MANCHESTER 1824
The University of Manchester

National Confidential Inquiry

into Suicide and Safety in Mental Health

EXECUTIVE SUMMARY

ANNUAL REPORT 2023:
England, Northern Ireland, Scotland and Wales

UK patient and general population data 2010-2020

HQIP
Healthcare Quality Improvement Partnership

ACKNOWLEDGEMENTS

NCISH is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes. The Clinical Outcome Review Programmes, which encompass confidential enquiries, are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers, and policy makers to learn from adverse events and other relevant data. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.

More detailed information can be found at:
www.hqip.org.uk/national-programmes

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We would like to thank mental health staff and experts by experience for their invaluable contributions to our suicide prevention work.

We are aware that the content of this report, which includes some detail of methods of death, may be distressing for some readers.

EXECUTIVE SUMMARY

The 2023 annual report from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. Additional findings are presented on the number of people under mental health care who have been convicted of homicide, and those in the general population.

The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 25 years. The current suicide database stands at over 159,000 deaths by suicide in the general population, including over 39,500 patients. This internationally leading database allows NCISH to make recommendations for clinical practice and policy that will improve safety locally, nationally and internationally.

Within this report, the main findings are presented for the UK as a whole for the baseline year of 2010 and the subsequent 10 years, including the most recent year (2020) for which comprehensive data are available.

We have not received 2019-2020 patient questionnaire data from Northern Ireland but findings will be presented in future reports. Therefore, we present data on patient suicide deaths in Northern Ireland for the period 2010-2018 in the country specific and UK-wide sections of the report. However, we have information on the total number and age and sex of patients in Northern Ireland in 2019-2020 and these are included in the overall UK figures.

Data for individual UK countries are provided in the additional online information files, and key messages are also provided as an easy read report, an infographic, and an animated video. We have not received data identifying homicides by patients in 2020 due to renewal of data-sharing agreements, therefore we present homicide patient data for the period 2010-2019.

In the report we also present data on certain themed topics, some of which are included because of current economic and societal concerns, including patients with economic adversity, those aged under 25, and suicide-related internet use.

KEY FINDINGS

General population suicide numbers and rates

- There were 68,357 suicides in the general population in the UK between 2010 and 2020, an average of 6,214 deaths per year. The rate of suicide decreased by 6% in the UK in 2020, the first year of the COVID-19 pandemic, compared to 2019, and the decrease was particularly seen in men.

- Suicide rates increased in 2018-19 compared to 2017 in all countries except Wales. All UK countries showed a fall in rates in 2020. Since 2014 rates have been lower in Northern Ireland due to a change in the coding of drug-related deaths.

- There has been a change in the pattern of suicide method in recent years, including a rise in deaths by hanging/strangulation in all groups.

Patient suicide numbers and rates

- Over 2010-2020, there were 18,403 suicide deaths in the UK by patients (i.e. people in contact with mental health services within 12 months of suicide), an average of 1,673 deaths per year, 27% of all general population suicides.

- In 2018-19, the number of patients who died by suicide rose in England and there was a small increase in Scotland but in 2020, the first year of the pandemic, the number did not increase. The overall increase in England over the report period was not reflected in the rate of suicide among patients under mental health care, i.e. taking into account the total number of people under mental health care, where there has been little change.

- The number of deaths by hanging/strangulation rose steeply in 2018-20, especially in female patients and in patients aged under 25. The number of deaths by self-poisoning also increased in 2018-20. The main substances taken in fatal overdose were opiates/opioids and the source (where known) was most often by prescription.

Clinical and social characteristics

- The majority of patients who died had a history of self-harm (64%) and there were high proportions of those with alcohol (48%) and drug (37%) misuse, and comorbidity, i.e. more than one mental health diagnosis (53%). Nearly half (48%) of all patients lived alone. In 5% of cases overall, the patients were recent migrants, i.e. seeking permission to stay in the UK or resident in the UK for less than 5 years.

- In 13%, the contact with mental health services was a one-off contact. Around a third (32%) of these patients were employed and a fifth (20%) had a diagnosis of alcohol or drug dependence/misuse.

Clinical care

- Over 2010-2020, there were 5,103 (28%) patients who died by suicide in acute care settings, including in-patients (6%), post-discharge care (14%) and crisis resolution/home treatment (13%), an average of 464 deaths per year. The most common non-acute settings were community mental health services (14%), alcohol or drug services (13%), and older people's mental health services (8%).

- There were an estimated 70 suicides by mental health in-patients in the UK (excluding Northern Ireland) in 2020, around 4% of all patient suicides, continuing a fall since 2015. However, the fall in the number of in-patient suicides seems to have slowed in recent years. Over a third (37%) died on the ward, 50% were off the ward on agreed leave, and 13% had left the ward without staff agreement or left with agreement but failed to return. Patients who died on the ward were more likely to die within the first week of admission than other in-patients who died during a mental health admission. Most died by hanging/strangulation using low-lying ligature points.

- There were an estimated 186 deaths by suicide in the 3 months after discharge from mental health in-patient care in the UK (excluding Northern Ireland) in 2020, 11% of all patient suicides. This was the same figure as the previous year. The highest risk was in the first 1-2 weeks after discharge, with the highest number of deaths occurring on day 3 post-discharge (taking day 1 as the day of discharge).

- There were an estimated 347 deaths by patients who missed their last contact with services (excluding Northern Ireland) in 2020, 23% of all patient suicides. The number fell in 2014 but has not changed in recent years. These patients had higher rates of conventional risk factors for suicide including unemployment, living alone, previous self-harm, and alcohol and/or drug misuse than those who maintained service contact. Services had made contact with the patient's family in only 25% of those who had missed their final contact.

Suicide by patients with economic adversity

- Complete data on economic adversity were available from 2016. In 2016-20, there were 373 deaths per year in patients who had experienced recent (within 3 months) economic adversity, namely serious financial problems or loss of job, benefits or housing, 27% of all patient suicides. The number increased over this 5-year period.

- Patients who were not previously unemployed but who had experienced recent serious financial stress were characterised by divorce (33%), depression (39%) and recent (<12 months) illness onset (35%).

- Patients who were previously unemployed who had in addition experienced recent serious financial stress also had higher rates of key clinical risk factors, namely recent alcohol misuse (47%), drug misuse (41%) and self-harm (41%).

Suicide by patients aged under 25 years

- We are presenting data on suicide by people aged under 25 in the general population and those in contact with mental health services. There were 7,220 suicides in the general population by people aged under 25 (10-24 years) in 2010-20, an average of 656 deaths per year. 1,145 were aged under 18 years, an average of 104 per year. The number of suicides in people aged under 25 increased in 2017, mainly driven by an increase in females aged under 18, and by a rise in deaths by hanging/strangulation.

- There were 1,619 suicides by patients aged under 25, an average of 147 deaths per year; 235 were aged under 18, an average of 21 per year. This represents around 20% of general population suicides in these young age groups, a lower proportion than in older groups (27%). The number of patients aged under 25 increased from 2015, particularly in females aged 18-24.

- Patients aged under 18 were more often female than those aged 18-24. The majority lived with their family and over a third were known to have experienced emotional, sexual and/or physical abuse. They had higher rates of anxiety and autism and most (76%) had a history of self-harm. Suicide-related internet use was more common (24% v. 15% of 18-24 year olds); 13% had experienced cyberbullying.

- Patients aged 18-24 had more clinical factors that are associated with suicide in adult patients than those aged under 18, i.e. a diagnosis of personality disorder (20% v. 3% of those aged under 18), schizophrenia and other delusional disorders (17% v. 4%), alcohol (49% v. 30%) and drug (56% v. 36%) misuse. More had a comorbid (i.e. additional) mental health diagnosis (56% v. 49%) and had missed their last service contact (29% v. 22%). 40% had a known history of childhood abuse.

Suicide by patients given a diagnosis of personality disorder

- There were 174 deaths per year in patients given a diagnosis of personality disorder (PD), including antisocial and emotionally unstable/borderline PD, 11% of all patient suicides. The number increased between 2010 and 2019 and we estimate a continuing rise in 2020. The majority (57%) were female, an average of 99 per year.

- Women given a diagnosis of PD were younger and more were living alone, unemployed and homeless. Many had experienced childhood abuse (71%) and domestic violence (41%). 10% identified as LGBT. The majority had a history of self-harm (97%) and alcohol and/or drug misuse (65%). More had missed their last appointment with services (28%).

- Male patients given a diagnosis of PD showed similar features to female patients with a diagnosis of PD, particularly in the high proportions with previous childhood abuse (59%), self-harm (89%), and alcohol and/or drug misuse (78%). Nearly half (47%) had a history of violence.

Suicide by patients who identified as lesbian, gay, bisexual or trans

- In 2016-20, there were 223 deaths by patients who identified as lesbian, gay or bisexual (LGB), an average of 45 per year; 4% of all patient suicides. These figures are likely to be underestimates.

- A high proportion of LGB patients had experienced childhood abuse (55%) and they were more likely to have experienced domestic violence (18%). They were younger than other patients (18% were aged under 25) and 26% had been given a diagnosis of personality disorder and 69% had a history of self-harm.

- There were 37 patients within a trans group, 7 per year, 1% of all patient suicides. We are using "trans" as an umbrella term to include transgender, transsexual, or non-binary but we acknowledge that the terms people use to describe their own identity can be dynamic and we will be monitoring this in future reports.

- Trans patients were younger than other patients (35% were aged under 25). Over half (56%) lived alone. The majority (57%) had experienced childhood abuse, including emotional (46%), sexual (35%) and physical (31%) abuse.

- The most common diagnosis seen in this group was personality disorder (47%). 83% had a history of self-harm. Risk was less likely to be viewed by clinicians as low or not present in trans patients.

Suicide-related internet use

- Between 2011 and 2020, there were 73 deaths per year in patients with evidence of suicide-related internet use, 8% of all patient suicides. This included obtaining information on suicide method, visiting pro-suicide websites, and communicating suicidal intent online. The number has generally been increasing since 2011 though figures for 2019-20 suggest a recent fall.

- Patients with evidence of suicide-related internet use were more likely to be employed (30%); half (52%) were single and 43% lived alone. They were most often aged 25-44 (42%) or aged 45-64 (33%); 18% were aged under 25. Those aged under 25 were more likely to communicate suicidal ideas online than older patients (11% v. 2%).

- The most common diagnoses were depressive illness (37%) and personality disorder (16%). 5% had a diagnosis of autism. Of those who had evidence of suicide-related internet use and who died by self-poisoning, the substance used was more often tranquillisers that are rarely prescribed and may have been bought online.

CLINICAL MESSAGES

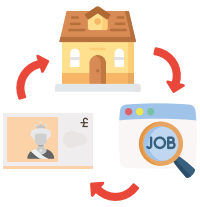
1. Clinical care

Patient suicide numbers and rates in the UK are relatively stable. To bring these figures down in the face of sustained and growing pressures, clinicians should focus on common factors associated with suicide including living alone, self-harm and comorbid alcohol and drug misuse. Loss of contact is still common before suicide and services should actively re-establish care in this situation, involving family members where possible.

2. Acute care

In-patient admission and recent discharge from hospital continue to be periods of high risk. Services should improve patient safety at these times by (1) removal of low-lying ligature points and (2) ensuring pre-discharge leave and discharge planning address adverse circumstances the patient may be returning to. These recommendations form part of our "10 ways to improve safety". Our previous work has also highlighted the need to improve the in-patient experience and enhance the therapeutic relationship to reduce risk.

3. Economic adversity



We are entering a period of rising cost of living when patients are likely to be at additional risk. Our data show both the importance of long-standing socio-economic factors and, additionally, the potential impact of recent financial stress. Frontline staff should be aware of the risks of new problems of loss of job, benefits, housing, etc and should have the information to signpost patients to sources of financial support and advice, such as Mental Health & Money Advice UK.

4. Patients aged under 25 years

The increase in suicide among young people in the general population is also reflected in the patient population. Patients under 18 and those aged 18-24 show different characteristics and risks relevant to prevention. For the under 18s, the role of family and educational settings, and the management of anxiety and autism, are especially important. In the older group, prevention should stress the treatment of severe mental illness and co-morbid substance misuse. Self-harm services are crucial to both groups.

5. Patients given a diagnosis of personality disorder

Suicides in this group appear to be increasing, particularly among women. Addressing these patients' needs is an essential component of prevention by services. Historically they have been excluded from services and better models of safe and compassionate care are now needed.

6. Patients who identify as LGB or Trans

Clinicians should be aware of the prejudice that patients in LGB and trans groups may have experienced and other factors that may add to suicide risk. They should ensure these are reflected in engagement, assessments and care plans. Many have a history of abuse and psychological therapies addressing previous trauma should be offered.

7. Suicide-related internet use

Clinicians should be aware that suicide-related internet use is a feature of suicide by mental health patients of all ages. It takes a number of forms, including information promoting suicide methods. Enquiry about exposure to internet risks should be a routine part of risk assessment.

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