Suicide Prevention

Health and Wellbeing Board

31st January 2017

Rebecca Clarke, Public Health Specialist Practitioner



Why is suicide prevention so important....

- Every life lost represents someone's partner, child, friend or colleague, and their death will profoundly affect people in their family, workplace, club and residential neighbourhood.
- This will impact on their ability to work effectively, if at all; to continue with caring responsibilities and to have satisfying relationships. This will, in turn significantly raise their own risk of future mental ill-health and suicide'

Hamish Elvidge, bereaved parent and Chair of The Matthew Elvidge Trust



Preventing Suicide in England – a cross government strategy to save lives

"Local responsibility for coordinating and implementing work on suicide prevention will become, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement"

This strategy has 2 objectives:

- a <u>reduction in the suicide rate</u> in the general population in England
- better <u>support for those bereaved or affected</u> by suicide

It also identifies 6 key areas of action:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to <u>improve mental health</u> in specific groups
- reducing access to the means of suicide
- providing <u>better information and support to those bereaved</u> or affected by suicide
- supporting the <u>media</u> in delivering sensitive approaches to suicide and suicidal behaviour
- supporting <u>research</u>, <u>data collection</u> and <u>monitoring</u>



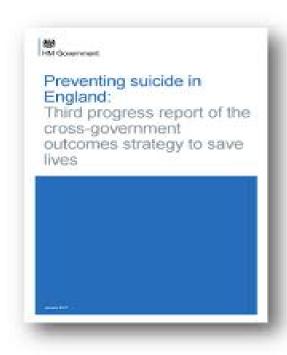
The All Party Parliamentary Group on Suicide and Self Harm Prevention

The All Party Parliamentary Group on Suicide and Self Harm(APPG) survey found that:

- around 30% of local authorities do no suicide audit work
- around 30% of local authorities do not have a suicide prevention action plan
- around 40% of local authorities do not have a multi-agency suicide prevention group

•http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf





Every local area has a multi-agency suicide prevention plan by the end of 2017

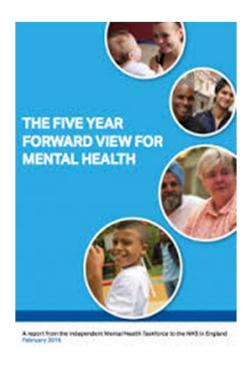
Better targeting of suicide prevention and help seeking in high risk groups

Improving data at national and local level helping take action and target efforts more accurately

Improving responses to bereavement by suicide

Expanding the scope of the national strategy to include self-harm





To contribute to a national 10% reduction in the number of suicides by March 2021

Suicide prevention action plan







Protecting and improving the nation's health

Local suicide prevention planning

A practice resource



- Men
- Self-harm
- Acute mental health care
- Depression in primary care
- Children and young people
- High frequency locations
- Isolation
- Bereavement support



Area	Recent Trend	Count	Value		95% Lower Cl	95% Upper CI
England	-	14,429	10.1	H	10.0	10.3
Yorkshire and the Humber region	-	1,497	10.7	H	10.2	11.3
Barnsley	-	67	10.6	<u> </u>	8.2	13.4
Bradford	-	148	11.4	<u> </u>	9.6	13.4
Calderdale	-	71	12.9	-	10.1	16.3
Doncaster	-	81	10.1	<u> </u>	8.0	12.5
East Riding of Yorkshire	-	78	8.5	-	6.7	10.6
Kingston upon Hull	-	81	12.1	<u> </u>	9.6	15.1
Kirklees	-	108	9.7	-	7.9	11.7
Leeds	-	208	10.5		9.1	12.0
North East Lincolnshire	-	45	11.0		8.0	14.8
North Lincolnshire	-	36	8.3		5.8	11.5
North Yorkshire	-	164	10.0		8.5	11.6
Rotherham	-	96	14.2		11.5	17.3
Sheffield	-	159	11.1	-	9.4	13.0
Wakefield	-	81	9.2	<u> </u>	7.3	11.5
York	-	74	14.0	H-1	10.9	17.6

Source: Public Health England (based on ONS source data)



Area	Recent Trend	Count	Value		95% Lower Cl	95% Upper CI
England	-	10,989	15.8	Н	15.5	16.1
Yorkshire and the Humber region	-	1,173	17.2	H	16.2	18.2
Barnsley	-	54	17.4	-	13.0	22.8
Bradford	-	110	17.1		14.0	20.7
Calderdale	-	52	19.7	-	14.6	25.9
Doncaster	-	65	16.4	<u> </u>	12.7	21.0
East Riding of Yorkshire	-	55	12.5		9.4	16.4
Kingston upon Hull	-	65	19.3		14.8	24.7
Kirklees	-	81	14.5		11.5	18.1
Leeds	-	170	17.5		14.9	20.4
North East Lincolnshire	-	37	18.2	-	12.7	25.1
North Lincolnshire	-	31	14.5		9.8	20.6
North Yorkshire	-	130	16.6		13.8	19.7
Rotherham	-	74	22.9	-	17.9	28.8
Sheffield	-	123	17.3		14.3	20.7
Wakefield	-	67	15.8		12.2	20.2
York	-	59	22.9	-	17.4	29.7

Source: Public Health England (based on ONS source data)



Area	Recent Trend	Count	Value			95% Lower CI	95% Upper CI	
England	-	3,440		4.7	Н	4	.6	4.9
Yorkshire and the Humber region	-	324		4.6	-	4	.1	5.1
Barnsley	-	13	*			-	-	
Bradford	-	38		5.8	-	- 4	.1	8.0
Calderdale	-	19	*			-	-	
Doncaster	-	16	*			-	-	
East Riding of Yorkshire	-	23	*			-	-	
Kingston upon Hull	-	16	*			-	-	
Kirklees	-	27		4.8		3	.2	7.1
Leeds	-	38		3.8		2	.7	5.3
North East Lincolnshire	-	8	*			-	-	
North Lincolnshire	-	5	*			-	-	
North Yorkshire	-	34		3.9		2	.7	5.5
Rotherham	-	22	*			-	-	
Sheffield	-	36		5.1		3	.6	7.1
Wakefield	-	14	*			-	-	
York	-	15	*			-		

Source: Public Health England (based on ONS source data)



Suicide Audit - Aims

- To understand more about the people who take their own life in Barnsley:
 - The number of cases of suicide each year
 - Demographic factors
 - Risk factors
 - Common causes of death
 - Patterns in contact with healthcare services and medical history
- To inform the development of a Suicide Prevention Action Plan for Barnsley, in order to improve practice and reduce the number of people who take their own life in Barnsley



Methods

Data from HM Coroner

- Inquest records with a verdict of suicide from Barnsley residents from the last 5 years
- Relevant information from these records will be extracted using a proforma based on recommended best practice



An Audit of Suicides – key findings

Demographics:

- 85% male
- The majority, 64% aged between 30 and 59 years (31% aged 30-44 and 33% aged 45-59)
- 46% born in Barnsley
- 43% lived alone

Circumstances:

- 69% died in their own home
- 65% died by hanging
- 24% of suicides occurred on a Monday
- 42% had no drugs or alcohol in their system
- 45% left a suicide note

Risk factors:

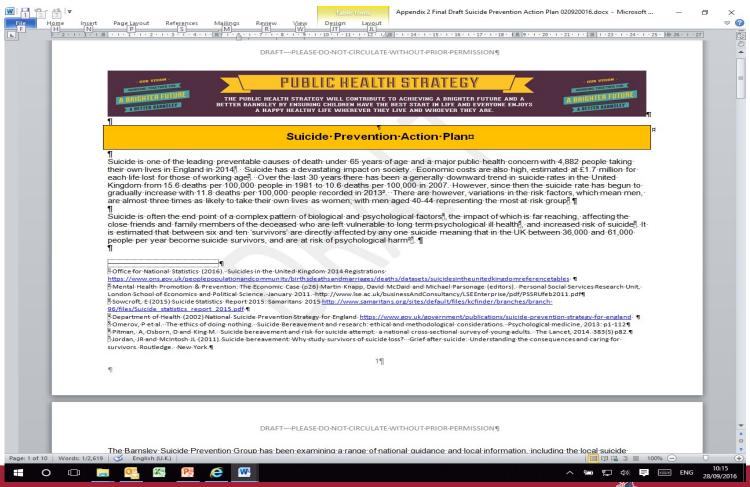
- Almost half, 48% were single, divorced or separated
- 37% were unemployed
- 52% were known to have had relationship problems
- 57% were known to have had a drug or alcohol problem or both
- 46% had previously attempted suicide or self-harmed
- 54% were known to have had a mental health condition (most commonly depression)
- 49% had problems with money and/or their job
- 23% had been affected by bereavement
- 31% had a physical health condition

Contact with services:

- At least 33% had contact with primary care in the month before their death, mainly for a mental health condition
- 45% were known to be in contact or had previously had contact with mental health services



Barnsley Suicide Prevention Action Plan





Recommendations

- Reduce risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Wellbeing Promotion



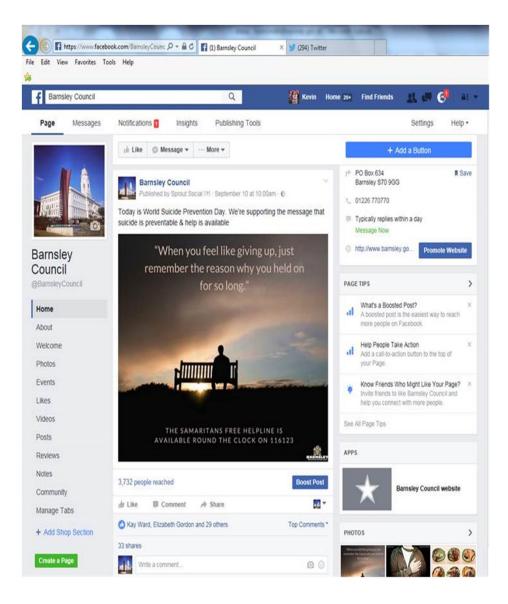
Support the media in delivering sensitive approaches to suicide and suicidal behaviour



Leeds Council have
worked with the
National Union of
Journalists to developed
media reporting
guidelines
http://www.leeds.gov.uk
/docs/CoveringSuicide.p
df

Samaritans have published reporting guidelines http://www.samaritans.o rg/media-centre/media-guidelines-reporting-suicide





World suicide prevention day 'connect, communicate, care'

'Connect, communicate, care' is the theme of this year's World Suicide Prevention Day. Organised by the International Association for Suicide Prevention, the day, aims to highlight that although a serious public health problem worldwide, suicide is preventable.

As part of its public health role, Barnsley Council has a responsibility for prevention work to reduce incidents of suicide. The Barnsley Suicide Prevention Group has been examining a range of national guidance and local information to understand more about the profile of individuals who have taken their own life in the borough. There is good evidence about actions that can be taken at a local level to reduce the likelihood or opportunity for suicide, which the group

has started to translate into an action plan.

As part of this work the council is taking the opportunity presented by World Suicide Prevention Day to signpost parents and carers to e-safety educational material which can help to create a safer online environment for children and young people by protecting them from harmful online content.

The Barnsley Safeguarding Children Board website has a section for parents and carers which links to a section entitled Staying safe online. In addition, the National Crime Agency's Thinkuknow website has information and advice for children, young people, parents and carers around children's wellbeing including online safety.

Barnsley gives its backing to suicide prevention day

By Katia Harston

BARNSLEY Council has given its backing to a suicide prevention day to remind people tragedies are preventa-

Latest data available from the counil's Public Health team shows on werage 24 people died each year by suicide or 'injury of undetermined intent' in the borough between 2012 and 2014.

The vast majority -86 per cent - of teaths from suicide and undetermined leath are men.

As part of its public health role, the ouncil has a responsibility for prevenion work to reduce incidents of suiide and seized the opportunity to link with Saturday's global prevention lay, organised by the International association for Suicide Prevention. It was held to to highlight that, although suicide is a serious public health problem world-wide, it is preventable.

A Barnsley Suicide Prevention Group was set up in November last year by the council to develop and deliver an action plan with the aim of reducing the number of suicides and suicide attempts in Barnsley. It also wants to establish better sup-

port for people bereaved and affected by suicide.

The prevention group has been looking at a range of national guidance and local information to understand more about the profile of individuals in Barnsley who have taken their own life.

The council said there is good evidence about actions that can be taken at a local level to reduce the likelihood or opportunity for suicide, which the group is using to form the basis of its action plan.

As part of this work, the council used the world suicide prevention day to signpost parents and carers to educational material which can help to create a safer online environment for children and young people by protecting them from harmful online content.

Coun Jim Andrews, the council's cabinet spokesman for public health, said:
"Every suicide is a tragedy and when someone takes their own life the effect on family and friends is devastating. Many others involved in providing support and care also feel the impact

"However, the theme 'connect, communicate, care' reminds us suicide is preventable. We can all play a part in



BACKING: Coun Jim Andrews.

helping to prevent suicidal feelings. For example, check on someone you may be concerned about, and start a caring conversation with them —ask how they are and how they're getting on investigate ways of connecting with other individuals or groups who are trying to prevent suicide."



The Health and Wellbeing Board is asked to:

- Note the progress so far on suicide prevention work.
- To support the development and implementation of the suicide prevention action plan.
- Agree to receive annual reports detailing progress on implementation of the local suicide prevention action plan and highlighting any key areas of concern.

