



Gloucestershire Suicide Prevention Strategy

July 2015 to June 2020

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Our special thanks go to the Voluntary and Community Sector (VCS) organisations that have contributed their time, expertise and intelligence to the writing of this strategy.

For a full list of partners who contributed to this strategy please see Appendix i.

Executive Summary

Suicide remains a national and local public health priority. Gloucestershire's suicide rate remains significantly higher than the national rate but similar to the South-West benchmark; in Gloucestershire 11.5 people per 100,000 die by suicide, compared to 10.1 per 100,000 in the South-West and 8.8 per 100,000 in England (age standardised rate per 100,000, 3 year average 2011-2013, Public Health England Suicide Prevention Profile, 2015). Reducing the suicide rate in Gloucestershire has been identified as a key area for improvement in the Health and Wellbeing Strategy.

This strategy seeks to outline this shared aim of preventing suicide in Gloucestershire. The strategy has been created by and is accountable to the Gloucestershire Suicide Prevention Partnership Forum, which is governed by the Mental Health and Wellbeing Partnership Board, which is accountable to the Gloucestershire Health and Wellbeing Board. The Gloucestershire Suicide Prevention Partnership Forum comprises partners from public, private and the voluntary and community sector, as well as people with lived experience, who have worked together to co-produce this strategy.

This strategy broadly follows the six areas for action outlined in the national strategy 'Preventing Suicide in England: A cross government outcomes strategy to save lives'. These are identified as:

- i. Reduce the risk of suicide in high risk groups
- ii. Tailor approaches to improve mental health in specific groups
- iii. Reduce access to the means of suicide
- iv. Provide better information and support to those bereaved or affected by suicide
- v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- vi. Support research, data collection and monitoring.

In Gloucestershire, information from the 2014 Suicide Audit report, which looked at Suicides occurring between 2009-2012, tells us that suicides are 80% more likely to occur in males than in females, with most suicides occurring in males between the ages of 35 and 49. We also know that 21% of people who died by suicide within this reporting period were unemployed, 40% were living alone, 34% were single, 84% were White British. In terms of methods, hanging/strangulation was the most common method used for males however in women this is joint with self-poisoning. Alcohol was found to be taken in 40% of cases. The majority of deaths (62%) occurred at an address while the remainder (38%) occurred in other locations – potential hotspots include multi-storey car parks, railway stations/lines and river courses.

Progress has been made locally since the last Suicide Prevention Strategy for Gloucestershire was published. Key achievements include the development of a protocol whereby police officers on the scene of a suicide now provide information regarding support options to recently bereaved friends and family members, immediately following the incident. Also, many preventative measures are now in place across county hotspots, these include the installation of barriers and signage in multi-storey car parks, as well as signage at all county railway stations.

However many gaps still exist and there are many more opportunities to improve provision to reduce the number of suicides occurring in Gloucestershire. Key areas for improvement for the period this strategy is covering have been identified by the Gloucestershire Suicide Prevention Partnership Forum as follows:

- | | |
|--|--|
| i. Supporting those bereaved or affected by Suicide | vi. Self-harm |
| ii. Closer working with Coroner | vii. Co-morbidities |
| iii. Media Reporting | viii. Targeted preventative work for men |
| iv. Joined up working across partners including effective data sharing | ix. Training |
| v. Hotspots | x. Children and Young People |

These priorities will be addressed through the Suicide Prevention Action Plan associated with this strategy, which will be monitored by the Gloucestershire Suicide Prevention Partnership Forum.

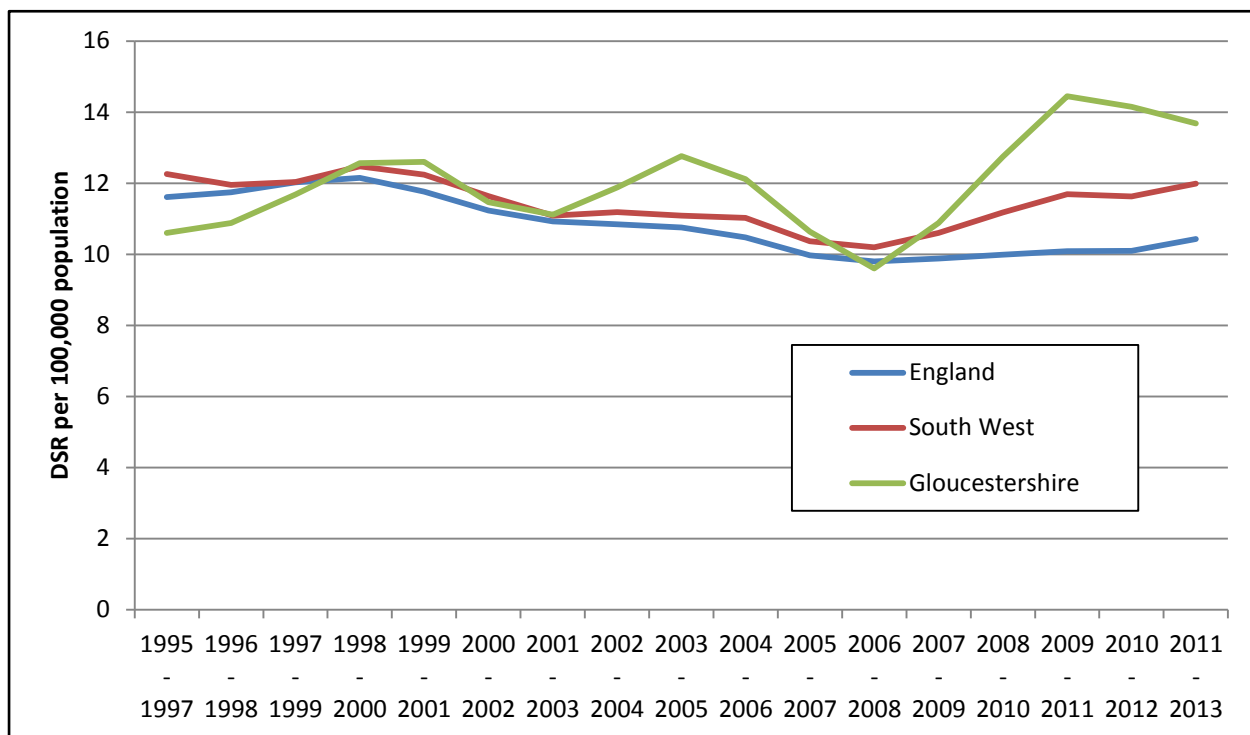
Introduction

Suicide remains a national and local public health priority. It is especially so for Gloucestershire, its reduction having been identified as a key area for improvement in the Gloucestershire Health and Wellbeing Strategy.

Over the past decade or so, there has been progress nationally in reducing suicide rates, with 2007 rates being the lowest on record. This picture was replicated in Gloucestershire. There has however been an increase in rates nationally since then, which has also been apparent in the South West and in Gloucestershire (**Figure 1**, taken from Gloucestershire Suicide Audit, 2014).

Figure 1

Suicide and Injury Undetermined in Persons aged 15 +, 3-year moving averages 1995/97 to 2011/13



Source: GCC Strategic Needs Analysis Team

This equates to roughly 69 people per year in Gloucestershire who die by suicide. Nationally roughly 4,664 people die by suicide each year, and regionally approximately 535 people die by suicide each year. Up to date local and national numbers can be found at the Public Health England Suicide Prevention Profile website: www.fingertips.phe.org.uk/profile-group/mental-health/profile/suicide.

Gloucestershire has had a Suicide Prevention Strategy in place since 2006, when Gloucestershire Healthy Living Partnership published its first Suicide Prevention Strategy. It was subsequently updated in 2011, and again now in 2015.

The overall purpose of this strategy is:

1. To outline how partners across the county will work to prevent suicide in Gloucestershire.
2. To outline the governance structure for Suicide Prevention work in Gloucestershire and to outline monitoring and update requirements .
3. To make clear how the public, partners and other stakeholders can use this document and how to contribute to this work in Gloucestershire.

SECTION 1: Where are we now?

1.1 Governance and Strategic Context

Since the last strategy, much has changed in the health and social care landscape, as well as in terms of the structure and governance of Mental Health services and Public Health in Gloucestershire.

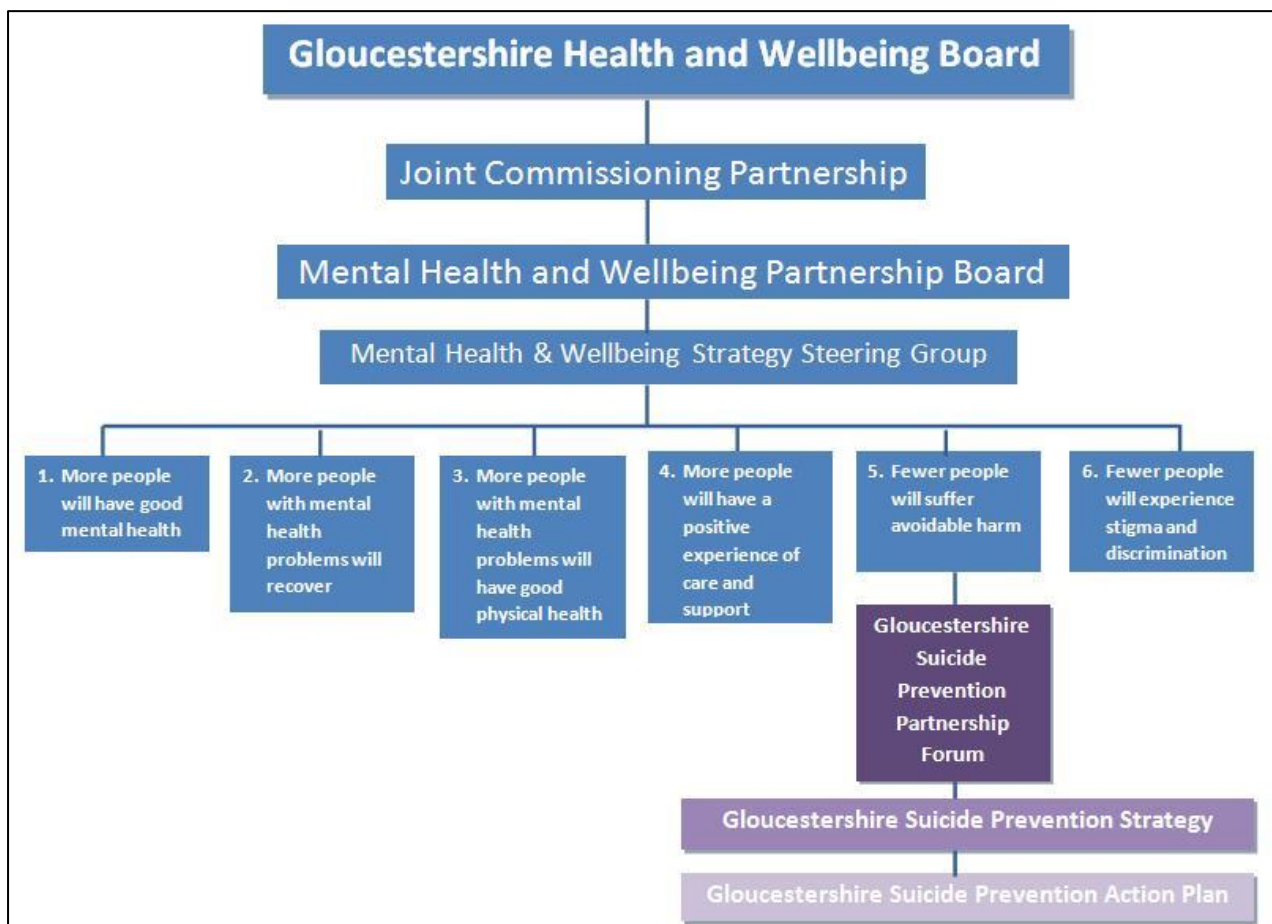
NHS Gloucestershire Primary Care Trust ceased to exist on 1st April 2013, and NHS Gloucestershire Clinical Commissioning Group (CCG) was created. The CCG took over the commissioning of most healthcare in Gloucestershire, with increased involvement of GPs and health practitioners making commissioning decisions.

As part of this change, Health and Wellbeing Boards were created as a governing function of health and social care provision. The purpose of the Health and Wellbeing Board is to provide strategic influence over commissioning decisions across the NHS, public health, children's services and adult social care. Further, Health and Wellbeing Boards strengthen democratic legitimacy by involving democratically elected representatives and representatives from HealthWatch in commissioning decisions alongside commissioners across health and social care. The board also provides a forum for ensuring integration across the system to meet the health and wellbeing needs of local people.

These changes have meant a change in accountability of the previous Suicide Prevention Strategy for Gloucestershire. Having previously been monitored by and accountable to the Gloucestershire Healthy Living Partnership (through the Mental Health Local Implementation Team), the strategy and action plan now sit under the Mental Health and Wellbeing Partnership (through the Mental Health and Wellbeing Implementation Plans supporting the Gloucestershire Mental Health and Wellbeing Strategy) which is itself accountable to the Health and Wellbeing Board via the Joint Commissioning Partnership (see **Figure 2**).

Figure 2

Diagram of governance of Gloucestershire Suicide Prevention Strategy 2015 - 2020



The Mental Health and Wellbeing Strategy was developed in partnership between the Clinical Commissioning Group, County Council, service user representatives and the voluntary and community sector who were integral in leading the process from the beginning. It was endorsed by the Health and Wellbeing Board in 2014. The strategy is Gloucestershire's response to the national guidance paper '*No health without mental health*'. It is an overarching all age strategy which aims to take account of work already in place, identify gaps in planning and, set out a governance framework for monitoring both the development of detailed implementation plans where required and progress against them.

The Suicide Prevention Strategy and Suicide Prevention Partnership Forum for Gloucestershire also has strong links with the 6 sub-groups of the Mental Health and Wellbeing Partnership Board through shared members who provide regular two-way updates.

Further to this, the Building Better Lives strategy has recently been published and outlines seven core principles for services working with disabled people (including people with mental health problems) of all ages.

For this suicide prevention strategy the following principles are of key relevance and importance:

- Inclusion: We know that stigma is a contributing factor to a person's mental health and wellbeing, and often a contributing factor to suicidal feelings, therefore this strategy will commit to working towards the principle of promoting inclusion where possible.
- Contribution: Equally, contribution is key in making this strategy and related work streams effective and realistic. This strategy values the contribution of people with lived experience and acknowledges that they can provide unique insights into this subject area and knowledge that otherwise would be unknown. This strategy has been co-produced with people with lived experience of suicidal feelings and the effects of suicide. The strategy will also be presented for endorsement by the Gloucestershire Suicide Prevention Partnership Forum and the Mental Health and Wellbeing Partnership, both of which include members with lived experience.
- Shared responsibility: As above, this strategy has been co-produced with partners from the public sector, Voluntary and Community Sector, as well as with people with lived experience. It is a shared piece of work which highlights the joint aims of partners across the county. The actions developed from this strategy will be jointly owned by all parties involved with the intention that partners will work together to address the priorities outlined in the appending action plan.
- Capacity Building: Public sector services have less resource now than in the past. It is becoming more and more important to promote supportive communities which are resilient, in order to encourage self-help within communities and families where possible. Initiatives in the county must consider community level activity in order to contribute to creating more resilient communities and individuals in Gloucestershire.

Further to this, the policies that underpin the County Council's strategy for 2015-2018, including Active Individuals and Active Communities, have recently been agreed at Cabinet along with associated action plans. These policies highlight the council direction of working with individuals and communities to become more independent and better able to help themselves and each other, and need less support from statutory bodies.

1.2 Previous National and Local Strategy

The previous Suicide Prevention Strategy for Gloucestershire outlined the local response to the national strategy "Suicide Prevention Strategy for England, 2002". This national guidance highlighted six key areas for improvement:

- i. To reduce risk in high risk groups
- ii. To promote mental wellbeing in the wider population
- iii. To reduce the availability and lethality of suicide methods
- iv. To improve the reporting of suicidal behaviour in the media
- v. To promote research on suicide and suicide prevention

- vi. To improve monitoring of progress towards the *Saving Lives: Our Healthier Nation* target for reducing suicide.

Gloucestershire's first Suicide Prevention Strategy published in 2006 echoed the government's aims, focussing on four main targets:

- i. Reduction of suicide rates in high risk groups
- ii. Promotion of mental health in the wider population
- iii. Improving service and monitoring information on suicide
- iv. Improving the training and support for all professionals who experience the effects of suicidal behaviour and suicide.

The updated Suicide Prevention Strategy for Gloucestershire which was written in 2011, provided updated aims. It completely aligned the local strategic aims with those set nationally, stating the same six key areas in the 2002 national strategy, for improvement. It also had the concerted input of the Local Involvement Network (LiNK) in its development.

1.3 New National Strategy

Shortly after the publication of the 2011 Gloucestershire Strategy, a new outcomes-focused national strategy was published in 2012, after the expiration of the previous ten-year 2002 strategy. The new national strategy is called "Preventing Suicide in England: A cross government outcomes strategy to save lives". This new strategy outlined updated 'areas for action':

- xi. Reduce the risk of suicide in high risk groups**
(Identified as young and middle aged men, people in the care of mental health services, including inpatients, people with a history of self-harm, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers)
- xii. Tailor approaches to improve mental health in specific groups**
(Identified as children and young people, survivors of domestic abuse or violence, veterans, people living with long-term physical health conditions, people with untreated depression, people who are especially vulnerable due to social and economic circumstances, people who misuse drugs or alcohol, LGBT people and people from BAME groups)
- xiii. Reduce access to the means of suicide**
- xiv. Provide better information and support to those bereaved or affected by suicide**
- xv. Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- xvi. Support research, data collection and monitoring.**

As identified as a high-risk group above, self-harm is strongly associated to suicide, it is important to note the relationship between self-harm and suicide. Preventing Suicide in England (2012) describes this as follows:

"People who self-harm are at increased risk of suicide, although many people do not intend to take their own life when they self-harm. At least half of people who take their own life have a history of self-harm, and one in four have been treated in hospital for self-harm in the preceding year. Around one in 100 people who self-harm take their own life within the following year. Risk is particularly increased in those repeating self-harm and in those who have used violent/dangerous methods of self-harm".
(Preventing Suicide in England, 2012)

The actions in our local action plan were subsequently reviewed to ensure that the plan covered all six areas for action.

Further to this, the government published an annual review of the strategy in 2014; "Preventing Suicide in England: One Year on". This document provided up to date research findings and data which provides additional supporting evidence to the six main areas for action highlighted above. Amongst this, the report also highlighted a few additional areas to consider following new research, which were not included in the

2012 strategy. Firstly, Coroner reforms highlight the importance of keeping families bereaved by suicide in the heart of the coroner process. The report suggests local coroners should have a close working relationship with Public Health Teams to ensure local plans are timely and responsive. Secondly, the report calls for further research into the following areas, which are emerging as key risk factors:

- Understanding and helping looked-after young people who self-harm.
- Understanding lesbian, gay, bisexual, and trans adolescents' suicide, self-harm and help-seeking behaviour.
- Self-harm and suicide in primary care patients.
- Exploring the use of the internet in relation to suicidal behaviour and identifying priorities for prevention.
- Understanding the role of social media in the aftermath of youth suicides.
- Risk and resilience amongst high risk groups and the population as a whole.

1.4 What we know about Suicide in Gloucestershire

Overall trend

The Gloucestershire Suicide Audit Report (2014) captures information about Suicides in Gloucestershire between the years of 2009-2012. With a total of 241 deaths during the period under review, the longer term trend shows a more recent increase in rates in line with regional and national experiences.

Gloucestershire's most recent rates are not significantly different from regional rates but higher than national rate especially in men and in Gloucester and Cheltenham districts. It should be noted that full returns on all data fields were not received by all agencies, however we are able to draw some learning from the returns.

Demographics

In terms of demographics, the report states that 21% of people who died by Suicide in this period were unemployed, 10% of people were long-term sick or disabled, 40% were living alone at the time of death, 12% were in bed and breakfast/lodgings, 34% were single and a further 20% were either separated or divorced, 84% were White British, 1% were gay and 1% were bisexual.

Method

The most common method of suicide in both genders is hanging/strangulation, however in females this is joint with self-poisoning. Alcohol was found to be taken prior to death in 40% of cases. Novel methods such as asphyxiation with Helium and Argon are also being seen.

The majority of deaths (62%) occurred at an address; however there are potential local hotspots which include multi-storey car parks, railway stations and river courses.

High Risk Groups

In terms of high risk groups; suicide continues to be more common in males than in females, this was particularly visible in the Gloucester district. There were more deaths in males aged 35 to 49 than in any other age band. 32% of people had contact with mental health services before their death. Amongst these, 58% of people had some history of self-harm. It was found that only 13% of people had a diagnosed mental illness. During this period, two people had been involved with prison/young offenders institutes while four had been involved with probation services.

In terms of specific occupational groups, the nationally recognised high-risk groups were not evident in this audit as there were only three agricultural workers. However 21% of deaths were individuals with occupations related to the building industry.

There has been a sustained rise in admissions in both genders for self-harm. Out of 3,354 self-harm patients, 555 of them were people under the age of 19 and 80% of these were female.

It should also be noted that although there is limited local data available, anecdotal evidence suggests that periods of transition are also particularly high risk, including leaving police custody and being discharged from prison.

Contributing Factors

In terms of contributing factors as viewed by coroners (which were provided in 26% of cases), the following themes were found; in 28% of cases it was thought that mental health problems were a contributing factor, in 11% of cases debt or financial problems were deemed as contributing factors, 11% physical health problems including terminal illness, in 9% of cases it was thought that police involvement or court appearances contributed to the suicide, 8% of cases marital or relationship difficulties were thought to have contributed to the suicide. Other factors include employment (9%), alcohol (8%), bereavement (6%), drug abuse (5%) and self-harm (2%).

1.5 Other Local Factors

It is important that we also take into consideration other local factors which may be relevant here.

- Deprivation - Gloucestershire is a relatively affluent county but has pockets of deprivation with 8 neighbourhoods being amongst the most deprived 10% in England.
- Health inequalities - There are marked health differences between the most and least deprived areas of the county, with average life expectancy differing by 7.9 years for men and 5.8 years for women.
- Rural/urban split.
- Geographically widespread with 2 main centres.

1.6 Local Progress

Since the writing of the previous Suicide Prevention strategy for Gloucestershire in 2011, much progress has been made. Progress has been seen in the following areas:

- Researching media reporting and identifying area for action in future work. A short-term media reporting sub-group was formed which looked at local coverage of suicides in Gloucestershire. The group looked at a number of articles which were locally published within a set time period. A report was produced making a number of recommendations. This was a great example of productive joint working.
- Joint work around reducing means to suicide in county Hotspots. This work is a brilliant example of positive joint working with partners in the county. The Hotspots sub-group includes representatives from the police, British Transport Police, Network Rail, NCP Car Parks, Survivors of Bereavement by Suicide (SOBS), Samaritans, 2gether Trust and Public Health. These strategic links with partners are essential for making progress towards preventing suicide in Gloucestershire, and something that could be replicated in other work streams under this strategy.
- Children and Young People Task and Finish sub-group progressed a number of things – after a number of suicides in young people the Children and Young People Task and Finish group was set up as a sub-group of the Gloucestershire Suicide Prevention Partnership Forum, at the request of the Gloucestershire Safeguarding Children's Board. The Task and Finish group made progress in a number of areas: pathway to sources of help for vulnerable children and young people, curriculum development, review of 'near misses' obtained from the Child Death Overview Panel was used to prioritise schools for targeted awareness raising activities.
- There has also been progress in community based and in-patient services. The Suicide Prevention Toolkit is now being used in community based and in-patient services, as well as 2gether Trust's Mental Health and Wellbeing Manual. A manual for use within offender institutions and BME communities has also been developed.
- Further, a partnership protocol for providing timely post suicide support for people of all ages who have been bereaved or affected by suicide, has been jointly developed and implemented across services in Gloucestershire.

1.7 Local Interdependencies

There are many other initiatives across health and social care in Gloucestershire which are taking place alongside Suicide Prevention work in Gloucestershire;

- Gloucestershire Mental Health Crisis Concordat and Action Plan

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. Local areas were invited to submit a declaration and develop an action plan for the improvement of local mental health crisis care. In Gloucestershire key actions are around changes to the self-harm pathways and investment into the Crisis Resolution Home Treatment and Psychiatric Liaison Services is in progress to become 24/7 services available for persons aged 12+.

The Crisis Concordat Action Plan also addresses the issue of data sharing across partners in crisis situations and progress is being made regarding the development of a mental health crisis information sharing protocol, falling within the GISPA (Gloucestershire Information Sharing Partnership Agreement).

- Young People's Self-Harm Partnership

In response to the identified rise in self-harm amongst young people, a multi-agency partnership has been formed to identify how best to reduce this, and to respond to the needs of individual children and young people. For example, for those individuals who self-harm and are assessed as not needing ongoing support from the Children and Young People's Mental Health Service, these individuals are now referred to the 'Building Emotional Resilience' (BERS) Service within the Youth Support Team. The BERS service will work with individuals to build emotional resilience to reduce self-harm.

- Zero Suicide Collaborative

The South-West Mental Health Strategic Clinical Network has recently called upon stakeholders within the region to become part of the 'Zero Suicide Collaborative'. Based on improvement methodology developed in the United States, the aim is to reduce suicide to zero across the south-west by October 2018. Focussing on the interventions that make most impact, the aim is to bring partners (including people with lived experience) together from communities and agencies across the region to develop a learning collaborative, supporting people already working to prevent suicide in Local Authority areas.

- Mental Health and Wellbeing Strategy and Action Plans

As described above the Mental Health and Wellbeing Strategy for Gloucestershire is the overarching strategy for all Mental Health and Wellbeing provision in Gloucestershire. As well as the Gloucestershire Suicide Prevention Partnership Forum (which sits under 'Fewer people will suffer avoidable harm'), there are 5 other sub-groups which feed into the Mental Health and Wellbeing Partnership Board; 1. More people will have good mental health, 2. More people with mental health problems will recover, 3. More people with mental health problems will have good physical health, 4. More people will have a positive experience of care and support, 5. Fewer people will experience stigma and discrimination. Each sub-group has an action plan outlining specific areas of action for each group.

- Gloucestershire Healthy Living and Learning

Gloucestershire Healthy Living and Learning (GHLL) is an overarching Healthy Schools programme. Amongst other things GHLL have developed and deliver a self-harm curriculum to schools with particular support being offered to those schools who have a higher rate of self-harm through data received from the Online Pupil Survey. GHLL also delivers Mental Health First Aid training to all professionals who work with young people in Gloucestershire.

This strategy acknowledges the interdependent projects listed above. Any associated actions which are agreed as a result of this strategy will be developed and agreed by relevant partners in effort to avoid duplication and aid collaborative working.

1.8 The Value of Voluntary and Community Organisations in Gloucestershire

Gloucestershire has multiple Voluntary and Community organisations which support individual's mental health and wellbeing, individuals in crisis as well as those affected by suicide. These organisations continue to do an excellent job in supporting individuals and reducing the risk of suicide.

Many of these organisations are members of the Gloucestershire Suicide Prevention Partnership Forum and have contributed to the strategy, while others have been engaged with the county's mental health and wellbeing strategy as well as the Mental Health Crisis Concordat. The insightful expertise and intelligence shared by these organisations is fundamental to ensuring this Gloucestershire progresses towards its aim of preventing suicide and self harm.

Some Voluntary and Community Organisations in Gloucestershire are very successful in working with people in crisis, especially with groups that are harder to engage/less likely to attend a public sector service. This strategy is supportive of the work that voluntary and community organisations do, and takes inspiration from these organisations in consideration of what changes are necessary to ensure commissioned services are as accessible and effective as possible in preventing suicide.

1.9 Public Sector Partners in Gloucestershire

It should also be noted that in Gloucestershire there are numerous public sector organisations that contribute to suicide and self harm prevention. This strategy links up these partners who have a shared interest in preventing suicide in Gloucestershire. Partners include Gloucestershire Clinical Commissioning Group, 2gether NHS Foundation Trust, Gloucestershire Constabulary, District Authorities, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust, Gloucestershire County Council, Gloucestershire Probation Services and schools.

All public sector partners have a differing but key role to play in preventing suicide in Gloucestershire, it should be noted that progress made locally is as a result of partnership working across these public sector services as well as contribution from voluntary and community organisations, people with lived experience, private sector and the general public.

1.10 New Local Strategy

Given that the current strategy expires in June 2015, a new strategy was needed not only to reflect the changes in governance and other structures, but also to highlight the up to date areas for action which Gloucestershire aims to address in order to more effectively prevent suicide and self harm in the county.

SECTION 2: Where do we want to be?

2.1 Objectives

Overall, the Suicide Prevention Strategy for Gloucestershire intends to outline the twin aims of reducing the rate of suicide in Gloucestershire and providing support to those affected by suicide.

Our Long-Term Strategic Objectives are:

- To ensure effective preventative activities for suicide and self-harm are in place in Gloucestershire.
- To promote mental and emotional wellbeing across the whole population of Gloucestershire with a focus on those who may be at high risk.
- To provide effective and appropriate support to those bereaved or affected by suicide.
- To support the media in delivering a sensitive approach to suicide.
- To support research, data collection and monitoring.

These long-term strategic objectives broadly follow those of the national strategy.

The effective implementation of this strategy will be indicated by:

- Up to date profile of current suicide and self-harm prevention activity in Gloucestershire
- Successful development and delivery of the actions set out in the action plan
- Positive evaluations of commissioned suicide prevention activity

2.2 What Works in Preventing Suicide and Self-Harm? – The Evidence Base

Research is essential to effective suicide prevention. It is important to consider up to date evidence about what works to prevent suicide and self-harm. The research below has been outlined by the Department of Health in the document 'Preventing Suicide in England: One year on'.

Being economically stable

There have recently been a number of studies which demonstrate a clear link between unemployment (particularly during the recent financial crisis) and increased risk of suicide, (Barr, et al. 2012, Chang et al. 2013). Local areas should take into consideration plans for improving the local economy and employment rate, and consider how mental health and other supportive services are working with people who are unemployed.

Effective discharge processes

A number of studies have recently highlighted the success of particular community care reforms which recommend a follow up visit 7 days after discharge from a psychiatric hospital. This accompanied by a robust discharge plan appear to have been followed by a reduction in hospital admission for self-harm in the immediate post-discharge period, (While et al. 2012, Gunnell et al. 2012).

The use of psychosocial assessments and treatment

There is evidence that the use of psychosocial assessments with people who have suicidal thoughts or have self-harmed are themselves a helpful tool in preventing further suicidal behaviour, (Kapur et al. 2013). However it is noted that there is significant variation between hospitals. Local strategies should consider promoting the use of psychosocial assessments following the evidence suggesting their benefit.

Research shows that Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT) are effective in reducing the risk of repeat self-harm, (O'Connor et al. 2013).

Reducing the means to suicide

There is relatively strong evidence to suggest that reducing access to the means of suicide (through installation of physical barriers) can reduce suicide at hotspots. Research also suggests other interventions such as advertising telephone help-lines also show promise, (Cox et al. 2013).

Prescription of drugs

Lithium has been shown to be an effective treatment for reducing the risk of suicide in people with mood disorders, (Cipriani et al. 2013).

Economic Evidence

Although relatively few studies have sought to quantify the economic effects of suicide, it is estimated that the average cost of each completed suicide for those of working age in England is £1.67M (based on 2009 prices), (Platt et al. 2006, updated to 2009 prices). This includes intangible costs as well as lost output, police time and funerals. With the evidence that psychosocial assessments and treatment are effective in preventing suicide, the cost of ten sessions of CBT is around £400 per person. The cost of Applied Suicide Intervention Skills Training (ASIST) is £200, which if delivered to all GPs in England would cost £8m. A Department of Health published report has conducted a costs/savings analysis which states that appropriate interventions have the potential to save circa £1.27bn over 10 years, with a cost per life saved of £29,235, (DH, 2011).

Examples of Best Practice - National

1 - Merseyside Partnership with Campaign Against Living Miserably - In 2000, a partnership of six areas commissioned CALM (at the time a Department of Health project) to provide a helpline for young men in Merseyside. The commissioning of CALM continued when CALM transferred into a national charity, and currently there is a consortium of Liverpool, Sefton, Knowsley, Halton, St Helens and Wirral signed up to the contract, managed by the Liverpool Community Health NHS Trust. Commissioners employ a local CALMzone Coordinator to promote CALM across Merseyside in collaboration with the local community – pubs and clubs, venues and universities, sports teams and clubs – to encourage them to join and promote the campaign. CALM provide the local commissioners with anonymised reports on numbers and trends of calls and web chats within Merseyside. As well as providing funding to support the helpline, the commissioners ensure CALM has an up-to-date local database of agencies which local callers can be referred to. In 2010 the Tri-Borough in London adopted a similar arrangement, and CALM has been commissioned locally in London since then.

2 - Derby City and County have a dedicated CAMHS Liaison service that responds rapidly to all young people under 18 years old who present at the Royal Derby Hospital following significant self-harm, suicide attempts and severe and acute mental health concerns. They work closely with a dedicated Safeguarding Nurse. The relationship between mental health, acute health, and safeguarding services ensures that families receive effective discharge planning meetings and reduces the likelihood of readmission. Families report raised confidence that physical, social and mental health services are working together and “getting it right first time”.

3 - The Newcastle Financial Inclusion Partnership brings together 47 agencies that provide information, advice and assistance to help people to better cope with reduced income and increased expenditure. They have developed an integrated approach to information and advice that helps people to maximise income, reduce expenditure, keep their home and access digital support. Achievements include: Providing debt advice to 5,415 residents in 2012-13, Advising 15,871 residents to secure over £24 million of unclaimed benefits in 2012-13, Supporting moneywise Credit Union to provide over 400 more loans to vulnerable people, giving an alternative to payday loans. The aim is to create a solid foundation for financial inclusion information, advice and support in the city, which can make a meaningful difference to local people’s lives. A key element of this approach is providing consistent, coordinated information for use by all partner agencies in the city.

Examples of Best Practice – Local

1 – A protocol for signposting recently bereaved family members and friends to support has been developed between Gloucestershire Constabulary and 2gether NHS Foundation Trust. Now police on the scene of a suicide are required to pass on information about support to the family members and/or friends. The information includes options about support following a bereavement from suicide, and can be left with

the family for them to take action as they wish. This protocol was developed in Gloucestershire and is now being adopted by many other police forces across the country.

2 – A sub-group of the Gloucestershire Suicide Prevention Partnership Forum is focussed on looking at Suicide Hotspots in the county. The group is an excellent example of joined up working in the county as the group includes membership from Gloucestershire County Council Public Health, Gloucestershire Constabulary, 2gether NHS Foundation Trust Inpatient Services, British Transport Police, Network Rail, National Car Parks, Survivors of Bereavement by Suicide and Samaritans. The group look at data that suggests that a certain place might be a hotspot, and initiate preventative work for those specific hotspots. Positive preventative work includes identifying county train stations/lines as hotspots and working with Samaritans and Network Rail to ensure the Samaritan's helpline posters are displayed at every train station in the county. This has now extended to include the whole South-West region and Network Rail aspire to further extend this nationally. Similarly, many NCP car parks in the county now display the Samaritan's helpline posters in stairwells and on car park walls. This work led to Gloucestershire managers sharing this learning with NCP colleagues nationally and promoting the use of helpline posters in other parts of the county.

3 – Gloucestershire Self-Harm Helpline offers free, confidential, non-judgemental listening support and information to people of all ages, whether a person is harming themselves or concerned about someone else. The service provides emotional support by listening and also by talking about alternatives to self-harm. The aim is to help people understand how to deal with the feelings that trigger self-harm. The service which has not always operated full-time, received 909 calls (including texts and online messenger) last year. It now operates 365 days of the year. The majority of callers use the service for themselves, and users are increasingly younger. A 13 year old girl used the service when she was self-harming; her family were unsupportive and she was not known to any mental health services in the county. She used the service to explore her feelings confidentially and learned coping strategies to manage her self-harming safely. An independent evaluation of the service was presented at Public Health England's July 2013 conference. The evaluation showed that the helpline was beneficial for callers' mental wellbeing.

SECTION 3: What are the gaps?

3.1 Gaps in Progress/Provision

Although Gloucestershire has made good progress in some areas, there are still many areas that require further development. Local strategies must consider areas for action highlighted in national guidance as well as areas for action which are specifically relevant to the local area and take into consideration feedback from local stakeholder and representative groups.

The government's document 'Preventing Suicide in England: A cross government outcomes strategy to save lives' and the 'one year on' document highlight key areas for action for local areas, as described above.

Locally, feedback received from the Gloucestershire Suicide Prevention Partnership Forum together with recommendations made in the Suicide Audit (2014) highlight that Suicide Prevention work in Gloucestershire should prioritise the following areas.

Priorities for Suicide Prevention in Gloucestershire

Supporting those affected or bereaved by Suicide
<ul style="list-style-type: none">• Ensure effective information and advice is provided in a timely way to those recently affected or bereaved by suicide.
Closer working with Coroner
<ul style="list-style-type: none">• Narrative verdicts – highlight potential impact
Media Reporting
<ul style="list-style-type: none">• Close partnership work with local media• Take forward the recommendations made in the report produced by the short-term Media sub-group of the GSPPF.
Data sharing and effective joined up working
<ul style="list-style-type: none">• Shared language• Standardised identification of risk• Regular reporting to and from other strategic work-streams• Enhanced information sharing between services in high risk situations• Accurate recording of demographic information for individuals involved in services• GPs sharing patient information in a timely way• GPs should be sensitised to the risk of suicide in people who consult them often and those on multiple psychotropic drugs as well as specific drug combinations, such people should be identified and referred for further assessments.
Hotspots
<ul style="list-style-type: none">• Reduce access and encourage help-seeking behaviour• Continue with effective joint working• Monitor new hotspots• Look at hotspots in time – i.e. spring/summer shows higher prevalence• Ways of reducing access at home should be considered
Self-Harm
<ul style="list-style-type: none">• Effective identification and management of self-harm• Effective preventative interventions and management of self-harm in young people in the community.
Co-morbid Issues
<ul style="list-style-type: none">• Debt advice services• Housing/homelessness services• Drug and Alcohol treatment services (to continue to work closely with the Drug and Alcohol treatment provider)• Unemployment• Mental Health diagnosis

- Co-morbidities should be identified and addressed during assessments and in discharge plans
- Previous suicide history should be taken seriously.

Targeted preventative work for Men

- Gloucester and Cheltenham districts in particular would benefit from targeted campaigns
- Focussed mental health promotion for men
- Outreach and accessibility
- Building and construction industry as key occupational group to focus efforts

Training

- Education for carers around self-harm, suicide and how to intervene.
- Continue delivering ASIST and MHFA training, expand to further groups such as emergency services, hospital staff and wider communities.
- Friends, family and colleagues should be enabled to identify and act on suicide risk in others to help reduce deaths in those who do not consult GPs.
- Front-line staff, friends and family need to be enabled to signpost people with identified risk factors to further support, in the community or elsewhere.
- Should include individuals with lived experience in delivering training where possible.

Children and Young People

- Ease of access to treatment/support.
- Influence and impact of internet and social media (not specifically for children and young people).
- Child bereavement survivors
- Self-harm prevalence
- Child Death Review process should be supported to continue to identify 'near misses' in young people together with recommendations to prevent these

These priority areas highlight a number of opportunities for further developing current practice as well as initiating new practice in Gloucestershire's journey to preventing suicide and self harm. Both national and local feedback should be taken into consideration to form the key priorities and shape future work for preventing suicide in Gloucestershire. How we will work to achieve these priorities will be outlined in the Suicide Prevention Action Plan.

Further Information and Support

Contact

If you would like to know more, or get involved in this work, please contact us using the details below:

Gloucestershire Suicide Prevention Partnership Forum

Contact: 01452 328600 or publichealth@gloucestershire.gov.uk

Services in Gloucestershire

Below is a list of organisations that provide services to people thinking of /affected by Suicide and/or self-harm in Gloucestershire:

Samaritans

Contact: 01452 306333 or jo@samaritans.org or www.samaritans.org

Survivors of Bereavement by Suicide (SOBS)

Contact: 0300 111 5065 (national) or 01452 371945 (local) or www.uk-sobs.org.uk

Suicide Crisis

Contact: 07975 974455 (9am-10pm) or contact@suicidecrisis.co.uk or www.suicidecrisis.co.uk

Rethink Mental Illness

Contact: www.rethink.org

Gloucestershire Self-harm Helpline

Contact: 0808 801 0606 (Helpline) or glosselfharm@rethink.org or 07537 410022 (text)

Further Reading

The documents listed below provide useful context to this strategy:

Preventing Suicide in England –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

Preventing Suicide in England: One year on –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278119/Annual_Report_FINAL_revised.pdf

Preventing Suicide in England: Two years on –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf

No Health without Mental Health –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness –

http://www.bbmh.manchester.ac.uk/cmhr/centreforsuicideprevention/nci/reports/AnnualReport2013_UK.pdf

Zero Suicide Collaborative Charter –

<http://www.swscn.org.uk/wp/wp-content/uploads/2014/11/ZS-Charter-2014-final.pdf>

Future in Mind –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

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Bristol Self-Harm Surveillance Register Annual Report (2012)

Building Better Lives Policy 2014-2024 (2014) Gloucestershire County Council

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Gloucestershire Suicide Audit Report: Suicide Audit Covering Calendar Years 2009 and 2012 (2014) Public Health, Gloucestershire County Council

Gloucestershire Mental Health and Wellbeing Strategy (2014)

Gloucestershire Suicide Prevention Strategy 2011-2015 (2011) NHS Gloucestershire

Gloucestershire Suicide Prevention Strategy 2006-2011 (2006) NHS Gloucestershire

HM Government, Department of Health (2012) *Preventing suicide in England: A cross-government outcomes strategy to save lives*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf (Accessed 27th April 2015)

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Appendix

i. List of partners who have contributed to this Strategy

- Gloucestershire County Council Public Health
- Gloucestershire Constabulary
- Rethink Mental Illness
- Samaritans
- Gloucestershire Clinical Commissioning Group
- Healthwatch Gloucestershire
- 2gether NHS Foundation Trust Children and Young People Services
- 2gether NHS Foundation Trust Inpatient Services
- 2gether NHS Foundation Trust Community Services
- District Councils
- Gloucestershire County Council Children & Young People
- Turning Point
- Department of Work and Pensions
- Gloucestershire Probation Services
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire County Council Coroners Service
- Survivors of Bereavement by Suicide
- HM Prison Services – Leyhill & Eastwood Park
- Mental Health and Wellbeing Partnership Board
- Individuals with lived experience.

If you have a comment or question about this strategy, please contact:

Gloucestershire Suicide Prevention Partnership Forum

Contact: 01452 328600 or publichealth@gloucestershire.gov.uk