

Wakefield Suicide Factsheet

Overview

The Adult Psychiatric Morbidity Survey (APMS) is a national survey which aims to assess the psychiatric morbidity (poor mental health) of adults living in private households in England. This document includes specific data from the Wakefield sample from the APMS in relation to suicidal attempts, suicidal thoughts and self-harm.

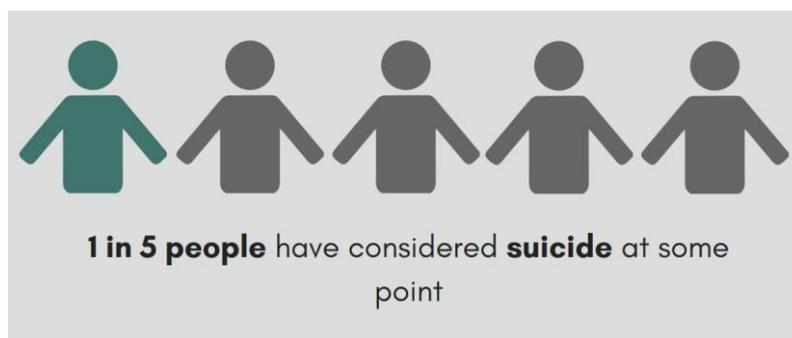
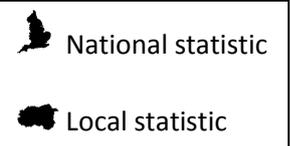
Suicide is linked to many complex factors, predominantly mental health, personal circumstances, substance misuse and long-term physical health, although some of these factors may be inter-dependent. There are many risk factors which may make a person more prone to suicidal thoughts and feelings, and some groups are more at risk than others. In general, men are more at risk of suicide than women, younger people are more at risk than older people, and people who identify as LGBTQ are more at risk than heterosexual individuals. Depressed individuals are more at risk of suicide, as well as those currently using antidepressants, those with a family history of suicidal behaviour and those with specific genetic markers¹. Research also shows that people who are bereaved as a result of suicide are significantly more at risk of suicide themselves².

Nationally:

-  20.6% of people surveyed have had suicidal thoughts at some point
-  7.3% of people surveyed have ever self-harmed
-  6.7% of people surveyed have ever attempted suicide at some point

In Wakefield:

-  21.5% of people surveyed have had suicidal thoughts at some point
-  5.2% of people surveyed have ever self-harmed
-  6.9% of people surveyed have ever attempted suicide at some point



Demographics

Men and Women

It is well documented that nationally, men are more at risk of suicide than women. Data from the APMS shows however that women are more likely to report a suicide attempt. Nationally 5.4% of men reported they had ever attempted suicide, compared to 8.0% of women. This same trend is reported in the Wakefield dataset, with 4.0% of men and 9.8% of women reporting a suicide attempt, more than the national average.

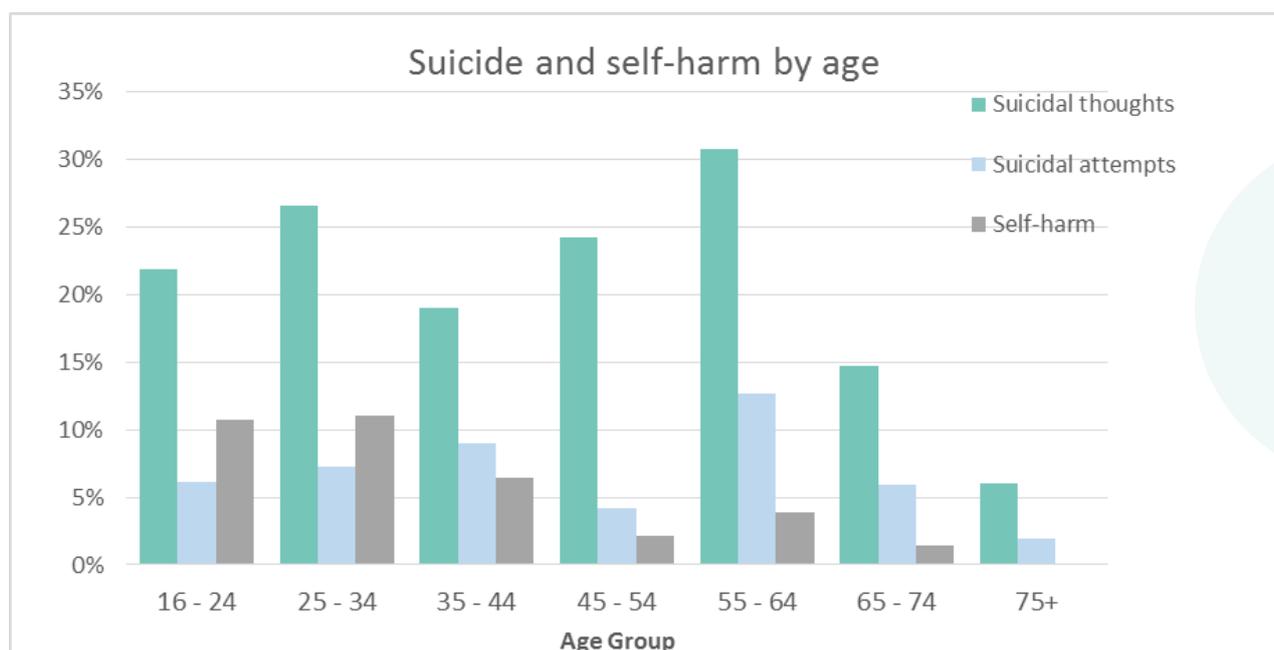
Nationally, suicidal thoughts were more common in women (22.4%) than men (18.7%). This is not reflected in the Wakefield local dataset – our data shows that men and women were equally likely to have suicidal thoughts (21.5% and 21.4% respectively).

- More than double the number of women than men reported ever making a suicide attempt
- There is no gender difference in the prevalence of suicidal thoughts
- There is little gender difference in people who have ever self-harmed

Younger and Older people

Age has been shown to be a risk factor for suicide, with different motives experienced by different age groups³. Nationally, suicidal thoughts and attempts were more commonly experienced by those of working age than those 65+, however young women stood out as the group who were the most likely to attempt suicide.

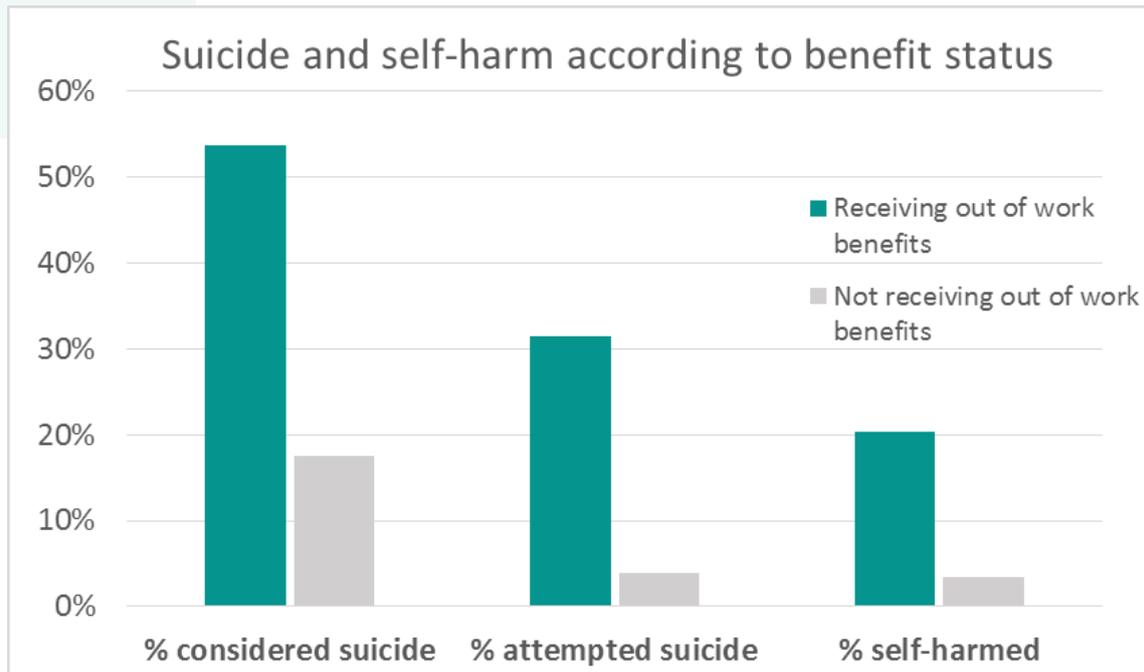
Self-harm is more common in younger age groups, and nationally women aged 16-24 are the most at risk group by a large margin. This is reflected in the national APMS dataset, where 1 in 4 women aged 16-24 had self-harmed compared to 1 in 10 men aged 16-24 and 1 in 8 women aged 25-34.



Economic Circumstances

Out of Work Benefits

There is a large body of evidence to suggest that work and benefit status, as well as changes to this and government reforms, can influence mental health and suicide in particular. The national APMS data set shows that economically inactive and unemployed have a higher rate of suicide attempts compared to those in employment. 53.7% of people on **any** form of out of work benefits surveyed in Wakefield have considered suicide at some point, compared to 17.6% of those not on benefits. This trend is also reflected in the proportions of people attempting suicide and those who have self-harmed.



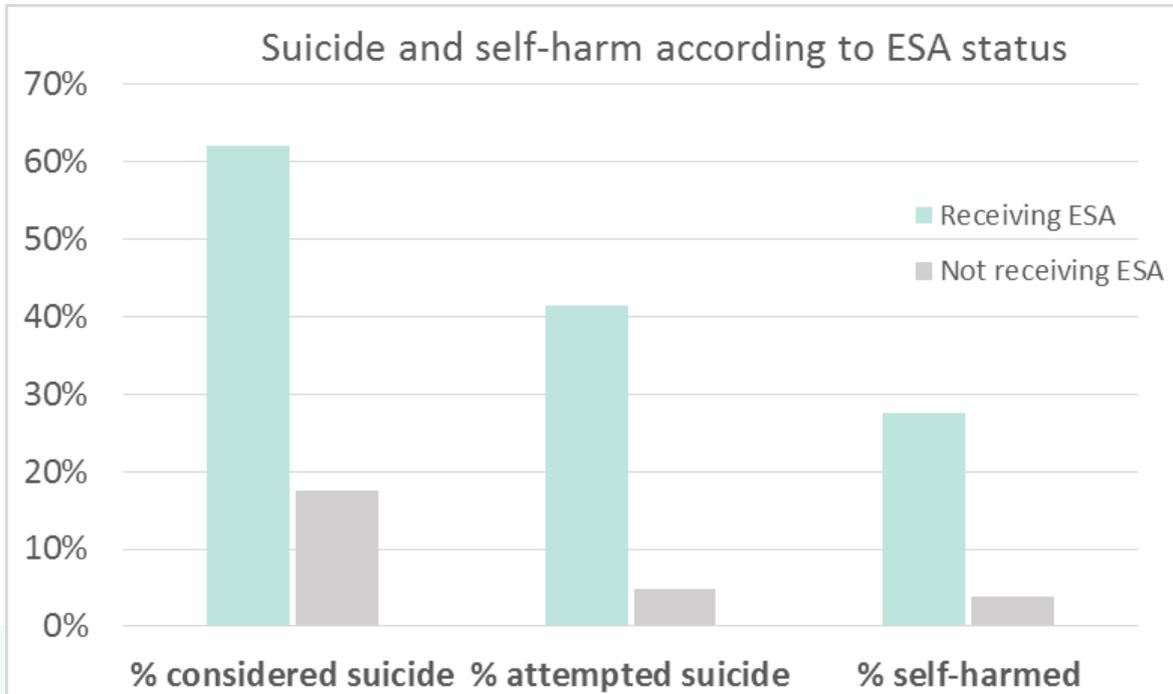
Additional analysis also shows that work status has been linked to suicide risk, independent of benefit status.

- In Wakefield more than twice the number of unemployed people than employed surveyed have attempted suicide.

Employment and Support Allowance

The national dataset indicates that the prevalence of suicidal thoughts and attempts is much higher among individuals receiving Employment and Support Allowance (ESA) than those not receiving ESA. Nationally, two thirds of people in receipt of ESA had thought about taking their life, and almost half had made a suicide attempt. The Wakefield dataset mirrors this trend, but particularly of note is that almost a third (28%) of ESA recipients have self-harmed at some point.

- 62.1% of people receiving ESA have considered suicide, compared to 17.6% of those who are not receiving ESA
- 41.4% of people receiving ESA have attempted suicide (compared to 4.8% who are not)
- 27.6% of people receiving ESA have self-harmed (compared to 3.9% who are not)



The proportion of people who have experienced suicidal thoughts, attempted suicide or self-harmed also follows similar trends as above when looking at recipients of housing benefit and recipients of carer's allowance.

- 19.4% of people receiving housing benefit have attempted suicide (compared to 5.1% who are not)
- Half of people surveyed receiving carers allowance have experienced suicidal thoughts

Finances and Debt

It is well documented that major financial crisis can impact a country's suicide rate significantly⁴. It comes as no surprise therefore that experiencing a personal financial crisis can also influence a person's mental health.

- Almost double the number of people who had experienced suicidal thoughts had had a major financial crisis compared to those who hadn't
- More people who had experienced a major financial crisis had attempted suicide (16.7%) than those who hadn't (6.3%).

Physical Health

Chronic Diseases

A link exists between living with a chronic disease and suicide⁵, which the Wakefield APMS data reflects to an extent. The proportion of people who had considered suicide showed little difference when looking at those with and without a chronic disease. This was the same for the proportion who had self-harmed, although rates were slightly higher among those with a chronic disease (7.6% compared to 4.5%). However, the data showed that individuals with a chronic disease were more likely to make a suicide attempt.

- In Wakefield 12.5% of people who have had a chronic disease in the past 12 months have attempted suicide, compared to 4.5% who haven't had a chronic disease within the past year.

Alcohol

Due to the complex nature of substance misuse and factors connected to it, suicide is often associated with alcohol and drug misuse⁶. The risk of suicide is up to eight times greater when someone is abusing alcohol⁷. People with drink problems were defined as having an AUDIT score of 8 or over in the APMS. The AUDIT is a clinical assessment tool used to diagnose alcohol dependence.

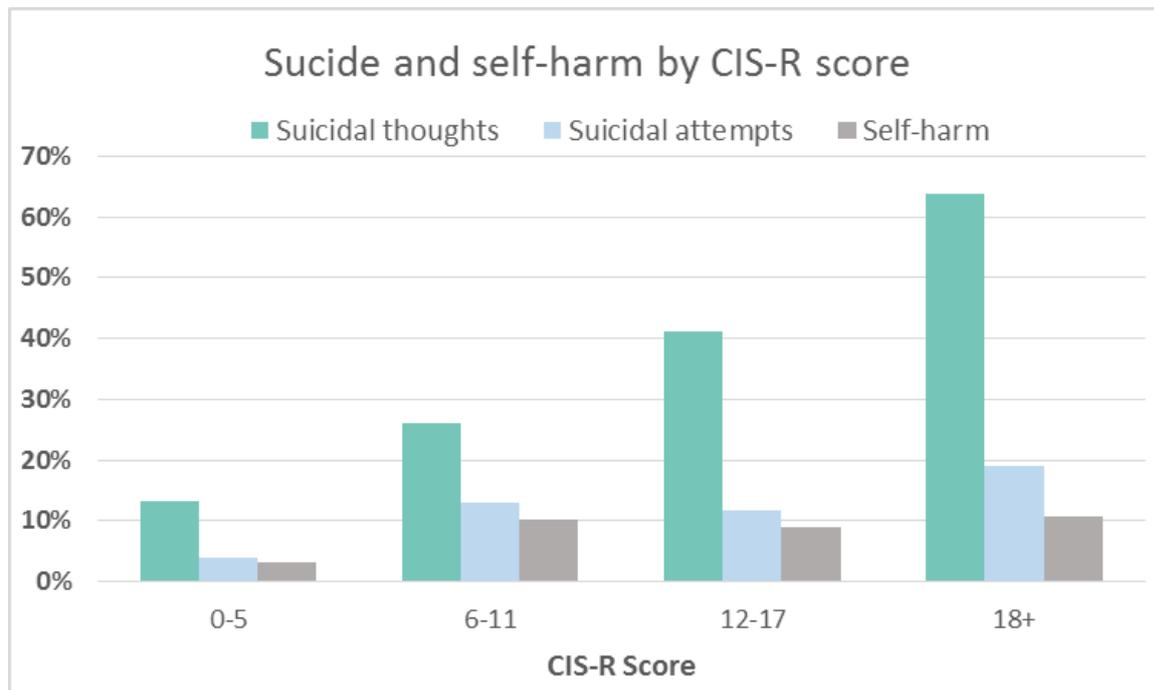
- In Wakefield, 36.1% of people with a drink problem have thought about suicide, compared to 17.4% without a drink problem
- Double the number of individuals with a drink problem have attempted suicide, compared to those without
- The number of individuals with and without a drink problem who have self-harmed is comparable

CIS-R Scores

The CIS-R is a clinical assessment tool used in the diagnosis of mental health problems, and the resultant CIS-R score is correlated to the severity of mental health symptoms. A CIS-R score of 12 or more is indicative of a mental health problem warranting clinical recognition.

Wakefield results follow the same trend as the national dataset, with percentage of people experiencing suicidal thoughts or who had attempted suicide or self-harmed increasing with CIS-R scores. However, suicidal attempts in people scoring across the middle categories are very

similar, which is usual. This is probably due to the fact that significantly fewer individuals scored 12-17 on the CIS-R in Wakefield compared to the other score categories.



Please see pages 7 and 8 for a summary of this document.

References

- 1 Hor and Taylor, (2010), <http://journals.sagepub.com/doi/pdf/10.1177/1359786810385490>
- 2 Pitman et al., (2015), <http://bmjopen.bmj.com/content/6/1/e009948.info>
- 3 Chew et al., (1994) <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1943-278X.1994.tb00748.x>
- 4 Chang et al., (2013) <https://www.bmj.com/content/347/bmj.f5239.full>
- 5 Karasouli et al., (2014) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4346034/>
- 6 Pompili et al., (2010) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872355/>
- 7 Samaritans, (2018) <https://www.samaritans.org/policy/alcohol-misuse>

Contact

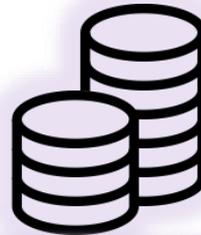
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WAKEFIELD SUICIDE FACTSHEET

DATA FROM THE APMS 2014



Almost **double the number** of people with a **drink problem** have thought about suicide compared to those who don't.



44% of people who have experienced a **major financial crisis** have had suicidal thoughts, compared to 19% of people who have mostly been financially stable.



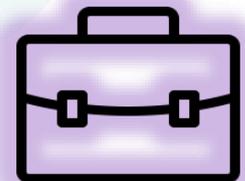
2 in 3 people on Employment and Support Allowance (**ESA**) have considered taking their own life at some point, and **1 in 3** have self-harmed.



12.5% of people who have had a **chronic disease** in the past 12 months have **attempted suicide**, compared to 4.5% who are disease free.



The severity of **general mental health symptoms** is strongly associated with presence of suicidal thoughts, suicidal attempts and deliberate self-harm.



In Wakefield **more than twice** the number of **unemployed** people than employed people surveyed have attempted suicide.