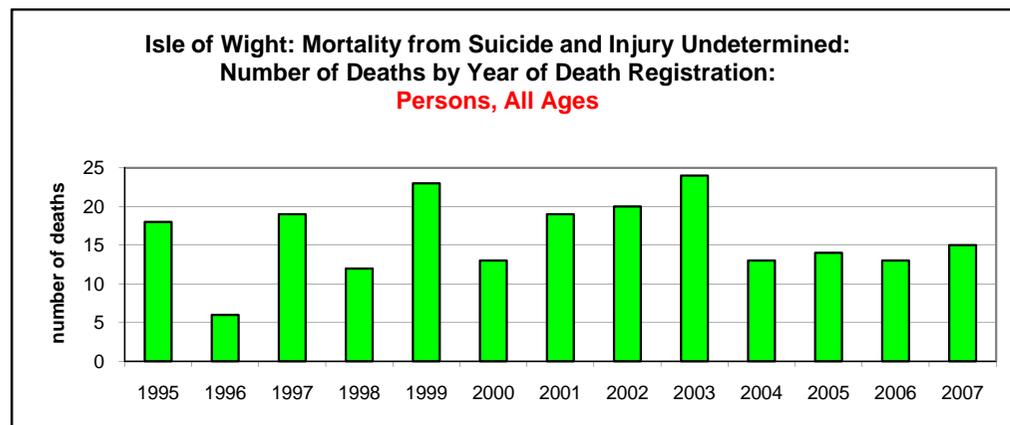


Isle of Wight Joint Strategic Needs Assessment: Core Dataset		2009		
Domain:	Burden of Ill Health	Indicator:	Mortality from suicide and injury of undetermined intent	
Sub-Domain:	Mental Health	Indicator References:	JSNA Core Dataset number 53; Vital Sign VSB04	
Sub-sub- Domain:	Suicide	Data Source:	National Centre for Health Outcomes Development	
		Indicator definition:	see below	

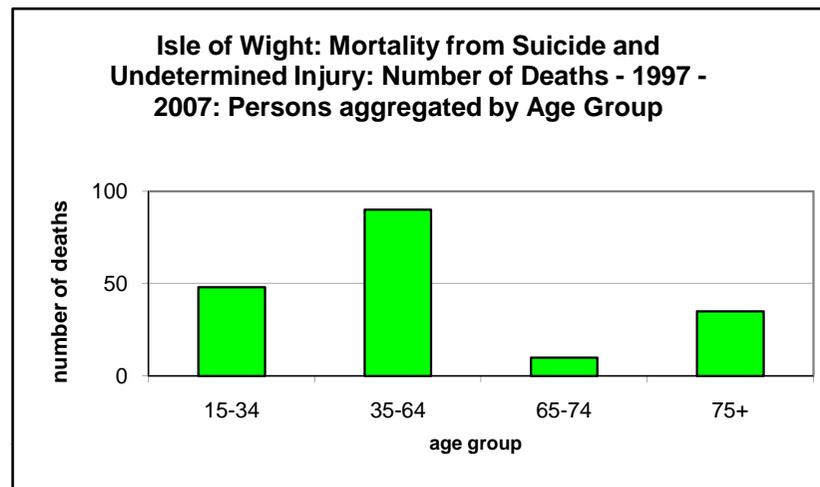
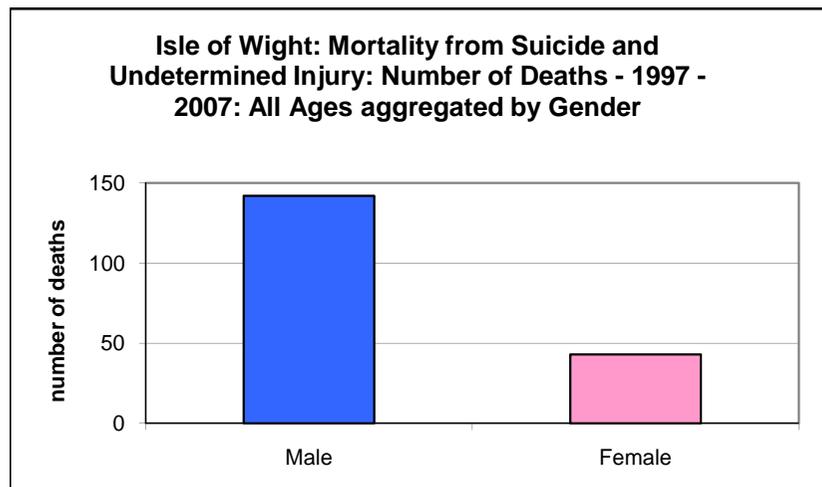
Isle of Wight: Mortality from Suicide and Injury of Undetermined Intent: Number of Deaths

Persons, All Ages	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Isle of Wight	12	23	13	19	20	24	13	14	13	15

Since 1995 there have on average been **16 deaths** of IW residents each year from suicide and injury undetermined.

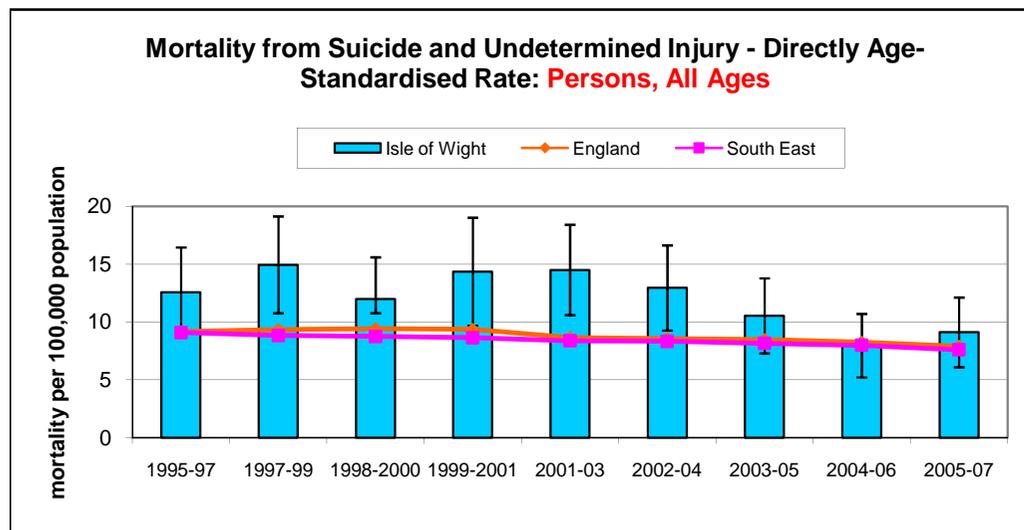


Deaths by year by gender and age cannot be shown because, in line with national disclosure control guidance, small numbers are withheld to avoid the risk of individuals being identified. The charts below show aggregate data by gender and age for the period 1997 - 2007.

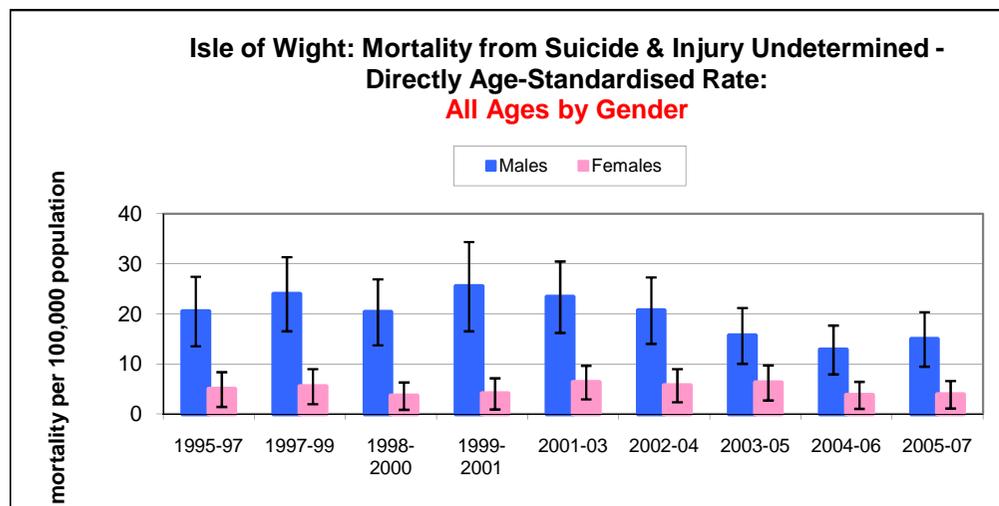


Isle of Wight: Mortality from Suicide and Injury of Undetermined Intent: **Directly Age-Standardised Mortality Rates: Persons, All Ages**

Persons, All Ages	1995 - 97	1997 - 99	1998 - 2000	1999 - 2001	2001 - 03	2002-04	2003-05	2004-06	2005-07
England	9.16	9.33	9.42	9.37	8.65	8.56	8.48	8.25	7.89
South East	9.09	8.84	8.75	8.65	8.39	8.34	8.16	7.99	7.61
Isle of Wight	12.58	14.95	11.99	14.36	14.5	12.95	10.53	7.96	9.11



Isle of Wight: All Ages by Gender	1995-97	1997-99	1998-2000	1999-2001	2001-03	2002-04	2003-05	2004-06	2005-07
Males	20.48	23.93	20.33	25.45	23.34	20.66	15.61	12.81	14.93
Females	4.92	5.49	3.59	4.04	6.3	5.67	6.21	3.75	3.86



COMMENTARY

It is difficult to measure mental health at a community or Local Authority level, and to compare meaningfully one area with another. Population surveys are expensive to conduct and repeat. While there are reliable methods of diagnosing severe mental health problems, less severe symptoms are harder to classify. In 1999 the Government therefore adopted the suicide rate as a 'proxy' or representative target for mental health. The reasons for this were the availability of reliable data, and the fact that policies to promote good mental health should also lead to a reduction in suicides.

There is a national Public Service Agreement target to reduce by 20% the rate of mortality from 'suicide and injury of undetermined intent', from the 1995-97 baseline by 2010. Mortality from suicide and injury undetermined includes deaths where a Coroner holds an inquest (a legal inquiry into the medical cause and circumstances of a death); and where the verdict is suicide or some cases of an open verdict (where there is insufficient evidence for any other verdict). All PCT areas are expected to reduce their mortality rates over this period, although there are no specific targets at PCT level.

Numbers of Deaths

The data and charts, **top**, show the number of deaths of IW residents from suicide and injury undetermined by year. Since 1995:

- there have on average been 16 deaths of IW residents each year;
- 77% of people who died were Male, 23% were Female;
- 50% of deaths were among people aged 35 - 64, with 19% of deaths among people aged 75+.
- The age profile of Male and Female deaths was similar, but with a slightly higher proportion of male deaths aged 35-64 and a slightly higher proportion of female deaths aged 75+.

Mortality Rates

The data and charts, bottom, show trends in the Isle of Wight's directly age-standardised mortality rates compared with England and the South East.

Between 1997 – 2004 the IW's suicide rate was consistently significantly higher than the national and regional rates. Since 2001-03 the IW has experienced a downward trend and its rate is now, statistically, similar to those in England and the South-East. Although the most recent comparative IW data for 2005-07 showed an increase, the relatively small number of deaths involved each year means that even three-year rates are susceptible to fluctuation, and a small increase in the number of deaths could result in a significant rate increase.

The IW mortality rate for males has been significantly higher than for females over the period shown, in line with national patterns.

Specific Population Groups of Concern

The Suicide Chapter in the Director of Public Health's Report for 2005 analysed in more detail suicides of IW residents between 1994 - 2003. The groups which experienced the highest suicide rates were working age men and older people. A further analysis of data up to 2006 confirmed that this pattern continued, and this analysis will be updated to incorporate more recent data.

INDICATOR DEFINITION	
Indicator:	Mortality from Suicide and Injury of Undetermined Intent
Definition:	Directly age-standardised rate of mortality from suicide and injury of undetermined intent, whether accidentally or purposely inflicted: rate per 100,000 population, All Ages
Numerator (number of people or events)	Number of deaths of people resident in the specified area which were registered in the specified years. ICD10 Codes: X60 - 84 (Intentional Self-Harm); Y10 - 34 excluding Y33.9 (Event of Undetermined Intent).
Denominator (total population or events)	Resident population for the specified years. All Ages by Gender
Geographic Coverage	Local Authority
Time period	As shown above. Pooled three-year periods are shown here in order to present more even trends over time.
Data Source(s)	National Centre for Health Outcomes Development (NCHOD) http://www.nchod.nhs.uk/ (this is the site for non-NHS staff)
Significance for Health	Higher rates are associated with worse health. Lower rates are associated with better health.
Factors that might affect the Accuracy of this Indicator	The relatively small numbers of deaths each year mean that small changes in numbers can result in significant year-on-year fluctuations in mortality rates.