Local Government Association

HIGHLIGHTING POLITICAL LEADERSHIP
THE LGA DEVELOPMENT OFFER

Suicide prevention

How do you know that your council is providing effective suicide prevention?

Must Know
Suicide prevention

This guide is part of the Local Government Association's (LGA) wider sector-led improvement programme and is an opportunity for councils and their partners to access leading expertise, learn from one another and share good practice. The wider programme can be accessed in the Suicide prevention sector-led improvement prospectus 2019/20.[1]

Key messages and top tips

Following the publication of the 2012 national strategy, councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards.

Preventing suicide is achievable. The delivery of a comprehensive strategy is effective in reducing deaths by suicide through interventions that build community resilience and target groups of people at heightened risk of suicide.

The combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors is essential. No single agency is likely to be able to deliver effective suicide prevention alone.

The political engagement and support of councillors is essential to the prioritisation and progress of suicide prevention work.

At the beginning of implementing a suicide prevention plan build on what is already in place by improving quality and reach and ensuring good practice is embedded.

A key issue now is to ensure that the planning, partnership building and data collection that has been carried out turns into action.

Consider partnering with another council to learn and accelerate what you are trying to do.

There is much guidance, support and examples of good practice available from which to draw inspiration and sense of possibility.

1 www.local.gov.uk/suicide-prevention-sector-led-improvement-prospectus-201920

Why you need to know

In England, responsibility for the suicide prevention action plan and strategy usually lies with councils through health and wellbeing boards. The need to develop local plans that engage a wide network of stakeholders is set out in the government's national strategy for England, 'Preventing suicide in England' released in 2012. Progress with implementation of the national strategy is reported annually by the Government. An influential review of the progress of council-led suicide prevention plans by the Samaritans and University of Exeter was published in 2019. That report was key to setting up the LGA/ADPH sector-led improvement programme.[2]

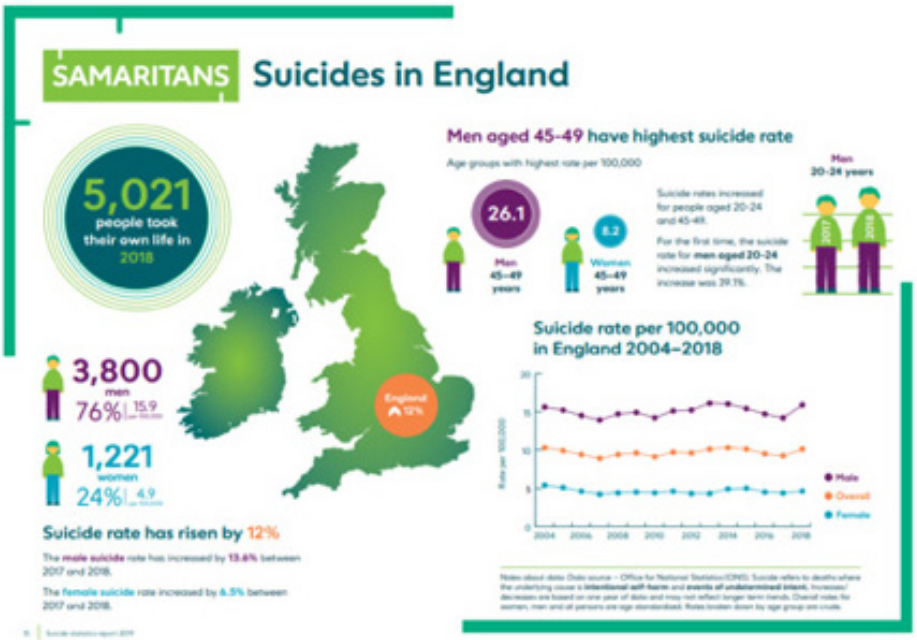
Councils are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing. There are also important opportunities to reach local people who are not in contact with health services through online initiatives or working with the voluntary and community sector.

However, councils cannot do this alone. A local suicide prevention plan combines actions by local authorities, mental health and health care services, primary care, community-based organisations and voluntary agencies, employers, schools, colleges and universities, the police, transport services, prisons and others.

Councils have been active on suicide prevention work in recent years. Significant progress has been made in getting plans for suicide prevention into place. Attention is now focused on ensuring action is taken to reduce suicides.

Preventing suicide is achievable. The delivery of a comprehensive strategy is effective in reducing deaths by suicide through interventions that build community resilience and target groups of people at heightened risk of suicide. Councillors, directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in coordinating local suicide prevention efforts and ensuring every area's strategy is turning into action.

2 https://www.samaritans.org/news/samaritans-and-university-exeter-publish-first-state-nation-report-local-suicide-prevention/



Samaritans Suicide Statistics Report
September 2019

A national priority and at-risk groups

Suicide is a major issue for society and a leading cause of years of life lost. There were 5021 deaths from suicide registered in England in 2018 and for every person who dies at least ten people are affected.

Between 2013 and 2018 suicide rates in England had been reducing and although now rising again are low in comparison to those of most other European countries. This is positive and demonstrates the impact made by national and local government working together with organisations across all sectors to implement the aims of the National Suicide Prevention Strategy. However, we know from experience that suicide rates can be volatile as new risks emerge. While the exact reasons for the 2018 increase are unknown and could include changes to the recording of deaths by suicide, the latest data shows that this was largely driven by an increase among men who have continued to be most at risk of dying by suicide. In recent years, there have also been increases in the rate among young adults, with females under 25 reaching the highest rate on record for their age group.

Looking at the overall trend since the early 80s, there is still a gradual decline in the rate of suicide for the population as a whole, but the recent increase in the suicide rate in 2018 demonstrates the need for continuing vigilance and why, despite progress, attention in individual councils is needed. Complacency cannot be allowed.

Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

Suicide is often the end point of a complex history of risk factors and distressing events. The likelihood of a person taking their own life depends on several factors.

These include:

- gender – males are three times as likely to take their own life as females
- age – people aged 40-54 now have the highest suicide rate
- mental illness
- the treatment and care people receive after making a suicide attempt
- physically disabling or painful illnesses including chronic pain
- alcohol and drug misuse.
- Stressful life events can also play a part. These include:
- the loss of a job
- debt
- living alone, becoming socially excluded or isolated
- bereavement
- family breakdown and conflict including divorce and family mental health problems
- imprisonment.

For many people, it is the combination of factors which is important rather than one single factor. Stigma, prejudice, harassment and bullying can all contribute to increasing an individual's vulnerability to suicide.

Data on suicide in your area

The Public Health England (PHE) Suicide Prevention Profile – often referred to as the Suicide Prevention Fingertips Tool – provides data on suicides by local authority, unitary authority and Clinical Commissioning Group (CCG). The tool collates a range of publicly available data on suicide, associated prevalence, risk factors and contact with health services among groups at increased risk. Please see this video guide on how to use it.[3]

3 https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

The tool can help to answer:

- the scale of deaths by suicide in an area, and how this compares to other areas
- the prevalence of various risk factors in an area, and how these compare to other areas
- relevant rates of health service usage, and how these compare to other areas.

Samaritans produce an annual Suicide Statistics Report which provides additional information about how to understand and interpret suicide statistics, because it's not always as straight forward as looking at the numbers.

A strategic, partnership approach – suicide is everyone's business

People from across all types of local communities die by suicide and most suicides are the result of a wide and complex set of interrelated factors. As a result, suicide prevention requires work across a range of settings targeting a wide variety of audiences. Given this complexity, the combined knowledge, expertise and resources of organisations across the public, private and voluntary sectors is essential. No single agency is likely to be able to deliver effective suicide prevention alone.

The national suicide prevention strategy 'Preventing suicide in England: A cross-government outcomes strategy for saving lives' outlines seven priority areas for action that local plans should cover in the long term:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring
- reducing rates of self-harm as a key indicator for suicide risk.

Annual progress reports of the strategy detail what has been done to reduce deaths by suicide. Since 2017 the strategy has included a commitment to reduce the rate of suicides by 10 per cent in 2020/21 nationally, as compared to 2016/17 levels.

Short term priorities have been suggested by PHE in their guidance.4 PHE recommends eight areas that local plans should focus on in the short term, whilst also working towards fulfilling the seven priority areas outlined in the national strategy. The eight areas for short term action are:

- reducing risk in men
- preventing and responding to self-harm
- mental health of children and young people
- treatment of depression in primary care
- acute mental health care
- tackling high-frequency locations
- reducing isolation
- bereavement support.

Multi-agency suicide prevention group

Most councils (92 per cent by 2018) have a formal multi-agency suicide prevention group in place. The purpose of such a group is to:

- understand patterns of suicide and collate data
- steer the development of the local suicide prevention strategy and action plan
- develop and coordinate responses to suicide and activities to reduce suicide
- make strategic links across sectors

4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

- monitor progress towards local targets for reducing suicide and evaluate the impact of interventions
- report to the health and wellbeing board through the public health team, to influence commissioning decisions and secure funding.

The role of the NHS locally is significant in working in partnership with councils and some support and funding, eg for bereavement services, is being rolled out through the NHS.

Working with people with experience

Suicide prevention work can be greatly enhanced by engaging people who have personal experience of suicide – people who have experienced suicidal thoughts or have been bereaved by suicide.

Involving people affected by suicide adds value to suicide prevention by:

- bringing personal experience to create a more complete picture of suicide and suicide prevention
- helping to identify issues that clinicians and commissioners might not be aware of
- highlighting gaps between policy and practice
- helping to ensure work is grounded in the reality of the impact of suicide and self-harm

The National Survivor User Network[5] has developed a framework for involving people with experience of mental health issues in policy and strategy development. This has been adopted by a number of councils, CCGs and NHS trusts.

The National Suicide Prevention Alliance (NSPA) resource for 'Support after a suicide'[6] provides useful links to organisations that support people after suicide and who can act as gatekeepers for people affected by suicide to get involved in prevention work.

What can be done – evidence and best practice

The first priority area in the national strategy is for all local strategies to deliver work to reduce the risk of suicide among the following high-risk groups:

- men
- people who self-harm
- people who misuse alcohol and drugs
- people in the care of mental health services
- people in contact with the criminal justice system
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers – these groups are identified as those where the suicide rate is high and there is a known statistically significant increased risk of death by suicide.

Reducing access to the means of suicide is one of the most effective ways to prevent suicide. Actions could include working with retailers to control the sale of dangerous gases and liquids and working with media to restrict coverage of methods and sites associated with suicidal acts.

Providing better information and support to those bereaved or affected by suicide is important. There is growing evidence of the widespread impact of suicide on those bereaved and the broader community, as well as the need for specialist services to support those bereaved. There is also the hope that this support might serve to reduce the risk of the adverse consequences of suicide

5 www.nsun.org.uk

6 www.nspa.org.uk/home/our-work/joint-work/support-after-a-suicide-providing-local-services/

bereavement, which include poor social and occupational functioning, depression, suicide attempt, and even suicide.

The NSPA suite of resources for providing support after a suicide includes developing and delivering local bereavement support services and provides a recommended framework and pathway for service providers. The resources are primarily aimed at local authorities and service commissioners.

Action can also be tailored to improve mental health in specific groups through community-based approaches, suicide prevention training, highlighting people who are vulnerable due to economic circumstances, pregnant women and those who have given birth in the last year and children and young people.

Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour is also important. Research demonstrates strong links between media reporting of suicide and imitative suicidal behaviour. This risk significantly increases if the suicide method is described, if the story is placed prominently and if the coverage is sensationalised and/or extensive. While much of the work to promote responsible reporting is done at a national level, there is a place for prevention work with local media, including social media. This can include:

- ensuring local media are aware of, and following, Samaritans' guidance on responsible media reporting
- providing local media with access to the designated suicide prevention lead so they can speak to them prior to running any story
- working with local media to encourage them to provide information about sources of support and contact details of helplines when reporting mental health and suicide stories.

Finally, an important component of any suicide prevention strategy and action plan is supporting research, data collection and monitoring as it underpins both the emerging national evidence base for effective suicide prevention and ensures that local action plans are monitored and evaluated.

Councils and multi-agency groups should avoid spreading their resources too thinly by trying to cover all areas of the national strategy too soon. Those at the earlier stages of their response may benefit from embedding and improving the quality of activity already taking place rather than implementing several new activities.

Similarly, it may be helpful to begin by playing to local strengths and focusing efforts on strategy areas where there is already effective partnership working before tackling national strategy areas that prove more difficult to implement in the local context. Working with another council may help quicker movement to effective activity rather than focussing on improving the quality of planning.

Preventing suicide is achievable

At an early stage in suicide prevention work it is important to recognise that preventing suicide is achievable. The opportunities are there to reach out and help people at risk. Around half of those who take their own lives have a history of self-harm, for example. NHS services have contact with many of them. The majority of people who die by suicide will have seen a GP in their last year of life, while a third of suicides were among those who had been under the care of specialist mental health services.

Suicides are not inevitable. An inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides. Individual and community resilience can be built. Vulnerable people in the care of health and social services and at risk of suicide should be supported and kept safe from preventable harm. Quick intervention when someone is in distress or in crisis is essential.

The NSPA resources are particularly useful in providing help on what action to take in reducing the risk of suicide. In addition, the Zero Suicide Alliance is a collaborative of NHS trusts, businesses and individuals who are all committed to suicide prevention in the UK and beyond. The alliance aims to challenge the thinking that simply reducing suicide rates is enough and believes that no death by suicide should be regarded as either acceptable or inevitable. They provide free online training[7] which takes only 20 minutes to complete.

The role of councils

Councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards and a deadline of 2017 was set to have one in place. All local councils now have suicide prevention plans in place.

The political engagement and support of councillors is essential to the prioritisation and progress of suicide prevention work. Councillors can determine whether or not a council will invest resources into developing a strategy and delivering an action plan, as well as scrutinising the proposed approach. Helpful guidance on the scrutiny of local suicide prevention plans is available from the Zero Suicide Alliance.

The Mental Health Challenge exists to encourage the active interest and involvement of elected members to support mental health and wellbeing and to influence the council's activities and responsibilities. The challenge asks councils to appoint a 'member champion' for mental health. This could be a cabinet member, health and wellbeing board member or a 'backbench' councillor.

The role is different from the formal responsibility of the lead member for social care, although it is possible for the same individual to do both. It could include advocating for mental health in policy development and in meetings, scrutinising local services for their impact on mental health, building partnerships with organisations and other local leaders and involving people with personal experience. It offers an important opportunity to raise the profile of suicide prevention approaches. Advice and information are available, including a template motion to enable councils to promote mental health across all their business.

A key issue now is to ensure that the planning, partnership building and data collection that has been carried out by the majority of councils and partners turns into action. Planning can sometimes get bogged down in a continuous round of audit and data review. More mature plans focus on key relationships with partners, building local networks and expanding prevention activity.

Questions to help engage with suicide prevention work

Suicide affects all types of people and communities and is linked to a wide variety of factors. So, what practical steps can and should be taken? Here are key questions you could ask.

Strategy and partnership working

- Is there a sense in your planning that actions to prevent or reduce suicide are 'everyone's business' – for example from organisational strategies, plans or approaches through to wider population awareness and individual action to spot risks and intervene appropriately and safely?
- Partnership working is key. Have you set up a multi-agency suicide prevention partnership?
- How has your council linked into regional or national improvement activity and support, for example through PHE or the NHS?

7 www.relias.co.uk/hubfs/ZSACourse3/story_html5.html?utm_source=Relias&utm_campaign=Training-Landing-Page&lms=1

- Is there a local councillor with specific responsibility for suicide prevention?
- What level of funding and resources exist to support the implementation of the plan, strategy or approach? What is the total financial resource committed to support the actions in the plan, strategy or approach? How have the partners decided the levels of funding that each of them will commit? What arrangements exist to determine the value for money or social value provided by the plan, strategy or approach?
- Are there particular challenges and successes in the area? Has there been any comparison, benchmarking or learning from other areas about how these challenges might be overcome? Are there any particular areas of success or notable practice? Have there been any attempts to share lessons from successes or notable practice so that other areas can learn?

What does the data tell you?

- What is the rate of suicide among the general population in your council area? Is this rate higher or lower than the general population rate for England? What is the current trend in suicide rates showing?
- Is information available on the rate of suicide among different groups and gender, eg middle-aged men?
- Are any data collected on attempted suicides within the council area?

Prioritisation and targeting

- Are there specific groups in the community that need help and support? Are there local issues, circumstances or groups which require specific or different approaches and how are those being addressed in the plan, strategy or approach?
- Are you developing suicide prevention awareness and skills training for professionals in primary care and local government (housing, environmental health, social care, benefits, etc) and other services that may come into contact with individuals at risk of suicide. Does it involve the local community?
- Are you providing training to frontline staff who come into contact with those at greatest risk of suicide, such as drug and alcohol workers?
- Could you target certain high-risk professions?
- Have you identified high-frequency suicide locations? Reduce access to the means of suicide by providing extra safeguards and support at buildings, rail crossings, cliff edges and bridges that have been used by people to take their own lives. What steps have been considered or taken to reduce the risk of suicide at such locations? What other agencies are involved in supporting this preventative action at high risk places?

Supporting people affected by suicide

- What support is available for people bereaved through suicide? Does the strategy build on existing specific suicide bereavement support services or commit to put these in place to proactively provide support to people bereaved or affected by suicide?
- If your council area does not have a dedicated suicide bereavement service in place are there any other forms of bereavement support available? Can you be assured that people are aware of the support available and are referred or able to access services?
- Are you providing or can you signpost families to bereavement services?

Media work

- What about the media? You can work with the local press and broadcasters to ensure responsible reporting of suicides.
- Is your partnership promoting the use of the Samaritans media guidelines?

Resources for further information

Local Government Association (LGA)

Suicide prevention: a guide for local authorities

www.local.gov.uk/sites/default/files/documents/1.37_Suicide%20prevention%20WEB.pdf

Local suicide prevention planning in England

A report from Samaritans and University of Exeter on the breadth and depth of local suicide prevention planning within local authorities.

www.samaritans.org/news/samaritans-and-university-exeter-publish-first-state-nation-report-local-suicide-prevention

Mental Health Challenge

Support for councillors to become a mental health champion

www.mentalhealthchallenge.org.uk

NICE guidelines

www.nice.org.uk/guidance/ng105/chapter/Recommendations

National Suicide Prevention Alliance (NSPA) local suicide prevention planning

Guidance from the National Suicide Prevention Alliance on local suicide prevention planning

www.nspa.org.uk/home/our-work/joint-work/supporting-local-suicide-prevention

NSPA resources hub

www.nspa.org.uk/resources

Public Health England (PHE)

Suicide Prevention Profile

Data regularly updated from Public Health England about suicide including council specific profiles.

https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

Samaritans media guidelines

Media guidelines for reporting suicide and self-harm safely.

www.samaritans.org/about-samaritans/media-guidelines

Samaritans suicide facts and figures

Guidance on how to access and interpret data on suicide

www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures

Suicide prevention strategy for England

A document that sets out plans for reducing suicide rates and supporting people affected by suicide.

www.gov.uk/government/publications/suicide-prevention-strategy-for-england

Zero Suicide Alliance

Collaborative of National Health Service trusts, businesses and individuals who are all committed to suicide prevention in the UK and beyond.

www.zerosuicidealliance.com

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