Local Suicide Prevention Plans

Opportunities for Sector Led Improvement

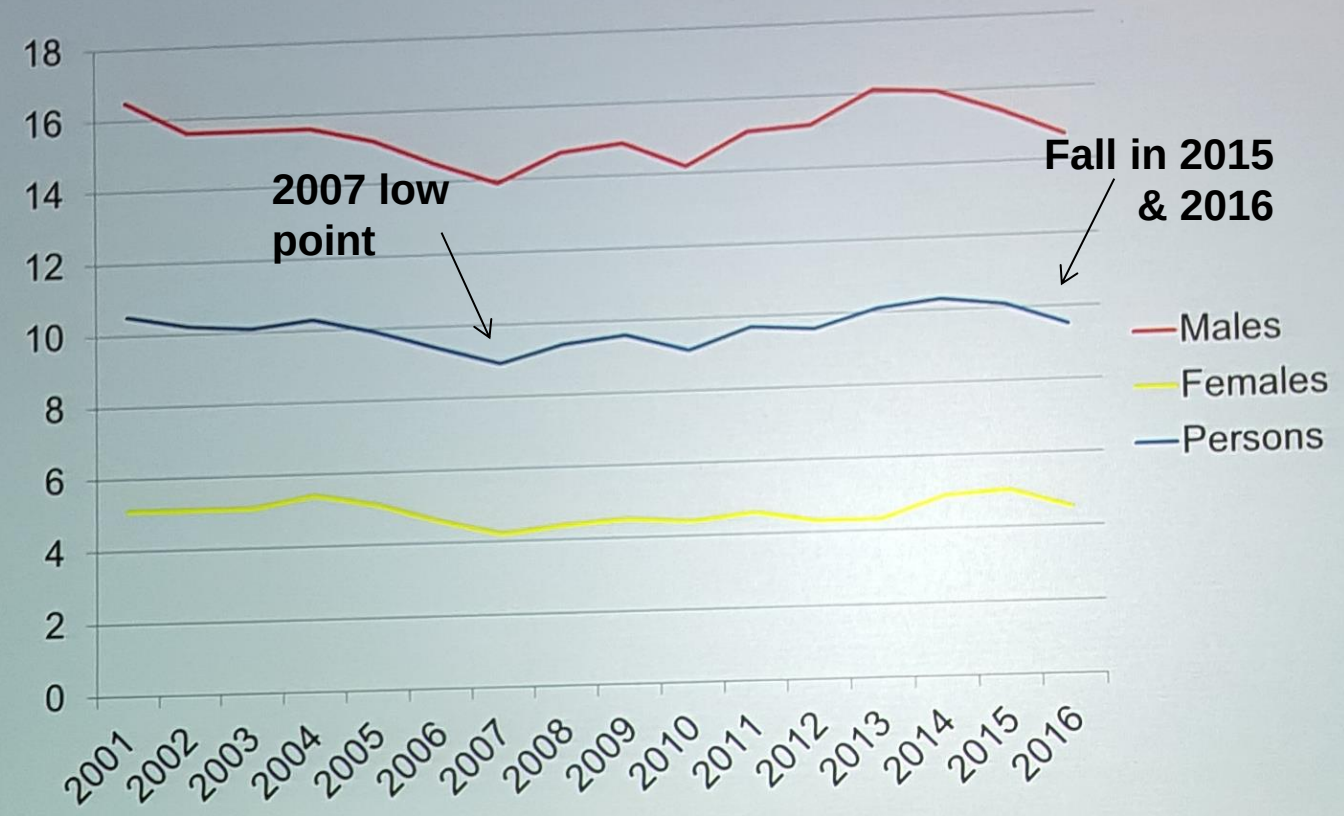
Duncan Cooper, Corrine Harvey, Catherine Ward, Caron Walker

Mental Health Taskforce – Suicide Prevention

Five Year Forward View for Mental Health **Recommendation 3**

Suicide prevention	The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, contributing to a 10 per cent reduction in suicide nationally. These plans should set out targeted actions in line with the National Suicide Prevention Strategy and new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse. Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Updates should be provided in the Department of Health's annual report on suicide.

Age-standardised suicide rates, England 2001-2016



Source: ONS

Iceberg effect

Wakefield resident population 325,570

Audit results 2011-13

Reported suicides: 131

Unreported suicides:
5% to 25% more suicides - 138 to 164

Non fatal suicide behaviours:
40 to 100 times greater than number of suicides - 5240 to 13100

Numbers of people affected:
Each suicidal behaviour may affect a few or a very large number 6:1 - 786

5% of UK adults report having suicidal thoughts in the past year

Opportunities

Build into system wide Mental Health and Public Mental Health plans (Preventoin Concordat)

Scrutiny (national, regional and local)

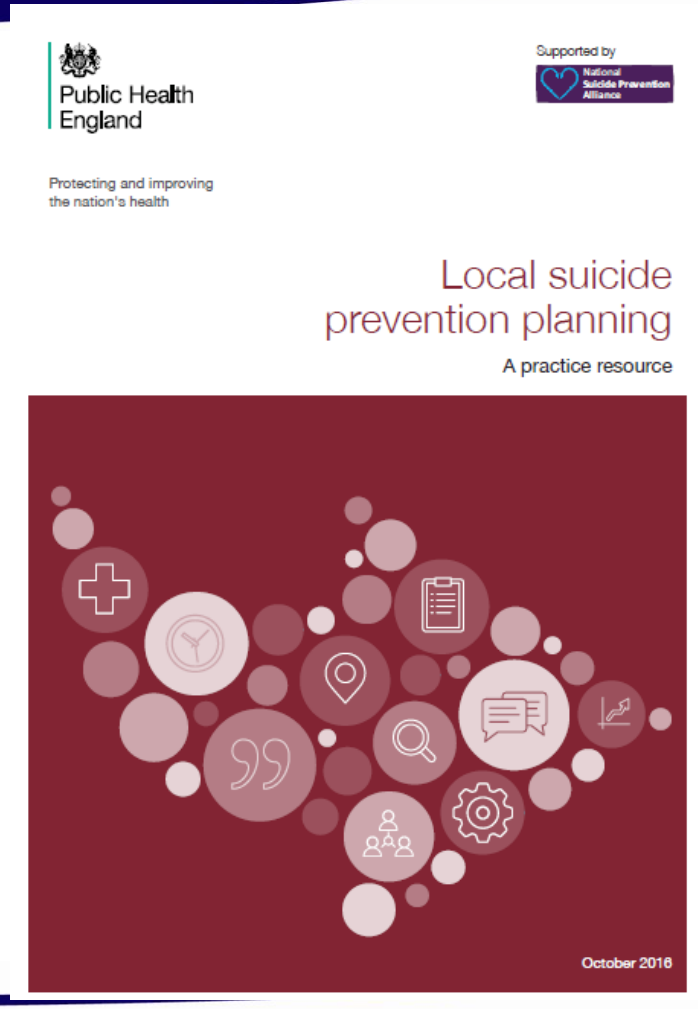
Councils are primarily accountable to their local communities

National awareness - Mental health stigma

Funding - £25 million via NHS England

Local suicide prevention planning: a practice resource (PHE)

1. Reduce risk in key high-risk groups
2. Tailor approaches to specific groups
3. Reduce access to means of suicide
4. Better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches
6. Support research & surveillance



What does whole system look like? Critical Success Factors

1. A clear shared view of the system
2. Ability to focus up and down from system to particular issues
3. Leadership across the system
4. Understand need using data and peoples knowledge
5. Agreed and set outcomes
6. Identified and prioritised interventions across the four domains
7. A balanced scorecard approach to this
8. Multiple actors, multiple partnerships, shared vision – a programme approach
9. Evaluate and iterate

Suicide Prevention in Leeds: Place-based Approach

Victoria Eaton

Chief Officer/Consultant in Public Health,

Leeds City Council

Leeds – Some Headlines

- Leeds rate broadly in line with England / Yorkshire & Humber
- 5 male deaths for every 1 female
- Highest numbers concentrated in ‘Deprived Leeds’
- Most take place in own homes - No significant hotspots
- People with highest risk identified as 30-50, white, locally born and living in inner city neighbourhoods. High levels of worklessness and social isolation

Suicide Prevention: The Leeds Approach

Public Health, Leeds City Council

1. Background

- Recommendations from the National Suicide Prevention Strategy for England
- Suicide prevention work informs and supports the wider Public Mental Health agenda
- We have a responsibility to understand and reduce inequalities in the city
- We aim to be a compassionate city that cares about our communities' health and wellbeing
- Reducing suicide is a priority for Leeds

2. Suicide Audit

- Working in partnership with West Yorkshire Coroner's Office
- Undertaken every 3 years as per PHE recommendations
- Analysed all suicides in Leeds between 2011-2013 using Coroner's records
- A rigorous approach taken to data collection
- Intensive but invaluable: supports focused prevention planning and enables targeting of high risk groups and areas
- Helps to review interventions of what works tailored to local need

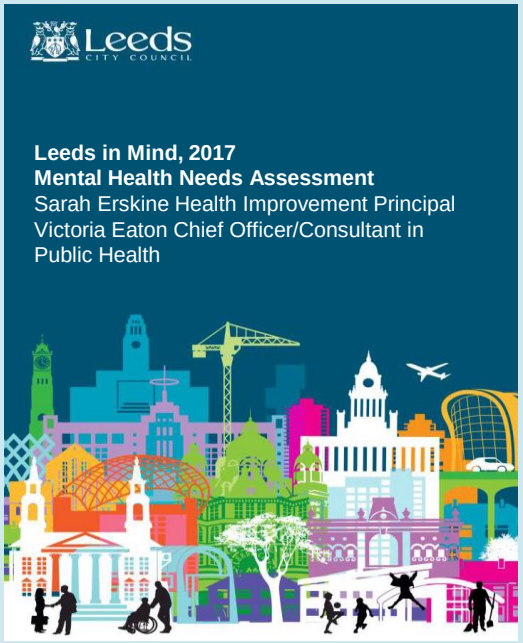
3. Key findings of the Suicide Audit

- 213 people were included in the audit
- The highest age group was 40-49 years
- 82.6% male (n=176) and 17% female (n=37) Male 5:1 Female (National gender ratio for suicides: 3:1)
- This means for every 1 female death there were 5 male deaths by suicide.
- 81% of those identified were White British
- 55% of audit cases lived in the most deprived 40% of the city

4. Action

- Sharing audit findings as evidence base
- Shaping, developing and agreeing the Leeds Strategic Suicide Prevention Plan
- Broad ownership of Suicide Prevention agenda and disseminating data
- Improving robustness of data
- Reviewing real-time surveillance options
- Developing meaningful and targeted local action e.g. men's groups, Adopt a Block
- Commissioning
- Action feeds into Suicide Prevention agenda being valued and prioritised

Broader work - Mentally Healthy Leeds



Risk Factors	Estimated number of people
Debt and financial strain	100,000
Unemployment	40,000
Adverse experiences such as trauma and abuse	45,000
Caring responsibilities	70,000
Long term health conditions	200,000
Social Isolation	40,000

Leeds Suicide Audit: Why Do It?

Detailed information on:

- •Geography
- •Age, gender, ethnicity
- •Risk factors
- •Circumstances leading to the death

Patterns and trends across the city, common themes and issues from all cases

Retrospective rich data in order to focus prevention activity. Audit repeated 3 yearly with comparative methodology to show trends and changes.

Combine with more recent intelligence for fuller picture. ONS data at whole city level.

Contact with Services

24.9% of the cases had current contact with mental health services at the time of death

3.8% (8 cases) were inpatients at a mental health facility at the time of death

Contact with Primary Care

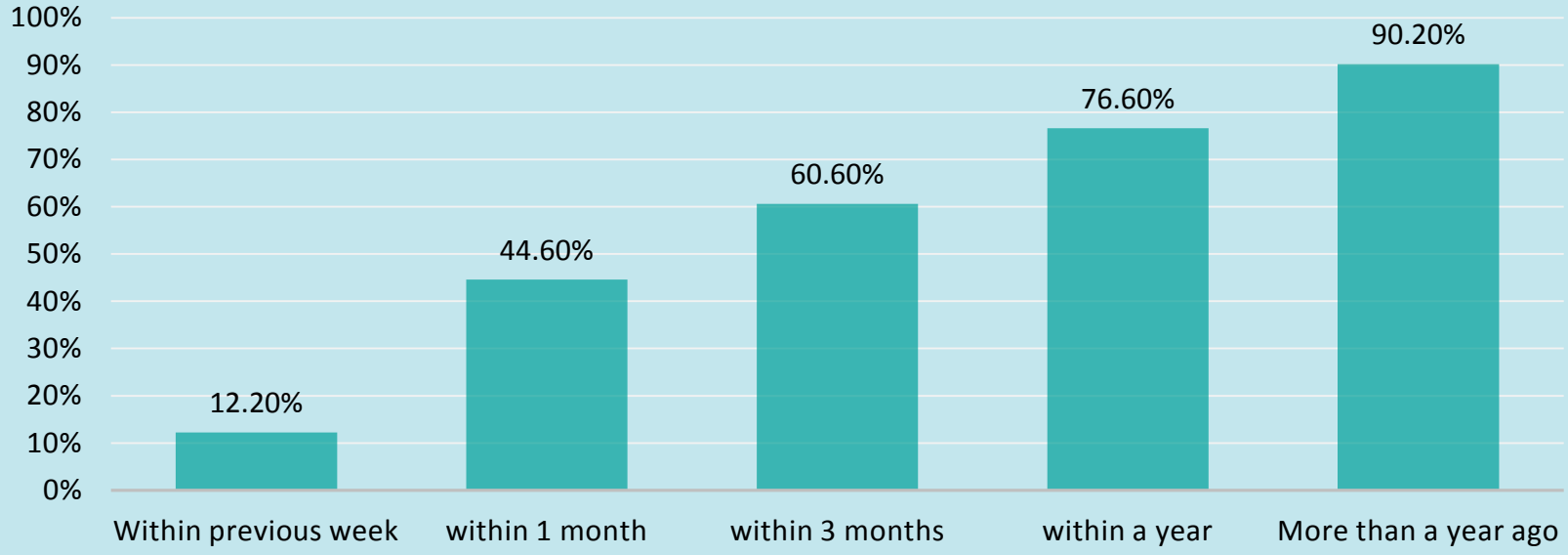
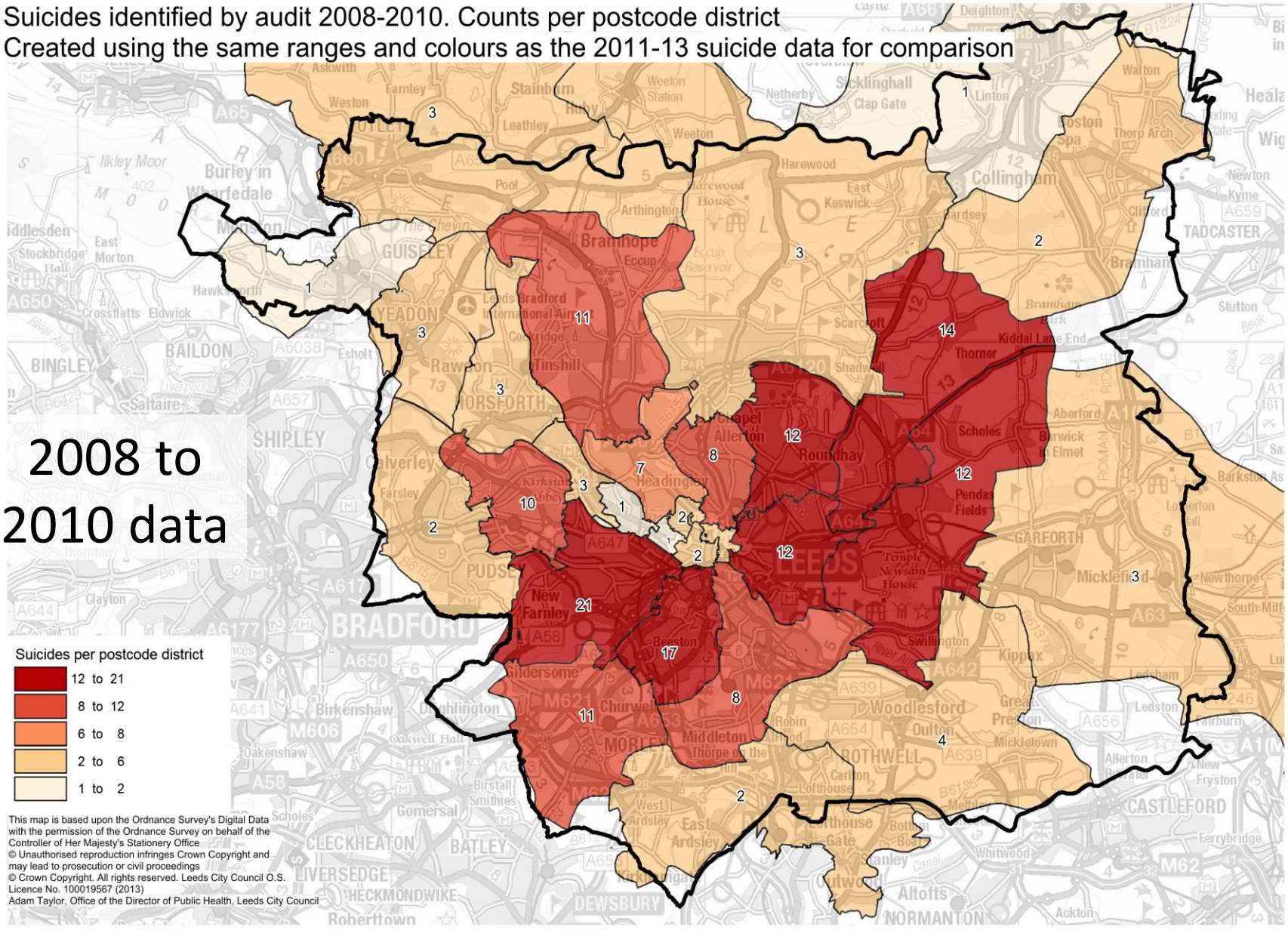


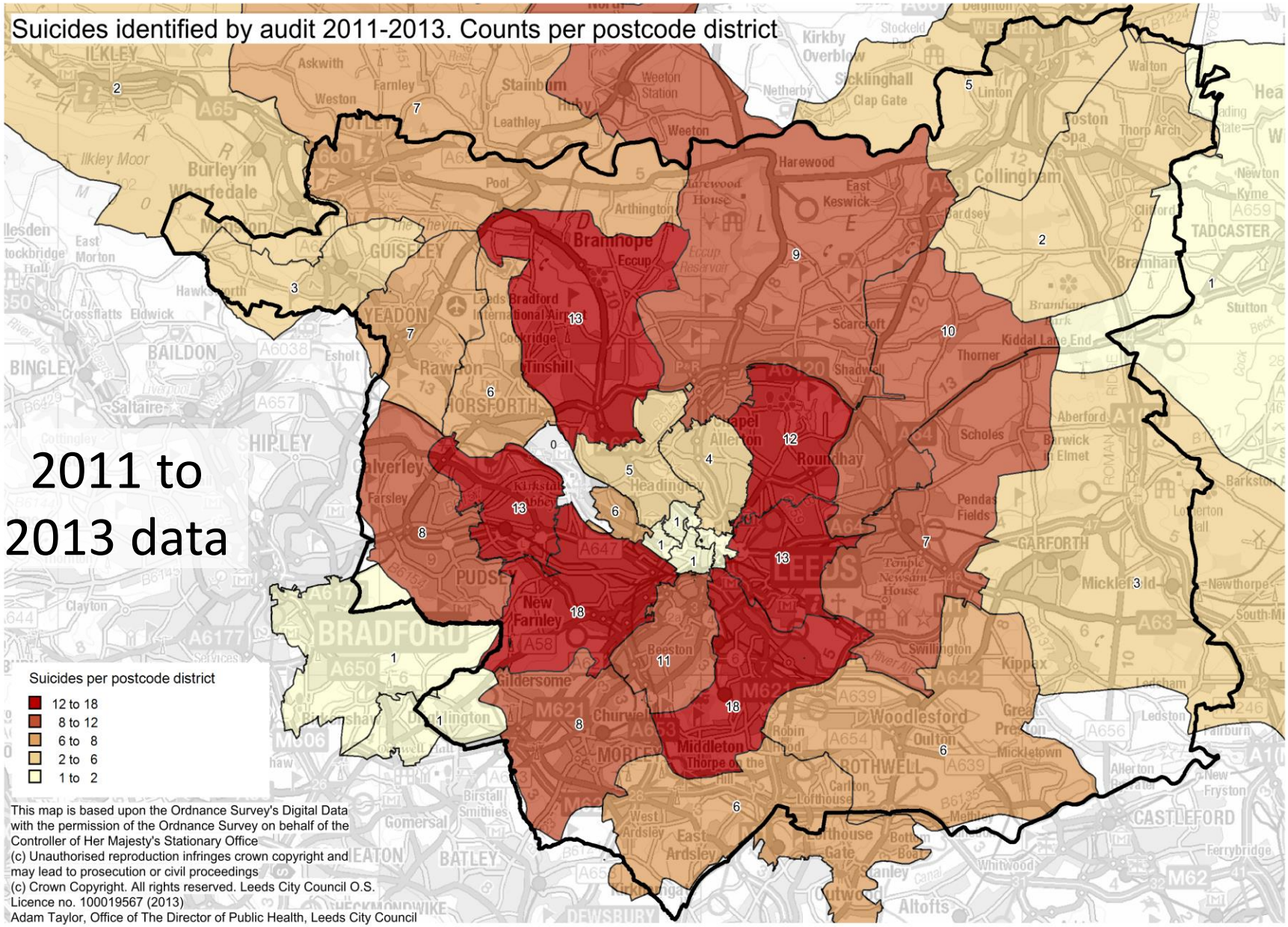
Chart shows cumulative percentages of people attending primary care

44.6% of cases saw their GP within a month of their death

Many of these visits were for a physical health problem (42%)

Suicides identified by audit 2008-2010. Counts per postcode district
Created using the same ranges and colours as the 2011-13 suicide data for comparison




Suicides identified by audit 2011-2013. Counts per postcode district
2011 to 2013 data
Suicides per postcode district
12 to 18
8 to 12
6 to 8
2 to 6
1 to 2
This map is based upon the Ordnance Survey's Digital Data with the permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office
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Adam Taylor, Office of The Director of Public Health, Leeds City Council

Leeds Suicide Prevention Plan

1. Citywide Leadership for Suicide Prevention
2. High Risk Groups / Community Development
3. Primary Care
4. Bereavement Support / Postvention
5. Media
6. Data and research

Examples of Activity: Leeds Suicide Prevention Plan

- Men's Insight project – West Leeds
- Green Man activity – grassroots work with men
- 'Adopt a Block' – partnership with WYFRS
- Postvention – Suicide Bereavement
- National best practice (4 examples)

National Suicide Prevention Alliance

Public Health England

Case Study: Adopt a Block

By the West Yorkshire Fire and Rescue Service and Leeds City Council

> It is encouraging that our work has been shared with, and is supported by, the Health and Wellbeing Board as we think it offers a strong example of how public services can mutually support suicide prevention messaging and activity.
>
> **Craig Bedford,** Leeds Assistant District Prevention Manager, West Yorkshire Fire and Rescue Service

Why "Adopt a Block"?

In early 2017, the West Yorkshire Fire and Rescue Service (WYFRS) through its membership of the Leeds Strategic Suicide Prevention Group, became aware of the heightened risk of suicide amongst lone, white, middle-aged males, in areas of deprivation including those living in high-rise accommodation.

We realised that WYFRS have opportunities to reach this cohort of at risk people, and given our commitment to deliver safe and well community work, we decided to run a pilot with Catherine Ward and Vineeta Sehmbi at Leeds City Council to include suicide prevention work alongside our existing 'Adopt a Block' safety checks.

> It's fantastic to see the Fire and Rescue Service taking such an active role in suicide prevention and we're delighted to be working with them to reach more vulnerable people in the city.
>
> **Catherine Ward,** Health Improvement Principal, Leeds City Council

What is "Adopt a Block"?

The 'Adopt a Block' programme –sees the WYFRS crew visit high-rise 'blocks' and accommodation that have a heightened risk of fire to review the condition of the on-site firefighting installations and offer fire safety advice and a home fire safety check (HFSC) to occupiers.

Our crews, whose station areas cover the at-risk high-rise flats, help to identify at-risk individuals and initiate conversations with them about help-seeking, as well as supporting the dissemination of Crisis Cards.[1]

By utilising data from our incident reporting system and from Housing Leeds, we identified the premises or 'blocks' associated with the highest number of relevant incidents. On a monthly basis, a nominated watch visits a dedicated high-rise block within their station area and carries out an inspection. This is in the form of a walk down from top to bottom, noting any discrepancies in the fire fighting and fire safety facilities, and including a review of combustibles stored in stairwell and lobbies. Whilst doing this they also attempt to carry out a home fire safety check at each flat and meet the occupier(s). The expectation is that over the course of time they become a familiar, trusted and approachable presence that can broach other wellbeing and public health topics.

LEEDS SUICIDE BEREAVEMENT SERVICE

T. 0113 3055803 E. Info@leedssbs.org.uk

2 year report summary and evaluation

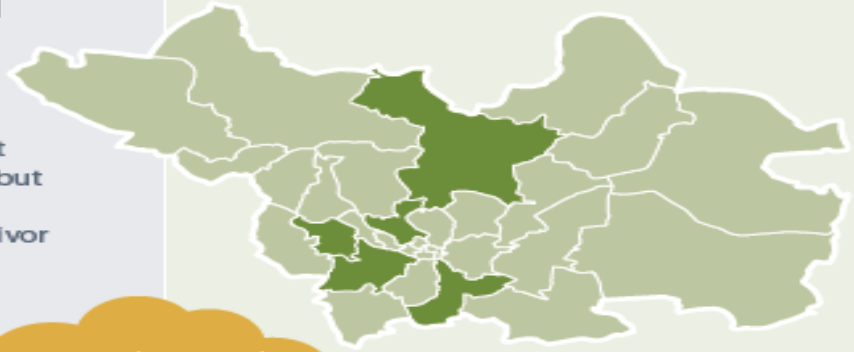
What do we do?

Leeds Suicide Bereavement Service provides compassionate support for people bereaved by suicide in Leeds. We provide a range of support including one to one, group and family peer support alongside counselling through Leeds Mind. The service works with both recent and historical bereavements and can be accessed by anyone affected by a suicide. The service launched in September 2015 and was initially funded for a three-year trial and funded by Leeds City Council. This service supports the wider suicide prevention work here in Leeds.

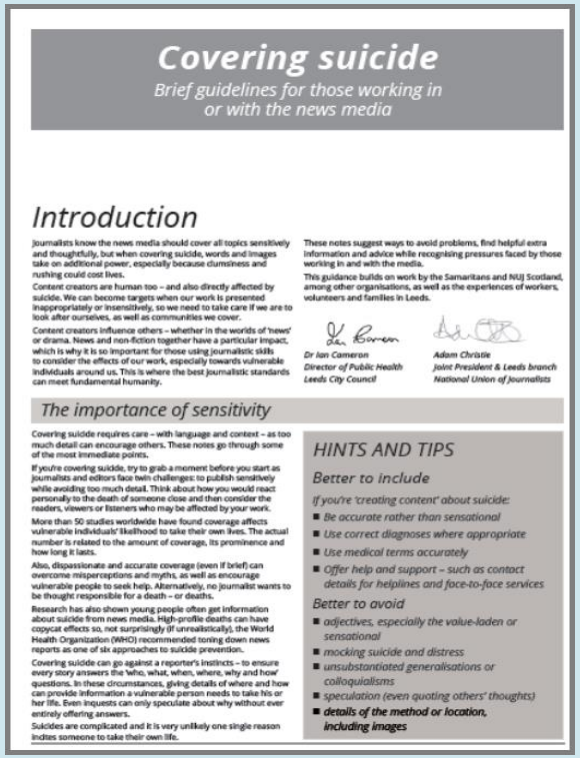
We have supported over 200 people in our first 2 years.

The majority of people we support have self-referred into the service but third sector organisations such as Cruse, Leeds Mind and Leeds Survivor Led Crisis Service are our second highest referrers.

We have referrals from across all Leeds postcodes but the top 5 are: LS10, LS17, LS6, LS12, and LS13.



National Media Guidelines



Covering suicide

Brief guidelines for those working in or with the news media

Introduction

Journalists know the news media should cover all topics sensitively and thoughtfully, but when covering suicide, words and images take on additional power, especially because clumsiness and rushing could cost lives.

Content creators are human too – and also directly affected by suicide. We can become targets when our work is presented inappropriately or insensitively, so we need to take care if we are to look after ourselves, as well as communities we cover.

Content creators influence others – whether in the worlds of 'news' or drama. News and non-fiction together have a particular impact, which is why it is so important for those using journalistic skills to consider the effects of our work, especially towards vulnerable individuals around us. This is where the best journalistic standards can meet fundamental humanity.

These notes suggest ways to avoid problems, find helpful extra information and advice while recognising pressures faced by those working in and with the media.

This guidance builds on work by the Samaritans and NUJ Scotland, among other organisations, as well as the experiences of workers, volunteers and families in Leeds.

Dr Ian Cameron
Director of Public Health
Leeds City Council

Adam Christie
Joint President & Leeds branch
National Union of Journalists

The importance of sensitivity

Covering suicide requires care – with language and context – as too much detail can encourage others. These notes go through some of the most immediate points.

If you're covering suicide, try to grab a moment before you start as journalists and editors face twin challenges: to publish sensitively while avoiding too much detail. Think about how you would react personally to the death of someone close and then consider the readers, viewers or listeners who may be affected by your work.

More than 50 studies worldwide have found coverage affects vulnerable individuals' likelihood to take their own lives. The actual number is related to the amount of coverage, its prominence and how long it lasts.

Also, dispassionate and accurate coverage (even if brief) can overcome misperceptions and myths, as well as encourage vulnerable people to seek help. Alternatively, no journalist wants to be thought responsible for a death – or deaths.

Research has also shown young people often get information about suicide from news media. High-profile deaths can have copycat effects so, not surprisingly (if unrealistically), the World Health Organization (WHO) recommended toning down news reports as one of six approaches to suicide prevention.

Covering suicide can go against a reporter's instincts – to ensure every story answers the 'who, what, when, where, why and how' questions. In these circumstances, giving details of where and how can provide information a vulnerable person needs to take his or her life. Even inquests can only speculate about why without ever entirely offering answers.

Suicides are complicated and it is very unlikely one single reason incites someone to take their own life.

HINTS AND TIPS

Better to include

If you're 'creating content' about suicide:

- *Be accurate rather than sensational*
- *Use correct diagnoses where appropriate*
- *Use medical terms accurately*
- *Offer help and support – such as contact details for helplines and face-to-face services*

Better to avoid

- *adjectives, especially the value-laden or sensational*
- *mocking suicide and distress*
- *unsubstantiated generalisations or colloquialisms*
- *speculation (even quoting others' thoughts)*
- ***details of the method or location, including images***

http://www.leeds.gov.uk/docs/CoveringSuicide.pdf

Supported by the NUJ and ADPH

Locality owned work

Learning and Future Working

- Opportunity for LA and STP strategies to work alongside each other
- Build on strengths of place-based work plus opportunity to scale up where adds value
- Opportunities to increase suicide prevention work in healthcare settings - joined up approach, and best use of limited resources

Questions and discussion

What are the barriers and facilitators to strong local plan?

What more do you need in terms of support and guidance? (COI)