Suicide Prevention in Plymouth

Plymouth Health and Wellbeing Board,

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Overview

- Background
- National Suicide Prevention Strategy
- Local suicide data
- Plymouth suicide prevention system

Background

- Please look after yourself and take time if you need
- Mental health support | PLYMOUTH.GOV.UK

- Suicide is the act or instance of intentionally killing oneself
- Only a Coroner can determine a suicide, after an inquest
- We may talk about data and numbers, but we are always aware that these figures relate to real people
- Every suicide is a tragic loss and has devasting and long-lasting impact upon families, friends, neighbours, colleagues and whole communities
- The causes of suicide are complex and individual. There is rarely a single cause

Background

- Risk factors often reflect wider inequalities and economic factors
- Suicide has a major societal issue
- The impact is felt most deeply at a personal and human level. The average cost to society of each death is £1,67 million
- 70% of people who die by suicide are not known to mental health services in the year before their death – need for whole population approach
- Suicide is preventable

What is suicide prevention?

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- Suicide prevention is broad and includes everything from:
  - Measures to improve population level emotional health and wellbeing (including through the wider determinants of health)
  - Support for people with mental health issues (from early intervention through to crisis care)
  - Support for people who are bereaved by suicide.
- It is essential that the preventative approach addresses the complexity of the issue.
- No single organisation is responsible for suicide prevention and there are no simple measures to prevent suicide.
- Suicide prevention is everyone's business. A whole systems approach is required so that partners are working in collaboration towards the same priorities.

Talking about suicide

- Talking about suicide is hard
- There is no evidence that talking about suicide may 'plant' the idea into somebody's mind – but it can relieve the person of the internal burden it talked about sensitively and appropriately
- Worry about language shouldn't stop us talking about suicide…however,

Do use	Don't use
A suicide	Commit suicide
Taken his/her/ their own life	Suicide victim
Ended his/her/ their own life	Suicide 'epidemic', 'wave', 'iconic site', 'hot spot'
Die by/death by suicide	Cry for help
Suicide attempt	A 'successful', 'unsuccessful' or 'failed' suicide attempt
Attempted suicide	Suicide 'tourist' or 'jumper'
Person at risk of suicide	

Suicide Prevention Strategy for England 2023 to 2028

- Suicide prevention in England: 5-year cross-sector strategy
- Updated priorities based on data, evidence and engagement with experts (including those with personal experience).
- The continued need for a national suicide prevention strategy was because at a national level:
  - The suicide rate is not currently falling
  - Suicide remains the biggest killer of people under 35 and one of the leading causes of death in men under 50.
  - Rates across all ages groups under 25 have been increasing
  - Self-harm rates have been rising in children and young people
  - New and better-quality evidence (e.g. harmful gambling and domestic abuse)
  - Recent challenges: COVID-19, cost of living

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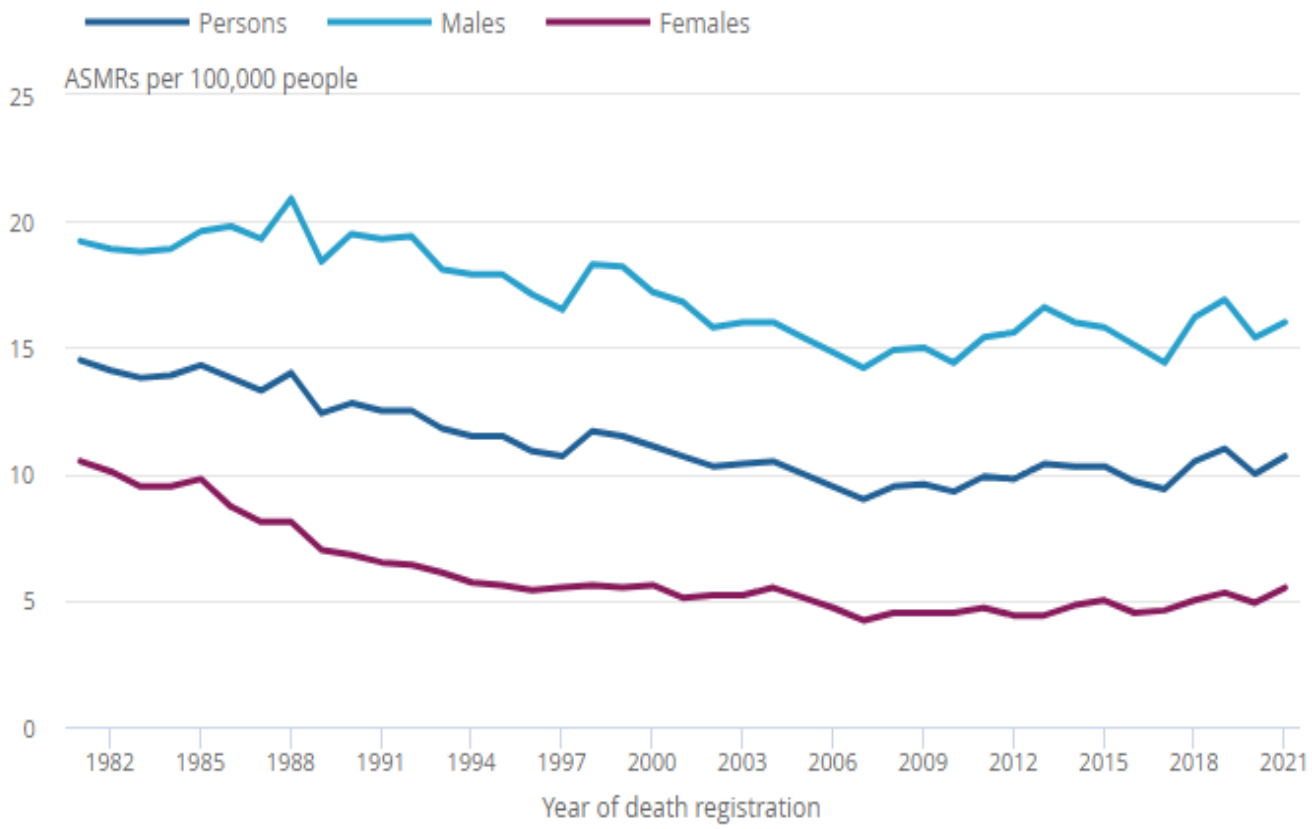
Office of National Statistics: Suicides in England and Wales: 2021 registrations



National Suicide Prevention Strategy

- The first purpose of the national strategy is to make it clear that suicide prevention matters, and to bring everybody together around common priorities.
- This includes national government, the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers, communities and individuals.

Priority areas for action (national strategy)

1. Improve **data and evidence** to ensure that effective evidence-informed and timely interventions continue to be developed
2. Provide tailored, targeted support to **priority groups**, including those at higher risk at a national level
3. Address **common risk factors** linked to suicide at a population level by providing early intervention and tailored support
4. Promote **online safety and responsible media content** to reduce harms, improve support and signposting and provide helpful messages about suicide and self harm

5. Provide effective **crisis support** across sectors for those who reach crisis point
6. **Reduce access to means and methods of suicide** where this is appropriate and necessary as an intervention to prevent suicides
7. Provide **effective bereavement support** to those affected by suicide
8. **Make suicide everybody's business** so that we can maximise our collective impact and support to prevent suicides

Priority groups

- Children and young people
- Middle-aged men
- People who have self-harmed
- People in contact with mental health services
- People in contact with the justice system
- Autistic people
- Pregnant women and new mothers

These are priority groups for different reasons, which can be overall rate being higher in these group or trends showing increasing rates (whilst still being low)

Common risk factors

- Physical illness
- Financial difficulty and economic adversity
- Gambling
- Alcohol and drug use
- Social isolation and loneliness
- Domestic abuse

Example actions from the strategy

- Improvements to NHS mental health crisis support offer, e.g. crisis cafés, MH ambulances, alternatives to ED
- Review of RSHE guidance to determine whether suicide and self-harm prevention will be included as explicit part of the curriculum
- Roll out of suicide and self-harm prevention training among prison and probation staff
- Roll out of mental health support teams in school and colleges
- Legislation to tackle harmful online suicide and self-harm content (Online Safety Bill)

Plymouth Suicide data

- Around 24 people die by suicide each year in Plymouth
- Standardised suicide rate for Plymouth between 2020-22 (most recent data) was 8.5 per 100,000 compared to 10.3 for England and 11.9 for the South West

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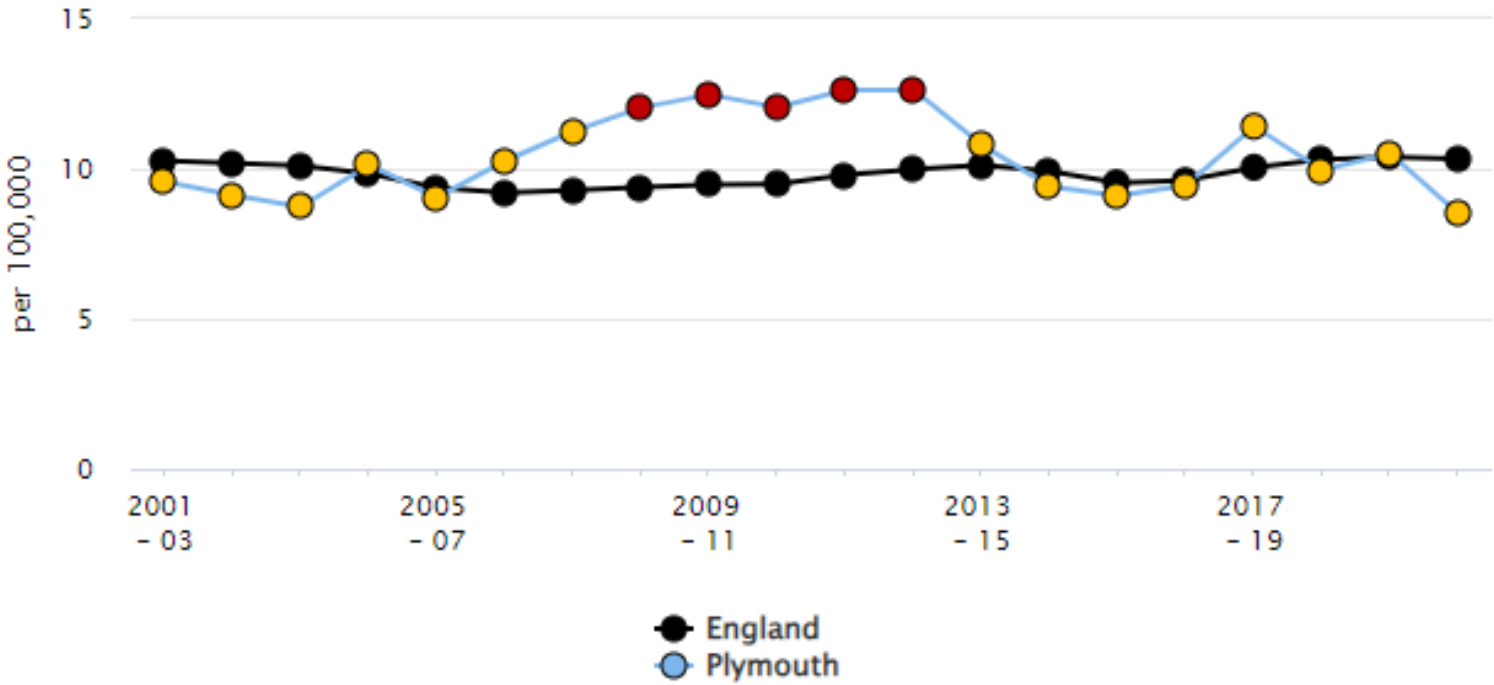
Suicide rate (Persons)

Show confidence intervals Show 99.8% CI values



Plymouth suicide audit summary 2020-2022

- Produced annually with most recent data
- This report covers deaths registered in 2020-22
- Provides a city-wide overview of deaths in Plymouth residents by suicide and undetermined intent
- 61 deaths in total between 2020 and 2022
- Male to female ratio, 3 : 1 (in line with national and historical trends)
- Majority of deaths occur in people's own home
- Suicide affects the entire city

The local suicide prevention system

- Plymouth Suicide Prevention Strategic Partnership
- Real-time Suicide Surveillance
- Suicide bereavement service
- Suicide prevention training
- Plymouth suicide audit (detailed)
- Partnership working across Devon ICS

Plymouth Suicide Prevention Strategic Partnership

- Open group chaired by Public Health
- To work collectively with local agencies, organisations and people to identify local priorities and inform the development and delivery of the local suicide prevention strategic action plan
- Strategic action plan based on the national strategy priorities
- Draft action plan for 2024-25 based on the new national strategy shared with papers for meeting – discussion/feedback within and outside of this meeting welcome

Suicide prevention strategic action plan

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Ambition

We aspire to work together to make all communities in Plymouth suicide safer communities.

We want to make Plymouth a place that supports people in times of personal crisis and builds individual and community resilience to improve lives.

The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate, that remains below or at least in line with the national average.

Real-time suicide surveillance

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- Official suicide data is usually 1-2 years delayed due to coronial process
- We work with the police to provide real-time data on what the police call 'sudden self-inflicted deaths'
- Data Analyst based at Pete's Dragon's bereavement service
- Real time data enables:
  - Timely offer of bereavement support
  - Identification and response to suicide clust
  - Identification and response to novel methods

PETE'S DRAGONS

Suicide bereavement service

- People bereaved by suicide are more likely to die by suicide themselves
- Bereavement support - NHS Devon commissioned service
- Provide support for anybody (adults and children) affected by suicide for as long as they need
- Historical and recent suicide deaths
- No waiting lists – support starts within 48 hours of contact.
- Police officers hold contact card for Pete's Dragons to hand out to people affected in a timely manner.

Suicide prevention training

- 70% of people who die by suicide are not known to mental health services in the year before they die
- Suicide prevention training is one of the best tools we have to build suicide prevention capacity in the system and population
- It means somebody approaching or in crisis is more likely to connect with somebody who is more confident to offer suicide prevention support
- Training encouraged in whole population and particular workforces who may be in contact with people who are at higher risk

Suicide Prevention Training

Scan the QR code to be directed to the Eventbrite page to sign up for training

[Wellbeing at Work (Livewell Southwest) Events | Eventbrite]

Plymouth Suicide Audit (detailed)

- In-depth review of coroner files of confirmed suicides
- To provide local insights and identify risk factors for suicide in Plymouth
- To share learning and inform suicide prevention activity going forward
- Currently reviewing all relevant deaths that were registered in 2017-2021 to produce a detailed audit report

Working across Devon ICS

- Strong network with suicide prevention leads in Devon, Plymouth and Torbay Public Health teams, e.g. joint funding for Real-time analyst
- NHS Devon Suicide Prevention Oversight Group provides strategic oversight of the implementation of suicide prevention activity in Devon (local action plans, clinical settings, real-time data)
- Additional collaboration with NHS Devon Mental Health Learning Disabilities and Neurodiversity Provider Collaborative Board
- Suicide prevention as key part of Devon ICS Joint Forward Plan