

<b>TITLE OF REPORT: Hackney Suicide Prevention Report 2022</b>	
<b>HEALTH AND WELLBEING BOARD - 21<sup>st</sup> September 2023</b>	<b>CLASSIFICATION:</b>  <b>Open</b>
<b>WARD(S) AFFECTED</b>  All	
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## **Introduction**

Approximately 20 Hackney residents die by suicide per year. After a comparatively high 26 suicides in 2020, this fell to 16 in 2021. The rate of suicides in Hackney over the last three years has not been significantly different from the national or inner London rate. Also similar to the national picture, approximately three quarters of deaths were men, the majority took place in people’s own homes and the most common method was hanging. Mental illness, previous suicide attempts, substance misuse, prescription drugs, relationship issues, debt, housing concerns, bereavement, loneliness, physical illness and being a perpetrator of domestic violence all were identified as possible risk factors for those who died.

Suicide prevention in Hackney is coordinated by a Suicide Prevention Steering Group, which was established in 2018. The group agreed a strategy and action plan in 2019, which ends this year (2023). The group will be considering the content of this report, as well as wider data in suicide prevention to agree a refreshed set of actions going forwards.

## **Background**

Suicide is the act of intentionally taking ones own life. Common causes of suicidal feelings include mental or physical health problems, loneliness, housing or financial worries, trauma, discrimination and substance misuse, as well as significant life

events or changes. Suicide is preventable, not inevitable and many people who have attempted suicide go on to lead happy, healthy, fulfilling lives.

In total, 5,583 suicides were registered in 2021 in England and Wales, 6.9% higher than in 2020 (5,224 deaths), and equivalent to an age-standardised mortality rate (ASMR) of 10.7 deaths per 100,000 people. While this was statistically significantly higher than the 2020 ASMR (10.0 deaths per 100,000 people), it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018<sup>1</sup>.

Suicide is one of the highest causes of death for young adults and is the biggest cause of death in men under the age of 50, however, risk is also high in older adults<sup>2</sup>. Around three-quarters of suicides are males, however, nationally suicide rates among young females have been steadily increasing over several years. While year-on-year changes might not be statistically significant, comparison between 2015 and 2021 shows a statistically significant increase for those aged 10 to 44 years<sup>1</sup>.

In 10 out of the 11 previous years, London has had the lowest suicide rate of any region of England (6.6 deaths per 100,000), while the highest rate was in the North East with 14.1 deaths per 100,000 in 2021<sup>1</sup>.

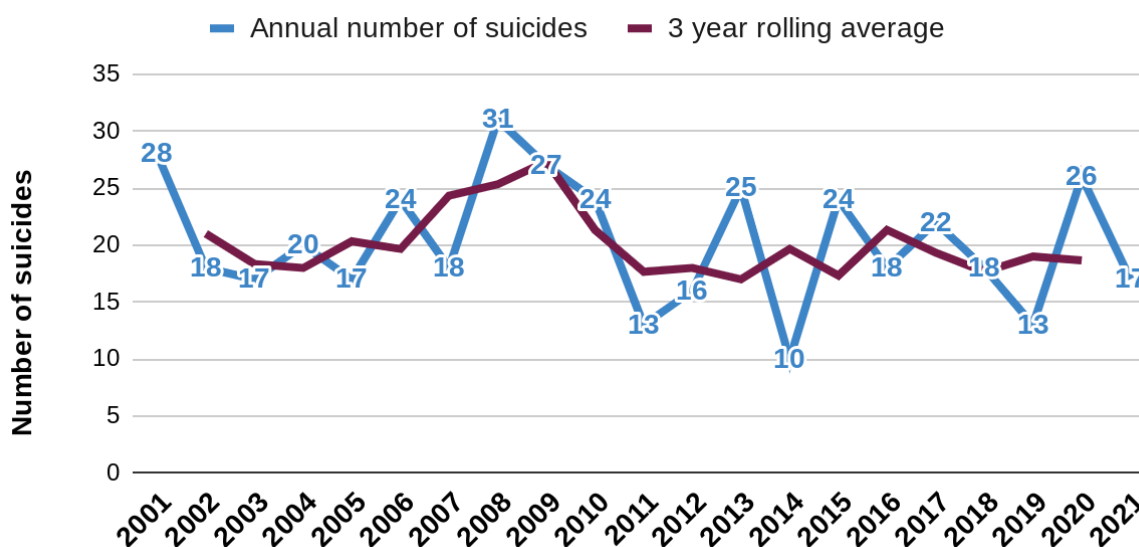
Many people are impacted by any one suicide, with one study estimating this is 135 on average<sup>3</sup>. People bereaved by suicide have an increased risk of issues such as mental health problems, substance misuse, unemployment and sadly suicide themselves. However, in some cases there can also be witnesses who are deeply affected by the event. Further to the emotional and social loss, each suicide is estimated to cost the economy £1.7 million<sup>4</sup>.

People living in the most disadvantaged communities face the highest risk of dying by suicide, with low income and unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contributing to high suicide rates<sup>5</sup>.

### Hackney

Over the last twenty years, on average 20 people per year were registered as having died by suicide in Hackney (based on coroners reports), with the most occurring in 2008, 2009 and 2020 at 31, 27 and 26 respectively. Given the small numbers involved, some annual variation is expected and a three year average provides a smoother illustration of the trend in the number of deaths (Figure 1). Using rolling three year aggregates of registered deaths per 100,000, no three-year period was significantly higher than any other<sup>6</sup>. Nevertheless, it is likely that the high numbers in 2008-2009 reflect a national increase at this time.

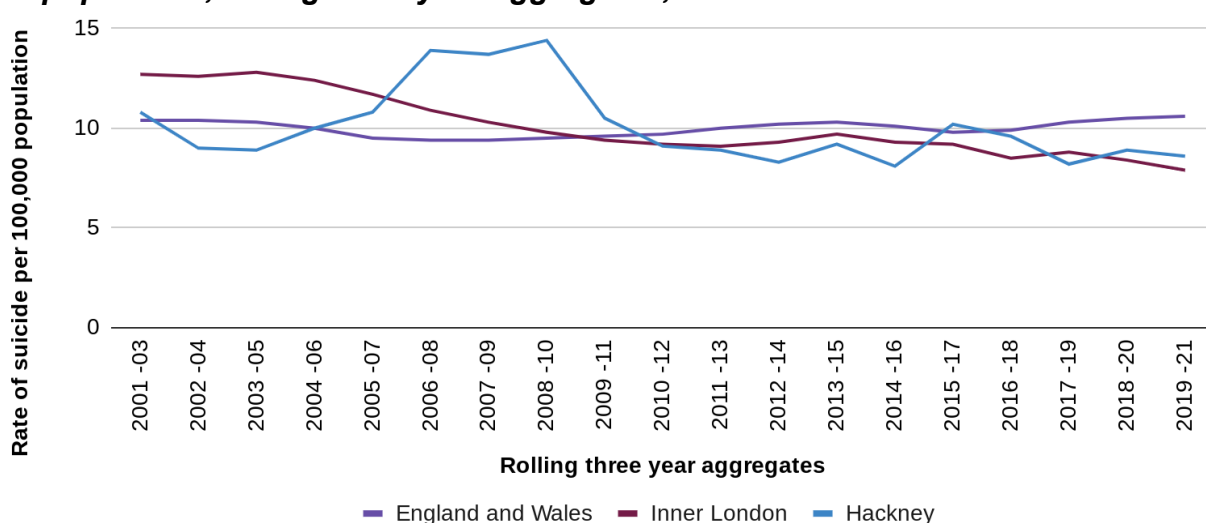
**Figure 1: Number of registered suicides per year in Hackney, 2001-2021**



Ref: Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

At an average rate of around 10 deaths by suicide per 100,000 population, the overall trend in Hackney for the last 20 years is similar to the national rate, though the variation is greater, at least partly due to the small numbers involved. Across inner London boroughs, the average rolling three year aggregate rate of registered deaths per 100,000 population has seen a steady decline from 12.7 to 7.9 deaths by suicide between 2001-2003 and 2019-2021 (Figure 2). The data available indicate that overall the rates in Hackney may also be slowly falling overall, especially if the spike in 2020 was an anomaly - perhaps due to the coronavirus crisis.

**Figure 2: Number of registered suicides (age-standardised) per 100,000 population, rolling three year aggregates, 2001-03 to 2019-21**



Ref: Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

If the high rate of cases in 2020 was indeed due to Covid, this differed from national trends, where the number of suicides actually reduced. Various reasons have been suggested for this reduction, including benefits from working from home, increased sense of community and reduced social pressures. Nevertheless, it is possible the early months of the crisis impacted Hackney residents more than average, with reasons perhaps including lack of indoor space, higher population density, fewer protective factors and higher than average risk of contracting the virus for many residents. Covid was known to be a factor for at least a couple of those who died by suicide in Hackney in 2020.

## **Suspected suicides by Hackney residents, 2020-2022**

In 2020 the Realtime Thrive London Suicide Surveillance database was launched, where data is uploaded by the Met Police for any death they believe to be a suicide within a few days. The upload is then automatically shared with local authorities, and some mental health services. They are ‘suspected’ suicides, as the causes of death have not yet been confirmed by a coroner. It is possible that a few deaths may be missed but early data appear to be similar to the ONS coroner confirmed deaths.

In 2022, 11 suspected deaths by suicide were recorded on the Thrive London database for Hackney residents. This is lower than the 16 in 2021 and 24 in 2020. However, it is understood that in the latter half of 2022 there were some issues with inputting the data, so it is likely at least a few more suicides occurred in 2022.

In 2022, between zero and two suspected suicides were recorded on the database most months, which is similar to previous years, with a few exceptions, most notably Spring 2020, where 12 occurred between April and June. This spike coincided with the initial peak of the coronavirus crisis, which, as mentioned, was not a national trend. The deaths were reviewed by ELFT, Public Health and Public Health England and it was concluded that these were not a linked cluster.

Of the 51 total deaths between 2020 and 2022, 73% (37) were male, similar to the national average. The ages of people who died by suspected suicided between 2020 and 2022 fall into all adult ten-year age categories. Numbers are too small to interpret any trends in age from the available data.

The majority of the 51 suicides by Hackney residents since 2020 have occurred within Hackney (92%) and were spread across the borough, with no specific areas identified as being high risk. Most took place in people’s own homes (81% where recorded) and hanging was the most common method (48%). Falls from height (18%) and an overdose of prescription drugs (10%) were the next most common methods used (Table 1).

**Table 1: Borough, location and method of suspected suicide, 2020-2022.**

<b>Borough of death</b>	<b>Number</b>	<b>Method</b>	<b>Number</b>
Hackney	47	Hanging	24
		Fall from height	9
		Overdose - prescription	5
<b>Location of death</b>	<b>Number</b>		

Home address	29	Other*	13
Not recorded/unknown	15		
Other*	7		

Ref: Thrive London, Suicide Surveillance Database

\*Further breakdown cannot be provided due to small numbers

Of the Hackney residents suspected to have died by suicide between 2020 and 2022, 63% were of White - North European ethnicity, 18% Black and 16% White - South European. In total, residents from White population groups made up 79% of the suicides, a much higher proportion than the 53% of White residents in the local population (Figure 7). Nationally the highest suicide rates are also among White, as well as Mixed ethnicity, groups<sup>1</sup>. Unfortunately further breakdown of the current very broad ethnicity categories would be needed in order to make useful recommendations but this is not available at present.

Of the 27 suspected deaths by suicide where a marital status was recorded, 88% of those who died were single or widowed. However, these data are only recorded for 53% deaths and do not show how many of these people were in relationships but not married. Given loneliness, relationships and social pressures are known to be a risk factor for suicide, it is possible the high rate of suicide in single people is related to loneliness or social pressures around marriage.

Of the 33 (65%) suspected suicides where the data field for mental health conditions was completed, 58% of the people who died had mental health conditions. However, in 35% of cases this field was not filled in and completion may have been more likely when a condition was present. On the other hand, some people may have had mental illness but not had this officially diagnosed, may not have confided in others or may not have been aware themselves.

Additional risk factor data were recorded based on a review of the written paragraph summaries for each case. These data should be interpreted with caution as the level and type of detail varies greatly across the different cases. There will also always be some bias in what the reviewer chose to include and what information was available to them. Unsurprisingly, mental health was the most common factor cited, followed by substance misuse, previous attempts, family or relationship issues and prescription drugs.

## Transport for London Suicide Prevention Data

No completed suicides were recorded on the TFL transport network in Hackney in 2022. Probably at least partly due to having fewer big stations, Hackney has relatively few suicides and attempts on its rail network compared to many other London boroughs.

The most common day for crisis interventions was Wednesday, January was the most common month and between 13:00 and 22:00 was the most likely time. People in their 20s and 40s were the most likely to receive a crisis intervention and 51% of interventions were for women, much higher than the ~25% national and

<sup>1</sup>Samaritans, Ethnicity and suicide,

<https://www.samaritans.org/about-samaritans/research-policy/ethnicity-and-suicide/>

local suicide completion rate for women.

## **Steering group meetings and action plan**

In 2018 a Hackney Suicide Prevention group was established which agreed a strategy and action plan for 2019-23. Members of the group include Public Health, the NHS Integrated Care Board, East London Foundation Trust, Adults and Children's representatives, the police, housing, and relevant voluntary and community sector organisations. Stakeholder engagement was undertaken to inform the current action plan, which was signed off by the steering group towards the end of 2019.

Actions undertaken in 2022 included, improving support for people in crisis, agreeing a response framework for a high profile suicides, producing and promoting bereavement resources, ensuring suicide prevention is included in planning and design, working with schools to build awareness of suicide prevention, work to reduce risk from prescription drugs, promotion of mental health and suicide prevention training for resident-facing staff, as well as including it in existing training delivery, such as safeguarding training.

One of the successes of the steering group has also been to provide a forum for information sharing and networking for members, as well as guests, on subjects relevant to suicided prevention and this is something the group will be building on going forward.

Going forwards it has been agreed to have a short action plan, with a few actions that are very specifically about suicide prevention (as opposed to mental health for example, which will be picked up by the MH action plan) and involve multiple stakeholders. Each action will be taken forward by sub-groups formed of key stakeholders. Actions undertaken by individual organisations should continue to take place and regular progress updates and information should be provided to the steering group.

The confirmed action areas are:

- Suicide prevention awareness raising
- Suicide prevention for schools
- Developing a process for reviewing, responding to and learning from suicides
- Review pathway for individuals identified as being at the highest risk of suicide
- Ensure the voice of people with lived experience is an integral part of suicide prevention work

Other regular updates on other relevant work include:

- ELFT crisis work
- Work to reduce suicides in secondary care
- Substance misuse and mental health
- Transitions work for young people
- NEL SP work

- Improving MH systems and pathways
- Prescription painkillers

## References

1. Office for National Statistics, 2022, *Suicides in England and Wales 2021 registrations*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations#:~:text=In%202021%2C%20the%20suicide%20ASMR,rates%20between%202018%20and%202020>
2. Office for National Statistics, 2020, *Leading causes of death, UK: 2001 to 2018*, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018>
3. Cerel et al, 2018, *How Many People Are Exposed to Suicide? Not Six*
4. Knapp M, McDaid D, Parsonage M (editors) (in press) *Mental health promotion and mental illness prevention: The economic case*. PSSRU, London School of Economics and Political Science
5. Samaritans, 2017, *Inequality and suicide*, [https://media.samaritans.org/documents/Samaritans\\_Dying\\_from\\_inequality\\_report\\_-\\_summary.pdf](https://media.samaritans.org/documents/Samaritans_Dying_from_inequality_report_-_summary.pdf)
6. Thrive London, Suicide Surveillance Database
7. Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

## BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

None

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