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Local suicide prevention planning 2017



About this resource

This slide set has been produced by Public Health England to support local areas in their suicide prevention planning and action. It is intended for directors of Public Health, local authority leaders, chief executives and other senior officers and councillors.

Further resources available on PHE and NSPA's websites:

- Local suicide prevention planning: a practice resource
- Identifying and responding to suicide clusters and contagion: a practice resource
- Preventing suicides in public places: a practice resource
- Preventing suicide among lesbian, gay and bisexual young people

Data on suicides by local authority is available in the Suicide Prevention Profile (also referred to as the Fingertips Tool)

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Contents

1. National suicide prevention strategy and policy context
2. Ten essential things to know about suicide prevention
3. Understanding data
4. Strategy and action
5. Ideas and resources
 - Bereavement
 - Occupation
6. Quotes

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Section 1

National suicide prevention strategy and policy context

National suicide prevention strategy: further action in five areas



HM Government

Preventing suicide in England:

Third progress report of the cross-government outcomes strategy to save lives

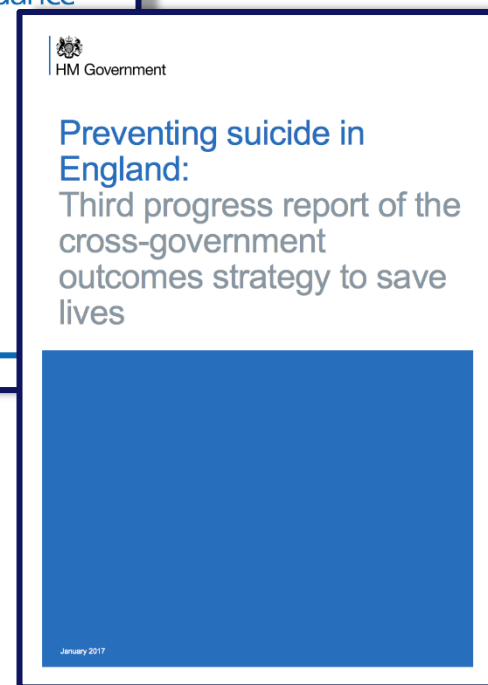
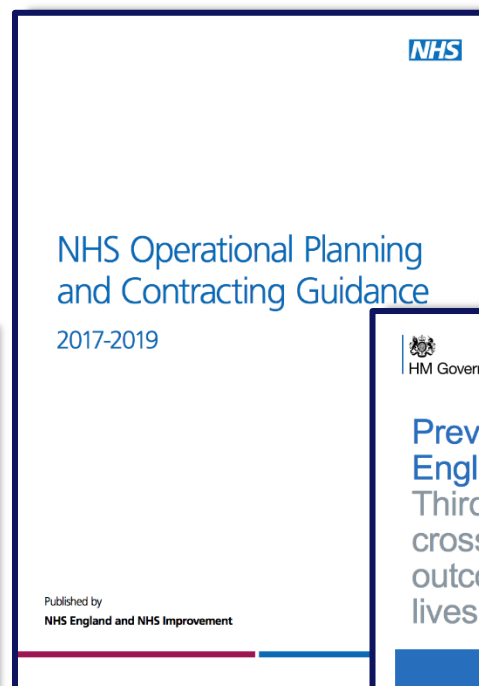
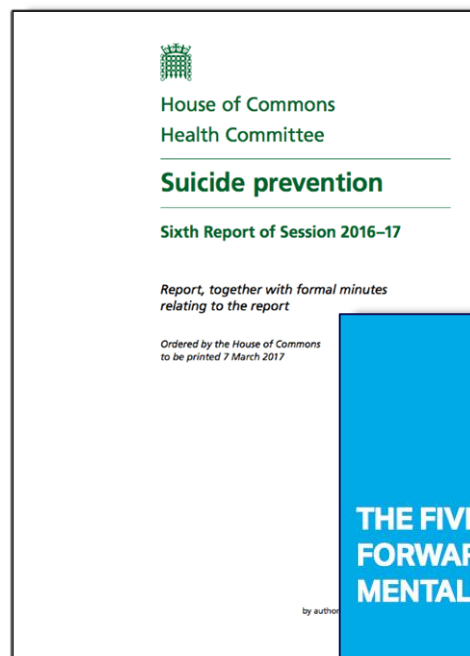
January 2017

- every local area to produce a multi-agency suicide prevention plan
- better targeting of suicide prevention and help seeking in high risk groups
- expand scope to include self-harm prevention
- improve responses to bereavement by suicide and support services
- improve data at national and local levels

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National policy context



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Section 2

Ten essential things to know about suicide prevention

Suicide prevention: Ten essential things to know

- 1.** Suicides take a high toll
- 2.** There are specific groups of people at higher risk of suicide
- 3.** There are specific factors that increase the risk of suicide
- 4.** Preventing suicide is achievable
- 5.** Suicide is everybody's business

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Suicide prevention: Ten essential things to know

6. Restricting access to the means for suicide works
7. Supporting people bereaved by suicide is an important component of suicide prevention strategies
8. Responsible media reporting is critical
9. The social and economic cost to suicide is substantial and adds to the case for suicide prevention work
10. Local suicide prevention strategies must be informed by evidence

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Suicide prevention: Ten essential things to know

1.

Huge impact

2.

Risk varies

3.

**Many
contributing
factors**

4.

Preventable

5.

**Everybody's
business**

6.

**Restrict
access to
means**

7.

**Support the
bereaved**

8.

**Report
responsibly**

9.

**High social
and economic
cost**

10.

Use evidence

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Suicides take a high toll

The impact of suicide is far-reaching and it remains with family, friends, colleagues and many others long after the individual has gone. The bereavement is often detrimental to performance at work, personal relationships, behaviour and wellbeing.

Anj Handa
bereaved friend

Death by suicide in England in 2016



A conservative estimate of 10 people directly affected by each of these deaths gives a minimum total of almost 50,000 people annually who could benefit from support after suicide

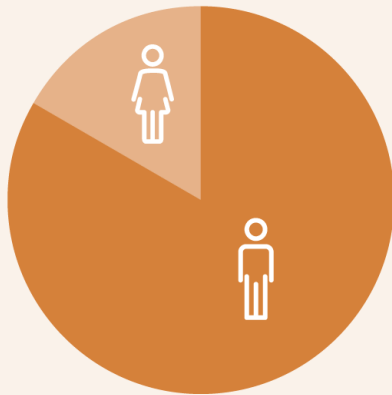


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There are specific groups of people at higher risk of suicide

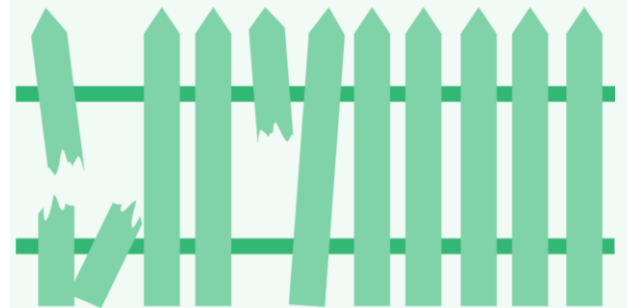
Gender: 75% of suicides are by men



Age: highest rate is 40-44 yr old men



Social-economic status: people living in the most deprived areas are **ten times** more at risk of suicide than those in the most affluent groups living in the most affluent areas



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There are specific factors that increase the risk of suicide

Mental ill-health:



1 in 3

Around 1 in 3 people who die by suicide are known to mental health services

Occupation: Men in lowest skilled occupations had a 44% higher risk of suicide and men and women who are managers, directors and senior officials have a 70% lower risk

Self-harm: 50% of people who die by suicide had a history of self-harm



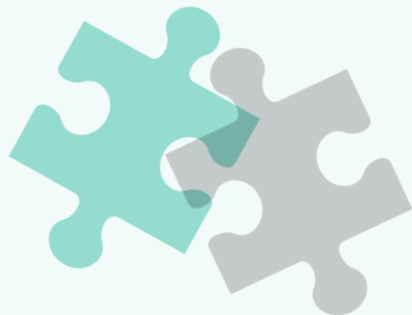
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Suicide is everybody's business

“Preventing suicide is a jigsaw, which requires many pieces to come together.”

Professor Jim McManus
Director of Public Health
Hertfordshire County Council



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Restricting access to the means for suicide works

This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention.



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Supporting people bereaved by suicide is an important component of suicide prevention strategies

Friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss



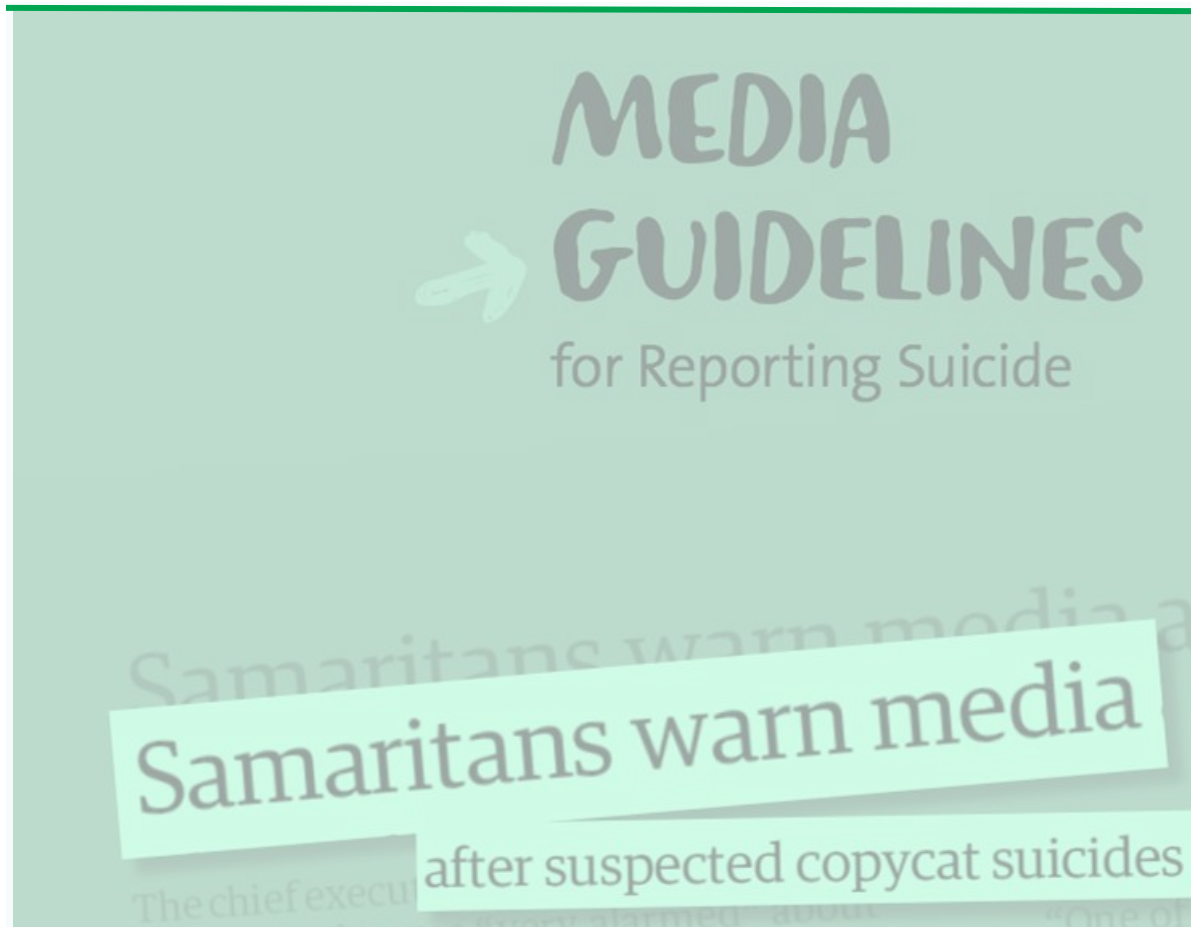
People bereaved by suicide are 80% more likely to drop out of education or work than their peers, while 8% of young adults bereaved by suicide surveyed had dropped out of an educational course or a job since the death



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Responsible media reporting is critical



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The social and economic cost to suicide is substantial and adds to the case for suicide prevention work

£1.67m

The cost of a suicide has been calculated as £1.67m

70%

of that figure representing the emotional impact on relatives.



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Section 3

Understanding data

Using national and local data

National data:

- ONS data
- Public Health Outcomes Framework
- PHE suicide prevention profile
- Network Rail database

Local data:

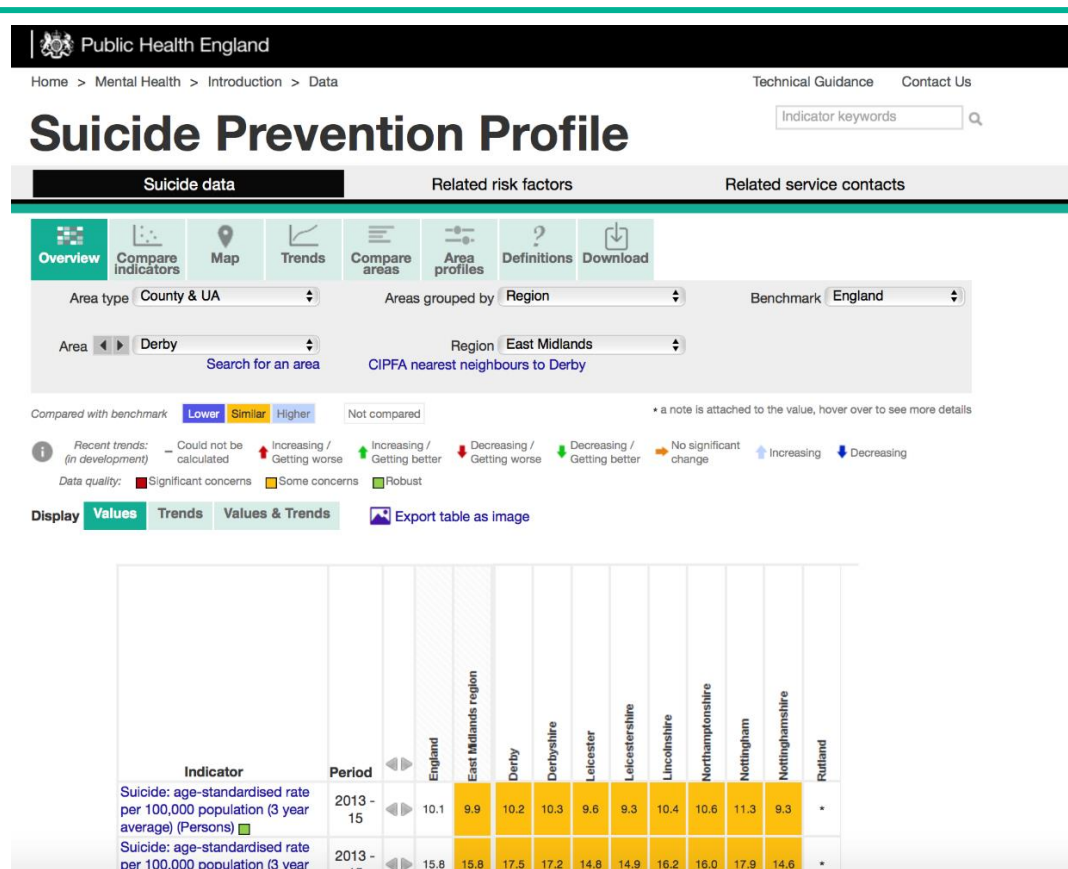
- Audit of coroner's records
- Data held by other partners such as primary care and employers
- Real-time suicide surveillance

Local suicide prevention planning

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Suicide prevention profile



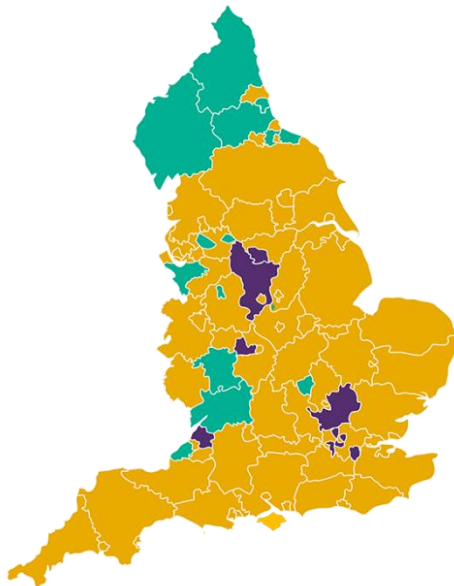
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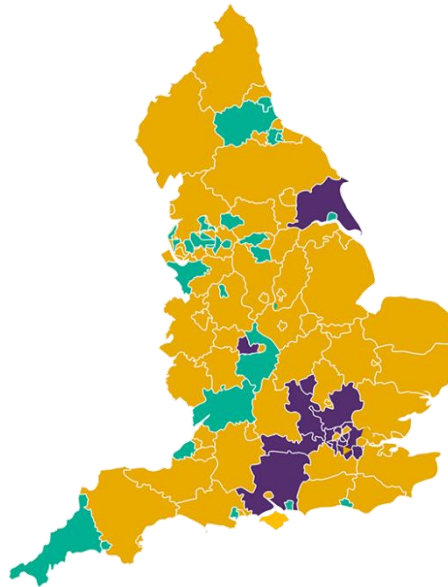
Suicide prevention profile

These maps from the Suicide Prevention Profile indicate the local and regional variations in the male suicide age-standard rate per 100,000.

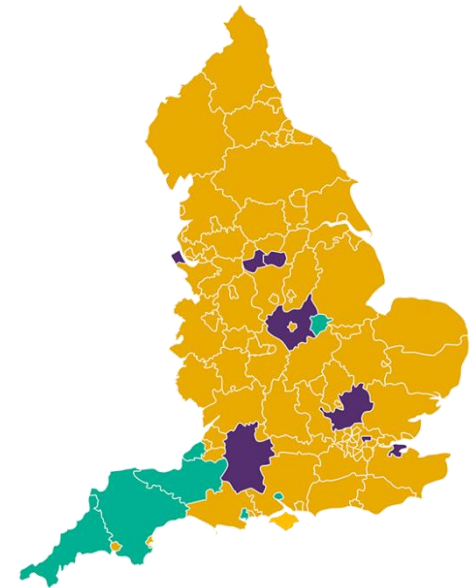
15-34 year olds



34-64 year olds



65+ year olds



Higher Similar Lower

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Real time suicide surveillance

Systems that enable any death where circumstances suggest suicide to be considered in advance of inquest conclusion

Two potential models:

- Led by coroner
- Led by police, who often first responders on scene

Originally piloted in Durham/ Leicester/ South Yorkshire and now adopted in other areas



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Real time suicide surveillance

Systems that enable any death where circumstances suggest suicide to be considered in advance of inquest conclusion

Two potential models:

- Led by coroner
- Led by police, who often first responders on scene

Originally piloted in Durham/ Leicester/ South Yorkshire and now adopted in other areas

Police Service of Northern Ireland SD1 form

This information will be used to offer support services to the bereaved. To be completed by investigating officer

Police District:	C&C Ref Number:	
Date when life declared extinct:	Marital Status:	
Gender:	Age:	Date of birth:
Are you aware of information suggesting that children or other vulnerable adults are at risk?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of deceased:		
Nationality/Ethnic background:		
GP: (if known)		
Location of incident:		
Suspected method of suicide?		
Suspected alcohol or drugs taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)	
Attending mental health services?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)	
(a) Next of kin or significant other informed of death?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)	
(b) Next of kin or significant other aware that suicide is suspected?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)	
(c) Has next of kin or significant other given permission that their contact details can be passed on to the Support Services so support can be offered?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
If YES please supply contact details		
Name:		
Tel:		Mobile:
Relationship to deceased:		
Address:		
(d) Address Next of Kin/Significant Other:		
Any other relevant information:		

Instructions for Officer in Charge: Completed forms should be e-mailed using the restricted sensitivity label to the relevant OCMT by termination of duty.

Reproduced with kind permission of the Police Service of Northern Ireland.

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Section 4

Strategy and action

Importance of partnerships

A wide range of representatives working with adults, children and young people may be brought together to contribute to a multi-agency suicide prevention group

The group may be led by public health or an elected champion

There can also be a wider network that feeds in for specific projects or on specific topics



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Involving people with lived experience

- Contribute a more complete picture of suicide and suicide prevention
- Identify issues that clinicians and commissioners might not be aware of
- Highlight gaps between policy and practice
- Help to ensure work is grounded in the reality of the impact of suicide and self-harm



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National Survivor User Network framework



The image shows the front cover of a document titled 'National Involvement Standards 4PI'. The cover has a light purple background. The title 'National Involvement Standards' is in white, with '4PI' in large, outlined white letters below it. On the left side, there is contact information for NSUN in dark purple text. At the bottom, there are two logos: 'network nsun for mental health' and 'National Involvement Partnership'.

**together we
are stronger**

NSUN
27-29 Vauxhall Grove
London, SW8 1SY,
United Kingdom

telephone
020 7820 8982

email
info@nsun.org.uk

website
www.nsun.org.uk

Registered Charity No.
113598

network
nsun for mental health

**National
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Strategy and action plan development

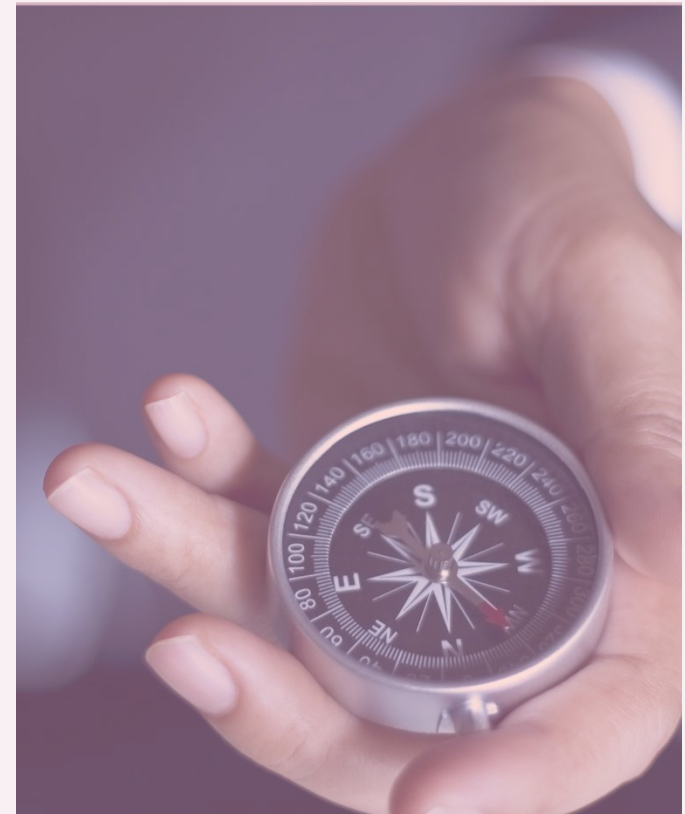
- Statement of support from a local leader
 - Case for suicide prevention locally
 - Clearly stated ambition and objectives
 - Approach to monitoring and evaluating outcomes
 - Priority areas for action based on national strategy
- 
- Priority areas based on local data and needs
 - Links with other strategies including Prevention Concordat

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Mapping to other agendas

Joint strategic needs assessment
Mental health and wellbeing strategies
Crisis care concordats
Sustainability and transformation plans
Children & young people's services
transformation plans
Commissioning of substance misuse
services



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Making the case



IN SUFFOLK MALE SUICIDE RATES ARE NEARLY **THREE TIMES** HIGHER THAN FEMALE RATES

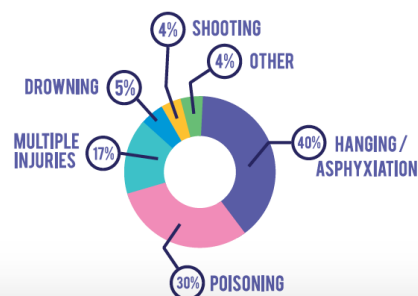
62 THE NUMBER OF PEOPLE THAT DIE BY SUICIDE IN SUFFOLK EACH YEAR.

8.7 PEOPLE PER 100,000 DIE BY SUICIDE EACH YEAR, COMPARED WITH **8.9 PER 100,000** IN ENGLAND AS A WHOLE

NATIONALLY,
72%
WHO DIE BY SUICIDE

HAVE NOT BEEN IN CONTACT WITH MENTAL HEALTH SERVICES IN THE 12 MONTHS PRIOR TO THEIR DEATH.

SUFFOLK – CAUSE OF DEATH IN SUICIDES REGISTERED 2012 – 14



SUICIDE IS THE 3RD MOST FREQUENT CAUSE OF DEATH IN MALES AGE 15-49 IN SUFFOLK
(1-CANCER, 2-ACCIDENTS)

SUICIDE IS THE 2ND MOST FREQUENT CAUSE OF MATERNAL DEATH

DEATHS BY HANGING ACCOUNT FOR

40%
OF SUICIDES IN SUFFOLK.

POISONING ACCOUNTS FOR

30%
OF DEATHS.

AT LEAST **HALF** OF PEOPLE WHO TAKE THEIR OWN LIFE HAVE A HISTORY OF SELF-HARM.

1 IN 4 HAVE BEEN TREATED FOR SELF-HARM IN HOSPITAL IN THE PAST YEAR.

PEOPLE WHO LOSE A PARTNER TO SUICIDE ARE AT INCREASED RISK THEMSELVES AND THE FAMILY AND FRIENDS OF SOMEONE WHO DIES BY SUICIDE ARE AT INCREASED RISK OF POOR MENTAL HEALTH AND EMOTIONAL DISTRESS.

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Making the case

Reasons people take their own lives,
including intelligence and data about local
factors

Public health profile, including any
particular populations at risk of suicide

Financial and human cost of suicide and
the cost effectiveness of suicide prevention

National policy context for local action

Potential return on investment



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Accountability

Should lie with the Health & Wellbeing Board

Provide crucial influence and support for successful implementation

Other lines of accountability may include Safeguarding Adults Board and Children & Families Partnership Board

Regional collaboratives require accountability mechanism e.g. strategic partnership board



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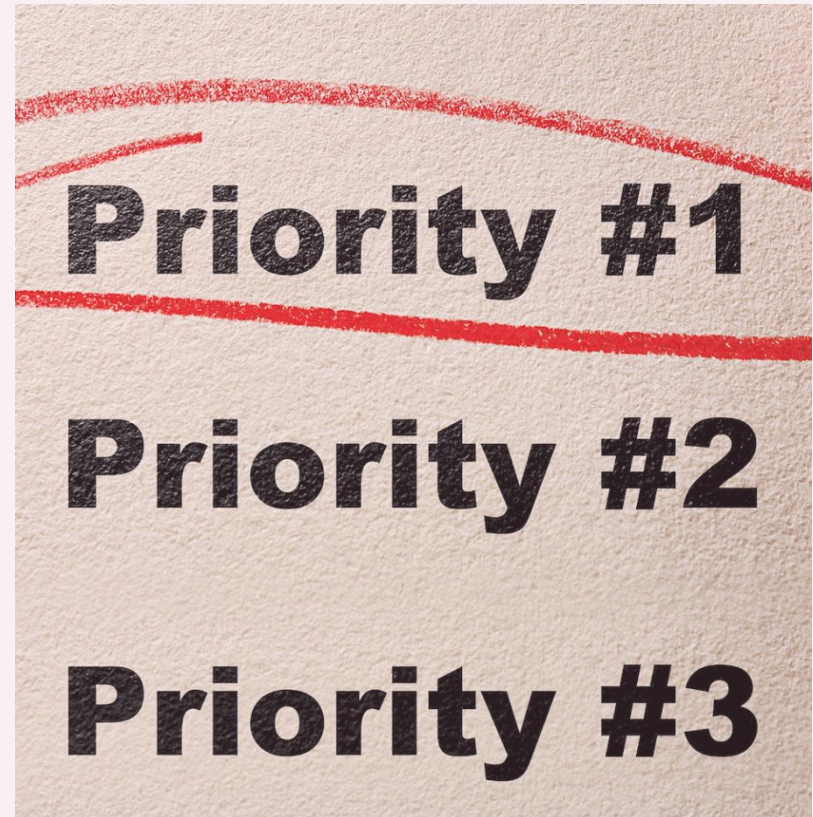
Priority areas for local strategies

National strategy provides a ready-made framework

Priorities should be informed by evidence from national and local data

Begin with small number of areas for immediate action and build over time

‘Refreshed’ strategy reaffirms key priorities including self-harm and suicide bereavement

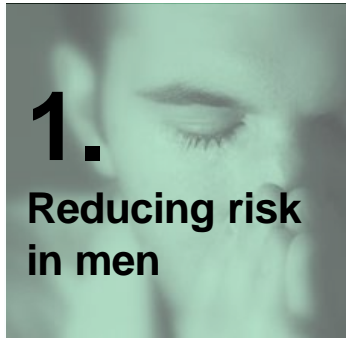


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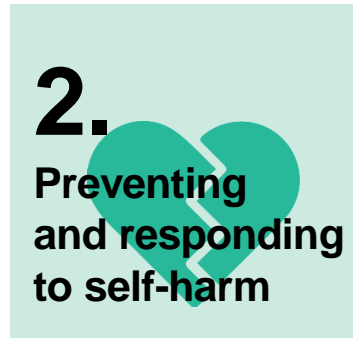
Priorities: by Professor Louis Appleby

(Leads the National Suicide Prevention Strategy for England)



1.

Reducing risk
in men



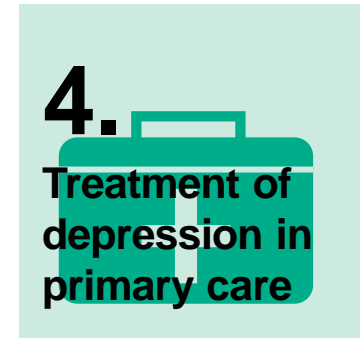
2.

Preventing
and responding
to self-harm



3.

Mental health
of children and
young people



4.

Treatment of
depression in
primary care



5. +

Acute mental
health care



6.

Tackling high
frequency
locations



7.

Reducing
isolation



8.

Bereavement
support

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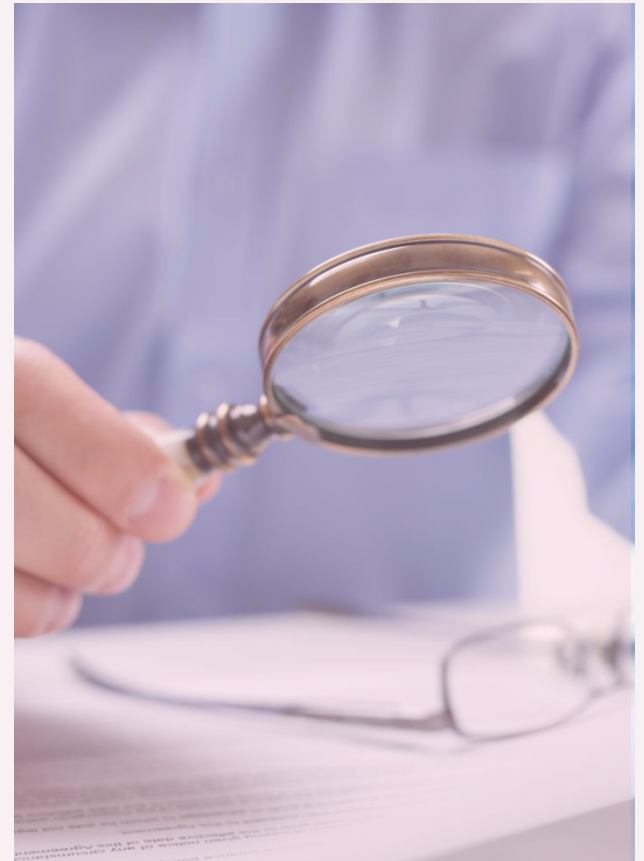


Monitoring and evaluation

Be clear from the outset how effectiveness and impact will be measured

Set outcome measures, ultimately this is a reduction in suicides but should not be the only outcome measure:

- Suicide attempts and self-harm
- Help-seeking
- Engagement with services
- Perceived reduction in stigma



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Section 5

Ideas and resources:

- People bereaved by suicide
- Occupation

People bereaved by suicide

Postvention

Describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation.



Around **50,000** people are directly affected by each suicide.

The cost of a suicide has been calculated as **£1.67m**

70%

of that figure representing the emotional impact on relatives



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Suicide postvention: Ten essential things to know

1. Postvention is an essential part of public health

2. The scale of the problem

3. Suicide affects a wide range of people

4. There is significant unmet need for support

5. The health and economic case for action is building

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Suicide postvention: Ten essential things to know

6. Postvention supports work on wider social issues

7. People want different types of support

8. We can learn from what others are doing

9. Local postvention programmes rely on strong partnerships

10. Evaluation of outcomes is important

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Specific actions for postvention

Effective and timely emotional and practical support, to help the grieving process and support recovery

Effective responses to the aftermath of a suicide

Information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide

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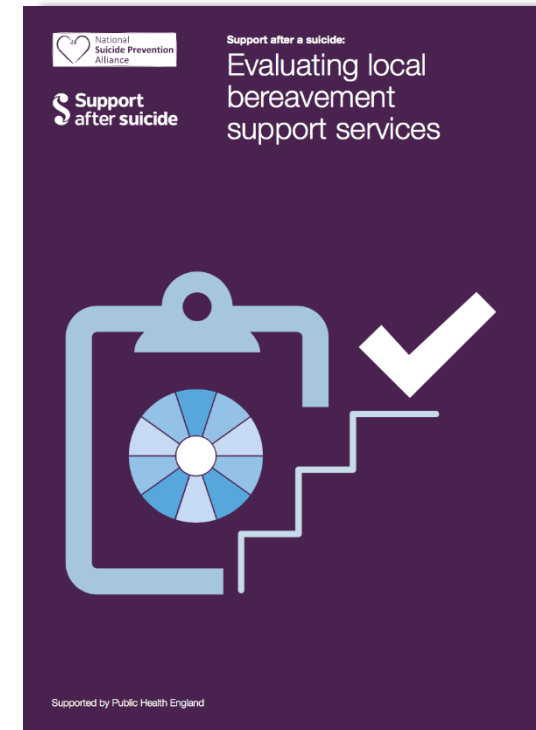
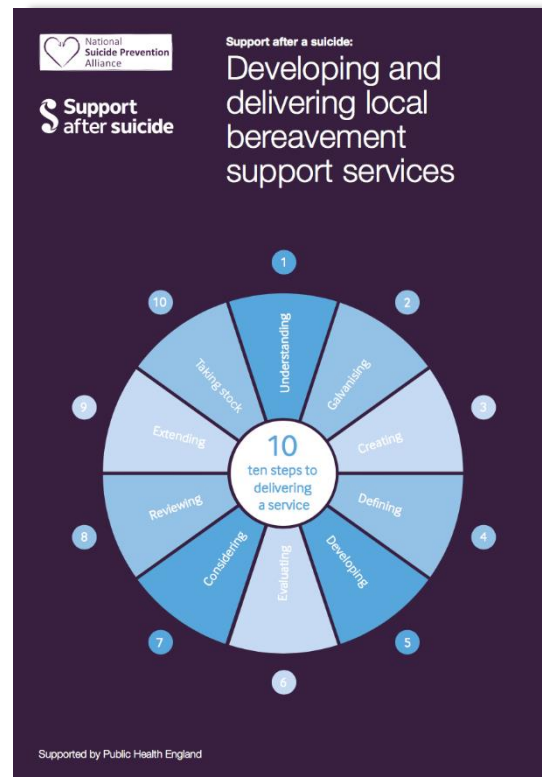
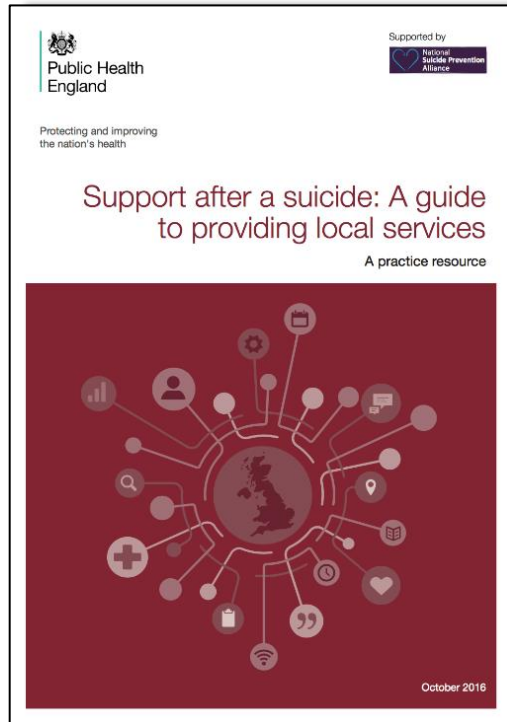
Resource for people bereaved by suicide



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Resources on postvention services



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Suicide by occupation

Men in lowest skilled occupations had a **44% higher** risk of suicide

Men in skilled trades had a **35% higher** risk

Managers, directors and senior officials **70% lower** for both sexes



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Why are these occupations at risk?

The analysis does not provide any evidence on causation

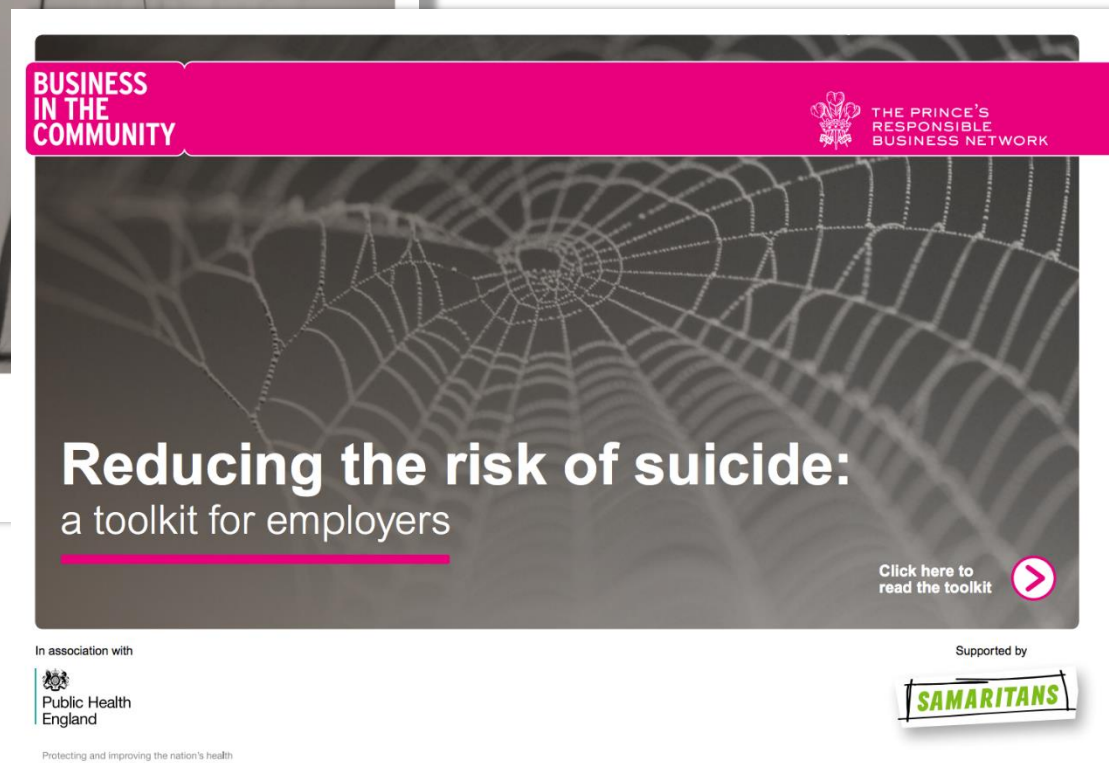
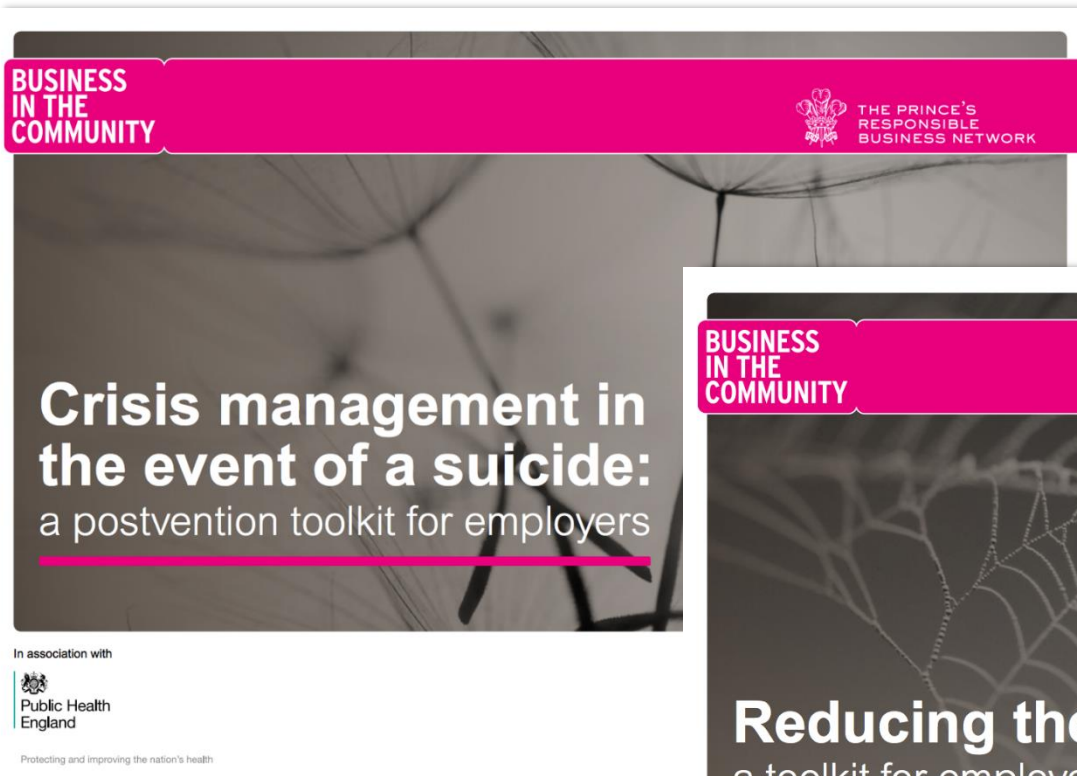
However, there are three broad reasons why an occupation may carry a high risk of suicide:

1. people at higher risk selectively go into it, for example socio-economic determinants
2. something about the occupation adds to risk – job-related conditions
3. access to means - people in it have access to, or knowledge of, a suicide method that is more likely to be fatal.

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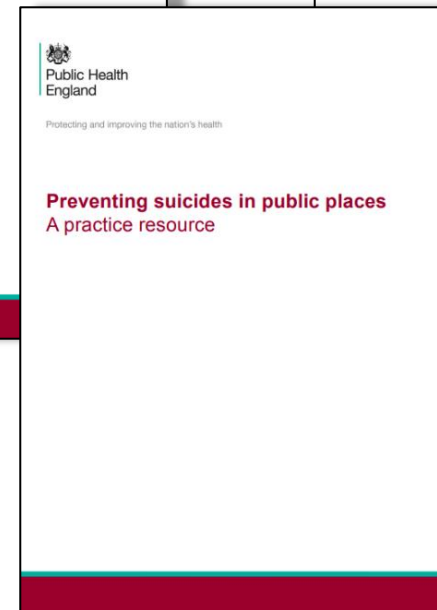
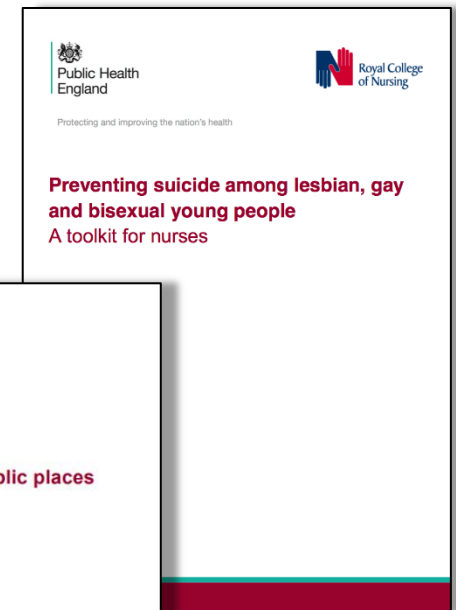
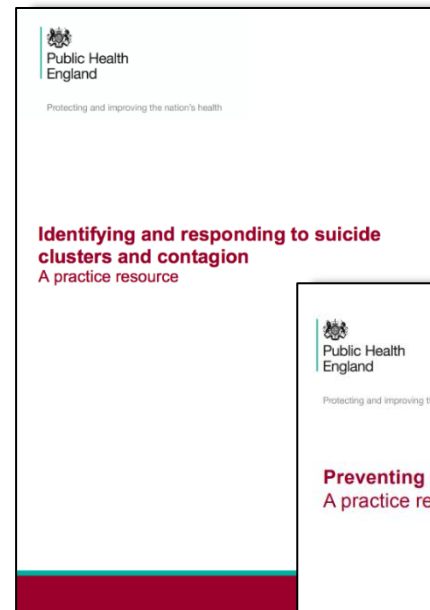
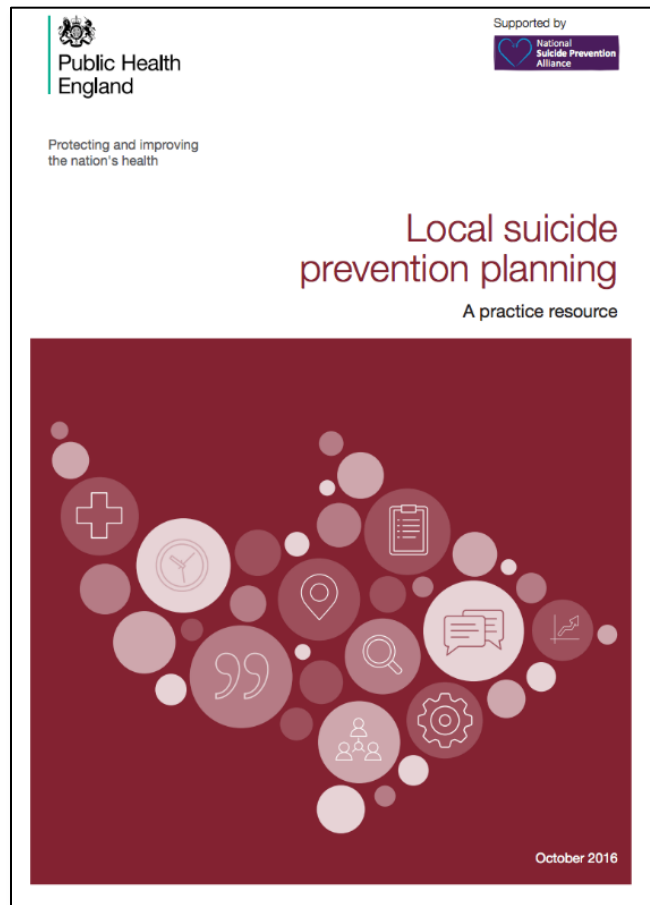
Resources for employers



Resources for employers



Public Health England resources



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Section 6

Quotes

Suicide takes a high toll

“The impact of suicide is far-reaching and it remains with family, friends, colleagues and many others long after the individual has gone. The bereavement is often detrimental to performance at work, personal relationships, behaviour and wellbeing.”

Anj Handa
Bereaved friend

in partnership with



Every death has a profound impact

"Every life lost represents someone's partner, child, friend or colleague, and their death will profoundly affect people in their family, workplace, club and residential neighbourhood."

Hamish Elvidge

Bereaved parent, Chair of Matthew Elvidge Trust

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Suicide is preventable

"Suicide is preventable and we must all work together to develop community based suicide prevention plans and activities that reach out to every part of England."

Hamish Elvidge

Bereaved parent, Chair of Matthew Elvidge Trust

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Role of public health

"Building an approach to suicide reduction and prevention is an area where public health can and should excel in bringing the full range of our skills in the service of our citizens. We each need to undertake a proper assessment of risk and protective factors and influences, an analysis of the wider situation and the engagement and influencing of stakeholders in order to deliver the necessary cross-system action plan."

Professor Jim McManus

Director of Public Health, Hertfordshire County Council

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Preventing suicide is a jigsaw

"Preventing suicide is a jigsaw, which requires many pieces to come together."

Professor Jim McManus

Director of Public Health, Hertfordshire County Council

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Lives are important

“Suicide is preventable, we have to remember that. That’s why we have to take more action to let people know their lives are important because when suicidal thoughts are at their strongest it's hard for people to see their own worth.”

James Withey
The Recovery Letters

in partnership with



Opportunity to identify and support

"Developing effective and comprehensive local suicide prevention strategies provides the opportunity to identify and support people at risk when they are at the crux of their lives."

James Withey
The Recovery Letters

in partnership with



About National Suicide Prevention Alliance

The NSPA is an alliance of public, private and voluntary organisations in England who care about suicide prevention and are willing to take individual and collective action to reduce suicide and support those bereaved or affected by suicide.

Membership enables organisations to share good practice, network and collaborate, as well as amplifying our voice by speaking together.

It's free to join!

For more information contact info@nspa.org.uk

www.nspa.org.uk

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England

Tel: 020 7654 8000 <http://www.gov.uk/phe>

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: <http://www.facebook.com/PublicHealthEngland>

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