

Suicide Prevention Strategy For Bath and North East Somerset 2016 - 2019

Key messages

Suicide is a devastating event. It is an individual tragedy, a life altering crisis for those bereaved and a cause of trauma for involved communities and services.

Reducing the risk of suicides in B&NES demands collective commitment and contribution, from key stakeholders and partners

1.0 Purpose

This strategy provides a framework for action to prevent avoidable loss of life through suicide for all children, young people and adults living in Bath and North East Somerset (B&NES). It covers a three year period with the implementation driven by the Suicide Prevention Action Plan

The vision set out within this strategy is based on the most recent policy and guidance regarding mental health and specifically suicide prevention and self-harm reduction. It has been written and agreed by the B&NES Suicide Prevention Strategic Partnership Board.

2.0 Introduction

Suicide is a devastating event. It is an individual tragedy, a life altering crisis for those bereaved and a cause of trauma for involved communities and services. The consequences at all these levels is not only profoundly distressing in the immediate term but also extends to long term psychological trauma, ill health and reduced quality of life for those affected, and societal stresses in the communities concerned

Alongside the personal and social impact of suicide, the economic costs are also profound. The average cost of a completed suicide of a working age individual in England is £1.67 million This includes intangible costs such as the consequences of pain and suffering of those bereaved as well as loss of wages and outputs and the cost and time of public services.

Suicide is not inevitable. Whilst prevention is complex and challenging, evidence based solutions exist that cover most of the individual factors that contribute to the risk of suicide. This strategy incorporates many of these in response to the specific needs of the population of

B&NES. It recognises that to be effective there has to be equal commitment and responsibility to deliver on these from key organisations within B&NES

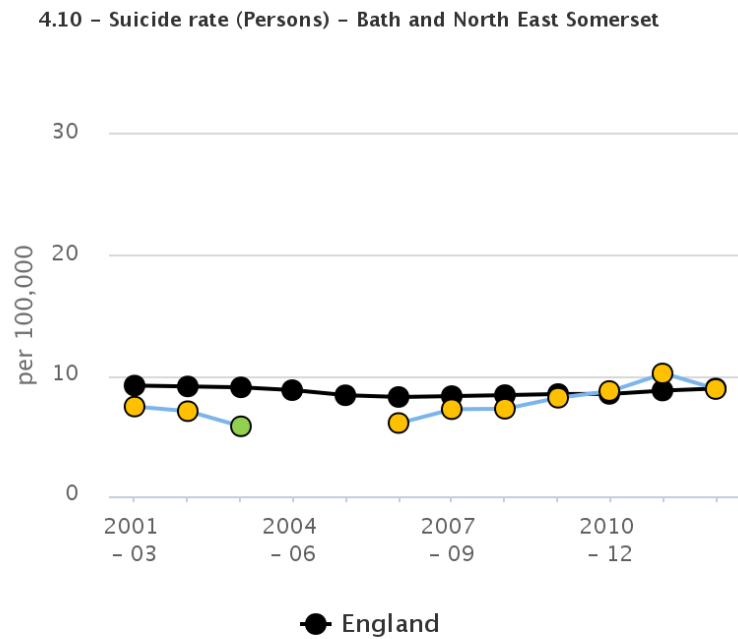
2.1. Local and national data on suicide and self-harm (See page 7 for full web links)

[The World Health Organisation](#) ¹ defines suicide as the act of deliberately killing oneself. [NICE Quality Standard 34](#) ² defines self-harm as an 'expression of personal distress and where the person directly intends to injure him/herself'.

Suicide is the leading cause of death among men and women aged between 20 and 34 years of age in England and Wales. The B&NES Joint Strategic Needs Assessment (JSNA) provides a detailed source of national and local data on [Suicide and Mortality of Undetermined Intent](#) ³ and [self-harm](#) ⁴. Some headline messages include:-

- ❖ In the UK as a whole and across all ages, males have a considerably higher rate of suicide than females (13.8 per 100,000 for males in 2011-13, compared to 4.0 for females). [Preventing suicide in England: Two years On: Second annual report on the cross-government outcomes strategy to save lives \(2015\)](#)
- ❖ 75% of people who die by suicide have not had recent contact with secondary mental health services
- ❖ As well as males generally, [Public Health England](#) ⁵ identifies a number of groups who are at higher risk of suicide than the general population. These are
 - Young and middle aged men (the highest rate aged 35-54)
 - Middle aged men in in lower socio economic groups
 - People with a history of self-harm
 - People in contact with the criminal justice system
 - Lesbian, gay, bisexual, transgender and questioning (LGBTQ)
 - People in the care of mental health services, including in-patients
 - Specific occupational groups such as doctors, nurse and veterinary workers, farmers and agricultural workers
- ❖ Since 2008, the suicide rates for people aged 15 years and over in BANES have been increasing. Consequently, though B&NES used to have a significantly lower rate of deaths from suicides or undetermined intent than the South West and England it now has a rate much the same them. It should be noted, however, that 2012 – 2014 data shows a fall in deaths See Figure 1
- ❖ Many cases of suicide in B&NES were males not in contact with mental health services but many of whom had depression and were out of work and some of whom had a history of self-harm.
- ❖ There were 5 undetermined deaths in U18 year olds between 2011 and March 2013 compared to none in the previous 5 years.

Figure 1: Suicide rate per 100,000 – Bath and North East Somerset



- ❖ Between 2011 – 2013, there were 54 deaths from suicide in B&NES. During this same time period, there were 1,563 B&NES residents admitted to hospital by the emergency department after self-harming
- ❖ In this same period in B&NES there has been a significant increase in the rate of male hospital admissions for self-harm
- ❖ There is a clear and significant relationship between socio-economic deprivation and admissions for self-harm. This is shown by using hospital admissions data from each local area in B&NES and comparing against their level of deprivation.

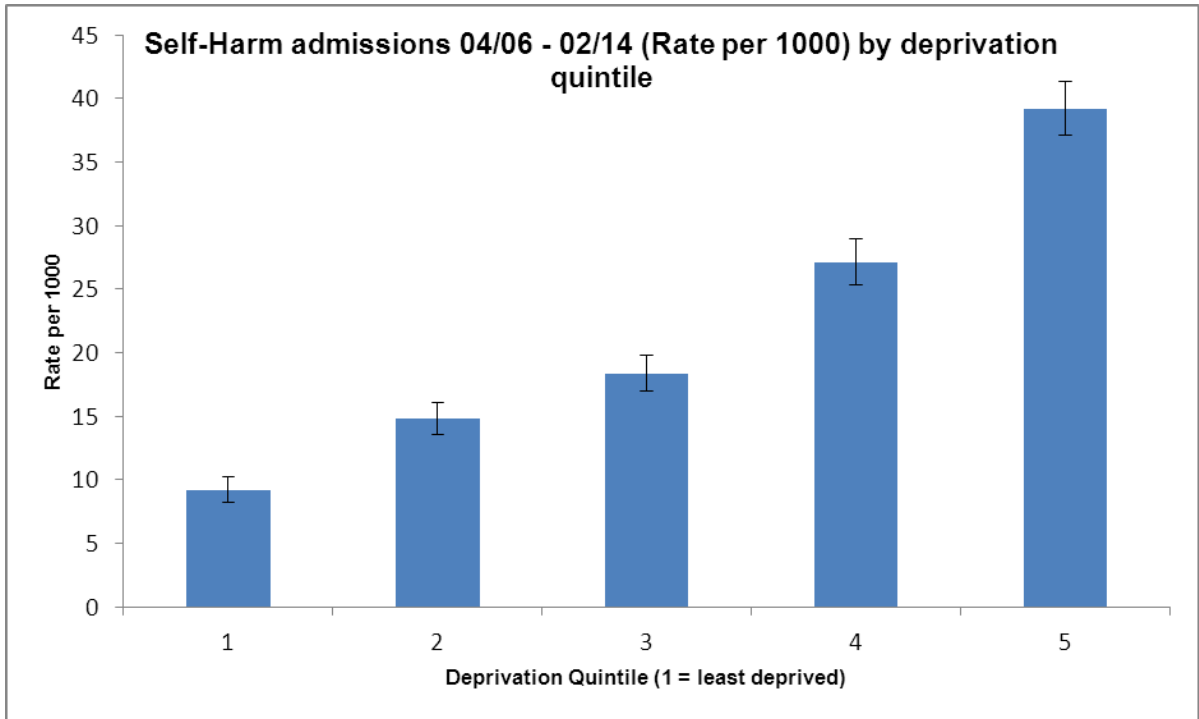


Figure 2: Rate of hospital admissions for self-harm April 2006 to February 2014 by income deprivation (2010)

- ❖ Hospital admissions for self-harm among 10-24 year olds during 2013/14 in B&NES were significantly higher than national
- ❖ During 2013/14 there were 72 emergency self-harm hospital admissions of under -18 year old B&NES residents, an average of between 1 and 2 admissions a week
- ❖ In B&NES a small proportion of people that self-harm have a very high number of repeat admissions

3.0 Strategic principles

3.1 Partnership working: key stakeholders

Preventing suicides in B&NES demands collective commitment and contribution, from key stakeholders and partners. [Department of Health Guidance on Preventing Suicide](#) ⁶ recommends that a broad range of agencies have a key role to play in reducing suicide. These include:-

<ul style="list-style-type: none"> ▪ Public Health ▪ Mental Health Services ▪ Emergency Departments ▪ Clinical Commissioning Group ▪ Primary Care 	<ul style="list-style-type: none"> ▪ Children and young people's services ▪ Education ▪ Employment ▪ Police
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<ul style="list-style-type: none"> ▪ Drug and Alcohol Services ▪ Emergency services ▪ Justice System 	<ul style="list-style-type: none"> ▪ Voluntary and private sector including those representing those affected by suicide
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The unique contribution of partners is highlighted in the B&NES Suicide Prevention Action Plan. B&NES Suicide Prevention Strategic Partnership Board includes representatives from these organisations and those who commission them and oversees local strategic work.

3.2 Implementation and Governance

The B&NES Suicide Prevention Strategic Partnership Board has developed this multi-agency strategy as part of the local authority's public health responsibilities. It directly contributes to the overarching B&NES Joint Health and Well-being Strategy which is governed by the Health and Wellbeing Board.

The strategy is linked to and supports B&NES'

- [Joint Health and Wellbeing Strategy](#) ⁷
- [Corporate Plan](#) ⁸
- [Children and Young People's Plan](#) ⁹
- [Children and Young People's Emotional Health and Wellbeing Commissioning and Delivery Strategy](#) ¹⁰
- [Alcohol Harm Reduction Strategy](#) ¹¹
- Children and Young People's Substance Misuse Action Plan
- B&NES Mental Health Commissioning Strategy 2015- 2020

3.3 Evidence based

This strategy takes an evidence based approach to suicide prevention. This means:-

- Being informed by national and local intelligence
- Drawing on existing evidence of best practice
- Keeping up to date with new evidence as it evolves
- Developing local initiatives that are properly evaluated

4.0 Review of existing strategy

A review on the progress made against the 2011-2015 action plan, that accompanied the last strategy, was undertaken in July 2015. Key outcomes of this review included success in the following areas:-

- Development and implementation of the Wellbeing College
- Inclusion of mental wellbeing within the Carers Strategy
- Strengthened partnership links between children and young people's services and public health with regard to support for schools around suicide
- Shared training for partner organisations led by AWP and Samaritans
- Establishment of the self-harm prevention working group
- Dissemination of self-harm guidance to staff working in children's services across organisations
- Development of the self-harm register
- Development and implementation of the self-harm postcard scheme

Outstanding actions were also identified and where these remain a priority have been incorporated into the 2016-2019. These include:-

- Identify and disseminate support available to children and young people at a universal level to promote emotional health and wellbeing
- Provision of specialist training for organisations working with high risk groups
- Development and implementation of a self-harm information pack for children and young people admitted for a SH episode
- Mapping of suicide hot spot areas within the authority
- Provision of a support group for people bereaved by suicide
- Work with the media

5.0 Aims and Objectives for 2016- 2019

The aim of the Bath and North East Somerset Suicide Prevention Strategy is to review and coordinate local strategic work to reduce the risk of death from suicide and undetermined injury

Objectives/ areas of action

- Keep up to date with current guidance and research, local trends and intelligence
- Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing
- Tailor approaches to improve mental health in specific groups and reduce risk in high risk groups
- Reduce access to means of suicide
- Support those affected or bereaved by suicide
- Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

Appendix 1: Web site links for above hyperlinks

1	The World Health Organisation – definition of suicide	http://www.who.int/topics/suicide/en/
2	NICE Quality Standard 34. Self-harm	https://www.nice.org.uk/guidance/qs34
3	Local data on suicide and mortality of undetermined intent	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/suicide-and-mortality
4	Local data on self-harm	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/self-harm
5	Public Health England: Guidance for developing a local suicide prevention action plan	www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2.pdf
6	Preventing Suicide in England: Two years on. Department of Health	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf
7	BANES Joint Health and Wellbeing Strategy	http://www.bathnes.gov.uk/sites/default/files/joint_health_wellbeing_strategy_0.pdf
8	BANES Corporate Strategy	http://www.bathnes.gov.uk/services/your-council-and-democracy/policies-and-plans/corporate-plan
9	BANES Children and Young People's Plan 2014 - 2017	http://www.bathnes.gov.uk/services/children-young-people-and-families/strategies-policies-planning/children-and-young-peoples
10	BANES Children and Young People Health and Wellbeing Commissioning and Delivery Plan	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/emotional-health-and
11	BANES Alcohol Harm Reduction Strategy	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/emotional-health-and

Suicide Prevention Strategy For Bath and North East Somerset 2016 - 2019

Suicide Prevention Action Plan covering 18 month period January 2016 – June 2017

1. Keep up to date with current guidance and research, local trends and intelligence				
	Action	Lead organisation and contributing partners	Commissioner / lead	Measures of success
1.1	Extend the self-harm register to include data for children who present to ED following self-harm.	AWP / Oxford Health (From April 2016 data collection to form part of core mental health quality/performance monitoring)	BANES Public Health / CCG Wiltshire Public Health	Arrangement for collecting data agreed Data for children included in annual report and 6 monthly briefing
1.2	Explore findings of SHEU survey on young people who self-harm and develop a programme of action	Public Health / Schools Improvement and Achievement Service	Public Health	Key partners met and action plan developed
1.3	Undertake audit of LSCB self-harm Guidelines to ascertain that services are aware of the document	Public Health / LCSB		Audit completed and reported on
1.4	Carry out regular 'Suicide Audits' and disseminate learning from these	Public Health / - AWP	Public Health	AWP have process in place for data collection Coroner Audit report produced Publication of annual reports from 2016 onward.
1.5	Monitor suicide data and trends, identify hotspots, identify inequalities and share learning from this in an annual report	Public Health / AWP	Public Health	Production of a local suicide hotspot map Production of annual suicide data report
2. Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing				

2.1	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Develop school based Emotional Health and Wellbeing Hubs within BANES secondary schools and evaluate pilot	Oxford Health – CAMHS Relate	School's Forum / Children's Health Commissioning Service	Evaluation report written and service embedded in schools by July 2016
2.2	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Development and dissemination key stage 4 resource 'Positive Mental Health' (including material for working with young people to prevent self-harm and reducing stigma around mental illness)	Schools Improvement and Achievement Service	Public Health	Resource pack completed and printed. Training offered to all PSHE leads. All secondary schools to deliver 'Positive Mental Health' self-harm prevention sessions at KS 4
2.3	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Development and delivery of schools Mindfulness for Schools training across key stages 1-4		Public Health	32 secondary staff trained 16 primary staff trained 5 secondary staff .b trained 6 secondary and 16 primary schools with at least one trained member of staff
2.4	Evaluate outcomes and learning from the B&NES Wellbeing College	Sirona	Adult Social Care Public Health CCG	Evaluation process agreed Evaluation completed and learning disseminated Future commissioning plans agreed
2.5	Develop a programme of work to reduce stigma around mental illness based on 'Time to Change'	Public Health	Public Health	Time to Change Action Plan developed and implementation milestones met
<p>3. Tailor approaches to improve mental health in specific groups / reduce risk of suicide in key high risk groups Children and young people, survivors of abuse and violence, veterans, people with long term physical conditions, people with untreated depression, vulnerable people especially due to social and economic deprivation, people who misuse alcohol or drugs, LGBT people, BME groups and asylum seekers <u>High risk groups:</u> young and middle aged men; people in the care of mental health services; people with a history of self-harm; people in contact with the criminal justice system; specific occupational groups</p>				
3.1	All staff working in children's	Local Authority	LSCB	Papyrus led CYP ASIST training

	services to be offered partnership based suicide prevention training	LCSB Training team / Children's Services workforce		provided to staff working in children services
3.2	Delivery of ASIST training across partner organisations working with adults	Public Health	Public Health	2 trainers identified and completed train the trainers 5 day training. 6 ASIST courses run in BANES per year for any BANES staff. Approx 180 staff trained over two years
3.4	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Promote the emotional wellbeing of LGBT young people through Stonewall initiatives The Space group	Schools Improvement and Achievement Service	Lottery funded	All secondary school pastoral / PSHE staff aware of and promoting SPACE 10 secondary and 20 primary school staff attended Stonewall training and their schools become Stonewall School Champions All schools to receive information about E Teams and how to support their development 15 more E teams in schools
3.5	Deliver, evaluate and further develop the self-harm post card follow up project	AWP	Public Health	Evaluation completed and next steps planned. Where appropriate text messaging follow up to be used instead of postcard
3.6	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Develop and provide information packs for children and young people discharged from the RUH following a SH episode	Oxford Health	Public Health / Children's Health Commissioning	Swindon information packs adapted for use in RUH. Packs made available to RUH staff Packs made available on line to all relevant partners
3.7	Work with partners to establish a support group for people who self-harm (for example SISH)	Public Health		Support available and publicised to BANES residents who self-harm
3.8	Develop and provide information packs for support/use in university	University of Bath		Packs developed and disseminated

	settings			
3.9	Explore the use of interventions that meet the needs of men who are not accessing mental health services but who are a suicide risk and make recommendations based on this	Public Health	Public Health	Report written and recommendations presented
3.10	Promote the Samaritans in male orientated settings	Samaritans and Public Health	Public Health	Samaritans' signage and resources placed in key settings
3.11	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Publicise support services and resources for children and young people who do not meet the CAMHS thresholds but who present at GP surgeries	BANES Children and Young People Emotional Health and Wellbeing strategy group	BANES Children's Health Commissioning Service	Services and resources identified and primary care provided with sign posting information in appropriate format
4. Reduce access to means of suicide				
4.1	Ensure all GPs follow safer prescribing advice	Primary care / Public Health	CCG	Scoping exercise on prescribing practices completed. Good practice for safer practice disseminated
4.2	Reduce risk of suicide on the railway	Network Rail / British Transport Police / Samaritans	British Transport Police	BTP to report on local data Samaritans to review signage Findings from BTP data reviewed and responded to
4.3	Reduce risk of suicide in public places	Public Health, Samaritans		Development of written guidance for staff Training offered to all staff Introduction of signage in upper level of key carparks
5. Support those bereaved by suicide				
Ensure support is timely and effective, have local responses in place, have information available for those who are concerned about someone else				
5.1	Support and monitor the	CRUSE	Public Health	SOBS group set up, advertised and

	establishment and delivery of a B&NES SOBS (Support for Survivors of Bereavement by Suicide) group	SOBS		supporting those bereaved by suicide by April 2016
5.2	Explore the use of available support materials (for example Help is at Hand) by the police and emergency teams / departments and make recommendations for action	Public Health	Police	Appropriate support material is being used by the police when responding to a suicide
5.3	<i>Children & Young People Emotional Health and Wellbeing Strategy Action</i> Review and recommend support resources for use by schools in response to a sudden death or suicide.	Public Health	Public Health / Children's Health Commissioning	Resources promoted to all BANES schools and young people settings
6. Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour Promote responsible reporting, use the media to provide access to prevention services and support,				
6.1	Develop a local media campaign for 2016 Suicide Prevention Day	Public Health	Public Health	Media campaign delivered.