

Lincolnshire Suicide Audit 2025

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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 6,190 suicides in 2024 in England and Wales, equivalent to 11.4 deaths per 100,000 people. This is the same rate as 2023, however, is an increase in physical numbers by 121. In line with previous trends, males accounted for around three-quarters of suicide deaths registered in 2024. The rate of male suicides in 2024 marginally increased to 17.6 per 100,000 from 17.4 per 100,000 in 2023. The rate of suicides in females is lower than males and has stayed consistent with the 2023 rate at 5.7 per 100,000 in 2024.

The age-specific suicide rate was highest for Males aged 50 to 54 (27.5 per 100,000) and for females the rate was highest in the 45 to 49 year age band (7.9 per 100,000). The largest increase in broader age bands was in males aged 45-64 years, increasing from 22.4 per 100,000 to 23.3 per 100,000. Among males, those aged 10 to 24 have had the lowest rate of deaths by suicide, with a rate of 7.5 per 100,000. The 10 to 24 age bracket also had the lowest rate for females at 3.3 per 100,000.

Consistent with previous years trends, the most common method of suicide in England and Wales continued to be Hanging/Strangulation, which accounted for 56.6% of all suicides in 2024 (3,504 deaths). This has decreased since 2023, where 58.8% of suicides were because of hanging/strangulation. The second most common method was poisoning, accounting for 21.5% of all suicides in 2024 (1,331 deaths).

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

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

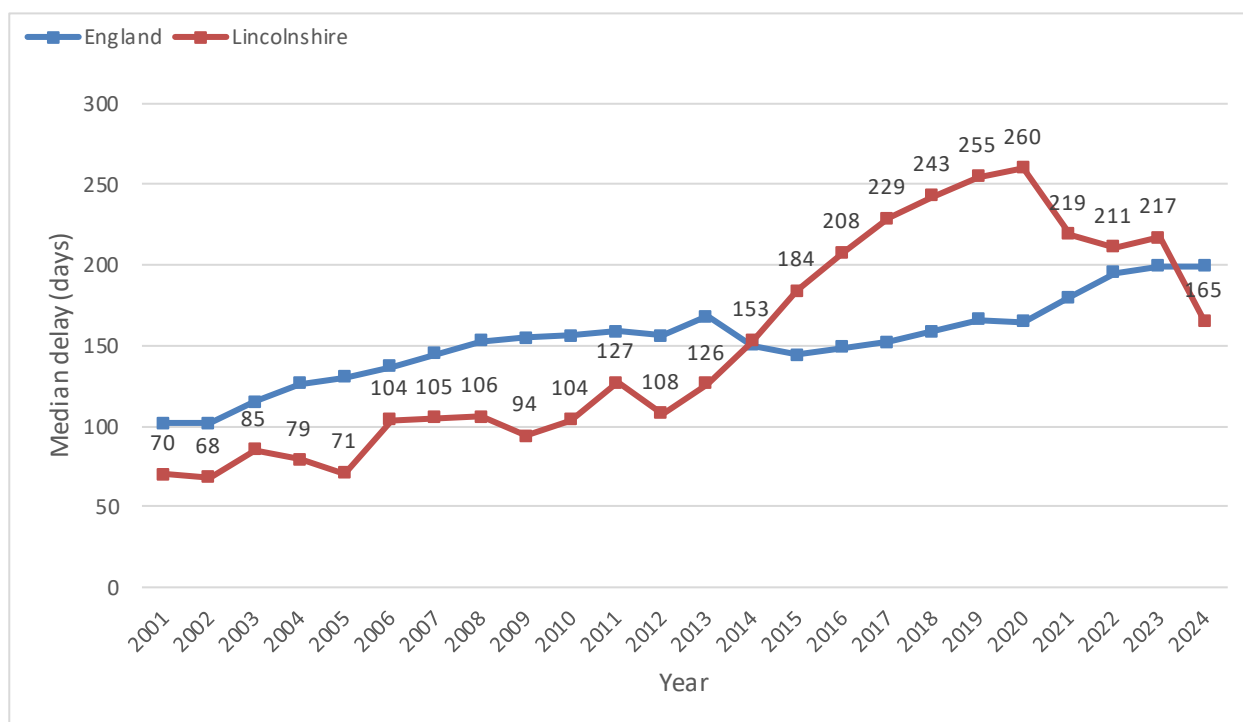
Registration Delays

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 reach a conclusion, 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 2024 was 165 days, which is 17% lower 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, before increasing again in 2023. The fall to 165 days is a 23% reduction on the 2023 figure and is the lowest registration delay in Lincolnshire since 2014.

This is the first year since 2014 that Lincolnshire has been below the registration delay of England, with a difference of 34 days. Nationally, registration delays were the same as in 2023 (199 days) and remain at their highest levels since 2001. While Lincolnshire's median registration delay is still high in relation to the figures between 2001 and 2009, it is still a positive change to see the number of days reduction to levels lower than England.

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

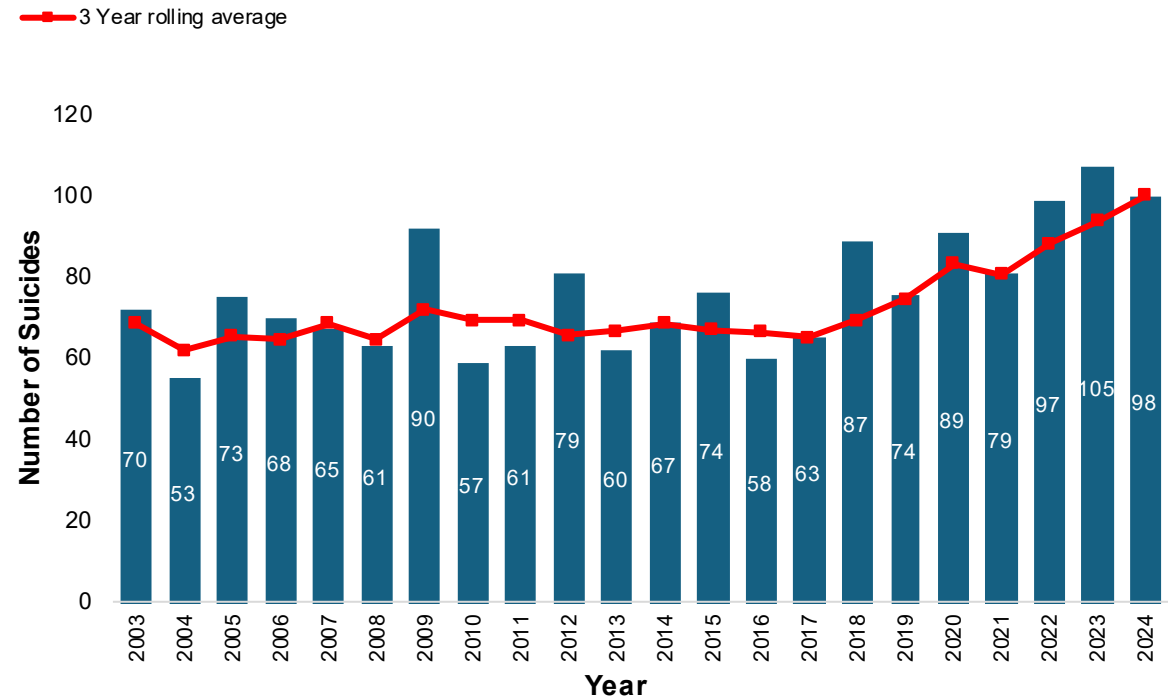


Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

Suicide patterns over time

In Lincolnshire there were 98 registered suicides in 2024, a decrease from 105 registered suicides in 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, see Figure 2. The three-year rolling average has increased from 94 in 2021 to 2023, to 100 in 2022 to 2024. The years referred to in the latest data release does not now include 2021. This is important as a lower number of deaths in 2021 may have dampened the rate reported by ONS in the previous three year rolling estimates, which can make it look as if the rates have, therefore, increased more dramatically than the actual number of deaths year on year would suggest.

Figure 2: Number of deaths due to suicide in Lincolnshire, single year, and three-year averages, 2003-2024



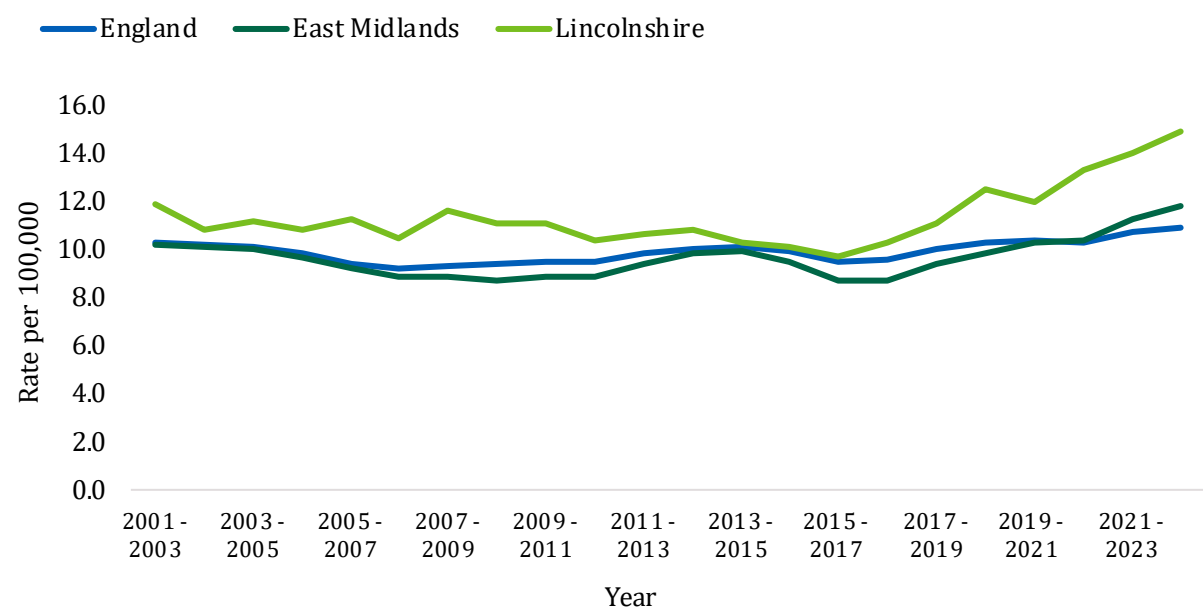
Source: *Suicides in England and Wales by local authority - Office for National Statistics (ons.gov.uk)*

Age Standardised Rates

The rate of suicide in Lincolnshire at 14.9 per 100,000 is statistically significantly higher than the rate of suicide in England, 10.9 per 100,000. The rate of suicide in Lincolnshire has increased over previous years and is considerably higher than the regional rate of suicide, 11.8 per 100,000 in East Midlands, as shown in Figure 2.

The rate of suicide in Lincolnshire is significantly higher in males at 22.1 per 100,000, compared to 8.1 per 100,000 females. National data also shows a higher rate of suicides in males compared to females, however the rate of suicide in Lincolnshire males is notably higher compared to England data, where the rate of suicide in males is 16.8 per 100,000.

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

Within Lincolnshire, all districts have a rate of suicide (2022-2024) that exceeds the rate of suicide in England, per 100,000. Between the periods 2021-2023 and 2022-2024, all Lincolnshire districts excluding South Holland and East Lindsey showed an increase in the rate of suicide, as shown in Figure 3. The rate of suicide per 100,000 people in South Holland decreased from 18.1 per 100,000 in 2021- 2023 to 15.4 per 100,000 in 2022-2024. The rate of suicide in West Lindsey increased from 7.3 per 100,000 in 2021-2023 to 11.2 per 100,000 in 2022- 2024, the highest increase among Lincolnshire districts between these periods. However, it is important to note that many Lincolnshire districts have wide confidence intervals that overlap with the national rate, limiting the statistical significance of any observed differences.

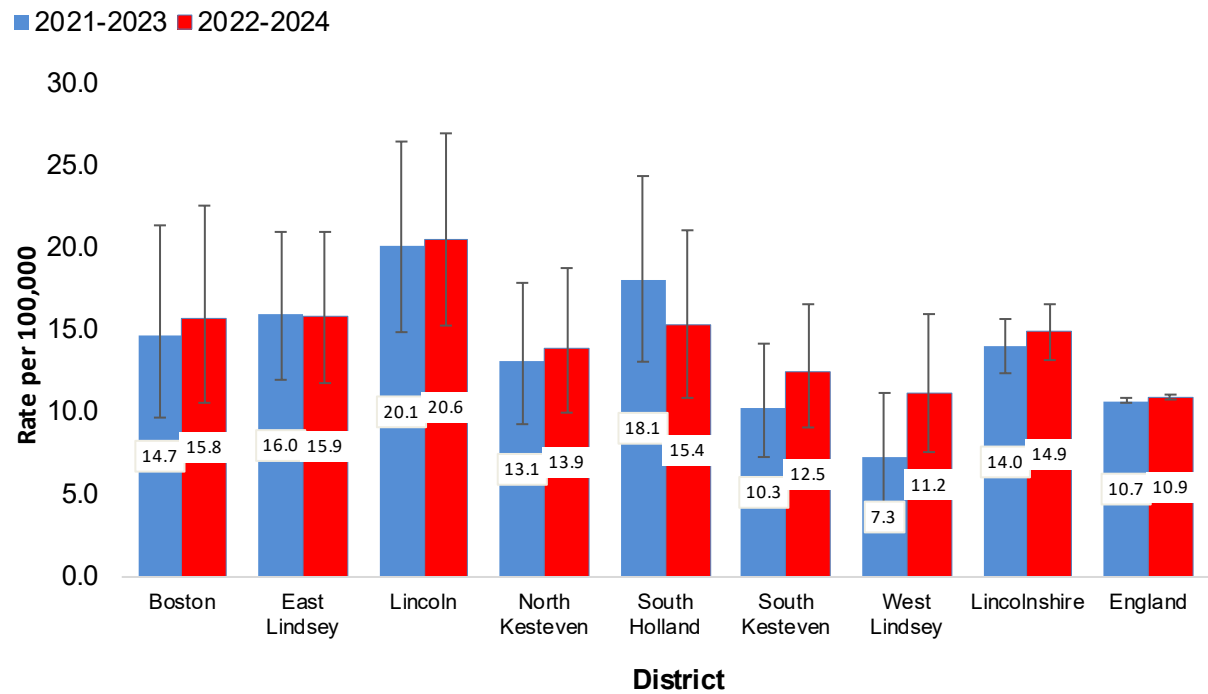
In 2022 to 2024 the rate of suicide in Lincoln was the highest in England and Wales at district level, with 20.6 deaths per 100,000 people. This is followed by Blaenau Gwent/Blaenau Gwent with 20.1 deaths per 100,000 and Monmouthshire/Sir Fynwy with 19.4 per 100,000. Of the 254 recorded districts in England and Wales, the lowest rate of suicide is seen in Newham at 4.6 per 100,000. When ranked by rate of suicide, East Lindsey, Boston and South Holland are all within the top 50 districts.

Despite Lincoln having the highest rate of suicide in England and Wales, the number of suicides in Lincoln has decreased from 21 in 2023 to 14 in 2024. The rate is calculated using three years of data, therefore higher numbers of deaths by suicide in Lincoln in previous years will have contributed to the higher rate.

Additionally, the confidence intervals* for the rate of suicide in Lincoln are wide, suggesting that there is a degree of uncertainty of the true value of this rate. This may be due to small numbers in Lincoln. This confidence interval tells us that while the headline rate for Lincoln is 20.6 per 100,000 people, the true value is likely to be anywhere between 15.3 and 27.0 per 100,000.

*When making estimates in statistics, there is always uncertainty around that estimate because the number is based on a sample of the population. Age-standardised mortality rates are calculated using mid-year population estimates, meaning the rates calculated using these figures are also estimates. A confidence interval is, therefore, used as a measure of the statistical precision of an estimate and shows the range of uncertainty around the estimated figure.

Figure 4: Mortality rates due to suicide in Lincolnshire, 2021-23 to 2022-24



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

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 Coroner's 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 2024. 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 2022-24 we identified 184 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 184 individuals identified, the most common age band was the 40 to 49 age groups, with 22% of concluded cases. The proportion of those aged 40 to 49 has increased from 2021-23 to 2022-24, in which the percentage increased from 19% to 22%, see Table 1. The second highest age group is 50 to 59 year olds with 21%, increasing from 19% in 2021-23. The 30 to 39 year olds were the highest proportion in 2021-23, however, have since decreased to 19% of concluded suicides and now the third highest age group.

Table 1: Concluded suicides by age group, 2021-23 and 2022-24

Age Group	2021-23	2022-24	Directional Change
0-19	4%	9%	↓
20-29	11%	9%	↓
30-39	20%	19%	↓
40-49	19%	22%	↑
50-59	19%	21%	↑
60-69	14%	13%	↓
70-79	9%	8%	↓
80+	4%	*	↑

Source: Lincolnshire Coroner's data

Table 2 shows in 2022-24, 73% of concluded suicides were male, this has increased from 71% in 2021-23. The number of females dying by suicide increased between 2019-21 and 2021-23 however, has since decreased to 27% in 2022-24.

Table 2: Proportion of suicides by gender, 2021-23 and 2022-24

	2021-23	2022-24
Male	71%	73%
Female	29%	27%

Source: Lincolnshire Coroner's data

Table 3 shows age specific mortality rates for males and females in Lincolnshire. In 2022-24 for males, the highest rate of suicide was among those aged 40 to 49, at 21.3 per 100,000. This was a decrease from 2021-23, where the rate of male suicides aged 40 to 49 was 23.6 per 100,000. The lowest rate for males was for those aged 0-19, consistent with previous years. Between 2022-24, the highest rate for females was also in the 40-to-49-year age band, with a rate of 9.7 per 100,000, this figure remains unmoved from 2021-23. The lowest female rate was found in the 80+ age category.

Table 3: Age specific rate of suicide in males and females, 2021-23 and 2022-24

Age group	2021-23 Male	2021-23 Female	2022-24 Male	2022-24 Female
10-19	*	*	*	*
20-29	14.7	*	10.9	*
30-39	27.0	6.4	19.9	5.6
40-49	23.6	9.7	21.3	9.7
50-59	16.4	8.1	17.8	5.2
60-69	13.5	6.4	10.5	5.0
70-79	10.2	*	7.8	*
80+	*	*	13.8	*

Source: Lincolnshire Coroner's data

Method and Location

The most common method used in 2022-2024 to die by suicide was Hanging/Strangulation (63%). This is consistent with previous years and with national trends, however, the overall percentage has increased from 61% in 2021-23. Hanging/Strangulation is the most common method for both males and females; however, this method accounts for 57% of female suicides and 65% of male suicides. In females, 27% died by poisoning, compared to 12% in Males. The proportion of female suicides that are classed as poisoning has decreased from 38% in 2021-23, while the proportion of hanging/strangulation has increased from 44% in 2021-23.

Table 4: Method of concluded suicides in Lincolnshire, 2021-23 and 2022-24

Method	2021-23	2022-24	Directional Change
Hanging/strangulation	61%	63%	↑
Poisoning	19%	16%	↓
Asphyxia	4%	7%	↑
Other	7%	5%	↓
Cutting or stabbing	3%	≤7	↑
Drowning	≤7	≤7	↓
Firearms	≤7	≤7	↑
Jumping/falling from height	≤7	≤7	–

Source: Lincolnshire Coroner's data

In 2022-24, 64% of suicides concluded took place in their own home, an increase from 60% in 2021-23. Of those who died in their own home 51% lived alone, 22% lived with their partner and 13% lived with partner and children. The percentage of those dying in hospital was 10% (18 people), which is in line with previous trends, 10% in 2021-23. There was a reduction in the proportion of people dying in Parks/Woodlands, with 4% of suicides in 2022-24 compared to 8% in 2021-23, which is a further reduction on the proportion in 2020-22 with 12%, see table 5.

Table 5: Location of concluded suicides in Lincolnshire, 2021-23 and 2022-24

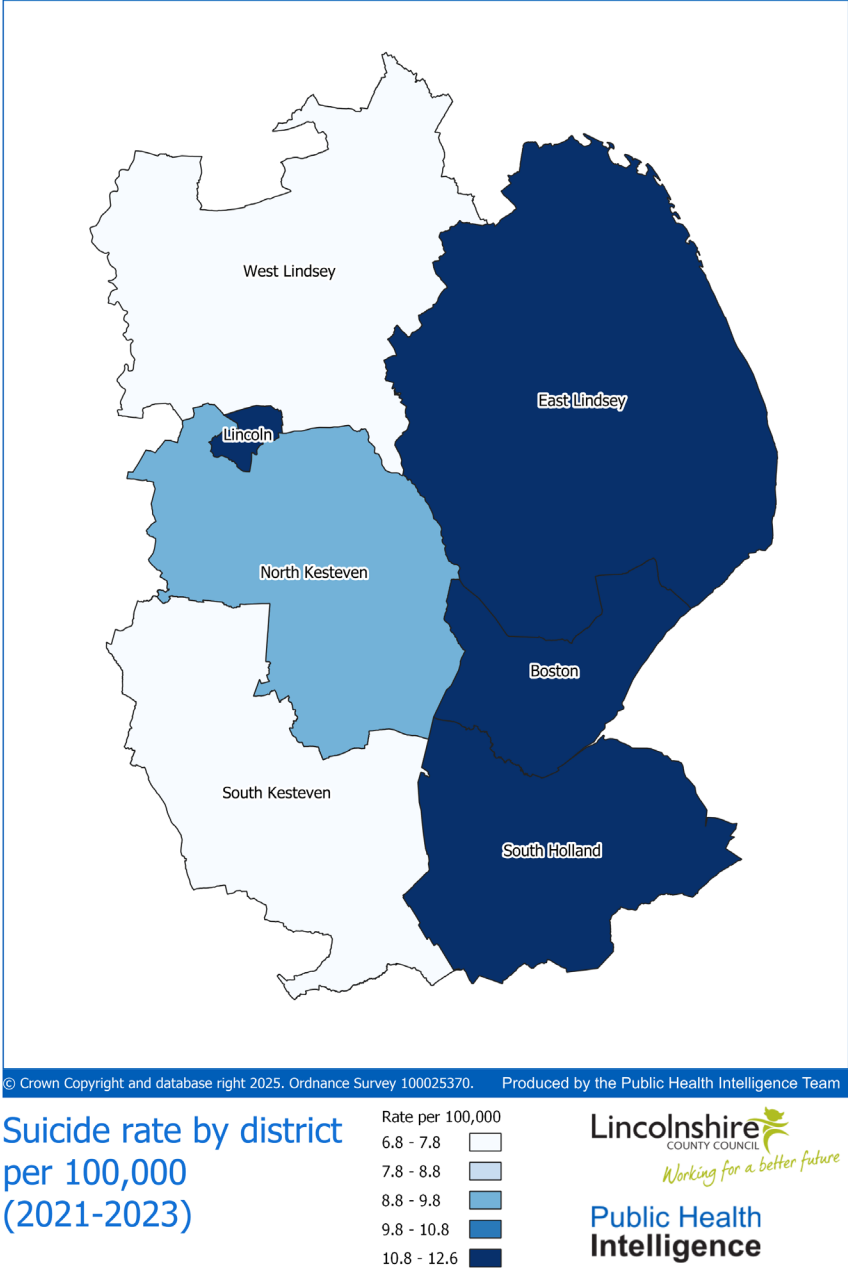
Place of Death	2021-23	2022-24	Directional Change
Own home	60%	64%	↑
Hospital	10%	10%	–
Other	7%	8%	↑
Park/woodland	8%	4%	↓
Railway/road	4%	4%	–
River/lake/canal	5%	≤7	↓
Workplace	≤7	≤7	–
Other home	≤7	≤7	↓
Prison	≤7	≤7	–

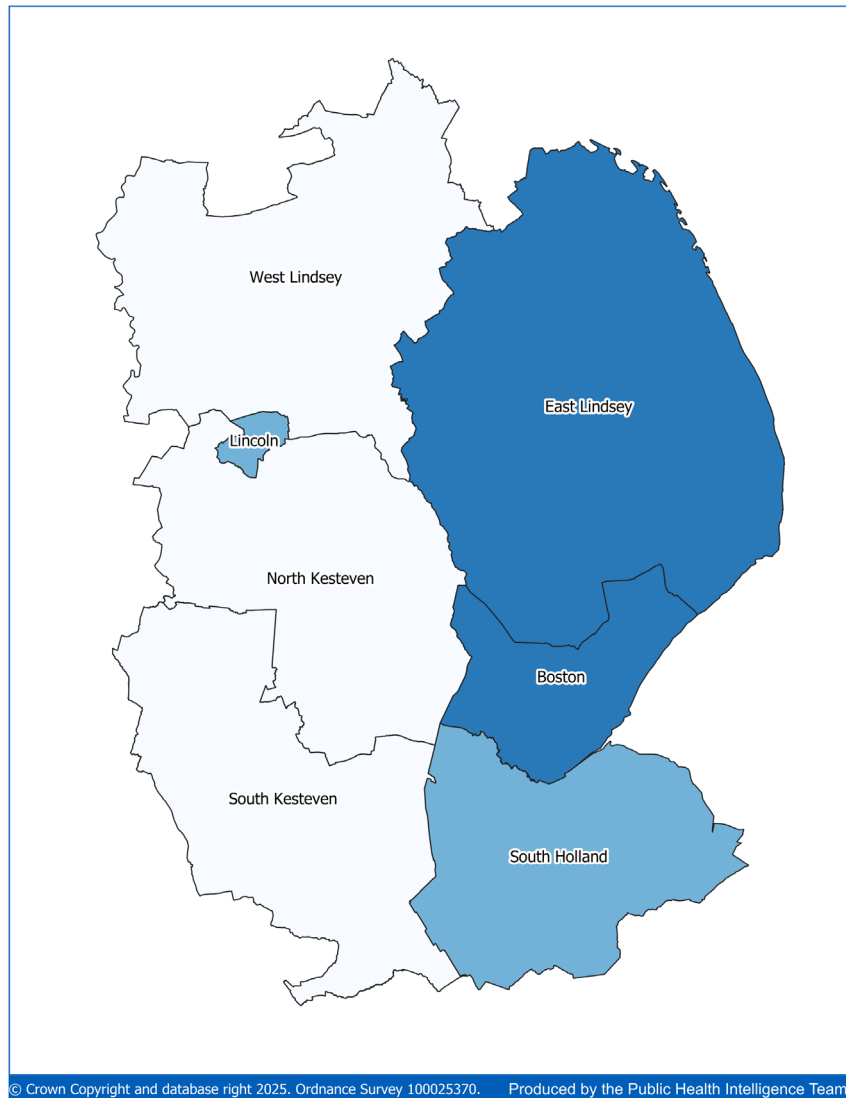
Source: Lincolnshire Coroner's data

District

As with the 2023 suicide audit, the rate of suicide decreased in all seven districts across Lincolnshire between the periods 2021-23 and 2022-24. The largest reduction can be seen in South Holland, where rates fell from 12.3 per 100,000 to 9.5 per 100,000 in 2022- 2024, a reduction of 23%. Boston had the highest rates across the districts with a rate of 10.6 per 100,000. However, this is still a reduction on the previous rate of 11.7, see Figure 8. East Lindsey had the highest rate between 2021 and 23 at 12.6 per 100,000, a total of 50 suicides in this period, however, has since reduced to a rate of 10.3 per 100,000, 41 suicides in total, which is now the 2nd highest rate across the county.

Figure 5: Rate of suicide per 100,000 by District 2021-23 and 2022-24





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Suicide rate by district per 100,000 (2022-2024)

Rate per 100,000	
6.8 - 7.8	
7.8 - 8.8	
8.8 - 9.8	
9.8 - 10.8	
10.8 - 12.6	

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Living Arrangements

The percentage of those that lived alone remained consistent at 42% (78/184) between the periods of 2021-23 and 2022-24, this is the most common living arrangement for those who have died by suicide in Lincolnshire (table 6). In this group 77% (60/78) of people died in their own home. Furthermore, 42% (32/78) were aged between 40 and 59. However, the percentage of those that live alone and are male is above the overall figures for suicide, with 86% of those that lived alone being male. For females, the largest proportion is within those that lived with partners at 30%.

The proportion of those that lived with a partner has decreased between the two periods, decreasing from 24% between 2021-23, to 23% in 2022-24. Within this group, 60% (26/43) died in their own home and 23% of the those that lived with a partner were between the ages of 50 and 59. 70% of suicides of people living with partner were over the age of 50.

Table 6: Living arrangements for suicides concluded 2021-23 and 2022-24

Living Arrangements	2021-23	2022-24	Directional Change
Lives alone	40%	42%	↑
Lives with partner	24%	23%	↓
Lives with partner and children	11%	12%	↑
Lives with parent(s)	12%	8%	↓
Other shared arrangements	6%	7%	↑
Lives with children	≤7	4%	↑
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.

In the period 2022-24, the percentage of those who have had a previous suicide attempt recorded has remained consistent with previous years at 41% (75 people). Of the 75 people who had a previous suicide attempt 24% were aged between 50 and 59, this is a change from 2021-23 where the largest proportion were in the 30 to 39 age group at 23%. As with the overall trend, the majority of those that died by suicide and have a previous attempt were male (61%), however, when analysing the proportion by gender, 34% of male suicides had a previous attempt, whereas 59% of female suicides had a previous attempt on their record. 58/75 (77%) were in contact with mental health services at the time of death.

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, in previous years there has been a number of cases where this information is unknown, however, this has decreased in the latest available data from 8% of unknowns in 2021-23, to 1% in 2022-24.

In the 3-year period from 2022-24, 49% of concluded suicides were in contact with mental health services in the year prior to their death. This is the same figure as the previous 3-year period between 2021-23. Notably, 67% of females had contact with mental health services at time of death, compared to 42% 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, 83% had contact with mental health services at the time of their death, this is also the highest percentage of any age band. Note however, that numbers are very small. Regarding the age band with the largest number of suicides between 2022-24, 48% of those aged 40-49 were in contact with mental health services at the time of their 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 2021-23, 18% experienced a bereavement that the coroner considered to be a contributory factor to the individual’s decision. This has since increased to 21% between 2022-24. Of the 39 people in 2022-24 who died by suicide and had experienced a bereavement which was considered a risk factor in their death, 11 (28%) were aged between the ages of 40 and 49, a further 9 (23%) were 30 to 39 years of age.

Employment

Table 7 shows that of the concluded suicides in the period 2022-24, 49% (90/184) were employed or self-employed at their time of death, consistent with previous trends. The employment status was unknown for 5% of concluded suicides in the period between 2022-24. The portion of people unemployed has also remained consistent with 20% unemployed in 2022-24, marginally up on the 19% unemployed in 2022-24.

Table 7: Employment Status 2021-23 and 2022-24.

	2021-23	2022-24	Directional Change
Employed	42%	43%	↑
Retired	20%	20%	–
Unemployed	19%	20%	↑
Self-employed	5%	6%	↑
Not Known	6%	5%	↓
Long-term sickness/disability	4%	≤7	↓
Student	4%	≤7	↓
Looking after home/family	≤7	≤7	–

Source: Lincolnshire Coroner’s Data

Occupation type was recorded in 77% of concluded suicides from 2022-24, with the remaining 23% 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, 21% were employed in skilled trade occupations, the same percentage as 2021-23. Caring, leisure and other service occupations is the second most common occupation and has decreased between the two periods, from 19% in 2021-23, to 18% in 2022-24. The majority of occupation types have stayed consistent with previous years percentages, with the only notable changes within the professional occupations increasing from 11% to 13% in 2022-24, with elementary occupations decreasing from 13% to 11% in the same period.

Between 2022-24, for those who work in skilled trade occupations, 42% were aged between 20 and 39. 97% of this cohort were males and 45% died in their own home. For those working in caring, leisure, and other service occupations, 62% (16/26) were female. Females working in caring, leisure and other service occupations account for 41% of all female suicides 2022-24.

Table 8: Occupation Types 2021-23 and 2022-24

	2021-23	2022-24	Directional Change
Skilled trades occupations	21%	21%	–
Caring, leisure and other service occupations	19%	18%	↓
Process, plant and machine operatives	14%	13%	↓
Professional occupations	11%	13%	↑
Elementary occupations	13%	11%	↓
Associate professional and technical occupation	9%	9%	–
Sales and customer service occupations	≤7	6%	↑
Managers, directors and senior officials	≤7	6%	↑
Administrative and secretarial occupations	≤7	≤7	–
Other	≤7	≤7	↓

Source: Lincolnshire Coroner's Data

NB. Process, plant and machine operatives includes farmers.

Marital Status

In the period between 2022 and 2024, 45% of concluded suicides were individuals whose relationship status was classified as 'single' or 'none'. This has stayed consistent on previous years. In comparison, 2021 census data show 27% of the Lincolnshire population to be single, never married and never registered a civil partnership. In 2022-24, 34% were married/civil partnership, up from 32% in 2021-23. A further 13% were divorced, 5% were widowed and 3% were separated. Of the 96 people whose marital status were single/none, 23% were aged 30 to 39, with a further 22% aged between 40 and 49.

In female concluded suicides between 2022-24, 41% were single, while 41% were in a married/civil partnership. Comparing this to male concluded suicides, 46% were single, consistent with previous years, while 32% were in a married/civil partnership, an increase from 29% between 2021-23. A higher percentage of males were divorced than females.

Table 9: Martial status 2021-23 and 2022-24

	2021-23	2022-24	Directional Change
None	44%	45%	↑
Married/Civil Partnership	32%	34%	↑
Divorced	14%	13%	↓
Widowed	5%	5%	–
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 decreased from 24% (52) in 2021-23, to 22% (41) in 2022-24. Of the 41 people who had drug related substance use and mental ill health in the period 2022-24, 23 (56%) also had alcohol use issues (Table 10). This is 13% off all suicides concluded between 2022 and 2024, the same percentage as 2021-23.

Table 10: Dual Diagnosis 2021-23 and 2022-24

	2021-2023	2022-2024
Total concluded suicides	221	184
Concluded suicides with mental ill health and drug use	52	41
Concluded suicides with mental ill health, drug use and alcohol use	29	23

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 investigations (Table 11). These risk factors are thought to have had an impact on an individual's decision to die by suicide. Between 2022-24 the top risk factors were: mental ill health, known suicidal tendencies, previous suicide attempt(s), family/relationship issues and health concerns.

- Between 2022-24, the most common risk factor was mental ill health (70%). This compares to 2021-23 where 73% of concluded suicides had mental ill health.
- The percentage of those with family/relationship issues or bereavement has increased between the two 3-year periods. These two risk factors also increased between 2020-22 and 2021-23, showing an increasing trend since 2020.
- Known suicidal tendencies continue to be the second most common risk factor; however, this percentage has decreased from 43% between 2021-23 to 41% in 2022-24.
- Those with health concerns has decreased by 8 percentage points from 37% of concluded suicides in 2021-23, to 29% between 2022-24.
- Both alcohol and drug misuse have decreased between the two periods, with alcohol misuse reducing from 32% to 27% in 2022-24 and drug misuse from 28% to 25%.

Table 11: Top 15 Risk factors for concluded suicides in 2022-24, compared to 2021-23.

Risk Factor	2021-23 %	2022-24 %	Directional Change
Mental ill health	73%	70%	↓
Known suicidal tendencies	43%	41%	↓
Previous suicide attempt(s)	40%	41%	↑
Family/relationship issues	34%	35%	↑
Health concerns	37%	29%	↓
Alcohol misuse	32%	27%	↓
Drug misuse	28%	25%	↓
Bereavement	18%	21%	↑
Self-harm	21%	21%	–
Financial concerns	18%	17%	↓
Employment concerns	14%	10%	↓
Housing concerns	≤7%	≤7%	–
Criminal record	≤7%	≤7%	↓
Family history suicide	≤7%	≤7%	↑
Victim of abuse	≤7%	≤7%	↓

Source: Lincolnshire Coroner's Data

Table 12 shows the top 5 most common risk factors for suicides concluded in 2022-24, 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 to 29 and 30 to 59 year olds, the second most common risk factor is known suicidal tendencies. 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 2021-23. 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 12: Top 5 risk factors for suicides concluded in 2021-23, by age.

	Aged 10-29	Aged 30-59	Aged 60+
1	Mental ill health	Mental ill health	Mental ill health
2	Known suicidal tendencies	Known suicidal tendencies	Health concerns
3	Previous suicide attempt(s)	Previous suicide attempt(s)	Known suicidal tendencies
4	Family/relationship issues	Family/relationship issues	Previous suicide attempt(s)
5	Drug misuse	Alcohol misuse	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 72 suspected suicides between 1st January and 31st December 2025 in Lincolnshire. This is a reduction from 86 in 2024, while also being the joint lowest figure in the period between 2019 and 2025. The previous lowest figure coming in 2022, also of 72.

- In 2025 26% of suspected suicides were female. This compares to 2024 where the proportion of female suspected suicides was lower at 21% as shown in Table 14.
- In 2025, the highest proportion of suspected suicides were in the 50-to-59-year age band, consistent with previous year trends. In 2025, 22% of suspected suicides were aged 50-59, the same figure as the previous year. The proportion of those aged 20 to 29 and 60 to 69 increased in 2025 compared to 2024.
- The average age at death was 50 in 2025, consistent with both 2024 and 2023. The average age for females was 52 and 49 for males.

- In 2025, Hanging/Strangulation was the most common method accounting for 49% of suspected suicides, followed by poisoning (23%). Hanging/strangulation has decreased from 62% in 2024, while poisoning has increased from 15% in the same period.
- 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 2025 occurred in the individual's own home (72%), followed by Park/Woodland (14%).
- There has been an increase in the number of suspected suicides in South Holland, increasing from 6% of total suspected suicides in 2024 to 14% in 2025. The largest proportion of suspected suicides were found in East Lindsey (25%), consistent with previous years.
- In 2025, 28% of suspected suicides were in Deciles 1 and 2 (most deprived), compared to 17% in 2024. 14% of suspected suicides in 2025 were in Deciles 9 and 10 (least deprived), an increase from 8% in 2024. The percentage of individuals in decile 6 decreased from 21% in 2024 to 8% in 2025.

Table 13: Number of suspected suicides in Lincolnshire, by gender

	Male		Female	
2019	63	83%	12	16%
2020	49	66%	24	32%
2021	62	74%	22	26%
2022	54	75%	17	24%
2023	56	64%	32	36%
2024	68	79%	18	21%
2025	53	74%	19	26%

Source: Lincolnshire Police- Sudden Death Report

Table 14 shows the quarterly average deaths in 2022 to 2024 and 2025. The average number of deaths in 2022-24 Q1 was 12 which is almost double the number in Q1 2025 of 12. The quarter 3 average for 2022-24 (18) is also higher than that of Q3 in 2025 (14). Both Quarters 2 and 4 in 2025 are above that of the 2022-24, there were 22 suspected suicides in Q2 of 2025, 1 higher than the 2022-24 3-year average. With 24 suspected suicides in Q4 of 2025, 4 higher than the 3-year average between 2022-24.

Table 14: Average number of suspected suicide deaths 2022 to 2024 compared to 2025, by Quarter

	2022-24 Average	2025
Qtr1	23	12
Qtr2	21	22
Qtr3	18	14
Qtr4	20	24

Source: Lincolnshire Police - Sudden Death Report

Attempted suicide, Suicidal Ideation and Self-Injurious Behaviour

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 Joint Intelligence Dataset, NHS Lincolnshire ICB, 2025]. 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 October 2024 - September 2025 there were 749,817 people aged 10 or over registered to a GP in Lincolnshire, however some of these may live outside Lincolnshire. Within this population, 522 have attempted to die by suicide, 7,088 have had suicidal ideation and 5,441 have experienced self-injurious behaviour, all within the last 3-years. Key findings below focus on attempted suicide, suicide ideation and self-injurious behaviour 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. Further, we are not able to determine intent when looking at self-injurious behaviour and so not all cases will be linked to thoughts of suicide but may still be support seeking behaviour. The rates used in the following analysis are not age  standardised.

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

- 522 individuals have attempted suicide within the last 3-years (0.1% of the population)
- Highest rate in Meridian Medical PCN
- 76% of those that have attempted suicide are aged between 10 and 49
- 55% male
- 86% have a mental health flag
- Over 2/3rds have had challenges with alcohol and substance misuse
- 68% have an anti-depressant prescription
- Double the number of GP appointments vs the Lincolnshire average
- 22 mental health contacts per person per year

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

- 7,088 individuals have experienced suicide ideation within the last 3-years (1% of the population)
- Highest rate in Trent Care PCN
- 86% aged between 10 and 59
- 55% are female
- 88% have a mental health flag
- 60% have been declared as not fit for work
- 70% have an anti-depressant prescription

Key findings for those who have experienced self-injurious behaviour in the last three years

- 5,441 individuals have experienced self-injurious behaviour within the last 3-years (0.7% of the population)
- Highest rate in Lincoln Health Partnership PCN
- 69% aged between 10 and 49
- 65% are female
- 82% have a mental health flag
- 70% have an alcohol and substance misuse issue
- 56% have been declared as not fit for work
- 61% have an anti-depressant prescription

Attempted Suicide

Overview

Within Lincolnshire, 0.1% of the population aged 10+ have attempted suicide within the last 3 years. This is equivalent to 522 individuals. 13% (68 individuals) of all attempted suicides were patients within First Coastal PCN (covering the area around Spilsby, Mablethorpe and Sutton on Sea). The rate of attempted suicide per 100,000 is highest in Meridian Medical PCN (area around Louth) at 107 per 100,000, considerably higher than all other PCNs in Lincolnshire and the overall rate in Lincolnshire of 69.6 per 100,000.

Table 15: Number and rate of attempted suicides, by PCN

PCN	Attempted suicide Population	% split across PCN	Lincolnshire population aged 18+	Rate by PCN (per 100,000)
Meridian Medical PCN	39	7%	36,438	107.0
Apex PCN	41	8%	42,530	96.4
Trent Care PCN	34	7%	36,414	93.4
First Coastal PCN	68	13%	77,385	87.9
Imp PCN	53	10%	66,366	79.9
South Lincolnshire Rural PCN	72	14%	91,674	78.5
Spalding PCN	29	6%	39,376	73.6
K2 Healthcare Sleaford PCN	35	7%	54,175	64.6
Lincoln Health Partnership PCN	20	4%	35,067	57.0
Boston PCN	38	7%	68,684	55.3
East Lindsey PCN	27	5%	50,483	53.5
Grantham And Rural PCN	33	6%	69,743	47.3
Four Counties PCN	16	3%	35,759	44.7
South Lincoln PCN	17	3%	45,723	37.2
Grand Total	522	100%	749,817	69.6

Characteristics

Age

The average age of those attempting suicide within Lincolnshire is 44. 76% of those that have attempted suicide in the last 3-years are between the ages of 10 and 49, with just 5% above the ages of 70. The average age was lowest in Lincoln Health Partnership at 27, while the oldest age average was in East Lindsey and South Lincoln PCNs at 45 years of age.

Gender

The majority, 55%, of those who have attempted suicide in Lincolnshire are Male, this is above the overall average of the Lincolnshire population (50% male). The gender split alters across Lincolnshire's PCNs, 60% of the First Coastal population that have attempted suicide in the last 3-years are male, whereas 36% of those that have attempted suicide in IMP (Lincoln and parts of West Lindsey) are male. On average, males that have attempted suicide have less co morbidities than females who have attempted suicide.

Ethnicity

4% of those that have attempted suicide in the last 3-years within Lincolnshire are from an ethnic minority, this is lower than the overall Lincolnshire average of 7%.

Deprivation

The average IMD for Lincolnshire is 5.1, however, for those that have attempted suicide in the last 3-years is lower at 4.3. This means that those that have attempted suicide in the last 3-years are from more deprived areas. Trent Care PCN (area around Gainsborough) have the highest levels of deprivation for the attempted suicide cohort, with an average of 2.1, with the lowest levels of deprivation with the Four Counties PCN (area around Stamford).

Mental health

86% of those within Lincolnshire who have attempted suicide have a mental health flag, meaning they have Anxiety, Depression and or Serious Mental Illness. The proportion of people within this cohort with a mental health flag is highest in Trent Care PCN with 97.1%. Over half (51%) have expressed to a medical professional within the last three years that they have had thoughts of suicide and 50% have experienced self-injurious behaviour within this time. Notably, for those aged 10-19, only 59% have a mental health flag, which is significantly below the average of 86%.

Lifestyle

- Over two thirds (69%) of those who have attempted suicide within the last three years also have challenges with alcohol and substance misuse.
- 58% of those who have attempted suicide are classed as not fit to work
- 22% are recorded as obese.
- 27% have a care plan

Prescriptions

68% of the attempted suicide cohort have had an antidepressant prescription. The proportion of patients with an antidepressive prescription varies across PCNs, with the highest in East Lindsey at 85% and the lowest proportion within Grantham and Rural at 54%. 44% have an SSRI prescription, again varying across PCNs with just 15% in Lincoln Health Partnership and 55% in South Lincoln.

Service Utilisation

GP Appointments

In Lincolnshire, the average number of GP appointments for the general population aged 10+ is 6 per year. However, for those that have attempted suicide within the last 3-years, the average doubles to 12 per year, highlighting higher levels of service utilisation. As people age, the number of GP appointments increases, however, this could be due to a combination of issues. The fewest number of GP appointments is with those aged between 10 and 19 (6), with the most in those aged between 80 and 89 (21). The number of GP appointments is highest in IMP PCN at 17 and lowest in First Coastal at 7.

Mental Health contacts

The average number of mental health contacts for those who have attempted suicide is 22 per year, compared to 0.4 for the whole Lincolnshire population. Mental health contacts are highest in the 80-89 age band at 31, however it must be noted that they are also higher than average in the younger cohorts of 20-29 (28) and the 30-39 age group (26). Those that have attempted suicide in the last 3 years and live in Lincoln Health Partnership PCN have the most mental health contacts at 4, with the lowest for the First Coastal PCN population at just 13. Females average 2.5 times more mental health contacts than males.

A&E Attendances

The average number of A&E attendances within the last 12 months, for those aged 10+ who have attempted suicide, is 4 per year. The average number of attendances is higher in females at 5.0 per year compared to males at 2.2 per year. 70% of those who have attempted suicide in the last year have had at least 1 A&E attendances within the last year. For those who have not attempted suicide, just 22% have had a minimum of 1 A&E attendances within the last year. Number of A&E attendances alters with both age and location, those aged between 20-29 attend A&E the most at 5.1 times per year, while those that live in the Trent Care PCN attend A&E 9 times per year on average.

Outpatient Appointments

The average number of outpatient attendances for those who have had a suicide attempt in Lincolnshire is 2.0 within the last 12 months. This is not considerably different to those that have no attempted suicide in the last 3-years at 1.6 per person. The number of outpatient attendances differs greatly across the PCN's, with 0.9 attendances within South Lincoln PCN and 3.4 in Grantham and Rural. Females attend more outpatient appointments than males at 2.7 to 1.5.

Suicide Ideation

Overview

In Lincolnshire there are 749,817 registered patients aged 10+, of which, 1% have experienced suicidal ideation within the last three years. This is equivalent to 7,088 individuals. Over 1 in 10 of those experiencing suicidal ideation in Lincolnshire are registered to a GP surgery within First Coastal PCN and South Lincolnshire Rural PCN (area around Bourne and Long Sutton). Across PCNs in Lincolnshire, the rate of Suicidal ideation is highest in Trent Care PCN, at 1,911 per 100,000.

Note: This data is likely to be an underestimation as it relies on the individual telling a healthcare professional that they have thoughts of suicide, many will not have disclosed this information.

Table 16: Number and rate of patients experiencing Suicidal Ideation, by PCN

PCN	Suicidal Ideation Population	% Split across PCN	Lincolnshire population aged 18+	Rate per 100,000
Trent Care PCN	696	10%	36,414	1,911.4
Apex PCN	528	7%	42,530	1,241.5
First Coastal PCN	902	13%	77,385	1,165.6
Lincoln Health Partnership PCN	396	6%	35,067	1,129.3
Grantham And Rural PCN	713	10%	69,743	1,022.3
South Lincolnshire Rural PCN	924	13%	91,674	1,007.9
Meridian Medical PCN	330	5%	36,438	905.6
K2 Healthcare Sleaford PCN	482	7%	54,175	889.7
Imp PCN	590	8%	66,366	889.0
East Lindsey PCN	446	6%	50,483	883.5
Boston PCN	541	8%	68,684	787.7
Four Counties PCN	193	3%	35,759	539.7
Spalding PCN	176	2%	39,376	447.0
South Lincoln PCN	171	2%	45,723	374.0
Grand Total	7,088	100%	749,817	945.3

Characteristics

Age

The average age for patients aged 10+ within Lincolnshire is 48. For those who have experienced suicidal ideation, the average age is younger at 39. 86% (6,076 individuals) of those experiencing suicidal ideation are younger adults aged 10 to 59, and 14% (1,012 individuals) are older adults aged 60+. More specifically, the highest proportion, 22%, of those with suicidal ideation are aged 20 to 29. The highest rate of those with suicidal ideation is also seen among those aged 20 to 29, with 18 patients per 1,000 patients in this age band expressing thoughts of suicide.

Gender

49.5% of the 10+ population within Lincolnshire are male, however, 45% of patients who have experienced suicidal ideation are male, meaning 55% are female. Within those aged 10-19, 67.5% are female.

Ethnicity

6.7% of the Lincolnshire population are of an ethnic minority. Comparing this to those that have suicide ideation in the last 3-years, we see the ethnic minority drop to 4%. As age increases, the ethnic minority decreases, with the largest ethnic minority within the 20-29 age group at 5.5%.

Deprivation

The average deprivation within Lincolnshire is 5.2, this decreases to 4.3 for those that have experienced suicide ideation within the last 3-years. Deprivation stays consistent across the 10-year age bands, with slightly lower levels of deprivation in those aged 80+. Those that live within the First Coastal PCN and have suicide ideation in the last 3-years, experience the highest deprivation at 2.2.

Mental Health

88% of those within Lincolnshire who have experienced suicide ideation in the last 3-years have a mental health flag, meaning they have Anxiety, Depression and or Serious Mental Illness, this compares to just 32% of the Lincolnshire population. The proportion of people within this cohort with a mental health flag is highest in East Lindsey PCN with 91.3%. 3.8% of those that have experienced suicide ideation in the last 3-years, have also attempted suicide in the same time frame, with 18.9% experiencing self-injurious behaviour.

Wider factors

- Over half of patients, 60% (4,253 individuals) within this cohort are not fit for work (all time) and 21% have been declared not fit for work within the past year.
- 46% of patients within this cohort have Alcohol and substance issues.
- 1 in 4 patients within this cohort (26%, 1,843 individuals), are obese, with a BMI above 30. With 17% have a BMI that is considered healthy
- 9% (624 individuals) within this cohort have a carer
- 6% (411 individuals) within this cohort are a carer
- 2% (170 individuals) live in a care home
- 4% (255 individuals) live alone
- 2% (106 individuals) are homeless
- 1% (71 individuals) are veterans
-

Prescriptions

70% (4,962 individuals) within this cohort are prescribed an Anti-Depressive medication. IMP PCN has the highest proportion of patients who have suicidal ideation that also are prescribed an antidepressant, 75%. Anti-depressive prescriptions are highest within the 60-69 age group at 84.3%. 38% of those with suicidal ideation in Lincolnshire are also prescribed analgesics.

Service Utilisation

GP Appointments

In Lincolnshire, the average number of GP appointments for the general population is 6. For those who have experienced suicidal ideation within Lincolnshire, the average number of GP appointments almost doubles to 11 per year. Four Counties PCN have the most GP appointments for those experiencing suicide ideation in the last 3-years with 23. This is double the suicide ideation (3-years) average and almost triple the general Lincolnshire average. Females average more GP appointments than males at 12.9 to 9.1. It must be noted that not all GP appointments for each individual may be exclusively related to suicide ideation, as they may have other health issues they are dealing with at the same time.

Mental Health contacts

The average number of mental health contacts for those who have experienced suicide ideation in the past 3-years is 8.9 per year, compared to 0.4 for the whole Lincolnshire population. Mental health contacts are highest in the 70-79 age group at 12.5 per person per year, and the 10-19 age group at 12.4. Those that have experienced suicide ideation in the last 3 years and live in Meridian Medical PCN have the most mental health contacts at 17.1, with the lowest in the Four Counties PCN population at just 6.4. Females average 10.6 contacts against males 6.8.

A&E Attendances

The average number of A&E attendances within the last 12 months, for those aged 10+ who have experienced suicide ideation in the last 3-years, is 1.7 per year. The average number of attendances is higher in females at 1.9 per year compared to males at 1.5 per year. 53% of those who have experienced suicide ideation have had at least 1 A&E attendance within the last year. Number of A&E attendances alters with both age and location, those aged between 90+ attend A&E the most at 3.0 times per year, while those that live in the Spalding PCN attend A&E 3 times per year on average.

Outpatient Appointments

The average number of outpatient attendances within Lincolnshire is 1.6 per person per year. For those who have had experienced suicide ideation in the last 3-years, the average increase to is 2.1. There is a difference of 1 attendance between the lowest PCN of Lincoln Health Partnership (1.7) and the highest, Meridian Medical PCN (2.7).

Self-injurious behaviour

Overview

In Lincolnshire 0.7% of the population aged 10+ have a self-injurious behaviour flag on their record with in the last three years, this is 5,441 patients. 777 patients who have a self-injurious behaviour flag are registered patients within First Coastal PCN, this is 14% of all patients with this flag. The rate of those with a self-injurious behaviour flag per 100,000 patients is highest in Lincoln Health Partnership PCN at 1,072 patients per 100,000 patients, well above the Lincolnshire average of 725.6.

Table 17: Number and rate of patients experiencing self-injurious behaviour, by PCN

PCN	Self-Injurious behaviour population	% Split across PCNs	Lincolnshire population aged 18+	Rate per 100,000
Lincoln Health Partnership PCN	376	7%	35,067	1,072.2
First Coastal PCN	777	14%	77,385	1,004.1
Apex PCN	415	8%	42,530	975.8
Trent Care PCN	313	6%	36,414	859.6
Imp PCN	545	10%	66,366	821.2
Boston PCN	482	9%	68,684	701.8
K2 Healthcare Sleaford PCN	375	7%	54,175	692.2
South Lincolnshire Rural PCN	591	11%	91,674	644.7
South Lincoln PCN	290	5%	45,723	634.3
Meridian Medical PCN	230	4%	36,438	631.2
Grantham And Rural PCN	392	7%	69,743	562.1
East Lindsey PCN	276	5%	50,483	546.7
Four Counties PCN	182	3%	35,759	509.0
Spalding PCN	197	4%	39,376	500.3
Grand Total	5,441	100%	749,817	725.6

Characteristics

Age

The average age for patients aged 10+ within Lincolnshire is 48. For those who have experienced self-injurious behaviour in the last 3-years, the average age is younger at 39. 83% (4,534 individuals) of those experiencing self-injurious behaviour are younger adults aged 10 to 59, and 17% (907 individuals) are older adults aged 60+. More specifically, the highest proportion, 23%, of those with self-injurious behaviour are aged 20 to 29. The highest rate of those that have experienced self-injurious behaviour is also seen among those aged 20 to 29, with 14 patients per 1,000 patients.

Gender

49.5% of the 10+ population within Lincolnshire are male, however, 35% of patients who have experienced self-injurious behaviour in the last 3 years are male, meaning 65% are female. Within those aged 10-19, 80.2% are female, with 73.3% in the 20-29 year olds female.

Ethnicity

6.7% of the Lincolnshire population belong to an ethnic minority. Comparing this to those that have experienced self-injurious behaviour in the last 3-years, we see the ethnic minority drop to 3%. As age increases, the ethnic minority decreases, with the largest ethnic minority within the 10-19 age group at 4.6%.

Deprivation

The average deprivation within Lincolnshire is 5.2, this decreases to 4.2 for those that have experienced self-injurious behaviour within the last 3-years. Those that live within the First Coastal PCN and have suicide ideation in the last 3-years, experience the highest deprivation at 2.1, with the lowest deprivation levels within Four Counties PCN at 6.9.

Mental Health

82% of those within Lincolnshire who have experienced self-injurious behaviour in the last 3-years have a mental health flag, meaning they have Anxiety, Depression and or Serious Mental Illness (SMI), this compares to just 32% of the Lincolnshire population. The proportion of people within this cohort with a mental health flag is highest in Trent Care PCN at 89.8%. 4.8% of those that have experienced self-injurious behaviour in the last 3 years, have also attempted suicide in the same time frame, with 24.7% experiencing suicide ideation.

Lifestyle

- Over half of patients, 56% (3,046 individuals) within this cohort are not fit for work (all time) and 16% have been declared not fit for work within the past year.
- 70% (3,808) of patients within this cohort have Alcohol and substance issues.
- 1 in 4 patients within this cohort (27%, 1,469 individuals), are obese, with a BMI above 30. With 19% have a BMI that is considered healthy
- 69% (3,754 individuals) have stopped smoking
- 17% (924 individuals) within this cohort have a carer
- 6% (326 individuals) within this cohort are a carer
- 7% (380 individuals) live in a care home
- 6% (326 individuals) live alone
- 2% (108 individuals) are homeless
- 1% (54 individuals) are veterans

Prescriptions

61% (3,319 individuals) within this cohort are prescribed an Anti-Depressive medication. Trent Care PCN has the highest proportion of patients who have experienced self-injurious behaviour in the last 3-years and have also been prescribed an antidepressant at 70%. 44% of those who have experienced self-injurious behaviour in Lincolnshire are also prescribed analgesics.

Service Utilisation

GP Appointments

In Lincolnshire, the average number of GP appointments for the general population is 6. For those who have experienced self-injurious behaviour within Lincolnshire, the average number of GP appointments almost doubles to 12 per year. Four Counties PCN have the most GP appointments for those experiencing self-injurious behaviour in the last 3-years with 26. Females average more GP appointments than males at 13 to 10.7 respectively. It must be noted that not all GP appointments

for each individual may be exclusively related to self-injurious behaviour, as they may have other health issues they are dealing with at the same time.

Mental Health contacts

The average number of mental health contacts for those who have experienced self-injurious behaviour in the past 3-years is 11.7 per year, compared to 0.4 for the whole Lincolnshire population. Mental health contacts are highest in those aged 10 to 19 at 13.7 per person per year. Those that have experienced self-injurious behaviour in the last 3 years and live in Meridian Medical PCN have the most mental health contacts at 24.5, with the lowest in the South Lincolnshire Rural PCN population at just 7.2. Females average 13 contacts against males 9.4.

A&E Attendances

The average number of A&E attendances within the last 12 months, for those aged 10+ who have experienced self-injurious behaviour in the last 3-years, is 2.3 per year. The average number of attendances is relatively similar for male and females with 2.3 for males and 2.4 for females. 62% of those who have experienced self-injurious behaviour in the last year have had at least 1 A&E attendances within the last year. Number of A&E attendances alters with both age and location, those aged between 30 to 39 attend A&E the most at 2.7 times per year, while those that live in the Meridian Medical PCN attend A&E 3.4 times per year on average.

Outpatient Appointments

The average number of outpatient attendances within Lincolnshire is 1.6 per person per year. For those who have had experienced self-injurious behaviour in the last 3-years, the average increase to is 3.1. Those that live within Meridian Medical PCN attend the most outpatient appointments are 4.2, with those in First Coastal, Lincoln Health Partnership and Spalding PCN attending the fewest at 2.7. Females attend marginally more outpatient appointments than men at 3.4 to 2.6 respectively.

Conclusions

There has been a decrease in the number of registered deaths due to suicide in Lincolnshire, decreasing from 105 in 2023, to 98 in 2024. The age standardised rate in Lincolnshire is 14.9 per 100,000, which is statistically significantly higher than the England rate of 10.7 per 100,000. While also being higher than the East Midlands rate of 11.8 per 100,000. Lincoln continues to be the highest district by rate in Lincolnshire in the period 2022 to 24, with 20.6 deaths per 100,000. This is an increase from 20.0 per 100,000 in the period 2021 to 2023. Lincoln is the highest ranked district by suicide rate per 100,000 people in England and Wales. When ranked by rate of suicide, East Lindsey, Boston and South Holland are all within the top 50 districts. Despite Lincoln having the highest rate of suicide in England and Wales, the number of suicides in Lincoln has decreased from 21 in 2023 to 14 in 2024. The rate is calculated using three years of data, therefore higher numbers of deaths by suicide in Lincoln in previous years will have contributed to the higher rate.

In 2022-24 the highest rate of deaths by suicide was in the 40-to-49-year age band, at 21.3 per 100,000, a decrease on 2021-23 when the rate was 23.6 per 100,000 people. The lowest rates were seen in those aged 10 to 19 years. The largest drop in rates can be seen within the 30 to 39 year olds, decreasing from 27 per 100,000 in 2021-23, to 19.9 per 100,000 in 2022-24.

Consistent with previous years, the largest percentage of suicides are Male, with the coroner's data showing 73% of suicides concluded 2022-24 were male, an increase from 71% in 2021-23. 27% of concluded suicides were female. However, the population health management data shows us that 45% of those attempting suicide over the last 3 years were female, showing there is a higher proportion of females attempting suicide than males.

41% of suicides concluded 2022-24 were individuals who have had a previous suicide attempt, however 23% 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 a previous suicide attempt, family/relationship issues 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 an increase in the number of female suspected suicides in 2025 compared to 2024. Hanging/strangulation has decreased from 62% of suspected suicides in 2024, to 49% in 2025. This is due to an increase in poisonings in 2025, increasing from 15% in 2024, to 23% in 2025. There has been an increase in the number of suspected suicides in South Holland, increasing from 6% of total suspected suicides in 2024 to 14% in 2025. Suspected suicides by quarter remains consistent with the 2022-24 average, however, suspected suicides in quarter 1, are down by 11 on the 2022-24 average.

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. 522 individuals have attempted suicide within the last 3-years, 76% of those were aged between 10 and 49. While there is a higher percentage of males than females (55%), this is still a lower percentage than those that die by suicide in Lincolnshire (73%). Over two thirds have had challenges with alcohol and substance misuse. 7,088 people have experienced suicide ideation in the last 3-years, with 86% aged between 10 and 59 and 55% being female. Finally, 5,441 individuals have experienced self-injurious behaviour within the last 3-years. 69% of these are aged between 10-49, with 65% female. As with those that have attempted suicide, there is a high percentage (70%) that have challenges with alcohol and substance misuse.

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.

Recommendations

- Given the marked increase in the suicide rate in West Lindsey, rising from 7.3 to 11.2 per 100,000 between 2021–2023 and 2022–2024, it is recommended that additional analysis is done to explore this further. This should include a detailed local review of suicides to identify emerging risk factors, mapping of service provision in the area, alongside the possible implementation of place-based interventions focused on high-risk groups.
- Lincolnshire coroners data showed that in 2022-24, 43% of suicides were individuals aged 40–59. It is recommended that suicide prevention efforts are strengthened for this age group. This should include targeted awareness and early-intervention initiatives focused on middle-aged adults, particularly addressing key risk factors such as mental ill-health, known suicidal tendencies, bereavement and alcohol misuse. Further work is also needed to reduce stigma associated with help-seeking within this population.
- 2 in 5 of those who have died by suicide are known to have a previous suicide attempt, however this is likely to be an underestimation. Population health management data shows 522 individuals have attempted to die by suicide within the last three years. Further work in collaboration with primary care should explore how to best support those who have had a suicide attempt but do not reach the threshold for further crisis team support.
- Over 7,000 individuals have experienced suicidal ideation within the last three years and 60% of this cohort are declared 'Not fit to work'. Further work is needed to understand the economically inactive population in Lincolnshire and how we can work with partners to ensure timely signposting to support within this population.
- The disproportionate number of mental health service contacts among females who have attempted to die by suicide and/or have experienced suicidal ideation, suggests potential differences in help seeking behaviour across genders. Investigation is needed to understand why females are overrepresented in the data, improve understanding of barriers to seeking help and how adaptations may improve accessibility, particularly in males.
- It is recommended that robust data quality and reporting processes are maintained to ensure the accuracy, consistency, and completeness of data. Alongside this, efforts should be made to enhance the granularity of available data, enabling more detailed analysis to strengthen local intelligence. This is underpinned by strong partnership working across partnering organisations to improve data sharing and ensure that data insights are meaningful and accurate.

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

Code	Current SNOMED Term
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

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

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