Sheffield Suicide Prevention Action Plan

2016 - 2019

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Foreword

Nationally there is a call for a new conversation to reduce suicide death. We fully support that call in Sheffield and have developed a fresh plan to reduce suicide in both adults and children. For a long time the numbers of people committing suicide has been relatively stable over the years. However this has started to increase in recent years. This is a significant trend.

One death from suicide is too many, it is a deeply personal tragedy and has a ripple effect a long way beyond the family affected. Every suicide is a tragedy that has a far reaching impact on individuals, family, friends and the community long after a person has died.

This strategy aims to make suicide prevention everyone's business in order to reduce the incidence of suicide locally. It enables all to see what we are doing together to prevent death by suicide and to understand what support is available for those individuals, families and communities affected by suicide.

In line with the UK National Strategy on Suicide Prevention - there are 6 key areas for action to reduce suicide. These are;

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

We know these are the right actions and we have challenged all our organisations in the city to implement interventions with urgency and fully. Initial areas of focus in Sheffield include the development of real time surveillance and early bereavement support for those affected by suspected suicide, increased support for people who self-harm, the development of a local suicide prevention awareness training offer and support for middle aged men.

For many years suicide prevention has not been a mainstream issue, sometimes because of stigma, sometimes because of fear of making things worse, sometimes for other reasons. Our strategy aims to correct this and we aim to be fearless in our implementation

The actions in this strategy are derived from evidence-based practices & user experience.
Many of us have narrowly focused on 'identifying persons at risk and getting them into treatment.' Conversely, many mental health consumer advocates either avoid or react negatively to suicide prevention discussions, at times due to traumas associated with historically coercive practices and policies. We aim to take an approach that is focused on those at high risk AND helping shift population norms.

This work is owned by the Sheffield Suicide Prevention Group. This is a multi-agency and multi-disciplinary group with members drawn from a wide range of places. We continually try to increase the service user input into this group, and are open to new members

I would welcome any comments on this plan in the hope of improving it in the future.

Greg Fell
Director of Public Health

1. National Context and publications and guidance relevant to suicide prevention

1.1 The national picture

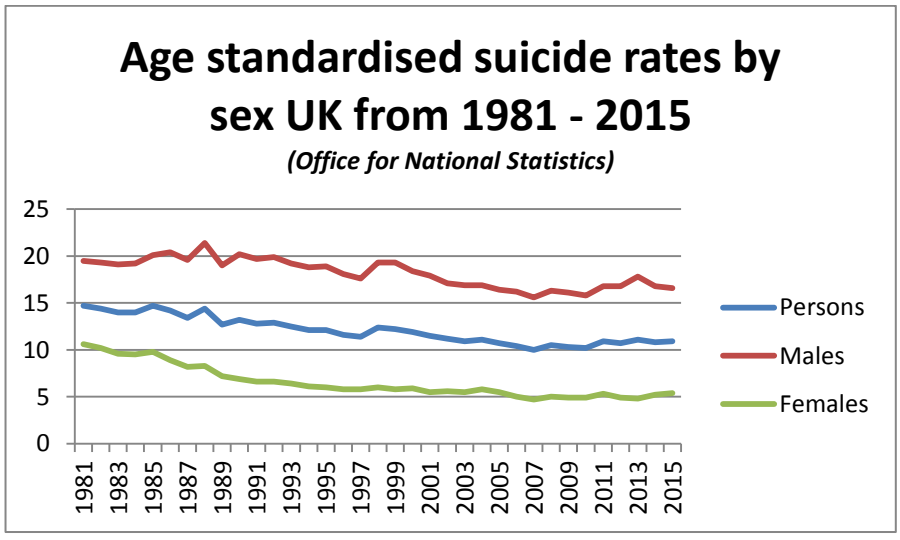
The most recent national data on suicide from ONS tells us that in 2014, a total of 6,122 suicides of people aged 10 and over were registered in the UK, 120 fewer than in 2013 (a 2% decrease).

Historically, a generally downward trend in suicide rates was observed between 1981 and 2007, with a decrease from 14.7 to 10.0 deaths per 100,000 population (see Figure 1). Suicide rates began to increase in 2008 – peaking at 11.1 deaths per 100,000 in 2013, before dropping slightly in 2014 to 10.8 deaths per 100,000.

1.2 The relationship between austerity and suicide

Researchers have become increasingly interested in the relationship between the global economic downturn/recession and the impact on suicide, attempted suicide and the incidence of self-harm. In the first study that aimed to provide the first systematic multiple country evidence of a causal relationship of fiscal austerity on time, gender, and age specific suicide mortality across five Eurozone countries Antonakakis et al [1]found that fiscal austerity has short-, medium- and long-run suicide increasing effects on the male population between 65 and 89 years of age. A 1% reduction in a Eurozone periphery country's government spending leads to an increase of 1.38%, 2.42% and 3.32% in the short-, medium- and long-run, respectively, of male suicides rates between 65 and 89 years of age in the Eurozone periphery. In addition, unemployment benefits and strict employment protection legislation can help mitigate the negative effects of fiscal austerity on suicide mortality.

This trend has also been identified by researchers in the UK. The chart below shows the trend in suicides in the UK between 19998 - 2013 and shows an increase in male suicides since 2008, reversing the downward trend seen in previous years.



"The growing evidence is that the risk of suicide elevates in a recession. The reason for this is the effect of job losses and the psychological effect of that, but the other factor hinted at here, which chimes with what we have heard, is the negative effect of back to work programmes over the last four years."

Paul Farmer, Mind, the mental health charity

Their more detailed findings included;

[1]The 2008 Global Financial Crisis: effects on mental health and suicide
David Gunnell, Jenny Donovan, Maria Barnes, Rosie Davies, Keith Hawton, Nav Kapur, Will Hollingworth, Chris Metcalfe 2015

- Economic recessions lead to increased levels of mental illness, suicide and suicidal behaviour.
- Rises in redundancies and unemployment as a result of the 2008 recession were greatest in young people, particularly males.
- Key stressors include job loss, financial difficulties, debt, loss of home and relationship stresses.
- The people most affected are individuals who are already vulnerable due to pre-existing mental health problems and other risk factors for mental illness and suicide.
- Many individuals who die by suicide in the context of employment or financial difficulties are not in contact with mental health services or their GP.
- People experiencing mental health problems as a result of their financial and employment difficulties often lack the motivation and support to navigate the benefits and advice systems.

A number of policy recommendations were also made as part of this research:

- Appropriate investment in active labour market programmes should be made, supporting young people who are entering the labour market for the first time.
- Provision of adequate welfare benefits could mitigate the impact of recession on suicide risk.
- Frontline staff most likely to be in contact with vulnerable individuals whose mental health is affected
  by economic difficulties should receive training in recognising and responding to risk.
- Staff working in the NHS, social services and advice sector should be given regularly updated information on the key advice agencies, in order to help steer people affected by job loss, financial hardship and benefit changes towards appropriate help.
- Timely funding should be given to advice agencies (e.g. CAB, Debt Advice centres) operating in areas most affected by recession.

1.3 The national response

The Government launched a new National Strategy 'Preventing Suicide in England- a cross government outcomes strategy to save lives' in 2012[2]. The strategy builds on the successes of the earlier strategy published in 2002. The overall objective of the strategy is to reduce the suicide rate in the general population in England and to better support for those bereaved or affected by suicide. It sets out key areas for action and brings together knowledge about groups at higher risk as well as effective interventions and resources to support local action.

The main changes from the previous national suicide prevention strategy are the greater prominence of measures to support families - those who are worried that a loved one is at risk and those who have to cope with the aftermath of a suicide. The strategy also makes more explicit reference to the importance of primary care in preventing suicide and to the need for preventive steps for each age group.

The Six key areas for actions to prevent suicide are listed as follows:

1 Reduce the risk of suicide in high risk groups
2 Tailor approaches to mental health in specific groups
3 Reduce access to the means of suicide
4 Provide better information and support to those bereaved or affected by suicide

[2] Preventing suicide in England: A cross-government outcomes strategy to save lives, DH 2012.

5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6 Support research, data collection and monitoring

The strategy outlines a range of evidence based local approaches and good practice examples are included to support local implementation. National actions to support these local approaches are also detailed for each of the six areas for action.

The inclusion of suicide as an indicator within the Public Health Outcomes Framework - 4.1012 will help to track national and local progress against the overall objective to reduce the suicide rate.

PHE have also published a suite of documents and guidance in recent years to support the development of local suicide prevention strategies and action plans. These include

- Local Suicide Prevention Planning – A Practical Resource (October 2016)
- Preventing suicides in public places – A Practical Resource (November 2015)
- Identifying and Responding to Clusters and Contagion – Apractical Resource (September 2015

The Sheffield Action Plan has taken account of the available guidance and is structured to reflect the key theme areas and priorities of the national strategy.

1.4 The need to develop a local action plan

The national strategy calls for local action to agree and collaborate on local plans and approaches to help prevent suicide. The development of the Sheffield Suicide Prevention Group and this plan form our response.
In February 2016 the Independent Mental Health Task Force published their recommendations for the NHS and wider, to transform mental health in England[3]. This also sets out recommendations around central support for the development and review of local plans, as well as for investment towards reducing suicide.

1.5 Accountability and Governance

The SSPG reports to the Mental Health Partnership Board, developing the suicide prevention plan in line with the objectives of the Sheffield Strategy for Mental Health 2015 (adults). The group, and its planned work, will link to the work of the Sheffield Child Death Overview Panel, in terms of addressing learning and actions agreed following relevant deaths in children, and to the Emotional Wellbeing and Mental Health programme for Children and Young People (Future in Mind).

2. The case for suicide prevention locally

The latest population rate for Sheffield (2013-2015) is 11.1 per 100,000, which is an increase from 9.8 in 2012-2014. At its lowest in 2008-2010 the Sheffield rate was 6.7.

[3] The five year forward view for mental health 2016, www.england.nhs.uk/mentalhealth/taskforce

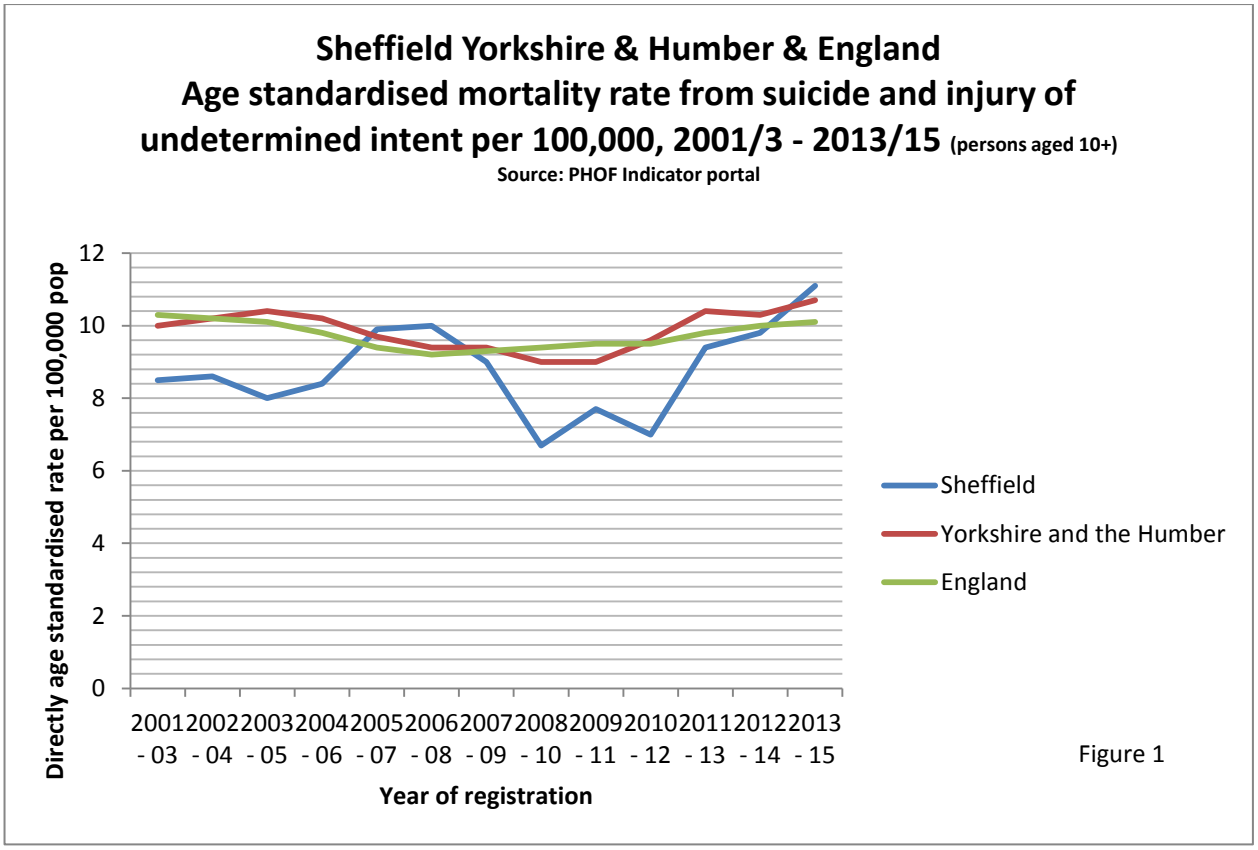
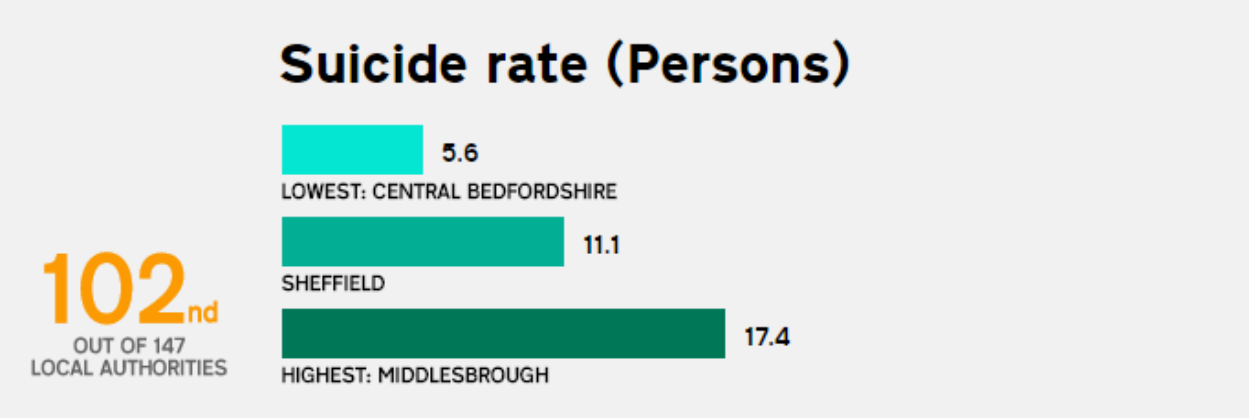


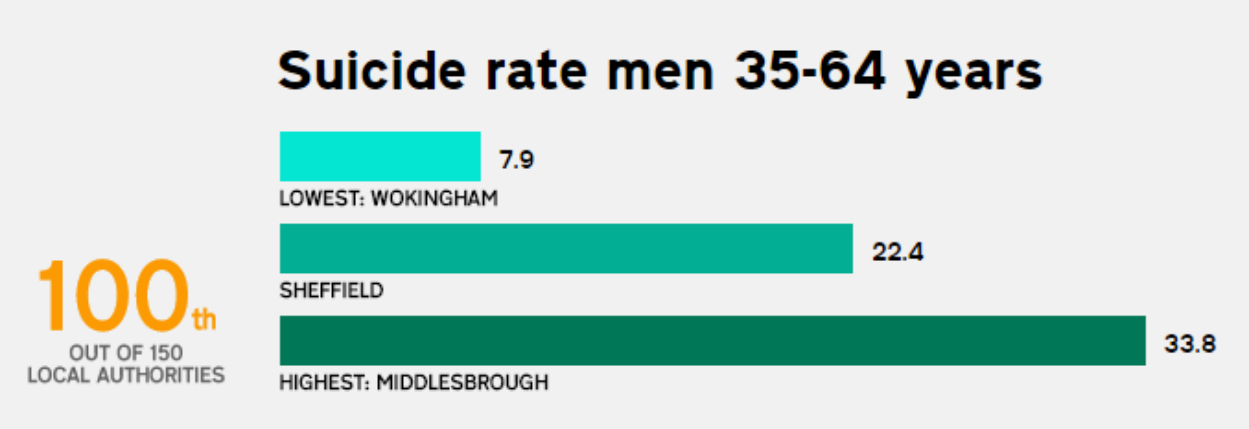
Figure 1

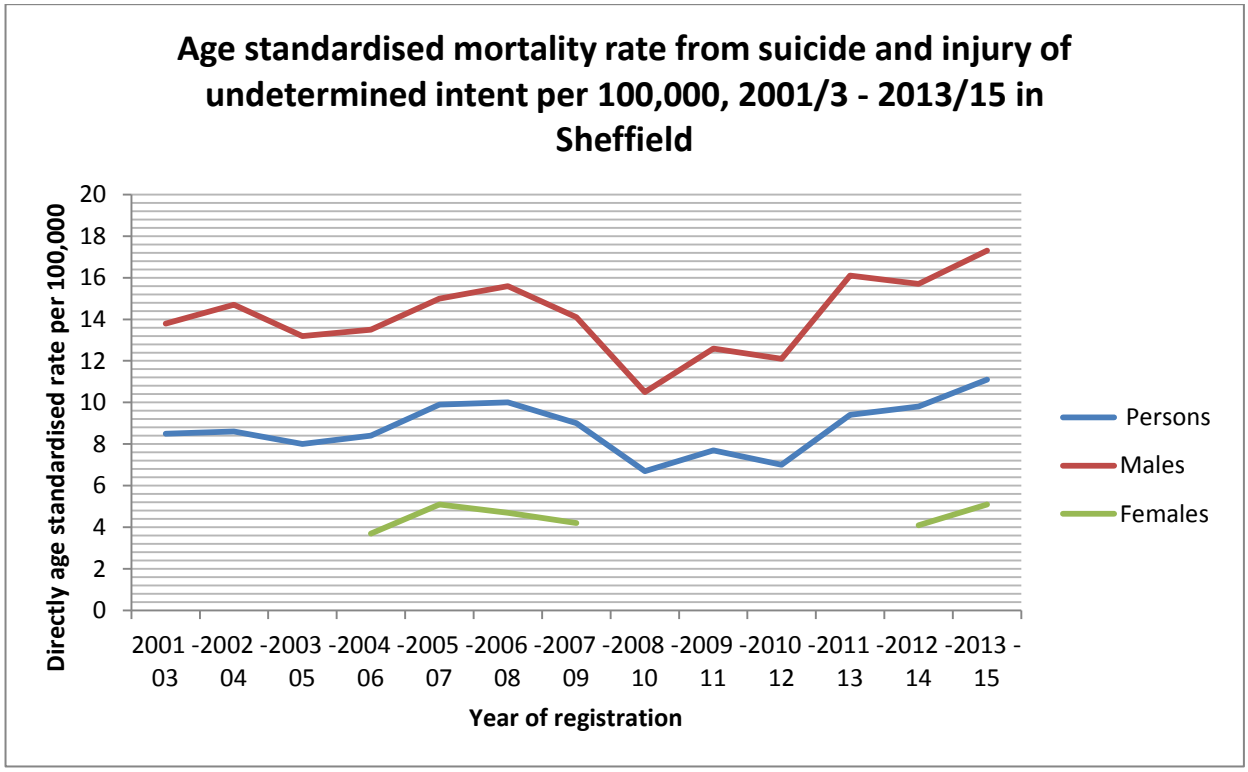
Using a three year average to identify trends (figure 1 above), it is clear that the trend for Sheffield has reversed from a downward direction. The local rate of increase has been faster than the national rate. The rate of suicide in Sheffield is now above the England average of 10.1

There were 159 suicides in Sheffield between 2013-2015 and the chart below shows how this rate compares with other Local Authorities.



In Sheffield, 3 to 4 times more men die by suicide than women (similar to the national picture). However more women attempt suicide. As with the national picture, suicide rates are highest for people in mid-life. The chart below shows the suicide rate in Sheffield for men is 22.4





2.1 Most recent Sheffield audit and findings

The Sheffield Public Health team undertook an audit of deaths from suicide in 2012 (which looked at data from 2001-2010, 333 deaths in total). This demonstrated that in the main figures were very similar to national data. Specifically:

- 77.5% were men.
- 89% were white British, 5% were Asian / Asian British, 2.6% were black / black British, 3.2% other ethnicity and 1.5% unknown ethnicity.
- 31% were unemployed, 17% retired, 8% were on long term sick, 4% were students, and 35% were employed.
- 37% were known to have relationship problems.
- 46% had a history of physical health problems.
- 51% had a history of previous self-harm.

- 18% had seen their GP in the last week, and a further 21% had seen their GP in the last month.
- In 171 cases the records were investigated for evidence of a known mental health problem and to determine the main contributing cause. This showed:
    - 53% had a history of mental health problems, with depression being the most common.
    - The main cause analysis found
        - Depression (40%)
        - Relationship (27%)
        - Financial problems (12%)
        - Physical health problems / loss of independence (12%)
        - Bereavement (11%)
        - Employment concerns – fear of or actual loss of work (6%)

2.2 Leeds audit

Leeds City Council recently refreshed their suicide audit, which produced an extremely detailed audit that involved 2 people being given access to the coroner's records and hand searching ~550 files for details of the contributing factors and previous contacts.

The majority of the findings were very similar to those in the Sheffield audit.

One potentially significant change that was noted in the Leeds Audit was that the number of people in whom financial difficulties or employment problems were considered a contributory cause had risen.

2.3 Should we repeat the Sheffield audit?

There may be value in undertaking a repeated audit of more recent suicides in Sheffield, but doing so can be extremely resource intensive due to the nature of records and there has to be a balance between how much the audit will help us understand how to tailor our response and the amount of capacity that can be given to refreshing the audit.

The Steering group agreed to repeat the Sheffield Suicide audit in 2018 at which point there will be 5 years new data for the audit to analyse. Given that Sheffield shares a Coroner with Barnsley, we will consider the possibility of working in collaboration with their Public Health lead, which may serve to minimise duplicate requests for data to the Coroner.

3. Sheffield Vision and Objectives

We will work towards the adoption of an ambitious and proactive vision for suicide prevention in Sheffield that's reflects the national strategy and the Aiming for Zero Suicides report by the Centre for Mental Health.

Sheffield is a city committed to a zero suicide approach. By stating this we mean:-

- A city that supports people through the difficulties they face and at times of personal crisis, with the aim that suicide is not considered.
- A city which builds individual and community resilience.

In line with new guidance from PHE issued to support the local development and implementation of suicide plans, the objectives in our local plan reflect the six priority areas identified in the national strategy. These are to;

- Reduce the risk of suicide in high risk groups
- Tailor approaches to mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

3.1 Resources

Whilst ambitious in our aspiration, our approach to suicide prevention in Sheffield recognises and acknowledges that there are no additional financial resources available and that local delivery will depend on the ability and willingness of local stakeholders to collaborate and work within existing resources to achieve our aims.

4. Local Action Plan

During 2017-2018 the Sheffield Suicide Prevention Steering group will oversee the following local actions across the 6 domains of the national strategy.

Progress towards the actions outlines below will be monitored by the Sheffield Suicide Prevention Steering Group and an updated action plan produced following the local suicide audit in 2018

	Completed		Not started		In progress

Domain 1: Reduce the risk of suicide in high risk groups

Develop a local public mental health campaign that aims to raise awareness of mental health in men and encourages them to seek support for mental health issues and feeling confident to raise these issues with their friends along the lines of the Brighton and Hove campaign. The campaign will be launched to coincide with World Suicide Prevention Day in September 2017	
We will use the available data to better understand the current pathway for patients who self-harm and identify any areas for service improvement in line with NICE guidelines for the treatment of self-harm. In particular that • all patients presenting at A&E for self-harm receive a psychosocial assessment followed by the co-production of a 'safety plan' • there is timely follow up care for 'at risk' patients on discharge following self-harm incident	
Work with SHSC T to ensure that all patients being discharged from inpatient care receive high quality follow up and support within three of days of discharge in line with HSC recommendations	
We will work with colleagues from Sheffield Universities and Sheffield college to explore ways to support student mental health	
We will prioritise suicide prevention as part of children's workforce development and target vulnerable groups including children and young people with mental health needs, learning disabilities, substance misuse needs, LGBT+, children in care and care leavers, young people in the justice system, BAME and asylum seekers.	
We will consider collaborating to invest in a number of licences for a suicide prevention	

app to support those at high risk of suicide	

Domain 2: Tailor approaches to mental health in specific groups

A Protected Learning Initiative event (PLI) will be delivered by Sheffield CCG that is focussed on the prevention of suicide and self harm. This event will be targeted at all Sheffield GP's and Practice nurses and an electronic educational resource pack will be developed and disseminated to other local workers as appropriate	
Commission with a focus on suicide prevention at the earliest opportunity, including the Healthy Minds Framework to embed emotional wellbeing in Sheffield schools, work with third sector to provide a Youth Information Advice and Counselling Service for young people age 13-25 and develop a wellbeing café to create safe accessible spaces with support.	
We will develop a targeted approach for the delivery of suicide prevention awareness and training to key front line workers in both the public and voluntary sectors that • Understands what is currently being delivered across the city and builds on it • Works within existing resources and capacity • Actively explores opportunities to collaborate both locally and regionally where appropriate and best value	

Domain 3: Reduce access to the means of suicide

Monitor prescribing of medicines commonly associated with fatal overdose	
Through annual surveillance and/or audit monitor the emergence of any 'hot spots' for suicide attempts and work with stakeholders to make environmental changes/action where necessary e.g. erection of physical barriers	
Workforce training: To promote the use of the Learning Tool as another option for staff training to increase opportunity and capacity for interventions. To ensure regular Samaritans Managing Suicidal Contacts (MSC) courses are run for Network Rail, BTP and Train Operator Staff	Network Rail and Train Operating Companies Samaritans
Suicide clusters: Network Rail will inform local authorities where three or more suicides/attempts have taken place in a rolling 12 month period on its infrastructure. It will then seek to work with them to make the community in and around the area less vulnerable to suicide. Letter received regarding Meadowhall station. We are currently working alongside SY colleagues to develop areas of collaborative work to make the community in and around the area less vulnerable to suicide	Network Rail , Train Operating Companies, British Transport Police and

	Samaritans Public Health
Data: The Rail Industry in conjunction with BTP will provide information on numbers of incidents at stations within Sheffield Council	Network Rail and British Transport Police Public Health
Providing better information/signposting Increase the opportunities for help seeking by suicidal individuals – Samaritans material such as signs and posters can be fitted at identified stations	Samaritans
Reducing the Means: In identified risk areas stations can be assessed and physical barriers can be considered. Fitment is not always possible due to design restrictions, platform designs and size and other factors such as available budget but they can be considered as part of a layered approach to mitigations.	Network Rail and Train Operating Companies

Domain 4: Provide better information and support to those bereaved or affected by suicide

Work with South Yorkshire Police and the Coroner to ensure that the Help is at Hand booklet and/or zcard is given to those bereaved or affected by suicide in a timely manner	P
Explore any local opportunities to refer bereaved people to support services in the period immediately following a suspected suicide – similar to the Rotherham protocol with Samaritans	P
Ensure that GP's receive opportunities to increase their skills and ability to respond to patients who might be bereaved or affected by suicide in a consistent, compassionate way and are confident about additional sources of support they can refer patients to	We've delivered the PLI. Any further action?
Contribute to the regional debate about the opportunities for co-commissioning bereavement and postvention services	
Distribute and provide training for the local safeguarding children and young people's suicide prevention pathway, and update information and resources included	

Domain 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Collaborate with regional suicide prevention leads to deliver an update for local media outlets, especially local newspapers on the suicide reporting guidelines	

Domain 6: Support research, data collection and monitoring

The Sheffield suicide prevention steering group is well established and a local suicide prevention plan is developed in line with national guidance	
The SSPG provides appropriate suicide surveillance and conducts an suicide audit in 2018	