

**Health Scrutiny Committee 22<sup>nd</sup> February 2018.**

# **Suicide prevention**

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# Suicide is a public health issue

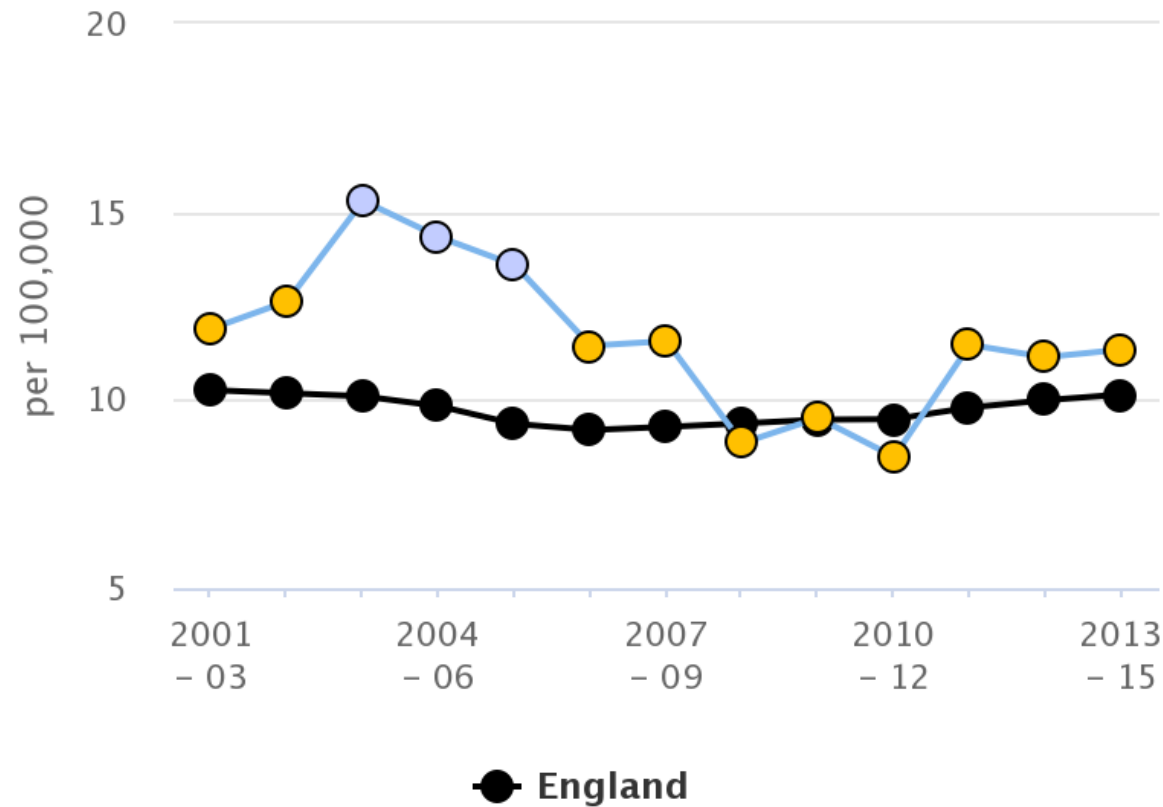
**“Suicide is a tragic global public health problem. Worldwide, more people die from suicide than from all homicides and wars combined. There is an urgent need for coordinated and intensified global action to prevent this needless toll”**

*World Health Organization. Assistant-Director General. 2004*



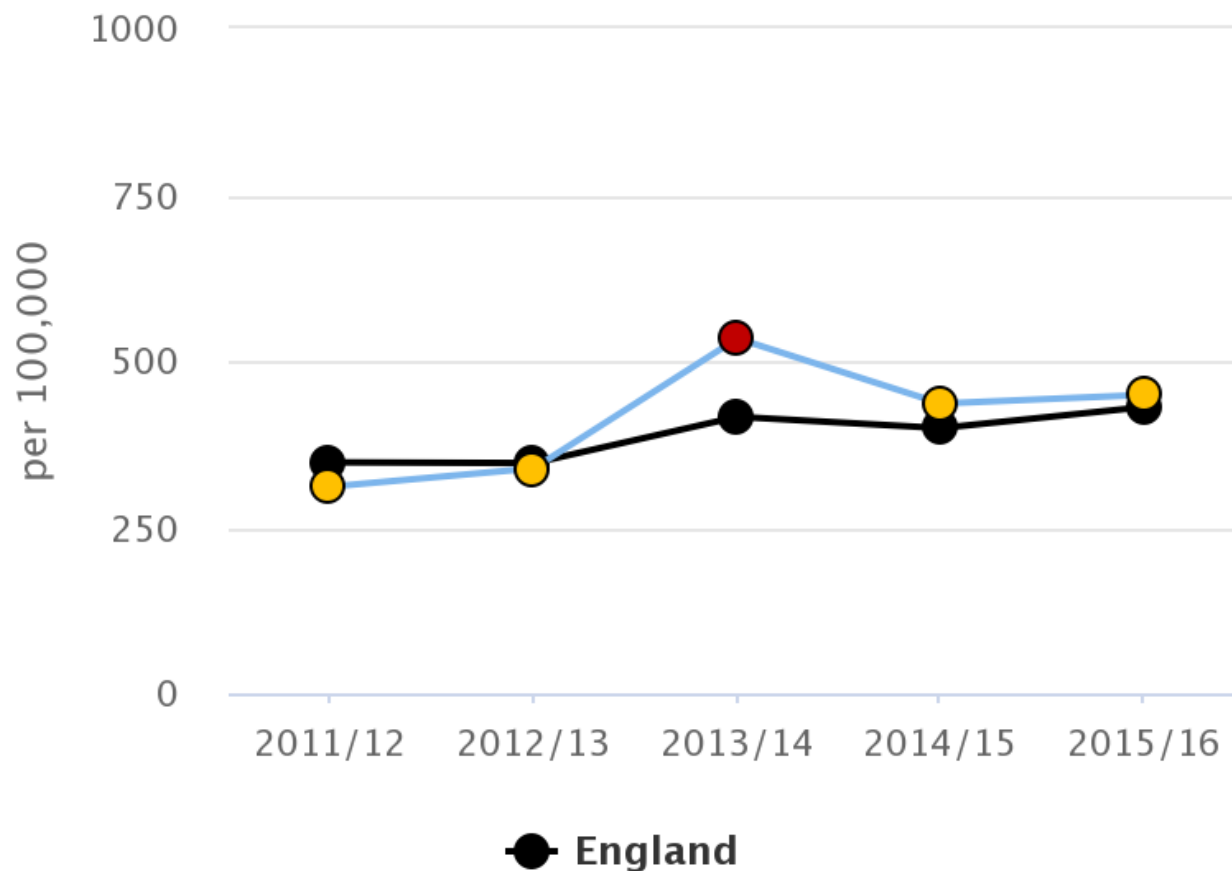
# Suicide in Nottingham City

Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) – Nottingham



# Self-harm in Nottingham City

## Hospital admissions as a result of self-harm – Nottingham



Note: data presented above is for young people aged 10-24 years



**Nottingham**  
**City Council**

# Local strategy

- Identify early those groups at high risk of suicide and self-harm and support effective interventions
- Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs.
- Access effective support for those bereaved or affected by suicide
- Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour
- Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour



# Progress against the Health Select Committee recommendations

4.	Funding is guaranteed for suicide prevention via the NHS MH 5YFV from 2018/19 to 2020/21.	<p>It is unclear at this stage how much funding will be available or how this will be allocated.</p> <p>Locally processes are in place to commission a service and there are providers who would be able to deliver essential training.</p> <p>There is concern regarding insufficient funding via this route to deliver prevention activities to meet the nationally set 10% reduction in suicides target.</p>	R
5.	Government is to clarify who is ultimately responsible for suicide prevention (CCGs, Directors of Public Health or another body)	It remains unclear nationally for how the NHS 5YFV for MH funding will be distributed and accounted for owing to uncertainty at central government whether this is to be via NHS or LA.	R



# Risks

- Suicide rates have reduced locally however overall these data are small in number and have the risk of fluctuating year on year. A small change can result in what appears to be an increase when viewed over a short time period.
- Following a two-year period 2015-17 of commissioned suicide prevention training, there is currently no commissioned suicide prevention training for the adult workforce. Children's workforce can access suicide prevention training.
- It remains unclear nationally how 5YFV for Mental Health funding for suicide prevention will be allocated to local areas and who will be responsible/lead for the commissioning of any service.
- Support for those bereaved by suicide is an integral part of suicide prevention. There is no specific commissioning arrangement locally that is addressing this issue.
- Harmless' Tomorrow Project currently provides support to those bereaved by suicide. However, funding for the service is reliant on independent funding sources beyond March 2018.



# Recommendations

It is recommended that:

1. The committee note the risks relating to suicide prevention training and bereavement support.
2. An update is provided to the committee in 6-12 months.
3. The refreshed suicide prevention strategy and action plan are shared with the Health Scrutiny Committee in late 2018.
4. Note that the local suicide prevention partnership is developing the strategy and action plan in line with the national strategy - placing a particular emphasis on self-harm as it is one of the greatest predictors of suicide risk.
5. Suicide and self-harm in prisons is a major issue. The committee note that we are working with NHFT, PHE and HMP Nottingham to look at ways to understand the issues and minimise risk. A specific project looking at risk factors is being developed by Public Health and Public Health England to begin in March 2018.

