

# Health Impact

Form reference: FS-Case-646637552 | 2024-09-14 12:18:35

**Requestor:**

First name	Surname
Hollie	Hutchinson

**Email:**

Email address
hollie.hutchinson@leics.gov.uk

**Department:** Public Health**Proposal name:** Draft Refresh LLR Suicide Prevention Strategy

**Summary of Proposal:** The proposal is the LLR Suicide Prevention Strategy. It is a high level strategy cover key elements which could prevent suicides within LLR. There are six guiding principles; collaboration, trauma informed practice, learning from past suicides, data driven, normalising conversations and using settings based approaches. There are also five priorities covering; children and young people, self-harm, bereavement, leadership and high risk groups and locations.

**Social Cohesion and Community:****Impact:** Positive

**Positives:** Reducing suicides within communities would have a positive impact on social cohesion and sense of community. Conversely, creating greater sense of community and reducing loneliness and isolation may reduce suicide rates.

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** It is difficult to measure success on some interventions that may arise from the strategy.

**Description:** Each suicide is tragedy with devastating consequences for family, friends, neighbours, colleagues and the wider community. Data suggests that feeling part of a community and having meaningful relationships can be a protective factor for suicide. There are specific populations at higher risk of suicide which are listed in the strategy such as middle aged men, those who self harm, those who have been bereaved by suicide and certain protected characteristic groups. Suicide rates also increase in older age, which is seen nationally and locally. The priorities and principles within the strategy will help to start normalising conversations to reduce stigma, as well as taking a setting based approach. This could mean working within a community at risk of higher suicide rates and putting measures in place to mitigate the risks. Loneliness and isolation is also a risk factor, and would feature within the priority of higher risk groups and locations. Priority five focusses on leadership and prioritise system work to ensure suicide is everybody's businesses. If everyone can recognise that then this could reduce suicides and support community cohesion.

**Recommendation:** There will be an action plan developed with clear actions on how the priorities will be achieved. It is recommended that within this action plan that measures are put in place to explore opportunities to tackle directly, or influence others, to address loneliness and isolation, factoring in suicide prevention. Mental Health Friendly Places will also be important to the theme of social cohesion, and it is recommended that this feeds into the action plan. Taking a settings based approach within communities could be important to prevent suicides and is recommended to remain in the strategy.

**Employment, The Academy and Poverty:****Impact:** Positive

**Positives:** Suicide has a negative impact on the economy, therefore reducing rates will have the opposite impact.

**Negatives:****Likelihood:** Certain/has evidence will occur**Uncertain an impact will occur:**

**Certain/have evidence an impact will occur:** If suicides are prevented, the economy will benefit, however establishing causality would be extremely difficult.

**Description:** The strategy will have nil impact on job creation or unemployment, however evidence does show that suicide has a wide impact. In 2022 suicide cost the UK economy £9.58 billion, with employment productivity losses estimated at £3.1 billion. Each suicide death costs £1.46 million (Samaritans 2024). The cost also vary depending on age and gender s because a person who dies at a younger age loses more years of their life, which could have been spent in paid and unpaid work (such as volunteering) and contributing to the economy. It also considers the gender pay gap, which impacts the difference in economic loss between men and women, and the longer life expectancies experienced by women. The strategy aims to reduce suicide in across all groups, however it does take a targeted approach where necessary, based on data, to ensure high risk groups are prioritised. This approach is necessary to reduce suicides. Children and Young People are also a specific priority. Preventing this group from suicide would have the biggest impact on the economy.

Between 2018-2023 44.6% of all suspected suicides across LLR were in the unemployed, largely long term unemployed (>3 years). Although this means that the majority were employed, this figure is disproportional to the number of unemployed people that there are locally. There is also an intersectionality of factors, with unemployment alone unlikely to be the only risk factor, however this is not yet fully understood. The unemployed a key high risk group which features in priority 2 of the strategy.

**Recommendation:** It is recommended that children and young people remain a priority.

It is recommended that as part of the action planning process that unemployment is explored further in terms of data, as well as interventions that could be put in place with partners.

**Transport:**

**Impact:** Positive

**Positives:** The strategy priorities high risk locations where suicide may take place, which would includes public places which may impact on transport.

**Negatives:**

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** It is difficult to determine if measures put in place would have an impact.

**Certain/have evidence an impact will occur:**

**Description:** Although the majority of suicides occur in the home, some do occur in public places and on the highway. Locally the suicide audit and prevention high risk location group respond to suicides in public places, looking at ways in which these could be prevented in the future. High risk locations forms part of priority 2 within the strategy. Suicides in high risk locations include jumping from height (e.g. from M1 bridges) and jumping in front of moving objects, both of which are disruptive to transport. Ensuring measures are in place to minimise the risk of suicide from public locations, such as bridges and railways could help to reduce suicide. Suicide is an impulsive act, therefore putting measures in place could increase the time needed to deploy help to individuals, as well as giving individuals more time to process their decisions and provide an opportunity rethink and stop.

**Recommendation:** It is recommended to ensure high risk locations are addressed within the strategy and measures put in place to support suicide mitigation and reduction measures on the highway and related to transport.

**Physical Activity:**

**Impact:** N/A

**Positives:**

**Negatives:**

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** NA

**Certain/have evidence an impact will occur:**

**Description:** Being physically active is proven to improve mental health, however the proposal focusses specifically on suicide prevention and does not go as far upstream as using physical activity as preventative method, therefore is out of scope of this proposal.

**Recommendation:** Although out of scope of this proposal, other proposals consideration mental health could incorporate physical activity elements.

**Housing:**

**Impact:** N/A

**Positives:****Negatives:****Likelihood:** Uncertain if will occur**Uncertain an impact will occur:** Proposal has no impact on housing**Certain/have evidence an impact will occur:****Description:** Proposal has no impact on housing**Recommendation:** Proposal has no impact on housing**Diet and Nutrition:****Impact:** N/A**Positives:****Negatives:****Likelihood:** Uncertain if will occur**Uncertain an impact will occur:** Proposal has no direct impact on diet and nutrition.**Certain/have evidence an impact will occur:****Description:** Proposal has no direct impact on diet and nutrition.**Recommendation:** Proposal has no direct impact on diet and nutrition.**Education and Skills:****Impact:** N/A**Positives:****Negatives:****Likelihood:** Uncertain if will occur**Uncertain an impact will occur:****Certain/have evidence an impact will occur:**

**Description:** Studies show that educational attainment may causally influence suicide attempt risk, with rates higher in the less educated, however there are various interdependencies and intersectionality at play as well e.g. higher educational attainment is also related with higher rates of marriage, and suicide risk is higher in the unmarried, therefore less educated and unmarried could lead to potentially higher risk, or it could be the combination itself, or one factor - the literature is slightly ambiguous. Conversely, some literature has shown higher levels of educational attainment in completed suicides, even when adjusted for marital status and age, which is attributed to individuals with higher educational achievement possibly being more prone to suicide risk when facing failures, public shame, and high pre-morbid functioning, thus being unable to process failure and not having resilience skills. Overall there is still debate around causation and confounders in relation to educational attainment. Therefore this strategy shall not be focussed on education and skills, as there are greater risk factors to be addressed. However, with children and young people featuring as a priority and the guiding principle of normalising conversation, it is extremely likely that education and training will feature within the action plan.

**Recommendation:** Continue with the strategy as is, however ensure that education and training is a key comment within the action plan, based on the priority groups.

**Air Quality & Noise:****Impact:** N/A**Positives:****Negatives:****Likelihood:** Uncertain if will occur**Uncertain an impact will occur:**

**Certain/have evidence an impact will occur:**

**Description:** The strategy will not impact on air quality and noise.

**Recommendation:** The strategy will not impact on air quality and noise.

**Crime Reduction and Community Safety:**

**Impact:** Positive

**Positives:** The proposal will hopefully lead to a reduction in suicides and creation of environments which are safer.

**Negatives:**

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** Difficult to establish causality.

**Certain/have evidence an impact will occur:**

**Description:** Suicide is not a crime, hence why it is not common practice to say the term "commit suicide" anymore. However, the strategy will in part (as described in more detail within the transport section) support the creation of 'safer' environments for people to reduce suicide attempts in public places, but addressing bridge design and working with partners on areas such as railways. Although this may seem tenuous, online environments also need to be safe. Cyber bullying features highly in child suicides. However online environments also provide opportunities for actions around addressing stigma and taboo and normalising conversations around mental health and suicide. Part of the proposal features children and young people as a priority, with mention of bullying. The guiding principle of normalising conversations has the ability to work with online environments.

**Recommendation:** Ensure 'suicide safe' design features within the actions of priority 2 (high risk), and that online environments are used as opportunities to promote mental health and suicide prevention messages.

**Alcohol, Tobacco, Illegal drug use and Gambling:**

**Impact:** Positive

**Positives:** Efforts on suicide prevention focussed on substance use and gambling.

**Negatives:**

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** Uncertainty around establishing causality.

**Certain/have evidence an impact will occur:**

**Description:** Suicide rates are higher among people with substance use challenges, and also in people who experience problem gambling, with it being estimated that 4-11% of suicides in the UK being gambling related. The strategy acknowledges these groups as high risk and they feature within Priority 2. The guiding principle will also strengthen actions for these groups by undertaking co-production and collaboration approaches and learning from past stories. Trauma informed practice will also be important to learn about people's past experiences and ensure that future work acknowledges and appreciates this, whilst actively not retraumatising. The strategy is also linked in with the recent Gambling Harms HNA.

**Recommendation:** Ensure the action plan addresses these groups, linking in with relevant agencies and working groups to embed suicide prevention, ensuring everyone understands that 'Suicide is Everybody's Business'.

**Energy Use, Waste Minimisation and Climate Change:**

**Impact:** N/A

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** The strategy will not impact on this.

**Description:** The strategy will not impact on this.

**Recommendation:** The strategy will not impact on this.

**Access to Public Services:**

**Impact:** Positive

**Positives:** Drive up mental health service access - could be viewed as both positive and negative.

**Likelihood:** Uncertain if will occur

**Uncertain an impact will occur:** Uncertain, but more likely than unlikely.

**Description:** It is acknowledged that accessing mental health services can be challenging, due to various issues such as thresholds and eligibility, and waiting lists. This strategy has the potential to push more people to access services, including services such as the Self Harm Service and Bereavement Service. This could overwhelm the system, however to mitigate this there will be measures around self-help and providing public health leadership to other organisations with a wider mental health remit around building resilience etc. By putting measures in place across the continuum of suicide prevention (the first diagram within the strategy), the aim is to support people to help themselves in the first instance, allowing those in crisis and with more severe mental illness to access services quicker. There is an appreciation that this sounds simplistic, but it is not and will take beyond the length of the strategy to achieve, however the strategy will build the foundation for this work for the future.

**Recommendation:** Ensure measures across the suicide continuum are put in place.

---

LEICESTERSHIRE COUNTY COUNCIL  
County Hall, Leicester Road, Glenfield, Leicester LE3 8RA

This page is intentionally left blank