

A local suicide prevention plan for Manchester: 2020–2024



Foreword

Every death by suicide is one death too many, and we are committed to reducing the number of people who die by suicide in Manchester. We want to ensure that support is available for those experiencing mental distress and suicidal thoughts, and for those sadly bereaved by suicide.

We are very aware of the huge impact that the COVID-19 pandemic is having on our communities. The psychological impact of the pandemic is as significant as the physical and economic impacts and likely to last much longer. In addition, we know COVID-19 has exacerbated existing health inequalities, and the effects are being disproportionately felt by the most vulnerable in our city.

We therefore welcome Manchester's second local suicide prevention plan at this critical time as we gradually emerge from the pandemic. The plan has been developed in collaboration with our city's voluntary, statutory and independent sectors, which have worked collaboratively with companies, and we would like to acknowledge the efforts of all involved.

Councillor Joanna Midgley

Chair of Manchester Suicide Prevention Partnership

David Regan

Director of Public Health

About the plan

The plan was approved by the Manchester Health and Wellbeing Board at the very start of the COVID-19 pandemic in January 2020. In light of 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) while 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 England's first national lockdown did not increase significantly. However, it is still too early to assess the ongoing impact, given 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 now requiring 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.

Why suicide prevention is important

Suicide prevention is a key public health priority and a key action under the 'preventing early deaths' priority in the Manchester Population Health Plan 2018–27. Every suicide is both an individual tragedy and a loss to society. Each suicide is one too many and can have a devastating impact on those affected, including family, friends, colleagues, professionals, neighbours and the wider community. Those bereaved and affected by suicide are at greater risk of developing suicidal thoughts and behaviours themselves.

The economic costs of suicide and self-harm are immense – it is estimated that the cost of each suicide is £1.67million¹ borne across families, services and society. A significant proportion of this relates to the impact of bereavement on others through, for example, lost earnings and mental-health impacts.

It is estimated that the cost of each suicide is  **1.67million**

¹ McDaid, D and Kennelly, B (2009). An economic perspective on suicide across five continents. In D Wasserman and C Wasserman (Eds). Oxford textbook of suicidology and suicide prevention: A global perspective (pp. 359–367) Oxford, UK: OUP

Key facts about suicide

The causes of suicide are complex and are likely to be a combination of previous vulnerability and recent events. Three-quarters of deaths registered in 2018 were among males, which has been the case since the mid-1990s.² The UK male suicide rate increased significantly in the past year, whereas the female rate stayed consistent with rates over the past ten years. The highest rates for both males and females are seen in the 45–49 age group.

Despite having a low number of deaths overall, rates among under-25s have generally increased in recent years.

Different studies have shown that around a third to three-quarters of people who take their own lives are not in contact with mental-health services.

Research evidence shows that the following groups and associated factors increase risk of suicide:

- Males
- Middle age
- Previous self-harm
- Drug and alcohol use
- Mental ill health/depression
- Debt and unemployment
- Physical health conditions, including pain
- Relationship breakdown
- Those who have experienced domestic abuse, including sexual abuse
- Specific occupational groups, including doctors, nurses, farmers and construction workers
- Veterans
- Adverse childhood experiences
- Lesbian, gay, bisexual or transgender community
- People in the criminal justice system
- Bereavement by suicide
- Care leavers
- Some BAME groups, eg. South Asian women.

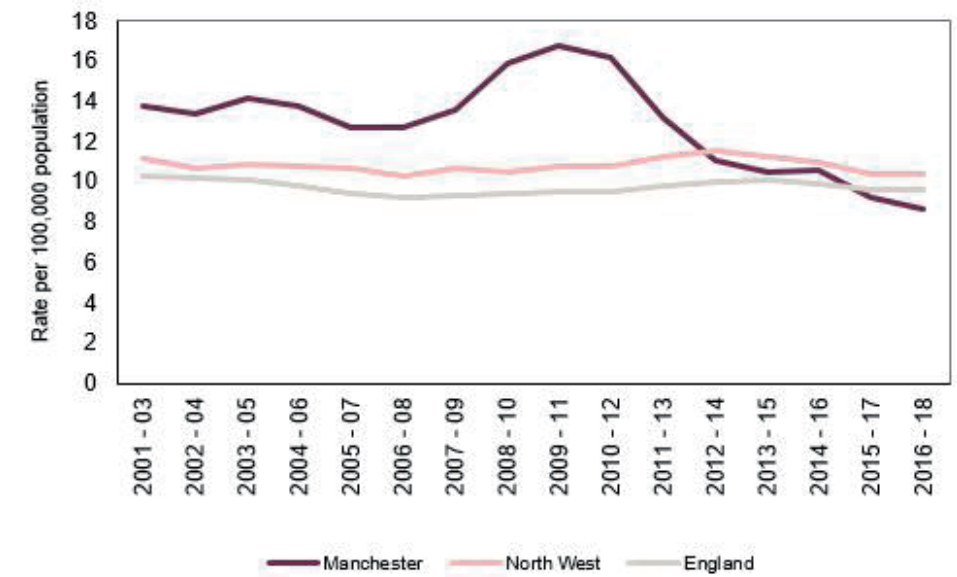


Key statistics in Manchester

In Manchester, the three-year all-age suicide rate has fallen from 9.28 per 100,000 in 2015–17 to 8.69 per 100,000 in 2016–18, and the Manchester rate is now below the England average (but the difference is not statistically significant).

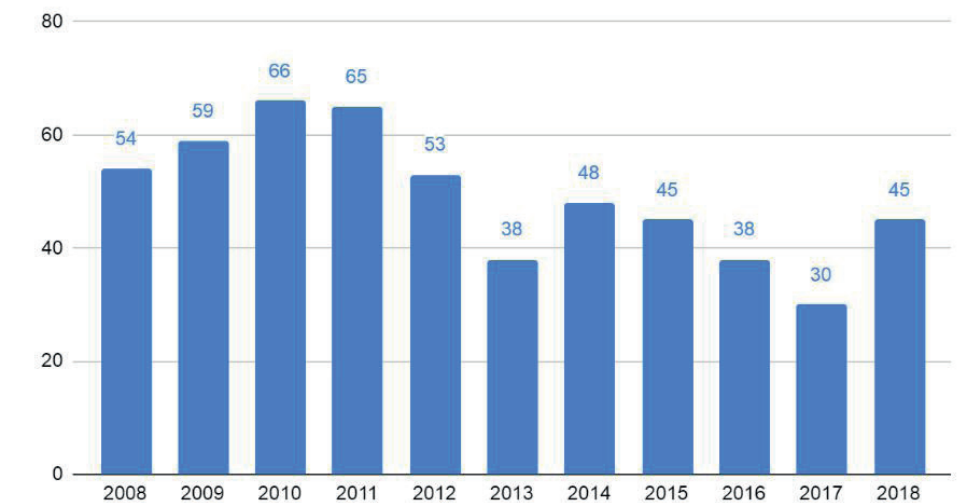
However, 2018 showed an increase in the number of suicides registered in Manchester during that year, and this is in line with UK rates that showed a single year increase – the first since 2013.

Deaths from suicide and injury undetermined



Source: Public Health England © Crown Copyright 2019

Number of suicides in Manchester by year of registration



² Office for National Statistics. Suicides in the UK: 2018 registrations

Our aim

To prevent suicide, support people in emotional distress, and support those bereaved and affected by suicide.

Our approach and key principles

- Take a universal and targeted approach to suicide prevention, prioritising groups at high risk, as well as ensuring a broad reach
- Ensure suicide prevention is included in commissioning mental health and broader wellbeing services
- Deliver effective, high-quality services to support mental and physical wellbeing
- Align to national and regional priorities where appropriate and recognise local need
- Use data and evidence to inform our approach and be dynamic in our response to emerging risks and themes
- Work at a neighbourhood level to ensure that approaches are co-produced with communities, reflect local needs and concerns, and draw on local assets
- Disseminate and utilise learning from Child Death Overview Panels, serious case reviews, learning reviews, and safeguarding adult reviews
- Work to ensure suicide is reported and communicated sensitively
- Reduce access to the means of suicide
- Evaluate our work to measure impact.



Our priorities

The plan follows the structure of the internationally recognised model for Suicide Safer Communities, based on eight key pillars.

Pillar	Action area
Leadership	Manchester Suicide Prevention Partnership will continue to meet, including: <ul style="list-style-type: none">• Steering group to oversee the delivery of the local plan• Scrutiny and accountability through health• scrutiny committee and health and wellbeing board• Subgroups and task and finish groups to support different aspects of the plan• Regular forums and network events to address key topics and encourage collaborative working
Evidence, data and intelligence	<ul style="list-style-type: none">• Identify priority locations and co-ordinate a Public-health response• Research suicide risk in BAME communities in Manchester
Suicide Prevention campaigns and communications	<ul style="list-style-type: none">• Promote the Shining a Light on Suicide campaign as widely as possible, and target those most at risk• Develop targeted campaigns and messages appropriate to priority groups and communities• Regular e-bulletin to share activities, learning, and opportunities for engagement and networking
Training the workforce	<ul style="list-style-type: none">• Develop a comprehensive workforce development strategy to ensure training is embedded across organisations and communities informed by Health Education England competence frameworks• Continue to deliver suicide awareness sessions using a train the trainer model within the partnership.

Pillar	Action area
Suicide interventions and clinical services	<ul style="list-style-type: none"> • Ensure that clinical pathways are robust for primary and secondary care for people in crisis • Ensure that we have effective clinical services that meet the needs of people who may experience suicidal distress focusing on the following priorities: <ul style="list-style-type: none"> — Managing distressing thoughts — Long-term conditions and chronic pain — Self-harm — The leaving-prison population — Pharmacy • Include suicide prevention training in the Primary Care Standards
Suicide bereavement and postvention support	<ul style="list-style-type: none"> • Promote the Greater Manchester Suicide Bereavement Service to increase referrals and self-referrals for those who need support • Work with the Greater Manchester service to identify gaps in support for those bereaved by suicide and determine how needs can be met • Develop a robust offer and 'team around the school or college' in the event of a suspected suicide incident • Ensure that practitioners have the awareness and confidence to provide compassionate support for people bereaved by suicide
Evaluation	<ul style="list-style-type: none"> • Evaluate the impact of the plan in improving access to and delivery of effective suicide prevention in Manchester • Work with our wider partners (Public Health England/Greater Manchester Mental Health Foundation Trust) to develop a robust approach to evaluate the impact of the city's suicide prevention interventions on the rates of suicide in Manchester
Capacity building and sustainability	<ul style="list-style-type: none"> • Encourage and support all organisations to have a suicide prevention policy • Work to embed suicide prevention into strategies, plans and relevant commissioned services • Develop a suicide prevention delivery plan template to support organisations to capture their contribution to the local plan

Our action plan

In the first year, 2020/2021, we will target actions on children and young people, middle-aged men, and the LGBT+ community in line with evidence of increased risk in these groups. Specifically, we will take action to address the findings and recommendations from the recent learning circle on suicide in children and young people commissioned by Manchester Safeguarding Partnership and incorporate learning from national research³.

This action plan is set out below.

Ten action areas for children and young people:

Training for workers and young people: including suicide awareness and risk factors, mental-health first aid, online safety, resilience, adverse childhood experiences (ACEs), supporting young people with physical conditions

Social media: including online safety, learning from good practice, tackling cyber bullying, equipping young people to respond to communications from other young people

Support and resources: promoting resources and services available for professionals and young people from approved providers

Transition: considering suicide risk during transition and passing on relevant information from school to college that could increase risk, eg. bereavement by suicide

Robust postvention response to an incident: including 'team around the school', bereavement support, use of existing expert materials. and support provided by Samaritans and Papyrus

High-risk groups: including young people working long hours/on zero-hours contracts who may be under stress, LGBT young people, young people in the criminal justice system, young women who are self-harming, unaccompanied asylum-seeker children, young carers, and young care leavers

Clinical services and assessments: robust pathways for young people in crisis, effective management of self-harm, incorporating broader risk factors into assessments, eg. family mental illness

Awareness and campaigns: including targeting young people at festivals and events, promoting services and self-help resources, raising awareness of how to support friends, expressing distress and sharing concerns

Safeguarding and information-sharing: including Papyrus or Samaritans support pack in safeguarding materials for schools, multi-agency risk assessment, and safety planning

Colleges and universities: including strengthening health links to further education, ensuring that students sign up with a GP, partnership work with universities and student mental-health services to understand issues and share learning, including sixth form colleges in postvention response.

³ Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: The University of Manchester, 2017

Our key messages about suicide prevention

We all have a role to play in suicide prevention; it's everyone's business

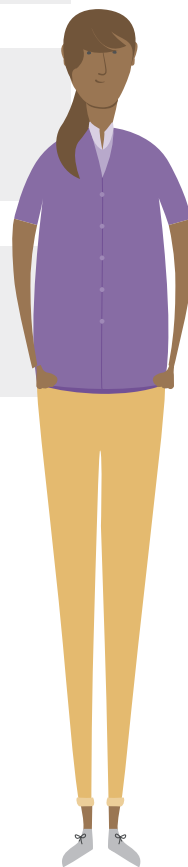
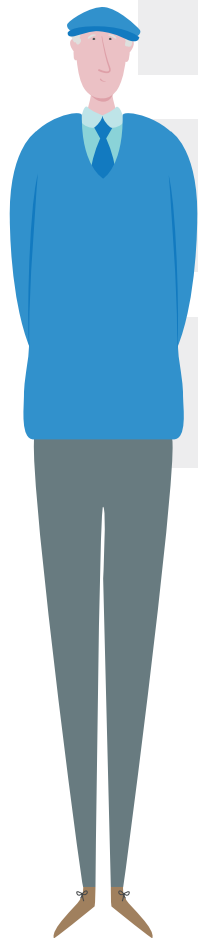
Talking about suicide could be all it takes to prevent a tragedy, and it also helps to tackle stigma

One in five of us has thought about suicide at some point

Asking about suicide is the right thing to do if you are worried – it won't put the idea in a person's head

You don't need to be a health professional to help; you just need to be able to listen

If you are feeling suicidal and/or are struggling to cope, help is available in Manchester



Help in Manchester

In an emergency or crisis, support is available:

- **Samaritans**
116 123 (free to call)
Email us jo@samaritans.org

Samaritans offer emotional support
24 hours a day

- **Crisis Point**
0161 238 5149
<https://www.turning-point.co.uk/services/mental-health/crisis-support.html>

This is a short-term residential mental-health service for people suffering mental distress aged 18 and over and living in Manchester. Please contact the service on 0161 238 5149 for more information.

- **Papyrus Prevention of Young Suicide HOPEline UK**
Call: 0800 068 4141
Text: 07860 039967
Email: pat@papyrus-uk.org
<https://papyrus-uk.org/>

Opening hours:
9am–10pm weekdays; 2–10pm weekends; 2–10pm bank holidays

If you are having thoughts of suicide or are concerned for a young person who might be, you can contact HOPElineUK for confidential support and practical advice.

Useful links and resources

<http://www.shininglightonsuicide.org.uk/>
<http://supportaftersuicide.org.uk/#start>
<https://youngminds.org.uk/>
<http://42ndstreet.org.uk/>
<https://kooth.com/>
<https://hsm.manchester.gov.uk/>

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