## **CAMDEN JSNA: FOCUS ON**

## SUICIDE

## NOVEMBER 2017

Suicide is not inevitable, it is preventable, but the causes are complex and the impacts are wide reaching. The most obvious direct impact is the loss of an individual life, however suicide has impacts that reach much further: on bereaved family, friends and colleagues and traumatized wider communities. Suicide often represents the end point of a complex history of risk factors, distressing events and adversity. Unlike some causes of death, suicide is not the result of a single disease process or cause. It is sometimes the consequence of a mental health condition, but may also be a response to serious physical illness, pain, loss of independence or quality of life, or a range of socio-economic problems. To prevent suicides requires a combination of approaches across a wide system, developing resilience and addressing risk at different levels through a broad spectrum of interventions. These need to take account of local population characteristics, social, cultural and socioeconomic circumstances, together with intelligence on other local risk factors, such as high risk locations.

### Characteristics of an effective local prevention strategy

- Effective suicide awareness and response among key organisations
- A co-ordinated community response to a completed suicide
- Reduced mental health stigma
- Sensitive and safe media reporting and depiction of suicide

- Effective local intervention i.e. whole systems approach
- Promotes protective factors and reduces risk factors for suicide
- Effective clinical practices
- Effective and co-ordinated communication and information systems
- A focus on prevention in children and young people

#### Local priorities

- Governance & communication to support the strategy
- Improved surveillance and data collection
- Postvention support
- Prevention measures targeting specific groups
- Training in suicide prevention
- Review of local media reporting

#### National & local strategies

- No Health without Mental health (2011)
- Preventing suicide in England (2012) (2017)
- Suicide by children and young people in England (2016)
- Review of Suicide Prevention Pathways in Camden & Islington (2015)

# SUICIDE The Camden picture

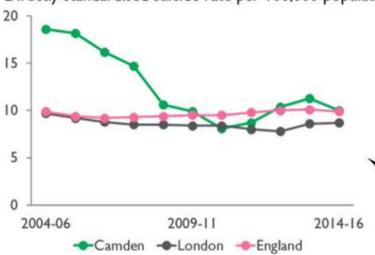




Working in partnership

#### Key demographics

Directly standardised suicide rate per 100,000 population, over 10 years 1



Suicide is relatively rare: in the 3 year period between 2014-16, there were 19 suicides per annum in Camden

There has been a

## 46% decrease

in the suicide rate
equating to 11 fewer
deaths per year from
suicide in Camden
residents, compared with
10 years earlier



**70%** of deaths were in **men** This is 5% lower than in London and England<sup>2</sup>



Men and women born in the Republic of replaced appear to be over-represented among local deaths 2



The highest rate of death nationally was in those aged

45-591\*

#### Risk factors<sup>3</sup>

#### Substance misuse

Misuse of alcohol and drugs are more frequent in patients who die by suicide



#### Isolation

Being a victim of bullying or having few close relationships increases risk of suicide





#### Self-harm

More patients who die by suicide have recently self-harmed



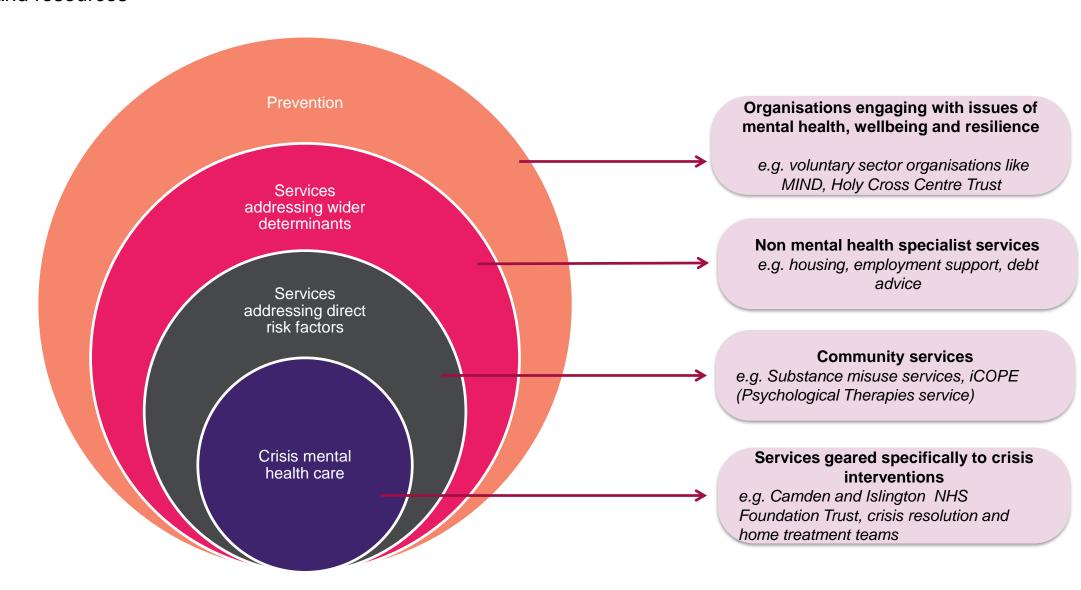
## **Economic** adversity

Increasing unemployment, debt and homelessness

<sup>\*</sup>These figures relate to data at a national level

## LOCAL SERVICES

An effective suicide prevention strategy needs to address risk and resilience across a broad range of services and resources



• Further information on this topic, and previous outputs and reports used to inform this fact sheet can be found at the following locations:

#### **REFERENCES**

#### Data source

- 1. Public Health England (2017) based on Office for National Statistics (ONS) data source
- 2. ONS local mortality dataset (2015)
- 3. University of Manchester, *Making Mental Health Care Safer: Key findings from NCISH Annual Report and 20 year Review* (2016) <a href="http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/Infographics\_2016.pdf">http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/Infographics\_2016.pdf</a>

#### Further reading

- HM Government. No Health Without Mental Health (2011) https://www.gov.uk/government/publications/the-mental-health-strategy-for-england
- HM Government. *Preventing suicide in England* (2012) https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/430720/Preventing-Suicide-.pdf
- HM Government. Suicide prevention: third annual report (2017). <a href="https://www.gov.uk/government/publications/suicide-prevention-third-annual-report">https://www.gov.uk/government/publications/suicide-prevention-third-annual-report</a>
- University of Manchester, Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) (2016) <a href="http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp\_report.pdf">http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp\_report.pdf</a>
- Samaritans. Suicide prevention report (2017) <a href="https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide\_statistics\_report\_2017\_Final.pdf">https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide\_statistics\_report\_2017\_Final.pdf</a>
- Samaritans <a href="https://www.samaritans.org/">https://www.samaritans.org/</a>

#### **About Camden's JSNA**

CamdenData brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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