Suicide Data for the UK: What did the statistics say before the 2018 release?

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The rising rates of suicide in the UK have been in the news lately.

The headlines have been focusing on the latest release, which shows a sharp increase in the rates of suicide among young men and women. But what was the data really saying before then? And is the newest release such a big surprise when considering other contributing factors?

Suicide Data for the UK

The UK has full suicide statistics published for the period 1981-2017, although the latest update to the suicide prevention profile occurred as early as the February 2019.

Data from NOMIS puts suicide (and injury/poisoning of undetermined intent) 19 among the 20 most common causes of death. Although it represented .9% of all deaths that year (2017) it was also the fifth among the causes of death that could be considered even remotely preventable (after cancer, accidents, cirrhosis, and diabetes).

cause of death	Deaths	Percentage of all deaths (within that sex and age band)
LC02 Cancer (malignant neoplasms)	145,976	27.4
LC18 Dementia and Alzheimer disease	67,626	12.7
LC30 Ischaemic heart diseases	57,673	10.8
LC14 Chronic lower respiratory diseases	31,744	6.0
LC12 Cerebrovascular diseases	31,631	5.9
LC28 Influenza and pneumonia	27,595	5.2
LC01 Accidents	14,019	2.6
LC42 Symptoms, signs and ill-defined conditions	12,439	2.3
LC21 Diseases of the urinary system	8,781	1.7
LC16 Cirrhosis and other diseases of liver	8,424	1.6
LC24 Heart failure and complications and ill-defined heart disease	7,920	1.5
LC27 Hypertensive diseases	6,859	1.3
LC09 Cardiac arrhythmias	6,597	1.2
LC19 Diabetes	6,040	1.1
LC35 Parkinson's disease	5,935	1.1
LC38 Pulmonary oedema and other intestinal pulmonary diseases	5,903	1.1
LC34 Nonrheumatic valve disorders and endocarditis	5,422	1.0
LC04 Aortic aneurysm and dissection	5,128	1.0
LC41 Suicide and injury/poisoning of undetermined intent	4,825	0.9
LC03 Acute respiratory diseases other than influenza and pneumonia	4,673	0.9

(extract from the leading causes of death in the UK, 2017 statistics, NOMIS)

In terms of time-series data, the full dataset on suicide in England and Wales shows a decline since 1981, although the rates are still 10.3 per 100,000 of the population. (For men, that rate was 16 for every 100,000; for women, the rate was 5.2 for every 100,000). The rates were slightly lower for England than they were for Wales, when looked separately, and even higher for Scotland and Northern Ireland.

Total number of deaths for 2017:

England: 4451, or 9.5 per 100,000

Wales: 360, or 14.6 per 100,000

Scotland: 676, or 15 per 100,000

Northern Ireland: no data, but in 2016 there were 297 registrations, or 20.2 per 100,000

In all four countries, male suicides had higher rates than female ones, with 14.5 to 4.8 per 100,000 in England; 23.4 to 7.3 per 100,000 in Wales; 24 to 7.3 per 100,000 in Scotland; and 30.9 to 11.5 per 100,000 in 2016 in Northern Ireland.

The most deaths occurred in London.

As for the method of suicide, the Office of National statistics cites "hanging" as the most commonly used method, with 59.7% of the men and 42.1% of the women whose death was ruled as suicide. Next were poison (18.2% of men, 38.3% of the women) and other methods (14.2% and 11%). After that were drowning (4% and 5.2% respectively) and fall and fracture (3.7% men, 3.1% women).

Separately from the data on civilian suicides, the Ministry of Defense has also released data on deaths ruled a suicide (or awaiting verdict) for between 1999 and 2018. For both deaths that have been ruled a suicide (n=310) and awaiting verdict (n=19) the men were overwhelmingly overrepresented: 94% of all armed forces suicides were committed by men, and 89% of those awaiting verdict were also by men.

The age-standardised rates of suicide in 2017 on the dataset show that 5.01 in every 100,000 Naval servicemen committed suicide; 8.48 in 100,000 Army servicemen committed suicide; 4.33 in 100,000 RAF servicemen committed suicide; and 7.02 in 100,000 for the Tri-service servicemen committed suicide.

The data shows that there is a decreased risk compared to the UK general population reference line, however - the Tri-Service has a 56% decreased risk when compared to the UK general population; the Naval Service - 61% decreased risk; the Army 47% decreased risk, and the RAF 75% decreased risk. It is unclear whether those decreased risks are due to an improved recruitment process, an improved care process, an improved discharge process, or all three.

As with the general (civilian) population, army suicide rates have dropped since recording first started, with the overall rate of 12.03 in every 100,000 dropping to 7.02 in 100,000 from 1985 to 2017. The group at most risk appears to be servicemen between the ages of 40 and 44, followed by those that are 25-29.

When looking at suicides of people in working ages (20-64), data released shows that for 7 in 10, an occupation was listed at the time of death registration. According to the statistical release, males in lower-skilled occupations had a higher risk of suicide than the male national average, particularly among those working in construction. For women, the risk was a lot higher when they were in culture, media and sport occupations, as well as for health professionals. Male and female carers, according to the release, were twice as likely to commit suicide than the rest of the population. (For more detail and explanation for those trends, please see the release.)

As for age-specific data, the UK's suicide prevention profile broke the information down by gender. For both men and women, the ages where the highest rates of suicides were recorded were between 35-64.

It is without a doubt that suicide is a topic that is frequently discussed in the UK. In 2017, the "Third Progress report of the Cross-Government Outcomes Strategy to Save Lives" stated that each suicide is estimated to cost £1.67 million to the economy. It outlines the government commitment to spend an addition £1 billion by 2020 on mental health and suicide prevention. The National Strategy has identified many of the same high-risk groups that have already been mentioned in this report: young and middle-aged men, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups (doctors, nurses, vets, farmers and agricultural workers) and people with a history of self-harm. The question is whether the same groups have been identified as high risk in New Zealand and Australia, and if so, to what extent are they also being targeted by suicide-prevention initiatives.

Unemployment Data for East Midlands

Profiles of Jobseekers in the East Midlands:

Males	Aged 16-24	Aged 25-49	Aged 50-64
Student	15,800	1,500	!
Looking after family/home	!	2,900	1,100
Temporary sick	!	1,200	700
Long-term sick	1,800	10,300	8,200
Discouraged	600	!	~
Retired	!	!	~
Other	2,700	2,100	2,200

Females	Aged 16-24	Aged 25-49	Aged 50-64
Student	14,200	2,700	900
Looking after family/home	3,600	24,000	4,900
Temporary sick	!	~	2,800
Long-term sick	900	9,100	11,200
Discouraged	!	!	~
Retired	!	!	1,700
Other	~	5,500	5,900

(Extract from NOMIS Annual Workforce Survey, 2017-2018)

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The data on jobseekers for the East Midlands (and by extension, Lincolnshire) shows a division among jobseekers by their genders and reasons for their current unemployment. For both men and women aged 50-64, the reasons why they were out of a job was a long-term illness; however, the most common reasons for young women to be out of a job was because they were looking after the family or their homes, while young men were more likely to be job seeking while students. Total numbers of job seekers were also quite high among females - 87,400 across the region, compared to 51,000 males.

Most importantly, however, women were far more likely to take early retirement and then seek work again, far more so than men in the East Midlands. This is likely an indication that, while early retirement is attractive and/or encouraged among older women, the provisions for them are such that it is not sustainable, thus putting them back on the job market.

According to other NOMIS data on jobseeking in general, there were 1858400 job seekers recorded at the last annual population survey (Jan 2018-Dec 2018). Nearly 1.1 million of them were women. The division of gender among active job seekers was comparatively similar - 12% of the whole population not in active employment for women, 9% for men. When examined within their own gender groups, male and female job seekers represented, respectively 20% and 22% of each groups.

In other words, active job seeking does not appear to be a gendered issue.

What is a gendered issue however is the division of household responsibilities. Along the entirety of the population not in active employment, only 3% of all men were unemployed while looking after the family or home, compared to 21% of all women aged 16-64. With the group that was unemployed while looking after the family or home, men represented a mere 11% of the total. This disparity was not observed across any other reason for economic inactivity - regardless of whether they were students, sick, discouraged or retired, the men represented between 42% and 56% of the groups.

The other area in which women outnumbered men considerably was economic inactivity - across the UK, women aged 16-64 who did not want a job represented 49% of the population that was not in active employment, compared to 30% of all men aged 16-64 of the same group. What this means is that, while women and men actively seek jobs at the same rates, it is women who are more likely to become economically inactive than men (for any of the reasons cited above).

All of this has implications about the degree of vulnerability experienced by people in the UK and job seekers in particular.

Profiles of economically inactive people in the East Midlands:

Males	Aged 16-24	Aged 25-49	Aged 50-64
Student	62,500	6,800	!
Looking after family/home	~	6,200	7,000
Temporary sick	500	1,900	~
Long-term sick	5,800	19,100	30,100
Discouraged	!	!	~
Retired	!	!	34,700
Other	3,700	3,100	7,200

Females	Aged 16-24	Aged 25-49	Aged 50-64
Student	66,100	8,700	~
Looking after family/home	10,500	62,700	21,200
Temporary sick	!	2,500	~
Long-term sick	3,600	17,200	35,000
Discouraged	!	!	!
Retired	!	!	49,100
Other	5,300	8,600	15,400

(Extract from NOMIS Annual Workforce Survey, 2017-2018)

The profiles of economically inactive people in the East Midlands showed some differences along the lines of gender and age, the only exception to which is the student groups. Women who were economically inactive were far more likely to be looking after the family or the home while men who were economically inactive were more likely to be listed as long-term sick than anything else. Having said that, long-term illness appeared recorded at approximately the same rates among men and women, with disparities across the age groups not exceeding 2000 people.

There were large groups of early retirees, but the women's group was bigger by approximately 15000 people, confirming the theory that were likely incentivised or encouraged to retire early rather than work until the cutoff age of 64. When examined in conjunction with the UK-wide findings (that women were far more likely to become economically inactive if not in employment or seeking employment) this adds more dimension to the overall picture.

Support Data for the UK

Data on EA core and work-limiting disabilities from the annual population survey (Jan 2018-Dec 2018) shows that there were approximately 8.5 million people who were listed as having an EA core or a work-limiting disability. About 4.9 million of them were economically active, 3.5 were inactive, and 414,600 were actively job seeking. Among those in employment, women with an EA core or work-limiting disability were slightly more likely to be salaried employees (representing 57% of all employees with disabilities) and men were more likely to be self-employed (representing 60% of all self-employed people with disabilities). Men with disabilities were also slightly more likely to be unemployed/job seeking than women (split 54:46) and women were slightly more likely to be inactve than men (split 58:42).

For comparison, data on people without EA core and work limiting disabilities shows similar splits across groups and genders - men and women were employed at approximately the same rates (54:46 male to female), they tended to seek work at approximately the same rates (53:47 male to female), and they represented almost equally across salaried employees (52:48 male to female). The only areas where there was a bigger gender disparity was in self-employment, where males represented 68% of the group compared to 32% of females, and in economic inactivity, where men were 32% of the total population and women were 64% (which is in line with the findings from the previous section).

Other UK-wide findings of relevance could be that:

- People with disabilities tend to be employed traditionally at lower rates than people without disabilities.

- People with disabilities tended to be self-employed at approximately the same rates as people without disabilities.
- People with disabilities in employment tended to predominately be employees rather than entrepreneurs.
- People with disabilities sought work at the same rates as those without disabilities.
- Economically inactive women with disabilities outnumbered economically inactive men with disabilities by a smaller margin than their able-bodied counterparts.

It is likely that there is good provision and support for disabled people across the UK which allows them to build resilience and thrive in the workplace.

Having said all of this, support can vary from region to region and city to city. Within Lincolnshire, for example, there are Local Authorities without a single LSOA in the 10% more deprived areas in England (North Kesteven and South Kesteven, for example), and there are areas with 18 LSOAs in the 10% most deprived areas in England (East Lindsey and Lincoln). Those same Local Authorities host a number of LSOAs that are in the 11%-20% most deprived in England. (Data as presented by the Lincolnshire Research Observatory.) What this means is that there are areas in the county where premature death, comparative illness and disability, and morbidity ratios are high. Those are also areas where there are high numbers of adults suffering from mood and anxiety disorders; who have to frequently go to the hospital; who claim health benefits; who attempt and succeed at suicide. Indeed, according to the JSNA Suicide Audit for Lincolnshire (2018) the suicide rates in the most deprived areas of the county were nearly 2 times the national average and 3 times those in Lincolnshire's least deprived areas.

There are a number of reasons why health benefits are claimed. Per data from August 2018, the most common reasons for claiming Disability Living Allowance in Greater Lincolnshire are Learning Difficulties, Hyperkinetic Syndromes, Behavioural Disorders, Neurological Diseases, and Diabetes Millitus (especially for those aged 0-49); for older people, arthritis, heart disease, psychosis, and cerebrovascular diseases were some of the most common reasons for claiming the benefit (data from NOMIS).

It is worth noting, however, that not everyone who is eligible for DLA will apply for it, and it is also worth noting that not everyone who applies for DLA will be found eligible, which means that the data presented in this report does not fully reflect the landscape in Greater Lincolnshire. When looking at the JSNA Suicide Audit for 2018, for example, 67% of all suicides in Lincolnshire had known mental health issues.

The JSNA Suicide Audit is also relevant because it shows, in addition to the fact that 67% of suicides in 2017 had had mental health issues, 39% had known family or relationship issues, 40% had attempted taking their life before, or had had known suicidal tendencies. The majority of people whose death was ruled a suicide had attempted to access health care provision within a year of their deaths. Half were in employment, a quarter retired, and 1 in 7 were unemployed. This would suggest that, in Lincolnshire at least, access to care is not as good as it can be; there are significant disparities from one LSOA to another; and the care provision is not as good as it could be.

Indeed, the key risk factors identified for suicide in Lincolnshire were, from most to least common:

- Mental ill health
- Known suicidal tendencies
- Previous suicide attempts
- Family/relationship issues
- Health concerns (including medical conditions/disabilities)
- Harmful drinking or alcohol misuse
- Financial concerns

- Drug Misuse
- Bereavement
- Recent unemployment/employment concerns
- Housing concerns
- Previous self harm*

*Self-harm was separately identified in the report as an issue, with 1034 emergency hospital admissions in 2016-2017 due to self-harm. The rates for Lincolnshire were lower than the national average, however, it is still a predictor for suicidal ideation.

## Divorce Data for the UK

From the Office of National Statistics:

- "There were 101,669 divorces of opposite-sex couples in England and Wales in 2017, a decrease of 4.9% compared with 2016, but similar to the number seen in 2015 (101,055).
- "There were 338 divorces of same-sex couples in 2017, more than three times the number in 2016 (112 divorces); three-quarters (74%) of same-sex couples divorcing in 2017 were female.
- "In 2017, there were 8.4 divorces of opposite-sex couples per 1,000 married men and women aged 16 years and over (divorce rates), representing the lowest divorce rates since 1973 and a 5.6% decrease from 2016.
- "The divorce rate for opposite-sex couples was highest among men aged 45 to 49 years and women aged 40 to 44 years.
- "The average (median) duration of marriage at the time of divorce was 12.2 years for opposite-sex couples; this matches the high last seen in 1972.
- "Unreasonable behaviour was the most common reason for opposite-sex couples divorcing with 52% of wives and 37% of husbands petitioning on these grounds; it was also the most common reason for same-sex couples divorcing, accounting for 83% of divorces among women and 73% among men."

- Source https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/2017There was no dedicated data on divorce on the Lincolnshire Research Observatory.

Data on Young People in the UK

Open Data on Young People published in February 2019 shows that, in Oct-Dec 2018, there were a total of 788 of young people aged 16-24 who were not in Education, Employment or Training, which is considerably lower than the highest point in the time series (in Apr-Jun 2011) and slightly lower from when the time series was first recorded in Oct-Dec 2001 (see below).

NEET Time Series
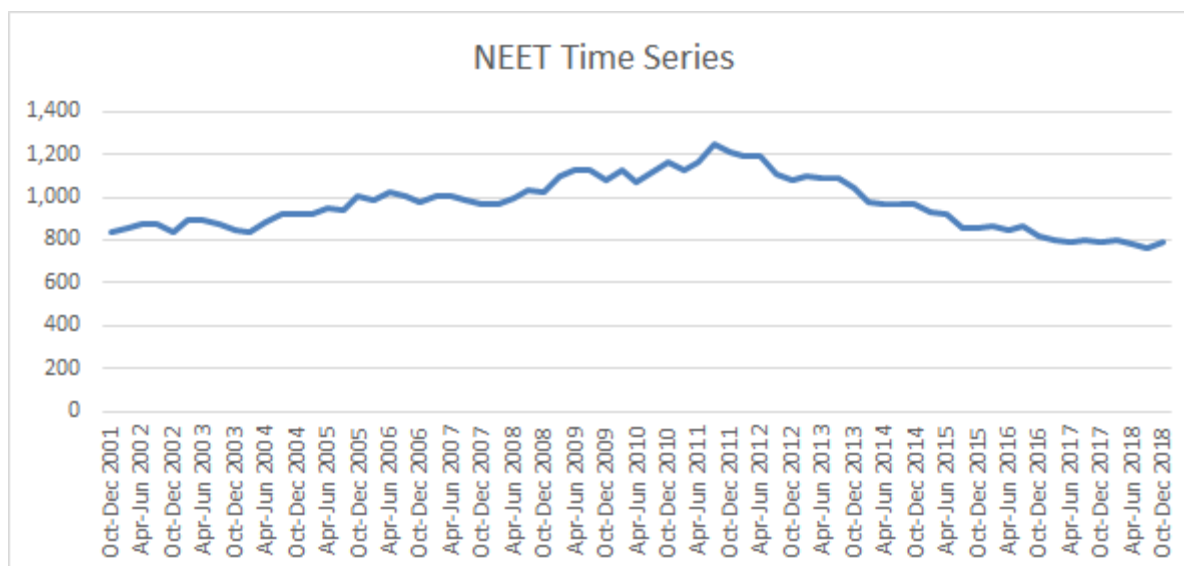
The majority of those young people were aged 18-24, which suggests there is only a small number of 16-17 year olds in the UK that were, at the time of the recording, not at school. Men and women were more or less equally represented, with young men being slightly fewer than young women. This statistic makes sense when considered in conjunction with other labour market statistics that have been seen on this report.

For those in full-time education, the labour market statistics showed that the majority of students tended to be economically inactive, followed by those in employment and those who were seeking employment. The older the students got for Lincolnshire, the more the gap between the employed and economically inactive groups narrowed.

Great Lincolnshire	16-19 in employment	16-19 unemployed	16-19 inactive	20-24 in employment	20-24 unemployed	20-24 inactive	25+ in employment	25+ unemployed	25+ inactive
Living with parents	8,414	3,179	18,835	1,354	241	1,490	246	52	301
Living in a communal establishment: Total	556	381	1,524	578	257	1,349	37	12	112
Living in all student household	172	130	371	805	206	1,302	566	86	384
Student living alone	27	32	141	93	38	103	284	43	231
Living in a one family household with spouse, partner or children	59	33	103	308	59	282	1,424	121	1,149
Living in other household type	250	148	902	370	78	383	346	54	309

The data for the over 25 cohort shows that those in employment (while also in full-time study) was bigger than the economically inactive one.

The older the students got, the less likely they were to also live with their parents.

It was very unlikely for most students to live alone - far more likely was living in a communal house or in a one family household.

This has implications about their mental wellbeing and their ability to build resilience - particularly when looking at the findings from the Lincolnshire JSNA Suicide Audit 2018.

Other relevant data can be found at the JSNA 2019 Young People in the Criminal Justice System report. According to the data published therein, there are fewer young people entering the justice system per 100,000 of the population in 2018 than in 2013. In fact there are fewer young people receiving custodial sentences in court in Lincolnshire compared to the East Midlands and England, and the percentage that re-offend in the 3 months following their involvement with the YOS (2018) was slightly lower in Lincolnshire than in the East Midlands and in England.

This is relevant because youth offenders appear to be at a high risk of self-harm, suicide, and substance misuse. Indeed, per the JSNA 2019 report:

> "12.1% of young offenders have a diagnosed mental health condition.

> "31.3% of young offenders have a history of or are at risk of self harm, with 15.5% identified as being at risk of suicide.

> "28% have a special educational need or disability.

> "71.2% engage in substance misuse, and 17% have both a substance misuse and a mental health concern problem."

- Source: http://www.research-lincs.org.uk/UI/Documents/Topic%20on%20a%20Page_Young%20People%20in%20the%20Criminal%20Justice%20System_2019.pdf

There was no data found on the Lincolnshire Research Observatory that related specifically to LGBT+ people, either youths or adults. On a national level, the ONS has published a paper on its position on Data for Transgender people, basically outlining the difficulties the Office of National Statistics found in collecting data on gender identity (despite identifying a need for it). It would appear as though there is not enough data being collected on any level for there to be significant enough statistical releases, despite the fact that it could be related to a number of health topics - including risk of mental illness and suicidal ideation.

Conclusion

The total recent spike in suicides registered in 2018 is troubling indeed, but the data on factors contributing to suicidal ideation – unemployment, lack of support, divorce, and the erosion of youth services – gives the impression of a long-term problem that has slowly been coming to a head.

The question now is, faced with this statistical evidence, what will be the local and central government's response?