

Hampshire Suicide Prevention Strategy

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Aim

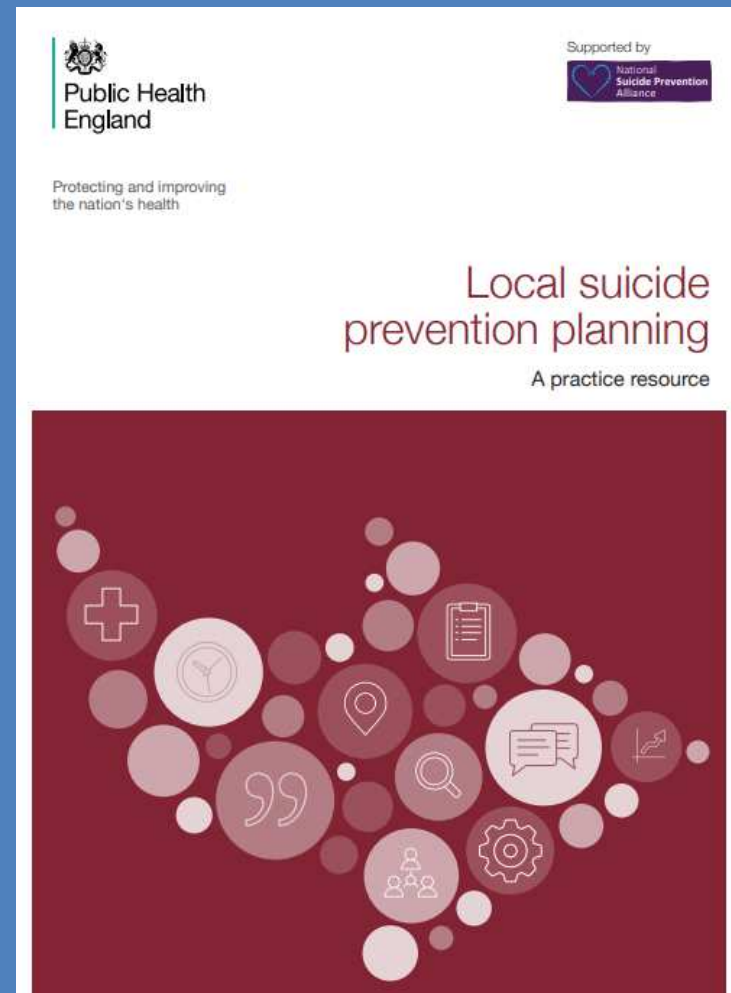
Achievement of the Five Year Forward View target for reduction of suicide (10% by 2020/21) from a 2015/16 baseline.

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.

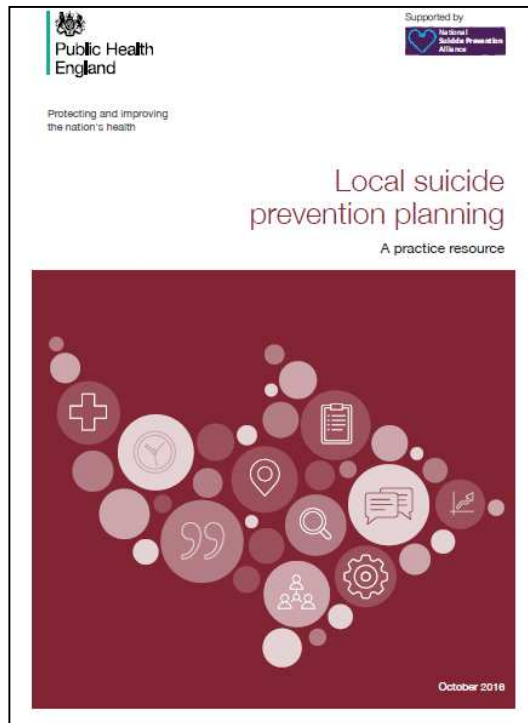
Every day in England around 13 people take their own lives.

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.

Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority.



Themes



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

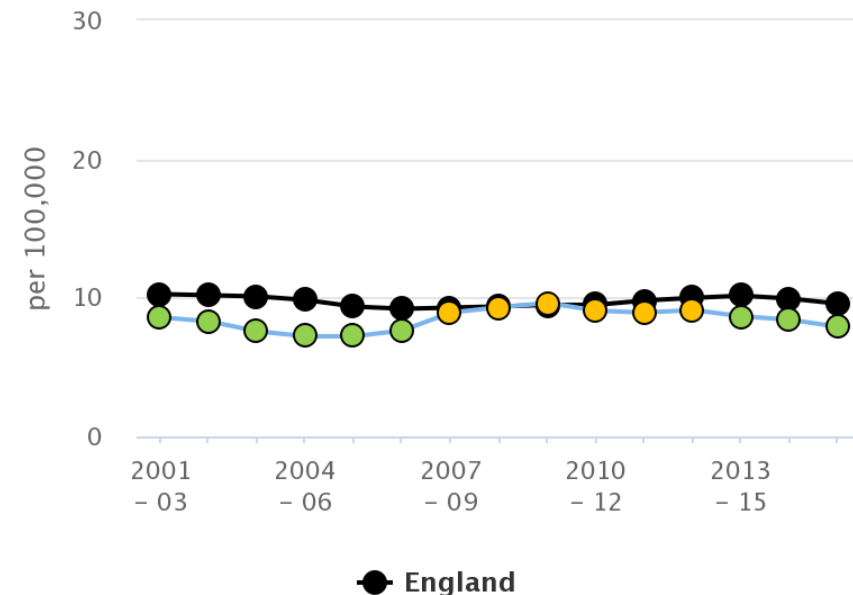
Provide better information and support to those bereaved or affected by suicide

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

Support research, data collection and monitoring

Rates of suicide

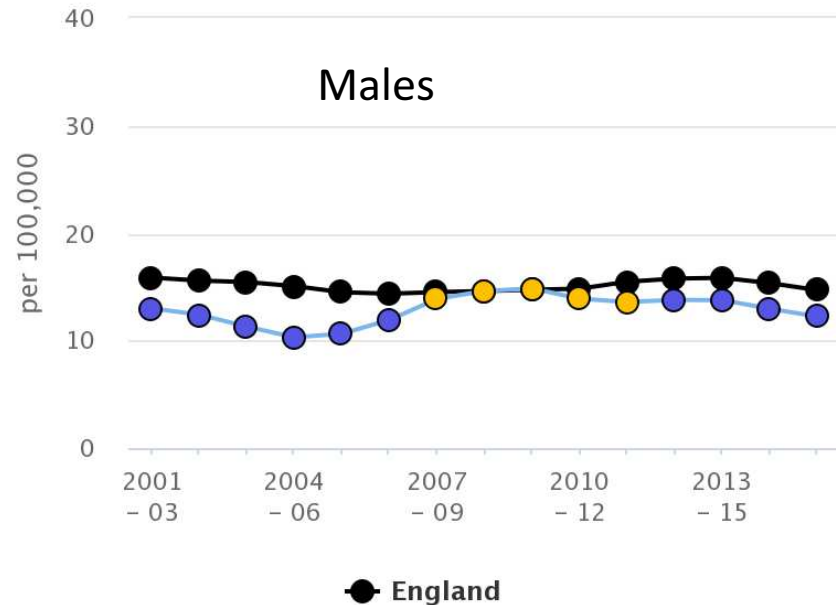
4.10 – Suicide rate – Hampshire



The latest suicide and injury undetermined mortality rate (2014-16 data) for Hampshire is 8.4 per 100,000 population (n=303) this is statistically significantly lower than the England rate of 9.9.



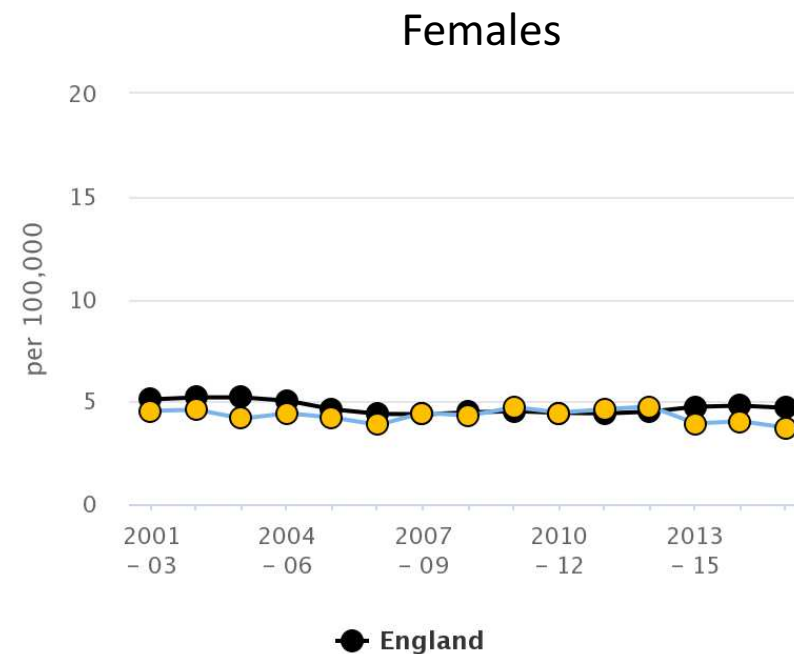
For every person who dies by suicide 135 people who knew the person will be exposed. Each suicide affects a large circle of people, who may be in need of clinician services or support following exposure.



The suicide rate is higher for males, with a male: female ratio of 3:1, however trend data suggest a decrease over the last few years for male rate which is now lower than the national rate but a flattening of the female rate which is comparable to the national rate

At district level rates fluctuate between 5.6 per 100,000 in Eastleigh to 11.2 per 100,000 in Test Valley; Data for 2014 to 2016 show rates are significantly lower than the national rate in Eastleigh Fareham and the New Forest.

The other districts rates are not significantly different to the national rate.



Why conduct a local audit?

- PH have access to nationally produced data
- Public Health Mortality Files

However...

- Lack contextual information
- Audit isn't about counting numbers it is about the person, circumstances, themes identifying risk factors.
- Enables an evidence based suicide prevention strategy and action plan

Audit: Summary data 2014 to 2017.

A total of **344 deaths** which occurred between 2014 and 2017 have been audited.

245 recorded had the person's ethnicity recorded, **89% were White or White British, eight people (3%) were Asian/Asian British**

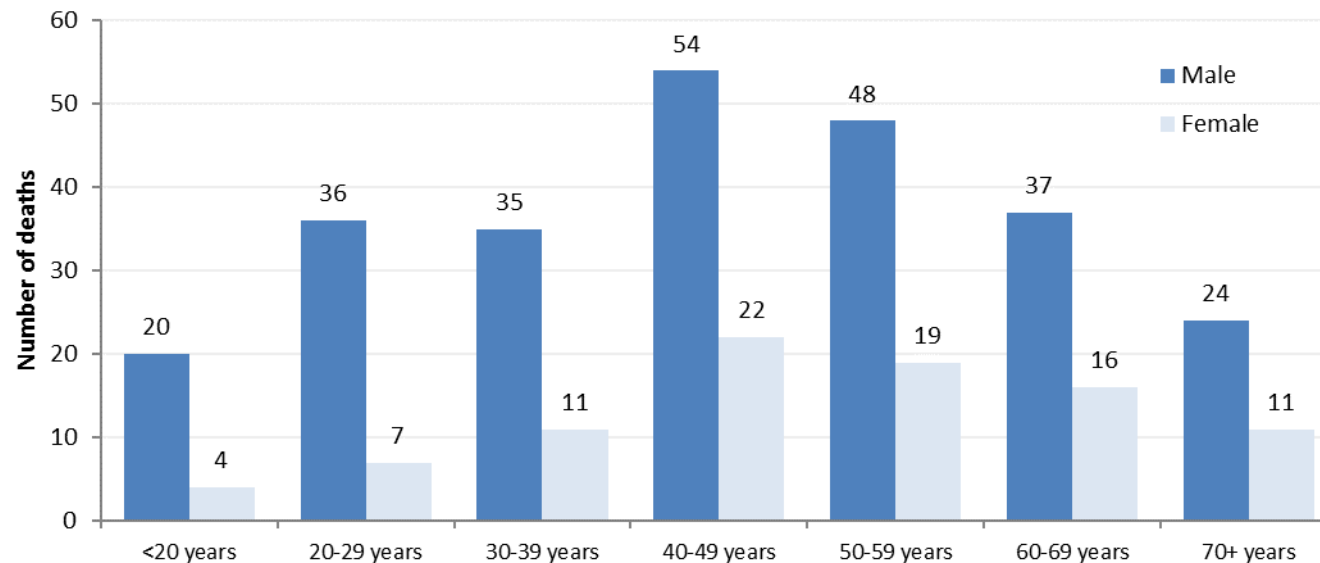
18 people were in current or recent contact with the criminal justice service. Twelve people were on bail, seven of these were under investigation for sexual offences.

Overall, the majority of cases (60%) audited died by suicide at home, however location of death data for people aged under 24 years shows the majority (65%) died elsewhere.

Hanging was the most common method with over half of the cases (55%, n = 190) using this method, 17% (n= 57) died due to a drug overdose and 5% (n=18) jumped onto train tracks/into a train.

Audit: Demographic data

Chart 1: Hampshire Suicide and Injury Undetermined Deaths, by age band and gender.
January 2014 to December 2017



A total of 254 cases (74%) were male.

The majority of both male and female cases are aged between 40 and 54 years, however there was a peak in the males aged 20-24 age band.

Ages ranged from 13 years to 90 years.

The average age over the three year period was 47 years.

One quarter (n=85) were either divorced or separated.

Almost two thirds (65%) lived alone

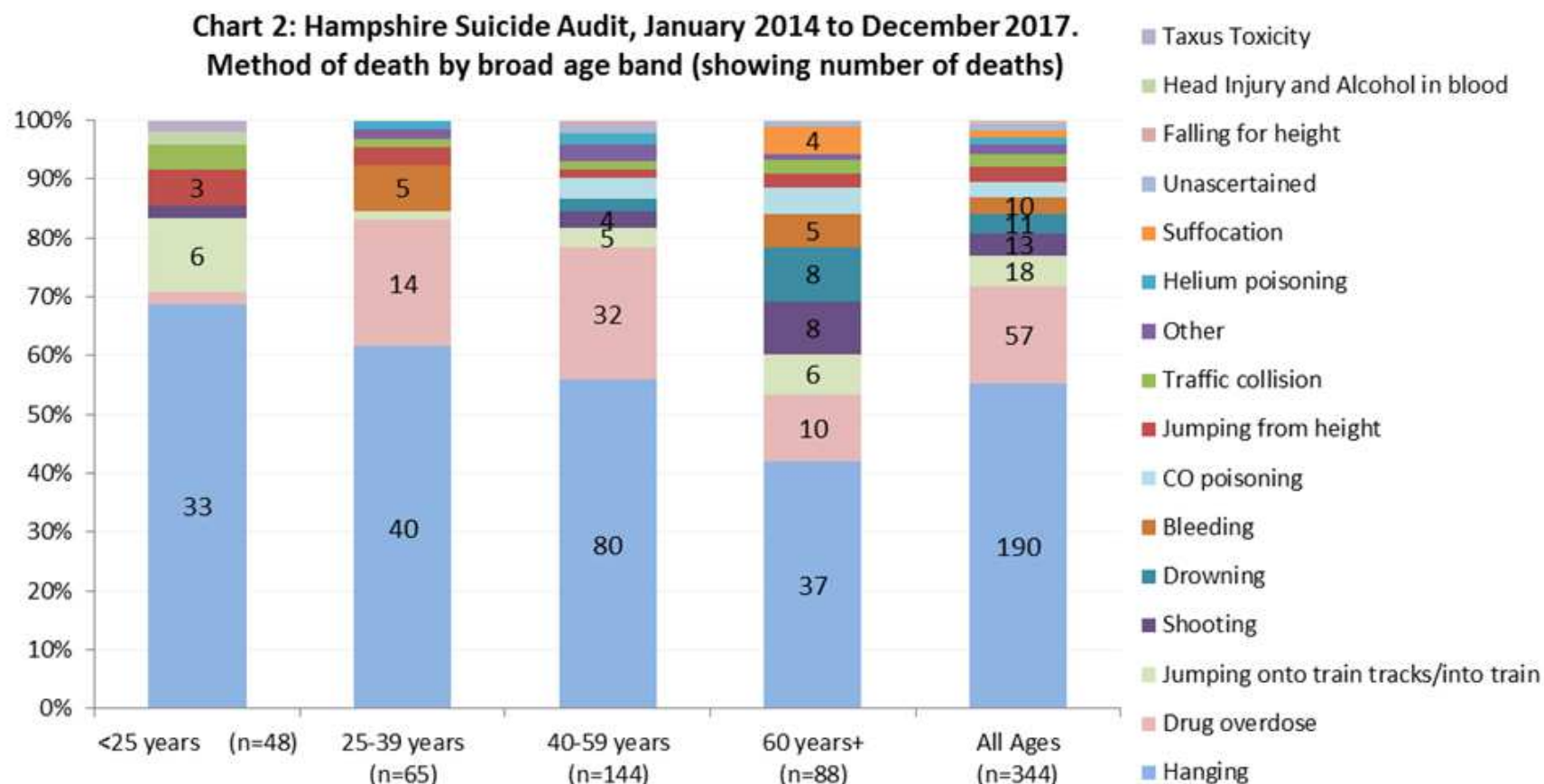
130 (38%) people were single.

Almost one third (n=39) lived alone.

7% (n=25) were widowed.

Three quarters (76%) lived alone.

Audit: Method analysis



- Analysis by method and age suggest differences in method, with a higher proportion of younger people dying elsewhere.
- Hanging was the main method for all ages however a larger proportion of younger people died by either jumping from height or onto train tracks or train when compared with the older age bands.

Audit: Services involved

92 (27%) were in contact with mental health services at the time of their death

28 (8%) had been in contact with mental health services in the last 12 months

18 (5%) had been in contact with mental health services in the last 2 years

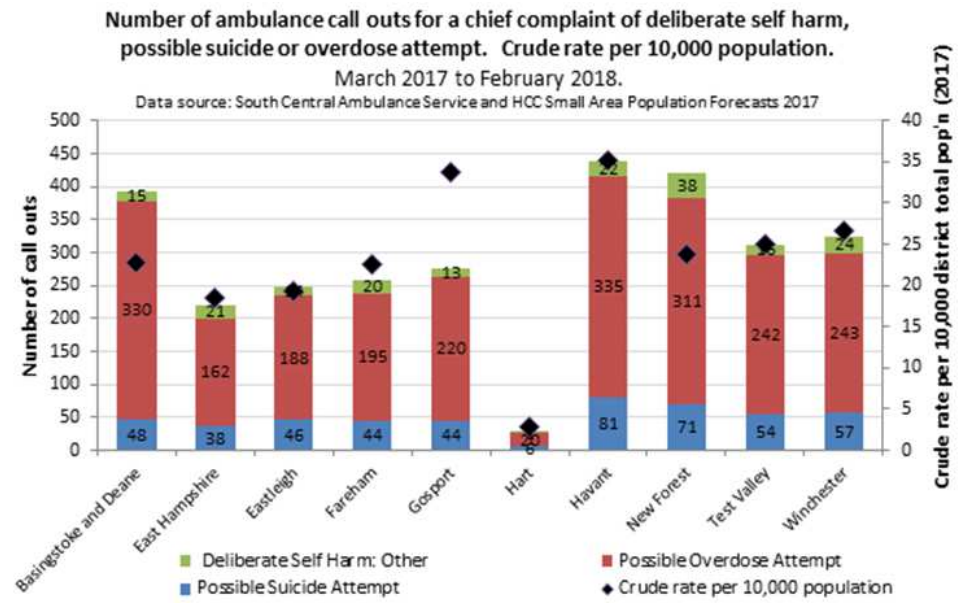
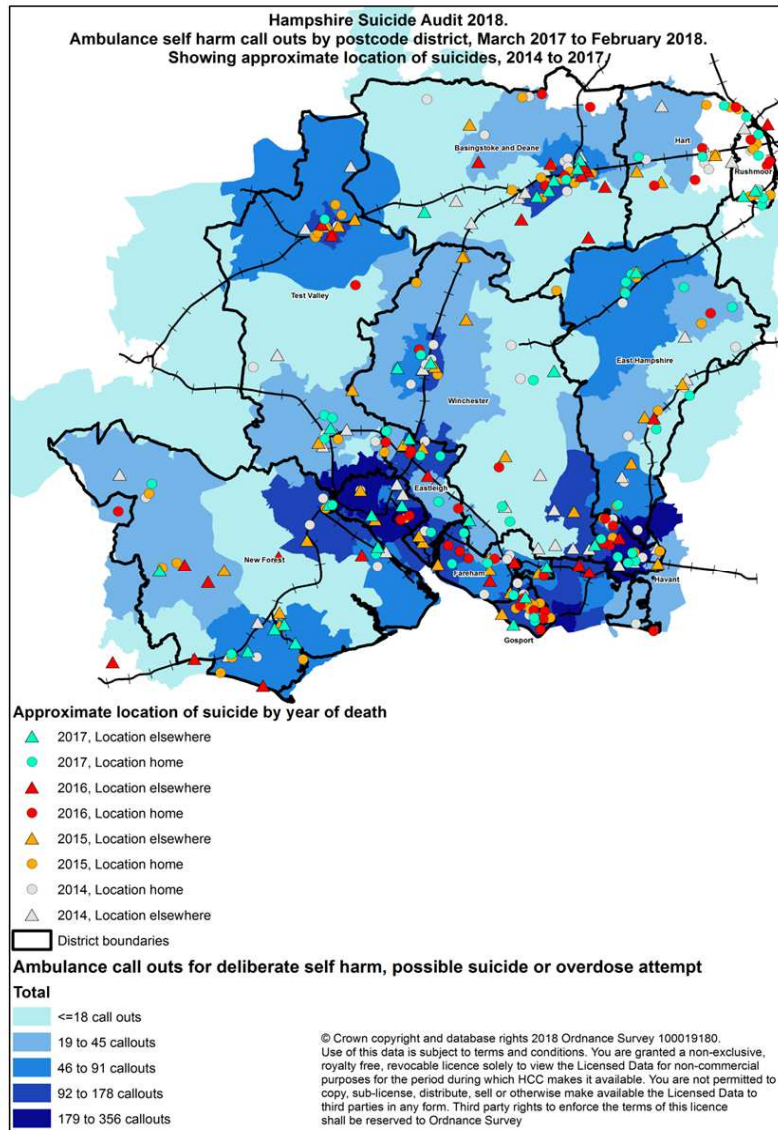
58 (17%) had been to see their GP two weeks before their death.

Almost one third (29% n= 101) had documented reports of substance misuse within the last year. 19 people (6%) reported having used drugs in the last 24 months.

33% misused both drugs and alcohol

Eight were in contact with substance misuse services at the time of the death and four had been in contact with them up to 12 months prior to death.

Self harm incidents and audit data



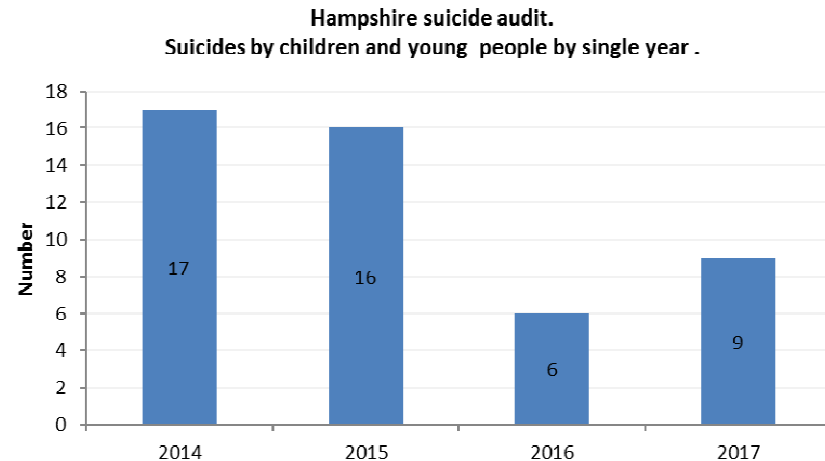
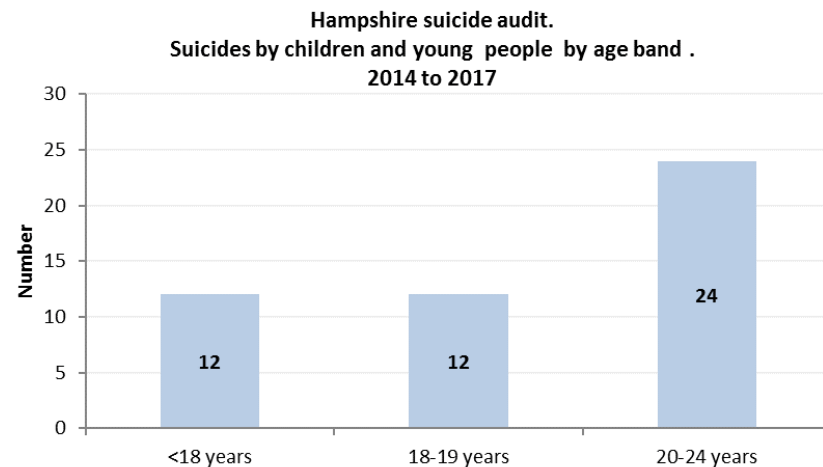
Between March 17 and February 18 SCAS attended 2,935 callouts where the chief complaint was recorded as deliberate self harm, overdose or substance abuse.

There were a higher proportion of female deliberate self harm ambulance incidents. 59% of all incidents were female. The age profile was much younger than the suicide data; self harm incidents were highest in the 18-24 year old male and females.

Havant followed by Gosport had the highest incident rates across the districts.

Audit: Children and young people (under 25 yrs old).

Over the four year period 2014 to 2017 there were 48 suicides by children and young people (under 25 years) in Hampshire which were audited.



39 (81%) were males, 9 (19%) were females

60% (n=29) of young people lived with parents.

13% (n=6) lived alone

The majority of the young people were either students (23%, n=11) or employed (48%, n=23).

Suicide prevention in Hampshire

Key achievements

Postvention protocol
for schools/colleges

Real time surveillance
with Police and *Help is
at Hand* distributed to
key locations

EU Step by Step project
to improve men's
mental health



Leaving prison work –
improving support
available for ex
prisoners.

Suicide prevention
training for frontline
workers

Developing work to
support LGBT
communities through
schools and local
events



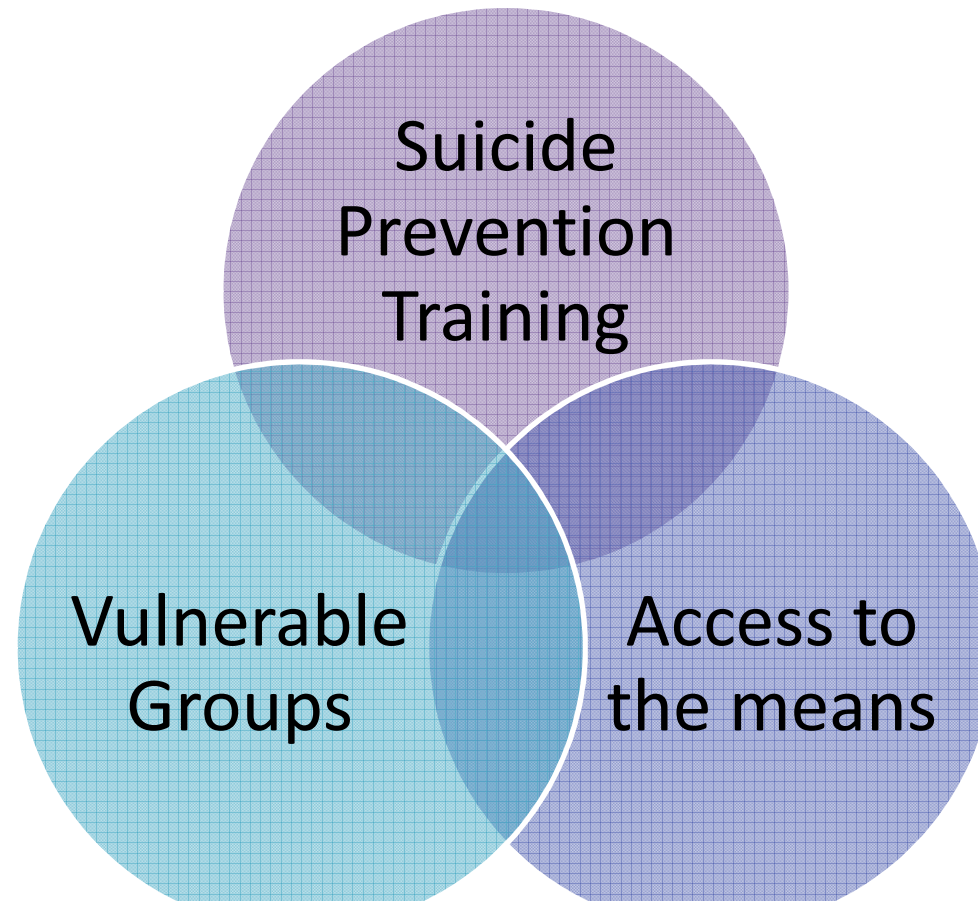
Partnership work with
South Western
Railways including
visits to high risk
locations

Connect 5 training –
Community Resilience



South Western
Railway

How has this research informed the Hampshire suicide prevention work?



Suicide Prevention & Mental Health Training

Training for Primary Care

Samaritans Training for
Frontline Practitioners

Online/free training such
as Zero Suicide Alliance



Samaritans Training Courses
April – May 2019

Free of
charge

Managing Suicidal Conversations

A course for frontline staff

**SAVE A LIFE...
TAKE THE TRAINING**

Take our **FREE** suicide prevention training



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Men and Health Inequalities

Further research into why men are at higher risk of suicide showed that

- Men are less likely to access health services and/or delay seeking help
- Men engage in health topics differently to women
- Stigma around mental health as 'weakness' prevented men from talking about their mental health
- Men are happier to engage in a physical or social activity than an 'health service'



SBS Overview

- European Regional Development Fund (ERDF) funded project with 10 project partners
- Development of a new model of health and wellbeing improvement, based on the way men naturally engage with each other, in places where men naturally meet – inspired by Men's Sheds
- Coproduced with men in each partner organisation
- Combines mental health and physical health to reduce stigma and increase engagement
- Addresses key contributors to poor mental wellbeing among men – improving social connectivity, being able to contribute, improving confidence
- Includes employment as a key factor in men's health and wellbeing – addressing suicide risk factors of debt / redundancy

Model overview: <https://www.youtube.com/watch?v=zZhTi1y2Z0s>



Vulnerable
Groups

Working with Prisoners/ex-Offenders

- Listening service provided by Samaritans
 - Discharge pack
- Work in progress with Prison staff – substance misuse/mental health/social care

People with Mental Illness

Vulnerable
Groups

- Working with secondary mental health providers/trusts to develop the zero suicide ambition.
- Population approaches such as commissioning services from MIND



Those who are bereaved by suicide

- People bereaved by suicide can be many times more likely to attempt suicide themselves and are particularly vulnerable.
- Postvention/prevention Protocol for Schools & Colleges, offering support and key steps
<http://documents.hants.gov.uk/public-health/2018-02-20SuicidePreventionandPostventionProtocolforSchoolsandColleges.pdf>
- People with Lived Experience (PLE) workshop work to develop greater understanding of the needs and to develop system to incorporate PLE in planning

Vulnerable
Groups

Access to
the
means



Reducing Access
to the Means



Protecting and improving the nation's health

Preventing suicides in public places
A practice resource



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Real Time Surveillance

In November 2017 a police led suicide surveillance programme commenced in Hampshire.

There are two main reasons for PH to be involved in the real time surveillance programme;

- postvention bereavement support.
- Identify any trends in location, method and cohort early to prevent subsequent deaths or copy cats.

These data must be treated with caution as they cannot be recorded as a suicide until after the coroners inquest and subsequent verdict, therefore can only be referred to as suspected suicides.

Governance

- Multi Agency plan and group chaired by Public Health
- Strong links to the Safeguarding Boards
- Feedback to the Crisis Care Concordat
- Sign off by the Health and Wellbeing Board

Thank you for listening!
Any Questions?