

## **Suicide Prevention Action Plan**

**For Bath and North East Somerset 2020 – 2023**

## Background

Around 4,500 lives are lost to suicide every year in England (ONS 2018). On average 12 people a day in England get to the point where they feel they have no other choice but to take their own life. Suicide is complex and multifaceted issue which stems from an accumulation of adverse life experiences at childhood or during adulthood such as trauma, bereavement, financial loss, relationship breakdown.

## Vision

The Zero Suicide Alliance states that potentially every suicide is preventable, and this sentiment underpins our vision for B&NES. This in no way reflects on those who have lost loved ones, patients and clients and those many individuals who strive daily to keep those who are feeling suicidal safe.

Partners across B&NES are committed to:

- Reducing suicide and self-harm.
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

The full strategy can be found [here](#).

**Appendix 1** covers key points and trends of suicide data in B&NES.

## Purpose

The purpose of the action plan is to deliver co-ordinated suicide prevention action within B&NES. The plan will be used as a framework to guide strategic direction and priorities for the period of 2020-2023. This is a living document and will be overseen and reviewed by the Suicide Prevention Group, a multiagency group chaired by Public Health B&NES. It will be accountable to the Health and Wellbeing Board and will report progress to the B&NES Community Safety and Safeguarding Partnership (BCSSP) through the Practice Review Group. A full list of the governance group membership can be found in **Appendix 2**.

Involving those with lived experience and supporting providers is critical when bringing about collective change in suicide prevention, highlighting key gaps and establishing new ways of working. Therefore, one of the key principles of this action plan is to collaborate and engage with people with lived experience over the duration of this action plan. Experts by experience are also members of the governance group.

## Scope

The Suicide Prevention Action Plan for B&NES sits within the wider context of our Public Health Mental Health programme of work which includes longer term, upstream interventions. These are outside of the scope of this more targeted plan and so are not discussed here.

The scope of this action plan has been informed through consultation with stakeholders, local need, reviewing national and local evidence based recommendations. The plan considers a life course approach and ensures communities of all ages and backgrounds are reflected in the actions.

## Momentum

There is lots of good work carried out every day within public, private and third sectors and communities in B&NES to prevent the escalation and admission of suicide and address associated causes and risk factors. There are numerous local examples across the system such as those below, though please note this list is for example and not intended to be exhaustive.

### Bluebell

Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.

### School Nursing

School nurses work with children and young people to discuss emotional health and wellbeing difficulties including self – harming and suicidal thinking.

### DHI

Drug and alcohol services have integrated suicide prevention through triage and assessment processes and promoting wellbeing options such as the 5 ways to wellbeing.

### Schools

Schools have been accessing the Coping with Suicide for educational settings 2018 resource.

### Adult support services

Homeless and domestic abuse services receive training and good practice sharing on suicide prevention.

### Voluntary and community sector

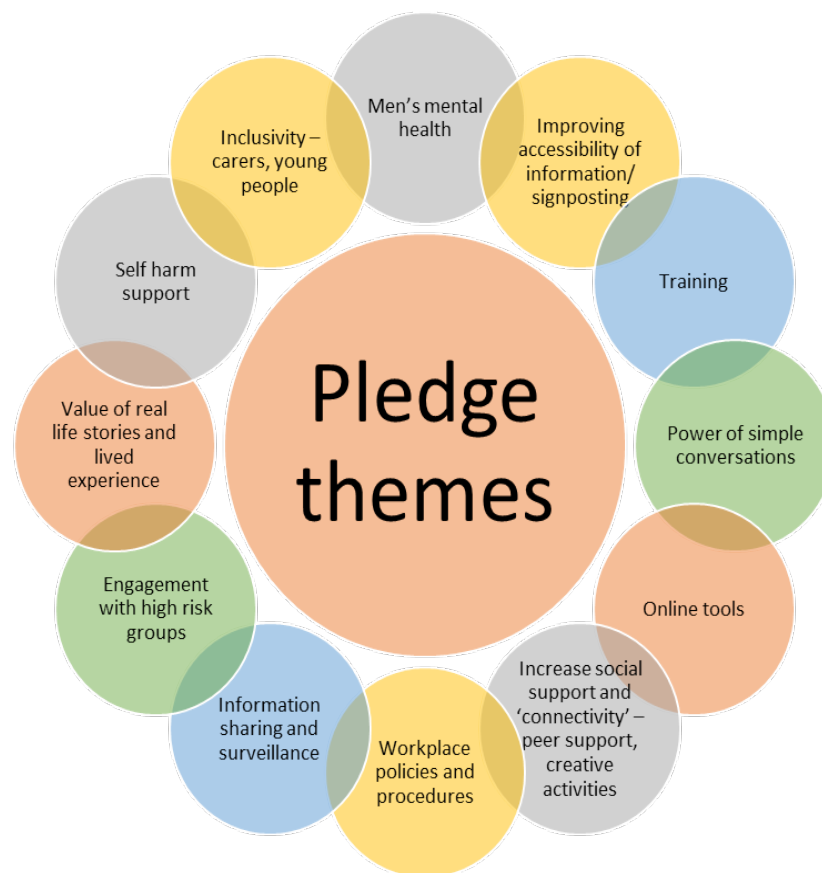
Continues to deliver projects where people feel connected to their community including work that supports people in complex or crisis situations.

Together, we will be building on this momentum of existing work and seek to capitalise on these assets to strengthen suicide prevention efforts in the community, support joined – up approaches and maximise the best use of limited resources.

## Action Plan Development

The production of this action plan has been overseen by Public Health. Its development has been informed by the Public Health England guidance, a stakeholder event held in February 2020 and virtual discussions during early 2021.

More than 60 people representing various organisations and communities attended a stakeholder event in February 2020 at the Bath Guildhall. The aim of the event was to inform the development of the strategy and action plan and understand how the system is working towards reducing the national target of reducing suicides by 10% by 2021 with an aspiration of having zero suicides in B&NES. The visual below was developed to demonstrate some of the key themes from the 27 organisation pledges made at the event. These themes have influenced the content and been key drivers of this action plan as well as reviewing national and local evidence.



## Action Plan and the impact of COVID – 19

The impact of mental health and COVID-19 pandemic has been significant across the population and there is limited evidence currently to understand the true impact on suicides. Gunnell et al (2020) states “a wide-ranging interdisciplinary response that recognises how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key.”<sup>1</sup> National surveys have demonstrated worsening of mental health amongst some groups, particularly those affected by socioeconomic inequalities, and by the end of June 2020, one in ten people in the UK reported having had suicidal thoughts or feelings in the past two weeks<sup>2</sup>. Poor mental health has also been shown amongst staff in hospital intensive care units during 2020, with high rates of depression and PTSD and 13% of respondents (particularly nurses) reporting frequent thoughts of being better off dead, or of hurting themselves in the past 2 weeks<sup>3</sup>. When writing this action plan, we have been mindful to take this into consideration for proposals now and beyond the acute phase of the COVID – 19 pandemic.

<sup>1</sup> Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, RC., Pirkis, J and the COVID-19 Suicide Prevention Research Collaboration Unit (2020) Suicide risk and prevention during the COVID -19 pandemic. *Lancet Psychiatry* 7 (6): pp.468-471.

<sup>2</sup> Mental Health Foundation (2020) [Coronavirus: The divergence of mental health experiences during the pandemic.](#)

<sup>3</sup> Greenberg, N et al. (2021) Mental health of staff working in intensive care during COVID-19. *Occupational Medicine*, <https://doi.org/10.1093/occmed/kqaa220>

## The Plan

There are seven sections within the plan, some of the areas include specific actions /pledges that have been put forward by key stakeholders.

<b>1. Keep up to date with current guidance and research, local trends and intelligence</b>				
	<b>Action</b>	<b>Lead organisation</b>	<b>Contributing partners</b>	<b>Measures of success</b>
1.1	Collect available intelligence and real time data to inform local need.	B&NES Council - Public Health		<ul style="list-style-type: none"> <li>Annual reports published and actions identified.</li> </ul>
1.2	Review and update Council's JSNA facts and figures webpage - Suicide and Mortality of Undetermined Intent.	B&NES Council - Public Health		<ul style="list-style-type: none"> <li>JSNA page updated with most recent data.</li> </ul>
1.3	Work in partnership with Bristol, North Somerset and South Gloucestershire Councils to commission a Real Time Surveillance function from the Avon Coroner's Office.	B&NES Council - Public Health	Celia/Paul	<ul style="list-style-type: none"> <li>Notification and surveillance data on suspected deaths from suicide shared with B&amp;NES Council in a timely manner.</li> <li>Participation in Avon-wide meetings to review trends arising from surveillance.</li> </ul>
1.4	Hold quarterly meetings with stakeholders to review recent deaths from suicide and implement learning.	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> <li>Quarterly meetings held and data fed into action plan.</li> </ul>
1.5	Establish and implement a mechanism for sharing information, research and local action with stakeholders through a quarterly newsletter. The following areas will be covered in the newsletter: <ul style="list-style-type: none"> <li>Frontline health/social care staff working during COVID-19 pandemic</li> <li>Loneliness in the community (e.g. students and older people)</li> <li>Children and Young people</li> <li>Families/individuals experiencing financial hardship</li> </ul>	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> <li>Reach and engagement with quarterly newsletter including number of visits to webpage.</li> </ul>
1.6	Hold an annual event to share good practice from partners, hear from people with lived experience etc.	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> <li>Number of attendees at annual event.</li> <li>Breadth of stakeholder attendance.</li> <li>Number of attendees that valued the event.</li> <li>Comparison to feedback from</li> </ul>

				2020 annual event.
1.7	Work in partnership with police and other stakeholders to audit B&NES suicide hot spots.	RTS Post/ Public Health/ Coroner		<ul style="list-style-type: none"> <li>• Fewer deaths in hot spots areas</li> <li>• Ensure partners are kept informed of hotspots.</li> <li>• Proactive leadership in responding to suicides.</li> </ul>

<b>2. Integrate suicide prevention into a broader framework for promoting population mental health and wellbeing</b>				
	<b>Action</b>	<b>Lead organisation</b>	<b>Contributing partners</b>	<b>Measures of success</b>
2.1	Promote annual campaigns to raise awareness of mental health issues, to reduce the stigma and aid people navigate the support system available.	B&NES Council - Public Health and 3SG		<ul style="list-style-type: none"> <li>• Social media analytics.</li> <li>• Increase awareness and understanding of population wellbeing.</li> <li>• Promotion of annual campaigns such as Every Mind Matters, Mental Health Awareness Week, World Mental Health Day, Suicide Prevention Day and Time to Change.</li> </ul>
2.2	Identify suicide prevention measures when reviewing Council's policies and strategies such as planning applications and transport.	B&NES Council Directorates		<ul style="list-style-type: none"> <li>• Identification of opportunities to raise awareness of suicide prevention.</li> <li>• Close working with colleagues to ensure suicide prevention content reflects key messages.</li> </ul>
2.3	Mapping existing training provision for organisations and communities on suicide prevention and mental health (including but not limited to self-harm) and produce evidence-based recommendations.	B&NES Council - Public Health		<ul style="list-style-type: none"> <li>• Creation of a shared dashboard to support workplaces and communities to access suicide prevention training.</li> <li>• Launch and distribution of dashboard to wider partners.</li> <li>• Engagement with dashboard.</li> <li>• Training available for all staff supporting individuals with mental health issues.</li> <li>•</li> </ul>

2.4	Ensure B&NES partners are aware of financial wellbeing as a risk factor for suicide and facilitate appropriate linkages between partners.	B&NES Council - Public Health	Social prescribing Citizens advice Council tax team Job Centre Plus Economic Development Team	<ul style="list-style-type: none"> <li>Use and distribution of local and national resources.</li> <li>Newsletter.</li> </ul>
2.5.1	<i>Children &amp; Young People</i> Development and implementation of CYP Emotional Health and Wellbeing subgroup workplan.	Children & Young People's Emotional Health & Wellbeing Subgroup		<ul style="list-style-type: none"> <li>Plan implemented and monitored through CYP EHWP Subgroup.</li> </ul>
2.5.2	<i>Children &amp; Young People</i> Provide a range of resources that support the delivery of a whole school or setting approach to mental health & wellbeing through the Public Health in Schools & Early Years Programmes including links to partners and early help services. To include COVID-19 recovery support through Wellbeing Education Return programme in schools.	B&NES Council - Public Health	School Improvement Education Psychology Service EYFS	<ul style="list-style-type: none"> <li>Public Health in Schools and Early Years Programmes used extensively by settings as source of best practice guidance.</li> </ul>
2.6	Continue to implement recommendations for workplace settings as set out by the Thrive at Work West of England Initiative.	Workplace settings Economic development team	Thrive at West of England Partnership Economic Development Team	<ul style="list-style-type: none"> <li>Number of B&amp;NES employers that have accessed the initiative.</li> </ul>
2.7	All employers in B&NES encouraged to access the Thrive at Work West of England <a href="#">Growth Hub</a> which includes accessing mental health and suicide bereavement resources, signing up to the Mental Health at Work Commitment pledge and participating in the Zero Suicide Alliance – eLearning.	Workplace settings Economic development team	Thrive at West of England Partnership	<ul style="list-style-type: none"> <li>Number of employers that access the hub.</li> </ul>
2.8	Raise awareness of advice available on issues including debt, benefits, employment, housing, family & relationships, discrimination, immigration, and consumer rights with a focus on financial advice for those with financial issues due to COVID-19 in all population including minority groups	Citizens Advice		<ul style="list-style-type: none"> <li>Awareness in the B&amp;NES population including minority groups of the advice they can seek.</li> </ul>
2.9.1	Distressed individuals to be referred to Breathing Space – either the current open access phone line, or referral to the face to face service when COVID restrictions allow.	Bath Mind Breathing Space		<ul style="list-style-type: none"> <li>Distressed clients of mental health charities and individuals to be made aware of Breathing Space service.</li> </ul>

2.9.2	Increase awareness of Wellbeing House retreat for those in emotional distress who want to enhance their mental health and wellbeing, stabilise themselves, prevent a deterioration in their mental health and wellbeing and/or crisis onset.	Wellbeing House-CURO		<ul style="list-style-type: none"> <li>Awareness in the B&amp;NES population of this wellbeing service.</li> </ul>
2.	Promote and improve the visibility and accessibility of our Mental Health & Wellbeing service & Wellbeing College to the public, health professionals & other professionals who can benefit from these services.	Virgin Care (Justin Wride)		<ul style="list-style-type: none"> <li>Awareness in the B&amp;NEs population.</li> <li>Promoting and offering robust services that are flexible, adaptable and responsive to people's needs as we have done during the COVID-19 pandemic.</li> </ul>

### 3. Tailor approaches to improve mental health in specific groups / reduce risk of suicide in key high-risk groups

	Action	Lead organisation	Contributing partners	Measures of success
3.1	Explore working collaboratively to integrate suicide prevention into: <ul style="list-style-type: none"> <li>Gambling</li> <li>Criminal justice system</li> <li>Veterans</li> </ul>	B&NES Council - Public Health	Other organisations as required	<ul style="list-style-type: none"> <li>Ensure good links between public health and all key partners, and that key actions have been taken.</li> </ul>
3.2	Continue to work with organisations who support those with a history of self-harm	B&NES Council - Public Health Oxford Health (CAMHS) AWP RUH ED School nursing	Other organisations as required	<ul style="list-style-type: none"> <li>Ensure good links between public health and self-harm support services.</li> <li>Ensure clients are referred into the care pathways and responsive to people who self – harm.</li> <li>Use and distribution of local and national resources.</li> </ul>
3.3	<i>Perinatal</i> Provide perinatal support services and resources for pregnant and post-natal mothers and their partners to support anxiety, trauma and isolation including home visits, support care package for those at risk of harm or suicide.	Bluebell AWP	Health visiting teams, midwives, GPs and specialist perinatal mental health teams/champions	<ul style="list-style-type: none"> <li>Support promoted to all expectant and new parents and encouragement to ask for help early.</li> <li>Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.</li> </ul>



3.4	<i>Children and young people</i> Develop a CAMHS protocol that will strengthen joint working with CAMHS and Project 28.	Project 28 CAMHS		
3.5.1	<i>Male</i> Increase awareness of Boys in Mind resources by working with schools and other organisations to promote positive mental health, challenge stigma and prevent suicide with a focus on boys and young men.	Boys in Mind		<ul style="list-style-type: none"> <li>Resources promoted to all B&amp;NES schools.</li> </ul>
3.5.2	<i>Male</i> Target mental health and suicide prevention messaging through social media and physical venues that are used and attractive to middle aged men.	Jess Brodrick		
3.6	<i>Mental health users</i> Continue offering support to patients discharged from mental health wards to provide them with the tools they need to manage their own mental health and wellbeing with less support, to support them transitioning back into the community and to prevent further hospitalisation.	Wellbeing House- CURO		<ul style="list-style-type: none"> <li>Patients discharged from mental health wards feel supported.</li> </ul>
3.7.1	<i>Adults with complex needs</i> Ensure assessments for homelessness and drug and alcohol services include questions on suicide ideation and suicide safety plans are in place.	Ann Robbins Celia Lasheras Virgin Care DHI Julian House		
3.7.2	<i>Adults with complex needs</i> Explore dual diagnosis provision to meet the needs of the population with substance misuse and mental health issues and develop a plan of action with the mental health collaborative group.	Virgin Care Lucy Kitchener Public Health		
3.7.3	<i>Care staff most directly affected by COVID-19</i> Work with the BSW CCG and local health and care providers to share good practice in supporting staff wellbeing and ensuring targeted support available to those with highest needs.	Public Health BSW CCG		<ul style="list-style-type: none"> <li>Staff in local health and care organisations aware of sources of universal wellbeing support</li> <li>Staff know how to access additional specialist support</li> </ul>

<b>4. Reduce access to means of suicide</b>				
	<b>Action</b>	<b>Lead organisation</b>	<b>Contributing partners</b>	<b>Measures of success</b>
4.1	Audit suicide hotspots in B&NES.	RTS Post/		<ul style="list-style-type: none"> <li>Reduction in the number of</li> </ul>

		Public Health/ Coroner		hotspots through proactive response to audit. <ul style="list-style-type: none"> <li>Fewer deaths in hot spots areas.</li> </ul>
4.2	Reduce risk of suicide on the railway.	British Transport Police	Network Rail Samaritans	<ul style="list-style-type: none"> <li>Ensure all railway staff and police are trained in suicide prevention.</li> <li>Ensure local higher risk locations are reviewed and any actions to reduce risk are implemented.</li> </ul>
4.3	Reduce risk of suicide on the road network through Samaritans 24-hour crisis signage, suicide intervention training for staff and construction workers in the South West.	Highways England	Samaritans	<ul style="list-style-type: none"> <li>Samaritans 24-hour crisis signage installed on high risk structures across the South West region.</li> <li>Suicide prevention intervention training offered to all staff and construction workers in the South West.</li> </ul>

<b>5. Support those bereaved by suicide</b>				
	<b>Action</b>	<b>Lead organisation</b>	<b>Contributing partners</b>	<b>Measures of success</b>
5.1	Co-produce a B&NES postvention pathway and tools for those that have been affected by suicide.	B&NES Council - Public Health	Bath SOBS Partners, police and communications.	<ul style="list-style-type: none"> <li>Postintervention support is in the place across organisations and communities in B&amp;NES.</li> <li>Ensure materials available in a variety of accessible formats.</li> </ul>
5.1.1	<i>Children &amp; Young People</i> Review and update <i>Coping with Suicide</i> <i>A summary of support for educational settings 2018</i>	Children & Young People's Emotional Health & Wellbeing Strategy Group		<ul style="list-style-type: none"> <li>Resources promoted to all B&amp;NES schools and young people settings</li> </ul>
5.1.2	<i>Children &amp; Young People</i> Produce a guide (including review of relevant resources) for use by schools and early years settings to support them when a child is bereaved including by suicide	B&NES Council - Public Health		<ul style="list-style-type: none"> <li>Resources promoted to all B&amp;NES schools and young people settings</li> </ul>
5.2	Promote existing suicide bereavement support currently available within B&NES (Bath Survivors of Suicide (SOBS), Cruse) and continue to support virtually during COVID-19 pandemic	Bath Survivors of Bereavement by Suicide (SOBS)		<ul style="list-style-type: none"> <li>Ensure those who are bereaved by suicide/concerned about someone who is have access to support and know who to contact</li> </ul>
5.3	Explore the use of available support materials (for		Police	<ul style="list-style-type: none"> <li>Appropriate and accessible</li> </ul>

	example Help is at Hand) by the police and emergency teams / departments and make recommendations for action			support material is being used by the police when responding to a suicide
5.4	Integrate suicide prevention into the existing B&NEs Council compassionate leave policy.	B&NES Council-HR	Public Health	<ul style="list-style-type: none"> <li>Policy has been updated.</li> </ul>

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

	Action	Lead organisation	Contributing partners	Measures of success
6.1	To continue to promote responsive and sensitive reporting on all media platforms of suicide and suicidal behaviour, using the Samaritans Guidance for Reporting Suicide.	Communications	Public Health	<ul style="list-style-type: none"> <li>Media campaign delivered.</li> <li>Evidence of sensitive reporting of suicides in the media by staff who use media guidelines.</li> <li>Auditing content on suicides in B&amp;NES.</li> </ul>
6.2	Work with local and regional media outlets to ensure sources of support and signposting information is provided when reporting suicide and suicidal behaviour.	Communications		<ul style="list-style-type: none"> <li>Appropriate resources shared.</li> <li>Sensitive reporting locally and use of Samaritans Guidance for Reporting.</li> </ul>

#### 7. Reduce rates of self-harm as a key indicator of suicide risk

	Action	Lead organisation	Contributing partners	Measures of success
7.1	Support colleagues working with children and young people and vulnerable adults to understand issues relating to self-harm through the delivery of training.	CYP and Adults Workforce Development Strategy Group		<ul style="list-style-type: none"> <li>Number of colleagues receiving training.</li> </ul>
7.2	Upskill frontline staff on how to best to support those who self – harm with an emphasis on those in high risk communities.	Public Health		

### **Monitoring and evaluation**

The action plan and its impact will be monitored by the Suicide Prevention Group on a quarterly basis. Organisations and working groups who have provided actions will be encouraged to consider how they monitor and evaluate their own progress. An annual event will be held each year to showcase learning, provide an update on the progress of the action plan implementation and evolve further thinking. The terms of reference of the Suicide Prevention Group will be reviewed annually to reflect the current work of the action plan.

## Plan on a page

### Vision

In B&NES we are all committed to reduce suicide and self-harm, ensure that no resident will think that suicide is their only option, tackle the stigma associated with suicide by developing community conversations about suicide, building community resilience and supporting those affected by suicide.

In order to achieve this, we will:

- Build capacity and capability within organisations and communities to talk openly and routinely about suicide.
- Support those who have been affected or impacted by suicide and aim to remove shame and blame from the process.
- Work in partnership recognising each suicide is different.
- Collaborate with those from lived experience to inspire others to drive change in the suicide prevention agenda.

### Objectives

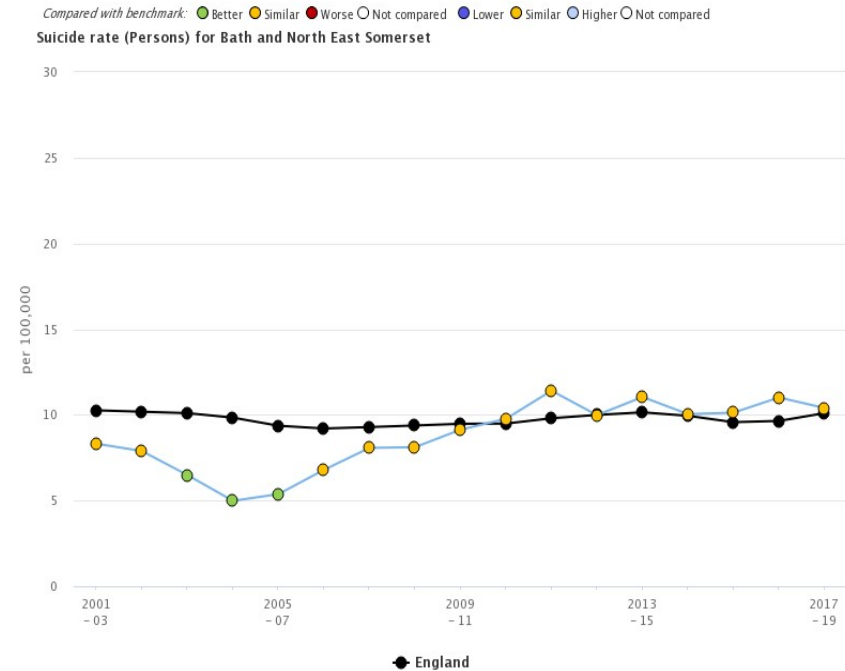


## Appendix 1 – Summary of findings presented at the stakeholder event in 2020

- B&NES has a slightly higher suicide rate than the England average
- For each death amongst women, there were 4 deaths amongst men.
- 45-59-year olds had the highest rates.
- 40% of people who died by suicide had a history of some form of self-harm. For females this was 47%.
- Self-harm hospital admissions rates are higher than the England average.
- Females in B&NES have double the hospital admission rates for self-harm than males
- 10-24-year olds have more than double the rates compared to older adults
- About one in four people (25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time.
- Three quarters of people who died were not in touch with secondary NHS mental health services, but many were in touch with their GP or another kind of health and care service in the months before their death

### References:

1. Public Health England Outcomes Framework
2. Royal College of Psychiatrists. Self-harm.
3. McManus et al 2019 Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population
4. ONS (2019) Suicides in the UK: 2018 registrations
5. Public Health England (PHE) • Work with the Avon Coroner’s Office • Hospital admissions data for self-harm • B&NES Community Mental Health Services Review



## Appendix 2 – Governance Group Membership

The membership comprises of identified individuals across key agencies within the city. Membership will include the following:

- Chair: Public Health
- Mental Health Services Commissioner
- Experts by experience
- Bath and North East Somerset, Swindon and Wiltshire CCG
- CAMHS
- Virgin Care Mental Health Services
- Avon Wiltshire Partnership Trust
- 3SG
- Bath Mind
- Bath Spa University
- University of Bath
- Suicide Bereavement Services
- Public Health England

Other members / partners shall be co-opted as required including

- Primary Care
- Safeguarding
- Police and BTP
- Network Rail
- South West Ambulance Service
- Avon Fire and Rescue
- DWP. Employment / workplace representatives
- Housing services
- Criminal justice services