

Introduction

This is the second annual report using data from Essex Police's Real Time Suicide Surveillance (RTSS) System. Each annual report looks at the cumulative number of suspected suicides reported to RTSS, with an aim of establishing long term trends.

RTSS covers all of Greater Essex, and records suspected suicides which an Essex Police officer responded to. This is different to confirmed suicides, which in most cases need input from the coroner. Some of the suspected suicides in RTSS may be ruled 'not a suicide' once the coroner finished their inquest. RTSS may also miss suspected suicides which occur in some settings – for example if a Greater Essex resident dies by suicide far outside Essex, or if the death occurs in some healthcare settings which would not result in the Police being called

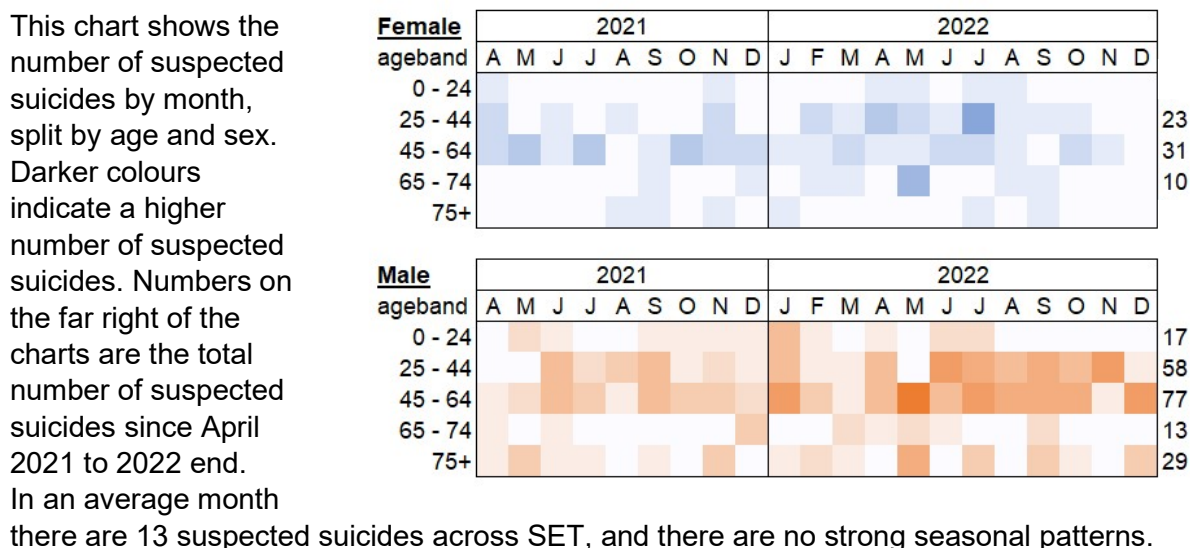
The benefit of RTSS is speed. In 2021 it took 180 days on average for a death by suicide to be registered, compared to the monthly data flows from RTSS. Detailed information from RTSS is used by suicide prevention leads across Greater Essex, and censored bimonthly & annual reports are shared to partners to flag any concerns.

This report looks at all suspected suicides which occurred in 2022. RTSS began in April 2021, and the previous annual report ran between April 2021 to March 2022. Going forward all reports will be based on calendar year instead of financial year, this ensures RTSS reporting time periods line up with national reporting time periods.

Trends

Between April 2021 – December 2022 there have been 270 suspected suicides reported to RTSS. 178 of those occurred in 2022. 72% (194) of these suspected suicides are male, and the majority of suspected suicides occur in the middle age (45 - 64) group. This is similar to the national picture.

Suspected suicides by month



There is a very wide range in the age of death by suspected suicide, ranging from 11 to 99 years old. Males make up a much larger proportion of suspected suicides in the 75+ group (83% compared to 72% overall), and there is an almost even gender split in the 65 – 74 group.

The number of suspected suicides is increasing. Between April – December 2021 there were 92 suspected suicides. In 2022 there were 178.

Suspected suicide rates by year, age, and sex are shown in the table.

Suspected suicides have almost doubled in the 25 – 44 group (from an estimated 31 in 2021 to 58 in 2022), with twice as many male and female suspected suicides compared to last year. Males aged 75+ continue to have the highest suspected suicide rates (25.5 per 100k). Suspected suicide rates are consistently higher in males compared to females.

Suspected suicide rates per 100,000 residents

	Unemployment rate, per 100,000 residents					
	Total		Female		Male	
	2021	2022	2021	2022	2021	2022
All ages	6.6	↑ 9.6	4.2	6.4	9.1	↑ 19.4
0 - 24	2.3	2.7	1.0	1.6	3.4	3.7
25 - 44	6.5	↑ 12.2	3.3	6.9	9.9	18.0
45 - 64	10.9	13.9	9.1	5.6	12.8	22.5
65 - 74	4.8	8.2	2.6	7.8	7.2	8.6
75+	10.0	12.7	4.0	3.0	17.9	25.5

Note: Full year 2021 data estimated based on Apr – Mar.

Arrows show significant increases on last year

There has been a significant increase in the all-age suspected suicide rate (9.6 suspected suicides per 100,000 residents in 2022 compared to 6.6 in 2021). This increase has mostly been driven by a significant increase in male suspected suicides. Some of the largest increases in rates occurred in males, particularly in males aged 45 – 64, 25 – 44, and 75+. There has also been a significant increase in the suspected suicide rate in 25 – 44 year olds, driven by an increase in both males and females. Suspected suicide rates vary year on year, but the increases seen in these three groups are so large that they are unlikely to be due to chance.

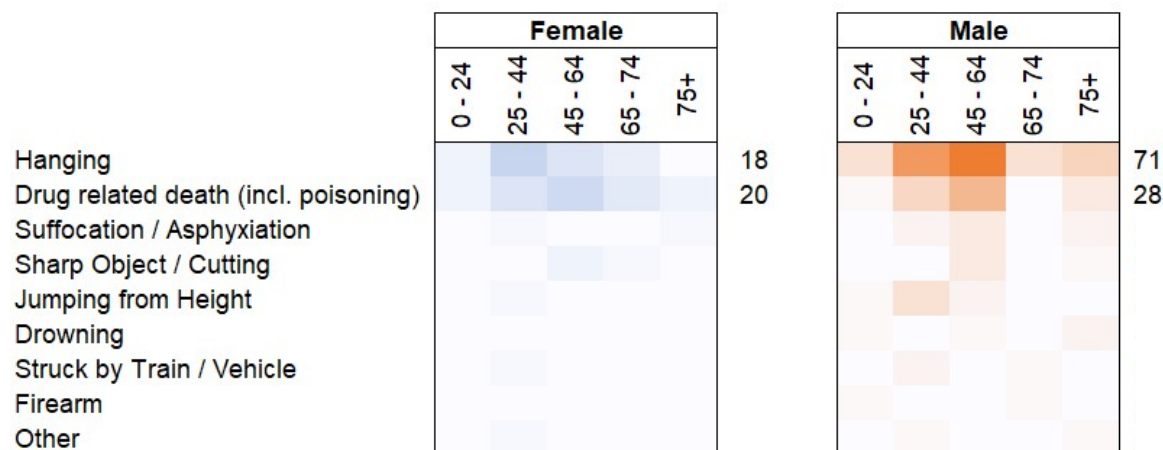
Almost every age & sex has seen an increase in suspected suicides in 2022. Due to relatively small numbers we can't say if these differences are due to chance. We will continue to monitor suspected suicides by age, with a particular focus on any groups which show consistent year on year increases.

Despite a slight increase in 2022, Greater Essex's suspected suicide rate in the 0 – 24 group continues to be significantly lower than the latest England & Wales 0 – 24 rate.

Methods

Hanging and drug related methods (including poisoning), continue to be the two most common methods used in suspected suicides. Together these two methods account for 77% (137) of all suspected suicides which occurred in 2022. The chart below shows methods used, split by sex and age.

Suspected suicide methods, 2022



Drug related deaths are the most common method used in females. The most common method for males is hanging. Males use a wider range of methods compared to females. Hanging and drug related methods account for 83% of all suspected suicides in females, compared to 75% of all male suspected suicides. Jumping for height and suffocation / asphyxiation are the two most common methods after hanging and drug related methods for males, and sharp object / cutting is the next most common method for females.

Drug related deaths include poisonings and overdoses using medication. The most common medication types are pain medication and mental health medication. This data is based on information the officer collected at the scene, it is not based on toxicology reports or medical records and so may undercount the actual number of deaths involving these medicines.

Location (including ICB breakdown)

The majority (72%) of suspected suicides occur in private residences, most often the persons home. Public places are the next most common location (21%). The proportion of deaths occurring in these two locations hasn't changed since 2021. Almost all drug related deaths which involve prescription medication occur at the persons usual place of residence (91%). There is a wider range of methods used in public places, though hanging is the most common. There are no common locations for suspected suicides which occur in public.

The table shows the number of suspected suicides & standardised rates for the three ICBs. Because Essex Police Force Area only covers Greater Essex, parts of Hertfordshire & West Essex and Suffolk & North East Essex ICBs are not included in the data. The number of suspected suicides for these areas will be an undercount of the actual number. The missing data for these areas is held by Hertfordshire and Suffolk Police respectively.

ICB suspected suicides, 2022

	Number		Rate	
	2021	2022	2021	2022
MSE	49	99	6.5	9.6
SNEE	25	36	11	12.2
HWE	13	23	6.1	8

Note: SNEE & HWE only include the parts inside Greater Essex

The Greater Essex portion of SNEE (Tendring and Colchester) continues to have the highest suspected suicide rate, and the Greater Essex portion of HWE (Epping, Harlow, and Uttlesford) continues to have the lowest. These rates account for the different age and sex structures of the areas, so can be compared across ICBs. Due to small numbers, none of these rates are statistically significantly different from each other.

The number of suspected suicides has increased in all ICBs. Partly this is because we have a full year of data for 2022 and only 9 months of data for 2021. After adjusting for the incomplete 2021 data, we would expect around 66, 33, and 18 suspected suicides in MSE, SNEE, and HWE respectively – so the increase can't be fully explained by more complete data. The increases suggest that interventions are needed across all 3 ICBs, rather than just focusing on SNEE due to the relatively high rate.

For more complete data, please use the [public suicide rates](#). These count all suicides within the ICBs (rather than just the Greater Essex parts), but are based on death registrations so have a lag compared to RTSS.

Risk factors

The table below shows common factors recorded in Police systems for people who died by suspected suicide in 2022. This is based on information available to the Police and information gathered by the officer who responds to the suspected suicide at the scene, so may be an under-report of the actual number. For example, if the next of kin was not aware

that the person had recently been in contact with mental health services, they wouldn't share that information with the officer and it wouldn't be reported to RTSS.

Comparisons to 2021 haven't been made. There have been substantial improvements in data quality this year, so it isn't clear if any increases in risk factors is due to improvements in reporting or due to an increase in suspected suicides with those risk factors.

Factors recorded in police systems for people who die by suspected suicide		Suspected suicides
Recent contact with services (6 months before death)	Total	77
<i>Note: people can be known to more than 1 service, numbers won't sum to total</i>	Mental health	53
	Police	45
Previous self-harm, suicide ideation, or attempt	Total	69
<i>Note: people can be in multiple categories, numbers won't sum to total</i>	Suicide attempt	55
	Suicide ideation	16
	Self-harm	<10
Domestic abuse	Total	25
<i>Note: people can be victims & suspects, numbers won't sum to total</i>	Suspect	17
	Victim	10
Social, housing, or financial issues	Total	38
<i>Note: people can have multiple issues, numbers won't sum to total</i>	Relationship issues	23
	Financial issues	12
	Housing issues	<10
Relationship, employment, and living arrangements		
	Live alone	67
	Single	52
	In a relationship	55
	Separated	37
	Unemployed	34

Future work

RTSS will be expanded to include more data sources. Two major gaps are attempts data and healthcare data. This work is still in early stages. If you know any potential sources which may be helpful, or want to discuss other potentially useful data sources, please get in touch with Tracey.Allen@essex.police.uk, Gemma.Andrews@essex.gov.uk, mpayne@thurrock.gov.uk, SimonDFord@southend.gov.uk, and Sean.Maguire@essex.gov.uk.