JSNA Chapter – Suicide

Topic information	
Topic title	Suicide
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Linked JSNA topics	Adult mental health Emotional health mental health needs of children and young people aged 0 – 18 years old living in Nottingham City Students Adult drug users Homelessness

Executive summary

Advice when reading this document:

If by reading and reviewing this Joint Strategic Needs Assessment you become concerned about your own or someone else's suicidal and or self-harm thoughts or behaviour we advise that you speak to a trained healthcare professional by either:

- Contacting your GP
- Phoning the Samaritans for free from any phone on **116123**

Introduction

"There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual's level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour" (Samaritans 2017).

Although relatively rare, the impact of suicide is devastating. Suicide can have a lasting harmful impact- economically, psychologically and spiritually on individuals, families, and communities Understanding risk factors for suicidal thoughts, behaviour and self-harm may lead to problems being identified earlier and people being better supported.

Suicide prevention is a public health priority both nationally and locally, with a role for a wide range of statutory and community organisations. The national strategy Preventing Suicide in England was refreshed in 2017 following a detailed Health Select committee process. The strategy now aims to reduce suicide rates by 10%. Nottingham City has a Suicide Prevention Strategy and works in partnership with organisations across the City and County with the aim of reducing levels of suicide.

Local suicide prevention priorities sit alongside initiatives to improve and respond to mental health in children, young people and adults, including work to improve Crisis Care (Crisis care Concordat).

Suicide prevention is concerned with improving population mental health, encouraging help seeking behaviour including mental health treatment and support, understanding those who may be at highest risk, reducing access to means, emergency response and supporting those who are affected and bereaved.

Influences on self-harm and suicidal behaviour differ through the life course, and may include impulsive acts in younger people, reactions to economic or relationship stresses, mental health problems during pregnancy or young adulthood, sense of hopelessness in prison, deaths where intention is not clear in people using alcohol or substances, or reactions to physical ill health or loneliness in older people.

Suicide disproportionately affects men, accounting for around three quarters of all suicides. It remains the biggest killer of men under 49 and the leading cause of death in people aged 15–24.

Groups at higher risk include, men in middle age, people in contact with secondary mental health services, particularly post discharged from inpatient care, people in contact with the criminal justice system, people experiencing social pressures such as financial hardship or after relationship breakdown, those using alcohol or substances, groups experiencing discrimination or abuse e.g. LGBT communities, or some BME communities and those with long term physical health problems

Three times as many men as women take their own life and rates are highest in middle age. There is a socioeconomic gradient to suicide with people in the most deprived communities experiencing far higher rates of suicide.

Latest research into population mental health show that suicidal thoughts at some point in a person's life are relatively common, and particularly high rates are reported in those in receipt of disability and out of work benefits. Most people do not seek professional help for such thoughts, while many will turn first to family and friends (McManus et al 2016). The research points to increasing concern over the mental health of young women, but points to the group with highest need being middle aged men. Research also identifies protective factors and ways services can be organised to promote safety.

Suicide prevention goes hand in hand with addressing self- harm. People who self-harm are at increased risk of suicide. Self-harm, including attempted suicide, is the single biggest indicator of suicide risk. The UK has high rates of self-harm resulting in over 200,000 hospital attendances per year in England. Approximately 50 per cent of people who have

died by suicide have a history of self-harm, and in many cases there has been an episode of self-harm shortly before someone takes their own life.

Suicide rates are reported by the Office for National Statistics and include deaths where there is a Coroner's conclusion of suicide, and deaths were there was injury or poisoning where the intent was undetermined. Rates of suicide fluctuate. Having been at an all-time low in 2006/7, they rose from 2010 to 2014 and most recent reports show they have decreased again to a rate of 9.5 deaths per 100,000 in 2016. Figures released show that 4,575 people were registered as having died as a result of suicide in England in 2016 (ONS definition 2017b).

In the most recent three year period reported, 85 deaths in Nottingham City were recorded as suicide using the ONS definition, over 78% of whom were men. In 2015/16 there were 886 emergency admissions to hospital for intentional self-harm, and 6.6% of the Nottingham population were in contact with secondary mental health services, which equates to 15,211 people (PHE public health profiles).

The most recent analysis estimates that each suicide costs the economy in England around £1.67 million, although the full costs may be difficult to quantify, with 60 per cent of the cost of each suicide attributed to the impact on the lives of those bereaved by suicide. (HM Gov 2017).

Unmet needs and gaps

The following unmet needs and service gaps have been identified and are aligned to the Nottinghamshire and Nottingham City Suicide Prevention Steering Group Action Plan and includes;

- Improved access to mental health crisis intervention services for all ages, including services that respond to people in distress who are not necessarily mentally ill.
- Targeted health promotion initiatives towards men in middle age to encourage help seeking behaviour and reducing stigma of discussing mental health.
- Targeted suicide prevention programmes to those groups and organisations in contact with people who may be at higher risk e.g. specific groups such as: BME and LGBT groups, those in contact with alcohol and substance use services and those in receipt of out of work disability benefits.
- Sustainable training on self-harm and suicide awareness for frontline staff in a range of organisations in order to improve early identification and signposting those at risk of suicide and/or self-harm.
- Improved early identification and access to treatment of depression for older people and those experiencing long term physical conditions.
- The provision of risk assessment and safety planning as part of routine clinical assessment and care provided by front line staff working with high risk groups, particularly in primary care and A & E.
- Monitoring of means of self-harm and suicide through better public health information, including timely surveillance in order to put in place targeted strategies and interventions.

- Sustainable services to offer improved information and access to support for those bereaved or affected by someone else's suicide. This includes support to families immediately following a suicide, support in dealing with the bereavement and follow up for the bereaved families.
- Needs relating to self-harm and mental ill health are growing in girls and young women (including young adults).
- Continuity of care for students living away from home and not being able to register with a GP in two places. Students can face difficulty in accessing support if they spend time between two areas of the country.
- An agreed and joined up approach by all Suicide Prevention steering group stakeholders in communicating self-harm and suicide to the local media.
- Need to respond to increase in mental health need in young women.

Recommendations for consideration by commissioners

- Continue to work collaboratively across professional and local authority boundaries e.g. Crisis Concordat, Suicide Prevention Strategy, Future in Mind, Perinatal mental health development.
- Update the current Suicide Prevention strategy during 2018 in collaboration with local partners and community.
- Plan for how to secure national funding arising as part of the Five Year Forward View implementation.
- Establish training to improve greater understanding of responding to suicidal behaviour across health, social care and wider frontline services.
- Map the provision of self-harm and suicide prevention training for all ages across the City and the County to identify workforce gaps
- All partner organisations to actively challenge mental health stigma and discrimination, contributing towards the Time to Change programme
- Monitor improvements across the mental health system in line with the aspirations of the five year forward view for mental health (access to psychological therapies, early intervention in psychosis, access to treatment for young people, perinatal mental health, liaison psychiatry).
- Ensure specialist response for those at particularly high risk, post discharge from inpatient mental health services, home treatment for mental health crisis, repeated self-harm and those in contact with the criminal justice system both in police custody, prison and post release.
- Work collaboratively to reduce access to means and maintain overview of public places associated with repeated suicide or attempts at suicide.
- Raise awareness and understanding in primary care-particularly with regard to safety planning.
- Ensure support is accessible for those experiencing distress who may not have a diagnosed mental illness.
- Ensure services are responsive to the growing need related to self-harm and poor mental health in girls and young women (up to 25 years of age).
- Make links with services and support for those people experiencing financial or relationship problems.

- Suicide awareness and suicide prevention training should be targeted at services that are working with those who are at high risk e.g. those on Employment and Support Allowance (e.g. DWP, social housing providers).
- Continue to encourage media reporting to follow Samaritans guidelines.
- Learn from the Tomorrow Project to inform how services are designed for people bereaved by suspected suicide, and those expressing suicidal thoughts.
- Plan for how services that offer information and access to support for those bereaved or affected by someone else's suicide can be sustained.
- Ensure alcohol and substance use services prioritise safety planning for suicide prevention and are involved in suicide prevention partnership work.
- Ensure good communication and understanding of roles between services across health and support services, particularly in response to Coroner reports on 'Preventing Future Deaths'.
- Look for opportunities to design in safety with regard to suicide prevention and raise awareness of those with influence in this field (e.g. bridges, tall buildings, railway crossings and in prison and hospital settings).
- Ensure learning from Opportunity Nottingham and the Sheffield Hallam research into the mental health needs of the homeless inform future commissioning.