

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 22 January 2020

Subject: Manchester Suicide Prevention Plan 2020 - 2024

Report of: Director of Population Health

Summary

This report presents a final draft of the Manchester Suicide Prevention Plan 2020 - 24. This is the second plan which builds on the 2017-19 plan and has been developed in collaboration with a range of partners including people affected by suicide.

The Manchester Suicide Prevention Partnership is chaired by Councillor Joanna Midgley and will oversee the implementation of the Plan. The Plan will be formatted and will be available on the Council website from March 2020.

Recommendation

The Board is asked to approve the plan and support its implementation.

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	Interventions focused on preventing suicide within families will have a positive impact on our youngest people
Improving people's mental health and wellbeing	Preventing suicide, supporting people in emotional distress and supporting those bereaved and affected by suicide will improve people's mental wellbeing
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	Supporting the mental wellbeing of older people will enable them to keep well and live independently
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	Actions focused on increasing awareness of suicide and promoting resources to support people to look after their wellbeing and keep themselves safe support self-care

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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.

Manchester Suicide Prevention Plan 2017-19

http://www.manchester.gov.uk/download/downloads/id/26694/manchester_suicide_prevention_plan.pdf

1. Introduction

- 1.1 Every suicide is an individual tragedy and a loss to society and when someone dies by the suicide the shock is felt by families, friends, neighbours, colleagues and professionals. Suicide prevention is a key public health issue and included under the *Preventing Early Deaths* priority of the Manchester Population Health Plan 2018 - 27.
- 1.2 Manchester Suicide Prevention Partnership was established in 2016 and involves a wide range of partners with a role to play in suicide prevention and is chaired by Councillor Joanna Midgley. The first local suicide prevention plan for Manchester was approved by the Health and Wellbeing Board in August 2016 and published in January 2017. This plan ran until end 2019.
- 1.3 A refreshed plan is appended (appendix 1) which builds on the model adopted in the 2017-19 plan and incorporates:
- learning from local evaluation,
 - feedback from a Greater Manchester Peer review exercise,
 - a wider stakeholder event involving a range of partners and people with lived experience,
 - a learning circle on children and young people's suicide led by Population health on behalf of Manchester Safeguarding Partnership,
 - feedback from Health Scrutiny Committee (October 2019) and
 - discussions with the Manchester Suicide Prevention Partnership.

2. Strategic context

- 2.1 Nationally, there has never been such a focus on suicide prevention. This includes:
- A first cross government work plan published in January 2019
 - The first Government Minister for suicide prevention announced in October 2018
 - NICE guidelines on suicide in community and custodial settings published in September 2018
 - Self-harm and suicide prevention competence frameworks published in October 2018
 - A series of NICE quality standards on preventing suicide and supporting people bereaved by suicide published in September 2019
- 2.2 Suicide prevention is a key priority at Greater Manchester level. A Greater Manchester Suicide Prevention Strategy is overseen by an executive group of which Manchester is a member and Greater Manchester is leading a number of key areas of work including a major communications campaign to reduce stigma of suicide and a new suicide bereavement information service.

2.3 It is of note that this year has seen a change to the way coroners conclude suicide. 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 this year that the civil court standard can be applied and therefore coroners and juries and only have to be satisfied that it was “more probable than not” that someone had deliberately killed themselves. This is expected to lead to more deaths being concluded as suicide, which may have an impact on reported rates and trends.

3. Recommendations

3.1 The Health and Wellbeing Board is asked to approve the Local Suicide Prevention Plan for 2020 - 2024 and support its implementation.

Appendix 1

Manchester Suicide Prevention Plan 2020 - 2024

Foreword

Councillor Joanna Midgley and David Regan *(to be produced following agreement by the Health and Wellbeing Board)*

About the Plan

This is the second local suicide prevention plan for Manchester and has been developed in collaboration with colleagues and communities working to prevent suicide in the city.

Our vision is to create suicide-safer communities recognising the role that everyone can play in suicide prevention. This plan builds on established partnership working and our first plan published in 2017. It is also closely aligned to the Greater Manchester Suicide Prevention Strategy and draws on national research and evidence about risk factors and interventions.

Since the suicide prevention partnership was established and our first plan launched, a lot has been achieved locally and at Greater Manchester level and there is much still to do.

Achievements include:

- Better use of real time data on suicides to identify high risk locations, emerging trends and to develop a community response
- Suicide awareness training delivered to a wide range of staff groups and volunteers
- Greater Manchester-wide 'Shining a Light on Suicide' campaign and online resources
- A new Greater Manchester Suicide Bereavement Information Service
- Manchester University NHS Foundation Trust has introduced a comprehensive suicide prevention policy

We will build on these activities through the delivery of the 2020 - 24 plan.

Through delivery of the local plan we will focus our efforts on interventions directly contributing to suicide prevention. However, we recognise that this work is underpinned by broader public health approaches to improving mental wellbeing and building strong, resilient and socially connected communities as an antidote to suicide.

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.

Key facts about suicide

The causes of suicide are complex and is 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 last year whereas the female rate stayed consistent with rates over the past 10 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

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

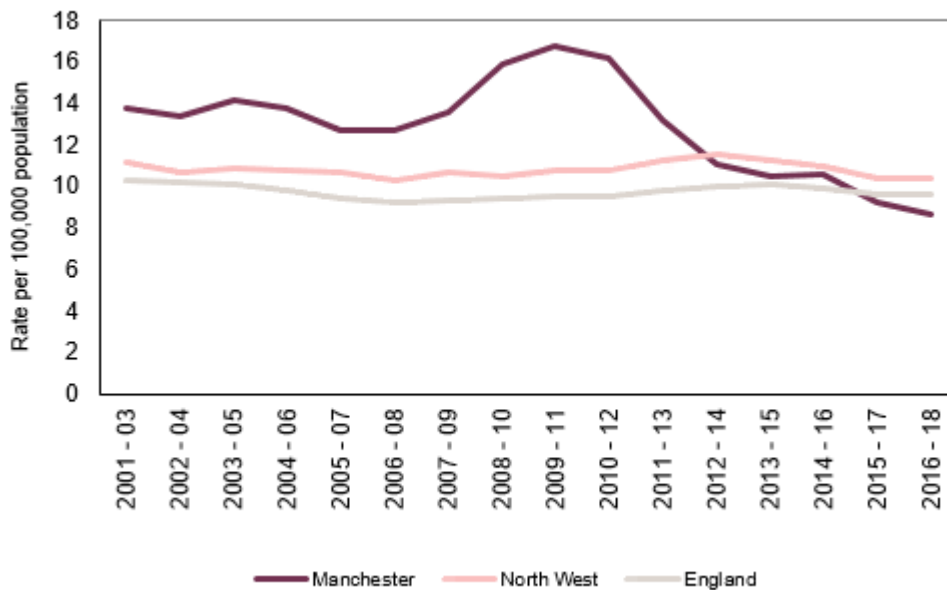
² Office for National Statistics. Suicides in the UK: 2018 registrations

- Some BAME groups e.g. 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).

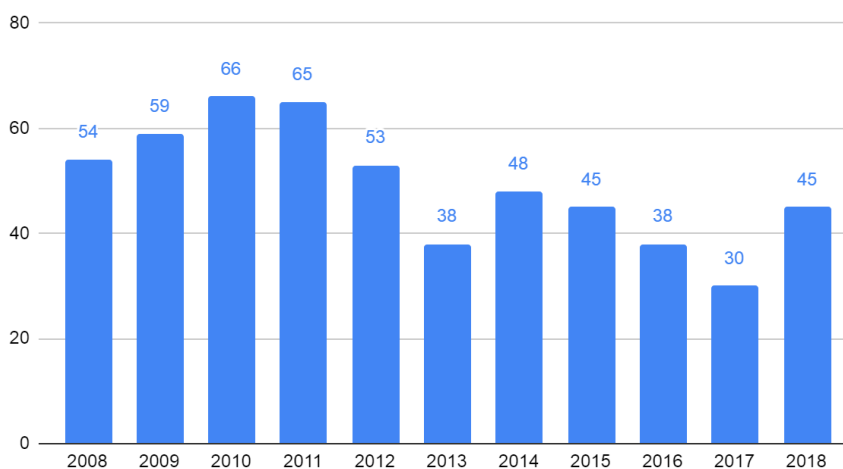
Deaths from suicide and injury undetermined



Source: Public Health England © Crown Copyright 2019

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.

Number of suicides in Manchester by year of registration



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 key messages about suicide prevention

<i>We all have a role to play in suicide prevention; it's everyone's business</i>
<i>Talking about suicide could be all it takes to prevent a tragedy and helps to tackle stigma</i>
<i>1 in 5 of us has thought about suicide at some point</i>
<i>Asking about suicide is the right thing to do if you are worried - it won't put the idea in a person's head</i>
<i>You don't need to be a health professional to help; you just need to be able to listen</i>
<i>If you are feeling suicidal and / or are struggling to cope, help is available in Manchester</i>

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	<ul style="list-style-type: none"> ● 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 - sub groups and task and finish groups to support different aspects of the plan -Regular fora and network events to address key topics and encourage collaborative working
Evidence, data and intelligence	<ul style="list-style-type: none"> ● Maintain a joint strategic needs assessment for suicide prevention ● Continue to develop a real time data surveillance system and community response plan to ensure learning about emerging themes and appropriate support is in place ● Identify priority locations and coordinate 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
Suicide Interventions and clinical services	<ul style="list-style-type: none"> ● Ensure that clinical pathways are robust from primary and secondary care for people in crisis ● Ensure 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 GM service to identify gaps in support for those bereaved by suicide and how needs can be met ● Develop a robust offer and ‘team around the school / college’ in the event of a suspected suicide incident ● Ensure that practitioners have the awareness and confidence to provide compassionate support to 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 suicide prevention interventions in the city 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.

In the first year 2020-2021 we will target actions on children and young people, middle aged men, and LGBT+ 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.

10 action areas for children and young people

<p>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</p>
<p>Social media: including online safety, learning from good practice, tackling cyber bullying, equipping young people to respond to communications from other young people</p>
<p>Support and resources: promoting resources and services available for professionals and young people from approved providers</p>
<p>Transition: considering suicide risk during transition and passing on relevant information from school to college that could increase risk e.g. bereavement by suicide</p>
<p>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</p>
<p>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</p>
<p>Clinical services and assessments: robust pathways for young people in crisis, effective management of self harm, incorporating broader risk factors into assessments e.g. family mental illness</p>
<p>Awareness and campaigns: including targeting young people at festivals and events, promoting services and self-help resources, raising awareness about how to support friends expressing distress and sharing concerns</p>
<p>Safeguarding and information sharing: include Papyrus or Samaritans support pack in safeguarding materials for schools, multi-agency risk assessment and safety planning</p>
<p>Colleges and universities: including strengthening health links to further education, ensuring students sign up with a GP, partnership work with universities and student mental health services to understand issues and share learning, including sixth form</p>

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

colleges in postvention response

Help in Manchester

In an emergency or crisis, help is available:

Samaritans

Samaritans offer emotional support 24 hours a day

Telephone: 116 123 (free to call)

Email: jo@samaritans.org

<https://www.samaritans.org/>

Crisis Point

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.

<https://www.turning-point.co.uk/services/mental-health/crisis-support.html>

Papyrus Prevention of Young Suicide

HOPEline UK

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.

- **Call: 0800 068 4141**
- **Text: 07860039967**
- **Email: pat@papyrus-uk.org**

Opening hours:

9am – 10pm weekdays, 2pm – 10pm weekends, 2pm – 10pm bank holidays

<https://papyrus-uk.org/>

Useful links and resources

<http://www.shiningalightonsuicide.org.uk/>

<http://supportaftersuicide.org.uk/#start>

<https://youngminds.org.uk/>

<http://42ndstreet.org.uk/>

<https://kooth.com/>

<https://hsm.manchester.gov.uk/>