

# Lincolnshire Suicide Audit 2024

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## Foreword

Suicide is when someone ends their own life. It is a very tragic response to difficult situations and feelings. Suicide can affect anybody at any time, although certain circumstances or characteristics may increase personal risk. Thousands of people in the UK end their lives by suicide each year and one in five of us think about suicide in our lifetimes. (Source: Mental Health UK). Suicide can be preventable. There are many actions that can be taken by individuals, organisations, and communities to prevent deaths by suicide. The Suicide Prevention Strategy for England recommends that local authorities develop a Suicide Prevention Strategy and Action Plan.

Lincolnshire County Council Public Health have published their Lincolnshire Suicide Prevention Strategy 2024-2028 ([Lincolnshire-suicide-prevention-strategy-24-28.pdf \(lhih.org.uk\)](#)), developed on a multi-agency basis, their vision is for Lincolnshire to be a place where there are fewer deaths from suicide; where people have hope, feel able to speak openly about suicide, and everybody receives the support they need.

This annual suicide audit will support the strategy through provision of appropriate and timely intelligence that helps identify cohorts of local people who are at high risk of suicide. This intelligence will enable local priority actions for preventing suicide to be considered and developed. The value of this audit is to provide insight into suicide within Lincolnshire, including trends and identifying any areas where services could or need to be focused.

## Global and National Context

Suicide is defined as the intentional taking of one's own life. Since the Suicide Act 1961, it has been written in law that the act of suicide is no longer a criminal offence, however Section 2(1) of the Act provides that it is an offence to assist another person to die by suicide (Source: Curtice M, Field C. Assisted suicide and human rights in the UK. *The Psychiatrist*. 2010;34(5):187-190). Suicidal behaviour is most commonly regarded and responded to as a psychiatric emergency. Suicide is considered to be a major public health problem, but is recognised as preventable with timely, evidence-based interventions. (Source: World Health Organisation). Every suicide is a tragedy that affects families, communities and entire countries, and has long-lasting effects on the people left behind.

The World Health Organisation (WHO) estimates more than 720,000 people die by suicide each year, and for each suicide there are an estimated 20 suicide attempts. Suicide can occur at any stage of life, and in 2021, suicide was the third leading cause of death among 15- to 29-year-olds globally. The WHO shows a global crude suicide rate of 9.2 per 100,000. At a regional level, Europe has the highest crude rate of suicide at 12.4 per 100,000 people (Source: [Crude suicide rates \(per 100 000 population\) \(SDG 3.4.2\) \(who.int\)](#)). Suicide rates are considerably lower in the United Kingdom compared to Other EU15 Western European countries, Nordic Countries, and Australia, Canada, Ireland, New Zealand and the USA ([Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#))

Suicide prevention features in the NHS Long Term Plan and will include a dedicated quality improvement programme to implement the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health in addition to multi-agency suicide prevention plans.

## National Suicide Statistics

The Office for National Statistics (ONS) reported 6,069 suicides in 2023 in England and Wales, equivalent to 11.4 deaths per 100,000 people. This is an increase compared to 2022 where the rate of suicides was 10.7 per 100,000. In line with previous trends, males accounted for around three-quarters of suicide deaths registered in 2023. The rate of male suicides in 2023 increased to 17.4 per 100,000 from 16.4 per 100,000 in 2022. The rate of suicides in females is lower than males but still increasing. The rate for females increased to 5.7 per 100,000 in 2023 from 5.4 in 2022. In 2023 the suicide rates for males and females increased to their highest levels since 1999 and 1994, respectively.

The age-specific suicide rate was highest for Males aged 45 to 49 (25.5 per 100,000) and for females the rate was highest in the 50-to-54-year age band (9.2 per 100,000). Between 2022 and 2023 there was an increase in all broad age groups. The largest increase was in those aged 45-64 years,

increasing from 13.4 per 100,000 to 14.8 per 100,000. Among males, those aged 10 to 24 have had the lowest rate of deaths by suicide, 7.4 per 100,000, since 1981. For females, those aged 10 to 24 had the lowest rate of all age groups at 3.1 per 100,000, however there has been an upward trend in this age group since 2012.

Consistent with previous years trends, the most common method of suicide in England and Wales continued to be Hanging/Strangulation, which accounted for 58.8% of all suicides in 2023 (3,569 deaths). This is followed by poisoning, accounting for 19.8% of all suicides in 2023 (1,203 deaths).

Source: [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/statistics/themes/suicides)

## Risk Factors

There are many factors that can become a reason why people die by suicide, which is often a response to difficult situations and feelings. There is an established link between suicide and mental ill health including disorders such as depression. Other risk factors include but are not limited to.

- Difficult life events such as experiencing trauma or abuse.
- Upsetting or life-changing events e.g. relationship breakdown, bereavement, or job loss.
- Drug or alcohol use.
- Social isolation.
- Mental health conditions including depression.
- History of self-harm.
- Physical health conditions including chronic pain or a serious disability.
- Financial difficulty and economic adversity.

# Office for National Statistics (ONS) Data

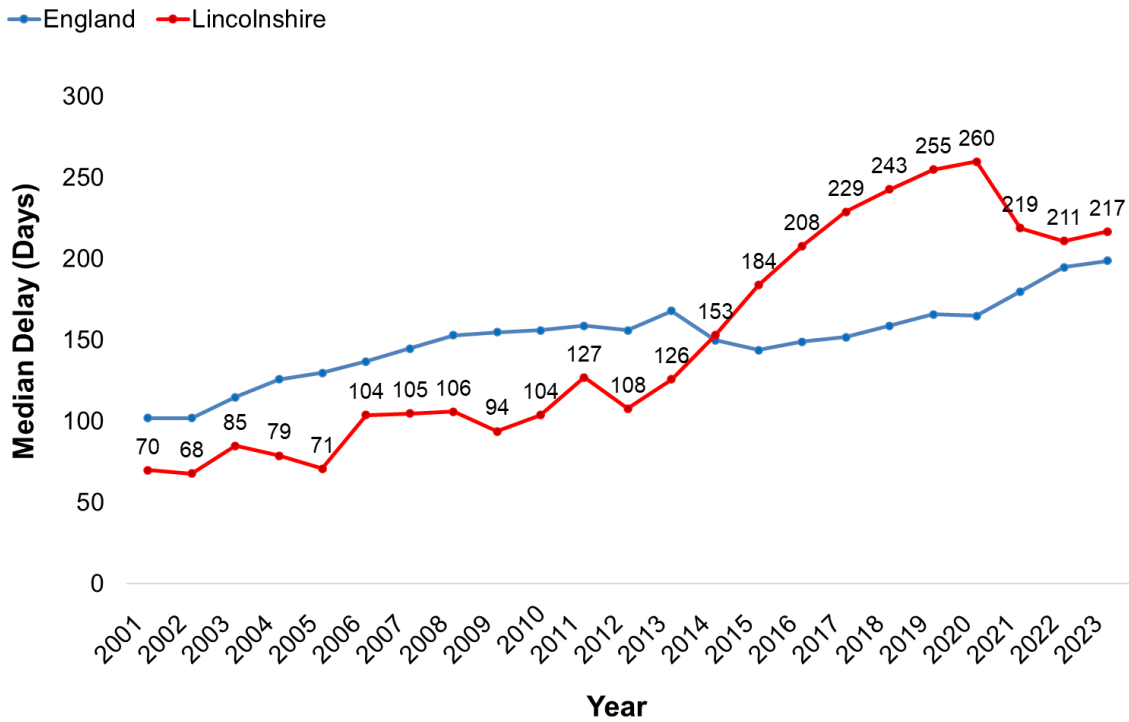
## Registration Delays

Registration delay is the time taken in days between the date the death occurred and the date the death was registered after the coroner's inquest. For most deaths, the delay is taken as an average however, as deaths from suicide and undetermined intent are often complex and can sometimes take many years for a Coroner to register, this can skew the registration delay. For suicides, the median delay is used, as this is not affected by rare, complex cases.

In Lincolnshire, the median registration delay (in days) for suicides registered in 2023 was 217 days, which is 8% longer than the England median of 199 days, see Figure 1. Lincolnshire registration delays increased year on year between 2012 and 2020, before falling in 2021 to 2022. In 2023, the median registration days has increased from 211 in 2022.

The gap between Lincolnshire and England is now just 18 days, which has decreased significantly since the previous largest gap of 95 days in 2020. Nationally, registration delays were higher in 2023 (199 days) than they were in 2001 (102 days). Lincolnshire has seen a more significant increase in registration delays over the same period, from a median of 70 days in 2001 to 217 in 2023. As a result of long registration delays, the year of inquest concluded may not reflect the year of death in the following analysis.

**Figure 1:** Median registration delays for deaths by suicide in England and Lincolnshire

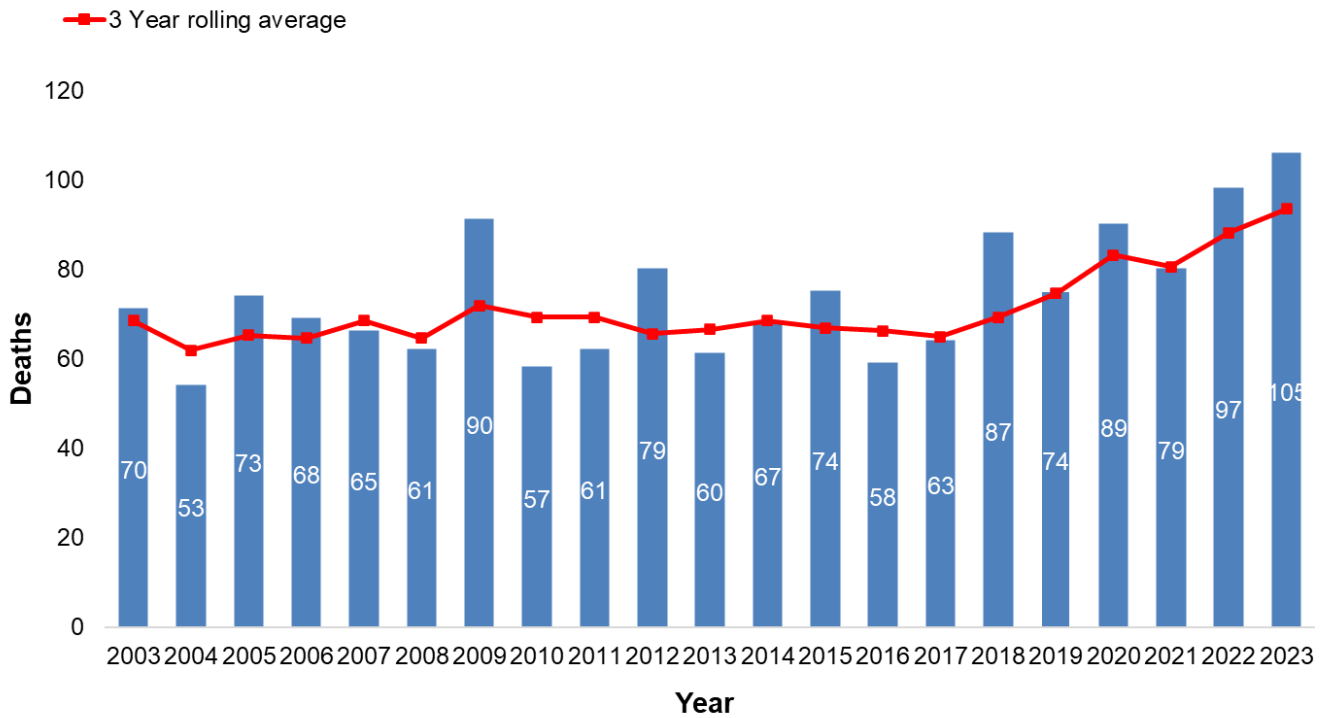


Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

## Suicide patterns over time

In 2023 there were 105 registered deaths due to suicide in Lincolnshire. This was an 8% increase on the number of suicides in 2022 (97). The number of suicides in 2023 (105) exceeds all other years from 2003 to 2023. Due to the small numbers, there can be noticeable variation year on year. Therefore, three year rolling averages have been used to smooth this variation and to investigate the longer-term trend. The three-year rolling average has increased from 88 in 2020 to 2022 to 94 in 2021 to 2023, see Figure 2.

**Figure 2:** Number of deaths due to suicide in Lincolnshire, single year, and three-year averages, 2003-2023



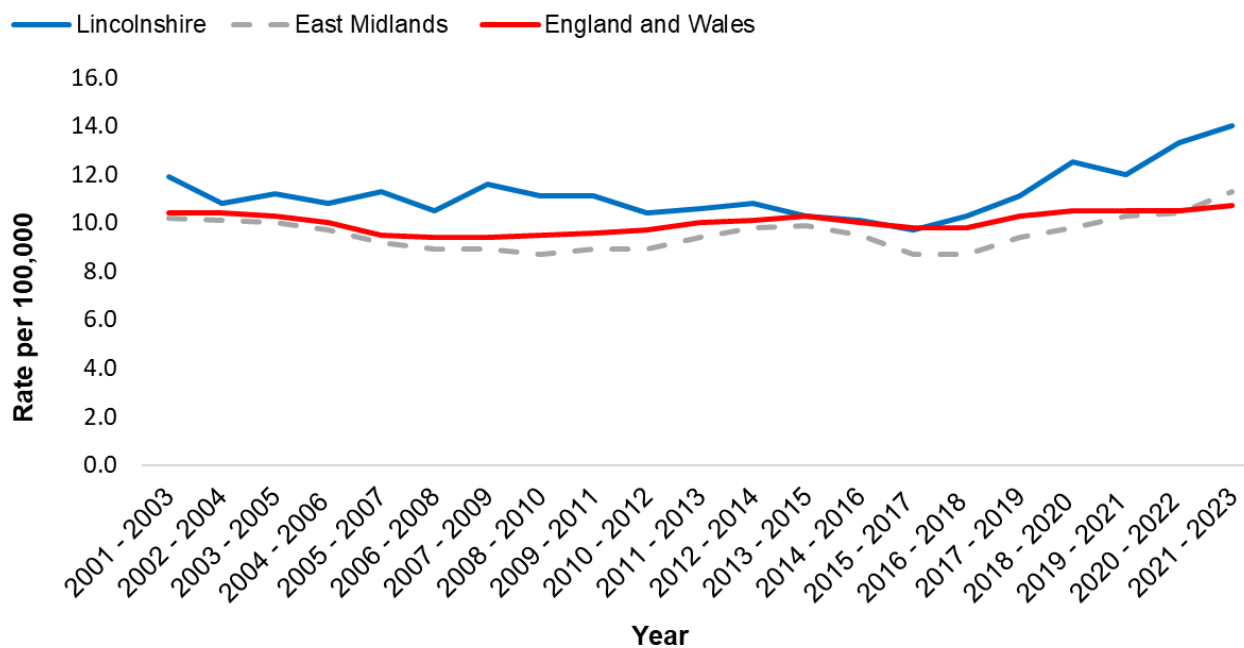
Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

## Age Standardised Rates

Age standardisation is a statistical method which considers population size and age structure, allowing us to compare rates across populations in different areas. Figure 3 shows the rate of suicide per 100,000 in Lincolnshire, East Midlands, and England.

The age standardised rate of suicide in Lincolnshire is 14.0 per 100,000. This is statistically significantly higher than both the East Midlands rate and England rate at 11.3 per 100,000 and 10.7 per 100,000, respectively. The rate of suicide in Lincolnshire has increased, from 13.3 per 100,000 in 2020 to 2022 to 14.0 per 100,000 in 2021 to 2023.

**Figure 3:** Age Standardised rates per 100,000 population



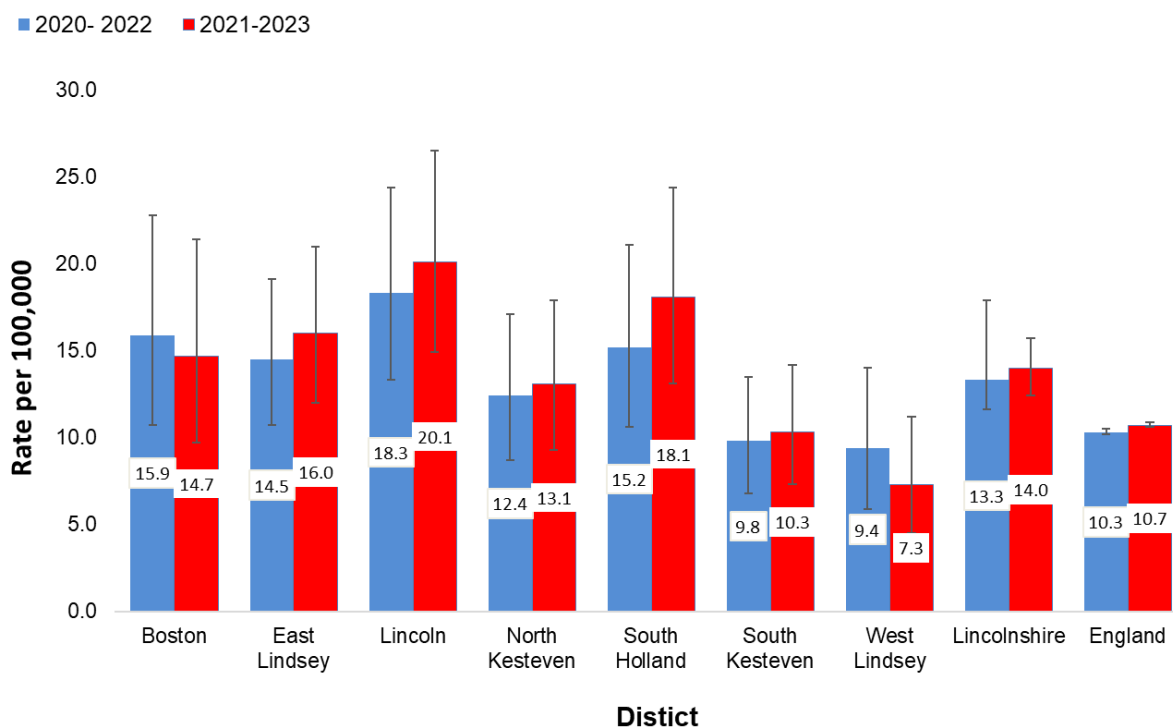
Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

## Suicide patterns by Geography

Figure 4 shows that there is variation in suicide rates by district in Lincolnshire. Lincoln continues to be the highest district by rate in Lincolnshire in the period 2021 to 23, with 20.1 deaths per 100,000. This is an increase from 18.3 per 100,000 in the period 2020 to 2022. Lincoln has the second highest rate of suicide per 100,000 people of all districts in England and Wales.

Boston, East Lindsey, North Kesteven and South Holland also have a higher rate of suicide compared to England. South Holland has seen the largest increase in the rate of suicide between 2020-22 and 2021-23, with the rate increasing from 15.2 per 100,000 to 18.1 per 100,000. In 2021-23 East Lindsey, Lincoln and South Holland had a rate statistically significantly higher than the rate in England. West Lindsey has seen a reduction in the rate of suicide between the two periods reducing from 9.4 per 100,000 to 7.3 per 100,000. Boston has also seen a reduction in the rate of suicide across these periods.

**Figure 4:** Mortality rates due to suicide in Lincolnshire, 2020-22 to 2021-23



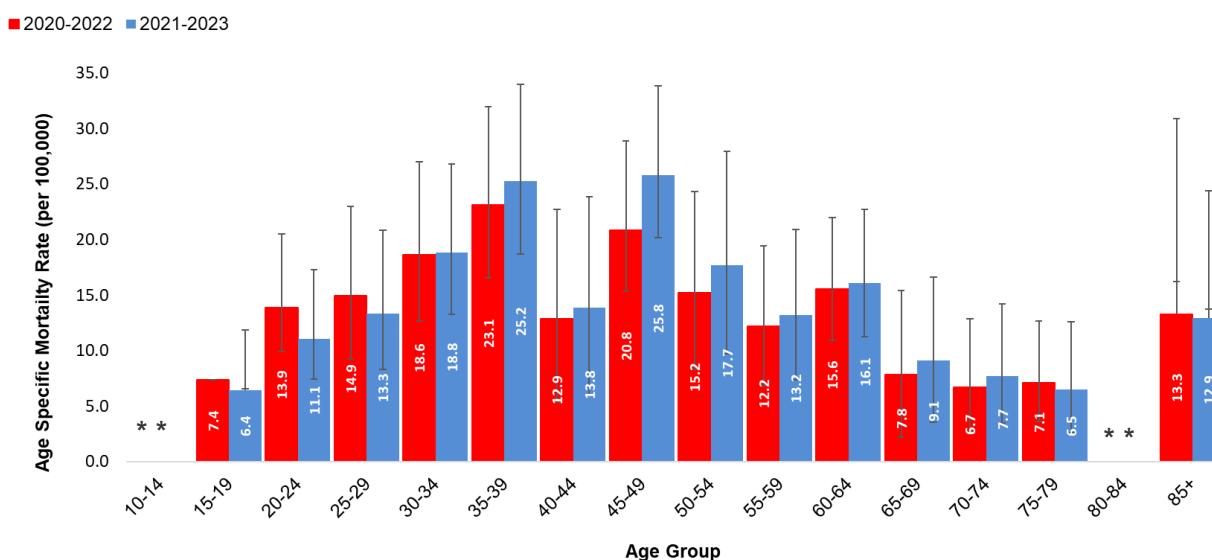
Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

# Primary Care Mortality Dataset (PCMD)

## Suicide patterns by Age and Gender

Figure 5 shows that in the period 2021-23 the highest rate of deaths by suicide was in the 45-to-49-year age band, at 25.8 per 100,000, an increase on 2020-22 when the rate was 20.8 per 100,000 people. The 45-to-49-year age band saw the highest increase in rate, compared to other age bands. The lowest rates were seen in those aged 10 to 14 and 80 to 84 years. The rate of suicide reduced in those aged 15 to 29 and ages 75+.

**Figure 5:** Age specific mortality rates due to suicide in Lincolnshire, by quinary age group, 2020 to 2022 and 2021 to 2023



Source: NHS Digital, Civil Registration, Primary Care Mortality Database

\*Indicates suppressed values

Long term trends report a higher rate of suicide in males compared to females. The rate of suicide in males and females varies with age, as shown in Table 1. The rate of suicide in females has increased from 6.2 per 100,000 to 8.8 per 100,000 in those aged 50 to 69, between 2020-22 and 2021-2023.

There has been a decrease in the rate of suicide among men aged 10 to 29 and those aged 70+, falling across the previous three time periods shown in Table 1. However, in males aged 30-49, the rate has increased from 22.1 per 100,000 in 2019-2021, to 32.7 per 100,000 in 2021-2023.

**Table 1:** Age specific mortality rate per 100,000 due to suicide in Lincolnshire, by age group, 2019-21, 2020-22 and 2021-2023

Age Group	2019-21		2020-2022		2021-2023	
	Male	Female	Male	Female	Male	Female
10-29	21.4	*	14.8	4.0	12.0	4.0
30-49	22.1	9.0	28.4	10.0	32.7	9.8
50-69	18.9	5.3	19.9	6.2	19.8	8.8
70+	16.3	3.8	13.8	*	11.5	4.1

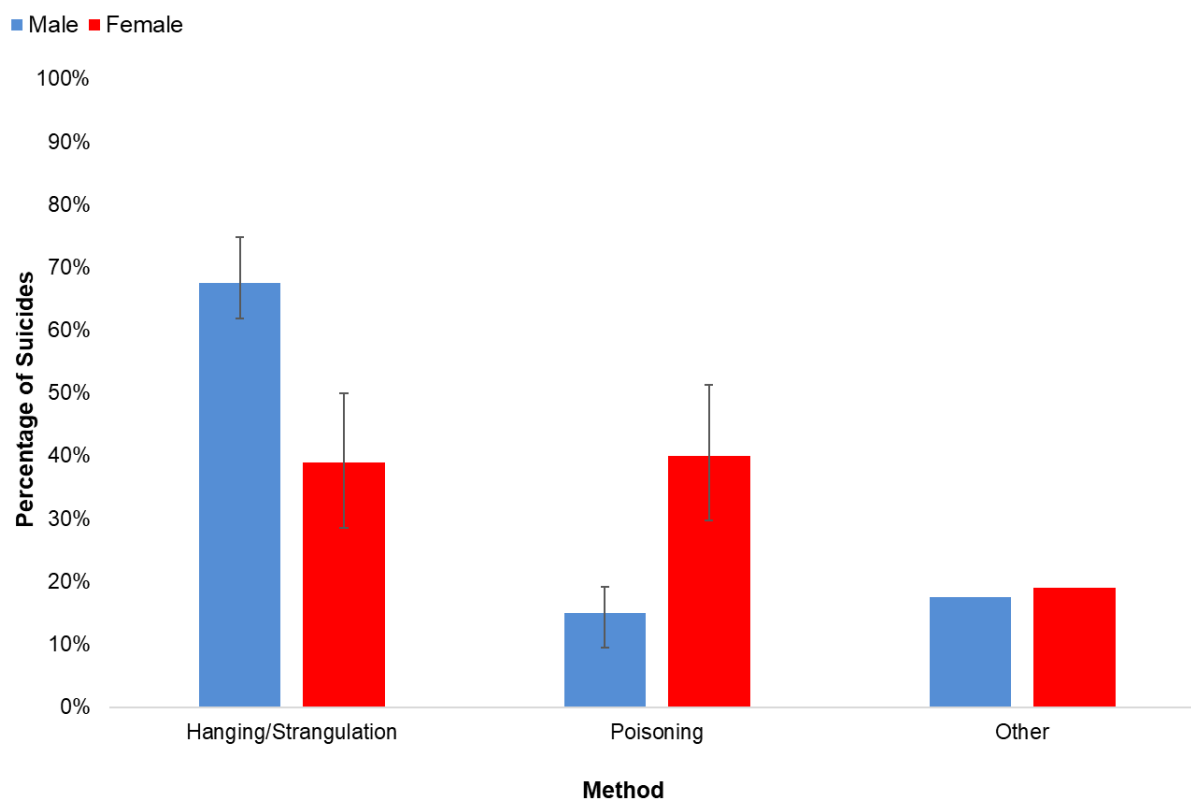
Source: NHS Digital, Civil Registration, Primary Care Mortality Database

\*Indicates suppressed values

## Method

In the period 2021-23, Hanging/Strangulation was the most common method used to die by suicide, with 60% of suicides using this method. This is consistent with previous trends, both locally and nationally. This is followed by poisoning, accounting for 22% of suicides in this period, also consistent with previous years trends. Trends in method varies by gender, with hanging/strangulation accounting for 68% of male suicides, but considerably less, 39% in female suicides, as shown in Figure 6. The proportion of females using poisoning to die by suicide is much higher than the proportion of males, at 40% and 15% respectively. Jumping/falling, cutting or stabbing and drowning are higher in the female populations, however numbers are low.

**Figure 6:** Deaths by suicide in Lincolnshire, by method, 2021-23



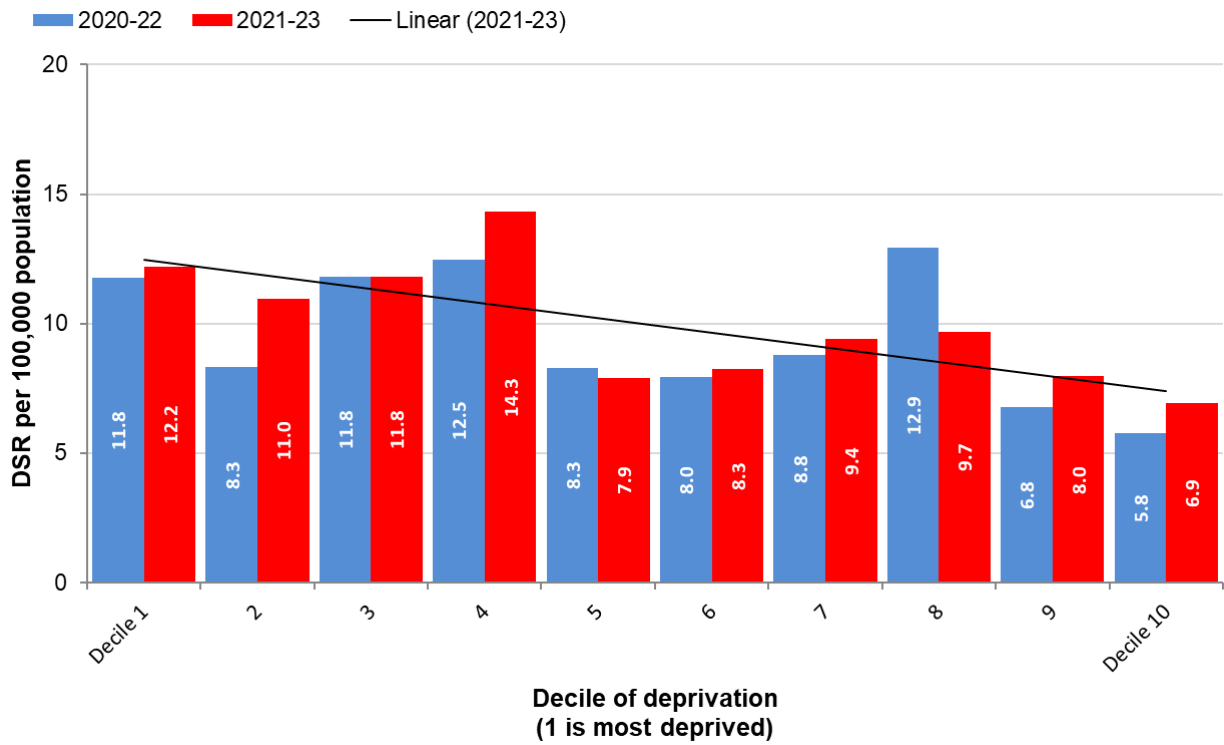
Source: NHS Digital, Civil Registration, Primary Care Mortality Database

## Deprivation

The Index of Multiple Deprivation 2019 (IMD 2019) is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every 32,844 Lower Super Output Area (LSOA), or neighbourhood in England. Each LSOA is ranked based on their deprivation scores, with those ranked in the top 10% being considered the most deprived areas in England, and those in the bottom 10% the least deprived areas. (Source: The English Indices of Deprivation 2019)

In 2021-23 the rate of suicide was highest in Decile 4, with 14.3 people per 100,000. There has been an increase in the rate of suicide in Decile 1, most deprived, increasing from 11.8 per 100,000 in 2020-22, to 12.2 per 100,000. The rate of suicide is lowest in decile 10, least deprived, at 6.9 per 100,000 people. The rate of suicide has increased across all deciles over the two time periods shown, with the exception of deciles 3,5 and 8, as shown in Figure 7.

**Figure 7:** Direct standardised mortality rates due to suicide in Lincolnshire, by deprivation (IMD 2019), 2020-22 and 2021-23.



Source: NHS Digital, Civil Registration, Primary Care Mortality Database

Note mid 2020 population estimates used to calculate rate

# Lincolnshire Coroners Data

Lincolnshire County Council Public Health holds an information sharing agreement with the Lincolnshire Coroners Service who supply detailed record-level information on all investigated deaths where HM Coroners verdict was suicide; or where a verdict of suicide was not reached but where open, narrative, or misadventure verdicts suggested 'undetermined intent' with suicide as a possible cause. We have included deaths where the Coroner's verdict is 'undetermined intent' as per ONS standards, reflecting studies which show the majority of open verdicts are most likely suicides, although they do not meet the high legal standard of evidence required for the coroner to record a suicide verdict.

This audit summarises all concluded inquests where the Coroner's inquest completion date was between 1st January 2020 and 31st December 2023. All dates used in the following summary are the date of inquest conclusion, not date of death. This is in line with the ONS Suicide data definitions, and ensures all cases analysed have had a completed inquest. This summary provides additional context on the deceased, drawn from the more extensive and highly detailed evidence and case notes associated with the Coroner's investigations. These include more specific personal details for the deceased; details surrounding the death, any risk factors or details of organisations, services, or professionals the deceased were in contact with prior to death.

It is important to note that there are differences between the Coroners Data set and Registered mortality data and as such numbers do not align. Differences may occur when an individual's place of death is Lincolnshire, however they are not a Lincolnshire resident. Where mortality count is less than or equal to 7, values have been suppressed indicated by an \*.

## Age and Gender

From the Coroners data set, in the period 2021-23 we identified 219 concluded suicides, or cases where a verdict of suicide was not reached but where open, narrative, or misadventure verdicts suggested 'undetermined intent' with suicide as a possible cause. Of the 219 individuals identified, the most common age band were the 30 to 39 and 40 to 49 age groups, with 20% of concluded cases in both age bands. However, the proportion of those aged 30 to 39 has decreased from 2020-22 to 2021-23, and the proportion of those aged 40 to 49 has increased by 3 percentage points in the same period, see Table 2. The percentage of those aged 50 to 59 and those aged 70 to 79 has increased also. In females the most common age band was 50 to 59 (22%) in 2021-23 and in males it was 30 to 39 (22%).

**Table 2:** Concluded suicides by age group, 2020-22 and 2021-23

<b>Age Group</b>	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
0-19	5%	4%	↓
20-29	13%	11%	↓
30-39	21%	20%	↓
40-49	17%	20%	↑
50-59	17%	19%	↑
60-69	14%	14%	–
70-79	8%	9%	↑
80+	5%	4%	↓

*Source: Lincolnshire Coroner's data*

Table 3 shows in 2021-23, 71% of concluded suicides were male, this is a reduction from 75% in 2020-22. The number of females dying by suicide has increased steadily from 23% in 2019-21, 25% in 2020-22 to 29% in 2021-23. This shows the increasing number of females dying by suicide in Lincolnshire.

**Table 3:** Proportion of suicides by gender, 2020-22 and 2021-23

	<b>2020-22</b>	<b>2021-23</b>
Male	75%	71%
Female	25%	29%

*Source: Lincolnshire Coroner's data*

Table 4 shows the age specific mortality rates for males and females in Lincolnshire. In 2021-23 for males, the highest rate of suicide was among those aged 30 to 39, at 26.3 per 100,000. This was a decrease from 2020-22, where the rate of male suicides aged 30 to 39 was 32.9 per 100,000. The lowest rate for males was those aged 10 to 19 and 70 to 79, consistent with previous years trends. In 2021-23, the highest rate for females was in the 40-to-49-year age band, with a rate of 9.7 per 100,000. This is consistent with previous trends, however the rate of suicide for females in this age band was higher in 2020-22.

**Table 4:** Age specific rate of suicide in males and females, 2020-22 and 2021-23

Age group	2020-22		2021-23	
	Male	Female	Male	Female
10-19	6.2	*	*	*
20-29	23.2	*	14.0	*
30-39	32.9	8.1	26.3	6.4
40-49	22.7	11.8	23.6	9.7
50-59	18.9	7.5	16.4	8.1
60-69	19.5	5.3	13.5	6.4
70-79	11.1	*	10.2	5.1
80+	17.9	*	11.1	*

*Source: Lincolnshire Coroner's data*

## Method and Location

The most common method used in 2021-2023 to die by suicide, was Hanging/Strangulation (61%). This is consistent with previous years and with national trends. Hanging/Strangulation is the most common method for both males and females; however, this method accounts for 44% of female suicides and 67% of male suicides. In females, 38% died by poisoning, compared to 11% in Males.

**Table 5:** Method of concluded suicides in Lincolnshire, 2020-22 and 2021-23

<b>Method</b>	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
Hanging/Strangulation	62%	61%	↓
Poisoning	18%	19%	↑
Other	8%	≤7%	↓
Asphyxia	≤7%	≤7%	↑
Drowning	≤7%	≤7%	–
Cutting or Stabbing	≤7%	≤7%	↑
Firearms	≤7%	≤7%	↓
Jumping/Falling from Height	≤7%	≤7%	–

*Source: Lincolnshire Coroner's data*

In 2021-23, 61% of suicides concluded took place in their own home, an increase from 57% in 2020-22. Of those who died in their own home 46% lived alone, 17% lived with children. The percentage of those dying in hospital was 10% (22 people), which is in line with previous trends, 11% in 2020-22. There was a reduction in the proportion of people dying in Parks/Woodlands, with 8% of suicides in 2021-23 compared to 12% in 2020-22. There has also been a reduction in the number of people dying on railways or roads between the two periods, see Table 6.

**Table 6:** Location of concluded suicides in Lincolnshire, 2020-22 and 2021-23

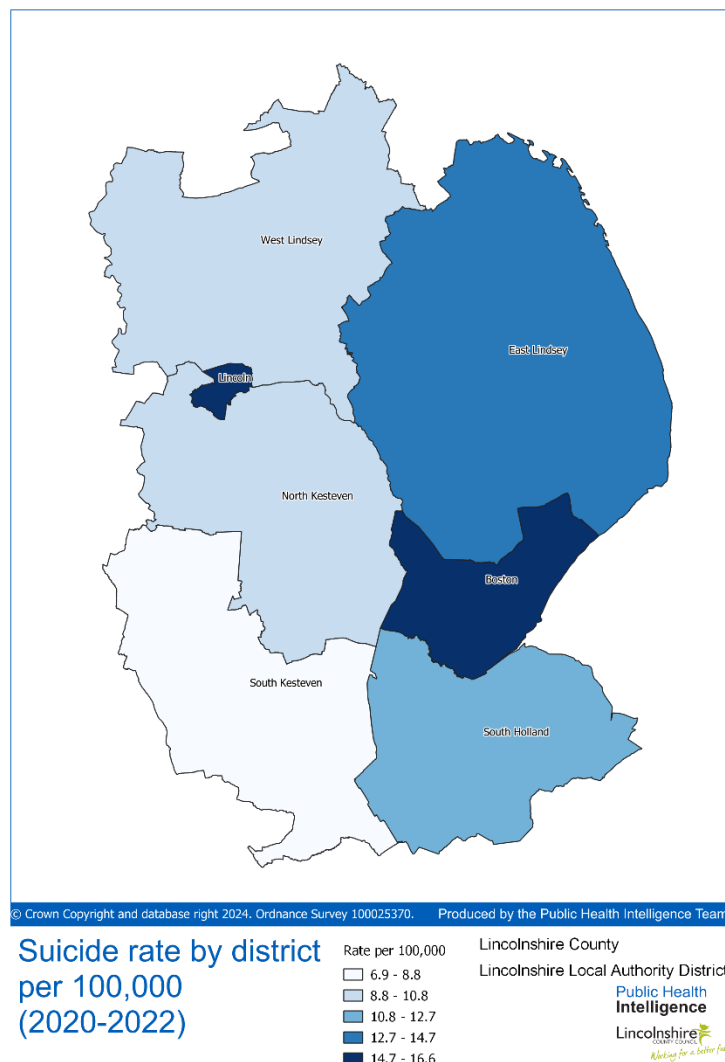
<b>Place of Death</b>	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
Own home	57%	61%	↑
Hospital	11%	10%	↓
Park/woodland	12%	8%	↓
Other	≤7%	≤7%	↓
River/lake/canal	≤7%	≤7%	–
Railway/road	≤7%	≤7%	↓
Other home	≤7%	≤7%	↑
Workplace	≤7%	≤7%	↑
Prison	≤7%	≤7%	↓

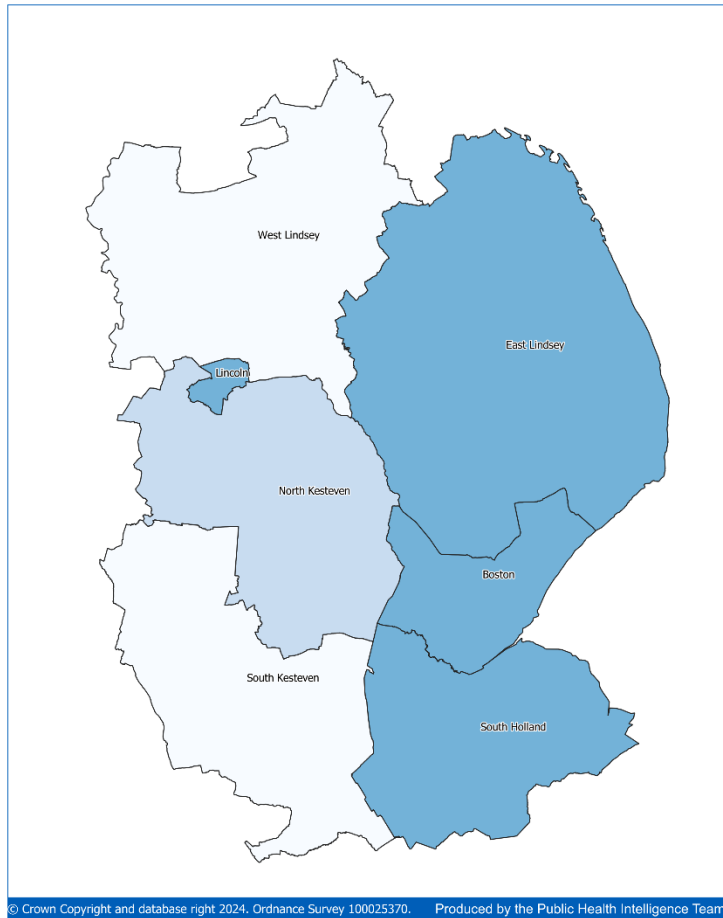
*Source: Lincolnshire Coroner's data*

## District

The rate of suicide decreased in all seven districts across Lincolnshire between the periods 2020-22 and 2021-23. The largest reduction can be seen in Lincoln, where rates fell from 16.6 per 100,000 to 11.9 per 100,000 in 2021-2023, a reduction of 28%. East Lindsey had the highest rates across the districts with a rate of 12.4 per 100,000. However, this is still a reduction on the previous rate of 13.2, see Figure 8. Boston had the second highest rate between 2020 and 22 at 15.4 per 100,000, a total of 29 suicides in this period, however, has since reduced to a rate of 11.6 per 100,000, 22 suicides in total. This is a drop of 24% between the two periods.

**Figure 8:** Rate of suicide per 100,000 by District 2020-22 and 2021-23





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### Suicide rate by district per 100,000 (2021-2023)

Rate per 100,000
6.9 - 8.8
8.8 - 10.8
10.8 - 12.7
12.7 - 14.7
14.7 - 16.6

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## Living Arrangements

The percentage of those that lived alone remained consistent at 41% (89/219) between the periods of 2020-22 and 2021-23, this is the most common living arrangement for those who have died by suicide in Lincolnshire (table 7). In this group 69% (61/89) of people died in their own home. Furthermore, 38% (34/89) were aged between 50 and 69 and consistent with overall figures, and 75% (66/89) were male.

The proportion of those that lived with a partner has increased between the two periods, increasing from 20% between 2020-22, to 24% in 2021-23. Within this group, 60% (32/53) died in their own home and 25% of the those that lived with a partner were between the ages of 60 and 69. 64% of suicides of people living with partner were over the age of 50. Those that lived with a partner and children also increased from 9% to 11%.

**Table 7:** Living arrangements for suicides concluded 2019-21 and 2020-22

<b>Living Arrangements</b>	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
Lives alone	41%	41%	–
Lives with partner	20%	24%	↑
Lives with partner and children	9%	11%	↑
Lives with parent(s)	15%	11%	↓
Other shared arrangements	8%	≤7%	↓
Lives with children	≤7%	≤7%	–
Not applicable	≤7%	≤7%	–
Lives with parent(s) and sibling(s)	≤7%	≤7%	–
Not known	≤7%	≤7%	–

*Source: Lincolnshire Coroners Data*

## Previous Suicide Attempt

The Coroner's data set provides intelligence as to whether an individual has had a previous suicide attempt. The data is limited to a yes or no response and does not provide any details of the previous suicide attempt or, indeed, if there were multiple attempts. Note: in the period 2021-23, 12% of cases were reported as unknown.

In the period 2021-23, the percentage of those who have had a previous suicide attempt recorded has remained consistent with previous years at 40% (87 people). Of the 87 people who had a previous suicide attempt 23% were aged between 30 and 39, consistent with 2020-22 where 24% were aged 30 to 39. 55/87 (63%) of people with a previous suicide attempt were male. 64/87 (74%) were in contact with mental health services at the time of death however 18/87 (21%) were not. Where there has been a previous attempt of suicide, Hanging/Strangulation was the most common method which accounted for 57% of these deaths, consistent with 2020-22.

## Contact With Mental Health Service

The Coroner's data set provides intelligence to show contact with services in the year prior to an individual's death. This includes but is not limited to, mental health services, the police, and primary and secondary care. Notably, there are a number of cases where this information is unknown, however, this has decreased in the latest available data from 18% of unknowns in 2020-22, to 8% in 2021-23.

In the 3-year period from 2021-23, 49% of concluded suicides were in contact with mental health services in the year prior to their death. This increased from 45% between 2020-22. This suggests that more people are gaining access to mental health services. Notably, 71% of females had contact with mental health services at time of death, compared to 40% of males. This supports research that men are less likely to access psychological therapies than women (Source: Mental Health Foundation). For those aged between 0 and 19, 89% had contact with mental health services at the time of their death, which has increased in the previous 3-years of data (2020-22), this is also the highest percentage of any age band. Note, numbers are very small. For those within the 50- to-59-year age band 63% had access to mental health services at time of death. Of the 9 suicides in the 80+ age group, 0 had contact with mental health services at time of death.

## Bereavement

Bereavement can have a significant negative impact on people's mental health and can affect them in different ways. In some cases, a bereavement may influence or contribute to an individual's decision to die by suicide. Of those who died by suicide between 2020-22, 16% experienced a bereavement that the coroner considered to be a contributory factor to the individual's decision. This increased to 18% between 2021-23. Of the 40 people in 2021-23 who died by suicide and had experienced a bereavement which was considered a risk factor in their death, 10 (25%) were aged between 40 and 49, a further 8 (20%) were 70+ years of age.

## Employment

Table 8 shows that of the concluded suicides in the period 2021-23, 46% (100/219) were employed or self-employed at their time of death, consistent with previous trends. The employment status was unknown for 6% of concluded suicides in the period between 2021-23. The portion of people unemployed has also remained consistent with 19% unemployed in 2021-23, marginally down on the 20% unemployed in 2020-22.

**Table 8:** Employment Status 2020-22 and 2021-23.

	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
Employed	43%	42%	↓
Retired	20%	21%	↑
Unemployed	20%	19%	↓
Not Known	≤7%	≤7%	↑
Self-employed	≤7%	≤7%	↑
Long-term sickness/disability	≤7%	≤7%	–
Student	≤7%	≤7%	↓
Looking after home/family	≤7%	≤7%	↓

*Source: Lincolnshire Coroner's Data*

Occupation type was recorded in 72% of concluded suicides from 2021-23, with the remaining 25% either not known, or unemployed. Please note, occupation type is taken from the Next of Kin during a coroner’s inquest, and in cases where an individual was unemployed or retired at time of death, if the information is provided their previous occupation will be noted. Occupation types are generated by categorising specific occupations into groups, using an ONS occupation classification reference- [SOC 2020 Volume 1: structure and descriptions of unit groups - Office for National Statistics](#)

Excluding cases where occupation type is None or Not Known, 20% were employed in skilled trade occupations, a decrease of 4 percentage points from 2020-22. Caring, leisure and other service occupations is the second most common occupation and has increased the most between the two periods, from 13% in 2020-22, to 19% in 2021-23.

Between 2021-23, for those who work in skilled trade occupations, the highest proportion (31%) were aged between 30 and 39. The majority of this cohort were males and 44% died in their own home. For those working in caring, leisure, and other service occupations, 66% (20/30) were female. Females working in caring, leisure and other service occupations account for 32% of all female suicides 2021-23.

**Table 9:** Occupation Types 2020-22 and 2021-23

	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
Skilled trades occupations	24%	20%	↓
Caring, leisure and other service occupations	13%	19%	↑
Process, plant and machine operatives	13%	13%	–
Elementary occupations	13%	13%	–
Professional occupations	10%	11%	↑
Associate professional and technical occupation	11%	10%	↓
Sales and customer service occupations	≤7%	≤7%	↓
Managers, directors and senior officials	≤7%	≤7%	↑
Other	≤7%	≤7%	↓
Administrative and secretarial occupations	≤7%	≤7%	↓

*Source: Lincolnshire Coroner’s Data*

NB. Process, plant and machine operatives includes farmers.

## Marital Status

In the period between 2021 and 2023, 44% of concluded suicides were individuals whose relationship status was classified as 'single' or 'none'. This is a decrease from 48% between 2020-22. In comparison, 2021 census data shows 27% of the Lincolnshire population to be single, never married and never registered a civil partnership. In 2021-23, 32% were married/civil partnership, up from 25% in 2020-22. A further 14% were divorced, also an increase on the previous period of 3 percentage points, from 11% (Table 10). Of the 96 people whose marital status were single/none, 24% were aged 30 to 39.

In female concluded suicides between 2021-23, 38% were single and 40% were in a married/civil partnership. Comparing this to male concluded suicides, 46% were single and 29% were in a married/civil partnership. A higher percentage of males were divorced than females. There was an overall increase in married/civil partnership for both males and females, males increasing from 24% to 29% between 2020/22 and 2021/23, with females showing a larger increase from 29% to 40%.

**Table 10:** Marital status 2020-22 and 2021-23

	<b>2020-22</b>	<b>2021-23</b>	<b>Directional Change</b>
None	48%	44%	↓
Married/Civil Partnership	25%	32%	↑
Divorced	11%	14%	↑
Widowed	≤7%	≤7%	↓
Separated	≤7%	≤7%	↓
Not Known	≤7%	≤7%	–

Source: Lincolnshire Coroner's Data

## Dual Diagnosis

Individuals that have severe mental illness and substance misuse are considered to have a 'Dual Diagnosis' (Source: NICE guideline: Severe mental illness and substance use (dual diagnosis)): community health and social care services Scope ([nice.org.uk](https://www.nice.org.uk)). The percentage of suicides with drug related substance use and mental ill health has increased in percentage, but has decreased in actual numbers. In 2020-22, 55 people (21%) had drug related substance use and mental ill health, compared to 50 people, 23% of concluded suicides in 2021-23. Of the 50 people who had drug related substance use and mental ill health in the period 2021-23, 28 (56%) also had alcohol use issues (Table 11). This is 13% off all suicides concluded between 2021 and 2023, an increase from 11% in 2020-22.

**Table 11:** Dual Diagnosis 2020-22 and 2021-23

	<b>2020-2022</b>	<b>2021-2023</b>
Total concluded suicides	260	219
Concluded suicides with mental ill health and drug use	55	50
Concluded suicides with mental ill health, drug use and alcohol use	28	28

*Source: Lincolnshire Coroner's Data*

## Risk Factors

Risk factors have been extracted from case notes and detailed records of the deceased that are associated with the coroner's investigation (Table 12). These risk factors are thought to have had an impact on an individual's decision to die by suicide. Between 2021-23 the top risk factors were: mental ill health, known suicidal tendencies, previous suicide attempt(s), health concerns and family/relationship issues.

- Between 2021-23, the most common risk factor was mental ill health (73%). This compares to 2020-22 where 68% of concluded suicides had mental ill health.
- The percentage of those with family/relationship issues, alcohol misuse or bereavement has increased between the two 3-year periods.
- Known suicidal tendencies continue to be the second most common risk factor, however, this percentage has decreased from 43% between 2020-22 to 42% in 2021-23.
- Those with health concerns has decreased by 3 percentage points from 40% of concluded suicides in 2020-22, to 37% between 2021-23.
- Both financial concerns and employment concerns have decreased between the two periods. Financial concerns decreasing from 18% to 17%, with employment concerns falling from 16% to 14%.

**Table 12:** Top 15 Risk factors for concluded suicides in 2021-23, compared to 2020-22.

<b>Risk Factor</b>	<b>2020-22 %</b>	<b>2021-23 %</b>	<b>Directional Change</b>
Mental ill health	68%	73%	↑
Known suicidal tendencies	43%	42%	↓
Previous suicide attempt(s)	40%	40%	–
Health concerns	40%	37%	↓
Family/relationship issues	33%	34%	↑
Alcohol use	30%	32%	↑
Drug use	27%	27%	–
Self-harm	22%	21%	↓
Bereavement	16%	18%	↑
Financial concerns	18%	17%	↓
Employment concerns	16%	14%	↓
Housing concerns	9%	≤7%	↓
Criminal record	9%	≤7%	↓
Any recent trauma	≤7%	≤7%	–
Victim of abuse	≤7%	≤7%	↑
Family history suicide	≤7%	≤7%	–
Victim of crime/ASB	≤7%	≤7%	–
Domestic violence	≤7%	≤7%	–
Bullying	≤7%	≤7%	–
Education concerns	≤7%	≤7%	–
Autism	≤7%	≤7%	–
Sexual identity issues	≤7%	≤7%	↓

*Source: Lincolnshire Coroner's Data*

Table 13 shows the top 5 most common risk factors for suicides concluded in 2021-23, by age band. Across the three age bands 10 to 29, 30 to 59 and 60+, mental ill health is the most common risk factor. The second most common risk factor is different across all three age-bands, within the youngest cohort of 10-29-year olds, the second most common risk factor is known suicidal tendencies. For the 30 to 59 age group, this is family/relationship issues, with the eldest cohort of 60+ year olds, the second most common risk factor is health concerns, this is consistent with the previous 3-year period of 2020-22. Across all age bands, previous suicide attempt(s) is in the top 5 most common risk factors. In those aged 10 to 29, drug misuse is among the top 5 risk factors, unlike the older age bands. In the 30-to-59-year olds, alcohol misuse is within the top 5, which is a top 5 risk factor exclusive to this age band. Those aged 60+ have bereavement as a top 5 common risk factor, unlike the other two age groups.

**Table 13:** Top 5 risk factors for suicides concluded in 2021-23, by age.

	<b>Aged 10-29</b>	<b>Aged 30-59</b>	<b>Aged 60+</b>
1	Mental ill health	Mental ill health	Mental ill health
2	Known suicidal tendencies	Family/relationship issues	Health concerns
3	Drug use	Previous suicide attempt(s)	Known suicidal tendencies
4	Previous suicide attempt(s)	Known suicidal tendencies	Previous suicide attempt(s)
5	Family/relationship issues	Alcohol use	Bereavement

*Source: Lincolnshire Coroners Data*

# Real Time Surveillance Data (RTS)

## Methodology

To support wider suicide prevention in line with the strategy and action plan, data flows between Lincolnshire Police and Lincolnshire Public Health are in place via an information sharing agreement. The information shared by Lincolnshire Police is taken from the Sudden Death Report completed by the attending officer at an incident and recorded as suspected suicide. The timely data from Lincolnshire Police assists with identifying emerging patterns, trends, and suspected clusters, enabling systems to respond early to try to prevent future suicides in Lincolnshire.

It is important to note:

- The data is not conclusive, and cases are still subject to a coroner's inquest.
- The cases are reported by date of occurrence, not registration.
- The locations are of the incident, not the home address.
- The data includes all cases attended by Lincolnshire Police, so may include out of area residents.
- The data is likely to miss those who initially survived a suicide attempt but died later in hospital.
- The data does not include railway deaths, as these are attended by British Transport Police.

## Key Findings

Analysis of the real time surveillance data showed 86 suspected suicides between 1<sup>st</sup> January and 31<sup>st</sup> December 2024 in Lincolnshire. This is a reduction from 88 in 2023, however an increase from 72 in 2022, 84 in 2021, 74 in 2020 and 76 in 2019.

- In 2024 21% of suspected suicides were female. This compares to 2023 where the proportion of female suspected suicides was considerably higher, 36%, as shown in Table 14.
- In 2024, the highest proportion of suspected suicides were in the 50-to-59-year age band, consistent with previous year trends. In 2024, 15% of suspected suicides were aged 30-39, a decrease from 23% in 2023. The proportion of those aged 20 to 29 and 60 to 69 increased in 2024 compared to 2023.
- The average age at death was 50 in 2024, consistent with 2023. The average age for females was 47 and 51 for males.
- In 2024, Hanging/Strangulation was the most common method accounting for 62% of suspected suicides, followed by poisoning (15%).

- Hanging/Strangulation was the most frequently used method for both males and females. Suspected suicides by poisoning are more common in females than males.
- The largest portion of suspected suicides in 2024 occurred in the individual's own home (78%), followed by Park/Woodland (8%).
- All suspected suicides occurring in Park/Woodland were Males aged 50 or under.
- There has been an increase in the number of suspected suicides in West Lindsey, increasing from 14% of total suspected suicides to 21%. The proportion of suicides in North Kesteven has decreased from 19% in 2023 to 10% in 2024.
- In 2024, 17% of suspected suicides were in Deciles 1 and 2 (most deprived), compared to 26% in 2023. 8% of suspected suicides in 2024 were in Deciles 9 and 10 (least deprived), a reduction from 14% in 2023. The percentage of individuals in decile 6 increased from 5% in 2023 to 21% in 2024.

**Table 14:** Number of suspected suicides in Lincolnshire, by gender

	<b>Male</b>		<b>Female</b>	
<b>2019</b>	63	83%	12	16%
<b>2020</b>	49	66%	24	32%
<b>2021</b>	62	74%	22	26%
<b>2022</b>	54	75%	17	24%
<b>2023</b>	56	64%	32	36%
<b>2024</b>	68	79%	18	21%

*Source: Lincolnshire Police- Sudden Death Report*

Table 15 shows the quarterly average deaths in 2021 to 2023 and 2024. The average number of deaths in 2021-23 Q1 was 21 which was exceeded with 27 deaths in Q1 2024. The number of deaths in Q2 2024 was also higher than the average from 2021-23, at 25. However, in Q3 2024, the number of deaths was considerably lower at 14, compared to the previous three-year average at 21. The number of suspected suicides in Q4 was in line with previous years averages.

**Table 15:** Average number of suspected suicide deaths 2021 to 2023 compared to 2024, by Quarter

	<b>2021-23 Average</b>	<b>2024</b>
Qtr1	21	27
Qtr2	20	25
Qtr3	21	14
Qtr4	19	20

*Source: Lincolnshire Police - Sudden Death Report*

# Attempted suicide and Suicidal Ideation

## Population Health Management Data Methodology

The Optum Population Health Management Reporting Suite provides a linked data set with cross organisational analytics including but not limited to GP data, community data, acute hospital data and adult social care data. By using linked data, we can take a holistic person-centric approach to generate valuable insights into the population and use this to improve outcomes.

The following data has been obtained from the descriptive analytic page of the PHM dashboard [Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024]. Following the 2023 audit we have conducted a code review with partners to develop a more comprehensive and accurate list of codes to determine suicidal ideation or a suicide attempt. As a result, numbers will differ from previous audits. The refined code list now in use is shown in appendix 1.

This data set provides us with intelligence about the Lincolnshire population and the public health issues faced. It includes indicators for attempted suicide and suicidal ideation, covering both one-year and three-year periods. In the one-year reporting period of Jul 2023 - June 2024 there were 742,372 people aged 10 or over registered to a GP in Lincolnshire, however some of these may live outside Lincolnshire. Within this population, 2,345 people have had suicidal ideation, and 285 people have attempted to die by suicide in the last year. Key findings below focus on suicide ideation and attempted suicide over a three-year period.

Note, these are patients who have told a medical professional or needed medical advice regarding their suicidal thoughts or attempts, therefore this may be an underestimation. The rates used in the following analysis are not age standardised.

## Key findings for those who have experienced suicidal ideation in the last three years

- 5,999 people in Lincolnshire that expressed suicidal thoughts to a medical professional in the last three years, equivalent to 733 per 100,000.
- The most common age band was 20-24 years old and almost half of total suicidal ideations came from young people aged between 15-34 years old. Of these young people, 57% were female.
- Trent Care Primary Care Network (PCN) had the highest rate of people who have thought about suicide in the last three years aged 10+, at 1,531 per 100,000. Followed by First Coastal PCN at 1,330 per 100,00 and Apex PCN with 1,316 per 100,000. The lowest rate is

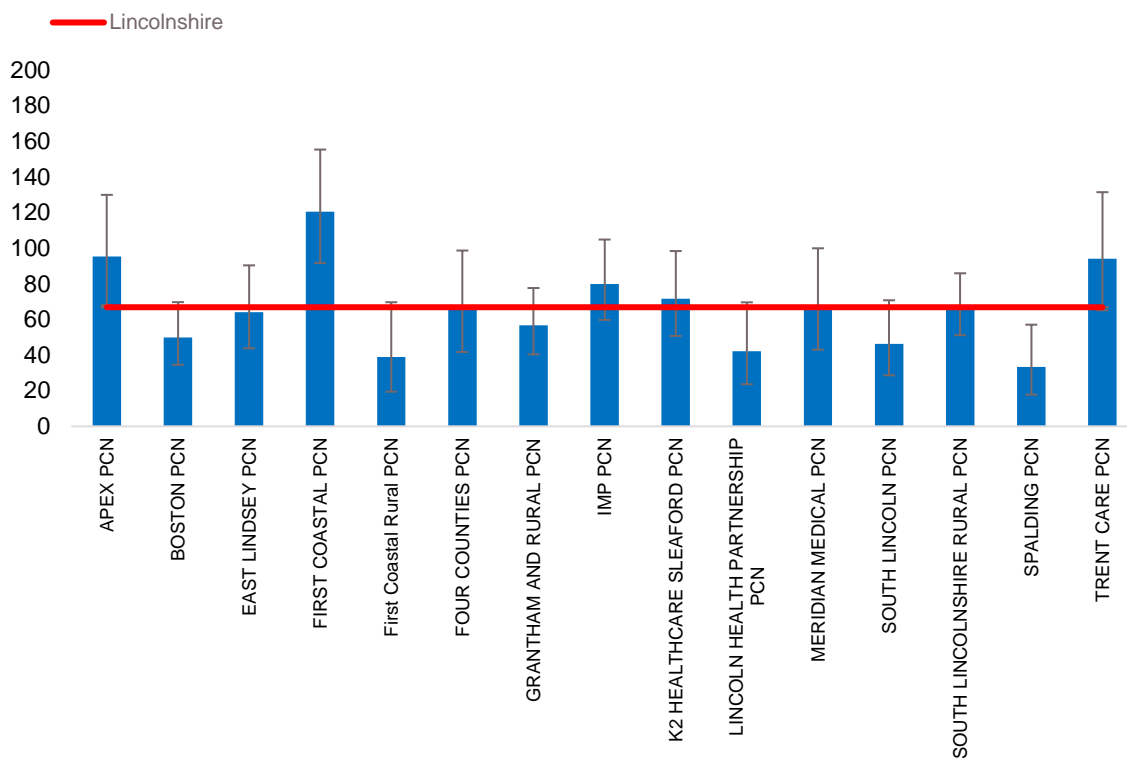
in Spalding PCN at 315 per 100,000. 14% of those who have had suicidal ideation in the reporting period are registered in South Lincolnshire PCN.

Of the 5,999 people who had suicidal ideation in the last three years, 15% are in Decile 1. The crude rate of people who have had suicidal thoughts in the last year is highest in decile 1 (most deprived), at 1,708 per 100,000. This was followed by 1,341 per 100,000 in decile 2. The rate was lowest in decile 10 (least deprived) at 534 per 100,000.

## Key findings for those who have experienced attempted suicide in the last three years

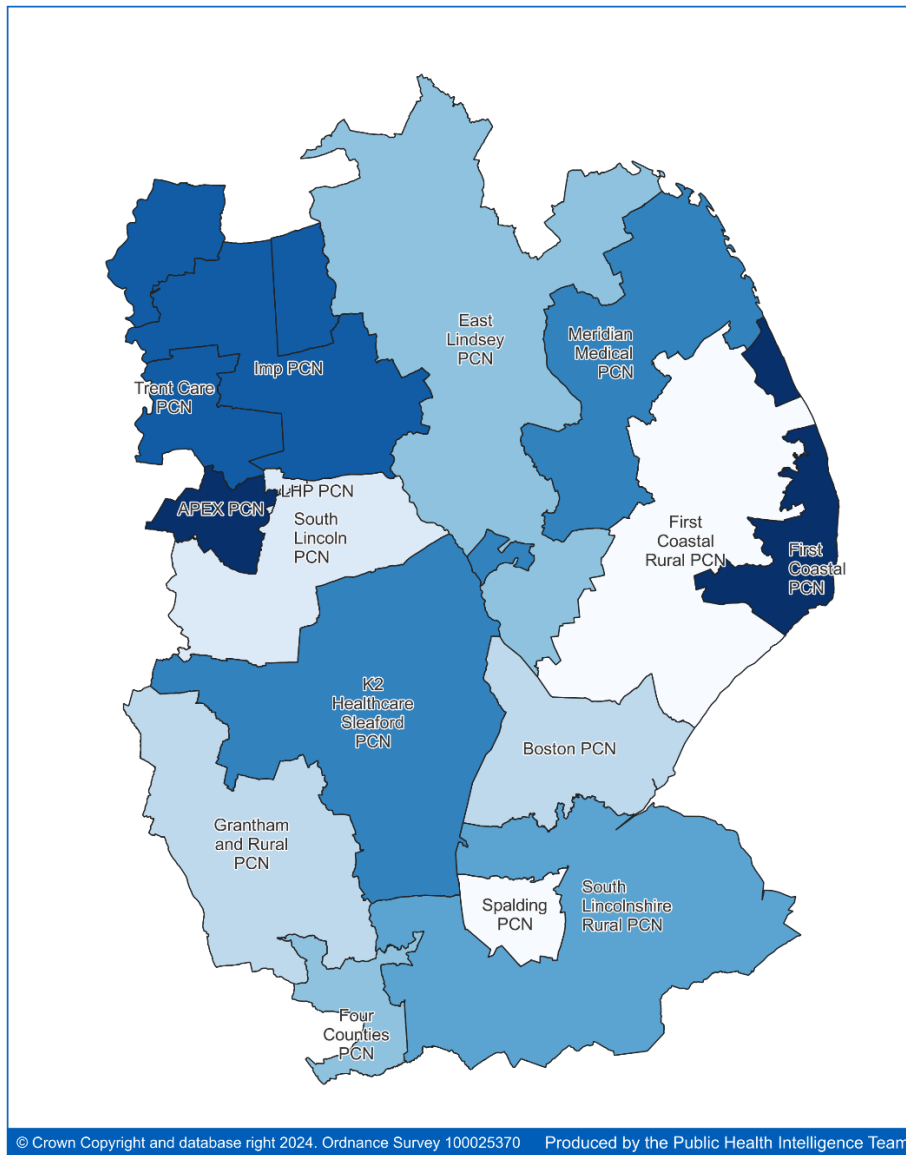
- 496 people in Lincolnshire attempted to die by suicide in the last three years, equivalent to 61 per 100,000.
- The most common age band was 30-34 years old. Half of all those attempting suicide were below the age of 35. Of these young adults, 52% were female.
- 46% of those in Lincolnshire who attempted suicide in the last three years were female. This compares to the Real Time Surveillance data where in 2024, 21% of suspected suicides were female.
- The highest rate of attempted suicide in Lincolnshire is in First Coastal PCN at 120 per 100,000. This is followed by Apex PCN and Trent Care PCN with 95 per 100,000 and 94 per 100,000 respectively. Comparatively, Spalding PCN has the lowest rate of suicide attempts at 33 per 100,000, as shown in figures 9 and 10.
- Figure 11 shows the rate of those attempting suicide is highest in the most deprived deciles (1 and 2), at 139 per 100,000 and 100 per 100,000 respectively. Deciles 8 and 10 have the lowest rate of attempted suicide at 37 and 38 per 100,000 people. NB. Null includes people who don't have a Lincolnshire postcode.

**Figure 9:** Crude rate of attempted suicide per 100,000 in Lincolnshire



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024

**Figure 10: Rate of Attempted suicide per 100,000 in Lincolnshire, by PCN**



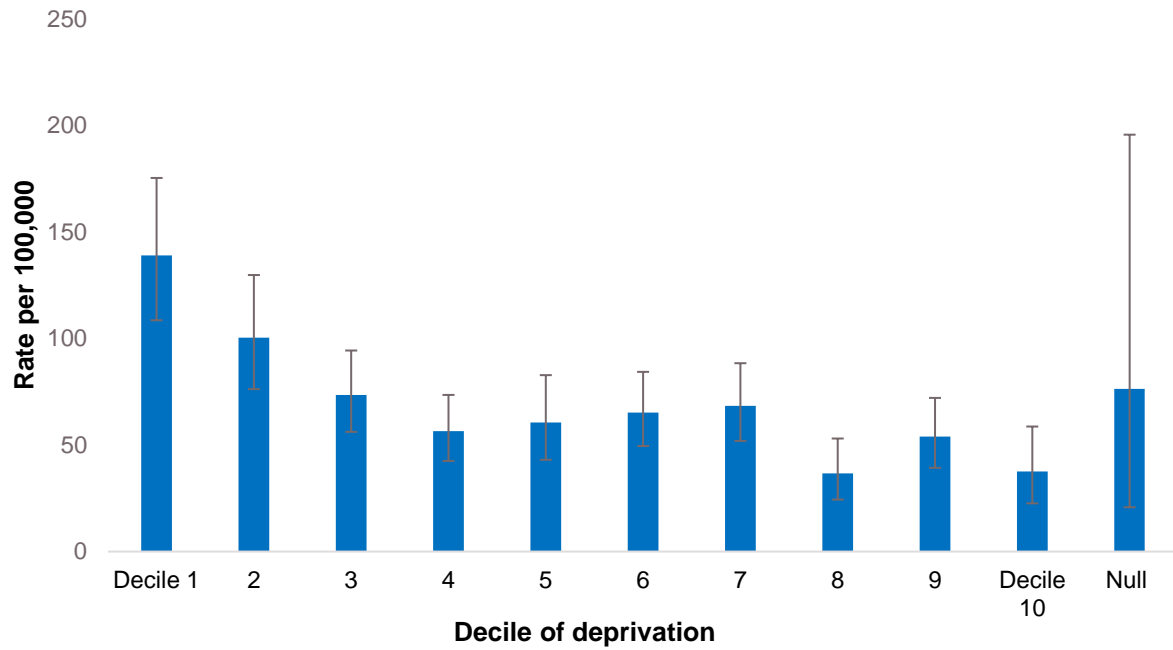
**Attempted Suicide rate  
by PCN per 100,000**

Attempted Suicide Rate	
33.4 - 41.4	Lightest Blue
41.4 - 48.1	Light Blue
48.1 - 58.6	Medium-Light Blue
58.6 - 65.7	Medium Blue
65.7 - 67.1	Dark Blue
67.1 - 75.8	Very Dark Blue
75.8 - 94.3	Darkest Blue
94.3 - 120.4	Black

Lincolnshire County  
Lincolnshire Local Authority District  
**Public Health Intelligence**  
Lincolnshire COUNTY COUNCIL  
*Working for a better future*

Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024

**Figure 11:** Crude rate of attempted suicide per 100,000 by deprivation decile



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024

## Conditions and Comorbidities

### Autism

It is reported by the National Autistic Society that autistic people are at a higher risk of suicide than non-autistic people ([Autistic people and suicidality \(autism.org.uk\)](https://www.autism.org.uk)). In Lincolnshire, 13,379 people are registered with autism spectrum disorder (ASD), with an average age of 21. Among this group, 69% are male. Over the past three years, 496 people in Lincolnshire have attempted suicide, of which 8% (40 people) were diagnosed with ASD. This represents less than 1% of the total ASD-registered population. Among these 40 people, 50% were male, and the most common deprivation decile was 1 (most deprived).

In the same period, 5,999 people reported experiencing suicidal ideation, with 7% (441 people) having an ASD diagnosis. Of those with ASD and suicidal ideation, 53% were male. The most prevalent characteristics in this subgroup were belonging to IMD decile 1 (most deprived) and the most common age band being 15-19.

Those with Autism are disproportionately represented in both the attempted suicide population and those who have experienced suicidal ideation. Autism is recorded in 1.6% of the Lincolnshire population however, 8% of those who have attempted suicide and 7% of those who have experienced suicidal ideation have an autism spectrum disorder, see table 16.

**Table 16:** Percentage of registered patients in Lincolnshire

<b>Factors</b>	<b>Lincolnshire</b>	<b>Attempted suicide</b>	<b>Suicide Ideation</b>
Autism	1.6%	8.0%	7.3%

*Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024*

### Learning Disability

In Lincolnshire, 5,863 people are registered with a learning disability (LD), with an average age of 37 years. Among this population, 59% are male. Over the past three years, 496 people in Lincolnshire attempted suicide, of which 2% (11 people) had a registered LD. Among the 5,999 people who experienced suicidal ideation during the same period, 90 (2%) had a registered LD. Of these, 23% (21 people) were aged 20-24, 58% were male.

## **Pain management**

Among the 496 people who attempted suicide in the past three years, 34% (171 people) had a pain management prescription. The most common age group was 30-34, accounting for 20% (34 people), with 19% (33 people) residing in IMD decile 1 (most deprived). During the same period, 39% (2,329) of the 5,999 people reporting suicidal ideation had a pain management prescription. Within this group, 12% (279 people) were aged 55-59, and 38% were male.

## **Lives Alone**

Of the 496 people who attempted suicide in the past three years, 4% (20 people) lived alone. The most common age group within this subgroup was 40-44 and most common IMD decile was 1 (most deprived). Among the 5,999 people who reported suicidal ideation during the same period, 200 (3%) lived alone. Of this group, 43% were male. The most common PCN was South Lincolnshire Rural, representing 16% (31 people), and the most prevalent age group was 55-59, accounting for 16% (32 people).

## **Sleep Disturbance**

In Lincolnshire, 52,924 people are recorded as having sleep disturbance, with an average age of 56, 40% of this population are male. Among the 496 people who attempted suicide in the past three years, 18% (90 people) also had a recorded sleep disturbance. Within this group, the most common age band was 30-34, and 43% were male. During the same period, 22% (1,322) of the 5,999 people reporting suicidal ideation also had a recorded sleep disturbance. Of these, 11% (150 people) were aged 30-34. The most prevalent deprivation group was IMD decile 2 (most deprived) with 14% (191 people).

## Conclusions

There has been an increase in the number of registered deaths due to suicide in Lincolnshire, increasing from 97 in 2022, to 105 in 2023, exceeding all years from 2003 to 2023. The age standardised rate in Lincolnshire is 14.0 per 100,000, which is statistically significantly higher than both the East Midlands rate and the England rate, at 11.3 and 10.7 per 100,000, respectively. Lincoln continues to be the highest district by rate in Lincolnshire in the period 2021 to 23, with 20.1 deaths per 100,000. This is an increase from 18.3 per 100,000 in the period 2020 to 2022. Lincoln has the second highest rate of suicide per 100,000 people of all districts in England and Wales. In 2021-23 East Lindsey, Lincoln and South Holland had a rate statistically significantly higher than the rate in England.

PCMD data shows Hanging/Strangulation to be the most common method used to die by suicide in Lincolnshire accounting for 60% of suicides in Lincolnshire in 2021-23. Trends in method varies by gender, with hanging/strangulation accounting for 68% of male suicides, but considerably less at 39% in female suicides, as shown in Figure 6. The proportion of females using poisoning to die by suicide is much higher than the proportion of males, at 40% and 15% respectively.

In 2021-23 the highest rate of deaths by suicide was in the 45-to-49-year age band, at 25.8 per 100,000, an increase on 2020-22 when the rate was 20.8 per 100,000 people. The 45-to-49-year age band saw the highest increase in rate, compared to other age bands. The lowest rates were seen in those aged 10 to 14 and 80 to 84 years. The rate of suicide reduced in those aged 15 to 29 and ages 75+. In 2023, nationally the rate was highest in those aged 50 to 54 years.

Consistent with previous years, the rate of suicide is higher in Males, with the Coroner's data showing 71% of suicides concluded 2021-23 were male, a decrease from 75% in 2020-22. 29% of concluded suicides were female. However, the population health management data shows us that 46% of those attempting suicide over the last 3 years were female, showing there is a higher proportion of females attempting suicide than males. We will continue to explore this in further detail to understand why.

40% of suicides concluded 2021-23 were individuals who have had a previous suicide attempt, however 21% of these people were not in contact with mental health services at their time of death. This highlights the need for increased support for people following a known suicide attempt. Analysis of risk factors shows that the percentage of those with family/relationship issues, alcohol misuse or bereavement has increased between the two 3-year periods. The Coroner's risk factor data also highlights how the top 5 risk factors differ across age bands, with drug misuse exclusively showing in the top 5 for individuals aged 10 to 29, and health concerns in those aged 60+. For those aged 30-59, alcohol misuse is a top 5 risk factor, unlike other age bands. This suggests that requirements from services may vary across age bands.

Real time surveillance data shows there has been a reduction in the number of female suspected suicides in 2024 compared to 2023. The proportion of female suicides in 2024 was lower than in 2020 to 2022. Additionally, the number of suspected suicides in Q3 of 2024 was considerably

lower than the Q3 2021-23 average. Numbers in Q1,2 and 4, were all above the previous three-year average. There has been an increase in the number of suspected suicides in West Lindsey, increasing from 14% of total suspected suicides to 24%. Additional analysis is underway to investigate this further.

Population Health Management data provides us with new intelligence allowing us to understand more about those who have thought about dying by suicide or who have attempted to die by suicide. This shows over the past 3 years, 61 per 100,000 people have attempted to die by suicide, 496 people. The rate of attempted suicide is highest in First Coastal PCN at 120 per 100,000 people. Decile 1 (most deprived) has the highest rate of attempted suicide at 139 per 100,000 people. Additionally, 8% of those who have attempted to die by suicide have an autism spectrum disorder.

This audit outlines particular demographics and characteristics in those who have died by suicide, attempted suicide or experienced suicidal ideation. This intelligence can help to understand risk factors and high-risk groups and help to ensure there is support and preventative initiatives in place to help those in our community. The continued analysis of timely intelligence helps us to identify trends and assist in delivering the outcomes of the suicide prevention strategy.

## Appendix

Code list for Attempted Suicide and suicidal ideation used for analysis in Population Health Management chapter. Please note, this is an amended code list as of November 2024 and differs from the code list used in analysis in the previous audit

### Attempted Suicide

Code	Current SNOMED Term
23233009	Previous known suicide attempt
161474000	History of attempted suicide (situation)
36153001	First known suicide attempt (event)
53846008	Suicide attempt by adequate means (event)
219131005	Self poisoning caused by motor vehicle exhaust gas (disorder)
219125007	Suicide and self inflicted poisoning by gases in domestic use (disorder)
219126008	Suicide and self inflicted poisoning by gas distributed by pipeline (disorder)
219127004	Suicide and self inflicted poisoning by liquefied petroleum gas distributed in mobile containers (disorder)
55554002	Suicide attempt by inadequate means (event)
82313006	Suicide attempt (event)
269808005	Attempted suicide - car exhaust (event)
287181000	Attempted suicide - hanging (event)
287182007	Attempted suicide - suffocation (event)
287183002	Attempted suicide - drowning (event)
287184008	Attempted suicide - firearms (event)
287185009	Attempted suicide - cut/stab (event)
287186005	Attempted suicide - jumping from a high place (event)
288311002	Attempted suicide - domestic gas (event)

## Suicidal Ideation

<b>Code</b>	<b>Current SNOMED Term</b>
225444004	At risk for suicide (finding)
959241000006109	Expresses suicidal/homicidal thoughts
1572871000006100	Depression/suicidal after death of mother.
183402001	Potential suicide care (regime/therapy)
183401008	Anti-suicide psychotherapy (regime/therapy)
183403006	Samaritans advisory service (regime/therapy)
6471006	Suicidal thoughts (finding)
41501003	Threatening suicide (finding)
225457007	Feeling suicidal (finding)
247650009	Planning suicide (finding)
267073005	Suicidal (finding)
304594002	Suicidal intent (finding)
394685004	High suicide risk (finding)
394686003	Moderate suicide risk (finding)

## References

**Lincolnshire Suicide Prevention Strategy** [Lincolnshire-suicide-prevention-strategy-24-28.pdf](#)  
([lhih.org.uk](#))

**Population Health Management data**, accessed November 2024, Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2024

**World health Organisation – Suicide Rates** [Crude suicide rates \(per 100 000 population\) \(SDG 3.4.2\)](#) ([who.int](#))

**Suicides in England and Wales: 2023 registrations** [Suicides in England and Wales - Office for National Statistics](#)

**English indices of deprivation 2019** [English indices of deprivation 2019 - GOV.UK](#)

**Mental Health Statistics:** [Men and women: statistics | Mental Health Foundation](#)

**Dual Diagnosis NICE guideline:** Severe mental illness and substance use (dual diagnosis): community health and social care services Scope ([nice.org.uk](#)).