Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Suicide Prevention Strategy for B&NES 2020 - 2023

This document outlines the commitment of Bath & North East Somerset (B&NES) partners to work together to reduce suicide throughout the local authority area. The vision set out within this strategy is based on the most recent policy and guidance regarding suicide prevention and self- harm reduction (1). It aligns to the B&NES, Swindon and Wiltshire (BSW) area Suicide Prevention Strategy 2019 – 2023, which includes greater detail regarding definitions, causes and impact of suicide and self-harm, BSW comparative and national data and the content of our national policy drivers.

Introduction

Around 4,500 lives are lost to suicide every year in England (ONS 2018). Every one of these deaths leaves behind family, friends and communities shattered by the loss. It is unthinkable that 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 (2) Local Suicide Prevention Planning in England: An Independent Progress report May 2019

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 on a daily basis 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

This strategy contributes towards the national ambition to reduce the number of suicides in England by 10 per cent by 2020/21, which was set out in the Five Year Forward View for

Mental Health[3] in 2016. Figures for 2020/21 will only be published in 2021/22 and we expect the national ambition to be reset at that point.

Working in Partnership

Preventing suicides in B&NES demands collective commitments and contribution from key stakeholders and partners within statutory, third sector and corporate organisations. Suicide prevention is everybody's business.

Our priorities

In September 2012, the government published a strategy for the prevention of suicide in England, focusing on key areas for action. This was updated in January 2017. They key areas are:

1. **Reducing the risk of suicide in high risk groups**
2. **Tailoring approaches to improve mental health in specific groups**
3. **Reducing access to means of suicide**
4. **Providing better information and support to those bereaved or affected by suicide**
5. **Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour**
6. **Supporting research, data collection and monitoring**
7. **Reducing rates of self-harm as a key indicator of suicide risk**

The people considered to be at **higher risk of suicide** included the following, based on national data, but it doesn't exclude other people who may also be at risk:

- Young and middle-aged men
- People with a history of self-harm
- People in the care of mental health services
- People in contact with criminal justice system
- People in specific occupations (including males in construction roles, plasterers and painters; and also male and female carers, female nurses)

Groups who are suggested to be the focus of efforts to **improve mental health** included the following, and again, there may be other groups locally who we would wish to prioritise as well:

- Children and young people
- Users of drug and alcohol services
- Women around the time of child birth
- People in receipt of benefits

Local work with the Avon Coroner's Office also identified a number of **factors that could be associated with or thought to contribute to** deaths from suicide.

- A majority of people had some kind of mental health issue noted in their records (around 70%).

A smaller proportion of people (around 16%) also experienced:

- physical illness
- drug abuse / dependency (including prescribed medicines)

And roughly 1 in 10 people who died from suicide in Avon had the following wider contributory factors noted:

- Alcohol misuse
- Bereavement
- Family issues
- Relationship break down
- Work issues/loss of job

Governance arrangements

This strategy contributes to the overarching B&NES Joint Health and Wellbeing Strategy which is governed by the B&NES Health and Wellbeing Board. Progress will be reported to the B&NES Mental Health Collaborative.

Action Plan

This will be created after the stakeholder event on 6th February 2020.

How does B&NES compare to other areas?

The information in this section comes from:

- Public Health England (PHE)
- Work with the Avon Coroner's Office
- Hospital admissions data for self-harm
- B&NES Community Mental Health Services Review

Key points:

- 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.

Each year in B&NES, about 17 people die from suicide. This is 11.0 deaths per 100,000 population and is **slightly higher than the England average** of 9.6 deaths per 100,000 population. B&NES has remained at roughly this rate over the last decade. However, it is noticeably higher than the rate in B&NES in the preceding decade between 2000 and 2009.

Death rates from suicide in B&NES are shown in the chart below.

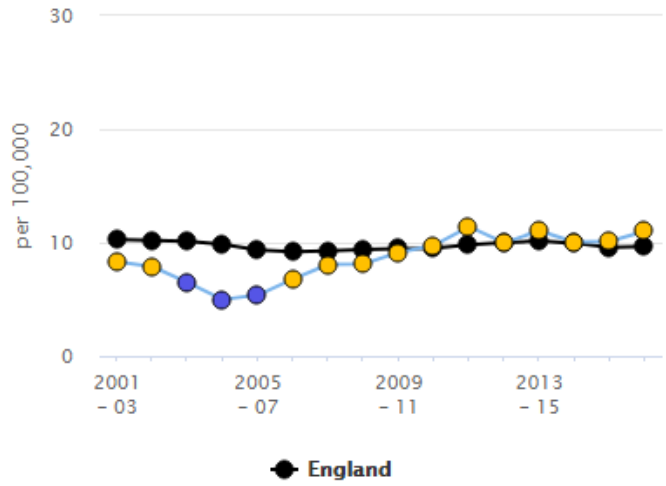

Figure 1 - *Age-standardised mortality rate from suicide and injury of undetermined intent in B&NES per 100,000 population. Yellow dots are B&NES. Black dots are England average. Data source: Office for National Statistics*

For each death amongst women, there were 4 deaths amongst men. This 4 to 1 ratio is slightly higher than the national average of 3 to 1 and appears to be due to a slightly rate of suicide amongst local men than the national rate.

The table below shows that **most deaths in B&NES were amongst 45-59 year olds** and the next highest group were people aged 60 and above. This contrasts with our more urban neighbours like Bristol who see more deaths in younger people.

Age group	Percentage of all B&NES suicides seen in this age range
10 - 29	16%
30 - 44	20%
45 - 59	34%
60+	30%

Our data from the wider Avon area shows that **40% of people who died by suicide had a history of some form of self-harm. For females this was 47%**.

The figure overleaf shows that **hospital admissions rates of B&NES residents for self-harm are higher than the England average**. This is true of all areas in the South West region and is a cause for concern.

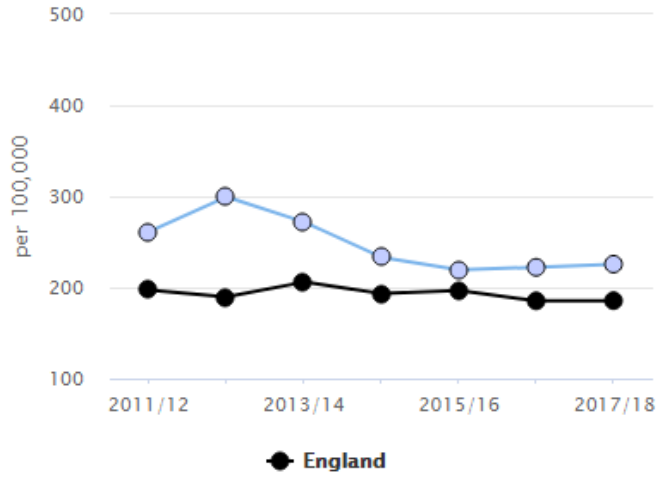

Figure 2 – *hospital admissions for self-harm by B&NES residents (blue spots) compared to England average rates (black spots) per 100,000 population. Data source: Office for National Statistics*

Females in B&NES have double the rates of hospital admission for self-harm than males. This is shown in figure 3 below. The majority of these admissions (between 70-80%) are due to self-poisoning.

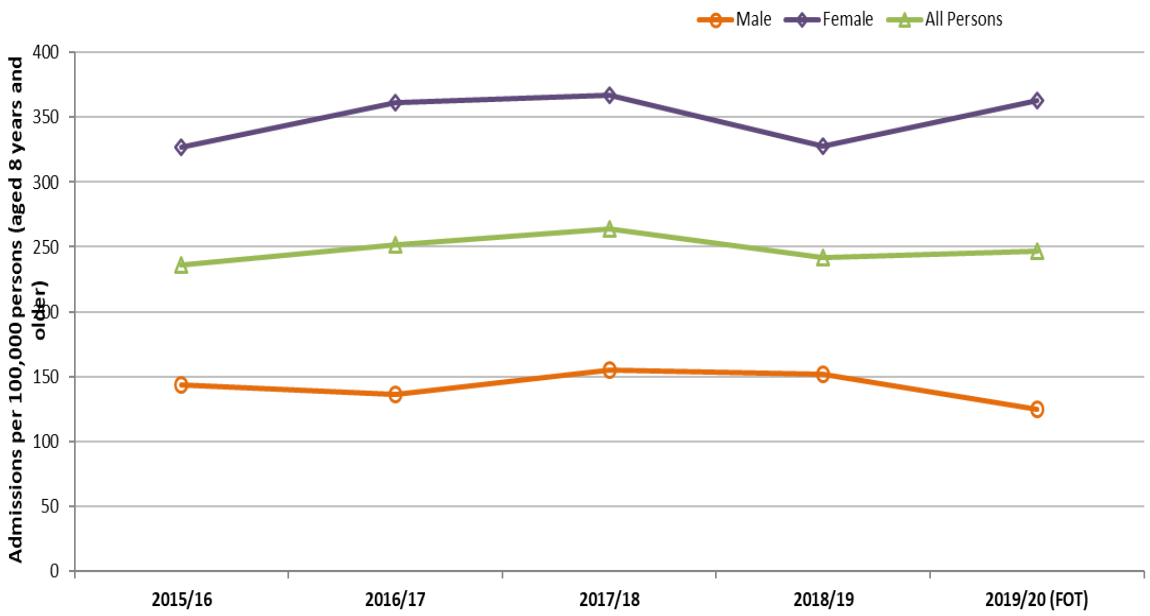

Figure 3 *- Admissions to hospital for self-harm amongst B&NES residents 2015/16 to 2019/20*

Rates of **admission amongst 10 -24 year olds are more than double the rates** for people aged 25 years and above. This is shown in figure 4 below.

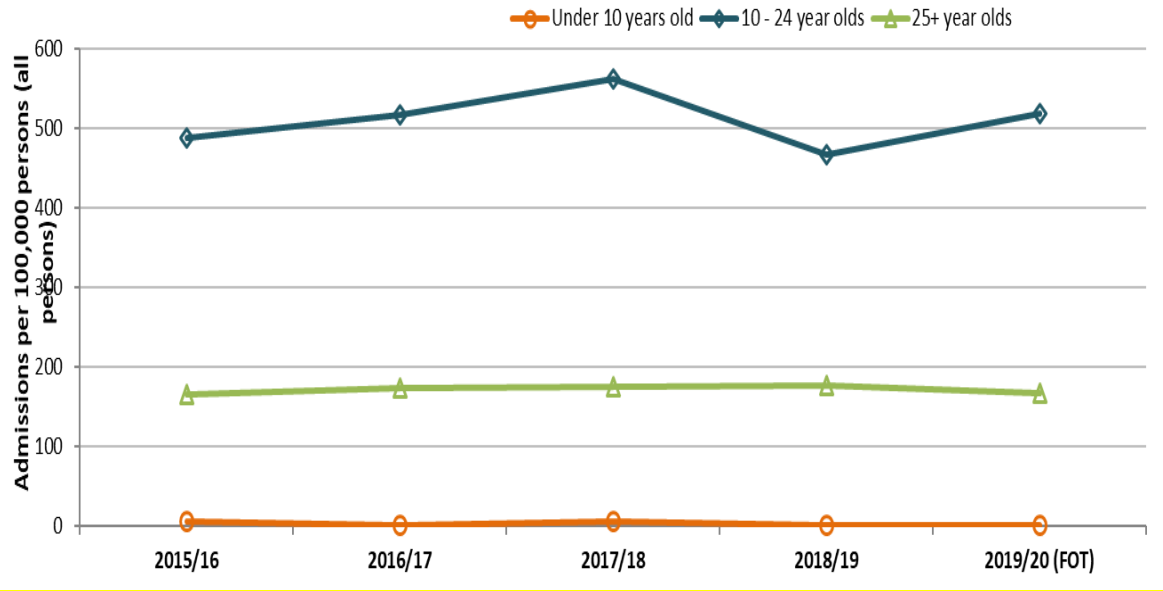

Figure 4 - *Age differences in self-harm admissions to hospital*

Across Avon, 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 and so 25% of suicides arising from only 2% of our population shows how over-represented these residents are. A wider group of people had also been in contact with some sort of 'counselling' or other primary care-based psychological care service in the community. This suggests that people are seeking help.

Females were more likely to be in contact with all types of services than males, which is probably a reflection of willingness to seek support.

A quarter of people who took their own life had been in contact with a health professional, usually their GP, in the last week before they died. Many were in contact within a month before their death.

Nationally, we see a relationship between deprivation in a community and levels of suicide. The relationship in Avon is slightly less clear cut, but there were almost double the number of deaths in the most deprived fifth of the Avon population compared to the least deprived fifth. For females this contrast was closer to four times the number of deaths compared to the least deprived fifth of areas, though as the numbers become smaller these differences should be viewed with caution.

Views of local people

Over the last two years, B&NES Council and Clinical Commissioning Group (CCG) have been looking at the way community mental health services are delivered locally, in order to establish what improvements, need to be made. This built on the priorities that were identified in the '**your care, your way'** review of community health and care services in 2015-17. An in-depth review of mental health services took place between early 2018 and February 2019 via a series of engagement events with the B&NES community. The purpose was to hear what currently works well and aspects of services which create challenges for people accessing services, and ways to resolve these challenges.

The following issues or problems were identified which are pertinent to suicide prevention:

- Mental health services aren't joined up
- There is a lack of information on what support is available
- There are barriers to accessing support
- There is not enough long-term counselling available
- Improved community-based support is needed
- Young people need to be better supported with accessing support after they turn 18
- Professionals need more training and awareness
- We need to raise awareness and provide more education on mental health

Some broad solutions were also proposed by people and these are summarised below:

- Improve community-based support
- Improve the signposting of services
- Social support is just as important as medical interventions
- Focus on preventing escalation and admission
- Join up the services

References

1. *National-suicide-prevention-strategy-workplan* (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf
2. *Local Suicide Prevention Planning in England: An Independent Progress report* (2019) https://www.samaritans.org/about-samaritans/research-policy/national-local-suicide-prevention-strategies/
3. *Five year forward view for mental health* (2016) https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
4. *Preventing suicide in England. A cross-government outcomes strategy to save lives* (2012) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
5. National-suicide-prevention-strategy. 4th-progress report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf