Making Wolverhampton a Suicide Safer Community

Wolverhampton Suicide Prevention Strategy 2016 - 2020

Wolverhampton Suicide Prevention Stakeholder Forum
Updated April 2017

Suicides in Wolverhampton – What do we know?

Suicide is a potentially preventable cause of death and is a significant cause of death in young adults. When someone takes their own life, the effect on their family and friends is devastating and many others involved in providing support and care will also feel the impact. In England, one person dies every two hours as a result of suicide and at least 10 times that number attempt suicide. The highest rates of suicide in the UK are amongst people aged over 75, and it is a common cause of death in men under the age of 35[i].

Suicide rates

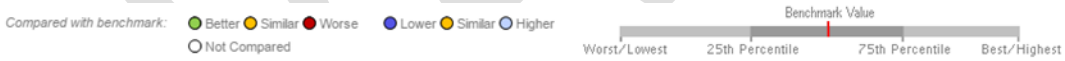
Table 1 shows the overall numbers and rates per 100,000 populations for suicides and injury undetermined over a three year period from 2012 to 2014. Over this period, there were 64 deaths registered in Wolverhampton (aged 15 and over), the majority (89%) being males.

Reporting of suicides in young children

In the UK, a coroner is able to give a verdict of suicide for those as young as 10 years old. However, the Office for National Statistics (ONS) does not include the under 15s in suicide figures due to the difficulty in determining the cause of death in young people This is because of the known subjectivity between coroners with regards to classifying children's deaths as suicide, and because the number in those aged under 15 tends to be low and their inclusion may reduce the overall rates[1].

The overall (persons) suicide rate in Wolverhampton is at the England average and lower than the West Midlands average. However, this latest data now shows that the rate for males is higher (but not statistically significantly higher) at 15.9 per 100,000 compared to 14.1 per 100,000 for England.

Table 1 Suicide rates in Wolverhampton



Indicator	Period	Wolves		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
4.10 - Suicide rate (Persons)	2012 - 14	64	8.8	9.1	8.9	15.7		4.5
4.10 - Suicide rate (Male)	2012 - 14	57	15.9	14.8	14.1	25.3		7.2
4.10 - Suicide rate (Female)	2012 - 14	7	*	3.7	4.0	-	Insufficient number of values for a spine chart	-

Source: Public Health Outcomes Framework (downloaded 5 April 2016)

This increase is reflected in the trend data shown in Figure 1 where it can be seen that Wolverhampton rates have been decreasing since 2003 and were lower than the England average but recent trends suggest an increase, closing the gap. However, we know that suicide rates can be volatile as new risks emerge. Previously, periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population and have been associated with higher rates of suicide. Evidence is emerging of an impact of the current recession on suicides. Therefore an increase in suicide rates in the coming years would not be unexpected[ii].

Suicide is much more prevalent in males and there is a peak in the 30-34 years age group as shown in Figure 2.

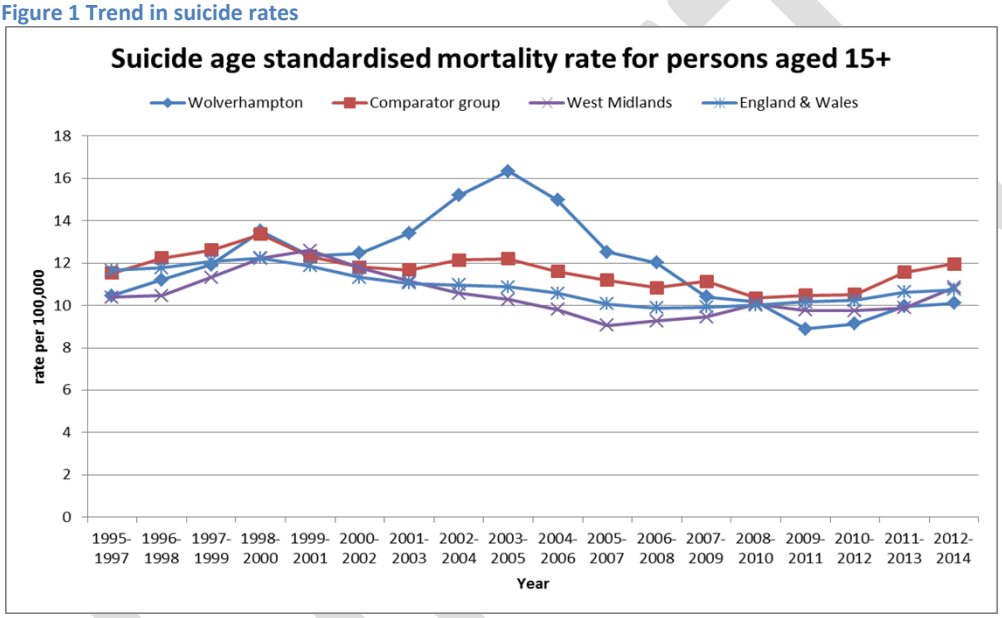
[1] http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

This mirrors national trends. As stated above, there are no recorded suicides in the under 15 year age group as ONS has taken the decision to exclude under 15s from suicide figures as it cannot be determined whether these deaths are as a result of suicide or due to ill treatment.

Suicide rates are highest in our most deprived areas (Figure 3). In the most deprived parts of the city, the suicide rate is higher than the national average and higher than our comparator group average.

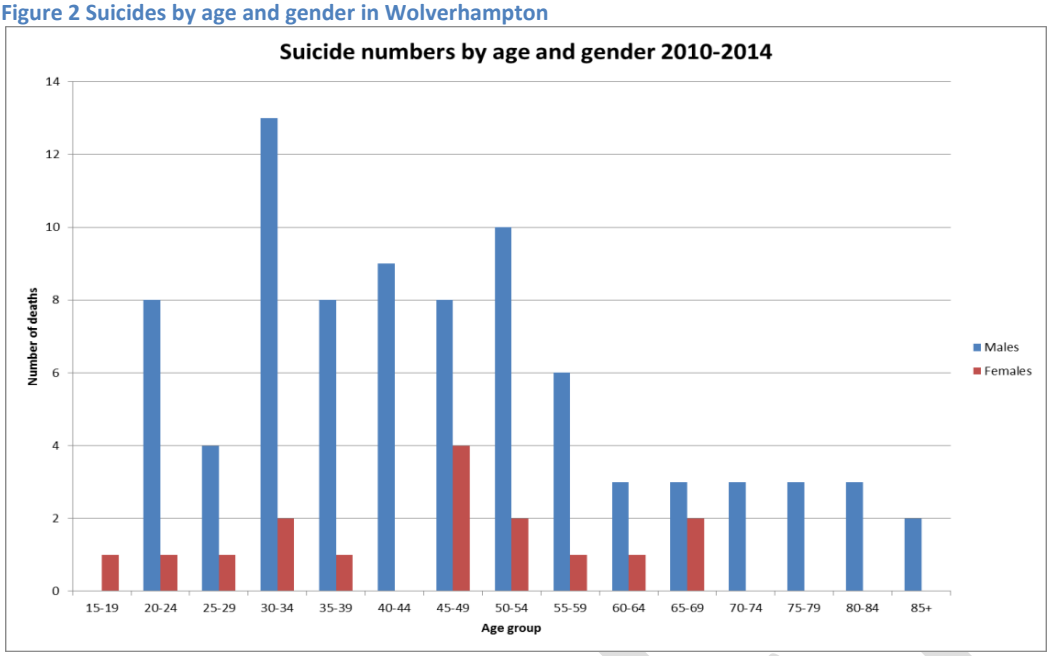
It is not possible to accurately analyse suicides by ethnic grouping as ethnicity is not available as part of the national mortality data set. The only data we have is available from a local audit of suicide cases between 2004 and 2008. This study highlighted that ethnicity is poorly recorded as it was not available in 20% of cases. In cases where ethnicity was recorded suicides amongst the Asian population appeared to be slightly over represented compared to the general population, however, these findings must be interpreted with caution due to the incompleteness of the data (Figure 4).

Figure 1 Trend in suicide rates



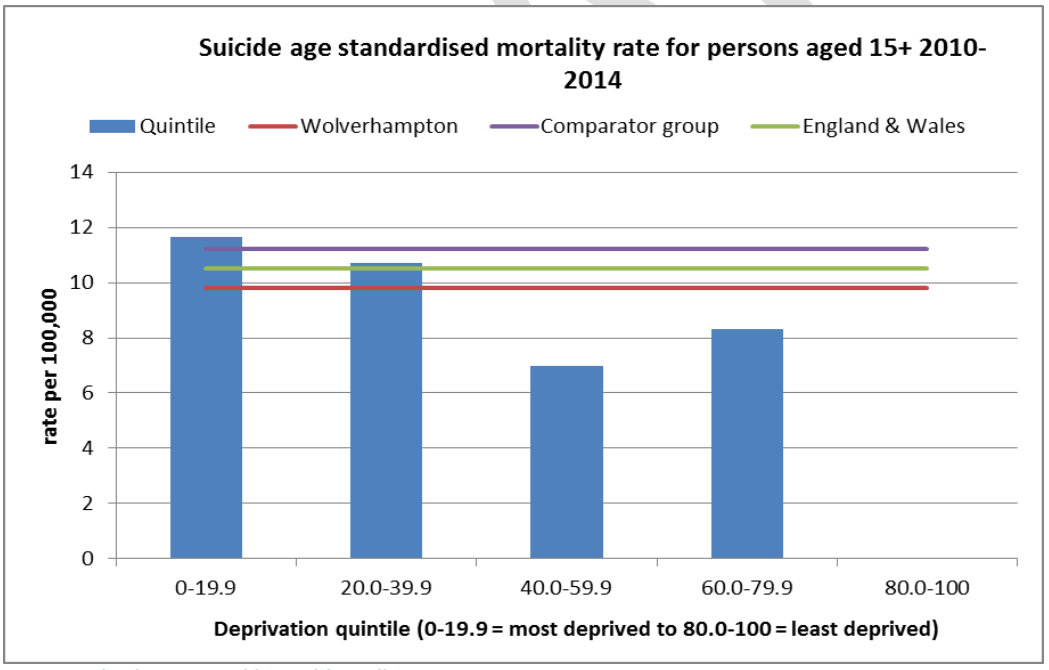
Source: Wolverhampton Public Health Intelligence Team

Figure 2 Suicides by age and gender in Wolverhampton



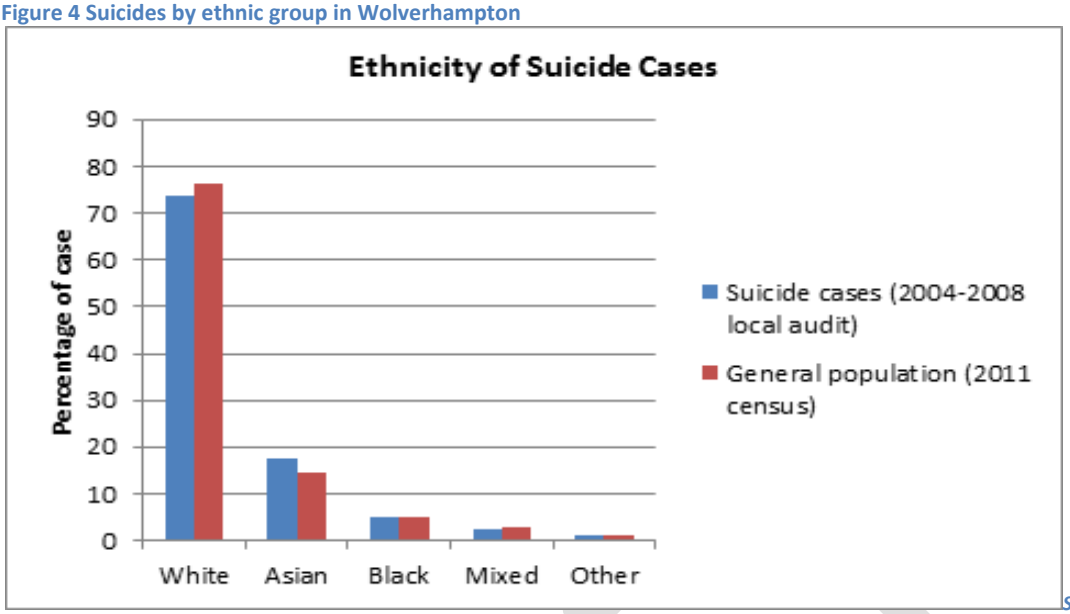
Source: Wolverhampton Public Health Intelligence Team

Figure 3 Suicides in Wolverhampton by deprivation quintile



Source: Wolverhampton Public Health Intelligence Team

Figure 4 Suicides by ethnic group in Wolverhampton



Source: Wolverhampton Public Health Intelligence Team

Suicide prevention needs assessment

In addition to ONS data, a comprehensive mental health and suicide prevention needs assessment has been undertaken co-produced between Wolverhampton Public Health and Wellbeing and Wolverhampton Samaritans in 2015. Over 20 organisations were involved in the needs assessment, which included an online survey distributed to local primary care. Risk factors and key findings identified were:

- Non-heterosexual sexual orientation with the greatest risk being in homosexual men due to the discrimination that these groups may experience.
- Areas of deprivation are associated with increased suicide rates, and over half of Wolverhampton residents are in the most deprived 20% of the country. Homelessness is higher in Wolverhampton than nationally, and multiplies the risk of suicide by nine.
- Isolation increases the risk of suicide, whereas marriage confers protection against suicide. The risk of suicide is increased by bereavement – especially when a male partner loses their spouse. The risk of suicide in men is four times greater when their partner dies by suicide than by any other cause.
- Risk of suicide risk increases with depression severity, and in Wolverhampton the incidence and prevalence of depression is higher than nationally. Wolverhampton has a higher alcohol related hospital admission rate than nationally, and heavy drinking confers a three-fold increase in suicide risk. Physical illness also raises suicide risk, particularly in terminal and chronic conditions.
- Stakeholder consultation identified migrants, men and deprived communities as being at the greatest risk of mental health problems locally. In contrast, women are more likely to approach their GP for mental health support. The most commonly reported triggers for mental health crisis were (1) relationships, (2) employment, (3) housing and (4) drugs/alcohol.
- The biggest gaps in provision were for men and for migrants.

Vision – A Suicide Safer Community in Wolverhampton

What is a Suicide Safer Community

The previous section reported the numbers of death due to suicide in Wolverhampton, but suicides are not inevitable. Suicide attempts are up to 20 times more frequent than completed suicides [iii] and many people can have thoughts about suicide – for example one in four (26%) of young people in the UK experience suicidal thoughts[iv]. But most do not act on these thoughts. Most want help to stay alive. A Suicide Safer Community[v] is a concept in which people are supported to stay alive with organisations and stakeholders coming together to:

- Prevent suicides
- Promote public education and awareness
- Provide support to people bereaved by suicide and promote healing and recovery
- Promote the mental health and wellbeing of all its citizens

In addition, suicide prevention should be set into the context of the fact that:

- Nationally in England and Wales **only 28%** of suicides occur in people who are in contact with services
- This means that **72%** of those who died by suicide were **NOT** in touch with secondary mental health services within one year prior to death.

Therefore, most people who commit suicide are not known to mental health services, or had not had recent contact with services, highlighting the need for a public health approach to suicide prevention.

Vision

To make our community 'suicide safer' our vision is that Wolverhampton:

- is a place where mental wellbeing and good mental health is seen as important as good physical health, at all ages from childhood to older ages
- people are supported during difficult times and try not to think of suicide as an action
- And that professionals and the wider community feel confident to provide that support.

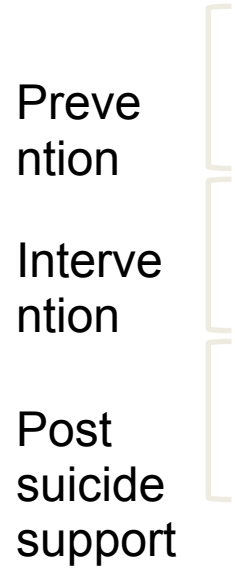
How are we going to make Wolverhampton a Suicide Safer Community

Many factors can contribute to someone thinking about taking their own life and while these factors can be intertwined and complex, they are amenable to change. However, preventing suicide has to address this complexity which is why organisations, communities, individuals and society as a whole need to work together to make suicide safer places. No one organisation can address this complexity alone.

The evidence suggests that there is a sliding scale of opportunities to intervene to prevent a suicide - based on prevention, intervention and post suicide support. In particular we need to have a wider programme of work to reach the 72% of those who are not in contact with specialist mental health services, while ensuring that all opportunities to prevent suicides within mental health settings are taken. Post suicide, we know that family and friends are up to 3 times more at risk of taking their own lives. Therefore, our approach is to:

1. become a suicide safer community
2. push for Zero suicide approach in local NHS care – both primary and secondary
3. Establish post suicide support.

Figure 5 Opportunities to intervene



Source: Public Health England

Why do we need a strategy?

In 2012 the government published *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*. The national strategy has two overall objectives

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

It identifies 6 key areas of action to support these objectives. These are:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behavior
6. Support research and data collection.

The strategy recommends that local authorities conduct a suicide audit, produce a suicide prevention action plan and set up a multi-agency suicide prevention group and Wolverhampton has achieved these requirements. This strategy brings these elements together so that all agencies are working towards the same goal and can see what they can contribute to suicide prevention locally.

Suicide prevention audit

The mental health and suicide prevention needs assessment, referred to above provides robust evidence base for our suicide prevention work and informs the suicide prevention action plan.

Suicide prevention stakeholder forum

A multi-agency Suicide Prevention Stakeholder Forum has been established to oversee the delivery of the Wolverhampton Suicide Prevention Action Plan 2015. The forum will take a public health approach to suicide prevention and brings together key stakeholders in the city to focus action on

suicide prevention (for both children and adults), address the national strategy and develop and deliver the Wolverhampton Suicide Prevention Action Plan.

Membership of the forum includes organisations/networks likely to have the greatest impact on reducing suicides in Wolverhampton and includes representatives from Wolverhampton Samaritans, Black Country Partnership Foundation Trust, CCG, Police, local authority adult, children's and public health teams, Network Rail, PAPYRUS, British Waterways and a wide range of voluntary sector organisations.

The group reports to Wolverhampton Health and Wellbeing Board.

Suicide prevention action plan

The suicide prevention needs assessment and additional stakeholder views from the Wolverhampton Mental Health Stakeholder Forum form the basis of the draft Suicide Prevention Action Plan (Table 2)

Outcomes

The success of the strategy will be judged through progress towards, or achievement of, the actions identified in Table 2 which will mark progress towards making Wolverhampton a suicide safer community. The action plan will be reviewed and updated annually to take into account new guidance and evidence on suicide trends in Wolverhampton. The action plan will be monitored by the Suicide Prevention Stakeholder Forum at its quarterly meetings.

Table 2 Wolverhampton suicide prevention action plan

Key area for Action	*Priority Actions:*		*Rationale*	*Proposed Lead*	*Timescale*
Raising awareness of the risk of suicide	1.	Focus on Gatekeeper Training and awareness raising among frontline staff • Conduct an audit who has already been trained in ASIST and SafeTALK in Wolverhampton • Assess training gap and develop plan for gatekeeper training and awareness raising in Wolverhampton to include public sector organizations, mental health trust, GPs /primary care; voluntary sector, businesses. • Also awareness raising of medical students i.e. embed into medical training or at least for GP registrars • Scope training providers and cost to provide.	Frontline staff, in health and non-health occupations who come into contact with people who are homeless, unemployed, on benefits, socially isolated or otherwise vulnerable should be confident and competent in recognizing the signs of mental distress and how to support people appropriately and where to refer to if necessary Some SafeTALK training has already been undertaken (March 2016) but more is needed	PH lead to produce a plan Sign up from partner organisations to training	What do we need for the new financial year?
	2.	Update service directory • Update and sustain Web based resource Wolverhampton Information Network (WIN) to become a useful resource • Update suicide resource list update – SPSF to send out quarterly and members update	Individuals, the public and those seeking to help those needing support need a reliable source of where to get help	All	Immediate/ ongoing
	3.	Reduce stigma around mental health and suicide • Organisations sign up to campaigns that challenge mental health stigma, such as Time to Change http://www.time-to-change.org.uk/ • Participate in mental health promotion campaigns e.g. mental health awareness week, suicide prevention awareness raising events	Reducing stigma is important because it means that people can talk about mental health issues and the problems they are facing and more people can feel that it is okay to ask someone about their feelings, especially about their suicidal feelings and more people feeling suicidal can feel they can talk about it	All	Is there more we can do to make this more systematic and measure the

Key area for Action	*Priority Actions:*		*Rationale*	*Proposed Lead*	*Timescale*
					impact?
	4.	Workplaces encouraged to sign up to policies and guidance that support positive mental health as outlined in NICE PH22 guidance 'promoting mental wellbeing at work'			Workplace wellbeing charter
	5.	Organize a community suicide awareness event to link in with World Suicide Prevention Day in September.		PH and voluntary sector	Completed September 2016
Tailor approaches to improve mental health in specific groups	6.	Ensure that suicide prevention is an additional work stream within the crisis concordat programme	Inclusion within the crisis concordat program as an additional work stream will strengthen the work of the suicide prevention stakeholder forum	CCG	
	7.	Develop a work stream that addresses suicide prevention issues for children and young people - Policy/Guidance document for schools to respond to self-harm incidents and concerns around suicide: to work alongside critical incident and child death policy documents - Understand what schools procure regarding social and emotional wellbeing training for staff and if it includes self-harm and suicide - Headstart officers to be trained in recognising risk that is higher than 'low to moderate' - Obtain numbers on a routine basis for children and young people who have been admitted to hospital for self-harm and/or suicide	The strategy is an all age strategy, however suicide prevention amongst young people needs a particular focus and specific actions	Ed Psychol Ed pscyh Headstart Ed Pscyh and Hospital Youth Team	Review October 2017 August 2017? Review July 2017
	8.	Ensure that suicide prevention is included in LGBT, migrants, older people's strategies and work streams and programmes covering adult men.	The needs assessment highlighted specific groups as being at higher risk and therefore requiring specific attention	Leads for: LGBT Migrants	For discussion

Key area for Action	*Priority Actions:*		*Rationale*	*Proposed Lead*	*Timescale*
				Older people Men's health	
	9.	Engage local pharmacies in campaigns, for example to support safe medicine management, through Healthy Pharmacies initiative	The Healthy Pharmacies initiative is a programme to improve health and raise awareness in local communities. It is important to embed mental wellbeing and suicide prevention in general health improvement campaigns that are targeting the general population.	Pharmacy leads PH and CCG	Verbal update
	10.	Improve pathways between secondary and acute and specialist services	Psychiatric liaison service for adults within acute trust is good however this is not replicated for younger adults, this shortfall needs to be addressed through the CCG. Communication between secondary and primary care is limited and needs to improve, this could be facilitated through GP training.	TBC	
Reduce access to the means of suicide	11.	Link suicide prevention to planning • Work across the West Midlands to include suicide prevention in the Regional toolkit being developed See : *Preventing suicides in public places –a practical resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf*	Local authority planning teams can influence suicide prevention by ensuring that new developments and plans do not increase access to the means of suicide and also by designing and maintaining suicide prevention signage	PH	Verbal update
	12.	Continue to monitor for hotspots (through	We need to remain vigilant to the	Coroner	Verbal

Key area for Action	*Priority Actions:*		*Rationale*	*Proposed Lead*	*Timescale*
		development of real time suicide surveillance – action 17 below)	emergence of any suicide 'hotspots' and take appropriate action.		update
	13.	SPSF include other transport partners to identify and reduce the means of suicide on the transport network	We need to continue to monitor the methods used and to work with appropriate organizations to minimize the risk of suicide.	BTP/Railway mission	
Provide better information and support to those bereaved or affected by suicide	14.	Promote Help Is At Hand and other post suicide support • Members of the Suicide Prevention Stakeholder Forum should promote Help is at Hand across their organisations • Specific distribution to first responders, police and paramedics; coroners' officers, bereavement support organizations; public libraries, advice centers, health centers, promote online	Those bereaved or affected by suicide are also at risk. This is an under developed area of suicide prevention in Wolverhampton .	All	For discussion
	15.	Scope the availability of post suicide bereavement support	Meeting arranged with bereavement services.		
Support the media in delivering sensitive approaches to suicide and suicidal behavior	16.	Local communications teams should ensure that when reporting cases of suicide, local media have access to appropriate guidelines, for example those produced by the Samaritans, and should work with their media contacts should an incident occur http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide	Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behavior, but when handled responsibly the media can play an important role in helping people understand some of the complex issues surrounding suicide. For example, the sign which may indicate a person is at risk, the kinds of problems that can lead to a person feeling suicidal, and encourage those who are struggling to reach out for help.	Local Comms and Samaritans	
	17.	Press Responsibility – work with local media on reporting of suicides.			
Support research	18.	Work with partners to investigate real time suicide	Nationally reported suicide data has a time	Police?	

Key area for Action	*Priority Actions:*		*Rationale*	*Proposed Lead*	*Timescale*
and data collection.		surveillance and other sources of intelligence (e.g. police data) (Awaiting PHE guidance)	lag in release by PHE.	Subject to PHE report	
	19.	Work with the coroner to explore the practicality of routine collection of ethnicity data and other important information e.g location/hotspots	Currently ethnicity is not routinely collected This (and other protected characteristics) data will help understanding of suicide risk in Wolverhampton and guide future service provision in an evidence based manner.		
	20..	Annual update of suicide outcome briefing /suicide needs assessment	There is a need to continue to monitor trends in order to react to new issues emerging	PH Intel team	Provide update from ONS
Partnerships	21.	Maintain a strong suicide prevention partnership with close links to the West Midlands combined authority	Tackling suicide is only effective through a strong partnership.	All	
	22.	Ensure synergy with Black Country Partnership Foundation Trust's suicide group	This action plan and strategy needs to feed into the work of the internal BCPFT group and vica versa	BCPFT/PH	

References

[i] https://www.mentalhealth.org.uk/a-to-z/s/suicide
[ii] http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf
[iii] http://forwardforlife.org/wp-content/uploads/2013/11/The_Biggest_Elephant_In_The_Room.pdf
[iv] The Princes' Trust Macquarie Youth Index 2014 http://bit.ly/12j0uGT cited in http://www.youngminds.org.uk/about/whats_the_problem/mental_health_statistics
[v] Developed by The Canadian Association for Suicide Prevention and Living Works.

Further reading/resources

Preventing suicides in public places A practice resource
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf

Suicide prevention: identifying and responding to suicide clusters. A practical resource
https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters

Guidance for developing a local suicide prevention action plan: information for public health staff in local authorities
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf

Preventing suicide among lesbian, gay and bisexual young people: a toolkit for nurses
https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people

Preventing suicide among Trans young people: a toolkit for nurses
https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people

Suicide Prevention Profile
http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide