

Making Wolverhampton a Suicide Safer Community

Wolverhampton Suicide Prevention Strategy 2016 - 2020

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 35ⁱ.

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 rates¹.

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 unexpectedⁱⁱ.

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

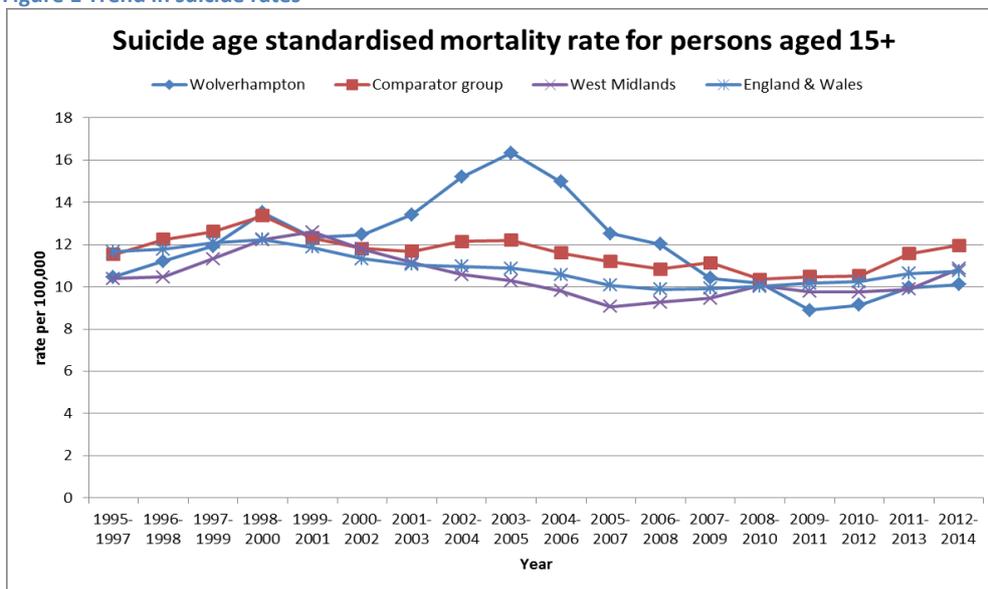
¹ http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

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.

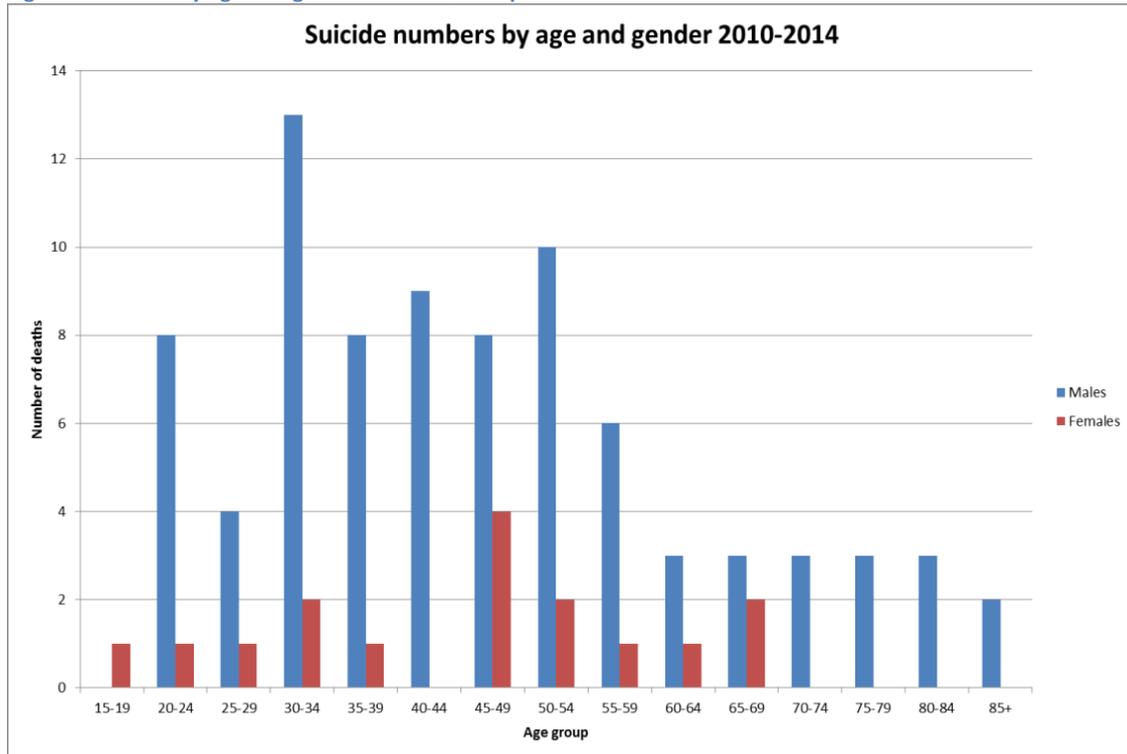
It is not possible to accurately analyse suicides by ethnic grouping as ethnicity is not available as part of the national mortality data set. The only data we have is available from a local audit of suicide cases between 2004 and 2008. This study highlighted that ethnicity is poorly recorded as it was 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



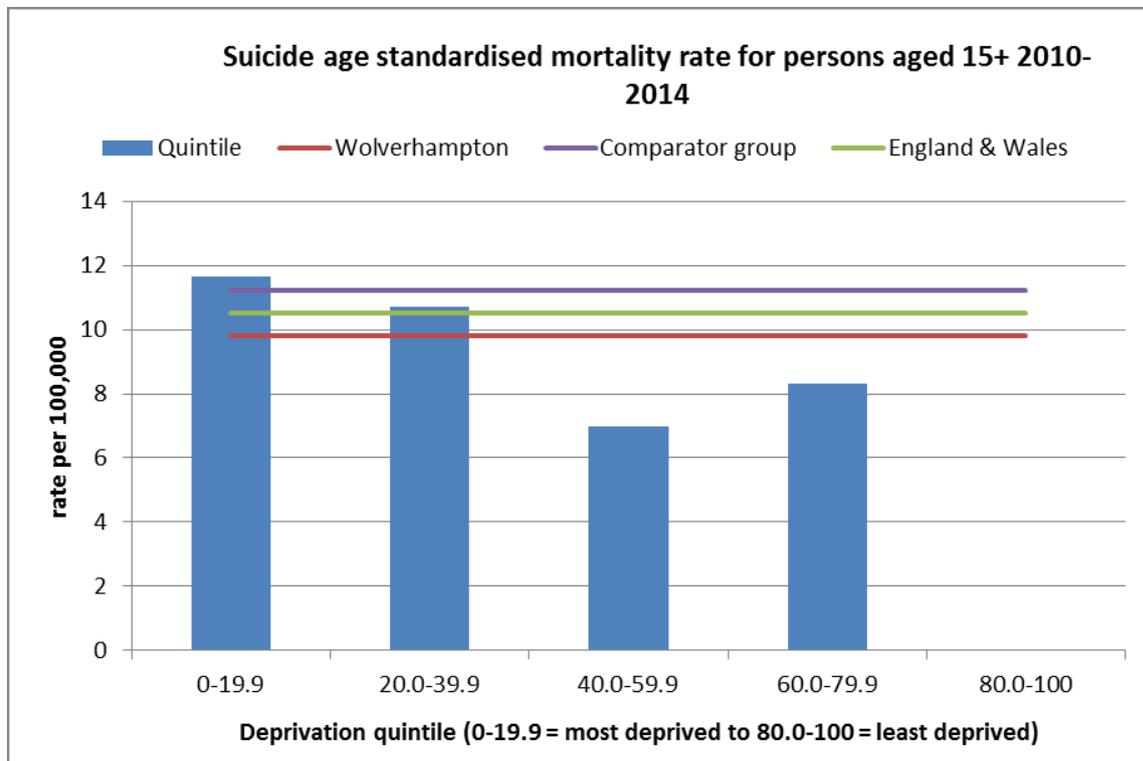
Source: Wolverhampton Public Health Intelligence Team

Figure 2 Suicides by age and gender in Wolverhampton



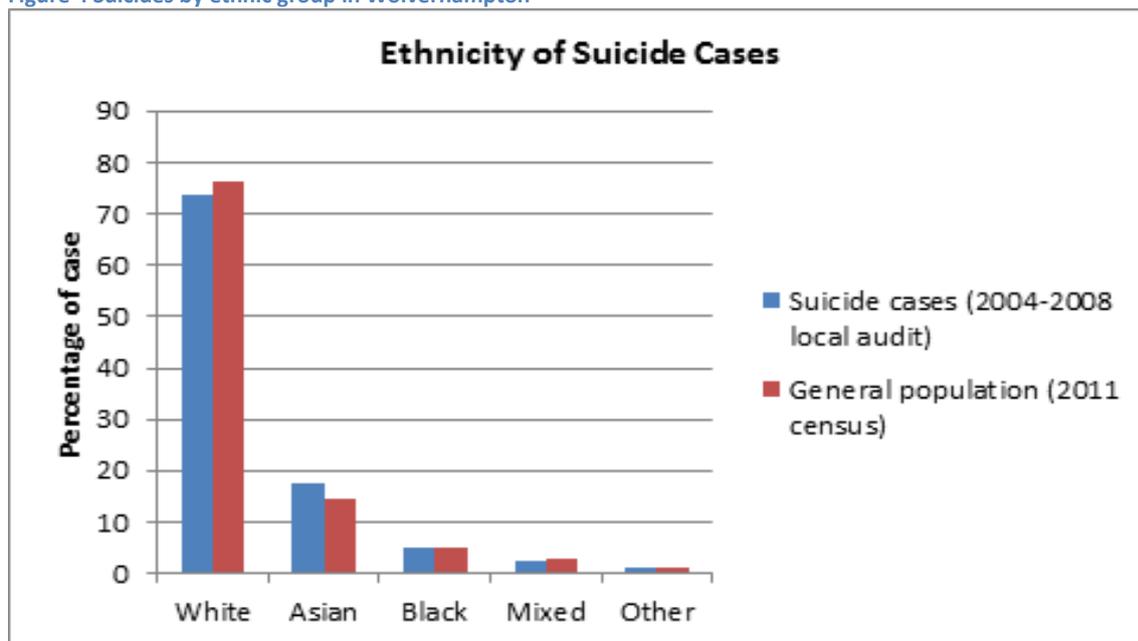
Source: Wolverhampton Public Health Intelligence Team

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 suicidesⁱⁱⁱ 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, PAPHYRUS, 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 Suicide Prevention Action Plan.

Outcomes

The success of the strategy will be judged through progress towards, or achievement of, the actions identified in the action plan 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.

WOLVERHAMPTON SUICIDE PREVENTION STAKEHOLDER FORUM

ACTION PLAN 2019-2020

AIMS

- Provide a multi-agency approach to suicide prevention across Wolverhampton
- Raise awareness of suicide, compelling organisations and the community to take positive action
- Upskill workforces through information and knowledge enabling them to better understand and respond to poor mental wellbeing and suicide ideation
- Influence services and policies so that suicide prevention is robustly considered and embedded in routine business
- Provide a coordinated suicide support offer which can be accessed by services and communities
- Support NHS partners in reaching suicide reduction objectives set out in the Five Year Forward View report

OUTCOMES

Measure	Source
Reduction in the number of suicides across all age groups	<ul style="list-style-type: none"> • Office for National Statistics • Black Country Coroner
Reduction in emergency hospital admissions for intentional self-harm	<ul style="list-style-type: none"> • Hospital Episode Statistics
Reduction in the number of self-harm instances in young people	<ul style="list-style-type: none"> • Hospital Youth Link • CAHMS (A&E)
Positive changes in mental health prevalence	<ul style="list-style-type: none"> • Public Health England Mental Health Profile

OBJECTIVE	AREA	WHAT WE WILL DO
Reduce the risk of suicide in key high-risk groups	Young and middle-aged men	Link into the Head for Health project, identifying opportunities to embed suicide prevention within the project's delivery plan
		Deliver a suicide prevention awareness raising campaign aimed at men
		Engage with construction industry to support suicide prevention awareness amongst their workforce
	People in contact with the criminal justice system	Engage with the Youth Offending Team and, support staff upskilling in suicide prevention
		Engage Probation Service to understand and, improve pathways out of prison into community
	People with a history of self-harm	Collate information on self-harm amongst young people and share this with services to raise awareness of suicide risk to young people
	People in the care of mental health services, including inpatients	Support BCPFT in delivery of their suicide prevention strategy and nationally set standards (zero suicide for inpatients, 10% reduction across NHS)
	OBJECTIVE	AREA
Tailor approaches to improve mental health in specific groups	Migrant communities	Support the Migrant Mental Health Task Group through influencing and working in partnership with key health services
	LGBT	Engage the LGBT Alliance to explore opportunities to embed suicide prevention in current services aimed at LGBT communities
	Rough Sleepers	Seek opportunities for collaboration between the Suicide Prevention Stakeholder Forum and the Rough Sleepers Group

	Children and Young People	Identify, obtain and analyse self-harm data to inform and improve service responses
		Share lessons learnt from Serious Case Reviews for children who took their life by suicide in Wolverhampton. Be assured that recommendations from these reviews have been implemented in practice
		Produce policy and guidance around self-harm/suicide prevention for schools
		Identify and address training needs across the workforce including, GP's, School Nurses and School Designated Mental Health Staff
	People who misuse drugs or alcohol	Engage commissioned drugs and alcohol treatment provider to identify trends and risk of suicide in the individuals they support. Agree plan of action to address any identified issues
	People who are especially vulnerable due to social and economic circumstances;	Engage with The Department for Work and Pensions to identify trends and risk of suicide in the individuals they support. Agree plan of action to address any identified issues
		Engage with the City of Wolverhampton Council's Revenue and Benefits service to identify trends and risk of suicide in the individuals they support. Agree plan of action to address any identified issues
OBJECTIVE	AREA	WHAT WE WILL DO
Reduce access to the means of suicide	Railways	Receive regular updates from Network Rail on data (suicides on the railway system), training of staff and progress of other suicide prevention efforts
	Transport	Receive regular updates from British Transport Police on data (suicides on transport networks relevant to Wolverhampton) and progress of other suicide prevention efforts

	Planning and Highways	Invite City of Wolverhampton Council's Planning and Highways Department to identify opportunities to design out risk of suicide and how locations of concern can be reported and addressed
OBJECTIVE	AREA	WHAT WE WILL DO
Provide better information and support to those bereaved or affected by suicide	Provide support that is effective and timely	Engage Compton Care to support Bereavement Hubs Ensure services provide the Help is at Hand leaflet to people who have been bereaved by suicide
	Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide	Create, and widely publicise a web portal bringing together information on suicide prevention and support services available across the City.
OBJECTIVE	AREA	WHAT WE WILL DO
Support the media in delivering sensitive approaches to suicide and suicidal behaviour	Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media	Re-distribute Samaritans Media Guidelines to media outlets
		Engage Samaritans National Media team to understand work taking place at a national level with media outlets

OBJECTIVE	AREA	WHAT WE WILL DO
Working in partnership	Regional approach to suicide prevention	Engage with the Black Country Sustainability Transformation Plan
		Promote cross Black Country working through regular dialogue with other suicide prevention forums
OBJECTIVE	AREA	WHAT WE WILL DO
Raising awareness	Campaigns and events	Deliver promotional activity to coincide with Suicide Prevention Week
	Training	Deliver suicide prevention training to GP's
		Promote the Zero Suicide Alliance e-learning across workforces
OBJECTIVE	AREA	WHAT WE WILL DO
Support research, data collection and monitoring	Expand and improve the systematic collection of and access to data on suicides	Engage the Black Country Coroner to request routine data audits

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/12jOuGT> 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>