Suicide Prevention Strategy for Hampshire 2018 - 2021

Introduction

Suicide can have a profound effect on family, friends and the local community. Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy.

This strategy outlines the Hampshire approach to suicide prevention which requires statutory agencies, the voluntary sector and others, including the media, to work together to reduce the number of suicides and the effect of someone taking their life.

We need to support individuals, groups and communities at risk of suicide, offering effective and acceptable responses which reduce their level of risk. We need to work together to influence those whose actions and policies have an impact on the risk of suicide.

This strategy is in line with national guidance and the All Party Parliamentary Group guidance on suicide prevention.

The following key areas of work have been identified nationally as key to reducing suicide. This strategy addresses each of these aspects;

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve 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
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

This work changes and develops as new issues emerge and as research, practice and partnership plans progress. This plan will take account of the NICE guidance being published in 2018

Overall Aim

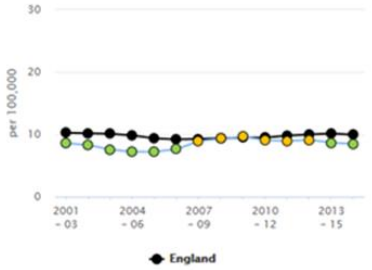
Achievement of the Five Year Forward View target for reduction of suicide (10% by 2020/21) from a 2015/16 baseline

The Hampshire Picture

The latest suicide and injury undetermined mortality rate (2014-16 data) for Hampshire is 8.4 per 100,000 population. This is statistically significantly lower than the England rate of 9.9. Between 2014 and 2016 there were 303 deaths by suicides of Hampshire residents.

The suicide rate is higher for males, with a male: female ratio of 3:1. However, trend data showing a decrease in Hampshire over the last few years, suggest that the male rate is now lower than the national rate. However there has been a flattening of the female rate in Hampshire which is comparable to the national rate.

4.10 - Suicide rate (Persons) Hampshire — Directly standardised rate - per 100,000

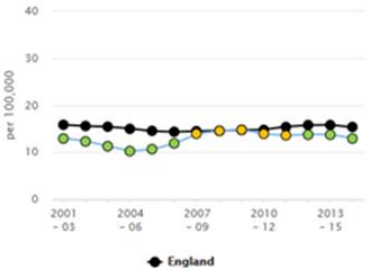


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		280	8.6	7.6	9.7	10.0	10.3
2002 - 04		273	8.3	7.3	9.4	10.0	10.2
2003 - 05		252	7.6	6.7	8.6	9.8	10.1
2004 - 06		242	7.2	6.3	8.2	9.6	9.8
2005 - 07		243	7.2	6.3	8.2	9.1	9.4
2006 - 08		260	7.6	6.7	8.6	8.9	9.2
2007 - 09		306	8.9	8.0	10.0	9.1	9.3
2008 - 10		320	9.3	8.3	10.4	9.3	9.4
2009 - 11		332	9.6	8.6	10.7	9.5	9.5
2010 - 12		316	9.1	8.1	10.1	9.3	9.5
2011 - 13		315	8.9	8.0	10.0	9.9	9.8
2012 - 14		325	9.1	8.2	10.2	10.1	10.0
2013 - 15		313	8.7	7.7	9.7	10.2	10.1
2014 - 16		303	8.4	7.5	9.5	9.8	9.9

Source: Public Health England (based on ONS source data)

4.10 - Suicide rate (Male) Hampshire — Directly standardised rate - per 100,000

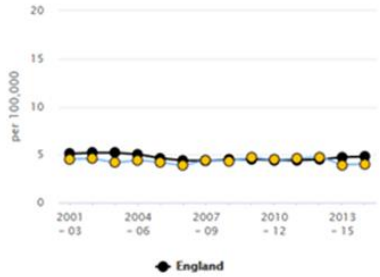


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		204	13.0	11.2	14.9	15.4	15.9
2002 - 04		196	12.4	10.7	14.3	15.2	15.6
2003 - 05		182	11.3	9.7	13.1	14.9	15.4
2004 - 06		167	10.3	8.8	12.0	14.3	15.1
2005 - 07		171	10.6	9.1	12.4	13.7	14.5
2006 - 08		192	11.9	10.3	13.8	13.6	14.4
2007 - 09		228	13.9	12.1	15.8	13.9	14.5
2008 - 10		244	14.6	12.8	16.6	14.2	14.6
2009 - 11		248	14.8	13.0	16.8	14.3	14.7
2010 - 12		234	13.9	12.2	15.8	14.2	14.8
2011 - 13		229	13.6	11.9	15.5	15.2	15.5
2012 - 14		236	13.8	12.1	15.7	15.7	15.8
2013 - 15		239	13.8	12.1	15.7	15.9	15.8
2014 - 16		227	13.0	11.4	14.8	15.1	15.3

Source: Public Health England (based on ONS source data)

4.10 - Suicide rate (Female) Hampshire — Directly standardised rate - per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		76	4.5	3.6	5.7	5.1	5.1
2002 - 04		77	4.6	3.6	5.8	5.2	5.2
2003 - 05		70	4.2	3.2	5.3	5.1	5.2
2004 - 06		75	4.4	3.5	5.6	5.2	5.0
2005 - 07		72	4.2	3.3	5.3	4.9	4.6
2006 - 08		68	3.9	3.0	4.9	4.6	4.4
2007 - 09		78	4.4	3.5	5.6	4.5	4.4
2008 - 10		76	4.3	3.4	5.4	4.7	4.5
2009 - 11		84	4.7	3.8	5.9	4.9	4.5
2010 - 12		82	4.5	3.5	5.5	4.8	4.4
2011 - 13		86	4.6	3.7	5.7	4.8	4.4
2012 - 14		89	4.8	3.8	5.9	4.7	4.5
2013 - 15		74	3.9	3.1	4.9	4.8	4.7
2014 - 16		76	4.1	3.2	5.1	4.8	4.8

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework

Suicide Audit

The annual audit of deaths by suicide continues to help us understand our local picture. Benefits of the local collection of these data, are that it enables us to review available

information on risk factors associated with each case such as mental health service use, GP consultations, long term conditions, criminal record, drug and alcohol use. It can also highlight information on patterns of risk and potential gaps in service provision.

The Hampshire 2017 audit of deaths by suicides has been conducted in partnership with HM Coroners for the suicide cases where the date of death was between 1st January 2016 and 31st December 2016 and the individual was a resident in the Hampshire County area.

Some key themes identified are;

- Potential differences in methods by age band.
    - Similar to all ages, just over half of the young people (aged under 20 years) died by hanging, however a larger proportion of young people (35%) died by either jumping from height or onto train tracks or train when compared with the older age bands.
    - A larger proportion of 40 to 59 years died from an overdose compared to the other age bands.
    - Emerging methods such as helium poisoning and CO poisoning were evident in the older 40 years and over ages.
    - Death by shooting is more common in the over 60 years-and-over age band.
- Primary Care's prevention opportunities
    - One third (n=66) had been to see their GP two weeks before their death. Almost half of these consultations were to discuss mental health issues – such as depression and anxiety, review of medication for depression and poor sleep.
- Location
    - For those deaths which occur elsewhere (not at home) the most common location is a woodland or wooded public area, followed by rail related locations.
- Criminal Justice Contacts
    - People in current or recent contact with the criminal justice service were at risk of suicide. In particular, a number were under investigation for sexual offences.
- Life events/themes
    - For all ages, mental illness was recorded the most, ranging from common mental health disorders such as depression and anxiety to acute conditions such as psychosis and schizophrenia.
    - Four cases of post traumatic stress disorder were recorded.
    - Over one third of people had had relationship problems. This was the most common recorded theme documented affecting over half of those aged under 25 years.
    - One in ten people had sleep problems noted, this ranged from disturbed or poor sleep, sleep apnoea and insomnia.

Reducing the risk of suicide in key high-risk groups

With suicide risk not evenly distributed throughout the population there are some groups at higher risk.

Reducing risk in men, especially those in middle age is particularly important. Men are at higher risk in this middle age group when there are co-existing issues such as debt, social isolation, drugs and alcohol use.

Ideas of socialisation play a particularly important factor in relation to men's mental health. These tendencies include a relative lack of emotional expressiveness, the propensity to "act out" emotional distress, and a reduced willingness to admit vulnerability and seek help. Key factors for men include depression, especially when it is untreated or undiagnosed, alcohol or drug misuse, unemployment, family and relationship problems including marital breakup and divorce, social isolation and low self-esteem.

We have undertaken insight work to understand Men's views on mental wellbeing that has been used to inform the development of a bid for EU funding.

People in contact with the criminal justice system
There are many possible factors as to why someone in the criminal justice setting may be more at risk from suicide. Jails and prisons are repositories for vulnerable groups that are traditionally among the highest risk for suicide, there may be a psychological impact of arrest and incarceration and, furthermore, prisoners are isolated from their family community and support. In partnership with the criminal justice system, multi-agency work has commenced to improve the health and wellbeing of those in the criminal justice system.

Specific occupational groups, such as doctors, nurses, veterinary workers
Depression is at least as common in the medical profession as in the general population, affecting an estimated 12% of males and 18% of females. However, because of the stigma often associated with depression, self reporting likely underestimates the prevalence of the disease in both of the above populations.

Perhaps in part because of their greater knowledge of and better access to lethal means, physicians have a far higher suicide completion rate than the general public; the most reliable estimates range from 1.4-2.3 times the rate in the general population. Although female physicians attempt suicide far less often than their counterparts in the general population, their completion rate equals that of male physicians and, thus, far exceeds that of the general population (2.5-4 times the rate by some estimates).

Farmers and agricultural workers
The key explanatory variables in this group are the presence of physical and mental illness, low rates of treatment, lack of a close confiding relationship, work and financial problems and the availability of firearms. The National Farmers Union (NFU) reports that the average age of farmers in Hampshire is 57 years, indicating an older average workforce than that seen in other occupations. Due to the mechanisation of farming methods they are also more likely, than other occupations, to be sole workers,.

Lesbian, Gay and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self harm than heterosexual people3. The results demonstrated a two fold excess in risk of suicide attempts in the preceding year in men and women, and a four fold excess in risk in gay and bisexual men over a lifetime. Suicide in these groups is related to isolation and not being able to come to terms with sexuality alongside a fear of discrimination.

Transgender people are of the highest risk of suicide in this group.4 A 2012 survey in Ireland5 reported that 78% of trans people had thought about ending their lives and 40% had attempted suicide. Transgender people may also experience relationship issues with close friends and families, alongside stigma, discrimination and hate crime from the wider community. Risk of suicide compounded by any co-existing mental and physical health. They may also experience long waiting times for NHS gender reassignment services, exacerbating existing difficulties.

Proposed Actions	**When**
Embed learning from work into all themes of mental wellbeing work	Ongoing
Use EU bid for innovative work with men	To be completed by 2021
In partnership with key stakeholders reduce drug related deaths in Gosport through the substance misuse service transformation	From July 2018
Digital support scoped and considered for those at increased risk of suicide, eg Stay Alive app	June 2018
Suicide prevention training for frontline workers	Available from April 2018
Work with the Criminal Justice System on embedding learning from the Rebalancing Act Plan through the Reducing Reoffending subgroup of the Local Criminal Justice Board	Ongoing Refreshed action plan June 2018
Improve equality monitoring in commissioned services and support public health, mental health and other support services to be more LGBT welcoming and inclusive	Sept 2019
Development and distribution of LGBT resource for primary and secondary schools to create more inclusive and supportive school communities	Sept 2018
Further explore work with NHS regarding suicide prevention in medical professions taking forward local research	April 2019
Review need for specific local work with farmers and vets in Hampshire	June 2019
Improve practice and multiagency collaboration in management of dual diagnosis of Severe Mental Illness and substance misuse through area pathway groups.	Ongoing

Tailor approaches to improve mental health in specific groups

Improving the mental health of a local community can impact strongly on reducing suicide rates.

A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People) set out a number of key actions which will impact on overall wellbeing and reduce risk of suicide. A further strategy is being developed the key themes of this are:

- Emotional wellbeing and mental health of children and young people is every body's business
- Supporting good mental health of parents, child and families from conception to early years (0-5 years old)
- Whole school/education establishment approach to mental health
- Vulnerable Communities
- Reduce rates of Self Harm
- Tier 2 and Tier 3 Child and Adolescent Mental Health Services
- Staff Training and Workforce

A mental wellbeing plan focusing on the adult population is being developed and will be implemented in 2018-21. The themes of the strategy, of which self-help and strengthening communities are a key part are:

- Universal interventions to build resilience and promote wellbeing at all ages with a focus on those at risk of poor mental wellbeing.
- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems
- Early intervention and physical health improvement for people with mental health problems
- Eradicate the stigma and discrimination associated with mental health

The key actions will be outlined in the strategies.

Specific issues related to Suicide prevention are outlined below

Those visiting primary care. Primary care partners supported to ensure they are confident to identify and support those with suicidal ideation.

Depression can cause symptoms of low mood, tiredness, loss of interest, despair and hopelessness that interfere with a person's life. Treatment of depression and other mental illness conditions in primary care, and safe prescribing of painkillers & antidepressants should follow NICE guidance[1,2].

Sleep disturbances in general, as well as insomnia and nightmares individually, appear to represent a risk factor for suicidal thoughts and behaviour.

Relationships. Both divorced and separated males and females have been found to be at an elevated risk of suicide compared to their married counterparts One clear implication of the evidence that relationship breakdown is associated with heightened suicide risk is that, when working with men and women already identified as at risk of suicide, practitioners need to be alert to the possibility that relationship breakdown can be a trigger to suicidal acts.

[1] https://www.nice.org.uk/guidance/cg90/chapter/1-Guidance#care-of-all-people-with-depression
[2] https://www.nice.org.uk/guidance/cg91

For those under the care of mental health service especially in relation to past traumatic events will have safety plans and condition pathway allocated to ensure best practice interventions

A key challenge remains how to encourage those at risk to seek help as early as possible. The inability to express distressing emotion has been viewed as a risk factor for suicide.

Action	
Develop an approach to improving the support for people affected by issues of depression, relationship breakdown and poor sleep, through partnership work with primary care and local support agencies	March 2019
Develop a proposal for STP funding for working in primary care across the South East of England	March 2018
Zero Tolerance to suicide work to be scoped and considered by key mental health agencies	September 2018
Continue developing and disseminating evidence-based suicide assessment (>95% of patients to have a risk summary) and collaborative safety planning in people in contact with mental health services (MyCrisis & SafetyPlans) for all inpatients and those at medium/high risk)	Achieve targets (95%) for safety planning by end 2019
Implement evidence-based pathways for severe mental disorders to meet standards for psychosocial intervention especially for trauma.	Ongoing (95% of patients under mental health service allocated to pathway)

Reduce access to the means of suicide

Reducing access to the means of suicide can be a very effective form of suicide prevention. Whilst some of this work is takes place at a national level other more local work is needed at.

A strong partnership has developed partnerships with the railway industry. Recent guidance concerning suicides on the Highways and in waterways and seas has furthered our partnership with the Marine Coastguard Agency and the Highways leads to support their role in reducing suicide.

Where a possible area of high risk is identified, work is undertaken to understand what mitigating factors can be put in place.

Proposed Actions	**By when**
Further work with Marine Coastguard Agency to scope and understand the issues and develop an implementation plan	To start April 2018
To scope and develop a plan with the Highways team to develop further mitigations and response framework.	To start April 2018
Continue partnership with South Western Railways to identify and review where physical mitigations can be put in place across the rail network serving Hampshire.	Annual review
Continue work to improve safety of mental health inpatient units	Annual review

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

Support for those affected by suicide is important at this time of sudden loss to enable families and friends to come to terms with the loss.

Nationally the 'Help is at Document' has been produced and this is distributed throughout by the Police in Hampshire to those who are recently bereaved by suspected suicide.

The police in partnership with public health have develop a real time surveillance and support referral process for those who may have been bereaved by suicide and this process will be evaluated and reviewed in the coming year. This started in December 2017 and has enabled rapid support to be deployed.

The strategy group has reviewed all support agencies in Hampshire to ensure that relevant support is available where required. Details of this support is made available by the police, as appropriate, as part of the real time surveillance process.

A postvention protocol has been developed to support educational establishments (Schools and Colleges) following a suspected suicide in their community.

Proposed Actions	**By when**
Evaluate the real time surveillance process	March 2109
Review the venues for Help is at Hand to be distributed	March 2019
Review the offer from support agencies to ensure a robust support offer for people in Hampshire	October 2019
Further disseminate and communicate the school and college postvention protocol, as per the Communications Plan	March 2018
Development of a postvention protocol for workplace settings	December 2019

Support the media to deliver, and the communication of, sensitive approaches to suicide and suicidal behaviour

Cases of suicide can be of interest to local and national media. The reporting of suicides needs careful consideration to minimise the impact it may have on others.

The Samaritans have produced guidelines for media outlets on reporting suicide accurately and with sensitivity. This has been shared with media establishments locally.

Proposed Actions	**By when**
Review the media response since the dissemination of the media guidelines and agree any further actions	April 2019
Ensure in all communication that words around suicide are appropriate to reduce the stigma created by language	On going

Support research, data collection and monitoring

Local suicide audits are an effective way for authorities to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for local authorities to work with their CCGs, the coroner and NHS to develop and undertake a suicide audit.

Since 2013 Hampshire Public Health has conducted a suicide audit across all the three coroner offices which cover the Hampshire County area. All cases identified by each office as a suicide or suicides with a narrative verdict are included. The audit informs Suicide Prevention work providing context preceding each death and enables theme and hot spot analysis.

Further work is needed to develop a better understanding of the patterns of suicide, suicidal behaviour and attempted suicide. This is developing in conjunction with key partner agencies.

The real time surveillance programme that started in late 2017 enable public health to quickly be ale to identify trends or hotspots and reduce the potential impact of a suicide.

Proposed Actions	**By When**
Continue the suicide audit and review data from real time surveillance data	October 2018
Work with key agencies (Blue light services, transport agencies) to ensure completeness of information to understand patterns of suicidal behaviour	March 2019

Implementation

- This plan will be taken forward by a multi agency prevention group with sub-groups as appropriate.
- Public Health will lead the suicide audit and data developments in conjunction with partners.
- The group will provide updates to relevant boards including the Adults and Children's safeguarding boards, the Health and Wellbeing Board and the HIOW STP
- Governance and monitoring will be through Public Health SMT