Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 31 August 2016

Subject: Suicide Prevention Strategy

Report of: David Regan, Director of Public Health
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Summary

This report highlights the importance of suicide prevention and provides the strategic context, key facts about suicide in Manchester and information about the partnership approach to developing a local action plan for the city.

Recommendations

The Board is asked to:
i) Note the report
ii) Endorse the Suicide Prevention Local Action Plan for Manchester

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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	Suicide Prevention will support the mental wellbeing of people who live and work in Manchester and particularly groups who are at risk.
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	Suicide Prevention focuses on improving self care and resilience of individuals and communities

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Suicide Prevention Joint Strategic Needs Assessment August 2016

available via

http://www.manchester.gov.uk/downloads/download/6510/adults_and_older_peoples_jsna_-_suicide_prevention

1. Introduction

1.1 Every suicide is both an individual tragedy and a loss to society. For every death by suicide around 60 people are seriously and negatively affected by that death including family, friends, work colleagues, health professionals, police, neighbours and so forth and the death of a child or young person by suicide has an especially traumatic impact for families. Those bereaved and affected by suicide are at heightened risk of developing suicidal thoughts and behaviours themselves and for children and young people who lose a family member or friend this way it can have a devastating long term impact on their health and wellbeing.

1.2 The economic costs of suicide are immense – it has been estimated that the cost of a completed suicide is £1.67m. For every year that a suicide is prevented, £66,797 costs are averted.

1.3 Whilst we know that people in the care of Mental health Services are at higher risk of suicide than the general population, three quarters of suicides occur in people not in contact with Mental Health Services in the previous 12 months. It is therefore crucial that a broad, community-based approach is taken to suicide prevention.

1.4 There is much interest and commitment from a range of agencies and organisations across sectors in the city in contributing to the prevention of suicides that can be harnessed. Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

2. Strategic Context

2.1 The Government Report, *Preventing suicide in England: Two years on* highlights the importance of local action supported by national coordination in suicide prevention. The National Suicide Prevention Strategy is being refreshed and publication is expected shortly.

2.2 Public Health England (PHE) recommends that local authority areas develop multi agency suicide prevention action plans to coordinate suicide prevention activity, overseen by partnership groups. PHE published specific guidance for public health teams in local authorities to support this work in September 2014 and this guidance is currently being revised and is due to be published in the next few months.

2.3 The Greater Manchester (GM) Mental Health Strategy highlights suicide prevention as one of its key prevention priorities during the first two years. The focus is on working with the GM Suicide Prevention Executive to reduce suicide risk by reflecting the main elements of the national strategy. This includes men's mental health, mental health services, self-harm, young people, suicide hotspots, working with the media, early follow-up on hospital discharge, adopting National Institute of Critical & Health Excellence (NICE) guidance on depression and self harm. Supporting the development of real

time data and information and workforce development to support suicide prevention.

2.4 Within Manchester, suicide prevention work is underpinned by the public mental health programme and is a core outcome of the mental wellbeing priority within the Joint Health and Wellbeing Strategy.

2.5 Manchester Mental Health and Social Care Trust has a comprehensive Suicide Prevention Strategy focused on preventing suicides of people using services and convenes a regular suicide prevention group. This is chaired by Professor Nav Kapur to coordinate activity and share research and learning.

3. Key Facts relating to suicide

3.1 The following is a summary of key facts and figures relating to suicide – more detailed information with references can be found in the Manchester Joint Strategic Needs Assessment (JSNA) (insert link). The JSNA has been produced by the Public Health Team, with support from partners, to underpin an evidence-based approach to the plan. It is hoped that partners will use the JSNA to inform future commissioning of services and to inform project bids.

3.2 Key statistics are:

- Suicide rates in the general population in Manchester have a downward between 1997 and 2013 and have fallen consistently since 2010. They remain higher than the England average but are now below the average for the North West.
- In Manchester, 48 people died by suicide in 2014 – 36 male and 12 female - this ratio is consistent with national rates over time.
- On average only a quarter of people who take their lives are in contact with Mental Health Services 12 months prior to their death
- People who self harm are at increased risk of dying by suicide. Rates of self harm in Manchester have increased since 2008/9 and the highest rates are in young women aged 15 – 24 years.

3.3 Risk factors for suicide

The causes and consequences of suicide are complex and there are many myths and misunderstandings associated with the subject. Frequently, several factors act cumulatively to increase a person's vulnerability to suicidal behaviour.

Research evidence shows the following groups to be at risk:

- **Males** – males are three times more likely to die by suicide as females
- **Age** – the 45 – 59 age group has the highest rates of suicide in the UK for both males and females
- **Mental health** – studies have shown that up to 90% of people who die by suicide had one or more mental illness and the Mental Health foundation

estimates that 70 percent of recorded suicides are by people experiencing depression, often undiagnosed.

- **Self harm** – a history of self harm and suicide attempts are a major risk factor for further suicide attempts and death by suicide
- **Children and young people (including those who are vulnerable e.g. looked after children, care leavers and those in the youth justice system)** – although numbers of children and young people who die by suicide are low it remains the second most common cause of death in young people. A recent study that examined reports from a range investigations and enquiries on 130 people in England under 20 who died by suicide between January 2014 and April 2015 found that 28% had been bereaved (13% by suicide); 36% had a physical health condition such as acne or asthma, and 29% were facing exams or exam results when they died. There are also strong links between childhood physical, sexual and emotional abuse and suicidal thoughts and behaviours, and bullying during childhood is a risk factor for suicide attempts in adults.
- **Students** – the number of students who took their own lives in England and Wales rose 50% between 2007 and 2011. The number of student suicides at local level is not available, however this is an area of concern for Manchester.
- **Survivors of domestic abuse or violence, including sexual abuse –** there are strong links between intimate partner violence and suicidal thoughts and behaviours. Manchester has higher rates of domestic violence and abuse compared to other core cities.
- **Veterans –** research has shown that veterans are at increased risk of suicide and that this risk is greater for those who leave early (as opposed to longer serving personnel), younger individuals, those experiencing post traumatic stress disorder (PTSD) and those with a history of childhood trauma.
- **People with physically disabling or painful illnesses including chronic pain and long term conditions** – The National Confidential Inquiry into suicide and homicide by people with a mental illness 2015 found that around a quarter of patients who die by suicide have a major physical illness and this rises to 44% in patients 65 and over. Manchester has high rates of people with a long term condition or disability and it is estimated that by 2030 there will be 26% more people aged 65 and over with a limiting long term illness living in Manchester.
- **Alcohol and Drug Use** – Alcohol and drug use amplifies suicidal thoughts, plans and deaths. A recent UK based study found that the use of alcohol significantly increased suicide risk particularly in women. A recent report by the prison and probation ombudsman into 19 deaths in UK prisons between April 2012 and September 2014 highlighted a possible link between New Psychoactive Substances and self harm and suicide.
- **Lesbian, gay, bisexual and transgender (LGBT)** – there is growing evidence of the increased risk of self harm and suicidal thoughts and behaviours amongst LGBT people. A study conducted in the UK highlighted the impact of homophobia as a key factor.
- **Black, Asian and minority ethnic groups and asylum seekers** – Studies have found self-harm and suicide to be higher amongst Asian women than other groups. Prevalence data however is limited as ethnicity

is not recorded on death certificates.

- **Specific occupational groups** – doctors, nurses, vetinary and agricultural workers are at heightened risk of suicide with doctors and farmers at highest risk. A number of factors contribute to this not least easier access to the means of suicide.
- **Criminal Justice System** – The World Health Organisation and International Association for Suicide Prevention recognise that prisoners are a high risk group for suicide, as are those on remand and those recently discharged from custody. The risk is greatest in the first week of imprisonment.
- **Social and economic circumstances** – people who are unemployed are two to three times more likely to die by suicide than those who are in work. Debt and austerity measure may well increase risk. Recent research in the British Medical Journal found that Work Capability Assessment for people on disability benefits was independently associated with and increase in suicides, self-reported mental health problems and antidepressant prescribing. High levels of deprivation and health-related worklessness that persist in Manchester make this risk factor a particular concern.
- **Bereavement by suicide –** people bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes. As well as the increased risk of suicide attempt, those bereaved by suicide were also 80% more likely to drop out of education or work.

4. Approach to developing the plan

4.1 In order to develop a robust local plan that is evidence based, achievable and has the support of as many partners as possible the following approach has been taken:

4.1.1 Initial ideas and support for the plan were generated by the Mental Health Providers Engagement Group (MHPEG) – chaired by Nicky Lidbetter, Chief Officer of Self Help. This is an engagement network for community / voluntary sector providers and commissioners of Mental Health and Wellbeing Services.

4.1.2 A partnership working group has been established of suicide prevention 'ambassadors' from a range of organisations including Manchester City Council (Public Health Team), Mental Health and Social Care Trust (buzz health and wellbeing service) Self Help, Network Rail, 42nd Street, Manchester Mind, Samaritans and the University of Manchester. This group will coordinate the development of the plan and will oversee its delivery. Going forward the partnership will be chaired by Councillor Joanna Midgley, the nominated Mental Health Champion.

4.1.3 A Joint Strategic Needs Assessment has been carried out to underpin the plan with data and research evidence relating to suicide prevention including Manchester specific data.

4.1.4 Working group members have carried out a series of conversations with people from a wide range of organisations to gather insights to inform the focus of a local plan, engage people in the agenda and look for opportunities for joint working. These include:

CCG Commissioning & Clinical Leads
Public Health England
Manchester City Council (MCC) Homelessness Team
MCC Adults Safeguarding Leads
Manchester Mental Health and Social Care Trust
Manchester Diocese
Saheli
MCC Children's Safeguarding Team
Child & Adolescent Mental Health Services (CCAMHS)
British Transport Police
Papyrus (Young Person's Suicide Charity)
Greater Manchester Police (GMP)
Family Intervention Service
GM Immigration Service
University of Manchester (Suicide, Self Harm and Postvention research areas)
Business Leaders

4.2 The plan is structured in line with the Living Works model for Suicide Safer Communities. This is an internationally recognised framework for local areas to implement activities around and allows areas to become a 'designated' Suicide Safer Community through an application process. The Living Works Model has 9 pillars of action which have been drawn from Suicide Prevention Strategies around the world. They are:

1. *Leadership/Steering Committee*
2. *Background Summary*
3. *Suicide Prevention Awareness*
4. *Mental Health and Wellness Promotion*
5. *Training*
6. *Suicide Intervention & Ongoing Clinical/Support Services*
7. *Suicide Bereavement*
8. *Evaluation Measures*
9. *Capacity Building/Sustainability*

Meetings and workshops have taken place involving many of the partners listed in 4.1.4 above to identify key priorities and leads for each pillar of the plan.

4.3 The draft plan has been presented to the Manchester Adults Safeguarding Board, Manchester Children's Safeguarding Board and Manchester Health Scrutiny Committee in the last two months and was well received. There was strong support at the meetings for the draft plan and the direction of travel.

4.4 The plan will align to and support local delivery of the GM Suicide Action Plan being developed as part of the GM Mental Health Strategy.

5. Next Steps

5.1 The Suicide Prevention Action Plan is attached as appendix 1. The plan is for two years and presents key action areas which will be addressed by the partnership with Leads taking ownership for the development and delivery of different pillars, overseen by the Suicide Prevention Partnership.

5.2 The Local Suicide Prevention Partnership will provide an annual report on progress to the Health and Wellbeing Board and Health Scrutiny Committee.

5.3 Following approval by the Health and Wellbeing Board, the MCC Public Health Team will work with Communications colleagues in the Council to produce the final document and a communications strategy to deliver the plan.

5.4 The plan will be launched and promoted around World Mental Health Day on 10th October and at a range of relevant events and meetings taking place during that week. We will use partners and ambassadors to disseminate the plan through their networks and organisations.

6. Recommendations

6.1 The Board is asked to:
i) Note the report
ii) Endorse the Local Suicide Prevention Action Plan for Manchester

A local Suicide Prevention Plan for Manchester – Appendix 1
Manchester's Local Suicide Action Plan has the following aims and objectives:

- Reducing the misery of mental distress
- Reducing the prevalence of suicidal ideation across the lifespan
- Preventing attempted suicides and deaths by suicide
- Identifying people at risk of suicidal thoughts and behaviours who 'fall beneath the radar' e.g. people working under high performance pressure
- Strengthening initiatives to increase emotional / psychological resilience
- Ensure better support for those bereaved or affected by suicide
- Strengthening partnerships to work together to reduce suicide
- Raising awareness that suicide prevention is everybody's responsibility
- Developing creative and far reaching public engagement initiatives
- Identifying and responding to the training needs of workforces working with people who may experience suicidal thoughts and behaviours
- Reducing the stigma and blame surrounding suicide and disclosing suicidal thoughts for individuals and workers
- Engagement with the media to ensure suicides are reported sensitively
- Work with commissioners to advocate for suicide prevention as a priority
- Use evidence based practice and measures evaluate our approaches and interventions.

Key messages for suicide prevention in Manchester

1. **We all have a role to play in suicide prevention; it's everyone's business**
2. **One suicide is one too many**
3. **It is common for people to have suicidal thoughts; this is perfectly normal**
4. **Building strong, resilient communities is a powerful antidote to suicide**
5. **It's important to talk about suicide to tackle stigma**
6. **If you are feeling suicidal and/or are struggling to cope, help is available in Manchester**

Pillar	Action Area	Partners
1. Leadership / Steering Committee	Building on the working group already in place, establish a suicide prevention partnership to oversee the delivery of the plan (to be Chaired by Cllr Joanna Midgley, Mental health Champion)	Suicide Prevention Ambassadors Key leads for targeted actions in the plan
2. Background Summary	JSNA produced, maintained and promoted Carry out local suicide audit in line with PHE recommendations Identification of local hot spots and opportunities to reduce access to means and promote support	Led by Public Health Team, MCC Led by Public Health with resource support from partners Network Rail, GMP, Highways Agency, GM suicide prevention executive
3. Suicide Prevention Awareness	Establish a network of suicide prevention ambassadors to advocate for suicide prevention within their work areas and disseminate key messages – this will include providing regular support Presentations to key groups and workforces Development of key messages in respect of suicide prevention Run ‘open’ suicide prevention awareness sessions for workforces and the public Work with GM colleagues to develop engaging public campaigns to reduce the stigma of suicide and let people know where support is available	Using Suicide Prevention Ambassadors Network / Members of Partnership
4. Mental Health and Wellness Promotion	Delivery of resilience training and workshops with the public including young people. Dissemination of mental health self help / self	Buzz Health and Wellbeing Service Manchester Mind

	care resources and self help services	Self Help
5. Training	Ensure that key staff groups who come into contact with people at risk of suicide are equipped to provide appropriate compassionate support. This should be part of core workforce training programmes. E.g. Domestic abuse workers, social workers, Student Services etc.	Organisations working with people at risk e.g. Homelessness, Domestic Abuse, Drugs and Alcohol GPs / Primary Care Mental Health Services
6. Suicide Intervention & Ongoing Clinical/Support Services	Task group to explore issues about Self Harm and how this can be addressed Establish pathways into appropriate community support for people receiving mental health services and prioritising people being discharged from services Strengthen and develop initiatives that provide support for people in distress and ensure they are promoted, including managing distressing thoughts	CCGs, Mental Health Trust, Mental Health Providers Forum, Healthy Schools Programme, CAMHS Self help, Samaritans, Suicide Prevention Ambassadors
7. Suicide Bereavement	Strengthen, develop and promote support available for people bereaved or affected by suicide – this could include families and friends, workplaces and schools and colleges	Survivors of Bereavement by Suicide (SOBS), CAMHS, GMP, Public Health etc
8. Evaluation measures	Evaluation framework to assess the impact of the local plan	Suicide Prevention Working Group
9. Capacity building / sustainability	Integrate suicide prevention into existing approaches to community asset building and self care	Our Manchester Leads, buzz health and wellbeing service, Public Health