

BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

Swindon Locality

9th October 2019

Author: Director of Public Health
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1** 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 a shared suicide prevention plan which is reviewed annually. This suicide and self-harm prevention strategy is split into two parts. The first three sections cover suicide and self-harm prevention across the B&NES, Swindon and Wiltshire Partnership and section four onwards looks in more detail at the Swindon locality. Recommendations in the attached draft action plan will be reviewed across the partnership and worked on together where synergies exist.
- 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. For every death, another 6 – 60 people are thought to be directly affected and the economic cost is high. For every suicide nearly £1.7 million is lost in things like productivity and caring for those left behind.
- 1.3** In Swindon a suicide audit has been carried out regularly since 2009 and the findings used to inform the suicide and self-harm prevention strategy. This work is overseen by the multi-agency Swindon Suicide and Self Harm Prevention Group. This 2019 - 23 suicide and self-harm prevention strategy has incorporated the suicide/self-harm audit and accompanying action plan. It is based on figures released prior to September 2019.

2. Recommendations

The Board is recommended to:

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

3. Detail

- 3.1** The premise for this document is that at a population level suicide and self-harm is preventable. At a BSW PARTNERSHIP (B&NES Swindon and Wiltshire) level and local level we are committed to reducing the rate of suicide throughout B&NES, Swindon and Wiltshire.

Every suicide is a tragic event and has devastating impacts on families, friends and communities.

All partners within the BSW Partnership suicide prevention network are committed to:

- *Reducing suicide, attempted suicide and self-harm.*
- *Ensuring that no one will think that suicide is their only option*
- *Tackling the stigma associated with suicide*
- *Supporting those who are affected by suicide.*

The national ambition to reduce the suicide rate by 10 per cent by 2020/21 has been set by the Independent Mental Health Taskforce in the Five Year Forward View for Mental Health. The BSW Partnership will strive to achieve this by 2020/21 and exceed this target by the end of the strategy in 2023.

3.2 Key Issues:

3.2.1 Suicide rates

The table and chart below show that for the latest reporting period 2015 -17 all three local authority areas had a lower suicide rate than the regional average for the South West. B&NES had a slightly higher overall rate than the national average although lower than the South West region. This was due to a higher rate of female suicides. In Wiltshire the overall rate was slightly lower than the national average but for females was slightly higher. In Swindon the rates were slightly below the national and regional averages overall and for males and females. None of the differences are statistically significant.

Suicide rates per 100,000 for the latest reporting period 2015 -17 for persons (overall), Males and Females.

Local Authority	Persons	Males	Females
B&NES	10.1	14.3	6.2
Swindon	7.8	11.3	4.3
Wiltshire	8.9	12.5	5.5

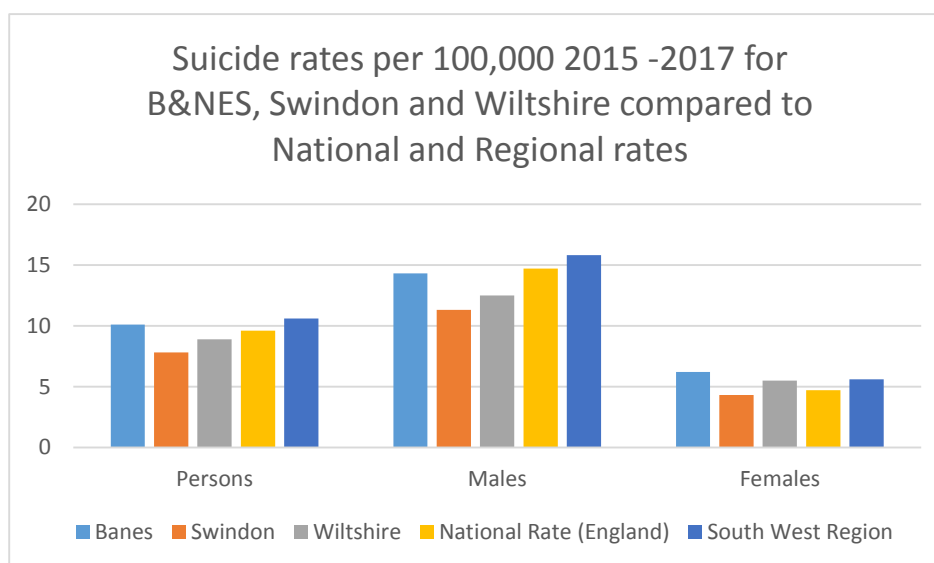
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National Rate (England)	9.6	14.7	4.7
South West Region	10.6	15.8	5.6

A chart showing the suicide rates per 100,000 (2015 -2017) for B&NES, Swindon and Wiltshire compared to the national and regional rates.



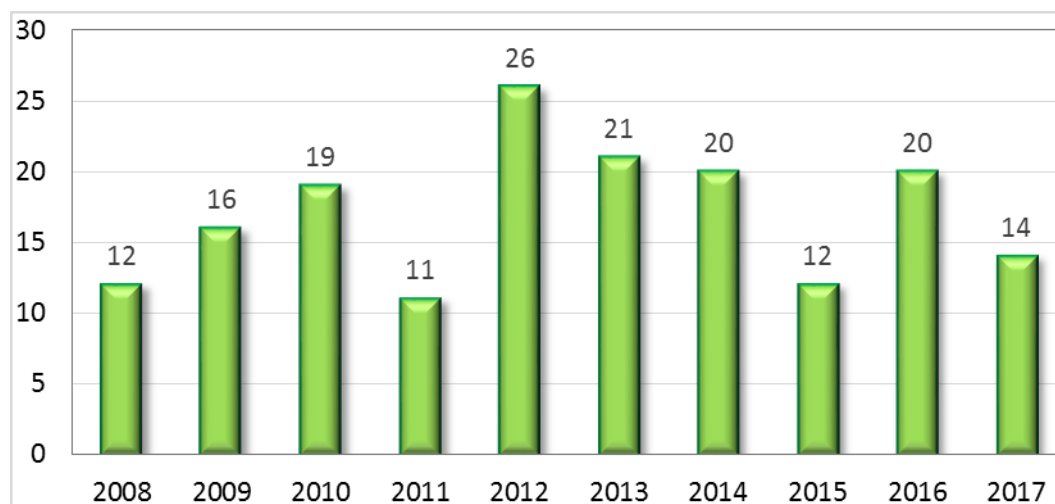
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A more detailed review of Swindon deaths shows that the rate varies year by year but since 2012 there has been a down trend.

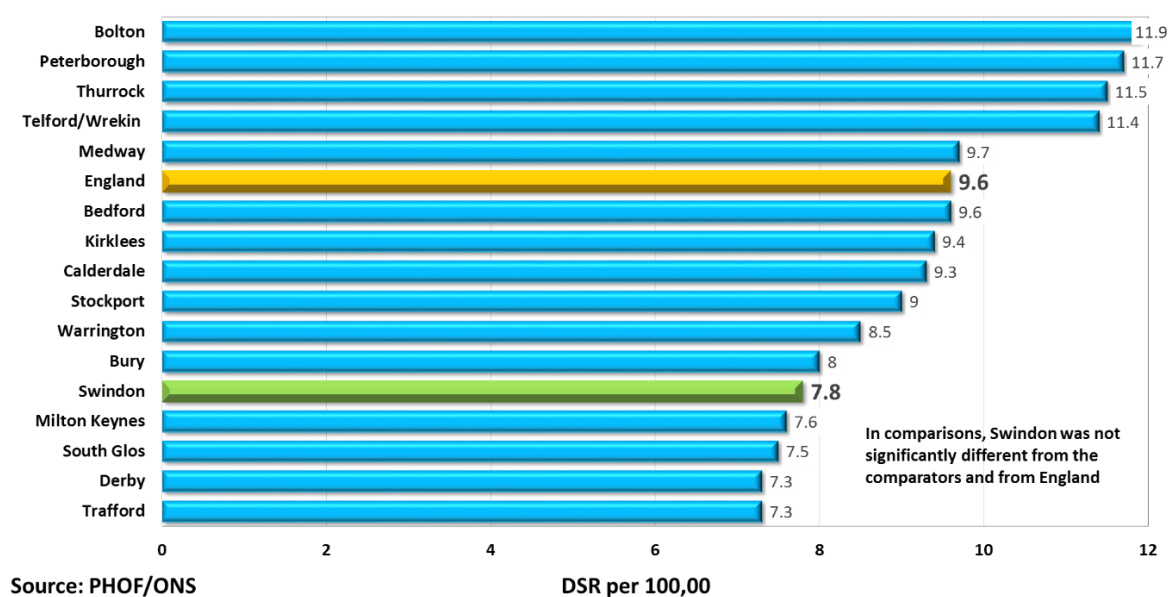
Number of Suicides in Persons in Swindon UA by Year 2008 to 2017.



Source: ONS

The chart below shows the Swindon suicide rate for all ages against Swindon comparator towns. This shows that the Swindon compares favourably to most of our comparators towns with the fifth lowest rate out of 16.

Suicide Rates for 2015-2017 for Swindon UA, Swindon's comparator towns and England. Directly Standardised Rates per 100,000.



Further information on the subject of this report can be obtained from Frances Mayes (FMayes@swindon.gov.uk)

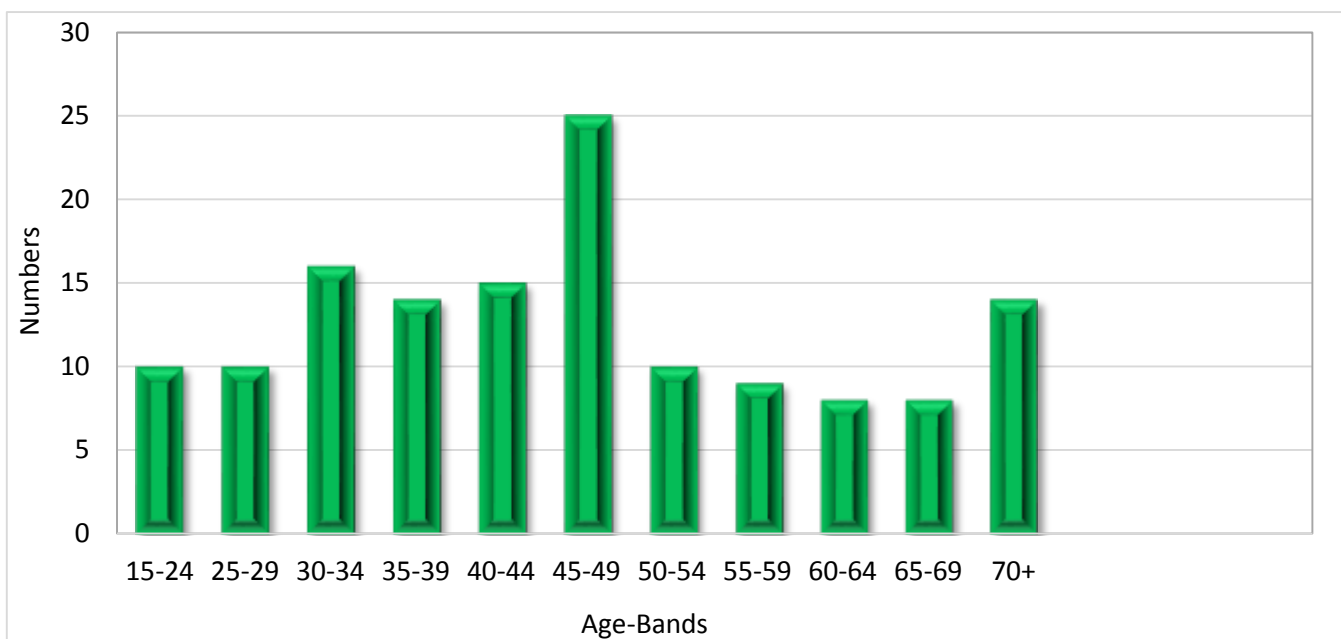
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The graph below shows a spike in numbers of suicides in Swindon in people in their forties, with men accounting for the majority of these suicides. Suicide is the biggest killer of men under the age of 50.

Suicide Deaths by Age-bands in Swindon between 2008-2017 (total = 139).



Source: Suicide Audit Database/Wiltshire Coroner

Only 21% of deaths by suicide occurred in those who were married or cohabiting. In line with national figures this appears to be a protective factor with regard to suicide.

The most common method of suicide was by hanging and then self-poisoning. 62% of deaths were by hanging and 20% by self-poisoning. Females are more likely to die by self-poisoning than males.

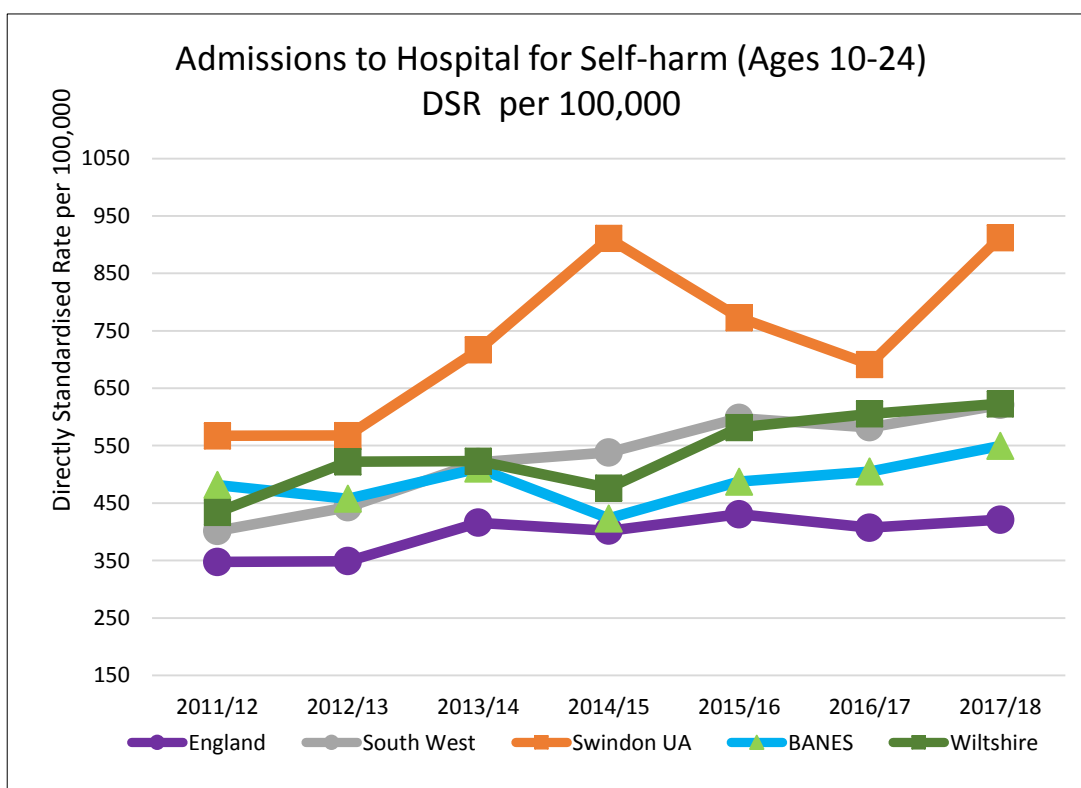
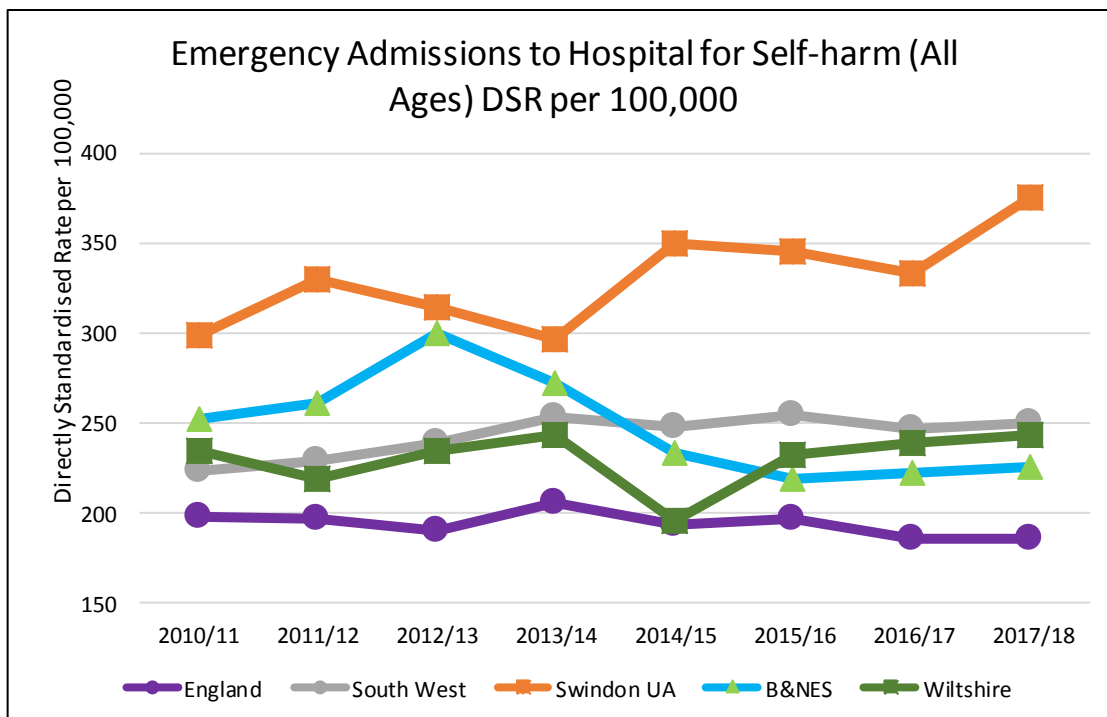
3.2.2 Self-harm Rates

The charts below show the hospital admission rates for self-harm for each of the local authority areas against the national and regional rates per 100,000. It can be seen that the admission rates in Swindon are particularly high and although they had fallen slightly from 2014/15 in the last year they have increased again. The fall in admission rates for those between the age of 10 – 24 years for Swindon fell at a greater rate but again in the last year have increased. Admission rates for all ages for Wiltshire have slightly increased over the last couple of years and there has been a very slight increase in admissions for B&NES.

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4. Priorities and key recommendations

The priority areas for Swindon have been built around the seven recommendations in the national suicide prevention strategy. The following section will outline recommendations to address these priorities. Further detail can be found in the action plan in appendix 2.

4.1 Reducing the risk of suicide in high risk groups

4.1.1 People in care of mental health services

National dataⁱ*Error! Bookmark not defined.* showed that from 2006-2016, nearly a third of all suicides were by mental health patients. Patients are at particular risk in the first two weeks post-discharge.

- Continue to implement the AWP Suicide Prevention Strategy (2017-2020) for adult mental health service patients, and the Oxford Health Self-Harm and Suicide Prevention Strategy (2018 -2021) for children and young people's mental health service patients.
- Following death of a patient by suicide, Swindon CCG, SBC Public Health and service providers should work more closely in partnership to review these deaths and share lessons learned.
- As recommended in the national suicide prevention strategyⁱⁱ, promote the Information Sharing and Suicide Prevention Consensus Statement, published by the Department of Health in 2014, which encourages health professionals to share information about someone at risk of suicide with family members and friends.

4.1.2 Specific occupational groups, such as doctors, nurses, veterinary workers, agricultural workers and construction workers

Risk of suicide and self-harm is higher among those who are unemployed. However, evidence also indicates that certain occupational groups including doctors, nurses, veterinary, agricultural and construction workers are at a higher risk of suicide.

- Raise awareness of suicide risk among high risk occupational groups in Swindon, and signpost to local mental health support available.
- Continue to work with employers through the Mindful Employer Network to promote mental health in the workplace, and continue to promote and expand this network.

4.1.3 Young and middle aged men

Despite an encouraging reduction in suicide rates amongst men over the past four years both nationally and locally, suicide is the biggest killer of men under the age of 50. Men in Swindon are just under three times more likely to take their own life than women. The suicide rate is highest among men in mid-life (35-64 years), particularly among those in their forties, compared to other age groups. Researchⁱⁱⁱ has shown that men are less

likely than women to seek help for mental problems and that stigma associated with such problems acts as a major barrier to seeking help.

- Raise awareness of and tackle the stigma around mental health problems among the public, particularly men, through implementing national and local campaigns in Swindon. Examples of national campaigns to raise awareness around mental health and tackle stigma include Time To Change (led by third sector organisations Mind and Rethink Mental Illness and funded by the Department of Health, Comic Relief and the Big Lottery Fund), and campaigns targeting men specifically such as the Men's Sheds Associations and the Campaign Against Living Miserably (CALM).
- Ensure that these campaigns target settings that are typically frequented by men, such as sport settings (as recommended in the national suicide prevention policy) like football clubs and barber shops. The workplace will also be a key setting in which to raise awareness of and promote mental health, given the spike in suicides in Swindon among men in their forties, and that there are more suicides among working people in Swindon, rather than unemployed people.

4.1.4 People in contact with the criminal justice system, substance misuse services and homelessness services

Although there is no prison within Swindon Borough Council authority area we do have a police custody unit and support those leaving prison through the local probation service. Research^{iv} has shown that 9 out of 10 people in prison have a substance misuse or mental health problem and that those released from prison are vulnerable and at risk. Local findings from Threshold Homelessness Health Needs Survey found that nearly 40% of those who were homeless in Swindon had had custodial sentences and many were using drugs or alcohol or in recovery. Over half of all deaths of homeless people in 2017 were due to three factors: accidents (including drug poisoning) accounted for 40%, suicides accounted for 13% and diseases of the liver accounted for 9%^v

- Continue to raise awareness among staff within the police custody unit, the local probation service, substance misuse services and homelessness services of mental health problems and encourage them to be vigilant for signs of suicide risk among clients/offenders.
- Ensure the above services have mental health, suicide and substance misuse risk assessment procedures in place, and that staff refer individuals identified as being at risk to community-based or secondary mental health support, and/or to Turning Point, Swindon's substance misuse treatment service provider, as appropriate.
- Target and offer people in contact with the criminal justice system, substance misuse services and homelessness services mental health support through outreach workers within community mental health and wellbeing services.
- Ensure that all mental health service providers and substance misuse service providers are aware of dual diagnosis issues, and have pathways and referral routes to work in partnership with individuals with dual diagnosis problems.

4.1.5 Lesbian, Gay, Bisexual, Transsexual (LGBT) people

Evidence shows that LGBT people are more at risk of suicide ideation and suicide. One study in the UK found that 34.4% of trans adults had attempted suicide at least once and almost 14% of trans adults had attempted suicide more than twice.^{vi} This higher risk of suicide is related to experiences of discrimination, including stigma, transphobia and bullying. These negative experiences occur in many trans individuals' everyday lives, whether at home, work or school. This stigma and discrimination, and the fear of it happening, can make individuals in this situation feel unable to reach out for help when they need it. LGBT people are twice as high as heterosexual people to attempt suicide and 1.5 times higher risk of depression and anxiety disorders and alcohol or other substance dependence^{vii}.

- Promotion and implementation of Public Health England and Royal College of Nursing guidance for Nurses on suicide prevention strategies with trans young people^{viii} and prevention suicide among lesbian, gay and bisexual young people^{ix}.
- Promotion of national and local resources for LGBT people
- Develop a workplace toolkit to help staff have informed conversations with LGBT people
- Develop a cross sector steering group to tackle inequalities and barriers to inclusion for the LGBT community.

4.1.6 Black and Minority Ethnic Groups

Nationally and locally there is little evidence on suicide risk in relation to Black and Minority Ethnic Groups. The coroner does not record this at registration of death so it is difficult to collect this data. Nationally they associate the prevalence of high levels of mental health for some BME groups as an indicator that they may be at higher risk of suicide although cultural issues may mitigate or exacerbate this. They point out that those who recently arrived in the country may need more support particularly for some groups such as asylum seekers or refugees. Locally we do not collect data on ethnicity (although we plan to try to obtain this from GP records in the future) but we do collect data on place of birth. Our records show that for 174 deaths currently recorded 27 had no record recorded and 22 were recorded with a place of birth outside England and 15 were outside the UK.

4.1.7 Children Looked After

Children looked after and young people leaving care are recognised as being at higher risk of self-harm and suicide than their peers. Swindon Borough Council has 340 children looked after (CLA) with approximately a third living outside Swindon Borough Council (August 2019). The Designated Nurse for children looked after is based in Swindon CCG and takes the strategic lead on improving the health outcomes for children looked after. There is a CLA Health Team, named nurse for children looked after and 2 specialist nurses. The emotional well-being of children looked after is screened using the Strength and Difficulties Questionnaire which is completed by foster carers, teachers and young people over 11 years of age and all those who have a high

score, indicating emotional difficulties, are discussed at a monthly multi-disciplinary meeting. The CLA health team have close links with the local CAMHS service and there is a process in place for Swindon CCG to commission CAMHS services for children placed outside of Swindon who require a CAMHS service.

4.1.8 People experience socioeconomic disadvantage^x

People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

Suicide risk increases during periods of economic recession, particularly when recessions are associated with a steep rise in unemployment, and this risk remains high when crises end, especially for individuals whose economic circumstances do not improve. Multiple and large employer closures resulting in unemployment can increase stress in a local community, break down social connections and increase feelings of hopelessness and depression, all of which are recognised risk factors for suicidal behaviour.

The risk of suicidal behaviour is increased among those experiencing job insecurity and downsizing or those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers.

Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent and admissions to hospital following self-harm are twice as high in the most deprived neighbourhoods compared to the most affluent.

People with financial problems, including debt, gambling and those in receipt of employment benefits:

- Job Centre Plus are delivering a robust approach to suicide prevention, from training staff to be Mental Health First Aiders and exploring external training such as Assist, to running their own staff learning on mental health awareness and safeguarding and resilience. They are also rolling out Continuous Professional Development sessions on suicide and self-harm for all staff and reviewing and enhancing their internal procedures for handling declarations of intent to attempt suicide and self-harm. Every Jobcentre also has Disability Employment Advisers (DEA) that support frontline staff in working with those with health conditions and disabilities and who often assist during crisis situations.
- Ensure Samaritans and other community mental health and wellbeing services are linked in with the Job Centre to support their clients.
- Guidance on harmful gambling from the Local Government Association and PHE^{xi} highlights that about half of people with gambling disorder (0.7% of the population aged 16 or over) have suicidal thoughts. Recommendations in this guidance for supporting those affected by harmful gambling should be explored.

- Ensure staff and volunteers in services accessed by socioeconomically disadvantaged individuals or groups are aware of the suicide risk and recognise, understand and respond appropriately to individuals who are in distress and may be suicidal

4.1.9 Those affected by the closure of Honda in Swindon

Recent announcements regarding the closure of Honda in 2021 may have a significant impact on the health and wellbeing of those directly and indirectly affected. A health and wellbeing working group has been established to mitigate some of the risks associated with such an economic change not just for Honda workers and their families but also employees and their families of businesses forming the supply chain to Honda.

4.2 Tailoring approaches to improve mental health in specific groups

The national suicide prevention strategy ^{vii} recommends implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may lead to higher risk of suicide. These groups include:

- children and young people
- the lesbian, gay, bisexual and transgender (LGBT) community
- people from Black and Minority Ethnic (BME) groups
- people with long-term physical health conditions
- people with untreated depression
- users of drug and alcohol services
- veterans
- perinatal mental health
- people in receipt of employment benefits.

4.2.1 The following recommendations are made to address mental health needs in vulnerable groups locally:

- Ensure community mental health and wellbeing service provision is inclusive and that vulnerable groups are specifically targeted with support by outreach workers.
- Work with primary care to upskill professionals on recognising and supporting those at risk of suicide.
- Ensure primary care professionals are aware of NICE guidance on depression ^{xii}.
- Continue to work in partnership to prevent mental health crisis where possible and ensure effective response when crises do arise in line the Crisis Care Concordat throughout Swindon and the B&NES, SWINDON AND WILTSHIRE PARTNERSHIP. The Junction Café will provide additional out-of-hours crisis care support in Swindon from 2019 for those who are known to AWP and are referred by Police or AWP.

4.2.2 Children and young people

- Ensure schools are aware of community mental health and wellbeing service provision, particularly for self-harm given the high rate of self-harm admissions among young people in Swindon.
- Review and promote self-harm resources available for children and young people, including the 'No harm done' resources, a series of films and toolkits that set out practical steps for young people, parents and health professionals to identify, understand and address self-harm that have been developed by the Department of Health and Social Care, the Royal College of Psychiatrists and third sector organisations.
- Roll out of the HarmLess tool developed by Oxford Health NHS Trust which provides guidance for those working with young people on having a conversation about self-harm, developing care plan and knowing when and where to refer/signpost. Ensure SENCo Champions, Designated teachers, Special Educational Needs and Disabilities Information and Advice Support Workers are specifically offered training
- Work with the Healthy Schools programme to have input into PSHE curriculum content around building mental resilience and to promote the use of MindEd web-based mental health educational resources for children and young people (as recommended in the national suicide prevention strategy).
- Implementation of the Trailblazer project which supports schools and colleges to improvement the mental health and wellbeing of pupils, students and staff.
- Continue to work with schools and other educational settings to promote awareness of and tackle stigma associated with mental health problems through training programmes for teachers and other staff, such as Connect 5, Mental Health First Aid (MHFA) and Emotional Literacy Support Assistant (ELSA) training.
 - Training should be guided by Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.
- Ensure the needs of those with Special Educational Needs are considered in the roll out of the actions above. Work with Special Educational Needs Coordinators and educational psychologists in schools to:
 - raise awareness of mental health and well-being of all pupils, particularly those identified with SEN
 - develop whole school approaches that centre around emotional literacy and resilience of all members of the school community, following findings that link these factors with high self-harm / suicide rates
 - provide structured supervision to all staff supporting 'at risk' students to ensure their resilience and emotional vulnerability is safeguarded
 - provide training to all staff to ensure knowledge of risk factors is high
 - ensure all information moves with CLA, due to the high self-harm / suicide rates in this group of CYP; ensure this group is prioritised and advocated for in any individual work being carried out within schools. Currently staff often do not know

histories of these CYP but they are complex and the individuals are at more risk of self-harm and suicide than other groups

- Tackle bullying or discrimination particularly associated with an individual's special educational needs.
- Improve the access for children looked after to specialist support for emotional wellbeing by having a specialist mental health post within the Children Looked after team. Ensure those children looked after with high Strength and Difficulties Questionnaire (SDQ) scores have the appropriate intervention to improve their emotional health and wellbeing. Ensure all foster carers have self-harm and suicide prevention training. All commissioned services for CLA should be trained in suicide and self-harm prevention including accommodation provided for care leavers.

4.2.3 Older people

In Swindon there have been 14 deaths by suicide for those over 70 years since 2008. Several factors related to aging can increase the risk of suicide such as social isolation, loneliness, bereavement and ill-health. These issues are highlighted in the Ageing Well JSNA and will be addressed in the ageing well strategy, currently being developed, entitled "Making a Good Life – a lifetime of healthy ageing". Safeguarding issues with regard to this cohort of the population also need to be considered in relation to suicide ideation and risk.

4.2.4 Users of drug and alcohol services

- Work with Substance Misuse providers to ensure optimal awareness of mental health and suicide risk of clients, and ensure that staff refer individuals identified as being at risk to community-based or secondary mental health support as appropriate.
- As recommended above, ensure mental health service providers and substance misuse service providers are aware of and work in partnership on dual diagnosis issues.
- Implement and monitor actions taken to reduce the harm to children of alcohol-dependent parents Innovation project.

4.2.5 Those experiencing domestic abuse

- Ensure training and support is offered for primary care and other frontline professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence and abuse
- Work with Domestic Abuse Support providers to ensure awareness of mental health and domestic abuse including coercive control and financial abuse and ensure clients are supported and have access to services

- Ensure mental health and Domestic Abuse service providers are aware of and work in partnership around domestic abuse issues

4.2.6 Perinatal mental health

The B&NES, SWINDON AND WILTSHIRE PARTNERSHIP is developing a new, integrated approach to perinatal mental health services.

- Ensure peer-led perinatal mental health support is available in Swindon.
- Raise awareness among the public and health and social care professionals of the risk of perinatal mental health problems and how to recognise and identify such problems.
- Ensure those identified with perinatal mental health problems have access to relevant services.

4.2.7 People with long-term physical health conditions

- Continue to follow NICE guidance (Clinical Guideline 91)^{xii} on depression in adults with a chronic physical health problem by offering group-based peer support to groups of patients with a shared chronic physical health problem through Lift Psychology.

4.2.8 People with Learning disabilities (LD)

National evidence shows that rates of suicide and attempted suicide are lower than the general population for those with severe learning disability but there is some evidence to suggest that the rates are higher in people with limited intellectual function (including mild or borderline learning disabilities)

- NICE Guidance NG 54 (2016) Mental health problems in people with learning disabilities: prevention, assessment and management should be reviewed and implemented as appropriate.
- Ensure those working with people with LD are aware of positive ways to promote mental health and resilience.

4.2.9 People with Autism

Those with autism have been recognised as being at higher risk of suicide than the general population (NICE 2018)^{xiii}. Factors known to increase people's risk of suicide are more common in the autistic community, including social isolation, unemployment, trauma, abuse and other social and biological factors that increase the likelihood of mental health problems. In addition those with autism face other issues that make them more likely to consider ending their own lives. They may also find it more difficult to access services. Women with autism may be at particular risk.^{xiv}

- An autism JSNA and strategy should be developed to ensure that mental health needs of this group are addressed

- Increase awareness of positive mental health for those with autism
- Ensure those with autism have access to services

4.2.10 Service Veterans

Evidence to date is that the overall rate of suicide is not higher for veterans than the general population; however, there is evidence that in male veterans aged less than 24, the rate is 2-3 times the national rate and especially in those who have served a short period in the military, those of lower ranks and those who have attained lower educational achievement. Evidence also shows that many veterans who die by suicide often have pre-service vulnerabilities^{xv}.

- Ensure veterans are highlighted as a risk group in GP training
- As part of implementing the military covenant ensure accessible mental health treatment for military veterans.

4.3 Reducing access to means of suicide

Action to reduce access to means of suicide has been shown to reduce deaths by suicide.

- 4.3.1** Work closely with Police, including the British Transport Police, and other partners to identify frequently used areas, monitor and reduce suicide risk at these places such as multi-storey car parks, bridges and the railway line.
- 4.3.2** Work with colleagues in planning to embed suicide prevention principles in the rewrite of Swindon's Local Plan
- 4.3.3** Work with the CCG and Local Pharmaceutical Committee to continue to reduce the means to suicide through prescribed medication. This will include inappropriate use of repeat prescribing and hoarding of medication

4.4 Providing better information and support to those bereaved or affected by suicide

Providing support for people bereaved by suicide is a key objective of the national suicide prevention strategy. When compared with people bereaved through other causes, those bereaved by suicide are at an increased risk of suicide, psychiatric admission and depression. The risk of friends and relatives of people who die by suicide making a suicide attempt themselves is 1 in 10. Close family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for extended family, friends and colleagues.

Based on PHE guidance on providing local services to support those bereaved by suicide^{xvi}, and a consultation carried out with members of the Survivors of Bereavement by Suicide (SOBS) peer support group in Swindon, the following recommendations are made:

- 4.4.1** Explore the benefits of setting up a system of real-time suicide surveillance in Swindon. Real-time suicide surveillance involves information sharing between agencies, such as Police, the Coroner and Public Health, on suspected suicides in order to ensure timely identification and referral of people bereaved by suicide to support, as there may be considerable delays between a suicide occurring, and the coroner completing the inquest and issuing an official verdict of suicide.
- 4.4.2** Consider developing a pathway to provide care and support locally to those bereaved by suicide. Based on the pathway developed by PHE which highlights that, on first contact with the bereaved, they should be offered information, advice and guidance, including on local support available such as the SOBS support group and Cruse Bereavement Counselling. A more detailed version of this pathway can be found in the publication, “Support after a suicide: Developing and delivering local bereavement support services”, by the National Suicide Prevention Alliance.
- 4.4.3** Consider commissioning specialist suicide bereavement counselling. The consultation carried out with SOBS members in Swindon highlighted that many of them felt that counselling they had received wasn’t fit for purpose.
- 4.4.4** Develop and distribute post-vention (suicide bereavement support) guidance to schools. Ensure this guidance includes specific guidance for those with special educational needs
- 4.4.5** The implementation of national campaigns such as Time to Change to raise awareness of and tackle the stigma around mental health problems, as recommended above, will also contribute to tackling stigma around suicide and may make it easier for people to seek help following bereavement.
- 4.4.6** Ensure peer support group continues to be available in Swindon.

4.5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Evidence suggests that inappropriate reporting of suicide may lead to ‘copycat’ behaviour among vulnerable groups, particularly young people.

- 4.5.1** Continue to maintain strong links with local media on suicide prevention, and ensure local media are aware of the guidance published by the Samaritans^{xvii} on responsible media reporting of suicide.
- 4.5.2** Work with local media to promote mental health awareness as part of national campaigns, such as Time to Change, Suicide Prevention Day and Mental Health Awareness Week.

4.6 Supporting research, data collection and monitoring

- 4.6.1** Review the local suicide audit system to ensure all relevant data is being collected from all relevant agencies.

- 4.6.2** As recommended above, explore the benefits of setting up a system of real-time suicide surveillance in Swindon in order to ensure timely identification and referral of people bereaved by suicide to support.
- 4.6.3** As recommended above, work with partners including the Police and British Transport Police to monitor suicide risk at high frequency locations.
- 4.6.4** Continue to support PHE-led self-harm research.

4.7 Reducing rates of self-harm as a key indicator of suicide risk

Previous self-harm, including attempted suicide, is the single strongest predictor of suicide. Self-harm admissions to hospital are a particular problem in Swindon - rates of hospital admissions for self-harm are consistently higher than those seen regionally or nationally, especially among young people aged 10-24 years.

- 4.7.1** Continue the work of the multi-agency Task and Finish Group on reducing self-harm among children and young people. The work of this group contributes to sharing learning on and standardising approaches to self-harm assessment and interventions across agencies and the BSW Partnership. The group should look to:
 - Roll out the Harmless tool developed by Oxford Health throughout Swindon, including to foster workers, looked after children (LAC), schools, colleges, GPs, school nurses, and third sector youth providers.
 - Review websites and apps available to share with schools and other professionals.
 - Develop post-vention guidance for schools.
 - Promote the Health Education England Self harm and Suicide Prevention Competency Framework to organisations in Swindon.
- 4.7.2** Maintain or increase provision of community self-harm support, ensuring that:
 - Young people are specifically targeted.
 - Provision complies with NICE Clinical Guideline 133^{xviii} on the long-term management of self-harm in people aged over 8 years old. This guideline emphasises the importance of:
 - Education of health and social care professionals about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes, and on when and how the Mental Health Act (1983; amended 1995 and 2007) can be used to treat the physical consequences of self-harm.

- Managing the endings of services, treatments or relationships and supporting transitions between services, through a process of planning with the service user.
- Encouraging primary care professionals to refer people with a history and risk of self-harm to community mental health and wellbeing services or to CAMHS if they are under 18, and to monitor the physical health of these patients.
- Ensuring community mental health and wellbeing services offer an integrated and comprehensive psychosocial assessment of needs, including skills, coping strategies, mental health problems and physical health problems, and risks to understand and engage people who self-harm and to initiate a therapeutic relationship. Needs assessments for children and young people should include a full assessment of the child's family, social situation, and child protection issues.
- Ensuring community mental health and wellbeing services work with the person who self-harms and their family (if agreed with the person) to develop a care plan and a risk management plan, based on the psychosocial needs assessment.
- Ensuring provision complies with Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.
- The guideline also recommends that mental health services, including community services, consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. The intervention should be tailored to individual need, and could include cognitive-behavioural, psychodynamic or problem-solving elements.

5. Alternative Options

5.1 Not to endorse the recommendations of the strategy.

6. Implications

6.1 Financial and Procurement Implications

The 2019 -23 Suicide and Self-harm Prevention Strategy will be delivered within the current financial position. Where additional provision has been identified funding has already be identified. Any additional funding requirements arising during the 5 year strategy will be subject to individual business cases.

6.2 Legal and Human Rights Implications

Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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6.3 All other Implications

There are no other implications arising from this report.

6.4 Diversity Impact Assessment

A diversity impact assessment has been completed.

6.5 Risk Management

No specific risks identified at this stage for this report.

7. Consultees

7.1 The Board Director, Revenue, Benefits and Property (Section 151 Officer), Director of Law and Democratic Services (Monitoring Officer) and Director of Public Health are consulted in respect of all reports

8. Background Papers

8.1 None.

9. Appendices

9.1 Appendix One – Suicide and Self-Harm Prevention Strategy 2019-2023 (Draft)

9.2 Appendix Two – Suicide and Self-Harm Prevention Action Plan 2019-2023 (draft)

ⁱ University of Manchester. Annual Report 2018: *National Confidential Inquiry into Suicide and Safety in Mental Health*. Manchester: University of Manchester; 2018

ⁱⁱ Preventing suicide in England a cross-government outcomes strategy to save lives 2011 (DH)

ⁱⁱⁱ Time to Change. *Be in your mate's corner and change a life – men urged in new mental health campaign*.

Available from: <https://www.time-to-change.org.uk/news/be-in-your-mates-corner> [Accessed 21 March 2019].

^{iv} Department of Health and Social Care. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. London: HM Government; 2017.

^v Deaths of homeless people in England and Wales: 2013 to 2017 The first Experimental Statistics of the number of deaths of homeless people in England and Wales. ONS

^{vi} Whittle, S., Turner, L. and Al-Alami, M. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination: The Equalities Review, 2007

^{vii} Preventing suicide in England a cross-government outcomes strategy to save lives 2011 (DH)

^{viii} RCN and PHE guidance for health professionals looking to increase their skills and knowledge of suicide prevention strategies with trans young people. A toolkit for Nurses (2018) RCN and PHE

^{ix} Preventing suicide among Lesbian, Gay and Bisexual Young People. A toolkit for Nurses (2015) RCN and PHE

^x DYING FROM INEQUALITY SOCIOECONOMIC DISADVANTAGE AND SUICIDAL BEHAVIOUR (2017) MIND

^{xi} Local Government Association and Public Health England. *Tackling gambling related harm – a whole council approach*. London: Local Government Association and Public Health England; 2018.

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^{xii} NICE. Guidelines Depression in adults: recognition and management Clinical guideline [CG90] (updated 2018) and 'Depression in adults with a chronic physical health problem: recognition and management' (NICE clinical guideline 91) (2009)

^{xiii} NICE guidance on preventing suicide in community and custodial settings NG66 (2016)

^{xiv} <http://www.nspa.org.uk/wp-content/uploads/2019/07/Autistica-image.png> (accessed 07/08/19)

^{xv} Preventing Suicide in England: fourth progress report January 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf accessed 17/09/2009

^{xvi} Public Health England. Support after a suicide: A guide to providing local services. London: PHE; 2016

^{xvii} Samaritans. Samaritans Media Guidelines. Available from: <https://www.samaritans.org/about-samaritans/media-guidelines/#> [Accessed 21 March 2019].

^{xviii} NICE clinical Guidance 133 on the long-term management of self-harm in people aged over 8 years old. <https://www.nice.org.uk/Guidance/CG133> Accessed 20/08/2019