Southampton Suicide Prevention Plan 2016 - 2019

1 Vision

A multi-agency approach to reducing suicides and supporting those effected.

2 Introduction and context

Local Authorities in England have a statutory duty to take appropriate steps to improve the health of the people who live in their areas. Public Health functions include the responsibility for co-ordinating and implementing work on suicide prevention.

In September 2012 the coalition government published a national strategy "Preventing Suicide in England – A cross government outcomes strategy to save lives".[1] The overall objectives are:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

It also identifies six key areas for action:

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 behaviour**
6. **Support research, data collection and monitoring.**

The Suicide Prevention Plan considers how Southampton will address each area for action locally. The plan also supports the Southampton Public Mental Health Strategy – Be Well and Southampton's Health and Wellbeing Strategy.

In "Preventing Suicide: A Global imperative"[2] the World Health Organisation calls for a systematic response to suicide and making prevention a multisectoral priority involving not only health care but education, employment, social welfare, the judiciary and others. Public Health England's guidance for developing a local suicide prevention action plan states that it is vital that local authorities work with key stakeholders. The factors leading to someone taking their own life are often complex, however there can be opportunities to intervene. No one organisation is able to directly influence all factors, it is vital that services, communities, individuals and society as a whole work together to help prevent suicides.

[1] Preventing Suicide in England, A cross government outcomes strategy to save Lives. HM Government 2012
[2] Preventing Suicide a Global Imperative. World Health Organisation 2014

3 Governance and Management

This plan outlines the Southampton approach to suicide prevention which requires statutory agencies, the voluntary sector, businesses and others to work together to reduce the number of suicides and the effects of someone taking their own life on society. The organisations below are core members of the Suicide Prevention group for Southampton and are integral to taking this work forward:

- Southampton City CCG
- Southern Health
- Dorset Healthcare Trust
- Hampshire Police
- British Transport Police
- Coroner's Office
- Red Lipstick (Families bereaved by suicide)
- Southampton City Council Cabinet Members (Mental Health Champion)
- Mind
- SCC Safeguarding
- Southampton Voluntary Service
- Saints foundation
- Samaritans

The Southampton Suicide Prevention Group was set up in 2015, it supports the Public Mental Health Strategy "Be Well" and is accountable to the Health and Wellbeing Board. The group review findings from the local suicide audit, and identifies any particular local issues relating to suicide and undetermined injury in Southampton for example hot spots and unusual methods. It also oversees the delivery of the issues identified in the local suicide prevention action plan.

This plan will be monitored quarterly by the Southampton Suicide Prevention Group and refreshed by Public Health every three years.

4 Priorities and Outcomes

Suicide is a major issue for society and a leading cause of years of life lost. Every suicide is an individual tragedy and has wide reaching effects; impacting on friends, family, work colleagues and the local community. Support for individuals, groups and communities at risk of suicide are required, offering effective and acceptable responses which reduce their level of risk.

The National Picture:
Suicide is rising, after many years of decline suicide rates in England have increased steadily in recent years. In England one person dies every two hours as a result of suicide.

There were 6233 suicides of over 15 year olds registered in 2013, 252 more than in 2012. Suicides in males is more than three times more likely than females.

Suicide remains the leading cause of death for men between 20 and 34 in England, representing 24% of all deaths in 2013.

According to national and international research the total cost to society of suicide has been estimated as being around £1.67 million per case[3]. This consists of both the individual costs (the services used by the individual leading up to and immediately following the suicide) and indirect costs (time lost from work and human costs due to lost years of disability free life and the costs to the family.

The national strategy for preventing suicide was published on 10 September 2012. This states that suicide is a major issue for society and a leading cause of years of life lost. Suicide is not inevitable; there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. **(***Preventing Suicide in England – A cross –government outcomes strategy to save lives HM Government 2012*

The Local Picture

Data on Southampton's suicide deaths is taken from two sources; firstly work undertaken with the Coroner's office looking at individual case files using a standardised data collection form, and secondly the Office for National Statistics (ONS) death registrations. The coroner's data only covers suicides amongst Southampton residents that occurred within the city, whereas the ONS data includes data on suicides amongst Southampton residents wherever they occurred.

A suicide audit (see 5 Supporting Evidence) is the systematic collection of local data on suicides in order to: learn lessons, facilitate our understanding of those most at risk and the context of the local suicide, to target suicide prevention strategies appropriately.

The benefit of local collection of this data in particular is that it will enable us to review available information on risk factors associated with each case such as mental health service use, long term conditions, drug and alcohol use and other factors that are not available from national data.

The number of deaths from suicide in Southampton is relatively small and due to year on year variability, the confidence intervals around suicide rates is large. Data is aggregated over three years to increase statistically validity of analysis. By pooling the data we also aim to protect anonymity.

The ONS information shows Southampton as high when compared to its statistical neighbours and England averages in terms of death by suicide.

Priorities

An engagement event attended by over forty stakeholders was held at the end of 2015. Feedback from this event, national and local evidence have helped shape the suicide prevention plan.

[3] An Economic Perspective on suicide across five continents. McDaid,D and Kennelly B. 2009

Priority 1. Reduce the risk of suicide in high risk groups
The national strategy identified the following high risk groups as priorities for action:

- Young and middle aged men
- People in the care of mental health
- People with a history of self-harm
- People in contact with the criminal justice
- Specific occupational groups such as doctors, nurses, veterinary workers and farmers.

A year after the national suicide prevention strategy was launched the government published their *One Year On* report which identified that middle age men were now the group with the highest suicide rate. This report also suggested that Children and Young People should also now be a particular focus for national prevention work.

The Southampton Suicide Prevention Steering Group have identified the following groups as being of particular concern in Southampton:

- Men aged 35-49
- Older men
- Those in contact with mental health services
- Those living in social isolation

Priority 2 – Tailor approaches to improve mental health and wellbeing in Southampton
The following groups may need additional support to improve their mental health and wellbeing (this list is not exhaustive)

- People living with long term physical health problems
- People with untreated depression
- Care Leavers
- LGBT
- People who are especially vulnerable due to social and economic circumstances.

Not everyone who has a mental illness will be suicidal and not everyone who takes their own life will have been diagnosed with a mental illness. Therefore as well as ensuring that mental health services provide the best possible support to those they come in contact with, wider support to improve the mental health and well-being of the general population is needed.

The Be Well Public Mental Health strategy is designed to improve mental health across the whole of Southampton. As well as helping people stay well, it focuses on ensuring that people with mental health needs get the care they need. This is also a main focus of the Mental Health Matters work currently being conducted by the CCG.

Reducing stigma and raising awareness of mental illness, can have a tremendous

impact and the Suicide Prevention Group will continue to work on the Anti-Stigma campaign in partnership with national Time to Change. A recent public event, where a Time to Change village was present as part of Skyride showed that 63% of people interviewed felt that stigma in the city had reduced in the last five years.

Priority 3 – Reduce access to the means of suicide
Research has shown that work to reduce the availability and lethality of suicide methods is effective in preventing deaths. Suicidal intent can fluctuate with time and therefore actions which make it more difficult for people to take their own life can prevent deaths by deterring suicide until the level of intent subsides.

At the national level restrictions on the amount of paracetamol products which can be bought in one transaction and the fitting of catalytic convertors on cars as standard have been credited with reducing the number of suicides by poisoning and inhalation respectively.

At a local level public health liaises with Southern Health and British Transport Police (BTP), two organisations who continue to take action to make it more difficult for individuals to take their own lives. For example Southern Health undertake regular audits of their wards to reduce the number of ligature points and BTP monitor incidents at stations , identifies hotspots and provides suicide prevention training to staff.

Priority 4 – Provide better information and support to those bereaved or affected by suicide.
Suicide can have a profound effect on the local community. As well as immediate family and friends many others will be affected in some way.

As part of ongoing work support should be provided that is effective and timely and have in place effective local responses to the aftermath of a suicide.

The Department of Health has recently reviewed and updated Help is at Hand. This provides advice and information for anyone directly affected by suicide. A charity that has recently set up in Southampton has suggested a more localised version of this information would be beneficial.

Health professionals, police and others also need to be sensitive when dealing with family, friends and carers of the deceased.

Priority 5 – Support the media in delivering sensitive approaches to suicide and suicidal behaviour
There are two key aspects to supporting 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.
- Continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services.

The Samaritans have developed helpful guidance for the media on the reporting and portrayal of suicides. Members of the local Suicide Prevention Steering group

should encourage local media to adopt this guidance, and help them improve their coverage.

It is also important that the media is supported to raise awareness to prevent suicides. For example campaigns focused on world Suicide Prevention Day could be promoted each year.

Priority 6 – Support research, data collection and monitoring
Ensuring that there is reliable and timely data on suicides is vital to any suicide prevention work. As well as ONS data and information collected during the suicide audits. The Group should investigate using other data sources that are not routinely or systematically reported. This could include ambulance, Police and Network rail data. There are plans to increase partnership working across Public Health Teams in Wessex to develop a bigger local picture.

(All the above priorities are incorporated into a Suicide Prevention Action drafted by members of the Southampton Suicide Prevention Steering Group).

5 Key Actions

Southampton Suicide Prevention Action Plan 2016/17
(SPSG = Southampton Suicide Prevention Steering Group)

Priority 1: To reduce risk in key high risk groups

Target suicide prevention work: These groups have been shown to be at high risk in Southampton

- Men aged 35 – 49
- Older men
- Those in contact with mental health services
- Those living in social isolation

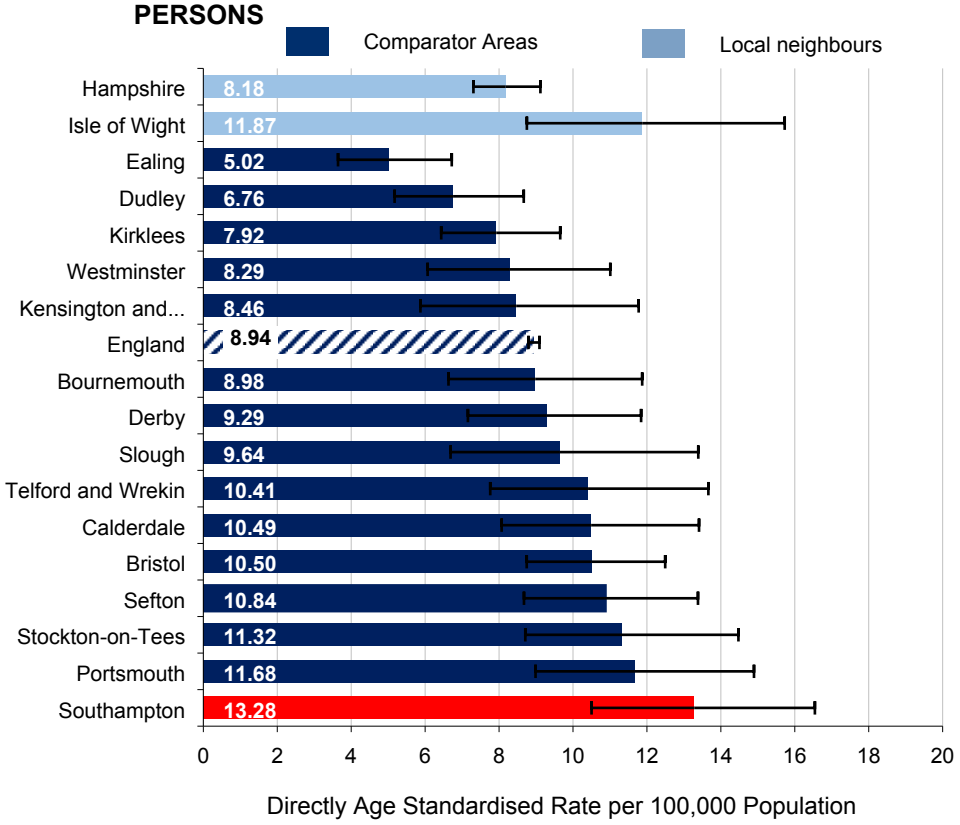
Action Needed	Lead agency/contact	Estimated completion date
1. Promote Steps to Wellbeing (IAPT) to these groups.	Steps to Wellbeing (Dorset Healthcare)	Ongoing
2. Reflect these groups in the refreshed “Be Well” public health strategy.	Public Health	March 2017
3. Explore new initiatives to respond to loneliness and social isolation.	Community Solutions Group	March 2017
4. Improve risk assessment and safety/crisis planning for people with mental health problems.	SHFT	January 2017
5.Improve response to people with comorbid SMI and substance misuse	SHFT	April 2017
6. Improve crisis response for mental health issues (crisis lounge etc.)	SHFT	April 2018

7. Improve therapeutic input for people with severe mental health problems (PD service)	CCG/SHFT	April 2019
Priority 2: Tailor approaches to improve mental health and wellbeing in specific groups		
The following groups may need additional support to improve their mental health and wellbeing.(This list is not exhaustive) • Looked after children • Care leavers • People living with long term physical health problems • People with untreated depression • People who are especially vulnerable due to social and economic circumstances • LGBT		
Action Needed	**Lead agency/contact**	**Estimated completion date**
1. Investigate the provision of prevention and early help for secondary school pupils in the light of big lottery funding decision.	SCC	TBC
2. Develop a campaign to raise awareness of mental health issues amongst men.	SPSG Southampton anti-stigma group	April 2017
3. Continue to roll out Five Ways to Wellbeing campaigns	SCC comms and SPSG	Ongoing
4. Improve the knowledge and confidence of front line staff who are in contact with people who may be vulnerable because of social/economic circumstances.(Training) (e.g. DWP, debt advice, housing and benefit advice)	Public Health	Training to housing staff commences August 2016
5. Host a local suicide prevention conference.	Public Health	October 2016
6.Scope support available for the LGBT community and make recommendations	Southampton University, Solent University, Public Health, Red Lipstick	December 2017
Priority 3: Reduce access to the means of suicide.		
Action Needed	**Lead agency/contact**	**Estimated completion date**
1. Reduce access to ligature points in inpatient units.	Southern Health	ongoing
2. All agencies to work together to identify and manage hotspots for both completed and attempted suicides.	SPSG and Police, BTP, Network Rail, SCAS, Healios	Ongoing

3. Work with planning and developers to include suicide risk in health and safety considerations when designing multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities.	SPSG	ongoing
4. Identify and respond to new or unusual suicide methods.	SPSG	ongoing
Priority 4: Provide better information and support to those bereaved by suicide		
Action Needed	**Lead agency/contact**	**Estimated completion date**
1, Ensure that the support pack "Help is at Hand" is distributed and available to all appropriate agencies (e.g. police, health).	SPSG	Ongoing
2. Work with local agency Red Lipstick in developing a local resource to support those bereaved by suicide.	Public Health, Coroner's office, Southern Health	July 2017
Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour		
• Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.		
Action Needed	**Lead agency/contact**	**Estimated completion date**
1. Encourage the inclusion of details of local support organisations and helplines in any coverage of suicide deaths.	SCC media team	December 2016
2. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.	SCC media team, Samaritans	December 2016
Priority 6: Support research, data collection and monitoring		
• Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention.		
Action Needed	**Lead agency/contact**	**Estimated completion date**
1. Continue to audit all Southampton suicides.	Public Health, Coroner's office	Ongoing
2. Suicide Prevention Group to identify key data sources on suicide attempts and self-harm.	SSPG	April 2017

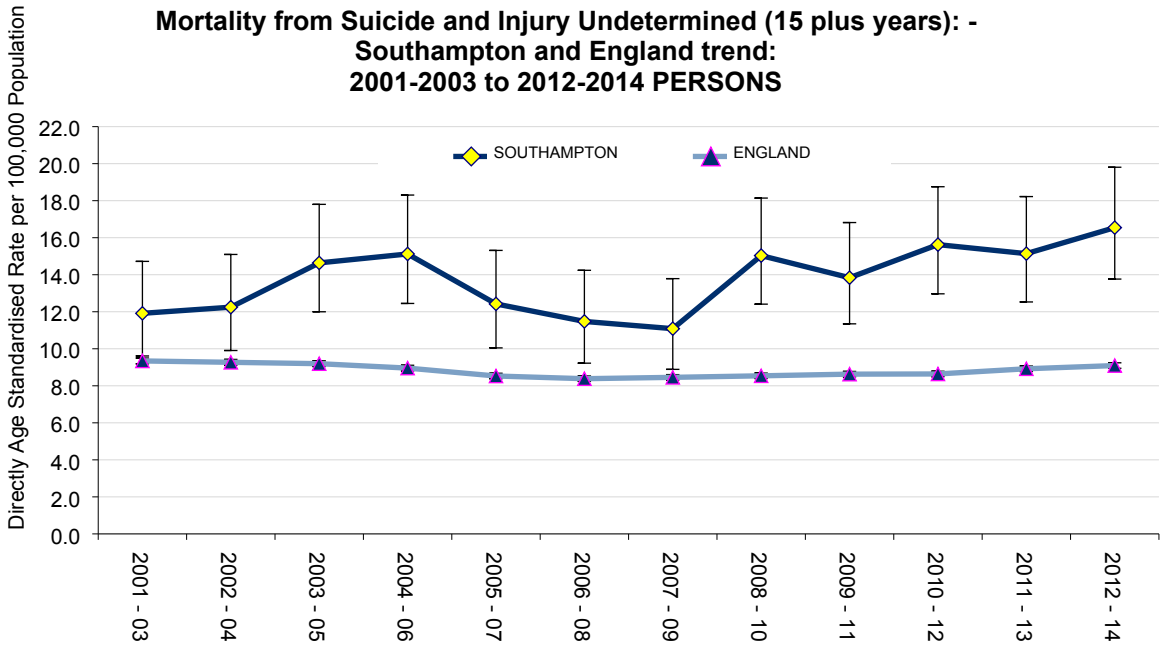
6 Supporting Evidence

Mortality from Suicide and Injury Undetermined (15 plus years): 2012-2014 (pooled)
Southampton & ONS Comparator Local Authorities: PERSONS



Source: Public Health Engl

Mortality from Suicide and Injury Undetermined (15 plus years): - Southampton and England trend: 2001-2003 to 2012-2014 PERSONS



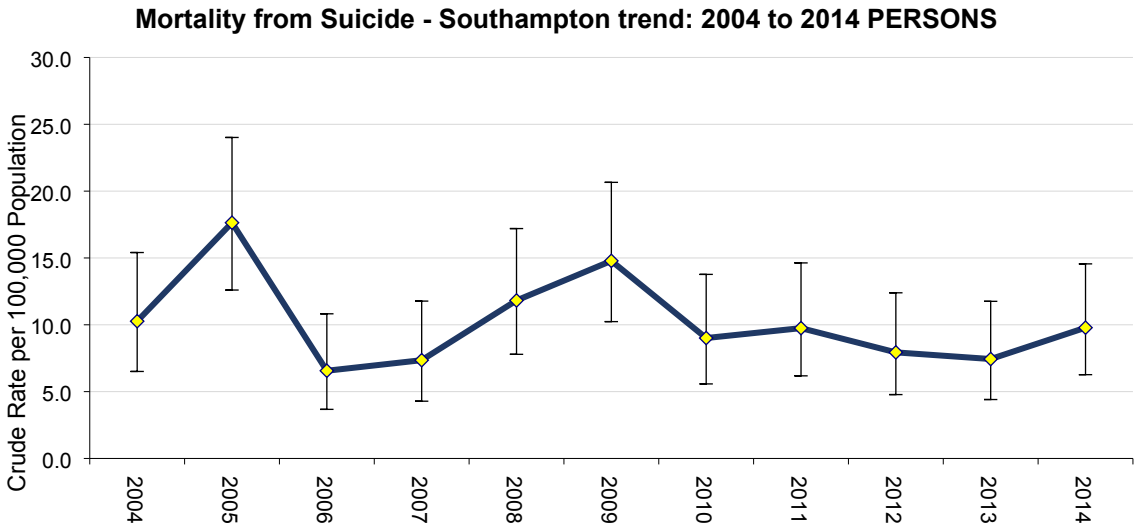
Source: Public Health England

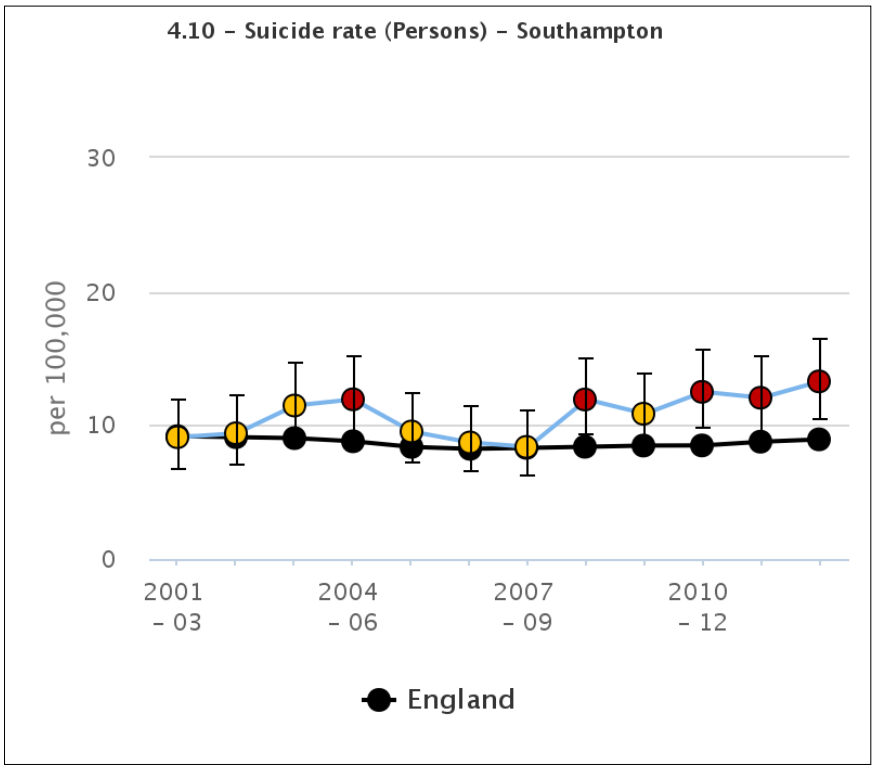
Southampton Suicide Audit Findings 2013 - 2015

Data from the Coroner's office show that there were a total of 60 deaths by suicide during the calendar years 2013 – 2015. (Not including child deaths). This compares to 63 deaths in the period 2010-2012

2013	18
2014	18
2015	24

The graph below shows the yearly number of deaths by suicide from 2004 – 2015.





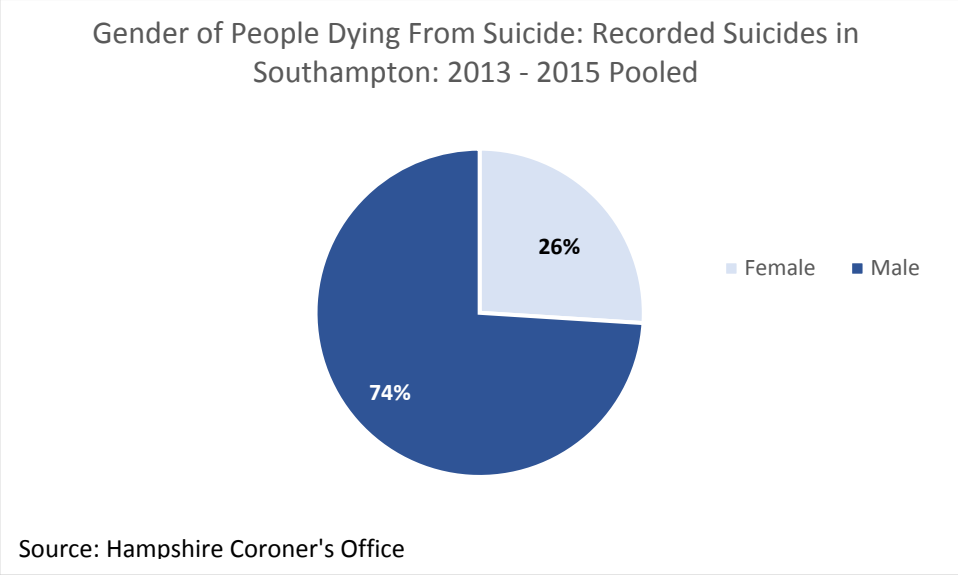
Source: Public Health England (based on ONS source data)
http://www.phoutcomes.info/search/suicide#page/4/gid/1/pat/6/par/E12000008/ati/102/are/E06000045/iid/41001/age/1/sex/4

Red = worse than England average so data indicates increase and worsening of figures relative to national average.

The **Southampton suicide audit** featured several people who had taken their own lives that actually stated that they did not want to be a burden on others and that they were incredibly lonely.

Gender

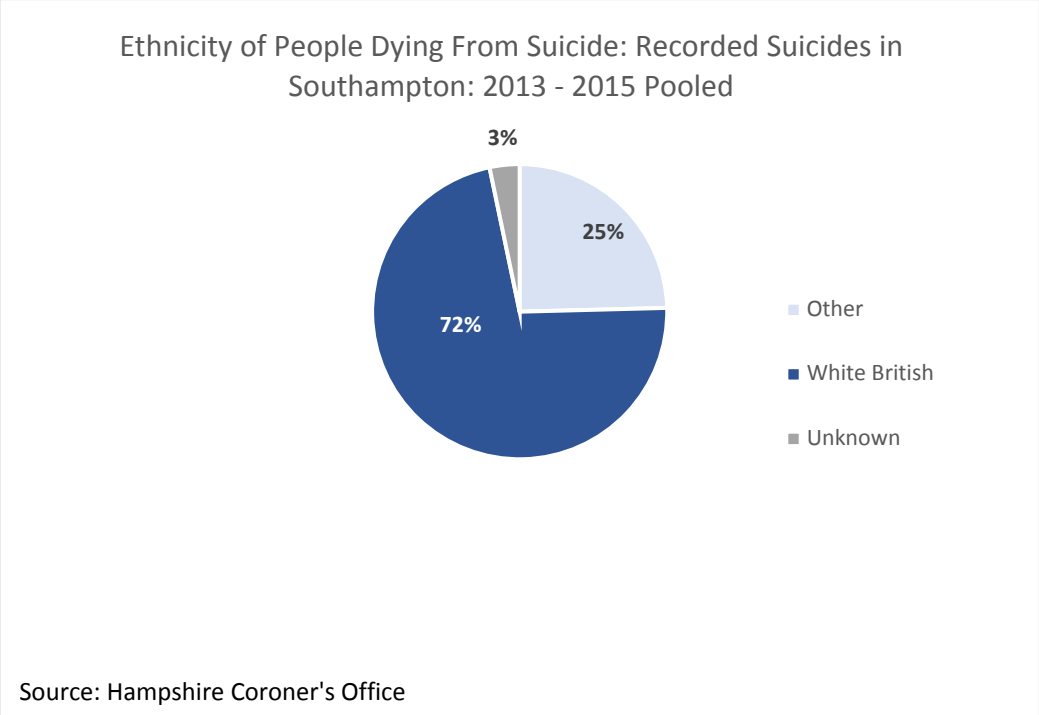
In common with the national picture more men than women take their own lives in Southampton. Over the period of this audit this equates to three quarters of male deaths and a quarter female.



Source: Hampshire Coroner's Office

Ethnicity

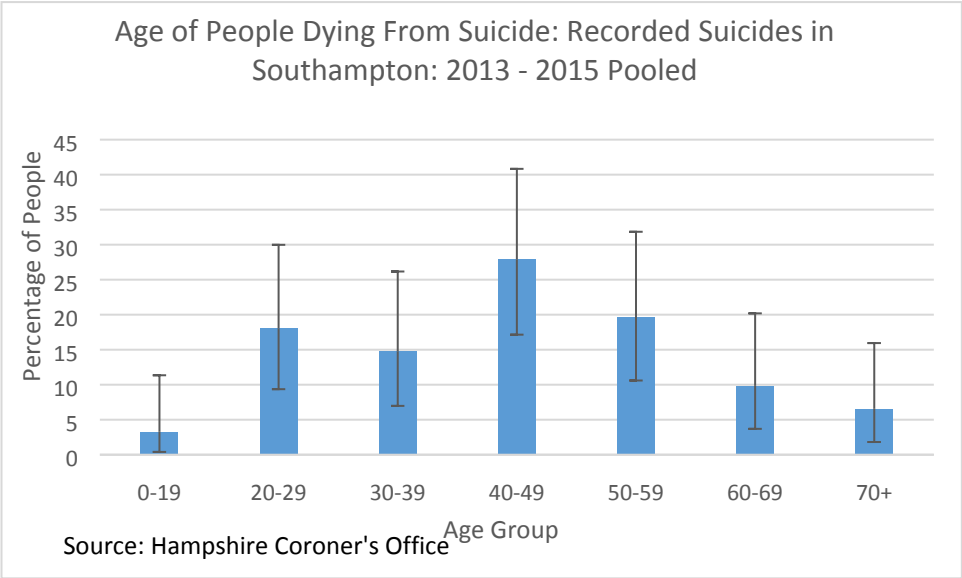
In terms of ethnicity 72% of people who died by suicide were White British this has changed from the last audit (2010-2012) when it stood at 89%, this could it part be due to the change in demographics in the City.



Source: Hampshire Coroner's Office

Age

National trends highlight a significant increase in the rate of suicides in people aged 40-59, which is reflected in Southampton, this age group accounts for nearly half of all deaths by suicide in the City.



Source: Hampshire Coroner's Office

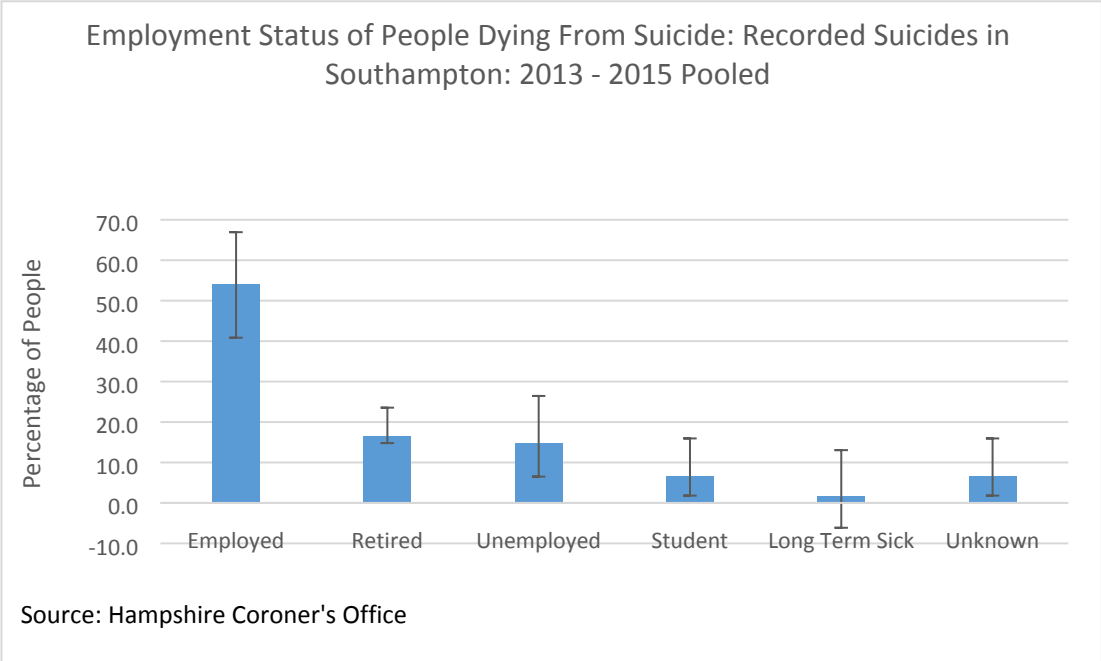
Housing status

In the previous audit 71% of all deaths by suicide were people living on their own, this has changed to just 47%.

Employment

In common with the 2010 2012 audit figures 60% of people who took their own lives were employed.

This varies across professions and includes employed, self-employed and casual workers

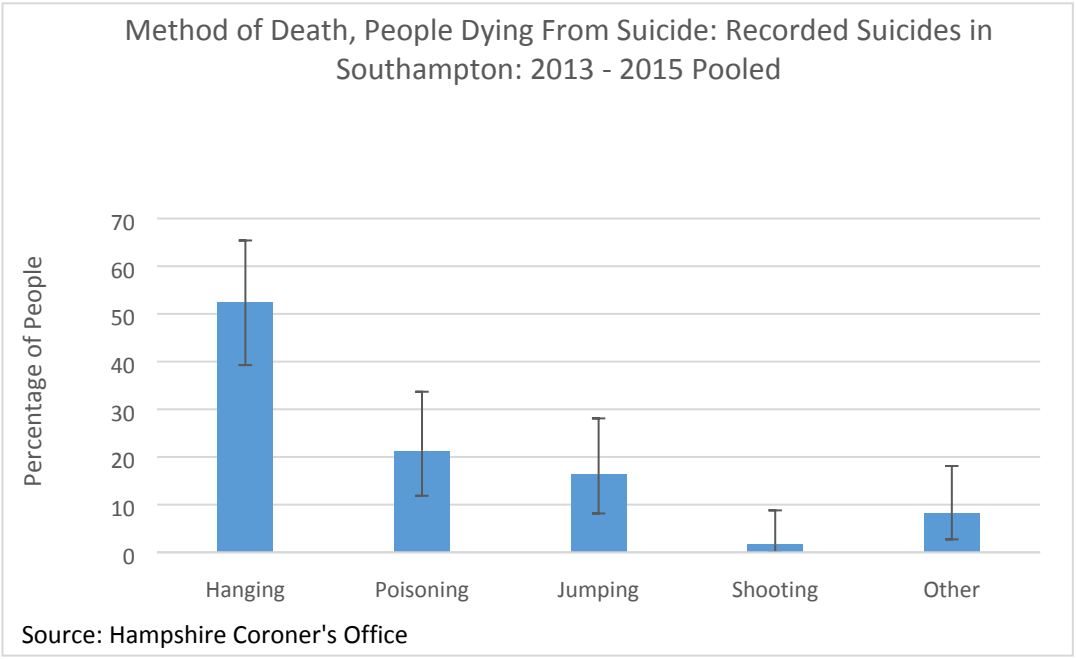


Source: Hampshire Coroner's Office

Method

Hanging remains the most frequent method of suicide. Women are now choosing to employ more violent methods, such as hanging or jumping than in previous years. Some suicides occur by jumping from height in a number of different locations. The number of people who die from jumping from the Itchen Bridge

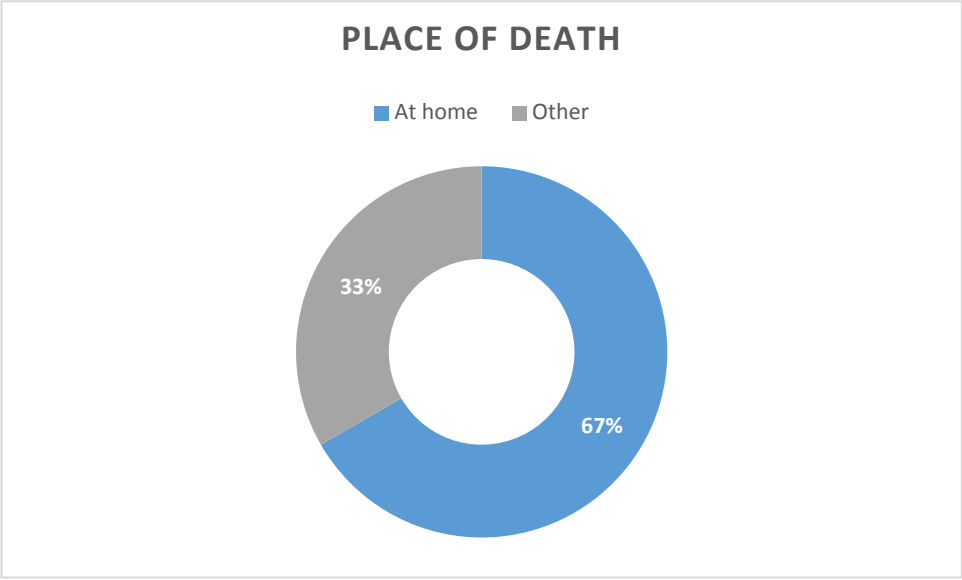
remains statistically low, however the perception that the number of people is much greater may be explained by the number of times the police are called as a concern for welfare.



Source: Hampshire Coroner's Office

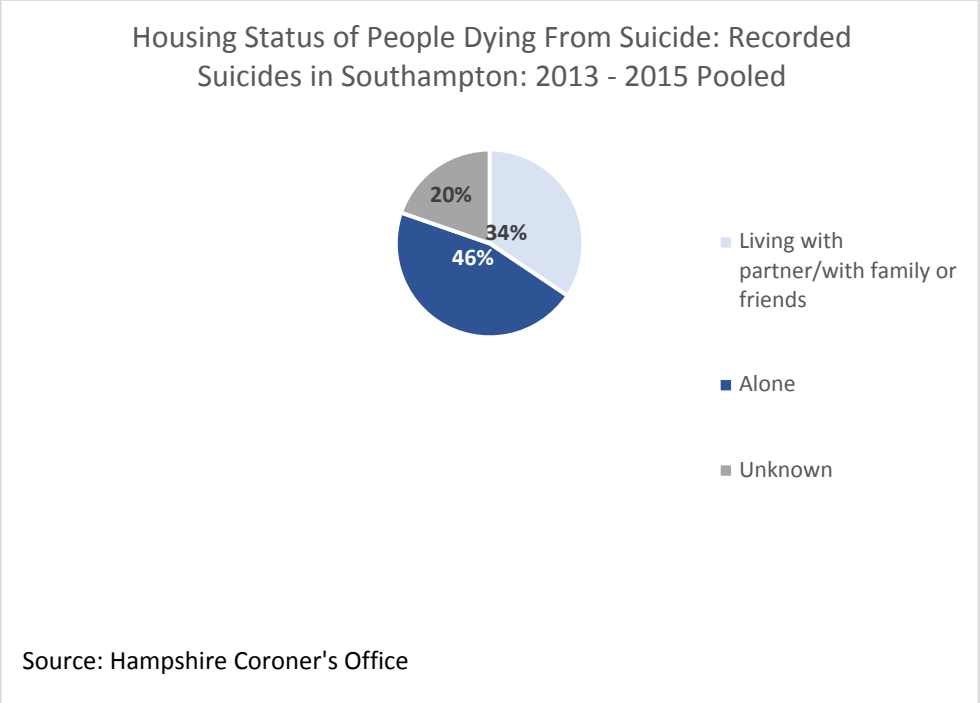
Place

The majority of people taking their own lives did so in their own homes. As a result direct intervention at the time of the incident is limited. Other suicides took place in woodland, or by jumping from tall buildings, bridges and on to railway lines.

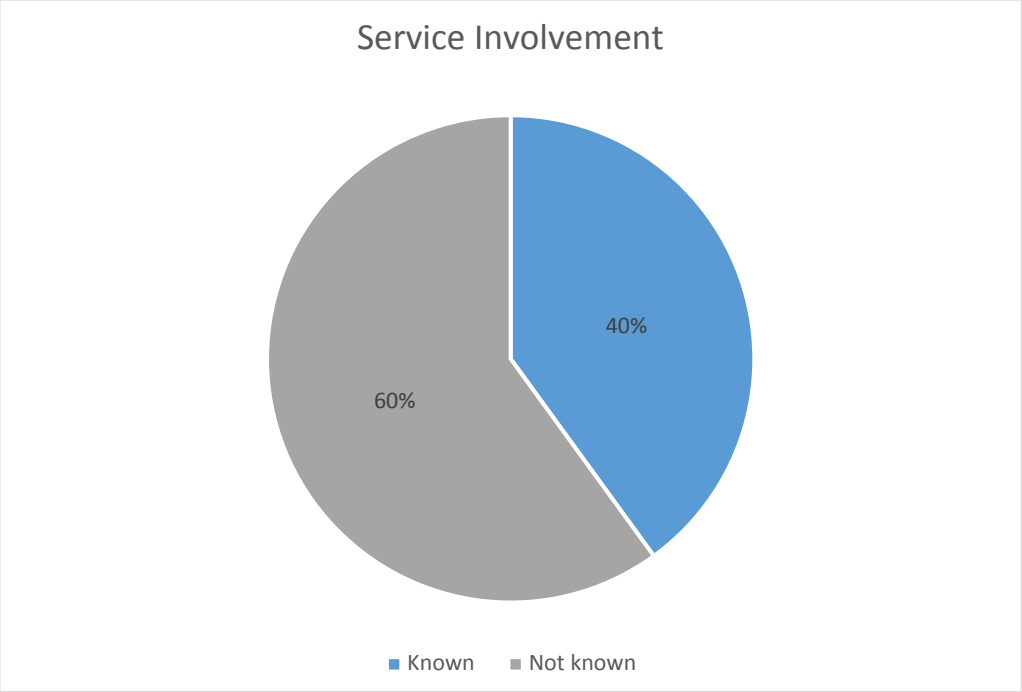


Known to services

From the records we could see that 40% of people were known to mental health services. This includes inpatients, community and IAPT. This is similar to the last audit where the percentage was 38%. There has been a slight increase with those engaged with the IAPT service.



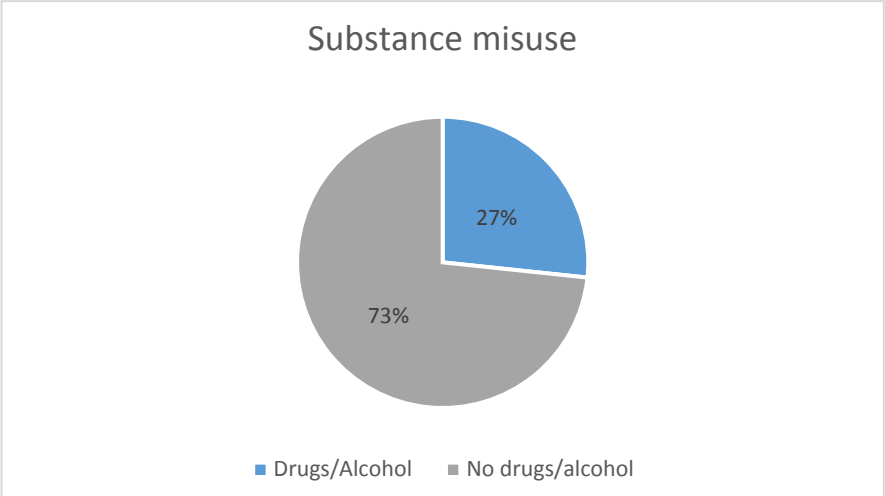
Source: Hampshire Coroner's Office



Drugs and/or alcohol

Under a third of cases were known to use drugs and/or alcohol to some extent. In the younger age groups this would appear to lead to impulsive behaviours which could impair their judgement.

A separate audit of drug related deaths in Southampton is also undertaken every year. This considers deaths where the underlying cause is poisoning, drug abuse or drug dependence and includes suicides as well as accidental deaths accidental and those judged to be as a result of dependent use of drugs.



Contributory Factors

In Southampton suicide notes and other information contained in the files the following factors were most frequently mentioned:

- Loneliness
- Chronic Pain/LTC
- Relationship problems
- Bereavement
- Not wanting to be a burden on others
- History of abuse
- Involvement with criminal justice system
- Debt

Nationally we are mindful of the impact of the recession, welfare benefit cuts and unemployment and its potential impact on suicide. However we are not yet seeing this as a major contributing factor in Southampton suicides.

The main reasons are the top three in the list above. Loneliness (across age groups and genders). Chronic pain – people actually stating that they can no longer live with the pain. Relationship problems again across all age groups.

Final document			
Version	5.2	**Approved by**	Southampton Suicide Prevention Group
Date last amended	11.11.16	**Approval date**	7 December 2016
Lead officer	*Sally Denley, Public Health, SCC.*	**Review date**	7 December 2019