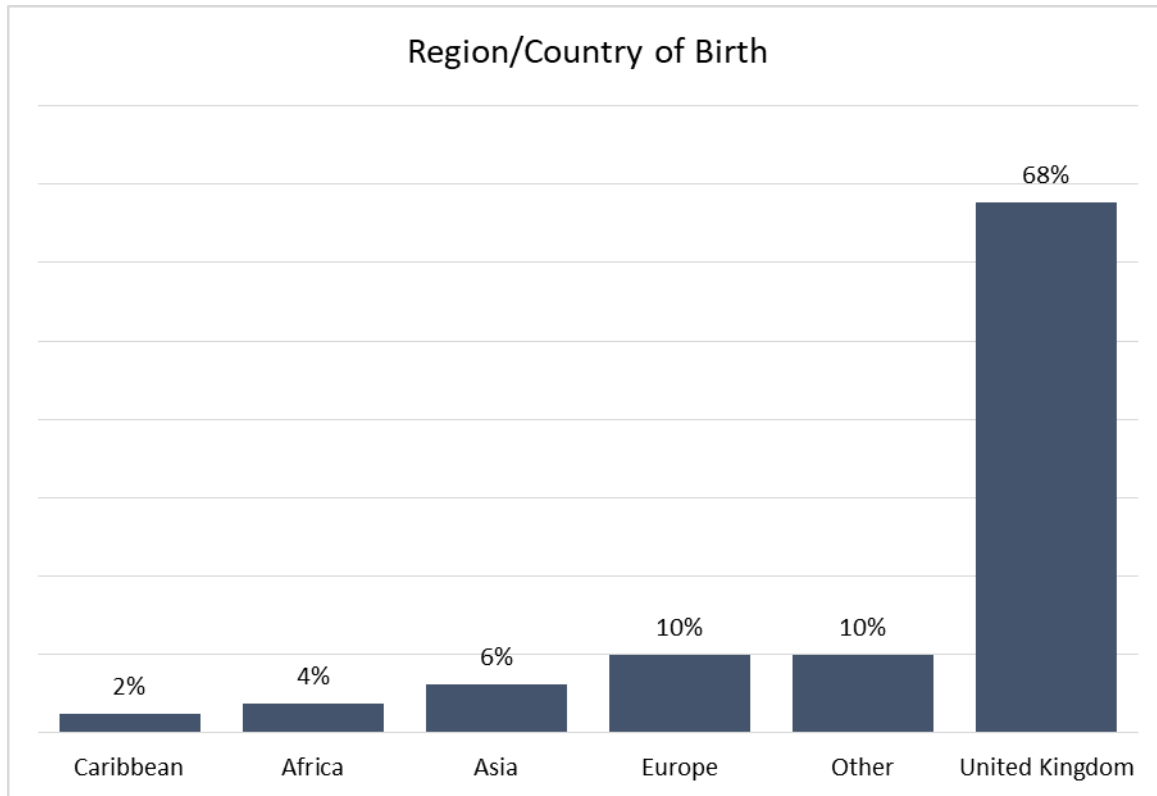
Figure 14: Setting of death of those who died by suicide



Source: RTSS

Over two thirds (68%) of Lewisham residents who died by suicide were born in the United Kingdom, with one in ten from Europe (Figure 15).

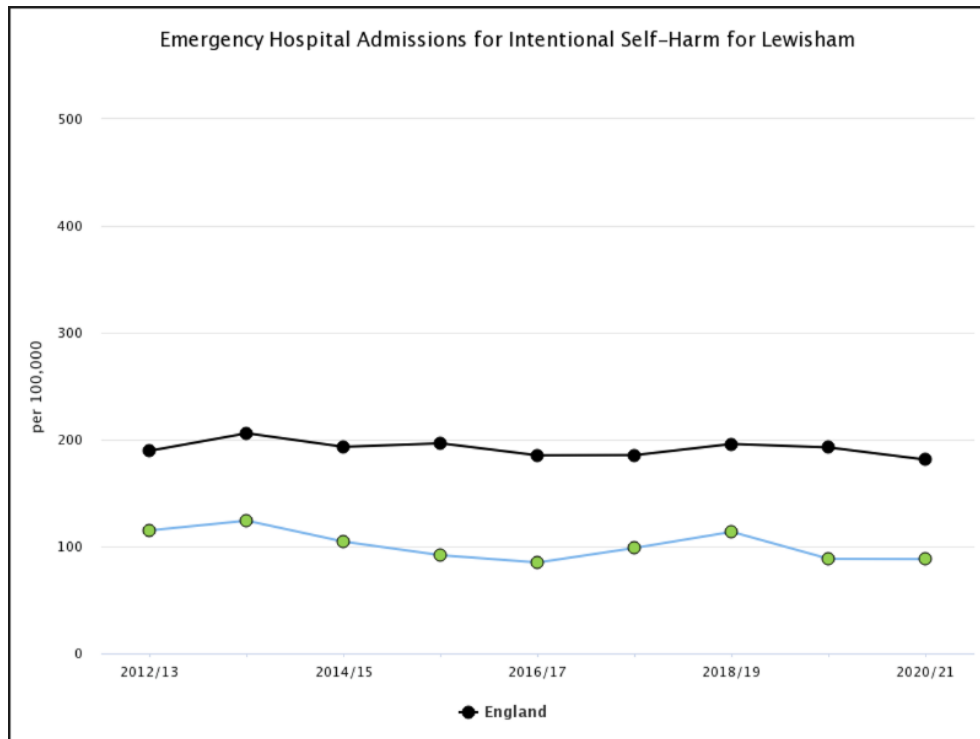
Figure 15: Region or country of birth for Lewisham residents who died by suicide between 2011 and 2021



Source: PCMD

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 16). However, this only considers the self-harm that is known about, and not the hidden self-harm that may never be discovered.

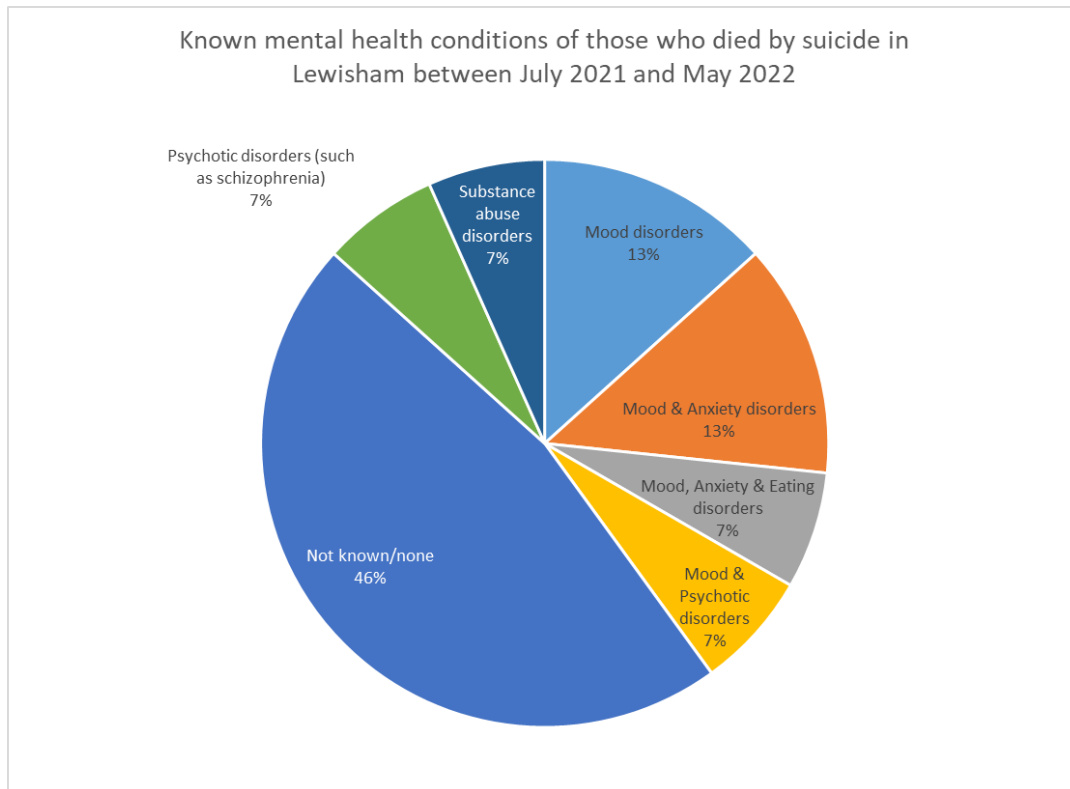
Figure 16: Emergency hospital admissions for intentional self-harm for Lewisham residents between 2012 and 2021



Source: PHE Fingertips

Using RTSS data to understand the proportion of those who died by suicide that had known mental health concerns or issues, one in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 17).

Figure 17: Known mental health conditions of Lewisham residents who died by suicide

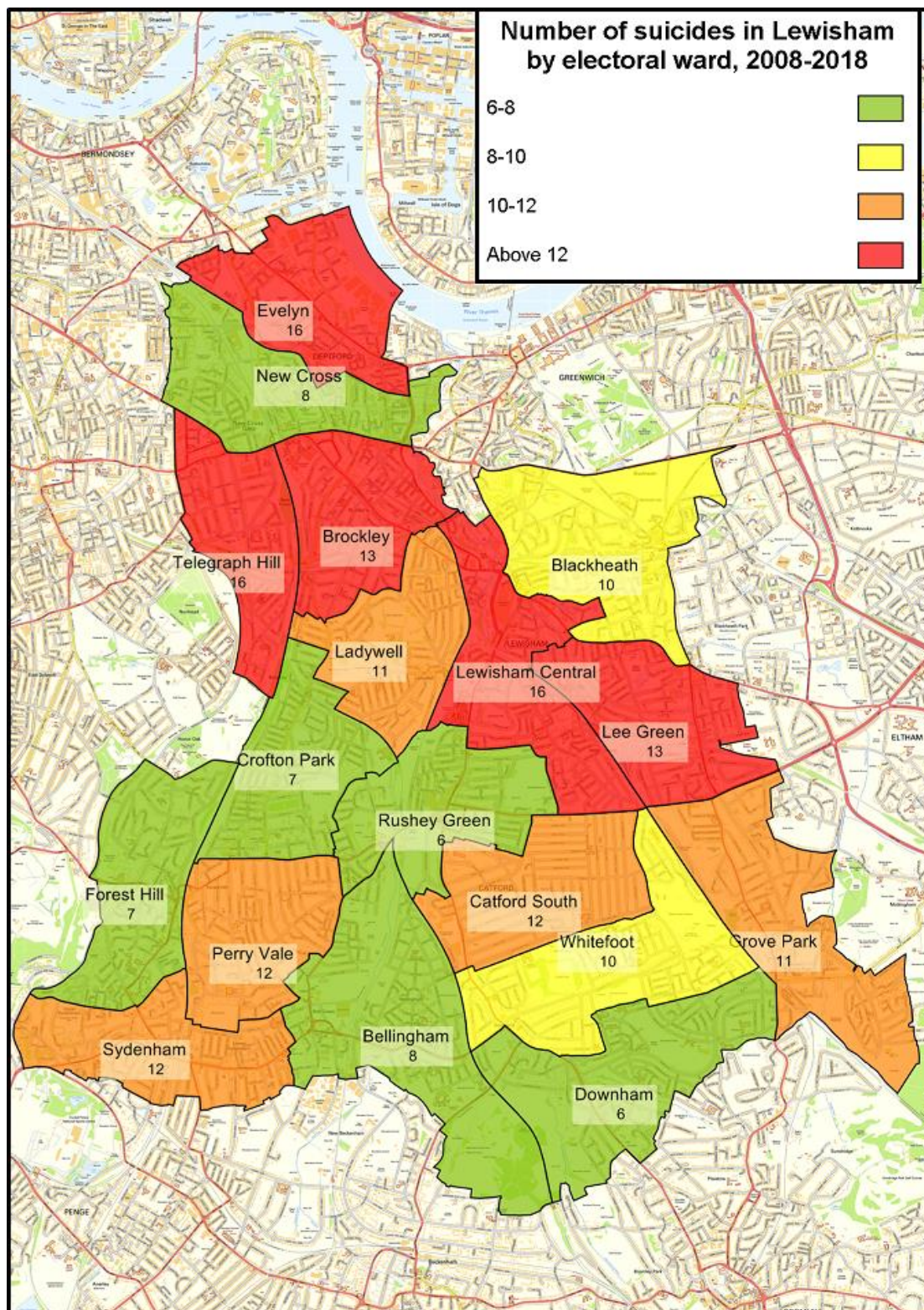


Source: RTSS

Mental ill health remains one of the leading causes of maternal death in pregnancy and the first postnatal year. Although not listed as a separate category in Figure 17, the national rate of women who died by suicide in the first year after giving birth was 2.64 per 100,000 maternities (95% CI 2.02-3.38) between 2017 and 2019 – nearly one quarter of the overall death by suicide rate in the borough (approximately 8.5 per 100,000. See Figure 2). If all mental health causes are included, the rate increases to 5.11 per 100,000 which is higher than the female only rate of death by suicide in the borough (see Figure 4). There are little data on death by suicide in the local area for new mothers. There is even less data on new or expectant fathers and it's impact on death by suicide.

Between 2008 and 2018, the electoral wards with the highest number of suicides were concentrated in North Lewisham (see Figure 18). There aren't any known suicide hotspots in the north of the borough, or any particular settings that are common in the data sets used to inform this suicide audit.

Figure 18: Number of suicides in Lewisham by electoral ward between 2008 and 2018



Source: PCMD

Discussion

Lewisham has a suicide rate of 8.7 per 100,000, this is lower than the England rate (see Figure 2).

Suicides are most prevalent in males and account for around 70% of all deaths from suicide in Lewisham from the past 10 years. Data from public health England suggests that from 2013 there has been a year on year increase the male suicide rate.

Standardised suicide rates show that the male suicide rate has become three times greater compared with females in recent years. High prevalence of suicide exists across men who are young (less than 25 years old) and middle aged. This reflects what is seen nationally as a major risk group for suicide.

Lewisham has a younger population profile compared to the national population. Around 25% of all suicides occurred in young men aged 25-35. Age standardised rates cannot be reliably compared to those seen nationally due to the large confidence intervals involved whilst analysing small populations.

The current suicide prevention strategy focuses particularly on young men as a key high risk group, future prevention strategies should aim towards focusing on men of all ages and especially those who are young or middle-aged, people who self-harm and people who are known to have mental health concerns or issues. These age groups may also require different prevention strategies.

Suicide by hanging, strangulation or suffocation is the most common method accounting for approximately half of all suicides. Poisoning is a more common form of suicide in women compared with men (27% vs 21%). Jumping from a height or jumping in front of a moving object are violent methods of suicide which account for 11% of suicides in Lewisham over the past 10 years. Reducing means to suicide requires a multilateral approach and may help to reduce the overall suicide rate in Lewisham.

Data on ethnicity is limited from the PCMD database. Around 30% of suicides in Lewisham occur in people originally born overseas, therefore first generation migrants make up a substantial proportion of deaths by suicide in the borough. Further research into whether cultural or linguistic barriers exist that limits this population's access to mental health services could help guide targeted approaches to suicide prevention.

Self-harm remains the largest single risk factor for ongoing suicide. Lewisham is currently has the 13th highest rate of hospital attendances related to self-harm. From what we have learnt from recent research suicide and serious self-harm are only the tip of an unseen and unmet burden of poor mental health and self-harm in the borough. Furthermore earlier intervention may prevent progression of cases of self-harm to completed suicide. Multi-agency actions here may help reduce the number of future suicides in Lewisham.

Wards with the highest number of suicides were Evelyn, Lewisham Central, Brockley, Lee Green and Telegraph Hill. The majority of suicides appear to occur in the northern, more densely populated wards in Lewisham. This data may help inform future suicide prevention strategies.

Limitations

Despite using aggregated data over 11 years it is difficult to reliably analyse suicides at a borough level beyond basic demographics. Combined larger datasets across London would help guide local authorities with more nuanced epidemiological approaches. Access to a multi-agency hub is currently an active piece of work.

Coroner's data concerning ethnicity, social demographics, contact with GP and mental health services are a common component of other local suicide audits across the country. Future local suicide audits should include this important data once access has been negotiated. This data could be used to complement the larger London-wide data sets from collaborative working.

References

HM Government. (2021). *Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives*. Crown Copyright.

Office of National Statistics. (2022, June 8). *Suicide rates in the UK QMI*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi>