

Appendix A

Suicide is Everyone's Business

Leicester, Leicestershire and Rutland

Suicide Audit

and Prevention Group

Suicide Prevention Strategy

2020-2023

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Introduction

The impact of suicide on families and communities is devastating and long-lasting. Suicide reflects wider inequalities across society; the risk is highest in vulnerable people, those living in poorer communities and those with access to means.

This renewed strategy builds on recent actions bringing together co-ordinated suicide prevention work in Leicester, Leicestershire and Rutland [LLR]. It represents the joint efforts, of the LLR Suicide Audit and prevention Group [SAPG], to reduce death by suicide and to support the bereaved. Our partners share the common belief that each death by suicide is preventable.

We learn from, and act on, suicide prevention information. We raise awareness of risks and influence policy makers to join our multi-agency work and contribute to our plan. We promote open discussion to challenge taboos linked to suicide and aim to reduce risk by supporting services for vulnerable people. Our work is carried out according to an annual action plan.

The latest data show the average rate of death from suicide in LLR matches that for England. Our high-risk groups 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. As this strategy is being developed at a time when people are self-isolating and social distancing because of COVID-19, there is an even greater need than usual to protect mental wellbeing in individuals and communities.

Our partnership offers support to people in need. We deliver suicide awareness training in high risk communities. With Leicestershire Police, we've pioneered Real Time Surveillance data. We offer bereavement support through The Tomorrow Project, crisis care links with Turning Point and the Samaritans, and advice on our on-line platform: 'Start a Conversation, Suicide is Preventable,' [<https://www.startaconversation.co.uk/>].

The wider context to our work includes the National Suicide Prevention Strategy and local authority public mental health approaches. Suicide prevention is overseen by Health and Wellbeing Boards, local Mental Health Partnership Boards and the Mental Health Crisis Care Concordat. We engage with the East Midlands Regional Suicide Prevention Group and share our work with other local Suicide Prevention Groups.

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June 2020

Partnership and Purpose

Suicide prevention requires work across different settings. The SAPG draws on expertise and resources from the public, private and voluntary sectors. It works as a formal multi-agency group and as a wider network.

Our purpose is to prevent suicide by:

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

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);
- 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;
- Military and Veterans representatives;
- Mental Health Providers (Leicestershire Partnership NHS Trust);
- Criminal Justice System, including Leicestershire Police and Probation Services and local prisons;
- Emergency services (East Midlands Ambulance Service);
- Universities (University of Leicester, De Montfort University, Loughborough University);
- Crisis Care Concordat Network;

Key Messages

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

- **Suicide is everybody's business:** We challenge taboos by improving knowledge of suicide risk behaviour and the signs of mental illness;
- **Suicide is preventable:** We need to build individual and community resilience and support those at highest risk;
- **Suicide takes a high toll:** On average about 80 people a year die from suicide in Leicester, Leicestershire and Rutland. Many are young people who would have expected to live into their 80s. Suicide is a major cause of years of life lost in our area;
- **Some people are 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;
- **Supporting people bereaved by suicide is important:** Evidence suggests that as many as 115 people are significantly affected by a single suicide. People bereaved by suicide are at increased risk of depression and are at increased risk of suicide themselves;
- **There is an economic cost of suicide:** Every death by suicide has a broad impact which 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:

- Supporting people at risk of suicide;
- Supporting people bereaved by suicide;
- Developing the local strategic direction for suicide prevention across LLR;
- Contributing to delivery of the National Suicide Prevention Strategy;
- Influencing commissioning in LLR to optimise opportunities to prevent suicide;
- Encouraging responsible reporting of suicide in the media;
- Promoting mental wellbeing in the wider population;
- Shared learning with other areas.

Key priorities 2020-23

The LLR Suicide Audit and Prevention Group will:

- 1) Target support at key high-risk groups;
- 2) Support Primary Care in its suicide prevention role;
- 3) Preventing suicide in public places;
- 4) Protect people with a history of self-harm;
- 5) Engage with Private Sector to enhance their efforts to prevent suicide;
- 6) Support provision of enhanced suicide awareness training;
- 7) Support local media (including social media) to deliver key messages about suicide prevention;
- 8) Raise awareness by using real time surveillance data;
- 9) Work with key partners to provide a coordinated mental wellbeing approach to COVID-19;

Policies and accountability

The work of the SAPG aligns with the key objectives of the National Suicide Prevention Strategy:¹ to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide.

In doing this the National Strategy has 6 areas for action:

- 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.

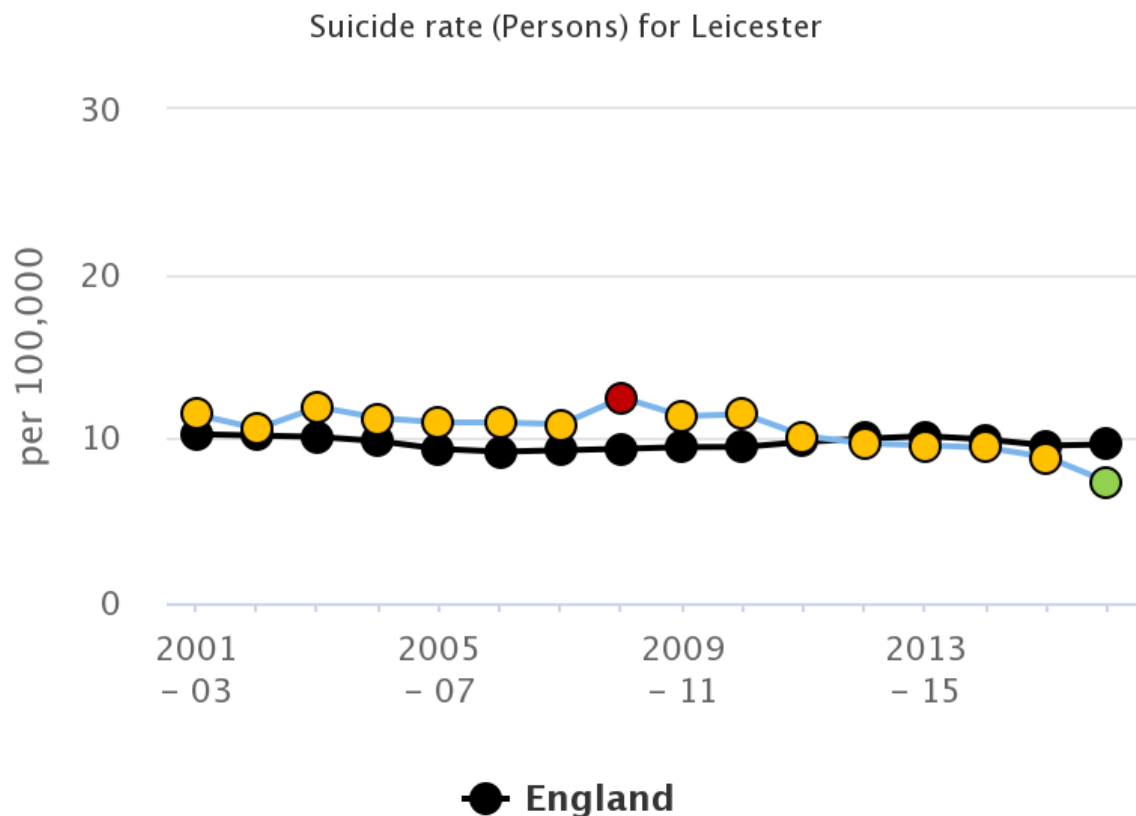
In England, responsibility for the suicide prevention action plan and strategy usually lies with local government through Health and Wellbeing Boards [HWBBs] and relevant Scrutiny Committees.

The SAPG reports to local HWBBs and Scrutiny Committees to gain local commitment to the common purpose to the cause of suicide prevention. The SAPG also reports to LLR Mental Health Programme Delivery Board of local providers and commissioners of mental health services and is part of the LLR Crisis Care Concordat through which it influences the the local Crisis Care concordat [Action Plan](#).

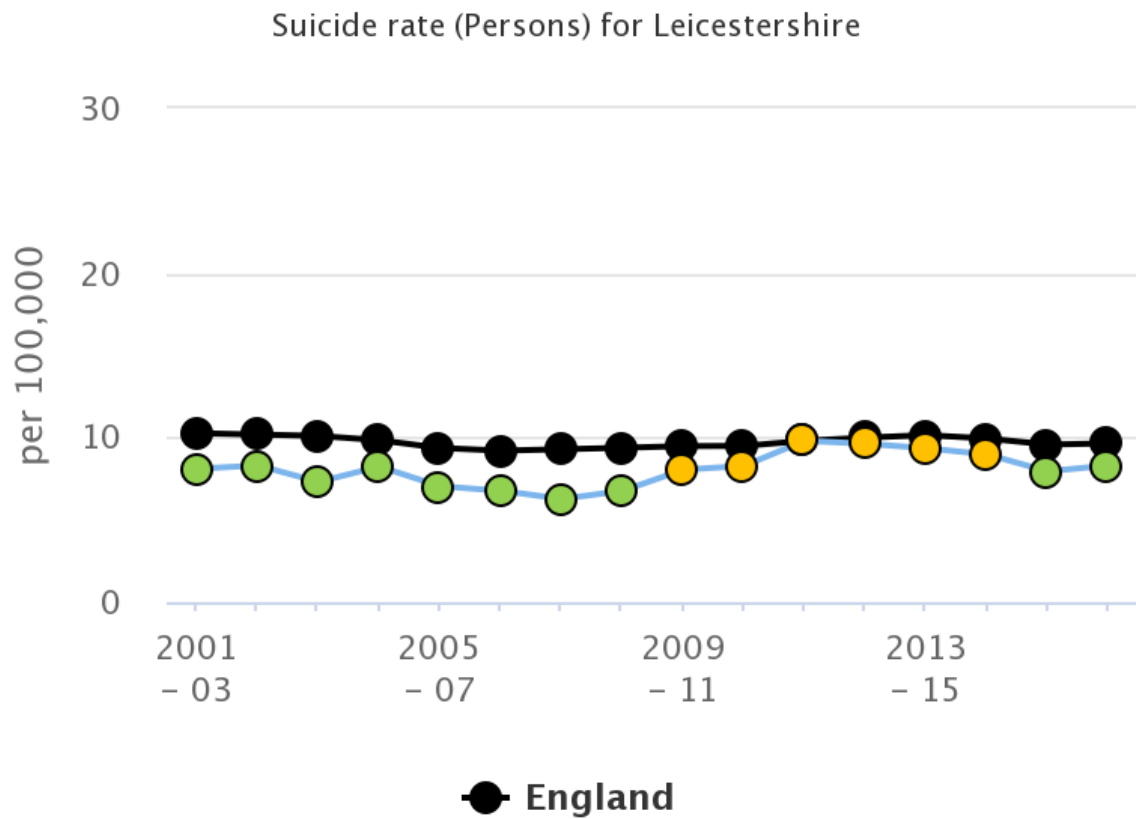
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Suicide in Leicester, Leicestershire and Rutland

The latest data published by Public Health England² show that for the period 2016-18 the rates of death by suicide in LLR were below the national and regional averages; at the time the rate for Leicester was 7.3 per 100,000, and 8.3 per 100,000 for Leicestershire. The graphs below show a downward trend in Leicester since the recession 2008-2010. For Leicestershire the rate has consistently been below the national average.



² <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000004/ati/102/are/E06000016/cid/4/page-options/ovw-do-0>



For the period 2016-18 the mean years of life lost by people who died by suicide was 22.7 years for Leicester residents and 26.1 years for those in Leicestershire; compared with 31.3 years nationally. This suggests that people in LLR who died by suicide, during that time, were generally older than the England average. As with England, most people who die by suicide in LLR are male.

10 key activities

In order to tackle our priority areas, this local strategy is drawing on these 10 key activities:

- **Real Time Surveillance data** to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics;
- **Preventing suicide in public places** joint efforts with key partners;
- **Draw on LLR public mental health efforts** [such as Time to Change Leicester] which address wider determinants of health in high risk groups;
- **Bereavement support** those who have been affected by suicide;
- **Suicide awareness training** targeted at vulnerable groups;
- **Signposting to support**, such as tackling unemployment, debt, stigma and discrimination;
- **Work with health care commissioners** to implement NICE self-harm guidance in primary and secondary care;
- **'Start a Conversation'** [<https://www.startaconversation.co.uk/>] the LLR suicide prevention online resource will reflect latest best practice about protecting people who self-harm and develop LLR Suicide Prevention Champions;
- **Partner organisations** will take every opportunity to promote key messages about self-harm and suicide risk and engage with people affected by suicide;
- **Receive reports and report progress** to shape work with partners using task and finish groups and engaging with elected members, Health and Wellbeing Boards and Mental Health Partnerships.

Our priorities 2020-23

1. Target support at key high-risk groups

Local and national data shows that some people are at higher than average risk of death by suicide. The LLR SAPG will target support to people in these groups.

Men are at 3 times greater risk of suicide; in LLR men aged 35-54 years are at highest risk. The associations are with depression, alcohol and drug use, relationship problems, unemployment, social isolation and low self-esteem.

As a subgroup of the whole population, people from lower socioeconomic groups are more at risk of suicide.³ Other vulnerable groups include looked after children, young care leavers or young people in the criminal justice system. People who have experienced adversity are also at risk: Survivors of abuse, veterans, people with long term conditions. People from minority groups, such as those from Black and Minority Ethnic Backgrounds, Lesbian, gay, bisexual and transgender people, asylum seekers and refugees. A history of alcohol or drug use is recorded in many deaths by suicide.⁴

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of high risk
Work with primary and secondary care	We will share findings from local data to improve the primary and secondary care responses to suicide prevention
Public mental health	Strong targeted messages will focus on mental wellbeing and self-help, including on the Start a Conversation website
Signposting to support	Advice given to the most vulnerable people helping them to find the support they need
Bereavement support	People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support
Partner organisations	Partner organisations will provide support and signpost to other expert groups
Reporting progress	Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

⁴ The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2016: England, Northern Ireland, Scotland and Wales October 2016. University of Manchester.

2. Protecting People with a history of self-harm

People with a history of self-harm are an important subset of the most vulnerable population; nationally about half of deaths by suicide are by people with a history of self-harm. It is important to learn from evidence about the health care for people who self-harm to ensure that they receive positive and sympathetic medical and psychiatric support.

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

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of history of self-harm
Work with primary and secondary care	To ensure that best practice guidance is implemented in Emergency Care settings to protect people who self-harm
Public mental health	Strong targeted messages will focus on protecting people who self-harm, including on the Start a Conversation website
Signposting to support	Advice given to people who self-harm helping them to find the support they need
Partner organisations	Partner organisations will provide support and signpost people who self-harm to appropriate expert groups
Reporting progress	Progress will be reported to local Health and Wellbeing Boards and mental health partnerships

3. Prevent death by suicide in public places

Although most deaths by suicide take place in the home, national evidence points to about a third of all cases taking place in a public location. These incidents can attract harmful media attention and may have psychological consequences for other people involved, witnesses or those who discover a body.

The SAPG will work with partners to implement steps to prevent public places being used for suicide and increase the chances of last-minute intervention.

Individuals and communities who witness suicides in public places may also need tailored support.

We will draw on these key activities

Real Time Surveillance	Will be used to identify locations and prioritise them based on frequency and apply prevention plans to similar locations
Partner organisations	SAPG will plan and act on frequently used public spaces drawing on expertise of wider partners We will work with partners including the police and community groups to provide tailored support for individuals and communities who witness suicides in public places
Reporting progress	Progress will be reported to local Health and Wellbeing Boards and mental health partnerships

4. Support Primary Care to Prevent Suicide

Primary care representatives are important suicide prevention partners; providing intelligence and leading on targeted interventions. Most people who die by suicide are in contact with their GP in the year before their death, with 45% of people who die by suicide having seen their GP in the month before their death.⁵ Suicide risk rises with increasing number of GP consultations.⁶ Strengthening the frontline⁷ shows the significant role primary care plays in offering life-saving support.

The SAPG will work with primary care to develop effective preventative strategies to support those most at risk. This will include improving the knowledge base across primary care teams; focusing on effective interventions to lower suicide rates,⁸ enabling primary care staff to talk confidently about suicide prevention, to challenge stigmatising attitudes and to tackle risk factors with compassion.

We will draw on these key activities

Real Time Surveillance	Share findings to provide evidence of high risk in primary care
Work with primary care	Implement Strengthening the frontline guidance to enable GPs to offer life-saving support, including training for GPs, advocate longer appointments and continuity of care for those needing ongoing support, emotional support for GPs themselves, establish effective care pathways between clinical and social support for people feeling suicidal, make it easier to refer and access further support
Work with health care commissioners	Health care commissioners will provide the impetus to enable primary care to be more supportive of people at risk of suicide
Reporting progress	Progress will be reported to local Health and Wellbeing Boards and mental health partnerships

⁵ McDaid D, Park A, Bonin E-M. Population level suicide awareness training and intervention. In Knapp D, McDaid D, Parsonage M, editors. Mental health promotion and prevention: the economic case. London: Department of Health; 2011. p.26-28

⁶ Berman A. Estimating the population of survivors of suicide: seeking an evidence base. *Suicide Life Threat Behav.* 2011;41(1):110-6.

⁷ <https://www.centreformentalhealth.org.uk/sites/default/files/2019-04/Strengthening%20the%20frontline.pdf>

⁸ Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry.* Published online June 8, 2016 [http://dx.doi.org/10.1016/S2215-0366\(16\)30030-X](http://dx.doi.org/10.1016/S2215-0366(16)30030-X)

5. Strengthen partnerships with private and corporate sectors to tackle suicide

Work is good for mental health, but a negative working environment can have a detrimental impact on mental and physical wellbeing. Employers and workplaces can play a role in suicide prevention. Encouraging employers to promote workplace mental health is an important aspect of the work of the SAPG. This strategy will draw on two broad initiatives. Firstly, it will link up with local public mental health campaigns, employee assistance programmes and occupational health schemes. Secondly it will liaise with local Chambers of Commerce, trade associations, sports clubs and universities to engage the business community in promoting a greater understanding of suicide prevention.

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of high-risk occupations
Public mental health	Promote local public mental health messages and the PHE employers' mental health toolkit. ⁹ Strong targeted messages will support employers to be more aware of mental health issues and how to support staff
Signposting to support	Advice will be given to the most vulnerable people helping them to find the appropriate services, such as those related to domestic violence, bereavement and relationship support, financial and debt issues and local citizen advice.
Partner organisations	Employers will be encouraged to work with local occupational health services to strengthen the support available for employees, enable implementation of NICE guidance and HSE Management Standards for Stress
Reporting progress	Through local workplace health and wellbeing accreditations

⁹ <https://publichealthmatters.blog.gov.uk/2017/04/07/workplace-opportunities-to-prevent-and-treat-poor-mental-health/>

6. Provision of enhanced suicide awareness training

Training programmes for suicide prevention seek to improve the knowledge, skills and attitudes of professionals, community members and friends who may have proximity to those with suicidal ideation to improve their ability to intervene and offer support. They aim to reduce suicidal thoughts and death by suicide in a target population.

Broadly, there are three key approaches to training programmes, with gatekeeper training, general awareness and skills-based training.

Gatekeeper training focuses on specific groups best placed to identify people at suicide risk and to help people to respond in stressful situations. Gatekeepers may include professionals, such as GPs, mental health staff, or community members in contact with people with suicidal intent.

General awareness sessions, including those in educational settings, seek to improve broad understanding of issues that impact on mental health and the factors that may contribute to suicidal ideation.

Skills-based training builds positive mental wellbeing by developing skills such as building and maintaining personal relationships, personal belief systems and coping strategies to reduce the individual risk.

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of high-risk groups to enable targeted training
Work with primary and secondary care	To understand training needs and develop the offer of skills-based training
Public mental health Start a Conversation	Advertise training sessions and messages on Start a Conversation website
Signposting to support	Advice given to the most vulnerable people helping them to find the support they need
Partner organisations	Partner organisations will promote training and provide local intelligence to support training content
Reporting progress	Progress will be reported to local Health and Wellbeing Boards and mental health partnerships

7. Better use of media (including social media) to manage messages about suicide.

Research demonstrates links between media reports of suicide and imitative suicidal behaviour.¹⁰ This risk increases where suicide methodology is described, if the story is prominent and the coverage sensationalised. While there are national efforts to promote responsible reporting, there is a place for working with local media, including social media.

Action will include ensuring local media are aware of, and follow, Samaritans' guidance on responsible media reporting. Provide local media with access to the designated suicide prevention lead so they can speak to them prior to running any story and provision of information about sources of support and contact details of helplines when reporting mental health and suicide stories.

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of high risk
Public mental health	Strong targeted messages will focus on mental wellbeing and self-help, including on the Start a Conversation website
Signposting to support	Advice given to the most vulnerable people helping them to find the support they need
Partner organisations	Use of Samaritans' Media guidelines for reporting suicide and Public Health England: Identifying and responding to suicide clusters and contagion. Work with local media partners to promote the responsible reporting of suicides locally. Social and other media offer opportunities to enhance understanding how to improve mental wellbeing and reduce suicide risk
Reporting progress	Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel

¹⁰ . Sisask M, and Värnik A. Media roles in suicide prevention: a systematic review. Int J Environ Res Public Health. 2012 Jan;9(1):123–138

8. Raise awareness with better data and better use of data

Local and national intelligence informs the development of our suicide prevention strategy, it provides an evidence base for action and the means to monitor and review progress. It helps us to identify high-risk groups, locations of concern, patterns and trends, provide evidence for targeted interventions and contribute to the monitoring and evaluation of outcomes.

The work of the LLR SAPG is notified by Real Time Surveillance [RTS] data, collected by Leicestershire Police first responders. Using this data means timely support can be offered to people who have been bereaved or affected by a suspected suicide and to respond quickly to emerging patterns that could indicate clusters, increasing trends or new methods of death.

We will draw on these key activities

Real Time Surveillance	Continued used of RTS will improve understanding of local risk factors
Work with primary and secondary care	To improve local data about suicide risks
Public mental health	Strong targeted messages will use RTS data
Signposting to support	Use RTS to care for people in vulnerable groups
Bereavement support	People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support
Partner organisations	Partner organisations will expert advice as a sounding board for the validity of RTS data
Reporting progress	Progress reported to local Health and Wellbeing Boards and partnerships and Child Death Overview Panel

9. Supporting individuals experiencing suicide ideation during COVID-19

LLR SAPG partners are working to provide clear, concise information to the public about mental health support to meet COVID-19 challenges. There are risks of exacerbation of poor mental health and suicidal ideation during lockdown, associated with factors such as social isolation, financial insecurity and bereavement.

SAPG partners are collaborating to create posters and leaflets to highlight a tiered approach to mental wellbeing support, including self-help approaches, more specialist advice [linked to finances, domestic violence, bereavement, and drug and alcohol misuse] and where to find crisis care support. This information will be shared in community settings.

The SAPG are working in primary care settings to ensure individuals with mental health problems receive clear information and timely support from general practices, including shared communications about public mental health issues, and advice on where to get support.

We will draw on these key activities

Real Time Surveillance	Will be used to understand evidence of high risk during COVID-19
Work with primary and secondary care	Share findings from local data to improve the primary and secondary care responses to COVID-19 risks
Public mental health	Strong targeted COVID-19 messages will focus on mental wellbeing and self-help, including on the Start a Conversation website
Signposting to support	Advice given to the most vulnerable people helping them to find the support they need
Bereavement support	People bereaved by suicide are themselves at high risk, everyone affect by suicide will be offered bereavement support
Partner organisations	Partner organisations will provide support and signpost to other expert groups
Reporting progress	Progress reported to local Health and Wellbeing Boards and partnerships

National Guidance and Policies

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 behaviours; 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>).

Public Health England's 'Guidance for developing a local suicide prevention action plan' (2016): <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Public Health England's 'Preventing suicides in public places A practice resource' (2015):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769006/Preventing_suicides_in_public_places.pdf

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