Warwickshire Suicide Prevention Strategy **2016-20**

Warwickshire County Council

Working for Warwickshire

Contents

Foreword

I am pleased to introduce this Suicide Prevention Strategy for Warwickshire which outlines our plans and priorities to reduce deaths by suicide across the county.

We know that around 50 people die every year by suicide in the county, but when these figures are compared with deaths from other causes among different age groups, it is a tragic fact that suicide kills more young men of working age than road accidents and illness combined.

We know that there are ways that these deaths can be prevented, working with mental health services, primary care and clinical commissioning groups, and more broadly in community based approaches, and this strategy identifies seven priorities to enable us to do this. It also reflects the "zero suicide approach" whereby every death by suicide is considered potentially preventable and we will work towards prevention with this aspiration in mind.

The Strategy has been endorsed by key health and wellbeing partners across the county and is supported by the Warwickshire Health and Wellbeing Board. Please join all of us at Warwickshire County Council in embracing this strategy and the zero suicides approach as we aim to reduce the terrible impact that deaths by suicide have in our community.

Cllr Les Caborn,
Portfolio Holder for Health

Our challenge

105 people died by suicide, confirmed by Coroner's conclusions, in Warwickshire in 2013 and 2014.

51 people were killed in road accidents in Warwickshire in the same time period.

Suicide and injury/poisoning of undetermined intent was the leading cause of death for males in three age groups (5-19, 20-34, and 35-49 years) – above road accidents – in England and Wales in 2014.

Each of these deaths could potentially have been prevented.

Introduction

In 2012 the UK Government published *"Preventing suicide in England: A cross-government outcomes strategy to save lives"*.

The six key areas for action identified in the national strategy were:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

This was followed in September 2014 by Public Health England's "*Guidance for developing a local suicide prevention action plan"* targeted specifically at public health staff in local authorities. In Warwickshire we had already identified suicide prevention as a public mental health priority locally in the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.

In January 2015 the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention reviewed progress in developing local suicide prevention plans and found implementation to be patchy across the country. At the time of data gathering for the APPG report, Warwickshire had a suicide prevention strategy (which needed updating) but no annual suicide audit or multi-agency suicide prevention group. However we had at that time allocated funding towards suicide prevention training for GPs across the county, as one of the evidence-based interventions prioritised in our local Public Mental Health strategy.

The APPG in 2015 recommended that:

- All three of the main elements (audit, action plan and multi-agency group) should be in place in every local authority area

This document constitutes the main findings of a local suicide audit of Coroner's records in 2015 (together with a separate more detailed audit analysis) and the action plan arising from it. The key recommendation and next step from this work is the establishment locally of a multi-agency suicide prevention group, with our partners across Coventry and Warwickshire.

It should be noted that this work forms one strand of the implementation of the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.

The three tiers of the strategy are:

- **Level 1 Universal interventions:** to build resilience and promote wellbeing at all ages for residents of Warwickshire
- **Level 2 Targeted:** targeted prevention of mental ill health and early intervention for people at risk of mental health problems
- **Level 3 Vulnerable population groups:** early intervention and physical health improvement for people with mental health problems

All of the work undertaken as part of the Public Mental Health strategy to improve the wellbeing and resilience of individuals and communities supports the aim of suicide prevention, but by producing a separate suicide prevention strategy, the intention is to undertake a more specific and detailed review of suicide in Warwickshire, and to use this to plan a multi-agency response to it. A partnership based approach spanning communities, primary and secondary care, and the voluntary sector, gives us our best chance of making a real difference in reducing deaths by suicide locally, against a background of increasing suicide rates nationally.

Background facts and figures

The national picture

The most recent figures for suicides in the United Kingdom – 2014 Registrations – were published by the Office for National Statistics on 4th February 2016. The figures are given by sex, age, area of usual residence of the deceased, and suicide method. For the first time in 2016, the definition of suicide has been extended to include deaths from intentional self-harm in 10-14 year old children in addition to people aged 15 and over.

There were

4,882

suicides among people aged 10 and over registered in England in 2014, 155 more than 2013 (a 3% increase).

Of the total number of suicides registered in 2014, more than 3/4 (76%) were male

(3,701 male suicides and 1,181 female suicides in 2014).

The suicide rate in England increased from 10.1 deaths per 100,000 population in 2013 to 10.3 deaths per 100,000 in 2014.

The increase was driven by a rise in female suicides; in contrast, male suicide rates have remained stable. This is not a significant increase, although it is the highest suicide rate seen since 2004 when the rate was also 10.3 deaths per 100,000.

The highest suicide rate in England was in the North East at 13.2 deaths per 100,000 population; London had the lowest at 7.8 per 100,000.

The most common suicide method in the UK in 2014 was hanging, which accounted for 55% of male suicides and 42% of female suicides.

At a recent NSPA conference, Professor Louis Appleby (Chair of the National Suicide Prevention Strategy Advisory Group and Director of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness) made a number of important points relating to these most recent figures from 2014:

Suicide figures are published as three year aggregates, 2012-14 being the most recent. There has been a steady increase in suicides since 2007 when there was a 150 year low in the UK. The increase of 4% since 2007 represents an additional 400 deaths/year on top of the 2007 rate.

Groups who are at higher risk can be identified from the data.

Gender – the male suicide rate in the UK decreased in 2014 from 17.8 to 16.8 deaths per 100,000 population while the female suicide rate increased from 4.8 to 5.2 deaths per 100,000 population, but at 16.8 the male suicide rate is more than three times higher than the female.

Age – in the UK there are around 160 suicides per year in people under 20 years of age, but 600 per year in people under 25 years ie between the ages of 15 and 25 suicide risk increases rapidly.

There is a peak for suicides among men in their 40s and early 50s, and a second smaller peak in older men over 80 years. Female suicides also show two peaks with an increase under 30 years and a second peak in older women aged 50-75 years.

Men aged 45 to 59 had the highest suicide rate in 2014 for the second year in a row with a rate of 23.9 deaths per 100,000 population - it is middle-aged men that are at greatest risk from suicide.

Self-harm – self-harm rates among males are increasing, but rates among females are still higher than for males overall. For younger women in particular rates of self-harm are increasing while for older females the rate is falling.

There is a 50 fold increase in suicide rates within a year of an episode of self-harm, such that 1 in 50 patients who have self-harmed – predominantly young – die within a year.

People in contact with mental health services – around a third of people who die by suicide are in current or recent contact with mental health services, and the latest figures show an increased risk for people under Crisis Resolution Home Treatment teams, but a fall in suicides for people in inpatient care. Three times as many people die while under CRHT than under in-patient care. Of these 37% died within a week of contact with CRHT contact, and 43% of these were living alone at the time of their death.

People in prison or custody – there were 89 deaths by suicide in the UK in 2015, a recent rise following a sustained fall since 2004.

The local picture in Warwickshire

The suicide figures in Warwickshire broadly mirror those in England. The comparisons below taken from the PHE Fingertips database compare Warwickshire county rates with England 2012-14 aggregate data (NB these are figures which vary slightly from the 2014 only figures quoted previously).

And comparing rates across the West Midlands, Warwickshire does not stand out. Table 1, also taken from PHE Fingertips Database, shows that on each of the suicide rate indicators below, Warwickshire is considered "similar" – yellow colour blocks – when benchmarked to the West Midlands and England figures. Indeed Stoke on Trent is the only area in the West Midlands with suicide rates which are significantly higher than the regional or England figures.

Figure 1 Suicide age - standardised rate: per 100,000 (3 year average) (Persons) - Warwickshire

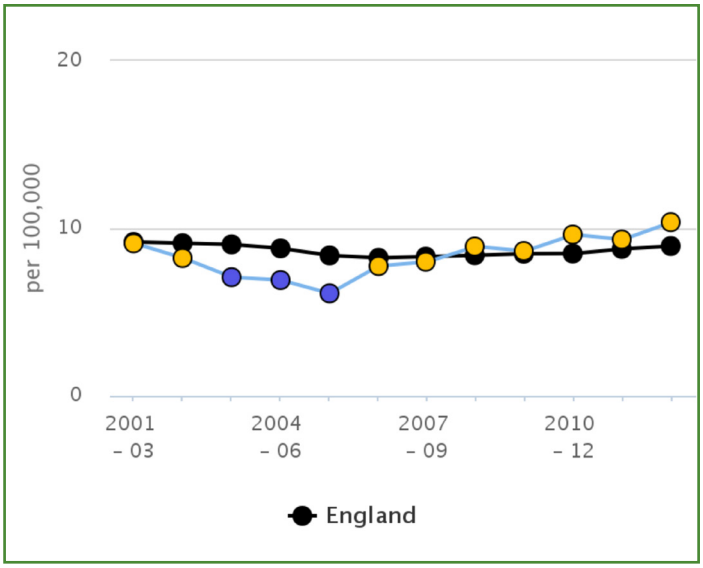


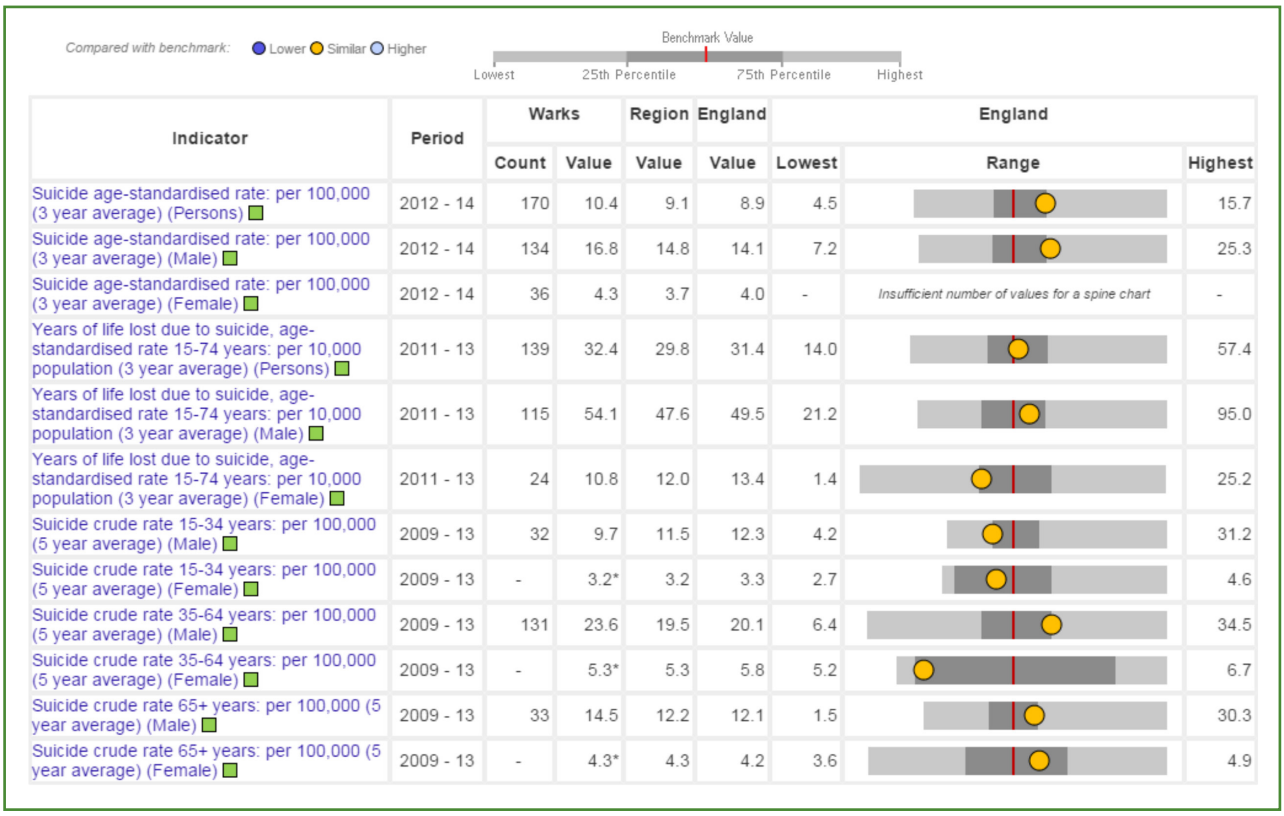
Table 1 Benchmarking comparison for suicide rates between Warwickshire, West Midlands and England

Compared with benchmark: Lower | Similar | Higher | Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Suicide age-standardised rate: per 100,000 (3 year average) (Persons)	2012 - 14	8.9	9.1	9.2	9.0	6.8	8.6	7.7	9.7	7.4	9.1	12.1	10.4	8.6	10.4	8.8	9.5
Suicide age-standardised rate: per 100,000 (3 year average) (Male)	2012 - 14	14.1	14.8	14.6	15.0	12.5	12.0	13.3	15.0	10.6	14.4	19.6	15.9	13.9	16.8	15.9	16.2
Suicide age-standardised rate: per 100,000 (3 year average) (Female)	2012 - 14	4.0	3.7	4.2	*	*	*	*	*	*	3.8	*	*	*	4.3	*	3.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2011 - 13	31.4	29.8	22.6	34.3	21.5	34.8	27.7	35.5	14.5	31.2	46.9	38.9	24.4	32.4	31.6	34.7
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2011 - 13	49.5	47.6	35.6	54.9	39.4	52.3	42.9	57.7	21.9	46.9	73.5	59.2	41.0	54.1	52.0	56.7
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2011 - 13	13.4	12.0	9.8	13.2	3.8	17.1	13.1	11.6	7.5	15.2	19.7	18.6	8.0	10.8	11.0	12.9
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Male)	2009 - 13	12.3	11.5	8.6	11.2	9.6	17.7	10.9	15.9	5.2	10.9	17.3	15.4	11.1	9.7	14.4	15.6
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Female)	2009 - 13	3.3	3.2	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2009 - 13	20.1	19.5	16.1	25.9	15.6	18.8	20.4	22.0	6.4	21.1	26.3	22.8	15.8	23.6	15.0	20.5
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)	2009 - 13	5.8	5.3	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2009 - 13	12.1	12.2	10.1	15.5	10.6	11.1	9.7	17.9	10.2	11.6	14.8	12.5	10.8	14.5	13.2	10.7
Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)	2009 - 13	4.2	4.3	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*

Or the comparison can be made using schematic representation of the benchmarked figures, as below, in Table 2. Again the yellow colour of the dots shows that Warwickshire does not lie significantly outside the comparison figures for England as a whole.

Table 2. *Table showing schematic benchmarking comparison for suicide rates between Warwickshire, West Midlands and England*



Indicator	Period	Warks		Region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Suicide age-standardised rate: per 100,000 (3 year average) (Persons)	2012 - 14	170	10.4	9.1	8.9	4.5		15.7
Suicide age-standardised rate: per 100,000 (3 year average) (Male)	2012 - 14	134	16.8	14.8	14.1	7.2		25.3
Suicide age-standardised rate: per 100,000 (3 year average) (Female)	2012 - 14	36	4.3	3.7	4.0	-	*Insufficient number of values for a spine chart*	-
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2011 - 13	139	32.4	29.8	31.4	14.0		57.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2011 - 13	115	54.1	47.6	49.5	21.2		95.0
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2011 - 13	24	10.8	12.0	13.4	1.4		25.2
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Male)	2009 - 13	32	9.7	11.5	12.3	4.2		31.2
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Female)	2009 - 13	-	3.2*	3.2	3.3	2.7		4.6
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2009 - 13	131	23.6	19.5	20.1	6.4		34.5
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)	2009 - 13	-	5.3*	5.3	5.8	5.2		6.7
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2009 - 13	33	14.5	12.2	12.1	1.5		30.3
Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)	2009 - 13	-	4.3*	4.3	4.2	3.6		4.9

The Table 3 below shows the changes over time with Warwickshire's actual suicide numbers and DSR (directly standardised rate) in three year aggregates having increased gradually since 2005, now lying above those for the West Midlands and England as a whole.

Table 3. Numbers of suicides and DSR for Warwickshire, West Midlands and England from 2001-2014 (3 year periods)

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2001 - 03	●	137	9.1	7.6	10.8	9.4	9.2
2002 - 04	●	125	8.2	6.8	9.8	8.9	9.1
2003 - 05	●	108	7.1	5.8	8.6	8.6	9.0
2004 - 06	●	105	6.9	5.6	8.4	8.2	8.8
2005 - 07	●	94	6.1	4.9	7.5	7.6	8.4
2006 - 08	●	120	7.7	6.4	9.3	7.8	8.2
2007 - 09	●	127	8.0	6.7	9.5	8.0	8.3
2008 - 10	●	143	8.9	7.5	10.5	8.5	8.4
2009 - 11	●	140	8.6	7.3	10.2	8.2	8.5
2010 - 12	●	156	9.6	8.2	11.3	8.2	8.5
2011 - 13	●	151	9.3	7.9	10.9	8.3	8.8
2012 - 14	●	170	10.4	8.9	12.1	9.1	8.9

Source: Public Health England (based on ONS source data)

However there is variation within Warwickshire which gives more cause for concern.

Table 4 below shows age-standardised suicide rates, again with rolling three year aggregates, for deaths by suicide registered from 2008-16 by borough or district within Warwickshire, taken from the most recent Office of National Statistics data.

Table 4. Age-standardised suicide rates, rolling three year aggregates, deaths registered 2008-2014

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
England	**9.4**	**9.5**	**9.5**	**9.8**	**10.0**
Warwickshire	8.9	8.6	9.6	9.3	10.4
North Warwickshire Borough	6.5*	7.7*	8.8*	7.9*	8.5*
Nuneaton & Bedworth Borough	9.9	10.2	10.2	10.3	11.0
Rugby Borough	7.7	8.3	8.8	8.1	7.7
Stratford-on-Avon District	10.2	8.8	9.3	8.1	10.9
Warwick District	12.1	11.3	14.8	15.2	16.6

Significantly better than England average
Not significantly different to England average
Significantly worse than England average

This table shows a significant increase in suicide rates in Warwick district compared with the England average, since 2011, and this is borne out by the findings of the Warwickshire Coroners' Office records suicide audit we carried out, the key findings of which are given in the next section.

Key findings from the Warwickshire Suicide Audit 2015

105 deaths were recorded as conclusions of death by suicide by the Warwickshire Coroner in 2013 and 2014.

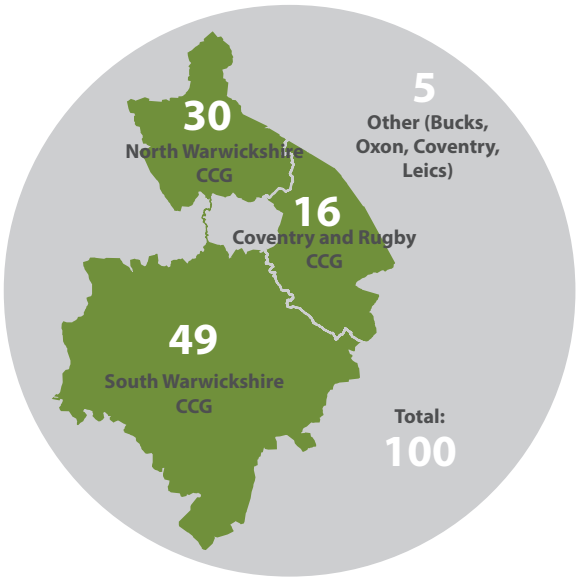
The Coroners' records for these 105 deaths were sought from the County Records office, in September 2015, to enable a detailed suicide audit to be carried out by a consultant in public health.

Five of the records were unavailable from County Records leaving exactly 100 records for reading and analysis.

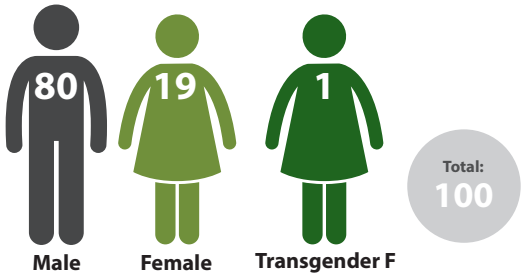
It should be noted that in the same time frame 2013-14, 22 narrative conclusions (open verdicts) were recorded, and for a further 24 deaths the conclusion was that the death was alcohol or drug related. It is possible that some of these deaths may also have been suicides, but the Coroner was not able to firmly conclude this in those cases.

Demographics of the 100 Warwickshire deaths by suicide 2013-14:

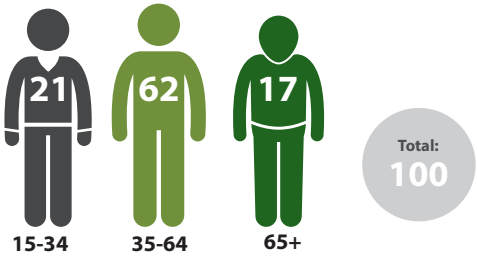
Usual place of residence by CCG (clinical commissioning group)



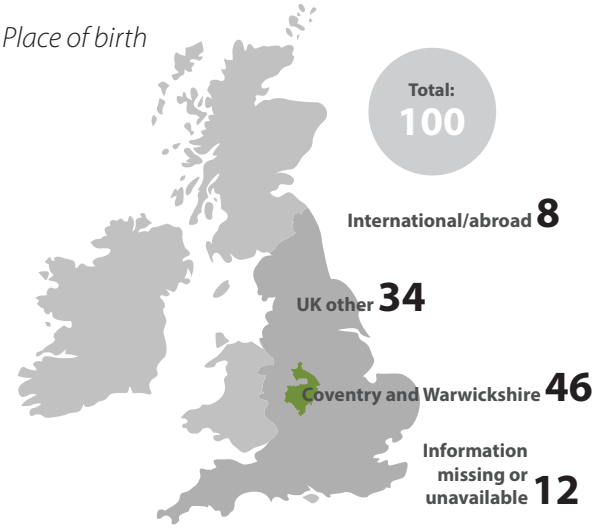
Gender



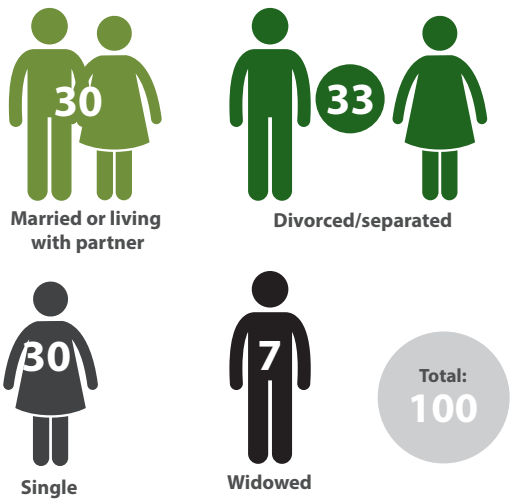
Age



Place of birth



Living circumstances



Employment

4
Not known/other

Total: 100

Suicide method

55 Hanging	13 Overdose	9 Asphyxiation	7 Railway
3 Drowning	3 Lacerations	3 Gunshot	2 Jump from height
2 Carbon monoxide poisoning	2 Road traffic accident	1 Self-immolation	

Total: 100

Location of death

69 Home

19 Public place/ outside

6 Railway

2 Hotel

4
Not known/other

Total: 100

Note found

40 Yes

45 No

15 Not recorded

Total: 100

Health factors: alcohol use

8 Abstinent

4 Social or occasional

18 Harmful

11 Dependent

59 Not recorded

Total: 100

Health factors: physical illness or pain

Yes 53

5 Mild

18 Moderate

22 Severe

No physical illness recorded 47

Severe chronic pain noted 26

Total: 100

Health factors: drug use

9 Social or occasional

12 Dependent

79 Not recorded

Total: 100

Analysis of the audit figures

Based on population size alone, a roughly equal number of deaths by suicide would be expected in North and South Warwickshire (approximate population size 200,000) and half the number in Rugby (approximate population size 100,000) but the number in South Warwickshire is the same as for Warwickshire North and Rugby put together. Whilst this has not been tested for statistical significance, this mirrors the higher rates for Warwick district from ONS data 2010-14 given in Table 4.

The gender breakdown of 80 males and 19 females is similar to national figures for 2014 (76% male, 24% female). The breakdown by age group does not use the same categories as national figures, but it is clear that in Warwickshire the highest numbers were in the age group 35-64 reflecting the two age groups with the highest suicide rates for males (45-59 and 30-44 years) in national figures.

For place of birth, the largest category was of people born in Coventry and Warwickshire but they were a minority of the whole group when the figures for UK other, international or unavailable are added together.

There was a roughly even spread between married or living with partner, divorced or separated, and single, and a smaller number (7 of 100) were identified as widowed.

Over half were employed at the time of their death, with the remainder unemployed or retired.

The most common method of suicide (hanging) reflects national figures, and the majority of deaths (69 of 100) occurred in people's own homes. 19 deaths wre outside or in a public place, and 7 were deaths on the railway by collision with a train. Although there are major rail lines running through the county these numbers do not put Warwickshire into Network Rail's hotspot areas, although Tile Hill in Coventry does feature in national hotspot figures for deaths on the railway.

Around half of the people who died left a note to relatives or friends confirming their intentions.

Risk factors for death by suicide include severe physical illness and chronic severe pain, and of the 100, 22 had severe physical health problems (determined by diagnoses and regular medication use from GP records) and 26 were described as having suffered with severe chronic pain. Nationally around a quarter of patients who die by suicide have a major physical illness – a similar proportion.

Around a quarter of the people who died were identified as drinking harmful amounts of alcohol or being alcohol dependent by their GP, and 12 people had substance misuse problems and consumption described as harmful.

This data is analysed in much more detail including further analysis of risk factors, contact with mental health services, scope for prevention and some individual case histories in the full Warwickshire suicide audit report. However because of potentially identifiable data circulation of this report is restricted.

Further analysis by Clinical Comissioning Group (CCG):

(excludes 5 out of area – people whose usual residence was outside Warwickshire)

Table 5. Age and gender of suicide cases by CCG and total for the 3 CCGs

	15-34 yrs	35-64 yrs	65+ yrs
Warwicshire North CCG			
Male	3	18	6
Female	-	3	-
All	**3**	**21**	**6**
Rugby (CRCCG)			
Male	5	9	-
Female	-	2	-
All	**5**	**11**	-
South Warwickshire CCG			
Male	10	16	10
Female/TG	1	**10**	2
All	**11**	26	**12**
Total			
Male	18	43	16
Female	1	15	2
All	**19**	**58**	**18**

It appears that for 2013 SWCCG had more young people 15-34 years who died, and more older people over 65 than expected, and a higher proportion of women in the 35-64 age group than expected compared with national figures. This merits some further analysis and investigation but early indications suggest that this pattern may not have been sustained the following year.

By February 2016, there were 47 Warwickshire mortalities recorded as suicides (ICD-10 codes X60-X84, Y10-Y34 and U50.9) in the Primary Care Mortality Database for 2015. By district/borough these can be broken down as:

North Warwickshire.....4

Nuneaton & Bedworth.....14

Rugby.....9

Stratford.....11

Warwick.....9

These are deaths which have been recorded but are not necessarily those for which a Coroner's conclusion has been reached – so the 2015 figures may still rise slightly – but this pattern of 18 suicides in the North, 9 in Rugby, and 20 in South Warwickshire is closer to the expected distribution between the CCGs. The confirmed 2015 suicide figures will not be available for another year and further analysis at that time will show whether there is still a wider age distribution (ie more under 35 and more over 65 years) for suicides in the south of the county.

Setting priorities

The National Suicide Prevention Alliance (NSPA) Strategic Framework 2016-19 identifies seven priorities for its new national strategy. These are:

1. **Reducing stigma**
2. **Encouraging help-seeking**
3. **Providing the appropriate support**
4. **Reducing access to means**
5. **Reducing the impact of suicide**
6. **Improving data and evidence**
7. **Working together**

We intend to combine these NSPA themes with the six key areas in the national government strategy to produce a set of Warwickshire priorities for suicide prevention, as follows:

Priority 1: Reducing the risk of suicide in key high risk groups

The population group with the highest suicide rate in England and Warwickshire is middle aged men. Sometimes this is seen as a reluctance to ask for help but other factors may be higher rates of risk factors such as alcohol misuse, economic pressures – unemployment/redundancy and debt - and the increased use of hanging as a method, which is particularly dangerous.

We need to reduce stigma around suicidal thinking and seeking help, encourage help seeking, and ensure that services are responsive and offer appropriate support. We will use evidence such as that produced in the Men's Health Forum document "How to make mental health services work for men" and others to ensure services meet the needs of those most at risk.

This will include continuing to offer suicide awareness training to frontline staff, extending countywide coverage of targeted suicide prevention training for GPs, based on clinical suicide risk analysis, and working through the Mental Health Crisis Care Concordat and local Mental Health Commissioners' Group to improve crisis care. There are three times as many suicides under Crisis Resolution/Home Treatment teams than in-patients in England, and we will work with CCGs and Coventry & Warwickshire Partnership Trust to tackle this issue locally.

Making the link between physical health problems or chronic pain and suicide risk is also important. The Confidential Inquiry findings 2015 suggest good physical health care for mental health patients may help to reduce suicide risk.

There are other groups who are known to be at increased risk of suicide (apart from young and middle aged men, mental health service users and people with a history of self-harm) who are vulnerable and for whom a particular focus may be needed in suicide prevention. These groups would include: people in contact with the criminal justice system, some occupational groups – doctors, vets, farmers and agricultural workers, veterans, women in the post-natal period and LGBT (lesbian, gay, bisexual and transgender) people.

Priority 2 : Tailor approaches to improve mental health in specific groups

We know that there are above average rates of self-harm among young people in South Warwickshire and that people who self-harm are at increased risk of suicide in the following year.

We will commission emotional resilience and wellbeing services to support children and young people, and we are currently also undertaking an in depth qualitative survey around young people and self-harm in Warwickshire.

Priority 3: Reduce access to the means of suicide

The most common type of drug taken in fatal overdose by people with mental illness who are in contact with services is opiates, and in nearly 50% of these are prescribed opiates.

Raising awareness and reducing access to prescribed opiates will be one step to reduce these.

We will also work with Network Rail to support suicide prevention on the railways in Warwickshire.

Priority 4: Reducing the impact of suicide

The services to support families and friends who are bereaved by suicide in Warwickshire are limited currently, *and...*

...we will aim to involve survivors, families and the bereaved, in developing more effective and timely emotional and practical support. We will disseminate the new version of PHE and NSPA's Help is at Hand booklet offering support after someone may have died by suicide.

Reducing the impact of suicide also includes considering the effects of suicide clusters and contagion – this may possibly be a factor in the rising suicide rates in Warwick district and needs further investigation.

Priority 5: Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

At a recent NSPA media workshop, the national media lead for the Samaritans explained that there is "systematic review evidence that media depiction of suicide deaths or suicide attempts may lead to increases of suicidal behaviour". This phenomenon was first described as the "Werther" effect (whereby the publication of Goethe's "Sorrows of Young Werther" in Germany was followed by an increase of suicides by shooting). The Samaritans have produced media guidelines for the reporting of suicide *and...*

...we will use our communications networks to disseminate these to media contacts in Warwickshire.

Priority 6: Improving data and evidence

This needs to include monitoring data, trends and hotspots as recommended in PHE's guidance.

We will continue to follow national publications - including the forthcoming PHE publications on bereavement support and developing plans to encourage people to seek help – and will also seek further information locally.

This will include our planned qualitative study on self-harm and young people, and more in depth investigation into the higher than average suicide rates in the south of the county.

Priority 7: Working together

Working with families – the Confidential Inquiry 2015 findings "make clear that working more closely with families could improve suicide prevention". For example in only 22% of the suicides reviewed in the inquiry had services contacted the family when the patient missed a final appointment before their death. The report states that services should consult with families and make it easier for families to pass on concerns about suicide risk.

Working together –

We, public health, will establish a multi-agency suicide prevention group for Warwickshire...

...to include input from: the three Warwickshire CCGs, Coventry & Warwickshire Partnership Trust, Warwickshire County Council's People Group mental health commissioners, Network Rail, Warwickshire Police, Warwickshire Coroner's Office, NSPA and Samaritans, other voluntary sector colleagues such as the Farming Community Network, as well as service users or suicide survivors from Warwickshire's Wellbeing Hubs, Co-Production service, and families affected by suicide.

As a first step...

...we, public health, will hold a countywide suicide prevention event...

...to launch the strategy and multi-agency prevention group – similar to the national NSPA conference but on a Warwickshire scale – to begin this work in partnership with the commitment that such an important programme requires.

We will also collaborate with public health and mental health commissioning colleagues in the West Midlands to share best practice in developing and implementing this suicide prevention strategy, and will work closely with Coventry colleagues to ensure the suicide prevention approach is shared where appropriate eg when working with our NHS partners in CCGs and Coventry & Warwickshire Partnership Trust.

Overall outcomes:

The Five Year Forward View for Mental Health (Mental Health Taskforce Report) of February 2016 sets a target to:

reduce suicide by 10 per cent by 2020/21.

This target is NHS-focussed and is based on improving the 7 day crisis response service across the NHS.

Working to improve crisis response in Warwickshire is a key element of this strategy and if the target were reached this would mean:

at least five fewer deaths per year by 2020.

However the majority of people who take their own lives are not in contact with specialist mental health providers at the time of their death. The Centre for Mental Health published a report in September 2015 "Aiming for *zero suicides*" which described a programme aimed at engaging and energising community support to reduce deaths by suicide among this group. This forms the other main strand of the strategy, as according to the Centre for Mental Health, "with a clear and shared vision and a challenging ambition (zero suicides) and given the capacity, local groups can develop and deliver creative and effective local approaches to suicide reduction".

In Warwickshire, we will therefore seek to embrace the zero suicide ambition and approach.

Next steps:

We will circulate this Warwickshire Suicide Prevention Strategy among partners and interested parties, including voluntary sector and service user colleagues, seeking their input into further development of the strategy, and we will ask Warwickshire's Health and Wellbeing Board to both endorse the strategy and support the contained Action Plan.

Progress against the Action Plan below will be monitored after one year of beginning implementation ie early in 2017 and at that time an update report will be produced for the Health and Wellbeing Board.

Action Plan

Priority action	What	Lead	Timescale	Outcome
1. Reducing the risk of suicide in key high risk groups	• Reduce stigma around mental distress and suicide • Encourage help-seeking • Ensure services are responsive and offer appropriate support to those groups at high risk • Work with CCG and Mental Health commissioning colleagues to improve crisis response • Continued rollout of suicide awareness training for frontline staff and clinical suicide prevention for GPs	Public Health Coventry & Warwickshire Mental Health Commissioners Group, Mental Health Crisis Care Concordat working group, CCGs Wellbeing Hubs Multi-agency Warwickshire Suicide Prevention Group (to be set up) Co-production with individuals and families affected by suicide	Demonstrate initial reduction or at least slowing of rate of increase by January 2018 (ie reduction in suicides in 2016)	Reduce deaths from suicide to a target of at least 5 per year less countywide by 2020 (from 50+ per year to 45 or less)
2. Tailor approaches to improve mental health in specific groups	• Collect evidence around interventions to prevent self-harm among children and young people • Commission emotional resilience and wellbeing services to support children and young people	Public Health	By December 2016	Reduce rates of hospital admissions for self-harm among young people, particularly in South Warwickshire
3. Reduce access to the means of suicide	• Raise awareness of overdose by prescribed opiates among GPs, hospital prescribers etc • Work with Network Rail to implement their suicide prevention plan for the railways in Warwickshire	Public Health, CCGs	December 2016	
4. Reducing the impact of suicide	• Develop more effective and timely emotional and practical support for those affected by suicide • Wide dissemination of PHE's Help is at Hand booklet • Investigate the effects of suicide clusters or contagion locally	Public Health, Samaritans, Co-production groups	December 2016	

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour	• Work through communications networks to disseminate Samaritans' media guidelines to media contacts in Warwickshire	WCC and Public Health communications teams	July 2016	
6. Improving data and evidence	• Accelerate countywide surveillance of suicide data to include monitoring of trends and hotspots • Produce qualitative study of self-harm among young people and ensure recommendations are implemented	Public Health Information team	Ongoing September 2016	
7. Working together	• Working with families – ensuring better communication between mental health and crisis services and families • Hold a multi-agency Warwickshire Suicide Prevention event to launch the Strategy and a multi-agency suicide prevention group • Ensure engagement with the strategy at senior partnership level through Warwickshire's Health and Wellbeing Board	Mental Health Commissioning Group Public Health Public Health	June/July 2016 April/May 2016	

Key Supporting Documents and References

1. Preventing Suicide in England: A cross-government outcomes strategy to save lives: HMG/DH September 2012
2. Guidance for developing a local suicide prevention plan: Public Health England September 2014
3. Inquiry into Local Suicide Prevention Plans in England: the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention: HMG January 2015
4. NSPA Strategic Framework 2016-19: DH January 2016
5. Suicides in the UK, 2014 registrations. Office for National Statistics, February 2016
6. National Confidential Inquiry Into Suicide and Homicide by People with Mental Illness: Annual Report England, Northern Ireland, Scotland and Wales. University of Manchester, Healthcare Quality Improvement Partnership, July 2015
7. Media Guidelines for Reporting Suicide: Samaritans September 2013
8. he Five Year Forward View for Mental Health: Report from the independent Mental Health Taskforce to NHS England, February 2016
9. Aiming for 'zero suicides': an evaluation of a whole system approach to suicide prevention in the East of England. Lawrence Moulin, Centre for Mental Health, September 2015
10. Warwickshire Public Mental Health and Wellbeing Strategy 2014-16: Public Health Warwickshire May 2014
11. How to make Mental Health services work for Men: Men's Health Forum, Leeds Beckett University 2014

This Strategy document has been written by Dr Charlotte Gath, Consultant in Public Health, on behalf of the Public Mental Health and Wellbeing Team, Warwickshire County Council.

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Samaritans Helpline local numbers:	
Stratford Samaritans	**01789 298866**
Coventry & District Samaritans	**02476 678 678**