### Appendix 2

#### Suicide deaths in Manchester 1997-2017

19<sup>th</sup> August 2019

# **Summary**

- Suicide rates in the general population in Manchester appear to have fallen between 1997 and 2017 (Table 1 and Figure 1). Recent figures show they are similar to the England average and are now below the average for the North West (Figure 2).
- The proportion of people in contact with services before suicide has varied over this time period, but the average proportion in contact is similar to national figures.
- From 2006 to 2009 rates in both the general and clinical populations rose. It is possible that the general population increase was associated with socioeconomic factors. The increase in the patient figures is more difficult to interpret. It could simply reflect underlying trends but could also indicate better engagement of at risk individuals by services.
- Since 2009 rates of suicide have been falling, although there was a spike in 2014.
- The characteristics of Manchester residents who died by suicide are somewhat different to the characteristics of those who die by suicide in England as a whole. For example, Manchester residents have higher rates of death by self-poisoning; they are more often on long-term sick leave or from a Black, Asian and minority ethnic group; and they are more likely to have a history of drug misuse and alcohol misuse. This is probably a reflection of differences in the socio-demographic characteristics of the underlying population as well as possible specific risk factors for suicide.
- All data are based on individuals with postcodes in the City of Manchester.
- Because the numbers are relatively small, trends will inevitably be influenced by random fluctuations.

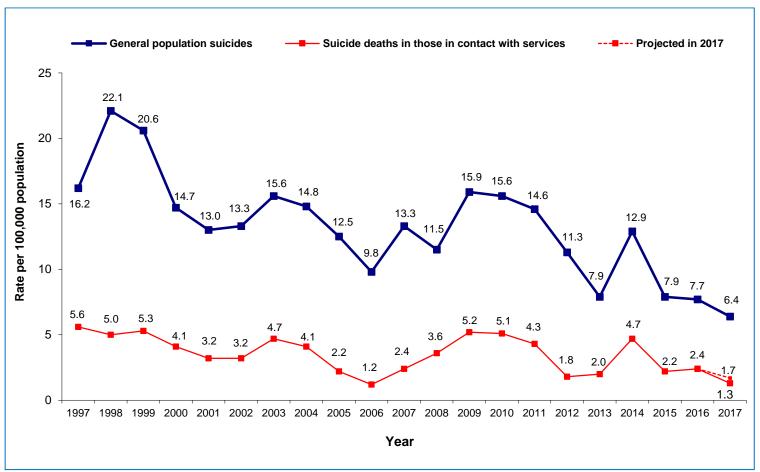
Table 1: Suicide deaths in Manchester (1997-2017)

	General population suicides N=1,117	Contact within 12 months <sup>A</sup> N=299	Manchester % in contact <sup>B</sup>	England % in contact <sup>B</sup>	
	N	N N	(27% average)	(27% average)	
1997	58	20	34%	24%	
1998	79	18	23%	24%	
1999	74	19	26%	25%	
2000	54	15	28%	26%	
2001	48	12	25%	27%	
2002	50	12	24%	27%	
2003	60	18	30%	27%	
2004	58	16	28%	28%	
2005	50	9	18%	29%	
2006	40	5	13%	27%	
2007	55	10	18%	27%	
2008	48	15	31%	26%	
2009	67	22	33%	27%	
2010	67	22	33%	29%	
2011	64	19	30%	30%	

2012	50	8	16%	28%
2013	35	9	26%	28%
2014	58	21	36%	27%
2015	36	10	28%	26%
2016	36	11	31%	25%
2017	30	8	27%	29%

A Individuals who died by suicide within 12 months of mental health service contact (projected figure in 2017); B '% in contact' refers to the proportion of general population suicide deaths which occurred in individuals within 12 months of mental health service contact.

Figure 1: Rates of suicide per 100,000 population in Manchester (1997-2017)



Note: There was a statistically significant fall between 1997-2017 in the general population and patient suicide rate

Figure 2: Age standardised suicide rates in the North West (average rate 2016-18, based on year of registration)

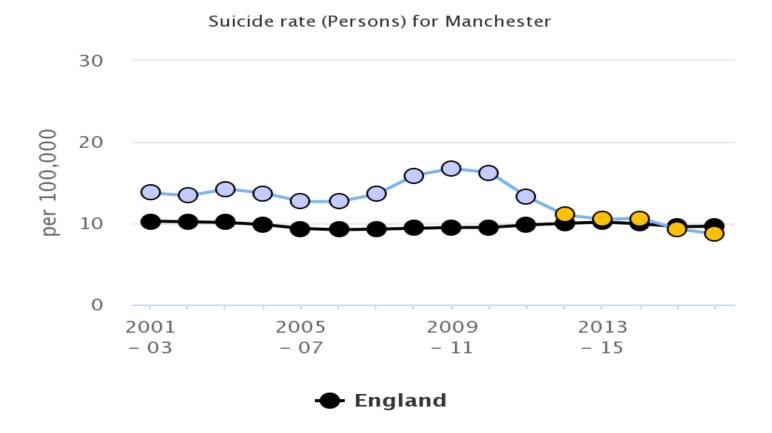
Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	_	14,047	9.6	Н	9.5	9.8
North West PHE centre	_	-	-		-	-
St. Helens	_	75	16.1	-	12.6	20.2
Blackpool	_	51	13.7		10.2	18.1
Cumbria	-	165	12.4	<b>—</b>	10.5	14.3
Wigan	_	106	12.3	<b>—</b>	9.9	14.0
Lancashire	_	371	11.8	<b>—</b>	10.6	13.1
Bolton	_	87	11.7	<u> </u>	9.3	14.4
Tameside	_	68	11.6	<u> </u>	9.0	14.
Sefton	-	82	11.5	<u> </u>	9.1	14.3
Knowsley	_	44	11.5	<u> </u>	8.3	15.4
Halton	_	38	11.4	<del></del>	8.1	15.
Rochdale	_	59	10.9	<u> </u>	8.3	14.1
Salford	_	70	10.7	<u> </u>	8.3	13.
Blackburn with Darwen	-	37	9.8	<u> </u>	6.9	13.6
Wirral	_	83	9.7	<del></del>	7.7	12.0
Liverpool	_	122	9.5	<del></del>	7.8	11.3
Bury	_	45	9.3	<u> </u>	6.8	12.4
Cheshire East	_	86	8.8	<del></del>	7.1	10.9
Stockport	_	67	8.8	<del></del>	6.8	11.3
Manchester	-	113	8.7	<del></del>	7.0	10.4
Cheshire West and Chester	-	78	8.7	<del></del>	6.8	10.8
Oldham	-	48	8.4	<u> </u>	6.2	11.1
Warrington	-	41	7.2	<del></del>	5.2	9.8
Trafford	_	41	6.8		4.9	9.3

Source: Public Health England (based on ONS source data) https://fingertips.phe.org.uk

#### key

light blue – significantly higher than England Yellow – similar to England Dark blue – significantly lower than England

Figure 3: Public Health England suicide rates in Manchester (2001-2018)



# Recent trend:

Dorind	Manchester				North Most resilin	Fig. sile is al
Period	Count	Value	Lower CI	Upper CI	North West region	England
2001 - 03	146	13.7	11.5	16.3	11.2	10.3
2002 - 04	141	13.4	11.2	15.9	10.7	10.2
2003 - 05	155	14.2	11.9	16.8	10.9	10.1
2004 - 06	151	13.7	11.5	16.2	10.8	9.8
2005 - 07	144	12.7	10.5	15.1	10.7	9.4
2006 - 08	137	12.7	10.5	15.1	10.3	9.2
2007 - 09	153	13.6	11.4	16.1	10.7	9.3
2008 - 10	179	15.9	13.5	18.6	10.5	9.4
2009 - 11	191	16.7	14.3	19.5	10.8	9.5
2010 - 12	185	16.2	13.8	18.9	10.8	9.5
2011 - 13	156	13.2	11.1	15.6	11.3	9.8
2012 - 14	138	11.0	9.1	13.2	11.5	10.0
2013 - 15	130	10.5	8.6	12.6	11.3	10.1
2014 - 16	131	10.6	8.7	12.8	11.0	9.9
2015 - 17	113	9.3	7.5	11.3	10.4	9.6
2016 - 18	113	8.7	7.0	10.4	10.4	9.6

Source: Public Health England (based on ONS source data) <a href="https://fingertips.phe.org.uk">https://fingertips.phe.org.uk</a>

Table 2: General population suicide deaths in Manchester (1997-2017)

	Manchester suicide deaths N=1,117		Remaining England suicide sample N=96,429	
	N	%	N	%
Age and sex				
Age: median (range)	41 (13-96)		45 (10-104) **	
Male	855 <sup>°</sup>	77%	72,635	75%
Method				
Hanging	464	42%	42,480	44%
Self-poisoning	341	31%	21,391	22% **
Jumping /multiple injuries	103	9%	9,753	10%
Gas inhalation	43	4%	5,501	6% *
Drowning	41	4%	4,560	5%
Other <sup>†</sup>	118	11%	12,007	13%
Unknown/unascertainable	7	1%	707	1%

<sup>\*\*</sup> p<0.001 \* p<0.05 †includes firearms, suffocation, electrocution, burning, cutting & other specified

Table 3: Suicide in patients in contact with mental health services in the 12 months before death (1997-2017)

suicio	de deaths	Remaining England patient suicide sample N=25,577			
N	valid %	N	valid %		
41 (15	5-95)	45 (10-1	00) **		
216	73%	16,891	66% *		
232	82%	17,529	70% **		
144	51%	11,209	46%		
141	50%	10,509	43% *		
68	24%	3,592	15% **		
39	14%	1,867	7% **		
400	050/	40.004	440/ *		
		,	41% *		
		,	26% **		
		,	15%		
44	15%	4,702	18%		
22	7%	2,711	11%		
41	15%	4,482	20%		
15	7%	2,559	13% *		
71	28%	5,749	26%		
51	20%	3,429	15%*		
70	270/	4 442	100/ **		
		,	18% **		
108	31%	11,313	45% *		
	\$uicio N=29 N  41 (15 216 232 144 141 68 39  102 114 35 44  22 41 15 71	41 (15-95) 216 73% 232 82% 144 51% 141 50% 68 24% 39 14%  102 35% 114 39% 35 12% 44 15%  22 7% 41 15% 15 7% 71 28% 51 20%	suicide deaths       patient s         N=297       N=25,57         N       valid %         41 (15-95)       45 (10-1         216 73%       16,891         232 82%       17,529         144 51%       11,209         141 50%       10,509         68 24%       3,592         39 14%       1,867         102 35%       10,384         114 39%       6,509         35 12%       3,874         44 15%       4,702         22 7%       2,711         41 15%       4,482         15 7%       2,559         71 28%       5,749         51 20%       3,429          79 27%       4,443		

Alcohol dependence Drug dependence Personality disorder Other primary diagnosis‡ Any secondary diagnosis	36 24 17 29 168	12% 8% 6% 10% 57%	1,983 1,048 2,370 3,521 13,145	8% * 4% * 9% * 14% * 52%
Duration of mental illness (under 12 months)	41	14%	5,142	21% *
Behavioural features				
History of self-harm	204	73%	16,474	66% *
History of alcohol misuse	164	59%	10,846	44% **
History of drug misuse	129	46%	7,869	32% **
History of violence	72	27%	5,111	21% *
Contact with services				
Last contact within 7 days of death	120	41%	12,344	49% *
Estimate of immediate risk: low or none	202	83%	19,816	85%
Estimate of long-term risk: low or none	107	51%	12,185	59% *

<sup>\*\*</sup> p<0.001 \* p<0.05; †includes gas inhalation, drowning, firearms, cutting, suffocation, burning, electrocution & other specified; †includes anxiety disorders, eating disorders, adjustment disorders, dementia, organic disorder, conduct disorders, learning