

Suicide Prevention

Health and Wellbeing Board

Date: 25 May 2016

Author: Senior Public Health Manager, Swindon Borough Council
Wards: All
Locality Affected: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 Suicide prevention has been a long standing Public Health responsibility and is now the responsibility of the Local Authority. The All Parliamentary Group on Suicide and Self-Harm prevention recommends Local Authorities to undertake a suicide audit, develop an action plan and have a Suicide Prevention Reference Group. The Five Year Forward View for Mental Health for NHS England also recommends that all areas have shared suicide prevention plan by 2017 which is reviewed annual. This report updates the Health and Wellbeing board on the latest profile of suicide in Swindon and outlines actions being undertaken to prevent the occurrence of suicide.
- 1.2 Suicide is a major issue for society and a leading cause of years of life lost. In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact.
- 1.3 In Swindon a suicide audit has been carried out regularly since 2009 and the findings used to review and update a Swindon suicide prevention strategy. This work is overseen by the multi-agency Swindon Suicide and Self Harm Prevention Group. The 2016 – 2018 Swindon suicide strategy has been developed and informed by recent suicide audit.

2. Recommendations

The Board is recommended to:

- 2.1 Note the findings of the Swindon Suicide Audit and endorse the strategic recommendations
- 2.2 Recommend to Cabinet and the CCG Board that they note the Swindon Suicide Audit findings and endorse the recommendations and adopt the strategy.

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3. Detail

- 3.1 Suicide is a major issue for society and a leading cause of years of life lost. In England one person dies every two hours as a result of suicide.
- 3.2 The paper outlines the national policy context, the high risk groups and the local suicide prevention governance arrangements. It then reviews the suicide rates for Swindon in comparison to the national, South West and our comparator areas. In all measures the rate for Swindon is slightly higher than England and the South West but not statistically significantly different. It is also not significantly different from our comparator areas.
- 3.3 The suicide rates are reported in three year rolling averages as the numbers are relatively small and subject to large variation year on year which can be misleading if reported on an annual basis. For the past three time periods 2010 - 12, 2011 – 13 and 2012 -14 the suicide rate has risen in Swindon at a slightly higher rate than nationally. The rate has risen for both males and females but the rate for men is nearly three times higher than for women. 73% of deaths by suicide in Swindon were male.
- 3.4 The paper then looks at the local suicide data which shows that there are early indications are that the suicide rate in Swindon may have decreased since 2014. During 2012-14 there were more deaths than expected in younger people (15 -34 year olds) and those over 75 years. However, looking at a longer time period 2006 – 2015 the suicide rates are highest in 30 -34 year olds and 45 -49 year olds.
- 3.5 In Swindon the most common method of suicide for both men and women was hanging followed by poisoning. 77% of people were single, divorced or widowed and 43% were either unemployed, long term sick/disabled or retired.
- 3.6 Of the 108 suicides on the Swindon database (started in 2006), 50% had information recorded on history of self harm, 41% of these had either a life time history of, or had self-harmed in the recent past. 11% had self-harmed within the last 12 months. Swindon has one of the highest rates of emergency admissions due to self-harm in the country.
- 3.7 74% of those on the suicide database had a recording of alcohol use, 26% of those with an alcohol status had ingested alcohol at the time of death. Approximately, 15% had been in contact with secondary care mental health service.
- 3.8 The majority of deaths occurred at the individuals home address (68%) with 6% occurring on transport routes or at car parks.

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3.9 The suicide audit reports that those of non-heterosexual orientation are more at risk of suicide attempts and ideation. The suicide audit also highlights the inequalities experienced by men accessing mental health services. Women are more likely than men to access mental health services for common mental health problems (1 in 5 women and 1 in 8 men). Population-level indicators suggestive of difficulty, distress and disconnection reveal men to be the majority affected. 73% of those who “go missing” from home are men; 87% of rough sleepers are men, men are nearly 3 times more likely than women to become alcohol dependent or report frequent drug use. Men make up 95% of the prison population, have measurably less social support. Over 80% of children permanently excluded from school for behavioural difficulties are boys and boys perform less well than girls at all levels of education.

3.10 In Swindon there appears to be no correlation between deprivation and suicide. Further analysis was undertaken using mosaic analysis. Three mosaic groups accounted for 20% of those who died by suicide in Swindon since 2006. These were described as:

Q63 Streetwise singles: Hard-pressed singles in low cost social flats searching for opportunities;

L52: Midlife stopgap: Maturing singles in employment who are renting sort-term affordable homes;

J45: Bus route renters: Singles renting affordable private flats away from central amenities and often on main roads.

These three groups have commonalities in that they are singles, young/middle aged and are economically challenged.

3.11 The audit reviews key actions contributing to suicide prevention in Swindon currently. These include:

- Training in mental health first aid courses and suicide risk assessment
- The development of self-harm guidelines
- Raising awareness through the Mindful Employer Network
- The review of car park safety
- Participation in the Mental Health Crisis Care Concordat and the Zero Suicide Initiative.
- The development of the self-harm register at GWH, together with information packs on self-harm and postcard scheme.

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- Swindon Mind self-harm Counselling Service (formerly PASH) offer counselling to those over 16 who self-harm but also work with schools to raise awareness
- SOBS (Survivors of Bereavement by Suicide) meet regularly in Swindon , they run an annual suicide prevention conference and contribute to the suicide prevention group. They have an initiative to target men who have been bereaved by suicide.
- A review of discharge planning from AWP and an AWP review of prescribing psychiatric medications.
- The development of a perinatal mental health pathways
- Working group established to look at transitions from CAMHS to adult services.
- A men only LIFT psychology course and support by LIFT for those with long term conditions.
- Street triage project linking the police and mental health services,
- Swindon and District Samaritans offering core services and visiting schools and the Job Centre, providing follow up calls to those attending A&E for self-harm
- Health Ambassadors, Community Navigators and Circles of Support all contribute to tackling social isolation. The Street Pastors are active on Friday and Saturday nights. Treehouse Wiltshire provides bereavement support to those aged 0 -25 yrs.
- British Transport Police have linked to our local suicide prevention group and lead on prevention of deaths on the railway.
- Citizen's Advice provided debt advice to over 3000 people in Swindon. Debt is a substantial risk factor for suicide. In addition the Swindon Welfare Benefits and Strategy Group reviews what support can be put in place to mitigate against the negative impact of welfare reforms.
- Links have been made between the suicide prevention group and the Homelessness strategy group led by Swindon Borough Council.
- The Alcohol Support and Advice Project, Street Drinker Project and Dual diagnosis group (Mental Health and Substance misuse) all contribute to supporting groups that are vulnerable to suicide.

Many of the above initiatives target men and the issues that cause men to become at risk of suicide.

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Suicide Prevention Recommendation's

- 3.12 The overarching recommendation is to continue to improve the mental health of the population of Swindon as a whole and to ensure access to high quality mental health services for all those who require them, and particularly those with a history of self-harm and/or recorded suicide intent. This should be done through the implementation of recommendations from the two Swindon Mental Health Joint Strategic Needs Assessments - one for adults and one for children and young people, as well as the national mental health and suicide prevention strategies. The needs of those with a non-heterosexual orientation should be a particular consideration as this report highlights the higher rates of suicidal ideation and attempts for these groups.
1. Ensure that all those working with high risk groups continue to have access to appropriate training on suicide and self-harm, including those working in schools and colleges, emergency departments, other emergency services, primary care, care environments and the criminal and youth justice systems. Six, two day ASIST suicide prevention training courses will be rolled out over 2016-2018.
 2. Focus mental health promotion and suicide prevention interventions on boys and men. Interventions should be targeted through community locations as well as health settings. The aim is to engage more effectively with men including those who are homeless or suffering from substance misuse issues. This would include the Survivors of Bereavement by Suicide SOBS initiative to engage more with men bereaved by suicide.
 3. Review the Self-Harm Register in the GWH Emergency Department and use data to inform the Swindon suicide audit and prevention strategy. This will include a register for Children and Young People. In conjunction with this a task group to reduce emergency hospital admissions for self-harm will be set up to tackle the high rates in Swindon.
 4. Review substances used for self-poisoning and where possible reduce access to these substances.
 5. Ensure that mental health needs are given equal consideration to physical health needs in those with a long-term health condition, and provide support for self-management and self-care which supports mental wellbeing as well as physical health.
 6. Support campaigns and initiatives to reduce loneliness and social isolation.
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Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, fmayes@swindon.gov.uk.

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7. Work with planners and developers in Swindon 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.
8. Address the suicide risk associated with homelessness through the establishment of Homelessness forum and links to the homelessness strategy 2016-21.
9. Provide better information and support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviour and support research, data collection and monitoring including:
 - Work with the local media in Swindon to encourage responsible reporting of stories around suicide and self-harm and to provide information about sources of support and helplines when reporting suicide and suicidal behaviour.
10. Ensure that interventions implemented as a result of these recommendations are evaluated and learning shared in Swindon and nationally in order to develop the evidence base on what works in suicide prevention.
11. Thematic lessons learnt from agencies route cause analysis of deaths by suicide are shared where appropriate with relevant agencies.

4. Alternative Options

- 4.1 Not to endorse the recommendations.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Any recommendations made in this report can be resourced within current budget allocations. Where additional resources may be required the appropriate business case will be prepared.

Legal and Human Rights Implications

- 5.2 None.

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All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None.

Diversity Impact Assessment

5.4 All key diversity groups have been considered whilst undertaking this piece of work. The report specifically highlights issues regarding gender, age, disability (particularly long term conditions), sexual orientation which have specific implication for suicide prevention.

Risk Management

5.5 None.

6. Consultees

6.1 This is a multi-agency document with input and consultation from: Police, British Transport Police, Swindon CCG, AWP mental health services, Survivors of Bereavement by Suicide (SOBS), LIFT Psychology, Salvation Army, Mind Self Harm Counselling Service, CGL (substance misuse service), Oxford Health Children and Adolescent Mental Health Service, Great Western Hospital, the Samaritans.

6.2 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Swindon Suicide Audit, Strategy and Recommendations 2016 – 2018.