

Suicide Prevention Strategy for B&NES 2016 – 2019

- Produced by the B&NES Suicide Prevention Strategy Group
- Local refresh of previous strategy, in line with government's 2012 strategy Preventing Suicide in England. A Cross Government Outcomes Strategy to Save Lives'
- Key component of Priority 6 of the B&NES Health and Wellbeing Strategy – Promote mental wellbeing and support recovery

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Key messages

- Suicide is a devastating event. An individual tragedy, life altering 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



Partnership working

- Adult Social Care
- Avon Wiltshire Mental Health Partnership NHS Trust
- NHS B&NES Clinical Commissioning Group
- British Transport Police
- Children & Young People Services, B&NES Council
- Child & Adolescent Mental Health Services
- Drug and Alcohol Services
- GP Surgeries
- RUH Emergency Department
- Public Health (B&NES and Wiltshire)
- Samaritans
- Southside Family Centre
- University of Bath

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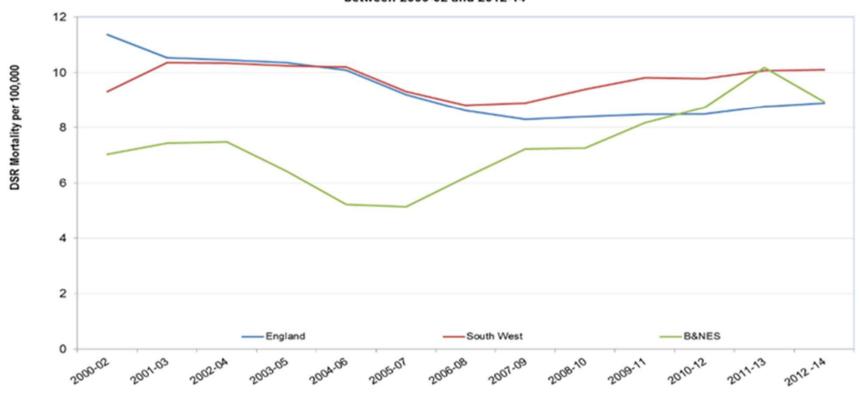
Suicide data headlines for B&NES

- 16 deaths each year, on average
- Middle-aged males have the highest rate
- Leading cause of death amongst men and women under 35 years
- Most deaths are amongst men (more than three times the rate of female deaths)
- The majority of people who die by suicide in B&NES are not in contact with mental health services



Comparing B&NES for deaths from suicide or undetermined intent 2000 - 2014

Directly age standardised rates of death from suicides or undetermined intent in Bath and North East Somerset, South West and England between 2000-02 and 2012-14





Risk groups

- People with a history of self-harm
- Young and middle aged men (35-54 years)
- People in contact with mental health services
- Middle aged men in lower socio-economic groups
- People in contact with the criminal justice system
- LGBTQ people particularly young gay and bisexual men
- Specific occupational groups such as doctors, nurse and veterinary workers, farmers and agricultural workers



B&NES self-harm data

- Hospital admissions for self-harm are significantly higher than national average. Around 550 admissions each year.
 - ...although we know that RUH more likely to admit someone for self-harm compared to other hospitals
- Around 30% are repeat admissions and a small proportion of people have a high number of these
- Strong relationship with deprivation
- In 2013/14 there were 72 admissions of under 18 year olds, an average of between 1 and 2 admissions a week



Action Plan: 6 key objectives

- 1. Keep up to date with current guidance and research, local trends and intelligence
 - Maintain self-harm register and include children and young people
 - Use SHEU data on young people who self-harm
 - Undertake an audit of LSCB self-harm guidelines
 - Work with Avon Coroner to learn from local deaths
 - Identify and map suicide hotspots



2. Integrate suicide prevention within a broader framework for promoting mental health and wellbeing

- Support actions to improve the emotional health and wellbeing of children and young people
- Evaluate the Wellbeing College
- Reduce stigma around mental illness



3. Tailor approaches to improve mental health in specific groups and reduce risk in high risk groups

- Provision of suicide prevention training for frontline staff
- Support for young LGBT people
- Packages of work to reduce self-harm
- Developing interventions that specifically target men



4. Reduce access to means of suicide

- Ensure all GPs following safer prescribing advice
- Reduce risk of suicide on the railway
- Reduce risk of suicide in public places



5. Support those affected or bereaved by suicide

- Set up a B&NES SOBS (Support for Survivors of Bereavement by Suicide) group
- Explore the use of available support materials by the police and emergency teams / departments
- Develop support resources for use by schools in response to a sudden death or suicide



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

Develop a local media campaign for 2016
Suicide Prevention Day