

Talk, Listen, Support

Leicester, Leicestershire and Rutland Suicide Audit
and Prevention Group (SAPG)

Draft LLR Suicide Prevention Strategy
2017-2020

Contents	
Foreword by Alan Savill , a bereaved parent	3
Introduction	4
AIMS AND OBJECTIVES	
Partnership and Purpose	6
Key messages	7
Suicide Audit and Prevention Group Aims	8
Key Actions 2017-2020	9
POLICIES AND ACCOUNTABILITY	
Accountability	11
SUICIDE IN LEICESTER, LEICESTERSHIRE AND RUTLAND	
Latest data on deaths from suicide in Leicester, Leicestershire and Rutland	13
Deaths from suicide in Leicester	14
Deaths from suicide in Leicestershire and Rutland	15
RAISING AWARENESS IN PARTNERSHIP	
Partnership working	17
1. Promote better mental health	18
2. Support people bereaved or affected by suicide	19
3. Suicide awareness training	20
4. Prevent suicide in health care settings	21
5. Raise awareness with better data	22
6. Supporting people in prison and those in contact with criminal justice	23
7. Protecting people with a history of self-harm	24
8. Target support at key high risk groups	25
Measuring impact	26
APPENDICIES	
All-party Parliamentary Group on Suicide and Self-harm	28
In line with national policy	29

A personal account by Alan Savill, bereaved parent

Ian died three days before Christmas in 2012. His fiancée found him at home. I remember, as if it was yesterday, the knock on the door and the words “I’m sorry to tell you but your son has taken his own life this morning.” I cannot remember anything more, I went into deep shock.

I had to ring Ian’s mother and sister and family. The most difficult calls I will ever have to make. Then, I broke down in floods of tears. My first reaction was that I wanted to be with him so he would not be alone. The next few weeks were a blur consisting of funeral arrangements and surviving myself.

I remember saying goodbye to Ian in the Chapel of Rest. He looked so serene and at last in peace. This last meeting gave me solace but also made me so sad. A final goodbye. Ian had a young daughter who was nearly two and he idolised her. He suffered from mental illness but despite this he worked and provided for his family. He was a proud man who simply wanted to provide a safe home. He had tried everything. He was seen by doctors and professionals but it was too late and not enough.

Living with a suicide of a loved one is tough. It is with you every day. There is no real closure, and family and friends still feel that there might have been something that could have been done. We still do not understand why the signs were not read. If we knew what was going on in Ian’s mind we would have sat with him 24 hours a day.

Although life will never be the same again, there is not a day when I do not think of Ian, especially when I am doing things which he would have loved to have done himself. I find myself getting very emotional when I see wonderful sights around the world, as he will never have the privilege.

There is still a great deal of stigma attached to suicide and to mental ill health. We need to encourage openness to talk about mental health issues at home, in schools and workplaces. I tell people all the time that if you had cancer you would get specialist help and ask for the support of friends and families, and it must be the same if you have mental issues.

Bereavement from suicide is unlike any other grief, you never get over it. It is with you every day and is such a profound and deep sadness. The impact is like a pebble thrown into a pond, it ripples out and affects so many people; close family, friends, work colleagues, the emergency services which are called to the scene.

This strategy will go some way in addressing these issues and preventing more families getting the same devastating news as we did.

Talk. Listen. Support.

Alan Savill, written in memory of Ian Savill (14.05.1989 – 22.12.2012), SOBS Bereavement Support

Introduction

Death from suicide has devastating consequences for family, friends and colleagues, carers and first responders. Suicide has important links to deprivation, mental ill health, significant adverse life events and access to means. The latest data show the average rate of death from suicide in Leicester, Leicestershire and Rutland (LLR) matches that for England. High-risk groups in our area are men aged 35-54, people from minority groups, those in the care of mental health services, offenders and people who live in deprived areas.

The LLR Suicide Audit and Prevention Group (SAPG) brings people together with the common purpose of learning from, and acting on, suicide prevention information. We work together to raise awareness of risks, reduce the number of deaths and influence policy makers. We promote open discussion to challenge stigma linked to suicide and to support the bereaved. We believe that each death from suicide is preventable.

Over the last few years we have delivered suicide awareness training in communities where the risk is highest. Leicestershire Police is one of three forces involved in the Real Time Surveillance pilot to improve information about deaths from suicide. Our 'Finding Hope' films have told stories of people who have survived suicide attempts, to live rewarding lives.

The wider context to our work includes the National Suicide Prevention Strategy, local authority public mental health approaches and partnerships with key local organisations. Together we raise awareness and challenge stigma and discrimination linked to mental illness. Suicide prevention is overseen by the Health and Wellbeing Boards, local Mental Health Partnership Boards and the Mental Health Crisis Care Concordat. We engaged with the East Midlands Regional Suicide Prevention Group and share our work with other local Suicide Prevention Groups.

This strategy builds on our recent actions to bring together coherent, co-ordinated suicide prevention work in LLR. It will be supported by an annual action plan which will be developed and reviewed by the SAPG.

Mark Wheatley
Public Health Principal, Leicester City Council
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Consultant in Public Health, Leicestershire County Council
February 2017

Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group

AIMS AND OBJECTIVES

Partnership and Purpose

Suicide prevention requires work across different settings. The SAPG partnership has expertise and resources from the public, private and voluntary sector, working as a formal multi-agency group and a wider network.

Our purpose is to prevent suicide by:

- Developing community interest in suicide prevention
- Supporting collective action towards our aims and objectives
- Supporting people who are at risk of suicide
- Supporting people who are bereaved by suicide
- Working with wider organisations to provide insights and expertise regarding high risk groups
- Working with East Midlands regional suicide prevention networks to share knowledge

Key messages

Our approach is to raise awareness about some key suicide prevention messages:

- **Suicide is preventable:** We need to build community resilience and target support at people at heightened risk of suicide
- **Suicide is everybody's business:** We need to challenge taboos by improving knowledge of suicide risk behaviour and the signs of mental illness
- **Suicide takes a high toll:** On average about 80 people a year in Leicester, Leicestershire and Rutland die from suicide. As most people who die from suicide are relatively young, and would have expected to live into their 80s, suicide is the major cause of years of life lost
- **Supporting people bereaved by suicide is important:** People bereaved by suicide are at increased risk of depression and find social situations difficult
- **There are groups at higher risk of suicide:** Suicide risk is higher in men aged 35-54, people with mental health problems and people who experience socio-economic disadvantage
- **There is an economic cost of suicide:** The economic cost of a single suicide is estimated to be £1.67 million; this includes costs of care, loss of productivity and earnings and associated pain, grief and suffering. It is estimated that at least 10 people are intimately affected by every suicide

Suicide Audit and Prevention Group aims

The SAPG aims to prevent avoidable loss of life through suicide and undetermined injury in LLR by:

- Developing the local strategic direction for suicide prevention across LLR
- Encouraging local partners to contribute to delivering the National Suicide Prevention Strategy
- Influencing commissioning in LLR so that opportunities to prevent suicide are optimised
- Supporting people at risk of suicide
- Supporting people bereaved by suicide
- Encouraging responsible reporting of suicide in the media
- Promoting mental wellbeing in the wider population.

Key Actions 2017-2020

The LLR Suicide Audit and Prevention Group will:

- Promote better mental health
- Promote open discussion about suicide
- Support people bereaved or affected by suicide
- Deliver suicide awareness training
- Work to prevent suicide in health care settings
- Raise awareness with better data
- Influence service providers to implement NICE guidance for treatment of self-harm
- Target support at high risk groups

Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group

POLICIES AND ACCOUNTABILITY

Accountability

Health and Wellbeing Boards: LLR Suicide Audit and Prevention Group reports to local health and wellbeing boards as a way of gaining local commitment and establishing a common purpose across health and social care to raise awareness about suicide risk.

Sustainability and Transformation Plans: The SAPG will work with local groups to show how suicide prevention can contribute to the sustainability of local services.

Mental Health Partnership Boards: As it is impossible to deliver effective suicide prevention advice alone, the SAPG will report and contribute to different mental health partnerships.

Crisis Care Concordat: LLR Suicide Audit and Prevention Group will continue to influence the local Crisis Care concordat [Action Plan](#).

Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group

SUICIDE IN LEICESTER, LEICESTERSHIRE AND RUTLAND

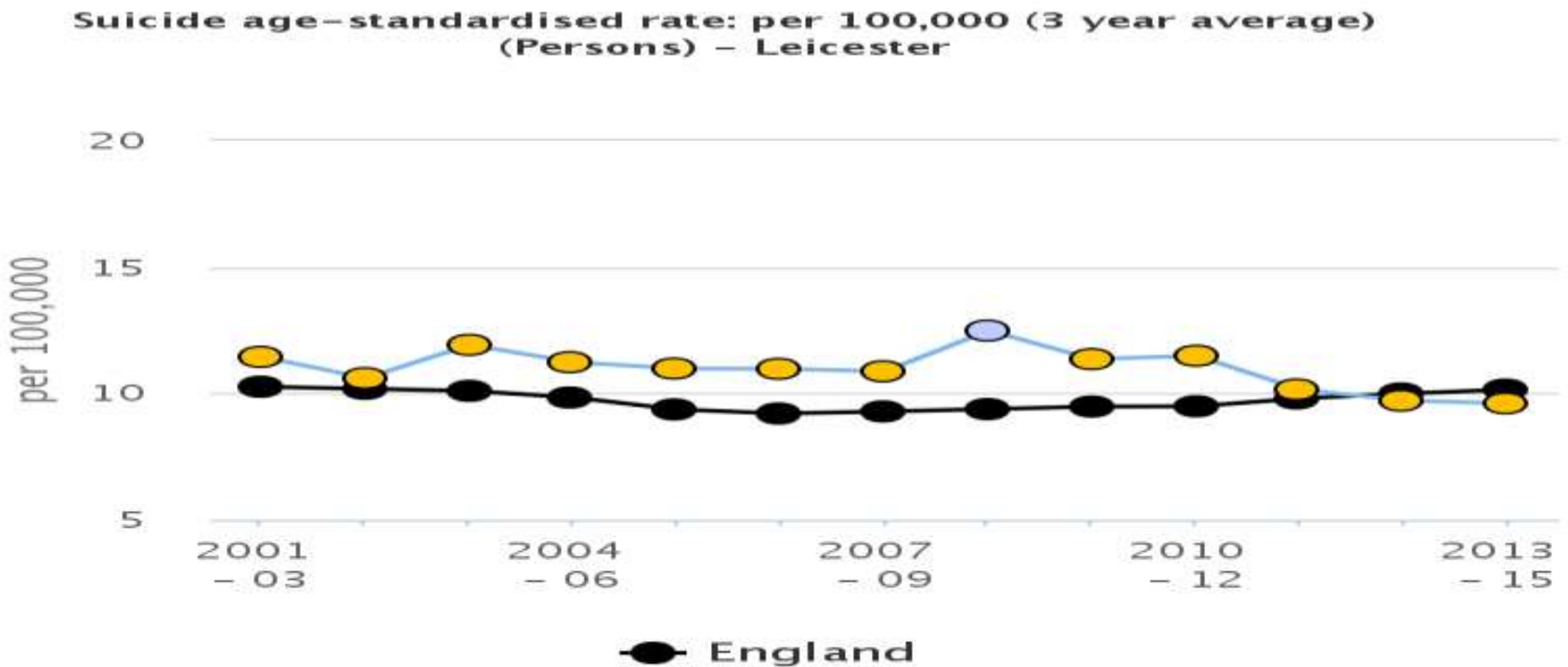
Latest data on deaths from suicide in Leicester, Leicestershire and Rutland

By reviewing data on deaths by suicide we learn more about risk factors, vulnerable people and emerging common circumstances. This improves our understanding and can be used to prevent further suicides.

The latest data on suicide, for the period 2012-14, were published in February 2016. The rates in LLR were in line with the national average, as can be seen in the graphs below:

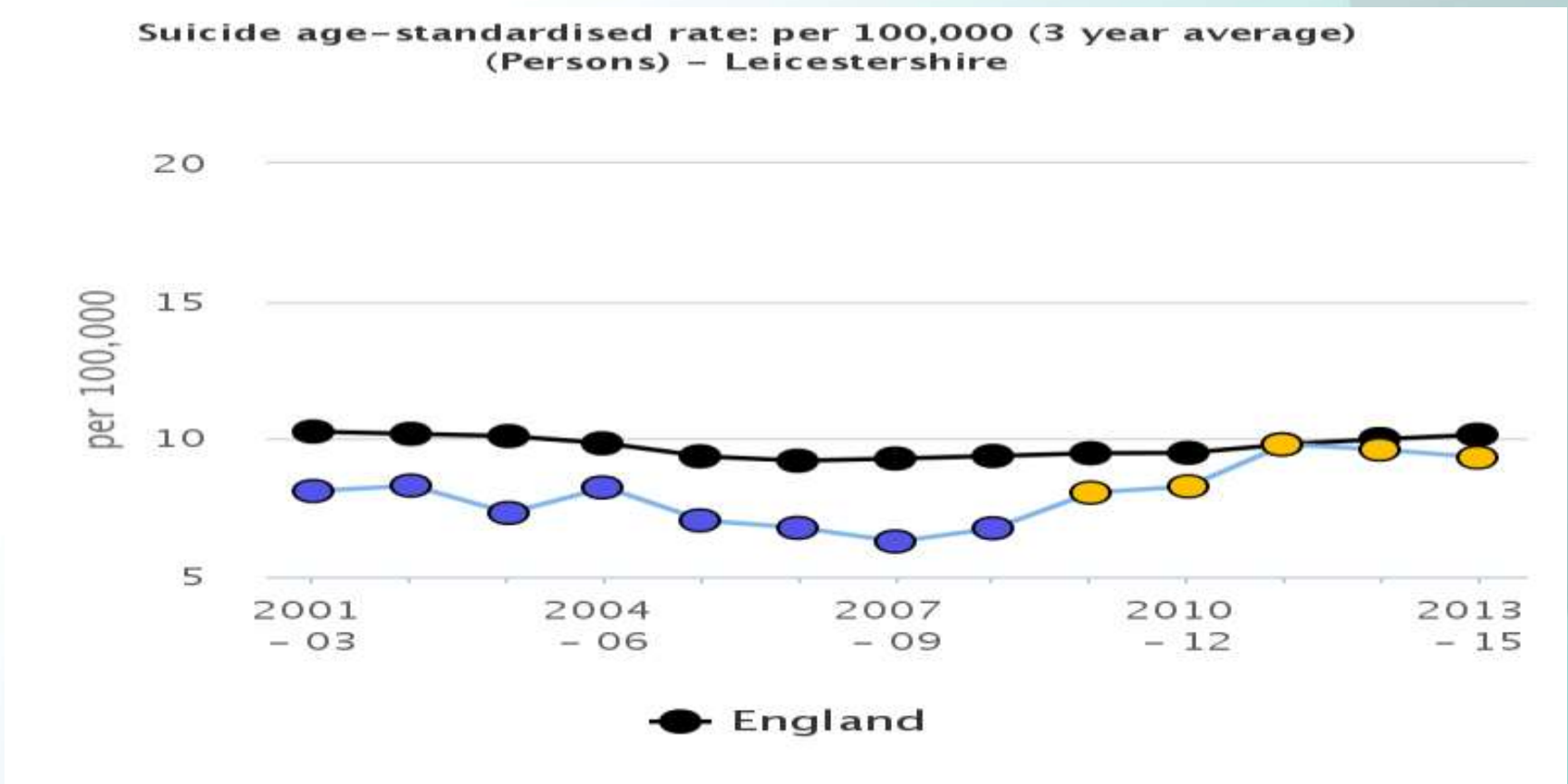
Deaths from suicide in Leicester

The three year average rate for death by suicide in Leicester has been on a downward trend 2008-10, the latest data for 2013-15 has the rate at 9.7 per 100,000 people.



Deaths from suicide in Leicestershire and Rutland

The three year average rate for death by suicide in Leicestershire and Rutland has increased since 2008-10. The latest data for 2013-15 has the rate at 9.3 per 100,000 people.



Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group

RAISING AWARENESS IN PARTNERSHIP

Partnership working

We are building a partnership approach, using knowledge, expertise and resources across local communities. The partnership includes the multi-agency Suicide Audit and Prevention Group (SAPG) and a wider network of interested groups and communities. Our core membership includes:

- Voluntary sector organisations with an interest in mental health, supporting people at risk of suicide and those bereaved by suicide (Samaritans, Rural Community Council, Survivors of Bereavement by Suicide)
- Public Health, (Leicester City Council, Leicestershire and Rutland County Councils, Public Health England)
- Clinical Commissioning Groups for Leicester City, Eastern Leicestershire and Rutland, West Leicestershire
- Local Authority commissioners (Adult Social Care)
- Safeguarding experts (Local Safeguarding Boards, Safeguarding Manager CCG)
- Primary and secondary care
- Mental Health Providers (Leicestershire Partnership NHS Trust)
- Criminal Justice System, including Leicestershire Police and Probation Services
- Emergency services (East Midlands Ambulance Service)
- Universities (University of Leicester, De Montfort University, Loughborough University)
- Crisis Care Concordat Network

We will work together to promote better mental health, support people bereaved or affected by suicide, deliver suicide awareness training, prevent suicide in health care settings, raise awareness with better data, supporting prisoners and offenders and those at high risk of death by suicide.

Our Partnership approaches

1. Promote better mental health

People with poor mental health, especially undiagnosed and untreated depression are at higher risk of death by suicide than the general population. Raising awareness of mental wellbeing, and where to get help when problems arise, can contribute to suicide prevention across wider networks. Better mental health starts in homes, schools and workplaces.

The Suicide Audit and Prevention Group will promote better mental health, helping people to seek support and talk about their feelings and challenging stigma linked to mental illness.

We will use our wider partnership to promote better mental health, linking our work to important initiatives like 'Time to Change' and 'Mental Health First Aid'.

2. Support people bereaved or affected by suicide

People affected by or bereaved by suicide may be depressed and anxious. The grief may be so intense that they feel despair or disbelief, finding it hard to accept that someone has died.

The LLR Suicide Audit and Prevention Group will work with voluntary sector organisations, first responders, primary and secondary care and the Coroners' Offices to improve the support available to people bereaved by suicide in Leicester, Leicestershire and Rutland.

We are determined to challenge taboos linked to mental ill health and suicide. A culture of openness will improve care for people in emotional distress and encourage them to get the confidential emotional support necessary for them to express their feelings.

3. Suicide awareness training

Raising awareness about suicide risk can help people to feel more confident to talk about it and challenge stigmatising attitudes. Our local aspiration is to deliver suicide awareness training which improves the knowledge base and develops skills in wider society.

Whilst we may target areas where there is greatest risk, we aim to harness the support of everyone with an interest in tackling death by suicide either as part of their job role or personal experience. The purpose is to create a community of interest.

The training empowers people to challenge attitudes about suicide and helps them to make an initial response to support someone who has expressed suicidal thoughts, helping them to get appropriate help and guidance.

4. Prevent suicide in health care settings

The [Zero Suicide](#) approach is a US model based on the belief that all suicide in health care settings is preventable.

In LLR we will do everything that we can to prevent suicide in people known to health care providers. This will include good assessment and management based on best practice.

Where the risk of death from suicide is believed to be high, there will be a further risk assessment, to review patient motivation and the individual factors which have led to this situation. Clinicians will be trained in this approach.

5. Raise awareness with better data

The SAPG is working to improve information about death by suicide. In collaboration with Leicestershire Police we are collecting real time data. This is collected when the police respond to incidents where circumstances suggest suicide.

The potential benefits of real time data are: timely, appropriate support for people who have been bereaved or affected by suicide; identification and response to potential suicide clusters in a particular community; trends within an area, including means by which people died from suicide; responding to cases in particular institutions (e.g. hospitals, prisons); identifying high risk locations; supporting development of the strategy and action plan.

Our first real time data report was produced in January 2016. Going forwards the SAPG will consider how to use real time data effectively, so that it triggers effective necessary responses.

6. Supporting people in prison and those in contact with criminal justice

Suicide is the most common cause of death of people in custody. Suicide by people with in contact with the criminal justice system is tragic for the individual involved and a stressful event for prison officers and other people in prison.

Many factors can have an impact on suicidal behaviour in prison or people have had contact with the criminal justice system. Different situations are stressful, such as being on remand, having a long sentence, lack of purposeful activity, overcrowding and vulnerability on release.

The SAPG will work with local prisons, young offenders institutions and probationary services to develop peer support networks and raise awareness of suicide prevention advice.

7. Protecting people with a history of self-harm

Self-harm, including attempted suicide, is the single biggest indicator of suicide risk. Nationally about half of deaths by suicide are by people with a history of self-harm, in many cases there has been an episode of self-harm shortly before a person has died.

According to the Adult Psychiatric Morbidity Survey, less than half the people who self-harm receive medical or psychiatric help, many report lack of sympathy and other negative experiences when they come into contact with NHS professionals.

The Suicide Audit and prevention Group will work with service commissioners and providers to:

- **Implement NICE guidance on the treatment of self-harm**, including better mental health care at UHL Emergency Department, including psychosocial assessments and mental health liaison services
- **Improve local monitoring of people who present with self-harm**, working with local CCG commissioners to ensure evidence is collected towards the Public Health Outcome Framework measurement of people presenting with self-harm, making the local Emergency Care Data Set as robust as possible and raising awareness of the NHS CQUIN for people who frequently attend Emergency Department having self-harmed

8. Target support at key high risk groups

Although suicide can affect anyone and is everyone's business, the national strategy prioritises reducing suicide risk in higher risk groups:

Men:

3 times greater risk of suicide than women. In LLR men aged 35-54 years are at highest risk. The factors associated with men are depression (especially untreated or undiagnosed); alcohol and drug use; unemployment; relationship problems; social isolation and low self-esteem.

Other high risk groups:

Unemployment is a risk factor for death from suicide, particularly because of vulnerability to poor economic circumstances. Other groups may include children and young people who are looked after children, care leavers or those in the criminal justice system; Survivors of abuse; Veterans; People with long term conditions; Lesbian, Gay, bisexual and transgender people; People from minority ethnic groups; Asylum seekers; Pregnant women and those who have recently given birth.

Measuring impact

- Training: there will be 300 attendees a year at Suicide Prevention Training sessions
- Suicide rates: the SAPG will work towards reducing the rate of death by suicide
- Annual action plan: the SAPG will produce an annual audit and report to underpin an annual action plan
- Better care in healthcare settings: the SAPG will work with Leicestershire Partnership Trust to promote better care for people at risk of suicide in healthcare settings

Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group

APPENDICES

All-party Parliamentary Group on Suicide and Self-harm

In line with recommendations of the All-Party Parliamentary Group on Suicide and Self-harm Prevention LLR SAPG has:

- Developed a suicide prevention strategy and action plan, based on the national suicide prevention strategy and the local data, with the aim of reducing suicide risk in LLR;
- Established a multi-agency suicide prevention group involving key statutory agencies and voluntary organisations whose support is required to implement the strategy and action plan in LLR;
- Carried out audits of suicides in LLR, based on sources such as information from Coroners' Offices and mortality data, with the aim of understanding local factors such as high risk demographic groups. Prevention of suicides requires concerted action.

In line with national policy

National policy provides the framework for our local suicide prevention work. It also links with mental health promotion programmes that we have in LLR. The policies that we work to include:

Preventing Suicide in England: A cross government strategy to save lives (2012). This develops a public health approach to suicide prevention with 6 areas for action, including reducing risk of suicide in high-risk groups; tailoring approaches to improve mental health in specific groups; reduce access to 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.

No Health Without Mental Health (2011). The cross government mental health outcomes strategy advocates that suicide prevention starts with better mental health for all and that local prevention strategies should be informed by people who have been affected by suicide.

Five Year Forward View for Mental Health (2016). This report of an independent task force for report to NHS England, set the target to reduce suicides by 10% nationally.

Children and Young People's Mental Health Taskforce report (2015). The *Future in Mind* report sets out ambitions to improve mental health services for children and young people. Many goals overlap with suicide prevention approaches. There is a LLR Transformation Plan to implement the recommendations of the report.

Mental Health Crisis Care Concordat (2014). This is a national partnership agreement seeking to ensure better care for anyone experiencing a mental health crisis. The LLR Suicide Audit and Prevention Group reports to the LLR Crisis Care Concordat Action Plan.

Joint Strategic Needs Assessments (JSNA). Suicide prevention in LLR is linked to the JSNA which uses public health data to describe the impact of mental health and influence joint commissioning strategies. (See <https://www.leicester.gov.uk/media/178811/mental-health-jspna.pdf>).