

Local Suicide Prevention Planning and Approach

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Purpose: To inform the Health and Adult Care Scrutiny Committee about the issue of suicide and the approach to suicide prevention in Devon.

1. Background/Introduction

1.1 Suicide is a major public health issue. In 2017, 4,451 took their own lives in England. The England average age standardised rate is 9.2 deaths per 100,000 people. This is a significant decrease from 14.6 deaths per 100,000 population recorded in 1981, however, it still equates to around 12 deaths every day. (ONS 2018).

1.2 Suicide is the leading cause of years of life lost. It is the leading cause of death in men under 50 years of age, young people and new mothers. The suicide rate for men is three times that of women; 14.0 deaths per 100,000 males and 4.6 deaths per 100,000 women. The highest suicide rate in England is for men aged between 45 – 59 years (ONS 2018).

1.3 70% of people who end their own life are not receiving treatment or support from mental health services. This means that suicide prevention needs to be available within communities and not just clinical settings.

1.4 Suicide is preventable, and councils play a vital role, through their public health remit and their ability to influence some of the wider determinants; housing, employment, debt management. The NHS Five Year Forward Plan calls for a 10% reduction in suicide by 2020/21 (from the 2016/17 rate).

1.5 2012 saw the publication of the first national suicide prevention strategy: Preventing Suicide in England: a cross- government outcomes strategy to save lives. This highlighted the following priority areas:

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve the mental health of specific groups
- Reduce access to the means of suicide
- Better information and support to those bereaved by suicide
- Support the media in sensitive reporting of suicide
- Support research, data collection and monitoring
- Reduce rates of self-harm as a key indicator of suicide risk (added in 2017).

1.6 Local authorities, via their public health teams, are responsible for producing a local strategy and action plan. Whilst this is not a statutory requirement, the Local Government Association, Public Health England and Association of Directors of Public Health all advocate for local plans. Following an investigation into suicide in 2016/17, the Health Select Committee further recommended that local plans be subject to scrutiny to ensure that they are transparent, accountable and deliverable. In her role as Chair of the Health Select Committee, Dr Sarah Wollaston MP wrote to all Local Authority Scrutiny members asking them to prioritise suicide prevention and keep a 'watching brief'.

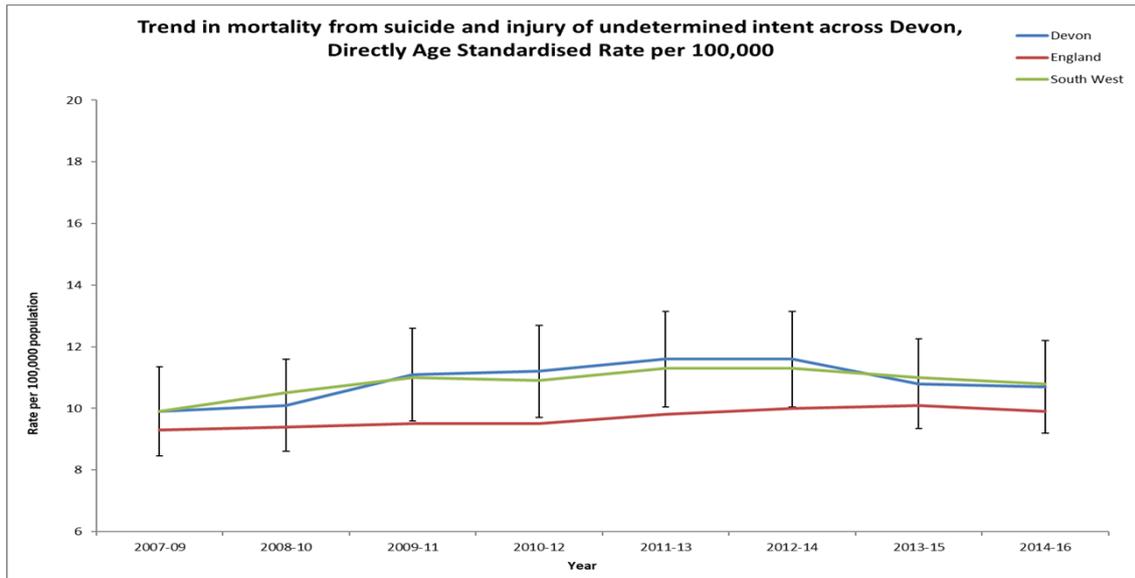
1.7 Devon, in partnership with Plymouth and Torbay, has issued a strategic statement aligning us all to the seven priorities in the national strategy:

<https://devoncc.sharepoint.com/:b:/s/PublicDocs/PublicHealth/EZWx1r5XUWVBk0svqohfT4YBkUqmF2YeLKQa4T4VtMAqbQ?e=UrTm9y>

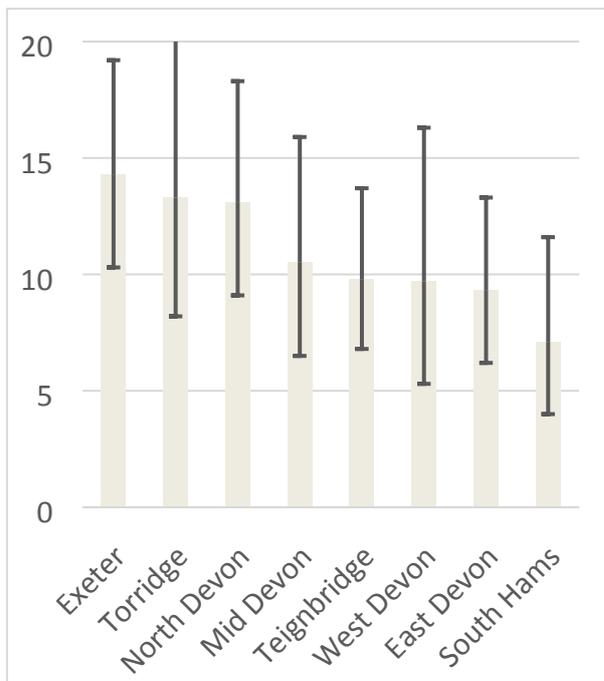
1.8 As each area has its unique geography and demography each Local Authority has developed their own implementation plan:
https://devoncc.sharepoint.com/:b/s/PublicDocs/PublicHealth/EW4a_QNNT51HrvTS6henmGIB2dF1UtjnO-g2Cb26tvXjKA?e=dblsih

2. Context

2.1 The age-standardised rate per 100,000 population (per three-year average 2015-17) is 10.5 - this equates to about 70 suicides per year. The South West rate is 10.5, which is a reduction on the 2016 rate of 11.2. The region with the highest rate is the North West with a rate of 10.8 (PHE Fingertips).



Trend in mortality from suicide and injury undetermined across Devon 2007-16 (Public Health Intelligence Team)



Breakdown of suicide rate by Devon district 2014-16 (Public Health Intelligence Team)

2.2 Whilst there is a small variation in the suicide rate between the eight districts, the confidence intervals show that is not statistically significant therefore suicide prevention interventions need to be available across the whole county.

2.3 Devon County Council provides leadership for the Devon and Torbay Suicide Prevention Strategic Implementation Group. This is a multi-agency, high-level group with membership comprising: the Clinical Commissioning Group; Devon Partnership Trust; Public Health (Devon, Torbay and Plymouth); Public Health England; Child and Adolescent Mental Health Services; Devon & Cornwall Police; Office of the Police Crime Commissioner; National Probation Service; HM Coroners; Devon & Somerset Fire & Rescue Service; South West Ambulance Trust; HMP Exeter; University of Exeter; University of Exeter Medical School; Samaritans; Action to Prevent Suicide; Devon and Torbay Suicide Prevention Alliance.

2.4 The role of the strategic group is to oversee the delivery of both Devon's and Torbay's respective implementation plans. Task and finish groups involving a sub-set of the larger group are also formed, on an ad-hoc basis, to explore specific aspects of suicide prevention, for example, a Task and Finish group was set up in 2017 to explore suicide among children and young people.

2.5 There is also a grass roots organisation called the Devon and Torbay Suicide Prevention Alliance (DTSPA), which is made up of statutory services, the community and voluntary sector and people with lived experience. This group supports the delivery of the Devon and Torbay implementation plans as some members of this group are suicide prevention trainers, suicide bereavement support services, Samaritans, district councillors etc. There is currently a DTSPA website that provides information and resources: <https://dtspa.co.uk/>

2.6 The implementation plan was a collaboration between statutory services, voluntary and community organisations and people with lived experience. All were given the opportunity to highlight work that they were already doing, identify priorities and where the gaps were. A workshop was run at the DTSPA conference in September 2017 where people with lived experience were able to contribute. The strategic statement and approach were endorsed by the Devon Health and Wellbeing Board on the 14th June 2018.

3. Public Health Impact

3.1 Any suicide is a tragedy and can have a profound impact upon the lives of family, friends, work colleagues and communities. Research shows that bereavement by suicide is linked to a number of negative health and social outcomes including depression, suicide and suicide attempts. It is estimated that between six to sixty people are directly affected by a suicide. Each suicide has a cost to society of £1.67 million, which includes initial disruption, loss of productivity, of the individual and those who are bereaved and other societal costs.

3.2 Suicide prevention is part of a wider Public Mental Health remit to improve the emotional health and wellbeing of the population, in particular 'at risk' groups.

4. Financial Considerations

4.1 Current investment through Devon County Council has been through the Public Health team staffing with a lead and additional staff time to support Public Mental Health and Suicide Prevention. External and partner sources of funding have been secured in the past to provide evidence-based training but the budget for suicide prevention is limited. Prevention requires a systemwide approach.

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Background Papers embedded in text.