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## Background

In 2023, a thematic review of suicide cases in children and young people (CYP) was commissioned. This included all deaths in CYP below the age of 18 years that occurred between April 2013 and June 2022 classified by a Child Death Overview panel (CDOP) as Category 2 deaths. Category 2 relates to deaths due to suicide or deliberate self-inflicted harm, by hanging, shooting, self poisoning with drugs, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. There were 38 confirmed suicides reviewed across Pan-Lancashire for children normally resident in Blackpool, Blackburn with Darwen or Lancashire. The aim of this deep dive was to further understand adolescent suicide risk factors and trends to inform early intervention and preventative strategies for children and young people.

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## Why it matters

- Suicide is one of the leading causes of death in CYP nationally and a serious public health issue.
- The tragic loss of a child due to suicide has far-reaching consequences for family, friends, their peers and the rest of society.
- There are several common themes associated with suicides in CYP, which are key areas for the prevention of suicide.
- Lancashire Hospital admissions due to self-harm are also worse than the average for England, and rates of non-suicidal self-harm has increased across England.
- An understanding of these factors across the system and with partners is important in the prevention of suicides and self-harm in our children and young people which requires a system wide approach to addressing.

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## Information

- Deaths in CYP aged 15 to 17 represented 78.9% (n=30)
- 8 deaths (21.1%) were in CYP aged 14 or below (7 were due to misadventure or had an open verdict).
- Over half, 52.6% (n=20) occurred in males and 47.4% (n=18) in females
- Most CYP (n=30, 78.9%) had multiple factors. Most common (n=36, 94.7%) related to household functioning
- 86.8% (n=33) had at least one mental health condition
- At least 23 (60.5%) CYP had problems with service provision
- 23 (60.5%) of the CYP were reported as having previously attempted suicide or engaged in non-suicidal self-harm.

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- Problems at school noted in at least 14 (36.8%) of CYP
- At least 8 (21.1%) CYP had suffered a bereavement or other significant personal loss
- 11 (28.9%) CYP had experienced some form of abuse or neglect
- Bullying was noted in at least 12 (31.6%) of the CYP, most cases were in school.
- The use of drugs or alcohol was noted in at least 8 (21.1%) of the CYP
- At least 8 (21.1%) had a diagnosis or suspicion of one or more neuro-developmental conditions (example Autism)

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1. Workforce & Training in suicide awareness and prevention
2. Prevention and Early Intervention - awareness of mental health, self harm, and suicides including risk for CYP
3. Targeted Support for Priority Groups Impact of household functioning breakdowns, substance misuse, conflict at home/domestic abuse. Ensure clear pathways for mental health and consider as part of contextual safeguarding.
4. Bereavement Support: timely information and support to parents, carers, families and education settings staff and pupils following a bereavement.

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## What to do

- 5 Policy: develop and implement local self-harm, suicide prevention, anti-bullying strategies and action plans and embed in safeguarding guidance and practice.
- 6 Improving Data and evidence to ensure that effective, evidence informed and timely interventions are developed and adapted.
- 7 Evidence and Need - Understand needs of local children's population so this learning is used to shape suicide prevention activity.

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## Questions to consider

Recommendations to support improvements in CYP's mental health using a systems approach across health, education, social care, and public health have been identified and shared with key partners.

Following dissemination and engagement with key partners in relation to current practice and policy an action plan has been developed in collaboration with key partners.

This is available for organisations and key partners to deliver and implement.

It is important that we work together to address some of the inequalities, needs of children, young people and families as well as our services.

