Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 8 December 2021

Subject: Suicide Prevention Local Plan

Report of: Director of Public Health
Professor Nav Kapur, University of Manchester

Summary

This report provides the Committee with an update on the paper on suicide prevention submitted in December 2019 and specifically reports progress on the delivery of the local Suicide Prevention Plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2024.

This report provides information on:

- The national and local strategic context of suicide prevention
- Key trends, facts, figures and risk factors relating to suicides in Manchester
- The COVID-19 pandemic and suicide risk
- A summary of key areas of activity contributing to suicide prevention.
- Progress on delivery of actions within the local plan.

Recommendations

The Committee are asked to:

1. Note the contents of the report.
2. Consider the multiple factors that impact upon suicide rates; and
3. Provide feedback and ideas to support the refreshed plan for 2020 – 2024.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Work on suicide prevention will contribute significantly to all of the Manchester Strategy outcomes and especially to a progressive and equitable city. We know suicide and self-harm disproportionately affects certain communities and age cohorts and the Manchester Suicide Prevention Partnership brings together all the key stakeholders to deliver the local plan.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: David Regan
Position: Director of Public Health
E-mail: david.regan@manchester.gov.uk

Name: Barbara Drummond
Position: Programme Lead
Email: barbara.drummond@manchester.gov.uk

Name: Neil Bendel
Position: Public Health Specialist (Health Intelligence)
Email: neil.bendel@manchester.gov.uk

Name: Professor Nav Kapur
Position: Professor of Psychiatry and Population Health, University of Manchester
Email: nav.kapur@manchester.ac.uk

Background documents (available for public inspection): None

1.0 Introduction

1.1 Every suicide is an individual tragedy and a loss to society and one suicide is one too many. When someone dies by suicide the shock is felt by families, friends, neighbours, colleagues, and professionals. Suicide, in contrast to other bereavements, can bring silence and stigma which can amplify the impact on those left behind. As well as the huge social and emotional costs the economic costs are considerable - it is estimated that the cost of a completed suicide is £1.67m and a significant proportion of this relates to the impact of the bereavement on others, for example, lost earnings and mental health impacts.

1.2 Whilst people who are in the care of mental health services are at increased risk of suicide, the majority of those who take their own lives have not been in contact with mental health services within the previous 12 months. Sometimes suicides occur without warning. This means that a broad-based approach that recognises the role that communities, organisations and individuals play in preventing suicide is essential.

1.3 There is much interest and commitment from a range of agencies and organisations across sectors in the city and Greater Manchester in contributing to preventing suicides. Suicides are not inevitable. There are many ways in which services, communities, individuals, and society can help to prevent suicides.

2.0 Defining and reporting suicide

2.1 Officially published national statistics on deaths from suicide are based on data derived from death registrations. The requirement for suspected deaths from suicide to be referred to a coroner means that a death cannot officially be registered until an inquest has taken place and a verdict of suicide has been reached.

2.2 The Office for National Statistics (ONS) definition of suicide is based on the relevant WHO International Classification of Deaths (ICD) codes and includes deaths given an underlying cause of intentional self-harm or injury / poisoning of undetermined intent. Since 2016 the definition has been revised to include deaths from intentional self-harm in children and young people aged 10- 14 years (deaths of undetermined intent continue to not be included in this age group). The numbers in this young age group are very low and have not had a significant impact on the age-standardised rates of suicide.

2.3 Previously, coroners and juries have applied the criminal standard to suspected suicides, meaning they had to be “sure” that someone had taken their own life. However, appeal court judges ruled in May 2019 that the civil court standard can be applied and therefore coroners and juries only must be satisfied that it was “more probable than not” that someone had deliberately killed themselves. This was expected to lead to more deaths being concluded as suicide, which may have an impact on reported rates and trends. Subsequent research however

found that the legal change did not result in any significant change in the reported suicide rate in England and Wales- recently observed increases in suicide among males and females in England, and females in Wales, began before the standard of proof was lowered.

3.0 Strategic context for suicide prevention work

National strategic context

3.1 In September 2021 a new minister for Suicide Prevention was announced who will oversee the implementation of the cross-government suicide prevention workplan.

3.2 In May2021 following a national consultation around tackling harmful online material that may encourage or incite self-harm or suicide, the draft online Safety Bill establishing a new regulatory framework to tackle harmful content online was published.

3.3 In March 2021 Preventing suicide in England: Fifth progress report of the Cross-Government Outcomes Strategy to Save Lives was published. This document commits to actions on suicide prevention, with clear responsibilities, deliverables, and timescales. The report has a significant focus on the impact of the pandemic.

3.4 The government has recognised the pressures that suicide prevention voluntary sector partners have faced during the pandemic, with many more people seeking help and support compared to previous years. They have made £5 million available, specifically to support suicide prevention and community sector organisations in 2021 to 2022.

3.5 In 2019 The NHS Long-term Plan re affirmed the NHS's commitment to make suicide prevention a priority and committed to rolling out funding, implementing a new Mental Health Safety Improvement Programme and plans to roll out suicide bereavement services across the country.

3.6 In 2019 the government published its first cross-government work plan to support the delivery of the National Suicide Prevention Strategy (2012, updated 2017). The focus of this plan included:

- Using social media and the latest technology to identify those most at risk.
- Improving data held on causes of death among veterans.
- A greater focus on addressing the increase in suicide and self-harm among young people including asking social media companies to take more responsibility for online content that promotes methods of suicide and self-harm.

3.7 In 2018 Health Education England published Suicide Prevention and Self-Harm Competency Frameworks. These frameworks set out the competencies required

for effective interventions by clinicians and others working with people of all ages across generalist to specialist settings.

3.8 In 2018, to address suicide prevention in mental health settings, the Secretary of State for Health and Social Care launched a zero-suicide ambition across the NHS, starting with mental health inpatients but looking to expand to include all mental health patients.

4.0 What works to prevent suicide within the population?

4.1 There are a number of evidence-based activities to prevent suicide. In summary these include taking specific steps to reduce risk for those in mental health services and criminal justice services, for example by reducing access to the means of taking their own lives and identifying and targeting population groups at potential risk and building resilience and support, for example survivors of domestic abuse. There is also evidence that raising awareness and improving skills of frontline professionals and members of the public, to talk to and support people at risk of suicide is a key protective factor. Suicide prevention requires a collaborative approach, one that addresses the social and wider determinants and makes the most of the wealth of resources within communities.

5.0 Risk factors for suicide

5.1 The causes and consequences of suicide are complex. Frequently, several factors act cumulatively to increase a person's vulnerability to suicidal behaviour. Research evidence shows the following groups to be at risk of suicide:

- Men - Males are three times more likely to die by suicide than females.
- Age - The highest rate of suicide for both men and women is 45 - 49 years.
- Mental Health - Although only about a quarter to a third of people who take their own life have been in contact with mental health services prior to their death, The Mental Health Foundation estimates that 70% of recorded suicides are by people experiencing depression - often undiagnosed.
- Self-Harm - A history of self-harm is a major risk factor for further self-harm and death by suicide.
- Those who have experienced domestic abuse including sexual abuse - There are strong links between intimate partner violence and suicidal thoughts and behaviours. Manchester has high rates of domestic violence compared to other core cities.
- Veterans - Veterans are at increased risk of suicide and this risk is increased for those who leave the armed forces early. (As opposed to longer serving personnel)
- History of childhood abuse and other adverse childhood experiences.
- Lesbian, gay, bisexual or transgender (LGBT) community - There is growing evidence of the increased risk of self-harm and suicidal thoughts amongst LGBT people and a study conducted in the UK highlighted the impact of homophobia and discrimination as key factors.

- Black, Asian and minority ethnic groups - Studies have found higher rates of self-harm and suicide amongst Asian women than for other groups. Prevalence data is limited however as ethnicity is not recorded on death certificates. A recent enquiry by PHE into the unequal impact of COVID-19 on BAME groups recommended that there should be legislative changes at a national level to allow ethnicity to be recorded as part of the Civil Registration process.
- Criminal Justice System - The World Health Organisation recognises that prisoners are a high risk for suicide, as are those on remand and those recently released from custody. The risk is greatest in the first week of imprisonment.
- Social and economic circumstances - People who are unemployed are 2 to 3 times more likely to die by suicide than those in work. High levels of deprivation and health-related worklessness in Manchester make this risk factor a particular concern.
- Inequality - People among the most deprived 10% of society are more than twice as likely to die by suicide than the least deprived 10%, according to the ONS.
- Drug and alcohol use - Alcohol and drug use can amplify suicidal thoughts, plans and deaths. A UK based study found that the use of alcohol significantly increased suicide risk, particularly in women.
- 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 aged 65 and over.
- 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. In total, 8% of the people bereaved by suicide had dropped out of an educational course or a job since the death.

5.2 We know that there are other population groups with specific needs and characteristics that may expose people to more risk factors for suicide- for example, autistic people. There is work underway nationally to explore what more can be done to understand and address the specific needs of these groups and the Manchester Suicide Prevention Partnership will explore what can be achieved locally.

6.0 COVID-19 and suicide risk

6.1 COVID-19 has had a significant impact on everybody's daily lives and on some people's mental health and wellbeing. The full impact that the pandemic will have on the social determinants of health is yet to be seen, but it is already evident that some communities have been more adversely impacted than others.

6.2 The longer-term impacts that the pandemic may have impacted on, particularly the economy and employment, may act as a driver of mental ill health. We do know that during the previous recession suicide rates have risen, and those who are hardest hit by economic downturn are also those who are at greatest risk of suicide, primarily middle-aged men. Data provided by the Samaritans suggests that during the pandemic, volunteers provided support over 700,000 times to men over the nine months since the social distancing restrictions began (April 2020 to December 2020). Three themes were identified as the key drivers, including loneliness or social isolation, concerns about the financial and economic future, and strain on existing relationships.

6.3 The recent (March 2021) report Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives concluded that COVID-19 may have exacerbated existing issues or contributed to the development of new mental health problems across the risk groups of middle-aged men, those who self-harm, those with mental illness as well as children and young people.

6.4 Over the course of the past 20 months, clear evidence has emerged of the disproportionate impact of the COVID-19 virus on particular groups including Black, Asian, and Minority Ethnic people, people born outside the UK, disabled people and those at high occupational risk and/or in poverty. A Nuffield Health survey reported that 80% of British people working from home had felt the negative impacts of lockdown but that self-harming among gender diverse people has increased by 7%, compared with 2% in cis-gendered people. These groups were already known to experience poorer health and care access and outcomes before the pandemic.

7.0 National Suicide statistics

7.1 It is estimated that annually 800,000 people across the world die by suicide, with 5,316 people sadly taking their life in England in 2019.

7.2 Following several years of decline, the number of suicides registered in England increased in 2018 and 2019. Whilst it is too early to provide absolute figures for 2020, early indications from real time surveillance of a subset of local areas have not shown a rise in the number of suicides when comparing pre- and post-lockdown periods from January to August 2020. However, there is concern that the enduring effects of the pandemic will exacerbate future risk.

8.0 Suicides in Manchester

Suicides rates in Manchester, incorporating updated figures for 2018-2020

8.1 An updated set of data on the rate of suicides in Manchester covering the period up to 2018-2020 were published by Public Health England (PHE) as part of an update to the suicide prevention profile on 7 September 2021

8.2 The table below shows the trend in the number and rate of suicides in Manchester over the period between 2001-01 and 2018-20 (rolling 3-year aggregate figures). The rate presented in the table is a directly age-standardised rates (DSR) and is based on suicides *registered* in each 3-year period. This method has been used in order to take account of changes in the age structure of the population of the city over time.

Table 1: Suicide rate (Persons) in Manchester, 2001-03 to 2018-20

Period	Number of Deaths	Rate per 100,000	95% Confidence limits	
			Lower	Upper
2001-03	146	13.7	11.5	16.3
2002-04	141	13.4	11.2	15.9
2003-05	155	14.2	11.9	16.8
2004-06	151	13.7	11.5	16.2
2005-07	144	12.7	10.5	15.1
2006-08	137	12.7	10.5	15.1
2007-09	153	13.6	11.4	16.1
2008-10	179	15.9	13.5	18.6
2009-11	191	16.7	14.3	19.5
2010-12	185	16.2	13.8	18.9
2011-13	156	13.2	11.1	15.6
2012-14	138	11.0	9.1	13.2
2013-15	130	10.5	8.6	12.6
2014-16	131	10.6	8.7	12.8
2015-17	113	9.3	7.5	11.3
2016-18	113	8.7	7.0	10.4
2017-19	121	8.9	7.2	10.6
2018-20	129	9.3	7.6	11.1

Source: Office for National Statistics

8.3 The table shows that the suicide rate in Manchester has increased from 8.9 per 100,000 in 2017-19 to 9.3 per 100,000 in 2018-20. The number of suicides has increased slightly over this period from 121 in 2017-2019 to 129 in 2018-2020.

8.4 Despite the small increase in the rate in the most recent period, the rate of suicides in Manchester remains much lower than the historic peak of 16.7 per 100,000 in the period 2009-11.

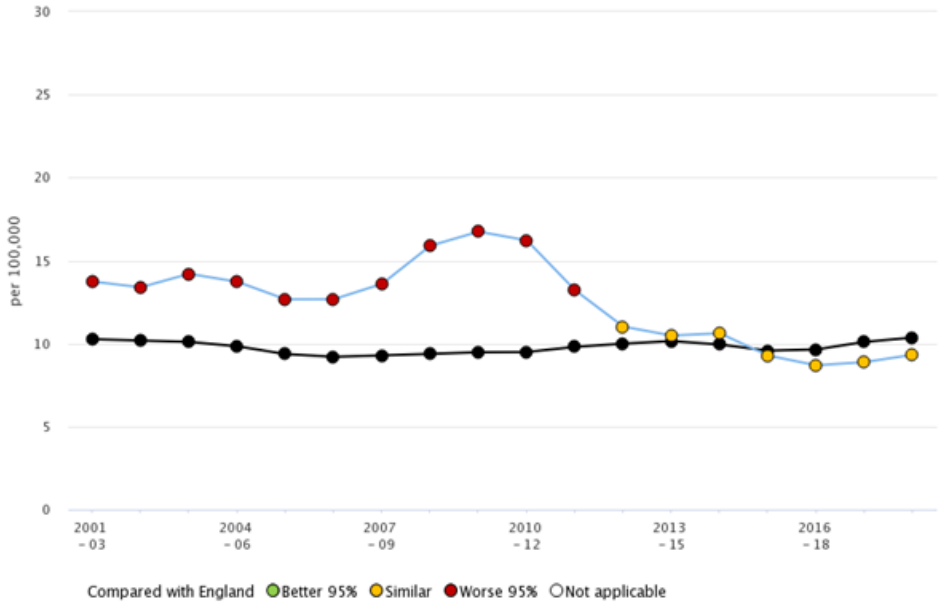
8.5 In 2018-20. the suicide rate in males (14.6 per 100,000) was nearly 3.6 times higher than that in females (4.1 per 100,000).

Table 2: Suicide rate in Manchester by gender, 2018-20

Gender	Number of Deaths	Rate per 100,000	95% Confidence limits	
			Lower	Upper
Males	98	14.6	11.6	18.2
Females	30	4.1	2.7	6.0
Persons	129	9.3	7.6	11.1

Figure 1: Suicide rate (Persons) in Manchester compared with England, 2001-03 to 2018-20

The chart below shows the historic trend in the suicide rate in Manchester compared with the England average (black circles).



8.6 The suicide rate in Manchester has now been below the England average for the last four data periods (2015-17 to 2018-20) although the size of the gap is not great enough for the difference to be statistically significant.

Contact with services

8.7 The proportion of people in contact with services before suicide has varied over the above time periods but the average proportion in contact is similar to national figures although the characteristics of people in contact with services who die by suicide are somewhat different from England as a whole, and probably reflect underlying population differences. Further detailed data on suicide in patients in contact with mental health services in the 12 months before death can be found in Appendix 2.

Characteristics and context of Manchester residents' suicides

8.8 The characteristics of Manchester residents who died by suicide are somewhat different to the characteristics of those who die by suicide in England as a whole. For example, Manchester residents have higher rates of death by self-poisoning; they are more often on long-term sick leave or from a black and minority ethnic group; and they are more likely to have a history of drug misuse and alcohol misuse. This is probably a reflection of differences in the socio-demographic characteristics of the underlying population as well as possible specific risk factors for suicide**.**
Further detailed data on suicide in Manchester can be found in Appendix 2.

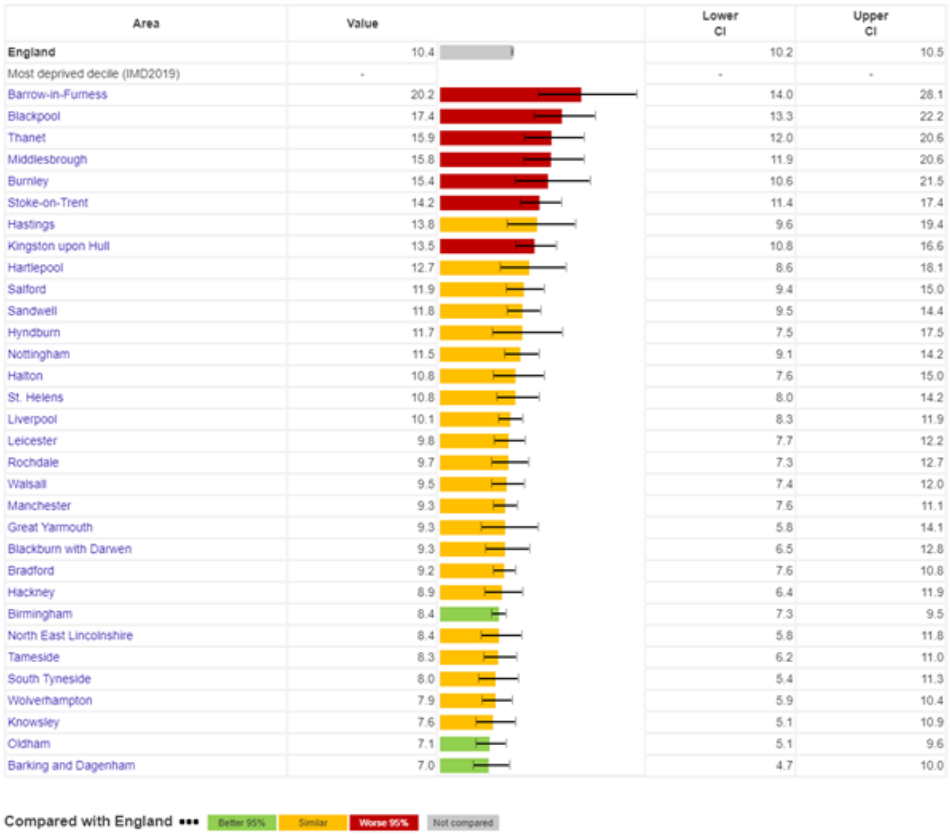
Figure 2: Suicide rate (Persons) for local authorities in Greater Manchester, 2018-20

8.9 Within Greater Manchester, only Wigan has a suicide rate that is statistically significantly higher than the England average. Trafford and Oldham have rates that are statistically significantly lower than the England average.

8.10 The chart below compares the suicide rate in Manchester with other similarly deprived local authorities in England (defined as local authorities that are in the most deprived decile (20%) of local authorities in England based on IMD 2019.

8.11 Once again, the chart shows that Manchester falls in the middle of this group of 'similar' local authorities. Of this group of local authorities, Barrow-in-Furness, Blackpool, Thanet, Middlesbrough, Burnley, Stoke-on-Trent and Kingston upon Hull have suicide rates that are statistically significantly higher than the England average. Only Birmingham, Oldham and Barking and Dagenham have a suicide rate that is statistically significantly lower than the England average.

Figure 3: Suicide rate (Persons) for local authorities in the most deprived decile (20%) of local authorities in England, 2018-20



Area	Value	Lower CI	Upper CI
England	10.4	10.2	10.5
Most deprived decile (IMD2019)	-	-	-
Barrow-in-Furness	20.2	14.0	28.1
Blackpool	17.4	13.3	22.2
Thanet	15.9	12.0	20.6
Middlesbrough	15.8	11.9	20.6
Burnley	15.4	10.6	21.5
Stoke-on-Trent	14.2	11.4	17.4
Hastings	13.8	9.6	19.4
Kingston upon Hull	13.5	10.8	16.6
Hartlepool	12.7	8.6	18.1
Salford	11.9	9.4	15.0
Sandwell	11.8	9.5	14.4
Hyndburn	11.7	7.5	17.5
Nottingham	11.5	9.1	14.2
Halton	10.8	7.6	15.0
St. Helens	10.8	8.0	14.2
Liverpool	10.1	8.3	11.9
Leicester	9.8	7.7	12.2
Rochdale	9.7	7.3	12.7
Walsall	9.5	7.4	12.0
Manchester	9.3	7.6	11.1
Great Yarmouth	9.3	5.8	14.1
Blackburn with Darwen	9.3	6.5	12.8
Bradford	9.2	7.6	10.8
Hackney	8.9	6.4	11.9
Birmingham	8.4	7.3	9.5
North East Lincolnshire	8.4	5.8	11.8
Tameside	8.3	6.2	11.0
South Tyneside	8.0	5.4	11.3
Wolverhampton	7.9	5.9	10.4
Knowsley	7.6	5.1	10.9
Oldham	7.1	5.1	9.6
Barking and Dagenham	7.0	4.7	10.0

Compared with England ••• Better 95% Similar Worse 95% Not compared

9.0 Suicide and the COVID-19 pandemic; what the data shows

9.1 The precise impact of COVID-19 on suicides and suicidal ideation is still not yet clear. The often-lengthy delay between occurrence and death registration means that the impact of COVID-19 on suicides may not be fully apparent. However, the current evidence suggests that the COVID-19 pandemic has had profound and long-lasting psychological and social effects.

9.2 National data from the ONS Opinions and Lifestyle Survey shows that during the lockdown in early 2021 (27 January to 7 March), the proportion of adults experiencing some form of depression was more than double the rate seen

before the pandemic. Younger adults and people living with a child aged under 16 years had the largest increases in rates of depressive symptoms compared with pre-pandemic levels. Around 3 in 10 adults aged 16 to 39 years (29%) experienced some form of depression (indicated by moderate to severe depressive symptoms), compared with 11% in July 2019 to March 2020. Rates of depression also doubled among adults aged 70 years and over in the same period.

9.3 Social isolation, anxiety, fear of contagion, uncertainty, bereavement, chronic stress, rapid change in people's circumstances (particularly economic) may also lead to the development or exacerbation of depression, anxiety, substance use and other psychiatric disorders in vulnerable populations, including individuals with pre-existing psychiatric disorders and people who resided in high COVID-19 prevalence areas. Stress-related psychiatric conditions, including mood and substance-use disorders, are also associated with suicidal behaviour. In turn, all these factors may increase suicide rates during and after the pandemic.

9.4 The latest evidence from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and the Centre for Mental Health and Safety at the University of Manchester did not find a rise in suicide rates in England in the 12 months following the first national lockdown in 2020, despite evidence of greater distress. However, several caveats apply. These are still early figures and may change. Any effect of the pandemic may vary by population group or geographical area. The use of Real Time Surveillance in this way is new and further development is needed before it can provide full national data.

Reporting of Suicides

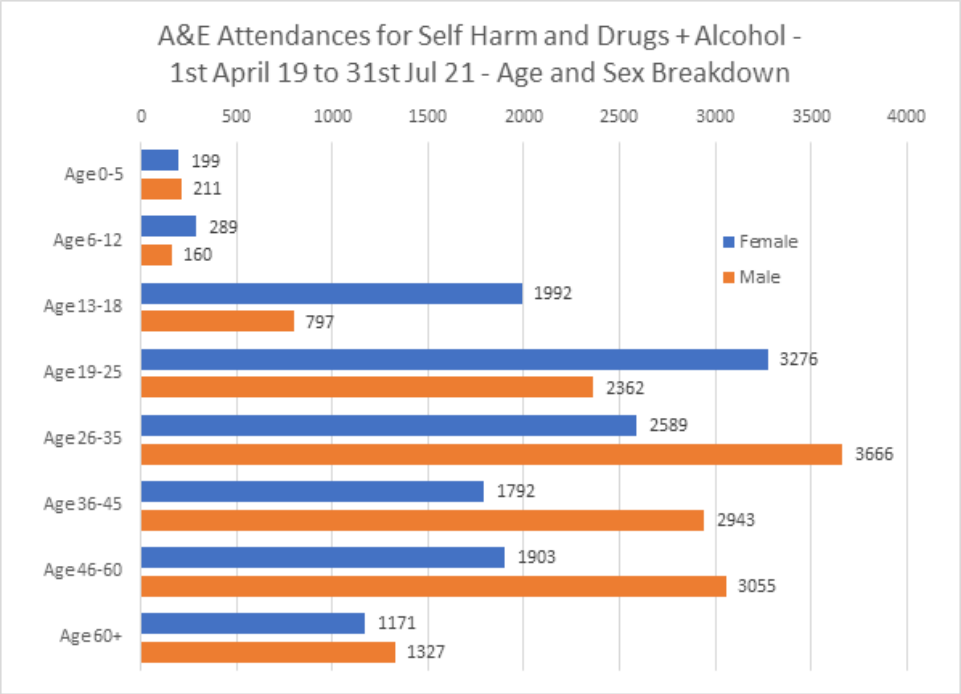
9.5 When the total number of suicides registered in 2018-2020 combined (129) is broken down into individual years, it is evident that there were fewer suicides registered in 2020 (38) than in 2019 (46) or 2018 (45).

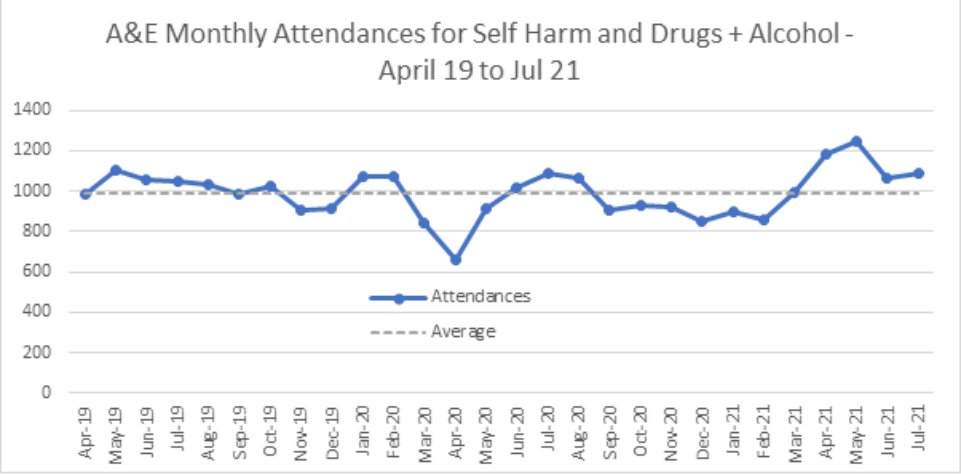
9.6 The median registration delay (the difference between the date each death occurred and the date it was registered) for suicides in Manchester residents has increased to 432 days in 2020 compared with 420 days in 2019 and 350 days in 2018. Pressure on the civil registration and coroner's system linked to COVID-19 may mean that some deaths occurring in 2020 may not have been registered until 2021 and therefore will fall into next year's figures. This may account for some of the reduction in suicides registered in 2020 compared with previous years.

10.0 Monitoring self-harm as a proxy measure for suicide

10.1 Self-harm is when somebody intentionally damages or injures their body. There is evidence of a clear link between suicide or suicidal thoughts and people who have previously self-harmed. However not everyone who self-harms wishes to end their life. Some people describe their self-harm as a way of staying alive by responding to or coping with severe emotional distress.

10.2 The published data for suicides is not contemporaneous, however there is data in relation to admissions with self-harm that can be looked at as a proxy measure and monitor more closely over the next few months. The graphs below set out attendance at accident and emergency for self-harm and drugs and alcohol.





11.0 Greater Manchester Suicide Prevention

11.1 Greater Manchester (GM) Suicide Prevention Steering Group, overseen by the GM Suicide Prevention Programme Board, works to deliver the Suicide Prevention strategy, across GM around 6 key objectives:

- 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.

11.2 Manchester is represented in the group and will continue to support the strategy both through the delivery of our local plan and leadership in project work at a Greater Manchester level.

12.0 Manchester Suicide Prevention Partnership

12.1 The Manchester Suicide Prevention Partnership continues to be chaired by Councillor Joanna Midgley, Mental Health Champion and Executive Member for Health and Care. The partnership steering group has continued to meet remotely during lockdown to share experiences and concerns and oversee the operational delivery of the Manchester Suicide Prevention plan (Appendix 1).

Manchester Suicide Prevention Plan

12.2 The plan has been developed in collaboration with our city's voluntary, statutory, and independent sectors working collaboratively with companies.

12.3 The refreshed plan for 202-2024 was approved by the Manchester Health and Wellbeing Board in January 2020 at the very start of the COVID-19 pandemic.

12.4 The refreshed plan was due to be launched at the start of the pandemic, but this was delayed due to the lockdown. The current (refreshed) plan was approved by Manchester Health and Wellbeing Board in January 2020 at the very start of the COVID-19 pandemic. Considering the recognised physical, psychological and economic impacts of the pandemic, the Manchester Suicide Prevention Partnership reviewed the priorities of the plan in August 2020 after the first wave. The Partnership agreed to maintain the original priority areas (Children and young people, middle aged men, and the LGBT community) whilst continuing to review national and local information as it emerges. Indeed, evidence from the National Confidential inquiry and the University of Manchester suggests that suicide rates during the first national lockdown in England did not increase significantly. However, it is still too early to assess the ongoing impact given that we have had three waves to contend with during the pandemic and Manchester has been under some sort of restrictions for extended periods. Furthermore, the winter of 2021/22 is likely to be one of the most challenging ever and despite the success of the vaccination programme COVID-19 is still circulating alongside flu and other respiratory viruses. It is also important to note that the backlog of health conditions both physical and mental that now require treatment has risen sharply

over the past two years. We will continue to monitor the data closely and identify any areas of concern quickly in relation to suicide and self-harm.

13.0 Current activity in Manchester

13.1 A summary of the range of activities taking place to reduce suicides in Manchester is outlined below. Some of this work is directly led by members of the suicide prevention steering group and other aspects are part of a broader system approach to suicide prevention in Manchester.

Work around the wider determinants

13.2 It is well recognised that suicidal behaviours are shaped by the social, economic, and physical environments in which we live, otherwise known as the wider determinants of health and wellbeing. So many of the factors evidenced suggest an increased risk of self-harm and suicide to socio-economic context. Local work around these factors is therefore critical to addressing needs before they escalate.

13.3 Manchester ranks as the sixth most deprived local authority area in England and is the most deprived local authority area in GM.41.8% of children aged under 16 in Manchester are living in poverty (around 46,700 children), compared to 30% in England as a whole. COVID-19 has resulted in a significant rise in poverty, evident by a 90% rise in the number of unemployed people claiming benefits between March and May 2020.

13.4 The impacts of the prolonged economic shutdown experienced throughout 2020 and early 2021 are far-reaching and, as stated earlier in this paper have disproportionately affected specific sectors of our economy and resident groups.

13.5 Manchester has a diverse population, with around 30% of the population from Black, Asian and Minority Ethnic (BAME) groups, compared to around 15% in Greater Manchester and around 13% in England as a whole. The city also contains a diverse mix of religions and faith groups. Based on the best available research, it can be estimated that around 39,000 people in Manchester identify as Lesbian, Gay or Bisexual (LGBT) and 5,500 identify as Trans. According to the Health Survey for England 2016, around 9% of the population aged 16-64 in Manchester is estimated to have a “moderate or serious physical impairment”. The ONS annual population survey suggests that in the period April 2020 to March 2021, there were 21,700 people who were unable to work due to long term sickness - 22.7% of the working age population.

Manchester COVID-19 Recovery Framework

13.6 Tackling inequalities remains a priority, both in the context of COVID-19 risks and across all areas of suicide prevention. There is work to do on ensuring that all communities have equal opportunity to access services they need to support their

mental health, for example appropriate bereavement and suicide bereavement services, particularly relating to the pandemic.

13.7 The COVID-19 Recovery Framework being developed by Manchester's Population Health Team considers the underpinning reasons for poor health outcomes among different groups of people, whilst working alongside partners and stakeholders to address the wider determinants of health and deliver the Population Health Plan.

13.8 The recovery plan recognises the groups of people and communities may face additional multiple and compounding barriers, prejudice or discrimination owing to factors such as race, sexual orientation, disability and migrant status. Furthermore, some groups with protected characteristics can experience health inequalities over and above the general relationship between socio-economic status and health. People who are socially excluded also often experience multiple overlapping risk factors for poor health (e.g., socio-economic conditions, violence, adverse childhood experiences) and experience stigma and discrimination that impacts on their access to, and involvement with, health care. These are all factors that may contribute to suicide risk. It is recognised that people in 'inclusion health' groups can suffer from multiple physical and mental health issues which can lead to poor health outcomes and premature mortality.

Be Well Manchester

13.9 Be Well is Manchester's citywide health coaching, social prescribing and wellbeing service commissioned by the population health team. Big Life Group is the lead provider for the service, working in partnership with a range of other organisations (Pathways CIC, Northwards Housing/Yes, One Manchester, Southway Housing, Wythenshawe Community Housing Group, and Citizens Advice Manchester) who deliver aspects of the service. The service also partners with a range of community-based organisations to support delivery of Be Well services within community settings.

13.10 The Be Well service works closely with primary care services in Manchester. Practices have a named Be Well contact, and a range of primary care practitioners, including GPs, can make referrals to the service. Referrals can also be made by Integrated Neighbourhood Teams.

13.11 Social prescribing link workers provide 'lower intensity' support to build knowledge, skills and confidence and connect with community groups and networks. Health coaches provide this support alongside 'higher intensity' motivational interventions to support people to address more complex social, non-medical and lifestyle issues.

COVID-19 Health Equity Manchester

13.12 COVID-19 Health Equity Manchester (CHEM) was set up in July 2020 in response to the disproportionate impact that was increasingly evident in some of Manchester's communities. Whilst this work is currently COVID-19 focused, it is establishing links and pathways for helpful communications about sensitive and potentially stigmatising issues with our communities. Manchester Suicide Prevention Partnership is keen to build on these networks to garner local evidence of issues and work together around suicide prevention.

Manchester Local Care Organisation Long Term Conditions programme

13.13 Long term conditions have been shown to be associated with suicide risk. The Manchester Suicide Prevention Partnership has previously held a public facing forum around this issue. The Manchester Local Care Organisation (MLCO) Long Term Conditions (LTCs) programme aims to move care and support upstream into neighbourhoods and communities, and tackle and reduce the long-standing inequalities in LTC outcomes we see across Manchester.

Neighbourhood working

13.14 MLCO's Neighbourhood plan's, developed annually, each tackle a suite of issues that are particular to that local population. These objectives are identified within neighbourhoods and respond to issues that require local intervention to improve population health outcomes. In recent months Manchester's Suicide Prevention partnership has begun to explore how best we can link into neighbourhood teams to identify issues of concern and work together to deliver suicide prevention initiatives at a local level.

Homelessness

13.15 Suicide is the second most common cause of death among people who are homeless in England and Wales. .Manchester's Homelessness Strategy (2018-2023), launched in October 2018, is key to tackling the challenges for Manchester, and sets out three aims for reducing homelessness:

- Homelessness a rare occurrence: increasing prevention and earlier intervention at a neighbourhood level.
- Homelessness as brief as possible: improving temporary and supported accommodation to be a positive experience
- Experience of homelessness to be a one-off occurrence: increasing access to settled homes

14.0 Suicides by Children and Young People

14.1 Concern has grown for children and young people as the numbers of suicides have risen. This was a pre-pandemic concern**.** Suicide in people under the age of

25 is also rising. In 2019 there were 565 suicides registered nationally in this age group - one of the largest rises of the last decade. A study of suicide in children and young people in the UK by the National Confidential Preventing suicide in England: Fifth progress report Inquiry into Suicide and Safety in Mental Health (NCISH) identified antecedents such as bullying, internet use and bereavement.

14.2 During the first 56 days of lockdown, the National Child Mortality Data Team (NCMD) saw multiple deaths from suicide, but with small numbers and significant fluctuation, it was difficult to tell whether there was a significant difference from pre-pandemic times. NHSE/I alerted clinicians and services to this possible increase, including potential risks for those with Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). In subsequent months, the incidence of suicide returned to pre-pandemic levels. Trends remain under regular review and the NCMD team are updating previous reviews of child suicides in 2021.

Manchester schools

14.3 Since schools welcomed all children back following the second lockdown in March 2021, attendance has been good, however the long-term impacts particularly for children who are living in poverty, and experiencing other disadvantages, are yet to be seen and will need to be considered in the plans for recovery.

Manchester Thrive

14.4 Manchester Thrive (MThrive) works across the proposed 3 community hubs in Manchester. The North Hub is fully operational based within Youth Factory Zone in Harpurhey, the South Hub is going live from January 22 based within the Lifestyle Centre in Wythenshawe and the Central Hub following soon after. The ethos of MThrive is to support and enhance communities' ability to thrive and ensure that if anyone/family requires mental health and wellbeing support that they know the offer and choice and are able to access the appropriate service to meet their needs. The hubs will hold a local directory of resources and provide mental health and wellbeing awareness resources to support early intervention and health promotion, including a digital front door launch in 2022.

14.5 In collaboration with MCC Education a clear pathway support offer is now in place and operational for schools and colleges following a suicide, enhanced by Team around the School process for schools that have concerns and need additional multi agency support led by Safeguarding in Education.

14.6 The MThrive in Education Team is now operational and continues to be embedded within schools and colleges. This is a new Child and Adolescent Mental Health Services (CAMHS) in reach offer. It holds a Directory of Resources that is regularly updated and shared with schools and partners. The MCC Anxiety pathway has been created as an early intervention model for schools and

colleges for multi-agency partners who work with children and young people, to assist when schools and colleges re-opened. The Team also provides direct interventions and consultations to our Manchester Schools and Colleges. Lessons learnt and positives from the Greater Manchester Combined Authority pilot around mental health in schools have been incorporated into the design and offer of this team.

14.7 In addition the Suicide Prevention Partnership has also secured some funding for Papyrus to undertake training for teachers across Manchester. This will be coordinated by the Manchester Healthy Schools team in 2022 and will complement MThrive described above

15.0 42nd Street

Chris Jacob - Head of service, will be attending the December Health Scrutiny Meeting.

15.1 Over lockdown, the service identified issues of concern relating to:

- Disruption in socialisation skills
- Disruption to education and academic achievement
- Lack of motivation
- Increased sense of isolation
- Decreased confidence in different aspects of development & levels of independence
- Increased risk of or actual domestic abuse/violence

15.2 Additionally, the service witnessed some potential positive Impact of COVID-19 lockdown on some young people including:

- Benefit from additional time with family
- Break from school (for those where school is a trigger or source of stress)
- Opportunity to learn other skills (non-academic based)
- Re-appraisal of benefits of school

15.3 The service saw a dramatic increase in the use of online & remote services. They have continued to offer both off and online and remote services throughout the pandemic period. It is now part of their core offer to offer a blended choice.

15.4 The service has increased the number of groups on offer online, which have been well attended. Services were customised to fit around the needs of young people, for example timing sessions to meet the needs of post school / college hours and offering ‘walk and talk’ sessions for young people who struggled to access support from inside their home. 42nd Street has continued to see high trends of LGBTQ+ and BAME communities accessing the platform.

16.0 Manchester Caribbean and African Health Network

Charles Kwaku-Odoi, Chief Officer, Manchester Caribbean and African Health Network (CAHN) will be attending the December Health Scrutiny Meeting.

16.1 CAHN works across the whole of Greater Manchester and is committed to improving holistic health and well-being for the Caribbean & African community.

16.2 Suicide happens in all communities; however, it can be taboo topic in the black community and therefore people may not talk about it openly.

16.3 During the pandemic, across Greater Manchester, there were suspected suicides in the black community. In response, CAHN took proactive action to raise awareness within their community in Greater Manchester and beyond with the support of professionals. This included:

- Suicide prevention workshops were held that helped the community to open up and understand more about this sensitive subject. There was a specific focus on Black men as they find it extremely difficult to talk about their feelings.
- Staff training Suicide First Aid Workshop which provided insight and access to tools to recognise and support those at risk of suicide. Following this training, the trainer was able to support community leaders in providing basic advice on how to prevent suicide in our community.
- A virtual SafeTALK Suicide Workshop delivered by Bishop Herbert McKenzie, a Black certified mental health trainer and Minister of Religion. About 70 people attended the session. Three trained CAHN counsellors were at this session as an active step for anyone that required help and support.
- CAHN Suicide First Aid Lite Training for the community - This event, with approximately 65 attendees, was aimed at teaching the theory and practice of suicide intervention skills that can be applied in any professional or personal setting. This was followed up with 2 café style virtual sessions to further engage the community in an interactive manner with experts. These sessions were well attended by 40 people in total and provided insight into gaps in knowledge and access to services.

16.4 In November, CAHN in collaboration with Black Men for Change & Black Mental Health Wellness UK will be running two workshops. One workshop will take place in Manchester and one in London with the aim to Increase understanding and knowledge of practical suicide prevention techniques and to enable participants to confidently make appropriate and timely interventions if they think someone is feeling suicidal.

16.5 To continue their work, CAHN are seeking resources to employ a Suicide Prevention Officer to build on the work with the Black community in Manchester and beyond.

17.0 Bereavement Support

17.1 Greater Manchester Bereavement Information Service was launched in April 2019 with funding from the Greater Manchester Health and Social Care Partnership. This service aims to provide compassionate support and practical advice to those who are bereaved.

17.2 The service was originally set up for those bereaved specifically by suicide, however It was recognised when bereavement increased due to COVID-19 that the bereavement support offer should be widened as bereavement is a suicide risk factor in itself (though suicide bereavement is an increased risk).

17.3 Based in Salford, the service has a dedicated office hours phone line and signposts callers to local services that can help. Evaluation data has demonstrated that the service is already helping Manchester residents bereaved either recently or in the past.

17.4 The GM Bereavement Service also has a digital platform www.Greater-Manchester-Bereavement-Service.org.uk

17.5 Posters have been shared in community spaces and leaflets about the service shared with Coroners to pass on to bereaved families.

17.6 All coroners have agreed to share details with consent of bereaved family with the GM Bereavement Service for additional support.

17.7 Manchester links into the GM Bereavement Service, promoting its profile amongst our communities.

Bereavement support for communities of concern

17.8 It is recognised that bereavement (for any death) can be a risk for suicide of those affected. National data indicates that during the first wave of the pandemic (roughly defined as January to September 2020), the rate of death involving COVID-19 was highest in Black African, Bangladeshi, Black Caribbean and Pakistani ethnic groups. In the second wave of the pandemic (September 2020 onwards), most Black and South Asian ethnic groups remained at higher risk of death than White British people, even **a**fter adjusting for other risk factors, such as occupation, living arrangements and pre-existing health conditions.

17.9 Some groups of occupations have also continued to have high rates of death involving COVID-19 over the entire time period of the pandemic when compared with rates among those of the same age and sex in the population. These include

people working in routine, manual and service occupations (e.g. construction workers and cleaners), caring, leisure and other service occupations (e.g. nursing assistants, care workers, and ambulance drivers) and transport drivers (e.g. taxi or bus drivers). There are large numbers of people working in some of these occupations in Manchester, including a disproportionately high number from some Black, Asian and Minority Ethnic groups.

17.10 It is therefore key that culturally appropriate bereavement / support services are targeted, made visible and available in all communities and employment sectors.

Manchester Coroners Services

17.11 Upon receipt of a potential suicide, Coroner's office staff take extra time to gauge the family and understand any dynamics or cultural needs. Supportive literature and signposting to support services is sensitively shared with the family for them to make their own about accessing what might be helpful for them.

17.12 The availability of support is reinforced with the national booklet *'Help is at Hand: Support after someone may have died by suicide'* being sent out along with the coroners Certificate of Fact.

18.0 Suicide Surveillance, Research, and intelligence

18.1 Manchester is a national and international leader in suicide and self-harm research through the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) and the Manchester Self Harm Project (MaSH). Professor Nav Kapur has provided regular annual briefings to the Manchester Health Scrutiny Committee on the work of MaSH and will be attending the December 2021 meeting.

18.2 A pilot for the collection of key 'real time' data, co-ordinated by the Greater Manchester Suicide Prevention lead, is currently underway with a limited number of our Greater Manchester partners. In Manchester we have our own system in place but are investigating the potential of joining the GM pilot. Having oversight at a GM level of suspected suicides will aid in the identification of suicide clusters as well as joined up responses.

18.3 In Manchester, a nominated Population Health Team member is notified of **potentia**l suicides by the Manchester Coroner within 72 hours of the incident. A specific pathway is followed to flag whether there are incidents that may require a multi-agency response to reduce the risk of further suicides or to co-ordinate a support response in a specific area / community. Recent incidents included coordinating action with agencies such as Highways England, British Transport Police, Greater Manchester Police and MCC Neighbourhoods staff.

19.0 Training and awareness raising

19.1 Manchester is part of the Greater Manchester campaign 'Shining a Light on Suicide'

19.2 The campaign's digital platform aims to provide information for those experiencing suicidal thoughts, concerned for another or who are bereaved by suicide. It includes an opportunity to access free online suicide prevention training. To date approximately 28,000 people have completed the training. Further information can be found at www.shiningalightonsuicide.org.uk The site is regularly updated with additional resources but also new Stories of Hope films.

19.3 Manchester has been supplied with social media resources (posters, drink coasters, pull up banners) to help raise awareness of the campaign locally. The campaign has also recently had the support of the League Managers Association in a partnership.

Suicide Awareness Training

19.4 At the start of the pandemic, members of the Manchester Suicide Prevention Partnership with training skills delivered Suicide Awareness sessions to neighbourhood staff in the South of the City. This training will be picked up and shared further as staff capacity returns to a level to enable this.

19.5 Suicide First Aid Lite training has been delivered to 500 people, primarily from the advice sector across GM. In Manchester over 50 staff from Early Help, Homelessness services and MCC Contact Centre have completed this half day training

'Safe Talk' training course

19.6 A 'Safe Talk' training course (accredited suicide prevention training) was delivered prior to COVID-19 in Central Manchester aimed at barbers, hairdressers and tattooists. Feedback from the course was positive. However, it is recognised that it is a challenge for this profession to take time out from their working week to attend a face-to-face course and alternative methods of delivering messages and information will be explored. Virtual training was delivered this year with attendance by some Manchester barbers.

19.7 The City Council sees supporting the health and wellbeing of its employees as a priority. Mental health awareness training is available to all staff and managers. This training, delivered by the Manchester College, is a core part of the refreshed Leadership and Management development programme for all managers and specifically addresses mental health awareness, suicide prevention and managing mental health. There is also generic mental health awareness training for all staff. The City Council also has an Employee Assistance Programme (EAP)

which provides free, confidential, 24/7 advice, emotional support and counselling to all employees and their immediate family.

20.0 Manchester Mental Health & Social Care Trust

A paper providing further details on Greater Manchester Mental Health NHS Foundation Trust was taken to the July 2021 Health Scrutiny meeting.

Crisis Cafés

20.1 As a component of the GMMH Crisis and Urgent Care response in Manchester, GMMH established the first MH Crisis Café across GM. The GMMH North Crisis Cafe is an out of hours friendly and supportive space open to anyone experiencing a mental health crisis and was opened rapidly as part of the winter resilience planning in December last year. The aim of the service is to offer a practitioner led community facing alternative to A&E for those experiencing emotional or psychological distress. Using a recovery approach, the café offers support and advice from qualified Mental Health Practitioners and support staff in a relaxed and comfortable environment. The second Crisis Café in partnership with VCSE Turning point opened on the 2nd June 2021, and after a phased start, it is now open 7 nights per week, including afternoons at weekends as well. This new service is known as The Recovery Lounge, with the same aim being to have an alternative to A+E for those people experiencing a mental health crisis. This non-clinical service is staffed by a support team including peer support workers. The service manager for this café attended the most recent Suicide Prevention Partnership meeting where there was much information sharing and networking around this welcome service.

Helpline

20.2 GMMH has also expanded the 24/7 freephone helpline. This service is available to all people in a mental health crisis or requiring COVID 19 specific support recognising the increased prevalence of mental health problems across the population because of the pandemic. The helpline provides a directory of services, helping to signpost and connect people with the appropriate Voluntary, Community and Social Enterprise (VCSE) services that can offer support as well as enabling direct access to GMMH home based treatment services for Manchester residents experiencing a crisis where the level of need indicates. The Helpline provides beyond mental health crisis and also provides a response for people with substance misuse problems and children and young people.

20.3 The following suicide prevention interventions have been put in place in hospital settings during the past 12 months:

- Training ward staff in ligature risk assessment and ligature cutters use for staff on all wards (not just high risk).

- Mandatory eLearning training around suicide prevention being rolled out across the trust
- At all trust Emergency Departments anyone showing signs of suicidal or self-harm tendencies will be seen by a mental health liaison practitioner before they leave.

21.0 Domestic abuse

21.1 The pandemic brought challenges in Manchester for victims of domestic abuse, including children who are victims, and for the agencies and services working to protect and support them. In response, local agencies and services swiftly and effectively adapted their ways of working to maintain levels of contact and support for victims, developing innovative solutions and alternatives to their more traditional forms of delivery

21.2 The pandemic also acted as a catalyst for some innovative national responses, which were effectively amplified and locally promoted. Examples included:

- Rail to Refuge - this scheme, a partnership between the Rail Delivery Group and Women's Aid, was originally launched in lockdown 1, was highly successful through 2020-21
- Safe Spaces - from an initial footprint in national pharmacy chains Boots and Superdrug, this was expanded to include other major retailers such as Morrisons and TSB Bank. In Manchester we worked with colleagues in the NHS to promote expansion of the scheme to over 50 independent pharmacies and to other major retailers with presence in our neighbourhood centres.

Review of the Domestic Abuse Strategy

21.3 A project team of officers carried out consultation with providers, stakeholders elected members and those with lived experience to create a partnership Domestic Abuse Strategy. The final version of the strategy is reflective of that engagement and will be launched on 26th November 2021. The new strategy has 3 main aims:

- Prevent abuse and promote healthy relationships.
- Identify abuse and intervene as early as possible.
- Support victims/ survivors' recovery

22.0 Adverse Childhood Experiences (ACEs)

22.1 It is well recognised that the accumulation of ACEs increases the odds of suicide ideation and attempts. Compared with those with no ACEs, the odds of seriously considering suicide or attempting suicide in adulthood increased more than threefold among those with three or more ACEs.

22.2 Training on ACEs and trauma informed practice is being delivered across the city. Much of the training is still virtual, though there are some face-to-face sessions. Follow up work is taking place to implement the learning into core practice, for example with health visitors, GPs and the newly established M-thrive hubs.

22.3 In other sectors the ACEs team are delivering a resilience project with Manchester Art Gallery targeting Key Stage 2 pupils and have developed a network of champions from education and housing who act as advocates in their organisation and help to share knowledge and good practice across the city. A key work strand is to support third sector colleagues to develop and deliver community-based trauma responsive interventions that promote social connectedness, support wellbeing, and mitigate the effects of trauma.

A case study – Manchester Early Help

The pandemic has provided many challenges to service delivery; however, Early Help staff have maintained the service throughout, the helpline has been consistently available to our partners and regular face to face contact via home visits following health and safety advice has meant that families were seen and offered appropriate support.

Information received through discussion and relevant presentations from the suicide prevention partnership meetings is shared service wide. Attendance at the regular meetings has linked Early Help to key partners/services and to relevant training such as the Zero Suicide Alliance Suicide Awareness Training which practitioners and their managers report has given them the confidence to help someone who may be considering suicide and the impact on family members who have been impacted by loss due to suicide. This awareness training is now mandatory for all Early Help staff and is offered at induction.
By engaging in the SP meeting the service has been able to identify themes, gaps, and alert to triggers for suicide such as the removal or loss of contact with a child, poor maternal mental health, bereavement by suicide and other past harm and trauma. These issues can be discussed in monthly case supervision.

Integrated Community Response workers are now located in all 3 Early Help hubs to provide 42nd Street support to young people open to Early Help and to guide/advice Early Help Practitioners. Future plans are to pilot Think Family in the Thriving Babies work with an adult's worker which will help Early Help to navigate adult mental health pathways. We have also recognised the emotional impact of exposure to suicide on our workforce and are working with Human Resources to offer good quality support such as counselling where this is needed.

23.1 Samaritans and the Rail Network

23.1 The Covid-19 pandemic presented challenges to the Samaritans rail programme, as restrictions meant that until July 2021, volunteers were unable to hold awareness raising outreach events at stations or offer in-person post-incident emotional support. A flexible approach, however, has meant that the service has still been able to engage with both the public and rail staff. For example, their Brew Monday campaign in January 2021 – normally a big 'moment' on the rail network - was delivered virtually. A bespoke virtual presentation was developed that branches were able to deliver, entitled 'Learn to Listen' which shared some of Samaritans listening tips, and many virtual gatherings were held for people to catch up over a cup of tea. Virtual events have also been delivered to Cross Country Trains in Manchester.

23.2 Other ways in which the Samaritans rail programme were able to make their presence felt in Manchester was through further partnership work with train operators. Northern Railway have been promoting their Real People Real Stories and Small Talk Saves Lives campaigns on their digital ticket machines, and they also offer commuters the opportunity to donate their Delay Repay refunds to Samaritans.

23.3 There have been fatalities on the rail network in Manchester City Council's area over the course of 2021 to date. Following the lifting of COVID-19 restrictions support was able to be offered. This support involved the offer of specially trained Samaritans volunteers attending the station location to offer emotional support to both rail staff and the public who may have been affected.

24.0 Veterans

24.1 Walking With the Wounded is a member of the Manchester Suicide Prevention Partnership. This Military charity supports veterans whether 'mentally wounded, socially wounded or physically wounded,' recognising 'that they deserve the care, support and means they and their families need to function in society, serving in the communities in which they live, reigniting their sense of purpose and making a positive contribution again'.

24.2 Manchester City Council's commitment to continue its support for the Manchester Armed Forces Covenant was outlined in a report to the Executive in June 2021, including its support for the Armed Forces Covenant, a long-standing promise by the nation that those who serve or who have served in the Armed Forces, and their families, will be treated fairly and will not be disadvantaged in accessing public and commercial goods and services as a result of their military service. It also allows for special provision for those who have sacrificed the most, such as the bereaved and injured.

24.3 There are other locally accessible services for Manchester Veterans to link into including The Military Veterans Service and The Transition, Intervention, and Liaison Service (TILS).

25.0 Primary care

25.1 A Manchester GP attends Manchester Suicide Prevention Partnership meetings. She has recently produced and shared suicide prevention training videos for clinical colleagues on social media.

26.0 Homelessness

26.1 Suicide is the second most common cause of death among people who are homeless or rough sleepers in England and Wales, with 13% of deaths among homeless people or rough sleepers in 2018 being due to suicide. The Manchester Homeless Charter has 3 strategic aims:

- Making homelessness a rare occurrence: Increasing prevention
- Making homelessness as brief as possible: Improving temporary and supported accommodation and making it as positive an experience as possible
- Making homelessness a one-off, and not repeated, experience: increasing access and support maintaining a settled home

26.2 The Homelessness Partnership and the City Council recognise that everyone has a part to play in working together to end homelessness in Manchester.

27.0 Substance Misuse

27.1 Substance misuse use is a risk factor for both fatal and nonfatal overdoses, suicide attempts, and death by suicide. Manchester has increasing numbers of residents engaged in treatment with Change Grow Live (CGL), identifying a mental health treatment need, often requiring greater liaison with mental health services. The Manchester Dual Diagnosis Liaison Service (MDDLS) is commissioned by Population Health and based within the Greater Manchester Mental Health NHS Foundation Trust (GMMH). The service offers mental health and substance misuse training and case management advice to services working with those Manchester residents who have a combination of mental health diagnosis and substance misuse problems (commonly referred to as a dual diagnosis). The service supports organisations in the development of and adherence to pathways for psychological therapies (IAPT), as well as providing advice on escalation processes for the more complex dual diagnosis cases seen by CGL and other practitioners. The MDDLS has recently established a bi-monthly forum between the trust and CGL to review and improve communication and joint working arrangements.

27.2 Over the last year, Manchester has successfully secured time limited funding from the Office for Health Improvement and Disparities (OHID) to invest in the treatment system in Manchester. This has included the creation of additional posts within CGL, GMMH and the local authority Substance Misuse Team to provide an enhanced service offer and wider wraparound support to priority workstreams. This has included investment in the following:

- Multi-disciplinary team response to supporting people who sleep rough in Manchester
- Criminal justice pathways, treatment and liaison
- Tier 4 Inpatient detox and rehab placements
- Needle and syringe programmes
- Recovery support (peer to peer and Naloxone)
- Greater Manchester Drug Related Death Surveillance Panel

28.0 Gambling Harms

28.1 There is growing evidence of a wide range of harms associated with gambling including severe personal and household debt, relationship difficulties and domestic abuse, crime, homelessness and family conflict which impacts on children who live with gamblers. These issues can be associated with health harms including higher mortality and more suicidal events.

28.2 A Population Health Team Programme Lead leads our activity in relation to gambling related harm. This includes being part of the city council's statutory Licensing Function, which regulates some types of gambling activity (e.g. Betting shops and casino's) and contributing to the GM Gambling Harm Reduction programme, which seeks to research, prevent and reduce gambling related harms in conjunction with the Gambling Commission and OHID. This programme includes activities to:

- Build understanding and the evidence base around gambling harms including improved collection and access to data
- To increase uptake of gambling harms treatment services, including proposals to have GM treatment provision located in Manchester city centre. Specialist services are currently provided by Beacon Counselling Trust and the NHS Northern Gambling Service, funded via a "polluter pays" model.
- Support, develop preventative interventions and engage with local individuals, families and communities who have lived experience to co-design change.

29.0 Recommendations

29.1 The Committee are asked to note the contents of the report, consider the multiple factors that impact on suicide rates and provide feedback and ideas to support the suicide prevention plan 2020-2024.