Working Draft - Suicide Prevention Action Plan for Leeds 2017 – 2020

This is the second successive suicide prevention action plan for Leeds. It aims to continue setting out the direction and priorities for suicide prevention work in Leeds over the next three years. It is to guide developments and promote citywide investment matched to key areas of action shaped from national policy, intelligence and the recent suicide audit for Leeds (2016).

Background

A national suicide prevention strategy came from the Department of Health in 2011 - Consultation on preventing suicide in England: A cross-government outcomes strategy. This highlighted six key areas for action:

Area for action 1: Reduce the risk of suicide in key high-risk groups

Area for action 2: Tailor approaches to improve mental health in specific groups

Area for action 3: Reduce access to the means of suicide

Area for action 4: Provide better information and support to those bereaved or affected by suicide

Area for action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Area for action 6: Support research, data collection and monitoring

Most of these areas for action formed the basis of the previous suicide prevention action plan where relevant alongside the findings from the suicide audit for Leeds in 2012. A city-wide workshop with key partners helped inform the final objectives.

The plan and activities are overseen by the strategic suicide prevention group for Leeds. This is a multi-agency group chaired by Public Health, Leeds City Council.

National updates

On 9th January 2017 a new strategy refresh was published by the Department of Health – it also included a third progress report of the cross-government suicide prevention strategy and details the activity taken place across England to reduce deaths by suicide in the year ending March 2016.

Public Health England (PHE) has recently published a document designed to assist in the implementation of the new guidance; this refers to the same six areas.

This report is being used to update the national 2012 strategy in 5 main areas:

- Expanding the strategy to include self-harm prevention in its own right
- Every local area to produce a multi-agency suicide prevention plan
- Improving suicide bereavement support in order to develop support services
- Better targeting of suicide prevention and help seeking in high risk groups
- Improve data at both the national and local levels

It followed on from other key documents published since the last action plan for Leeds was produced:

- Support after a suicide: A guide to providing local services A practice resource (Government 2017)
- Local suicide prevention planning guide (Public Health England 2016)
- Preventing suicide in public places (Public Health England 2015)
- Identifying and responding to suicide clusters and contagion (Public health England, 2015)

Local picture

These key documents fit well with the current Leeds Approach

Leeds Suicide Audit September 2016 (2011-13)

The latest suicide audit has been recently completed and disseminated from September 2016. It looks at deaths occurring during the three year period 2011-2013.

Key Findings can be found in Appendix 1

The suicide audit made 11 recommendations, these are:

1. Continue to target interventions towards those identified as most at risk.
2. Re-engage with all key partners (e.g. a range of third sector and statutory organisations across the city) that have contact with the groups identified as most at risk, and include them in the development and implementation of the suicide prevention strategy.
3. Work with primary care to increase the recognition of those at risk of suicide. This audit shows that 45% of people had contact with primary care within a month prior to their death. Evidence shows that interventions and training programmes aimed at increasing awareness of signs of suicide can be effective.
4. Appropriate management of poor mental health at an early stage. Research shows that those with depression and other mental illnesses can benefit from a range of interventions both pharmacological and psychosocial and these can reduce the risk of suicide.
5. Monitor trends in jumping/ falling as a method of suicide and the proportion of deaths occurring in public.
6. Engage new partners who may have influence over access to means of suicide across the city (e.g. partners in the city development and planning sector) in the multi-agency strategic suicide prevention group and in the development of the suicide prevention strategy.
7. Continue to prioritise postvention interventions aimed towards those who are bereaved by suicide, and ensure that this service is evaluated to add to the global evidence base around postvention interventions.

8. Engage fully with partners who are most likely to be in early contact with those who are bereaved by suicide (e.g. emergency departments, police or the Coroner's Office) to ensure early access to appropriate services.
9. Continue to work with colleagues in the media and promote the use of the guidelines developed in partnership with the National Union of Journalists.
10. Continue to undertake a suicide audit at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city.
11. Consider the development of a real-time surveillance system for suspected suicide through working closely with key identified partners across the city.

These recommendations will be embedded in the following overarching priority work streams:

1. Citywide Leadership for suicide prevention

2. Reduce the risk of suicide in high risk groups

3. Tailor approaches to improve mental health in specific groups

4. Work with primary care to support both the workforce and those accessing primary care

5. Provide better information and support to those bereaved or affected by suicide

6. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

7. Support research, data collection and research

The scope of the action plan below continues to include interventions commissioned locally by the partners of this group. The action plan aims to take a "life course" approach as set out in both national mental health strategy, suicide prevention strategy and advocated by the Marmot Review making continuous links across to children and family commissioning. It also sits alongside the suicide audit 2016 and includes the 5 recommendations from the national strategy refresh. It is hoped that the Leeds Approach will influence the local West Yorkshire and Harrogate Sustainability and Transformation partnerships Suicide prevention 5 year strategy 2017-22

Priority	Action / description of intervention	Leadership	Progress / outcomes /milestones	Monitoring
1.Citywide leadership for Suicide Prevention	• To have a functioning strategic group overseeing delivery of action plan • Members to advocate on behalf of work stream and have targeted activity in their local work plans • To identify funding and commissioning opportunities for initiatives • To maintain strong links to Mental Health Partnership Board, relevant Children and Young Peoples strategic groups • To share best practice from and with national and local work • To ensure links with national support networks as set out in national guidelines	Public Health, LCC	Evidence of strategic leadership and influence Review TOR / membership annually to reflect current work Quarterly Meetings with minutes and actions from activity of both strategic and task groups Coordinate awareness for Citywide Suicide Prevention day every September Annual review of action plan	Minutes and actions Evidence of activity Accountable to the Health and Wellbeing Board Attendance at scrutiny Understanding and articulating suicide rates in Leeds in comparison to national rates.
2.Reduce the risk of suicide in key high risk groups	a) **30-50 year old men in high risk groups** • Continue promoting the findings from the local audit, Insight and men's health reports targeting those who engage with men at risk. • Establish and maintain strong links between services that work with men at risk of suicide and their families • Provide relevant and targeted suicide prevention training to front line staff working with high risk group and look at addressing reducing social isolation.	LA, PH, CCGs ,3rd Sector, Fire Service , Police and suicide prevention group	On-going activity to be fed back and captured through the strategic group. Identify new work/partners invite and support new partners to help share knowledge. Increased activity of suicide prevention work with Men i.e. Adopt a block, men's groups External funding for suicide prevention	Quarterly meetings Evaluations from partners work / commissioned services Sharing new insight Numbers of people trained in suicide awareness training in targeted way

	• Ensure links to new commissioned work including social prescribing and digital portals (Mindmate, Mindwell) • Ensure commissioned community health development services target men at risk develop evidence based work (green gyms, men's groups, walking groups) • The new Mentally Healthy Leeds service to include suicide prevention work with men at risk in service specification • Ensure work links into financial inclusion agenda by raising awareness with wider workforce of people at risk and links to worklessness, debt and financial exclusion. • Promotion of Crisis Cards to at risk group and other resources as developed with men's peer groups **b) Those at risk / history of self harm** • Ensure acute trusts have robust suicide prevention plans in place and include - Recommendation that people being discharged from inpatient care should receive follow up support within 3 days of discharge, rather than the current standard of seven days. -Ensure the undertaking of psychosocial assessments for people who have presented at emergency departments for self-harm is 100% • Promote the pink booklet resource with wider workforce • Ensure all relevant services compliant with of NICE guidelines	LA,CCG's , LCH, LYPFT CCG, LA, LYPFT	activity that includes peer communicators (i.e. men's groups) Procurement of new Mentally Healthy Service which aims to also address social isolation and promote wider protective factors All partners to reflect this in their work and target where opportunities to influence may be of benefit. Mental health Outreach (Welfare Advice) to take findings on board Dissemination of crisis cards across the city Suicide Strategy for Acute Trusts completed and shared. Ensure links to regional plans. Capture data of wider workforce trained and where they work Evidence of self harm NICE standards and pathways implemented with relevant commissioned services. Time to change hub work around self harm awareness and stigma associated Mentally Healthy Leeds procurement – will	Digital portal evaluations and data Successful procurement process with award of contract **Potential Indicators:** Suicide Rate The ratio of male suicide deaths to female suicides Population well-being e.g. Edinburgh-Warwick ONS indicators of wellbeing Numbers of people trained in awareness

	• Suicide and self harm awareness training to wider frontline workforce • stigma and discrimination towards self-harm to be challenged and reduced through improving awareness, understanding **c) People in care of mental health services** • Suicide prevention strategy /plan to be developed by LYPFT and supported by the strategic group Which will include ; -staff training and awareness raising of risk. - to comply with best practice on suicide prevention , supported by regional NHS Vanguard and the self harm assessments (above) • LCC to continue to commission targeted welfare advice mental health outreach service • Link suicide prevention agenda to the Mental Health Framework, Crisis care concordat so that agenda is embedded in crisis work.		support the work around challenging stigma of self harm Completion of Strategy / action plan shared in the city Mental health outreach re- commissioning to be agrees post 2018/19 Suicide Action plan linked to crisis care concordat (sections A & D) Demonstrate good suicide prevention leadership with the police and acute services	training Time to change hub action plan LYPFT monitoring data including headlines from SUI learning Monitoring from welfare advice provider Crisis care concordat action plan
3. Tailor approaches to improve mental health in specific groups	Identify key at risk groups (as evidenced in Audit for Leeds and MHNA2017) • Link with C&YP work in the city raising awareness of YP at risk of poor MH • Work with CCG partners to commission public mental health initiatives that include targeting people who live in areas of deprivation.(i.e. LSECCG Health Inequalities fund) • Commissioned social prescribing schemes trained to identify and work with people at risk and to promote resilience and early	LA, PH,CCG, 3rd sector	Evaluation of demonstrating broader suicide and self harm prevention work of social marketing	HIF monitoring/ demonstrating outcomes Social prescribing demonstrating outcomes related to broader mental health promotion and

	signposting. • The Time to Change partnership hub will continue work challenging stigma around poor mental health.			resilience of protective factors Time to Change action plan monitoring
4.Work with primary care to support both the workforce and those accessing primary care	• Work with key primary care partners to increase the recognition of those at risk of suicide they have contact with (i.e. Long term physical health conditions, untreated depression) • Promote social prescribing services • Understand the training needs of primary care staff • Promote links to financial inclusion and welfare advice services in primary care • Awareness raising of social isolation and negative impact on health • Promote local resources Mindwell and Mindmate digital portals, crisis cards	CCG, 3rd sector, PH, LA	Identify leadership in primary care Create a task group to drive this work and agree milestones. Agreed approach around training for primary care. Agree dedicated TARGET training allocation and include primary care staff to deliver training Evidence of digital portal use / social prescribing use and effectiveness for primary care Demonstrate links and influence with STP Suicide Prevention (health care work)	Training evaluation Portal effectiveness in relation to suicide prevention awareness raising and signposting to services by GP's
5. Provide better information and support to those bereaved or affected by suicide	• Promote the Leeds Suicide Bereavement Service • Evidence the need and rational to continue to commission the pilot Suicide Bereavement Service post 2017/18 • Understand the findings of the evaluation for the service • For postvention referrals by partners to be timely and as early as possible. • To understand and support national evidence base and look for national opportunities to promote work in Leeds • To engage with wider partners public in	PH, CCG, LA, 3rd sector	Increased referrals made by wider services including GPs. Police, Coroner's Office. Evaluation completed (due in July 2017) To secure re-procurement / commissioning of the nationally recognised service To share gaps in provision in the city To secure funding for family worker to meet the needs of children bereaved by suicide	Annual report Demonstrating service outcomes

	raising awareness of those bereaved by suicide so that we can provide support that is effective and timely • To promote "Help is at Hand" resource through the PHRC		To support identification of potential contagion.	PHRC dissemination data
6. Support the media in delivering sensitive approaches to suicide and suicidal behaviour	• Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media using the locally developed national reporting guidelines. • Work with local and regional newspapers and other media outlets to encourage them to provide information about sources of support and helplines when reporting suicide and suicidal behaviour. • Link in with local Time to Change hub activity (anti stigma work) • Support national work around digital media messages • Explore work with universities who teach Journalism courses.	LA, PH, CCG	Sensitive reporting of suicides in the media who have used the media guidelines Demonstrate targeted messages aimed at young people (Future in Mind launch – Stevie Ward, Leeds Rhinos) Demonstrate links with Universities and colleges who provide media / journalism training YEP #Speakyourmind campaign coverage	Examples of responsible reporting
7. Support research, data collection and research	• Continue to promote the findings of the recent audit. • Advocate for continuation of future audits with adequate PH resource. • Promote our Leeds approach both regionally and nationally and support national evidence base to best practice. • Expand and improve the systematic collection of and access to data on suicides • Develop options for real time surveillance systems both for the city and at regional level using national guidelines to support these options.	LA, PH, CCG, PHE	Agreement timescale for undertaking future suicide audit Gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city Decide on real time surveillance options for Leeds / region and contribute to national discussions in sharing data across partners Share best practice with national and regional partners	

Appendix 1: Audit of Suicides and Undetermined Deaths in Leeds (2011-2013)

Summary of findings

Rates

- There were 213 deaths by suicide identified in the 2011-2013 audit.
- The rate of death from suicide was 9.5 deaths per 100,000 people in Leeds. This has increased slightly since the previous audit.

Gender

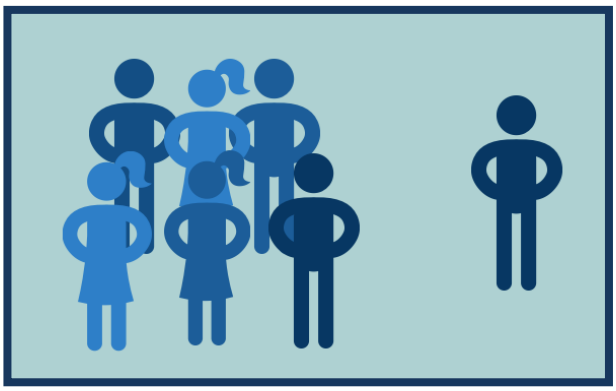
- 83% of the cases were male.
- The audit found that men are almost five times more likely to end their own life than women (5:1). This is higher than the national average (3:1).
- The rate of suicide in men has increased since the previous audit, however the rate in women has not.

Ethnicity

- 173 (81.2%) of the cases were White British. The majority of both men and women were White British.
- White British males were over twice as likely to end their life by suicide than BME males.
- White British females were nearly twice as likely to end their life by suicide than BME females.

Deprivation and Geography

- 55% of the audit population lived in the most deprived 40% of the city.
- The area with the highest number of suicides is slightly west and south of the city centre. These areas make a band across LS13, LS12, LS11, LS10 and LS9.



Social Isolation

- Nearly 70% of the audit population were single, divorced or separated compared to 28% who were married, cohabitating or in a civil partnership.
- 40% of the audit population lived alone.
- 53% of individuals experienced problems with a personal relationship and 38% had experience of divorce or separation.
- A theme of social isolation emerges from these findings.

Employment and Financial Situation

- 34% of the audit population were unemployed, this compares to 8.5.% of the population in Leeds.
- 39% were experiencing financial difficulties, this has increased from the previous audit.
- A theme of worklessness and financial difficulties seemed to underlie a large proportion of the cases

Contact with Primary Care

- Over 10% of the individuals in the audit had visited their GP within one week of their death, and 45% had attended in the past month.
- Of these consultations, only 27% were regarding a mental health problem only.
- The high number of people who attended primary care shortly before their death presents a significant opportunity to detect and support those who may be feeling suicidal.

Key statistics

Of the audit population:

- 83% were male
- 81% were from a White British background
- 58% were born in Leeds
- 26% were within the 40-49 age group

- 69% died by hanging/ strangulation
- 16% died by poisoning (with no one poison predominating)
- 69% died in their own home, with the next most common location of death being in a park or woodland

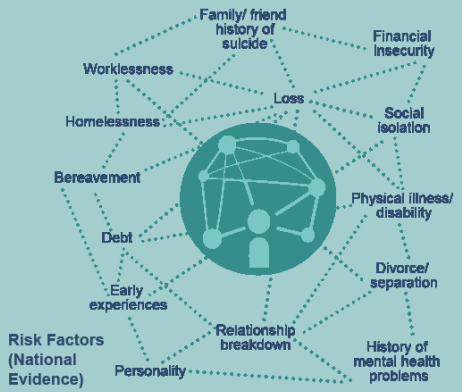
Appendix 2: The Leeds Approach

Suicide Prevention: The Leeds Approach

Public Health, Leeds City Council

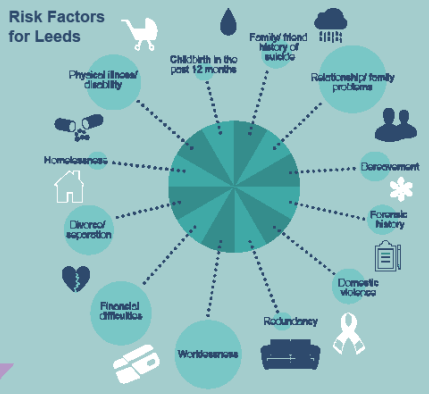
1. Background

- Recommendations from the National Suicide Prevention Strategy for England
- Suicide prevention work informs and supports the wider Public Mental Health agenda
- We have a responsibility to understand and reduce inequalities in the city
- We aim to be a compassionate city that cares about our communities' health and wellbeing
- Reducing suicide is a priority for Leeds



2. Suicide Audit

- Working in partnership with West Yorkshire Coroner's Office
- Undertaken every 3 years as per PHE recommendations
- Analysed all suicides in Leeds between 2011-2013 using Coroner's records
- A rigorous approach taken to data collection
- Intensive but invaluable: supports focused prevention planning and enables targeting of high risk groups and areas
- Helps to review interventions of what works tailored to local need



3. Key findings of the Suicide Audit

- 213 people were included in the audit
- The highest age group was 40-49 years
- 82.6% male (n=176) and 17% female (n=37) Male 5:1 Female (National gender ratio for suicides: 3:1)
- This means for every 1 female death there were 5 male deaths by suicide.
- 81% of those identified were White British
- 55% of audit cases lived in the most deprived 40% of the city

4. Action

- Sharing audit findings as evidence base
- Shaping, developing and agreeing the Leeds Strategic Suicide Prevention Plan
- Broad ownership of Suicide Prevention agenda and disseminating data
- Improving robustness of data
- Reviewing real-time surveillance options
- Developing meaningful and targeted local action e.g. men's groups, Adopt a Block
- Commissioning
- Action feeds into Suicide Prevention agenda being valued and prioritised

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For more information please visit: www.leeds.gov.uk/phrc/Pages/Suicide-Prevention.aspx