

National investigation into suicide in children and young people: End of study report

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BACKGROUND

Suicide is a leading cause of death in young people, in whom many causes common in older age groups are unusual. In England and Wales the prevalence of suicide is low in young people compared with other age groups; 0.4 and 5.6 deaths per 100,000 population in 10-14 and 15-19 year olds, respectively, against 15.6 per 100,000 population in 45-49 year olds; the age group with the highest rates (Office for National Statistics (ONS), 2018). Although the UK overall has a relatively low rate of suicide by children and young people compared to other countries (World Health Organisation, 2014), there has been a recent increase, reversing a decline over the previous 10 years. Rates also vary within the UK, with the highest suicide rates in young people in Scotland and Northern Ireland (NCISH, 2016).

Several risk factors for suicide in the general population are likely to be important in children and young people, such as social isolation, substance misuse, and a history of self-harm (McManus et al, 2016, Houston et al, 2001). The rate of self-harm in young women, for example, is three times higher than reported 15 years ago (McManus et al, 2016). However, there are additional child and young-person specific factors that attract public and professional concern, including (online) bullying, educational and exam stresses, and suicide-related internet use. Studies of these factors are few, and are limited by small sample sizes (Daine et al, 2013; Freuchen et al, 2012; John et al, 2014).

We established a national study combining multiple sources of information to investigate antecedents of suicide in children and young people aged 10-19 years in all UK countries. We also examined a smaller sample of 20-24 year olds who died by suicide.

OBJECTIVES OF THE STUDY

We carried out this study to find the common themes in the lives of young people who die by suicide. We wanted to identify possible sources of stress and examine the role of support services.

Specifically, we aimed to:

- examine the antecedents of suicide in children and young people;
- determine how frequently suicide is preceded by child-specific and young person-specific suicide risk factors, as well as all-age factors;
- identify contact with health and social care services and justice agencies; and

- make recommendations to strengthen suicide prevention for children and young people.

METHODS

In this three-year study, national suicide data were obtained from ONS, National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) for all individuals aged between 10 and 19. These deaths occurred between January 2014 and December 2016. In total, there were 595 deaths by suicide in the three year time period, in the UK. Information was received from one or more of the following data sources for 544 (91%) individuals.

1. Coroner inquest hearings/files (England, Northern Ireland and Wales), or police death reports (Crown Office and Procurator Fiscal Service (COPFS) in Scotland)
2. Child Death Overview Panel (CDOP) child death investigations (under 18 years, England only)
3. Serious Case Reviews (and country equivalents)
4. Criminal justice system reports (Prisons and Probation Ombudsman (PPO) and Independent Police Complaints Commission (IPCC), and country equivalents)
5. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) data
6. NHS Serious Incident reports (and country equivalents)

In the second year of the study only, we also selected a random sample of 20% (n=141) of deaths of people aged 20 to 24 from all suicides in this age group in England, Scotland and Wales, who died between January 2014 and December 2015 (n=691). Information was received for 128 (91%) of the individuals in this smaller sample.

Over a 3-year period (January 2014 - December 2016)(<20s only):

- 595 children and young people aged 10-19 who died by suicide in the UK were identified
- Data about these individuals were received from one or more data sources for 544 (91%) individuals
- 526 (88%) coroner inquest hearings (or equivalent) were received, reflecting the provision of data from 90 of 94 coroner jurisdictions (including the Coroners Service for Northern Ireland and the COPFS in Scotland)
- 127 (21%) individuals were identified as patients (i.e. in contact with mental health services in within 12 months of suicide) from mental health trust and health board records.

- For 97 (16%) we received a copy of the NHS Serious Incident report (or country equivalent) report

The study was successful in achieving its objectives. The response rate from coroners, Local Safeguarding Children Boards (LSCBs) and mental health services was high, and overall the study has received a positive response from coroners and other data providers. We would like to acknowledge the assistance we have received in the collection of data for this study. We would like to thank coroners and their staff, CDOPs and their respective LSCBs, Medical Directors and Trust/Health Board staff, the IPCC and the PPO for their time, the provision of data and for the contribution they have made to suicide research and prevention.

MAIN FINDINGS

The main findings of the study are summarised below, and in the attached infographics from our previously published reports:

- The number of suicides at each age rose steadily into the late teens. Most of those who died were male (71%)
- 25% had been bereaved – 9% by the suicide of a family member or friend
- Academic pressures were common. 27% of those in education were facing exams or exam results at the time of death
- 19% had been a victim of bullying
- A history of abuse was recorded in 9%
- 8% of under 20s who died were looked after children
- 6% were reported to be lesbian, gay, bisexual or transgender (LGBT) or uncertain of their sexuality. 28% had been bullied and 63% had previously self-harmed
- Suicide-related internet use was found in 24% of deaths in under 20s. This was most often searching for information about suicide methods or posting suicidal content online
- Self-harm was reported in 49% of under 20s
- 60% were known to have had contact with at least one agency or service (i.e. mental health care, social care, criminal justice agencies). 41% had been in recent (<3 month) contact – in 26% this was mental health care
- In the two-year sample of 20-24 year olds, we found that although under 20s and 20-24 year olds had many antecedents in common, there was a changing pattern, reflecting the stresses experienced at different ages. Academic pressures and bullying were more common before

suicide in under 20s, while workplace, housing and financial problems occurred more often in 20-24 year olds.

CONCLUSIONS

Suicide in young people is rarely caused by one thing; it often appears to follow a pattern of cumulative risk, with traumatic experiences in early life, a build-up of adversity and high risk behaviours in adolescent/early adulthood, and a 'final straw' event, like the break-up of a relationship. Each component of this model is open to prevention in different ways, i.e. supporting vulnerable young children and their families, services for self-harm, healthy workplaces. Suicide prevention in children and young people is a role shared by front-line agencies; they need to improve access, collaboration and risk management skills. Services for self-harm are also key to suicide prevention in children and young people, and should work in collaboration with services for substance misuse.

DISSEMINATION OF THE RESEARCH

Thematic reports, with accompanying infographics, were published in May 2016 and June 2017 and can be found on our website at:

- <https://manchester.ac.uk/ncish/reports/suicide-by-children-and-young-people/>
- <https://manchester.ac.uk/ncish/reports/suicide-by-children-and-young-people-in-england/>

We have also produced videos which highlight the key findings from our reports, our recommendations and what our findings mean for prevention:

- https://www.youtube.com/watch?list=PLsvufjLFSP51AVHnrIDisjAzo4-hLjSI2&time_continue=2&v=KobujL64Yg8
- <https://www.youtube.com/watch?v=G30Vdl8gEAY&index=4&list=PLsvufjLFSP51AVHnrIDisjAzo4-hLjSI2>
- https://www.youtube.com/watch?list=PLsvufjLFSP51AVHnrIDisjAzo4-hLjSI2&time_continue=9&v=2dxECGsx9Ws
- <https://www.youtube.com/watch?v=9hcuSxE8lc0&list=PLsvufjLFSP51AVHnrIDisjAzo4-hLjSI2&index=12>

An academic journal article, in the Lancet Psychiatry, has also been published (Rodway et al, 2016):

- [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30094-3/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30094-3/abstract)

We published a Manchester Policy blog post in 2016 about our study findings: 'Cumulative risks and final straws: what leads to children and young people taking their own lives?'

- <http://blog.policy.manchester.ac.uk/posts/2016/05/cumulative-risks-and-final-straws-what-leads-to-children-and-young-people-taking-their-own-lives/>

Data from this study were also included in the NCISH annual reports:

- <https://manchester.ac.uk/ncish/reports/>

We have also presented study findings at the 16th European Symposium on Suicide & Suicidal Behaviour and the 2nd and 3rd Suicide and Self-Harm Early Career's Researchers' Forum, as well as to NHS Trust and CDOP audiences.

Our research in this area has been referred to in the 2017 Third Progress Report of the Suicide Prevention Strategy (HM Government, 2017).

Further findings from the study on specific sub-groups (e.g. bereaved children and young people who die by suicide, suicide by under 18s, and suicide-related internet use), will be published as academic journal articles. We aim to be ready to submit these papers for publication in 2019.

Information about these publications will be made available through our website

(<https://sites.manchester.ac.uk/ncish/>) and our Twitter page - @NCISH_UK.

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