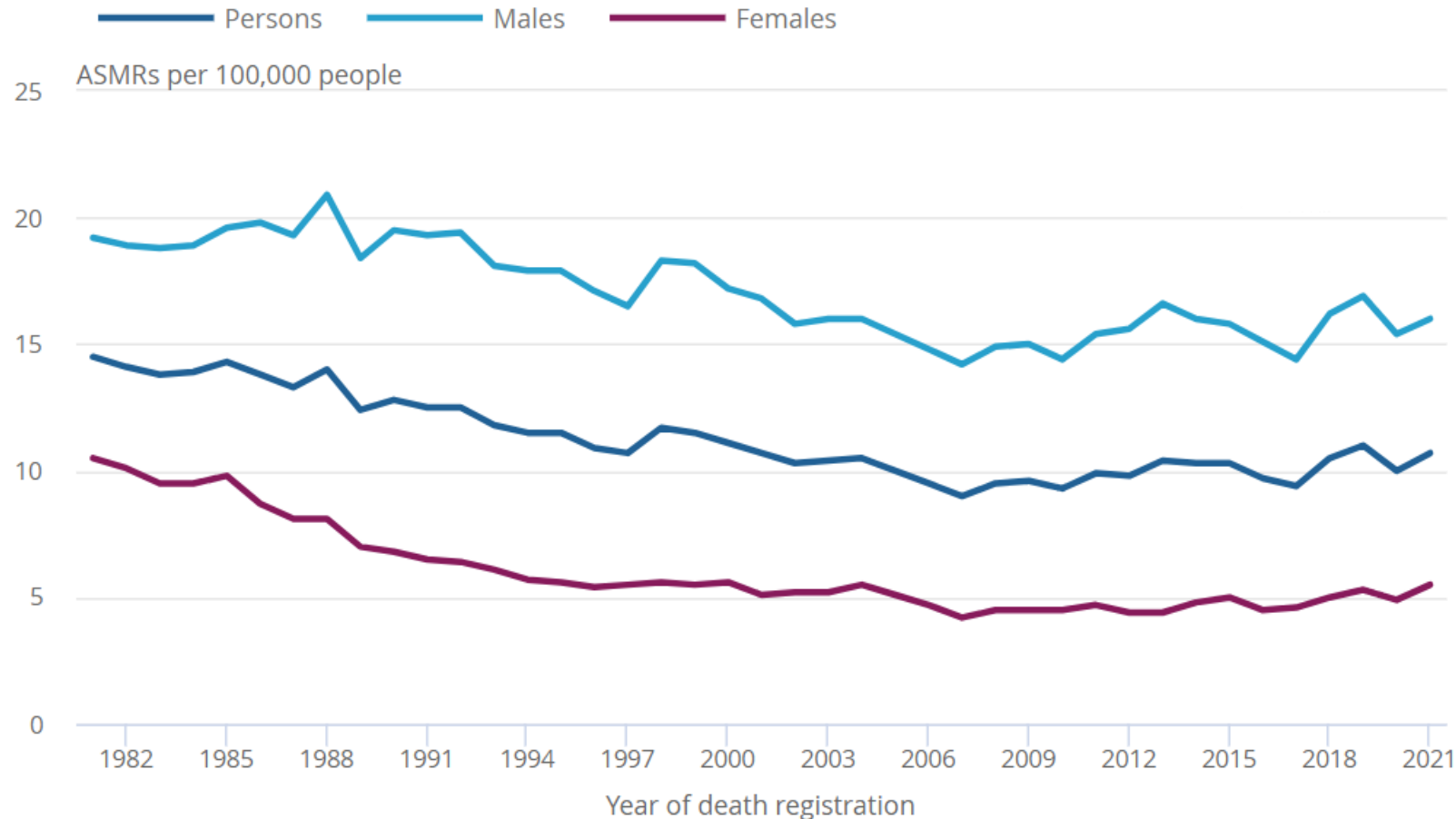


Updating England's suicide prevention strategy

Cardiff, 2 March 2023

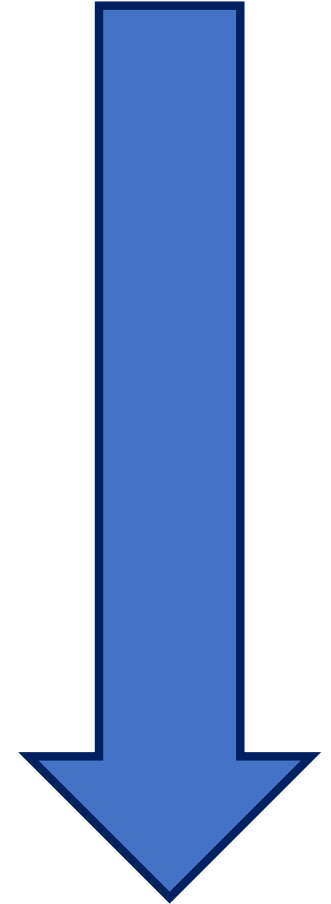
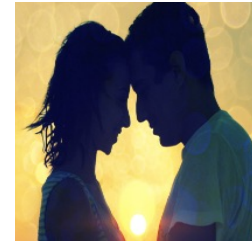
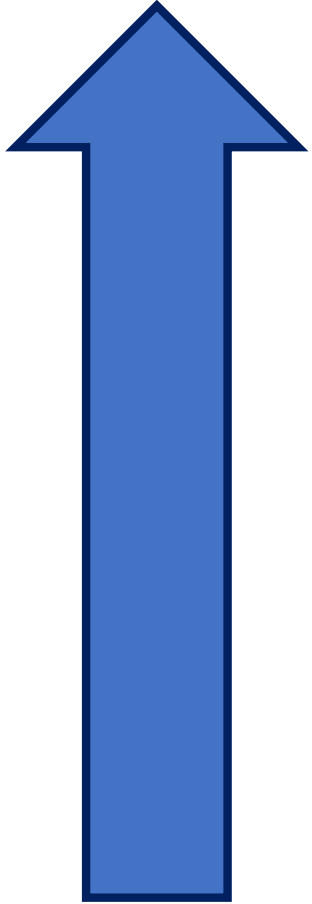
Professor Louis Appleby

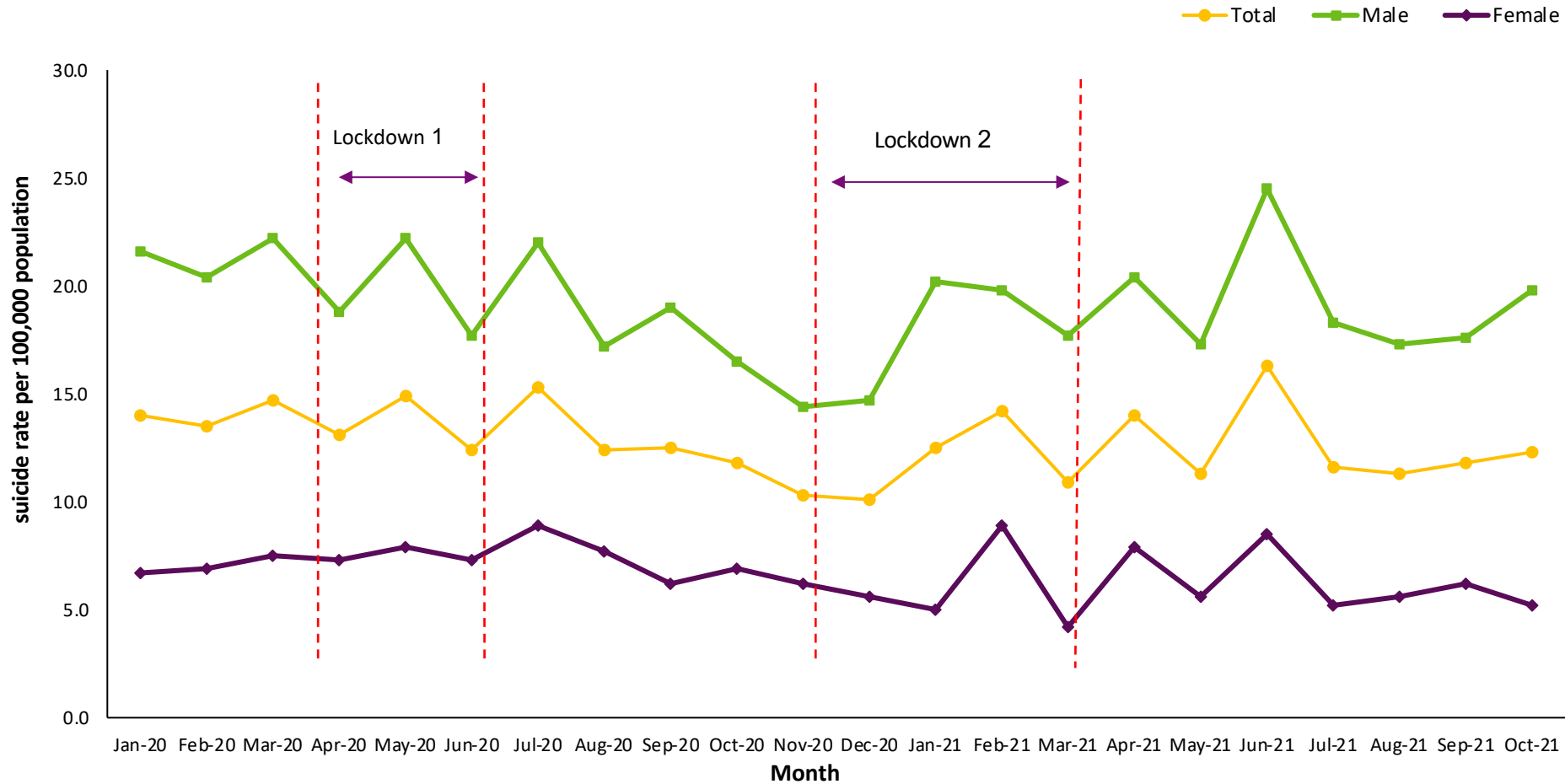
Age-standardised suicide rates by sex, England and Wales, registered



- **Suicide rates higher since lower standard of proof**
- **Fell in early pandemic**
- **2021 similar to pre-pandemic years 2018/2019**

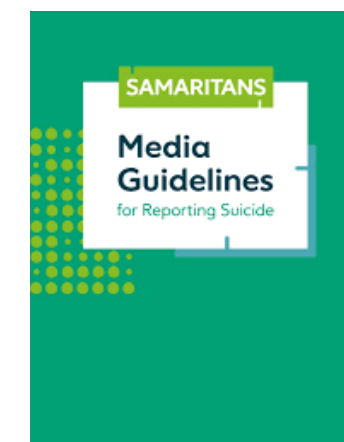
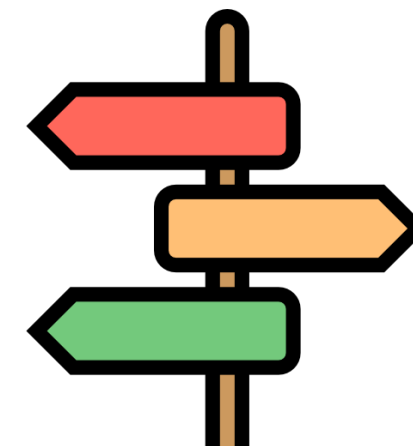
What affects suicide risk?



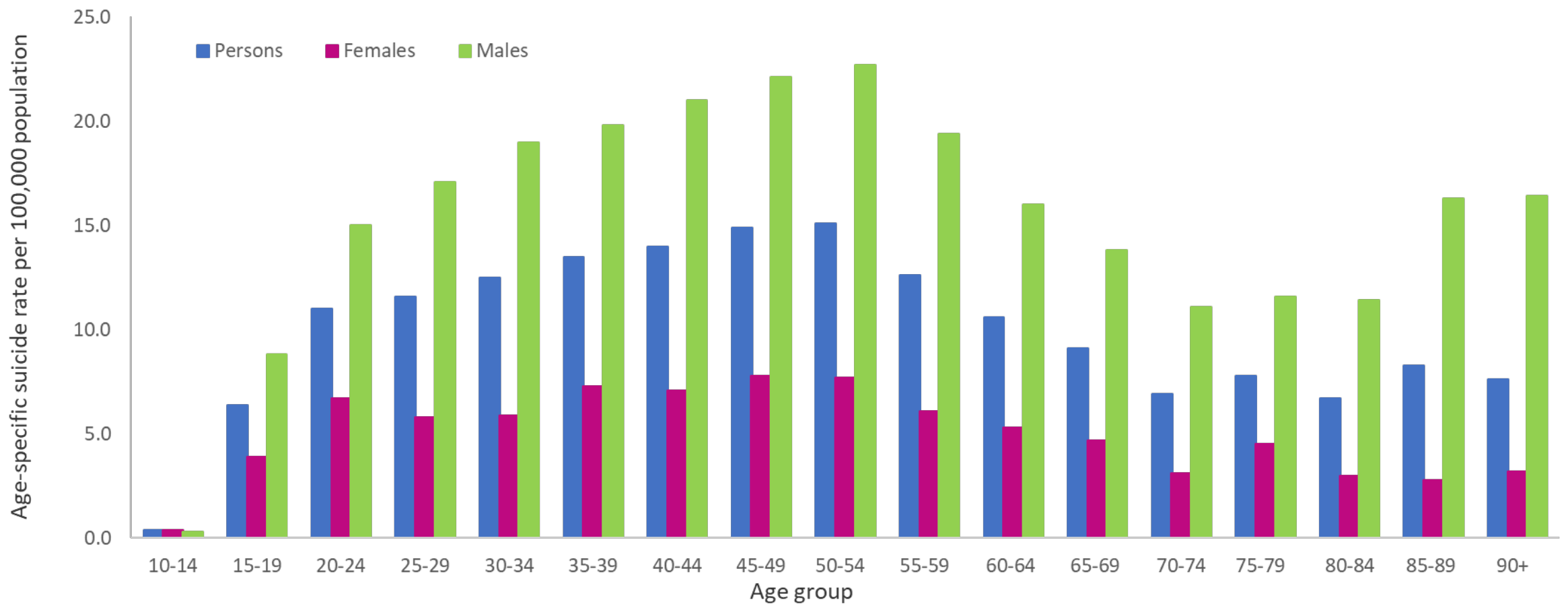


Suicide rates using “real-time surveillance” data in 10 areas

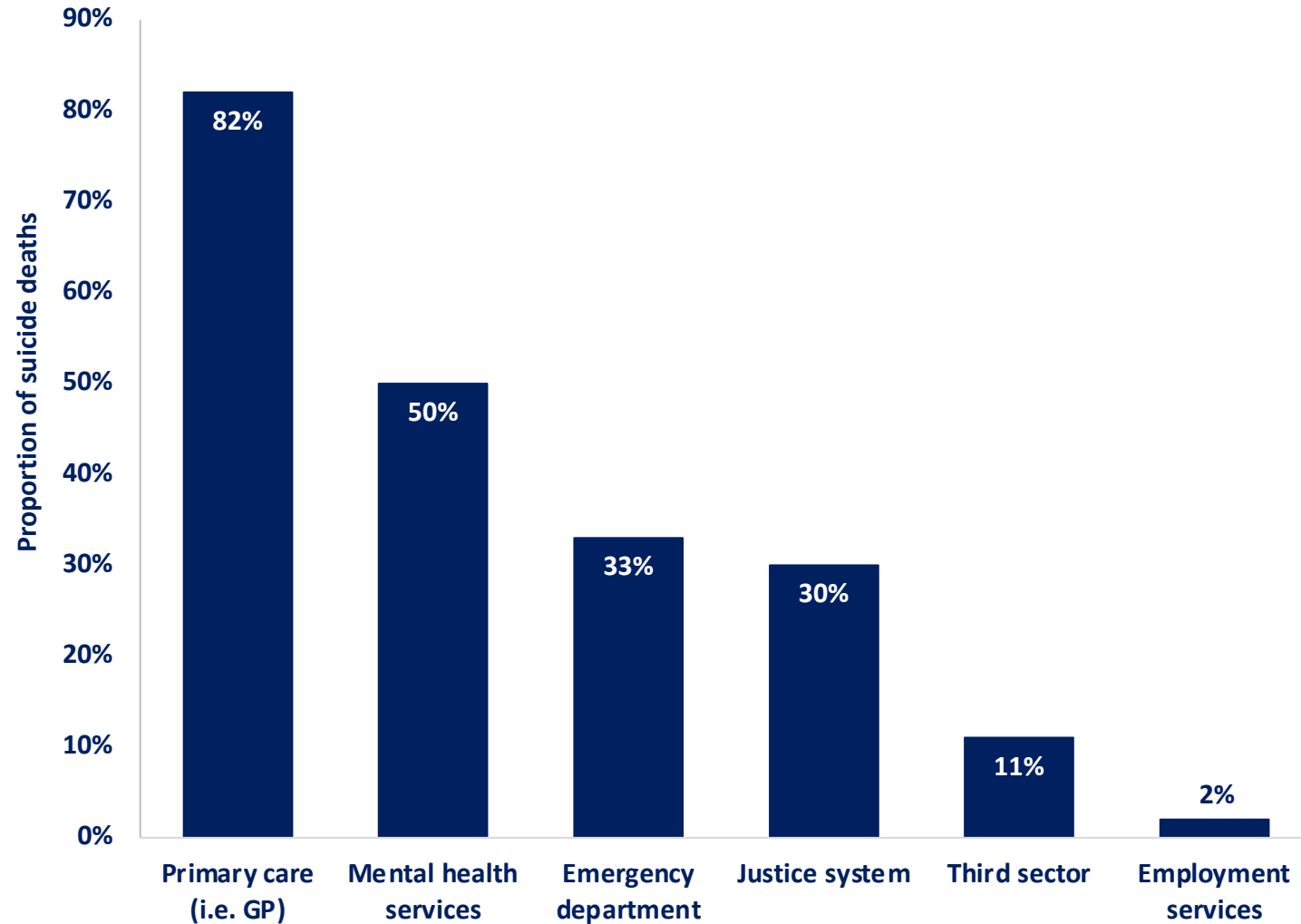
- **Economic protections re bills, debt (Breathing Space)**
- **Public health messaging**
- **Inclusion in local suicide prevention plans**
- **Awareness and signposting by frontline services**
- **Working with media**



Age-specific suicide rates, 2021, England and Wales



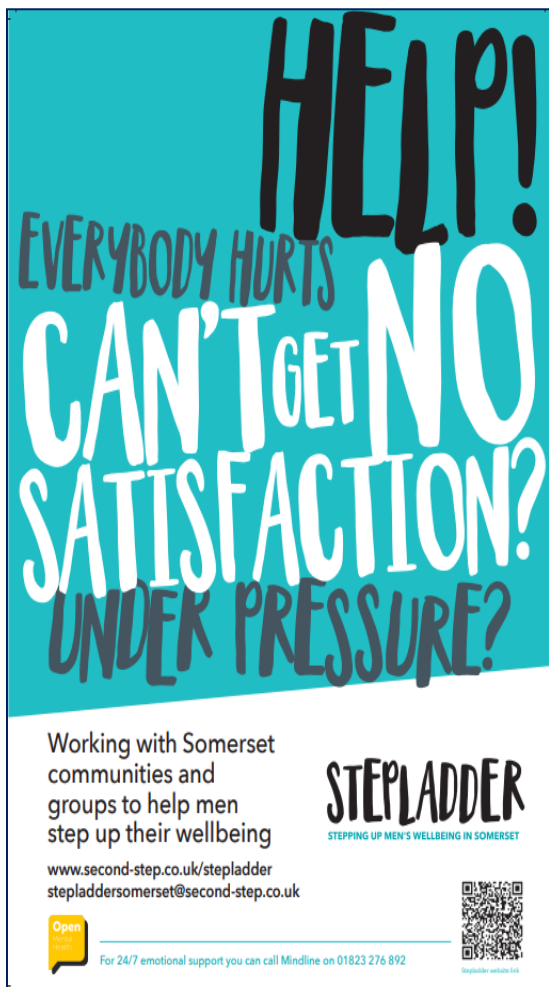
Men aged 40-54 have highest suicide rates



9% no service contact

67% in recent (<3 month) contact

Over a **third** in contact in **week** prior to death




HELP!
EVERYBODY HURTS
CAN'T GET NO
SATISFACTION?
UNDER PRESSURE?

Working with Somerset communities and groups to help men step up their wellbeing

STEPLADDER
STEPPING UP MEN'S WELLBEING IN SOMERSET

www.second-step.co.uk/stepladder
stepladdersomerset@second-step.co.uk

Open 24/7
For 24/7 emotional support you can call Mindline on 01823 276 892



BE THE 12TH MAN

Suicide Is The Biggest
Killer Of Men Under 50

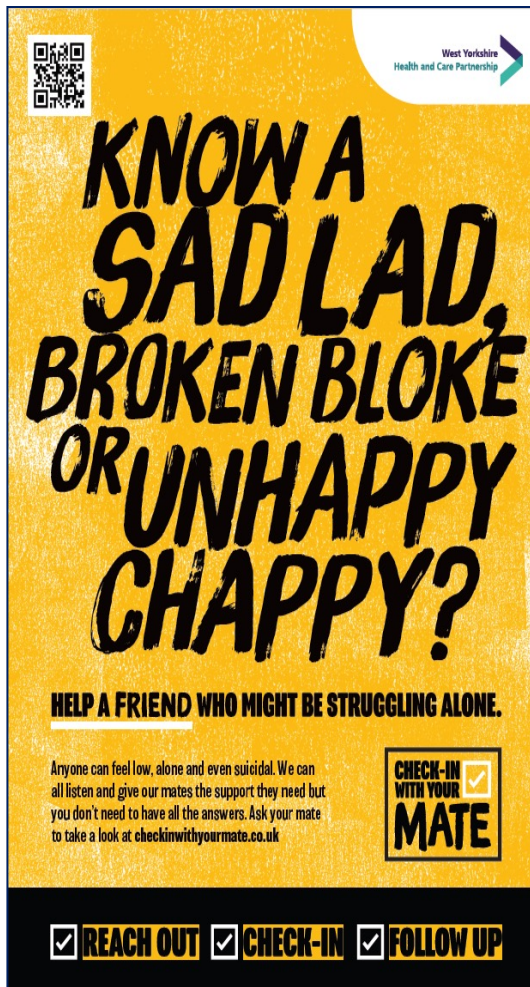
12th-man.org.uk
#BeThe12thMan

Scan To Donate



or visit
12th-man.org.uk/donate

Office of National Statistics



KNOW A SAD LAD, BROKEN BLOKE OR UNHAPPY CHAPPY?


HELP A FRIEND WHO MIGHT BE STRUGGLING ALONE.

Anyone can feel low, alone and even suicidal. We can all listen and give our mates the support they need but you don't need to have all the answers. Ask your mate to take a look at checkinwithyourmate.co.uk

CHECK-IN WITH YOUR MATE

REACH OUT CHECK-IN FOLLOW UP

West Yorkshire Health and Care Partnership



MEN WALK TALK

Brand New Men's mental wellbeing community initiative.

MenWalkTalk aims to support more men to open up and feel supported, reduce social isolation and provide an opportunity to forge new friendships.

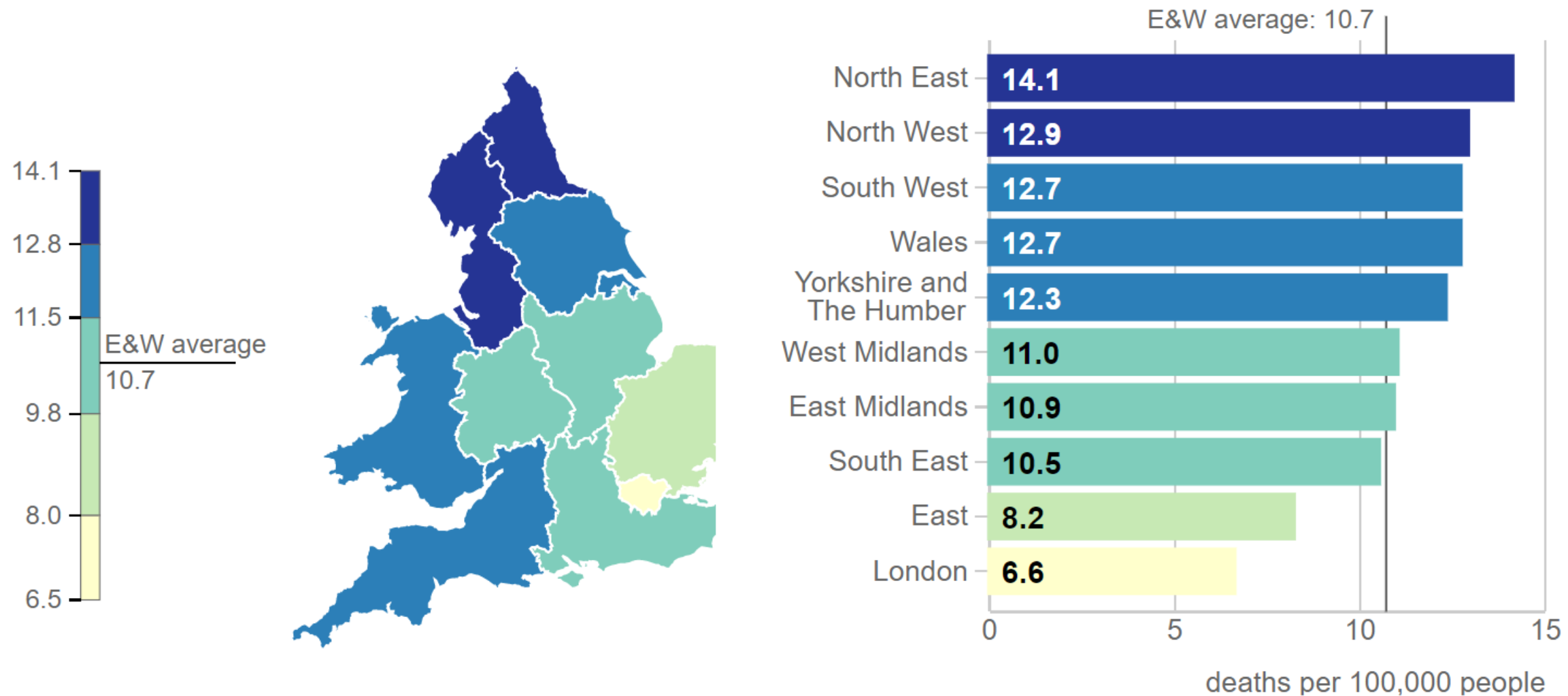
Join a Men's Walk & Talk group near you!

For more info, join in the conversation
 facebook.com/MenWalkTalk

Visit our website
www.MenWalkTalk.co.uk

FIND YOUR WE

Suicide rates vary by geography



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations>

High rates of social adversity and isolation, nearly half lived alone (48%), or unemployed (47%)



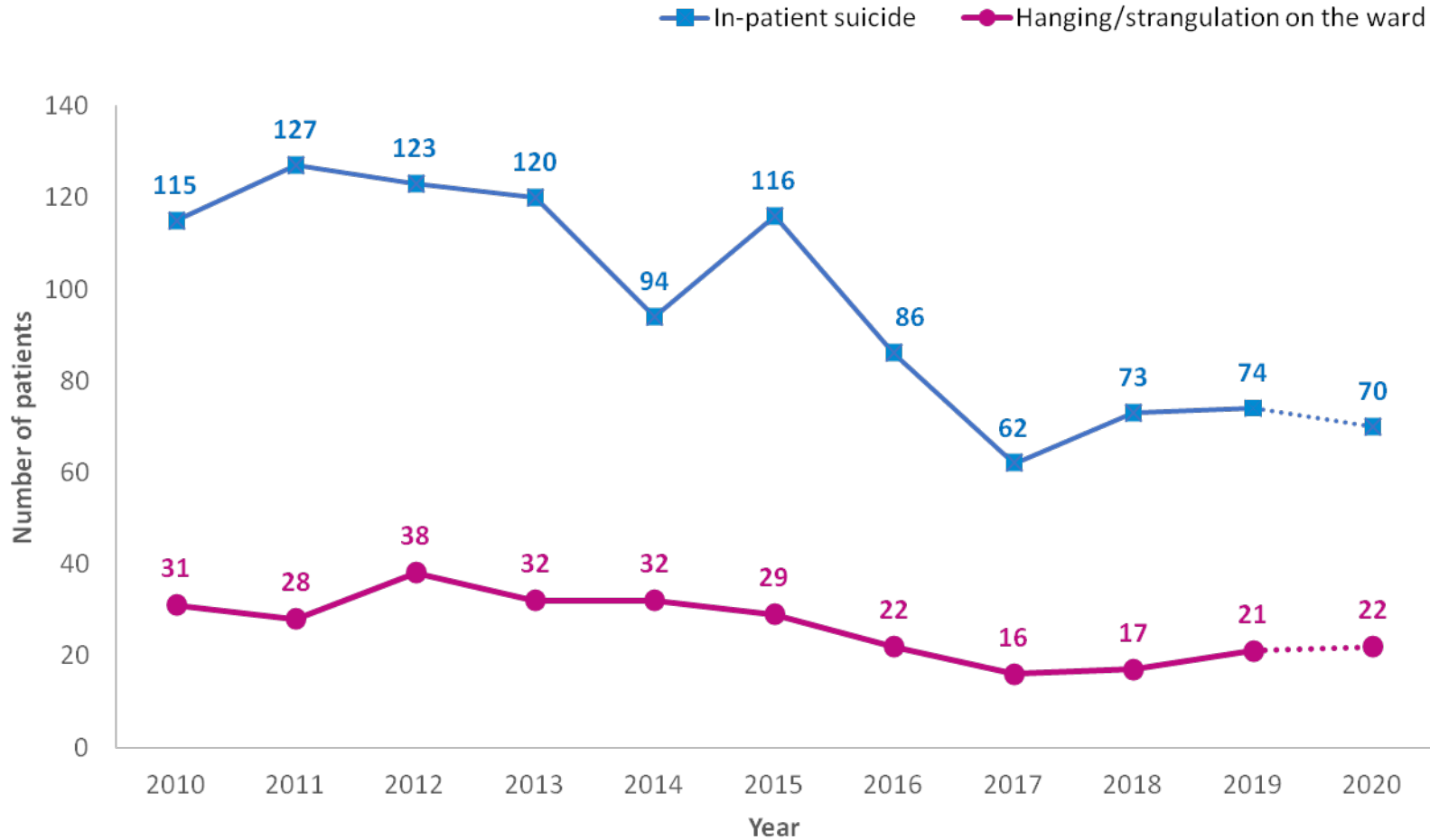
A history of self-harm (64%), alcohol (47%) or drug misuse (37%)



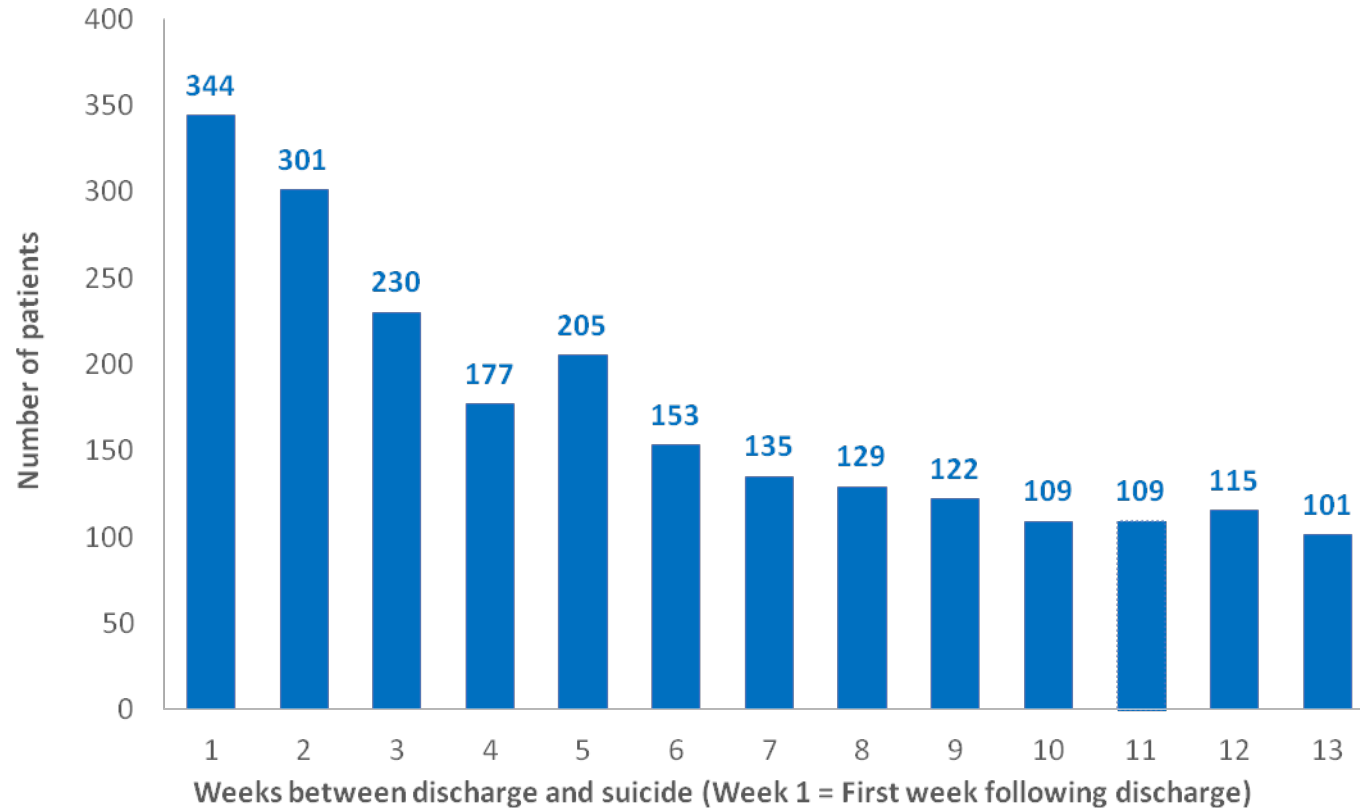
9% died on or near an anniversary or significant date



In-patient suicide



- **37%** on ward
- **50%** on agreed leave
- **13%** off ward without agreement



**Highest number occur
on day 3 post-discharge**

**12% before first follow-
up**

10 evidence-based ways to improve safety in MH care

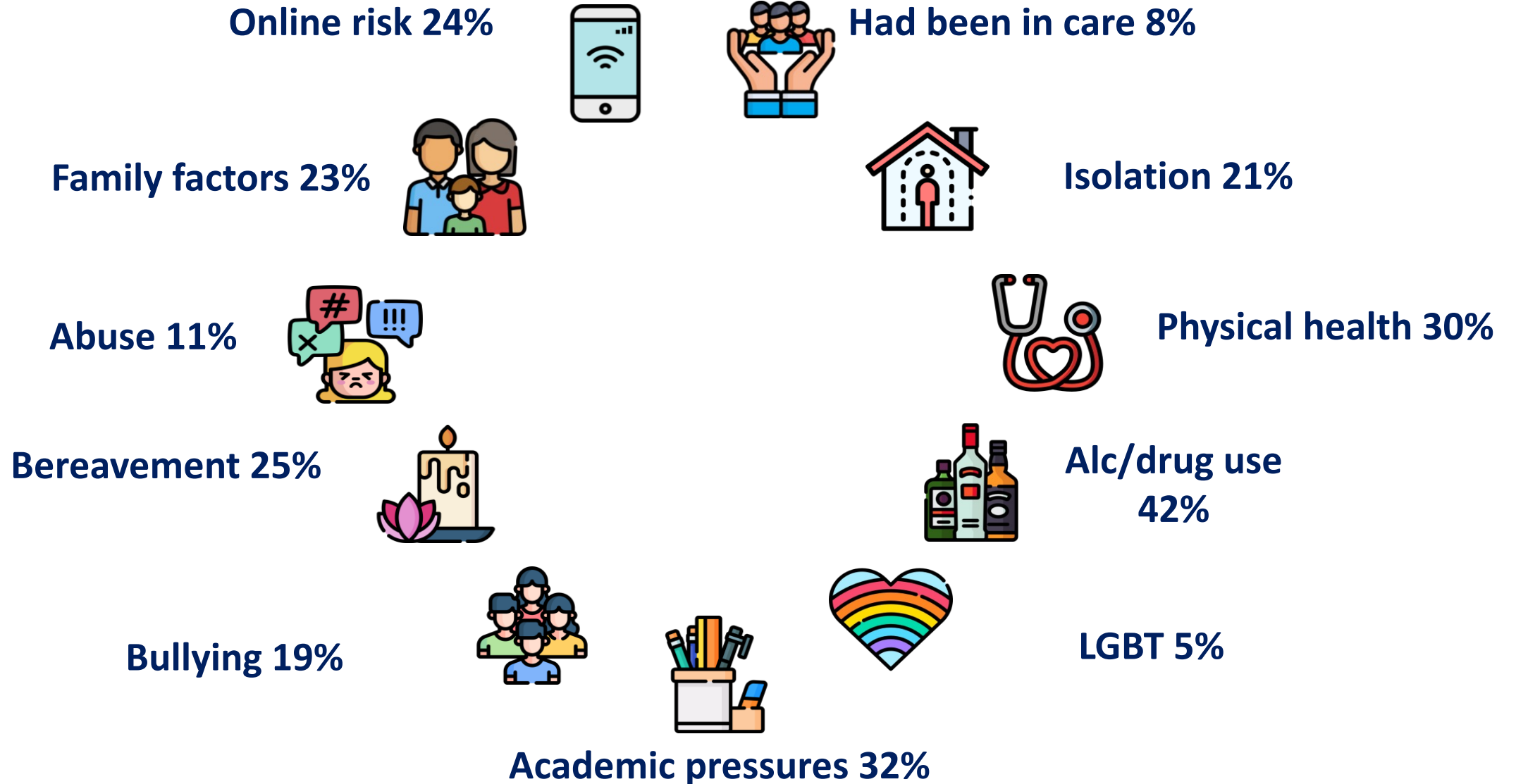


Suicide rates in 15-19 year olds

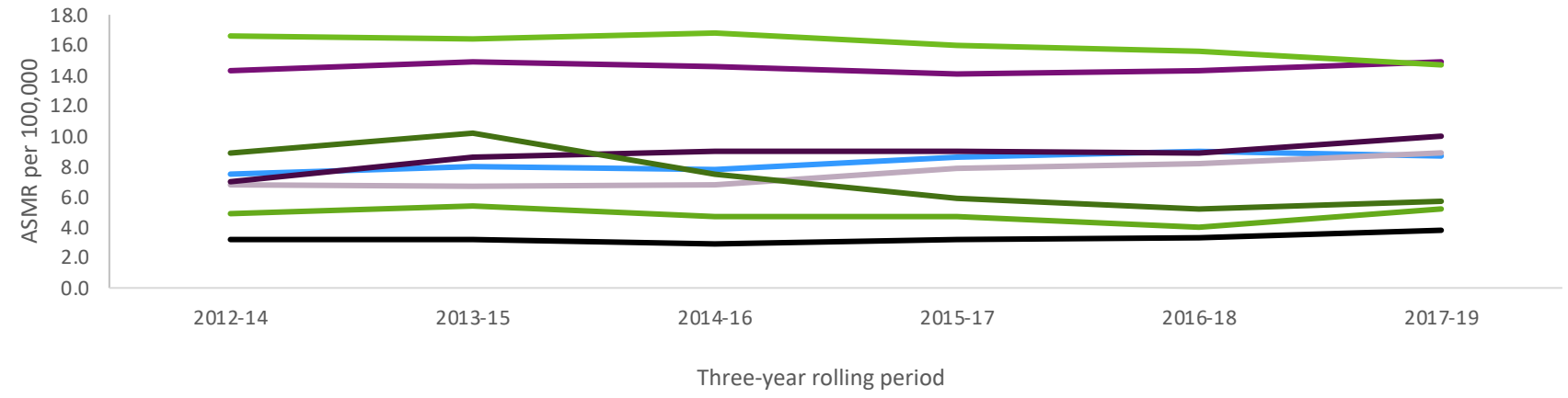


Highest total figure for 20 years

Highest figure for girls for 40 years



Males

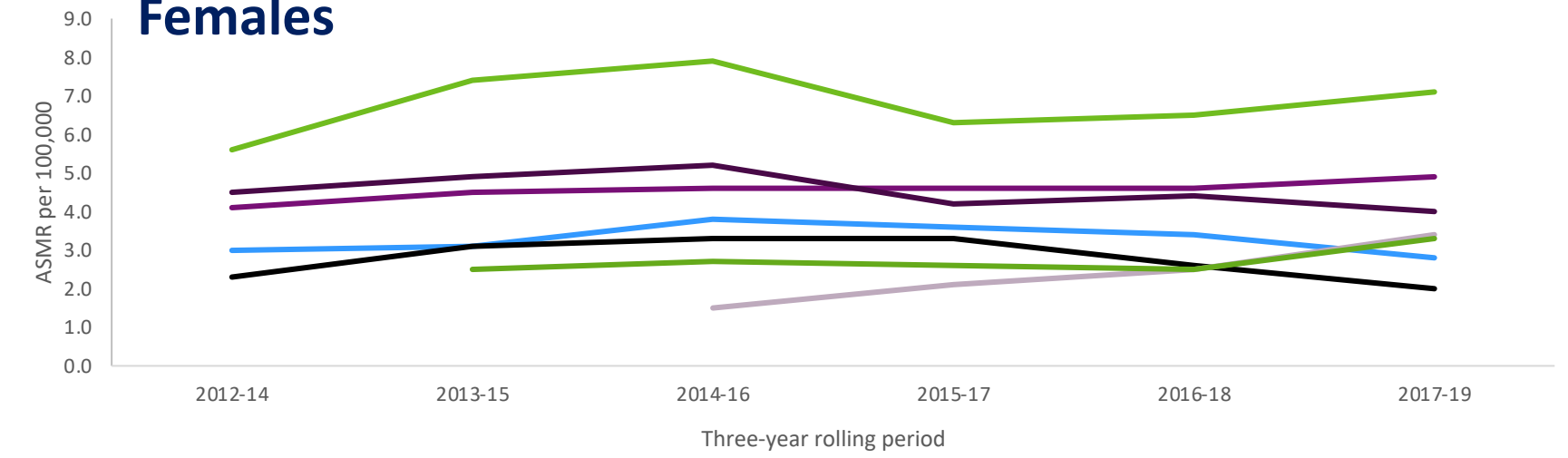


Rates and risk factors vary between ethnic minorities

Most are low compared to white population

Exception is mixed/multiple ethnicity

Females



Articles

Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England

Sally McManus, Sylvia Walby, Estela Capelas Barbosa, Louise Appleby, Trishagh Brugha, Paul F Bebbington, Elizabeth A Cook, Daniela Knipe

Summary

Background: Intimate partner violence (IPV) is a recognised risk factor for psychiatric disorders. There is little current evidence on IPV and self-harm and suicidality, and we therefore aimed to investigate the associations between experience of lifetime and past-year IPV with suicidal thoughts, suicide attempt, and self-harm in the past year.

Methods: We analysed the 2014 Adult Psychiatric Morbidity Survey, a cross-sectional survey of 7058 adults (aged ≥16 years) in England, which used a multistage random probability sampling design and involved face-to-face interviews. Participants were asked about experience of physical violence and sexual, economic, and emotional abuse from a current or former partner, and about suicidal thoughts, suicide attempts, and self-harm. Other adversities were recorded through an adapted version of the list of Threatening Experiences. Multivariable logistic regression models quantified associations between different indicators of lifetime and past-year IPV, with past-year non-suicidal self-harm, suicidal thoughts, and suicide attempts. All analyses were weighted.

Findings: Using weighted percentages, we found that a fifth (21.4%) of 7058 adults reported lifetime experience of IPV, and that 27.2% of women and 15.3% of men had experienced IPV. Among women, 19.6% had ever experienced emotional IPV, 18.7% physical IPV, 8.5% economic IPV, and 3.7% sexual IPV, which was higher than in men (8.6%, 9.3%, 3.6%, and 0.3%, respectively). Findings for ethnicity were unclear. Lifetime prevalence of IPV was higher in those living in rented accommodation or deprived neighbourhoods. Among people who had attempted suicide in the past year, 49.7% had ever experienced IPV and 23.1% had experienced IPV in the past year (including 34.8% of women and 9.4% of men). After adjusting for demographics, socioeconomic, and lifetime experience of adversities, the odds ratio of a past-year suicide attempt were 2.82 [95% CI 1.54–5.17] times higher in those who have ever experienced IPV, compared with those who had not. Fully adjusted odds ratios for past-year self-harm (2.28, 95% CI 1.37–3.53) and suicidal thoughts (1.85, 1.39–2.46) were also raised in those who had ever experienced IPV.

Interpretation: IPV is common in England, especially among women, and is strongly associated with self-harm and suicidality. People presenting to services in suicidal distress or after self-harm should be asked about IPV. Interventions designed to reduce the prevalence and duration of IPV might protect and improve the lives of people at risk of self-harm and suicide.

Funding: UK Prevention Research Partnership.

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Introduction

Intimate partner violence (IPV) is defined by WHO as physical violence, sexual, emotional or psychological abuse, and controlling behaviours within an intimate relationship.¹ IPV is more prevalent in women than in men and is a known risk factor for subsequent psychiatric disorders.² Although some studies have considered the relationship between specific types of IPV and depressive symptoms, but no evidence for an association between IPV and subsequent suicide attempt.³ Methodological flaws limited these studies with men.⁴ Since the mid-1990s, three-quarters of suicides in England and Wales each year have been in men.⁵ With male rates higher in most countries,⁶ national suicide prevention strategies tend to focus on men at risk.⁷ For women only, preventing comparison with men. The WHO multi-country study using population-based surveys showed that women with experience of physical or sexual violence were nearly 4 times more likely to attempt suicide than women without such experiences, but it provided no associations for men.⁸ A 2013 systematic review found two studies of men showing an association between IPV and depressive symptoms, but no evidence for an association between IPV and subsequent suicide attempt.⁹ Methodological flaws limited these studies with men.⁴

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Intimate partner violence is **strongly linked** to suicide attempts

50% with recent suicide attempt had experienced IPV

In those with previous IPV, **suicide attempts were 2.8x more common.**

Assessment of people who self-harm should include risk of domestic/partner abuse

