

## APPENDIX 2

### HEALTH AND WELLBEING SCRUTINY COMMITTEE

12 JANUARY 2012

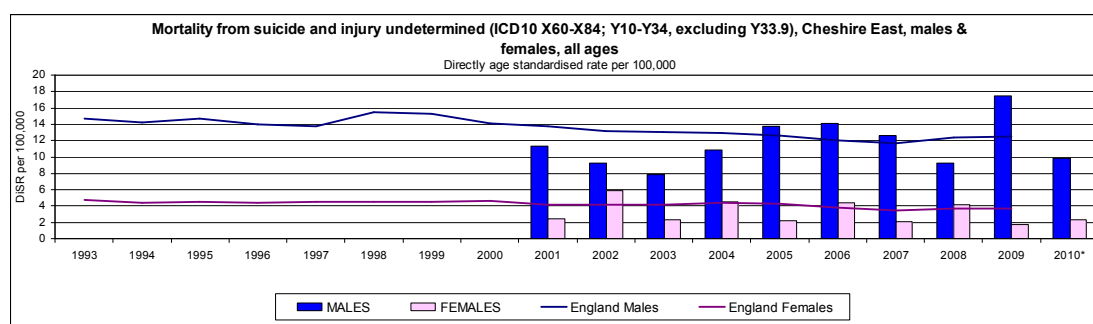
Report of Dr Guy Hayhurst, Consultant in Public Health

#### Patterns of Death from Suicide and Undetermined Injury in Cheshire East

“Self-harm and suicide are manifestations of emotional distress and illness which not only cause the individual, their families and friends distress and anxiety but also have a damaging impact on the economy and wider society.”<sup>1</sup>

“People of all ages and all social groups engage in self-harming behaviour or kill themselves... many people do not have mental illness but have multiple life problems of a personal, social or economical nature.”<sup>1</sup> The rate of self-harm is higher among women and girls than among men and boys, although completed suicide is more prevalent among men and boys. Those most likely to self-harm include asylum seekers, minority ethnic groups, people in institutional care or custody such as prisoners, people from sexual minorities, veterans, and people bereaved by suicide.

The occurrence of suicide and death from injury of undetermined intent is much lower among women than in men. There were 77 deaths among men in Cheshire East in 2007-09, a rate of 13.1 per 100,000 compared to the England rate of 12.2. In women there were 16 deaths during this three-year period, a rate of 2.6 per 100,000 compared to the England rate of 3.6. The death rate for men and women combined was 7.7 per 100,000, slightly lower than the national rate of 7.9.



Looking at the trends over time in Cheshire East, there was a rise in male mortality in the years 2005 to 2007, and again in 2009. Male mortality rates were low in both 2008 and 2010. In 2007-09, death rates for local areas were lower than the national average in Wilmslow and Congleton; similar to the national average in Crewe, Macclesfield and Poynton; and above the national average in Nantwich and Knutsford. Some of these figures are based on very small numbers of deaths.

National clinical guidelines offer evidence-based advice on the treatment and management of self-harm. They cover general principles of care for people who self-harm, the assessment and initial management of self-harm by ambulance personnel, treatment in emergency departments, and the longer term management of these individuals by primary care and secondary mental health services.<sup>2,3</sup>

#### References

- 1 Royal College of Psychiatrists (2010). Self-harm, suicide and risk: a summary. London: Royal College of Psychiatrists.
- 2 National Institute for Health and Clinical Excellence (2004). Clinical Guideline 16: Self-harm (short term management).

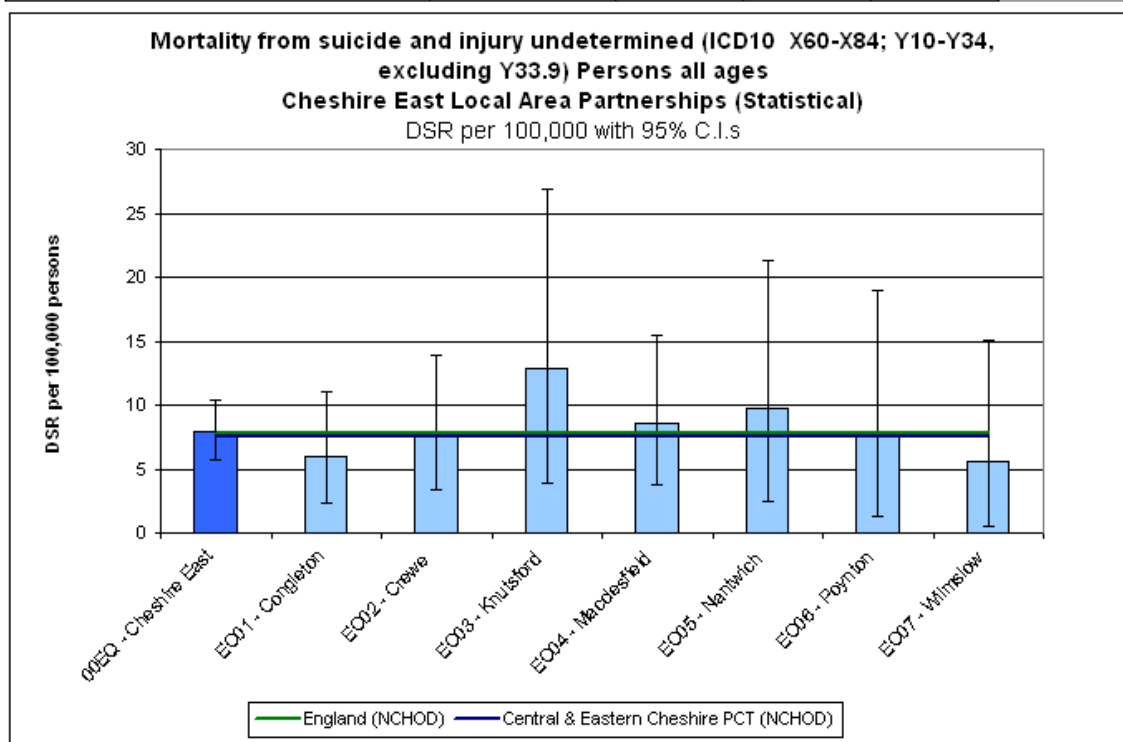
3 National Institute for Health and Clinical Excellence (2011). Clinical Guideline 133: Self-harm (longer term management).

### Mortality from suicide and injury undetermined (ICD10 X60-X84; Y10-Y34, excluding Y33.9). Persons, All Ages

Deaths Registered 2007 to 2009

Directly age standardised rates (DSR) per 100,000 resident population with 95% confidence intervals

Geographical Area	Number of Deaths 2007-2009	DSR	Lower CI	Upper CI	Compared to England
England and Wales (NCHOD)	13,502	7.9	7.8	8.0	
England (NCHOD)	12,687	7.9	7.7	8.0	
Central & Eastern Cheshire PCT (NCHOD)	114	7.5	6.1	8.9	-
Cheshire East (NCHOD)	93	7.7	6.1	9.3	-
<b>Local Area Partnerships (Statistical)</b>					
00EQ - Cheshire East	93	7.9	5.7	10.4	-
EC01 - Congleton	18	5.9	2.3	11.0	-
EC02 - Crewe	19	7.7	3.3	13.9	-
EC03 - Knutsford	12	12.9	3.8	26.9	-
EC04 - Macclesfield	19	8.6	3.7	15.4	-
EC05 - Nantwich	11	9.8	2.5	21.4	-
EC06 - Poynton	8	7.8	1.3	19.0	-
EC07 - Wilmslow	6	5.6	0.5	15.1	-



Data source:

ONS Public Health Mortality File and NHS postcode directory

ONS SYOA Lower Super Output Area population estimates

Compendium of Clinical and Health Indicators (National Centre for Health Outcomes Development)