



Public Health
England

Protecting and improving the nation's health

Suicide Prevention.... ...a PHE Perspective

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Suicides in the United Kingdom in 2013

- 6,233 suicides of people aged 15 and over were registered in the UK in 2013, 252 more than in 2012 (**a 4% increase**).
- The UK suicide rate was 11.9 deaths per 100,000 population in 2013. **The male suicide rate was more than three times higher than the female rate**, with 19.0 male deaths per 100,000 compared to 5.1 female deaths.
- The highest UK suicide rate in 2013 by broad age group was among **men aged 45 to 59**, at 25.1 deaths per 100,000, **the highest for that age group since 1981**.
- The most common method of suicide in the UK in 2013 was **'hanging, strangulation and suffocation'** which accounted for 56.1% of male suicides and 40.2% of female suicides.

Preventing Suicide in England – a cross government strategy to save lives

This strategy has **3 objectives**:

- a reduction in the suicide rate in the general population in England
- better support for those bereaved or affected by suicide

It also identifies **6 key areas of action**:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring

Preventing suicide in England: One year on: First annual report

“But we knew that the likely impact of the financial crisis meant that we needed to be prepared for possible upturns in suicide rates.”

- Training for DWP workforce
- Debt advice
- Crisis Care Concordat
- Street triage

The All Party Parliamentary Group on Suicide and Self Harm Prevention

The APPG's survey found that:

- **around 30% of local authorities do no suicide audit work.**
- **around 30% of local authorities do not have a suicide prevention action plan.**
- **around 40% of local authorities do not have a multi-agency suicide prevention group**
- 3 key recommendations as a result

Local authority	Q1	Q2	Q3	Suicide rate	Additional notes
Sheffield (1a)	✗	✗	①	8.5 ●	Intend to develop plan and establish group in near future.
Rotherham (1b)	✓	✓	✓	8.9 ●	Local plan established after publication of national strategy in 2012.
Barnsley (1c)	●	✓	DNR	10.2 ●	Previous plan developed by PCT is out of date – new plan being developed.
Doncaster (1d)	●	✓	②	8.6 ●	Short term actions have been identified while long-term plan is developed.
Wakefield (2a)	●	✗	①	8.1 ●	Draft plan based on national data. Local audit required to inform final version.
Kirklees (2b)	●	✓	✗	7.7 ●	Draft plan awaiting ratification.
Calderdale (2c)	✓	✓	②	10.3 ●	Action plan being reviewed in light of structural organisational changes.
Bradford (2d)	✗	✓	✓	10.8 ✗	Completing a local action plan is part of future planned work.
Leeds (2e)	●	✓	✓	9.8 ●	Local plan almost signed off by health and wellbeing board.
North Yorkshire (3)	✓	✓	②	9.7 ●	Group established in Feb 2014 – expect to develop new plan in future.
City of York (4)	✗	✗	②	10.1 ●	No specific local plan but are working closely with North Yorkshire on suicide.
East Riding of Yorkshire (5)	✓	✓	✓	7.7 ●	Local strategy with annual action plans. 2014/15 plan currently under review.
Hull (6)	✗	✗	✗	11.7 ✗	No further details provided.
North Lincolnshire (7)	●	✓	✓	11.2 ●	Draft plan awaiting formal sign off.
North East Lincolnshire (8)	●	✓	✓	8.1 ●	Local plan currently in development.

Suicide Prevention Profiles

...collates and presents a range of publically available data on suicide, associated prevalence, risk factors, and service contact among groups at increased risk

Public Health Profiles

PHE work programme

- **Guidance for developing a local suicide prevention action plan**

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance for developing a local suicide prevention action plan_2 .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2.pdf)

This document advises local authorities how to:

- develop a suicide prevention action plan
- monitor data, trends and hot spots
- engage with local media
- work with transport to map hot spots
- work on local priorities to improve mental health

PHE work programme

- **Zero Suicide**

Nick Clegg calls for new ambition for zero suicides across the NHS - Press releases - GOV.UK

- **A further suite of materials will be published over the coming year**

Taking action to prevent suicide at known local suicide sites. (May 2015)

Guidance on responding to local suicide clusters. (May 2015)

Updating the 'Help is at Hand' national suicide prevention resource for those bereaved by suicide (July 2015)

A resource for practitioners on LGBT communities and suicide prevention, with the RCN (March 2015)

PHE work programme

- **Real Time Surveillance**

PHE is also leading work on piloting real time suicide surveillance data in Leicestershire, Durham and Darlington and South Yorkshire. The pilots will run until March 2015 and are being evaluated by PHE to inform decisions and to scope the resources required with regards to rolling this 'real time surveillance' system out as a national platform.

Lessons from Rotherham

- Community Response Plans
- Action plans, audits
- Prioritisation of young people's emotional needs at HWB level
- Real time surveillance
- Postvention
- Communication – to those affected and between professionals
- Governance
- National guidance

Priorities for Rotherham - lessons

The Suicide Prevention Group is currently prioritising the following areas as a result of the recent suicides.

- Bereavement pathway for children/young people and adults
- Development of Self-harm Pathway to include A&E to CAMHS referrals.
- Development of Care about Suicide pathway.
- ASSIST and Safe Talk training

CCG considerations...

NHS CCG commissioners should ensure NICE guidance on the short and long term management of self-harm in children and young people is being implemented effectively particularly regarding A&E attendance and hospital admission, psychosocial assessment, evidence based interventions and staff training.

All people who self-harm should have assessment of their physical, psychological and social needs and appropriate follow-up and treatment particularly for people who repeatedly self-harm

CCG considerations...

Provide GPs with additional information to provide to young people and parents and information on self-harm in particular. Consider adapting NICE Deliberate Self-Harm guidance for primary care¹⁹ including how to ensure that GPs refer people who disclose self-harm to psychological therapies as appropriate.

Appropriate clinical supervision and governance should be in place for counsellors working in schools and colleges. Joint guidance between education and health on this should be developed for when counsellors are directly employed by schools and colleges

CCG considerations...

As part of the review of CAMHS in Rotherham, commissioners should consider how CAMHS can be used to skill up and support other health workers to be able to offer to support schools in a more organised way to ensure early identification and referral.

Rotherham CCG should consider commissioning a psychiatric liaison service to ensure access to comprehensive out of hours assessment to include self-harm and suicidal behaviours

[Independent report on Suicide | Rotherham Metropolitan Borough Council](#)

Yorkshire and the Humber Mental Health and Suicide Prevention Network

- Quarterly meeting of the 15 public mental health and suicide prevention leads in Local Authorities
- Representation from the Strategic Clinical Network
- Review plans, share good practice, identify collaborations
- Role of CCGs?

Questions, comments, observations....?