

Suicide Prevention and Self Harm Reduction

18th July 2019

NHS England and NHS Improvement



Suicide and Self Harm in the SW

- Geographically diverse area, in terms of mix between urban and rural locations, surrounding by coastline on all sides.
- High rates in a number of areas, including Torbay, Cornwall, Bristol and Bournemouth.
- Economic deprivation, high rates of self harm and lack of infrastructure sit alongside areas of wealth and prosperity.
- Additionally, we have high number of students coming into the region, including in Bristol, Plymouth and Exeter.

Role of the Suicide Prevention Transformation Programme Manager

- The role is joint between Public Health England and NHS England and Improvement.
- There are a number of facets to this:
 - Supporting population level prevention initiatives, including the suicide prevention plans, training and awareness.
 - Supporting and overseeing the specific national transformational programmes of work
 - Sharing best practice regionally
 - Working with organisations to identify improvements that can be made at a local level

Role of the Suicide Prevention Transformation Programme Manager

- **Current Programmes of work:**
- **Wave 1 – two areas within the SW with the highest suicide rates have been funded to develop projects which will assist in reducing suicide for middle aged men and those who self harm.**
- **Trailblazer – two areas within the SW who have proposed a transformational approach to the management of self harm.**
- **Postvention Bereavement support – one area within the SW which is extending the offer provided and which will be evaluated nationally to support the production of a specification which can be shared across all areas.**

Demographics

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

* a note is attached to the value, hover over to see more details

Indicator	Period	England	South West region	Bath and North East Somerset	Bournemouth	Bristol	Cornwall	Devon	Dorset	Gloucestershire	Isles of Scilly	North Somerset	Plymouth	Poole	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
Suicide: age-standardised rate per 100,000 population (3 year average) (Male) ■	2015 - 17	14.7	15.8	14.3	21.1	15.0	22.3*	15.4	16.8	15.4	*	14.9	14.8	14.4	16.7	13.4	11.3	20.1	12.5
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) ■	2015 - 17	9.6	10.6	10.1	14.9	10.6	14.5*	10.5	11.5	9.8	*	10.2	9.2	8.8	10.9	7.5	7.8	15.7	8.9
Suicide: age-standardised rate per 100,000 population (3 year average) (Female) ■	2015 - 17	4.7	5.6	6.2	8.5	6.1	7.3*	5.8	6.4	4.4	*	6.0	3.7	*	5.4	*	4.3	11.5	5.5
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) ■	2012 - 14	31.9	35.6	33.7	26.9	39.7	43.9*	35.4	34.2	40.9	-	39.8	42.2	23.3	31.7	24.4	38.7	43.7	27.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male) ■	2012 - 14	50.2	52.6	54.0	37.7	57.6	66.8*	53.5	51.5	65.2	-	54.4	69.5	30.8	41.8	32.8	57.1	73.2	37.7
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female) ■	2012 - 14	13.7	18.6	-	15.5	21.2	22.0*	17.8	16.7	16.7	-	25.8	15.0	15.9	21.8	16.2	20.0	-	18.3
Suicide crude rate 10-34 years: per 100,000 (5 year average) ■	2013 - 17	10.5	10.5*	9.1	9.0	9.8	14.1*	10.5	11.8	12.8	*	11.1	9.8	6.6	8.6	8.0	10.8	16.2	7.9
Suicide crude rate 35-64 years: per 100,000 (5 year average) ■	2013 - 17	20.1	22.1*	19.3	28.0	26.0	30.0*	21.1	21.6	22.0	*	19.7	26.4	18.7	23.3	15.7	15.5	21.8	17.1
Suicide crude rate 65+ years: per 100,000 (5 year average) ■	2013 - 17	12.4	13.0*	14.0	17.9	9.8	19.8*	12.6	10.5	10.8	*	7.3	5.7	9.4	14.4	18.2	11.9	21.9	11.0

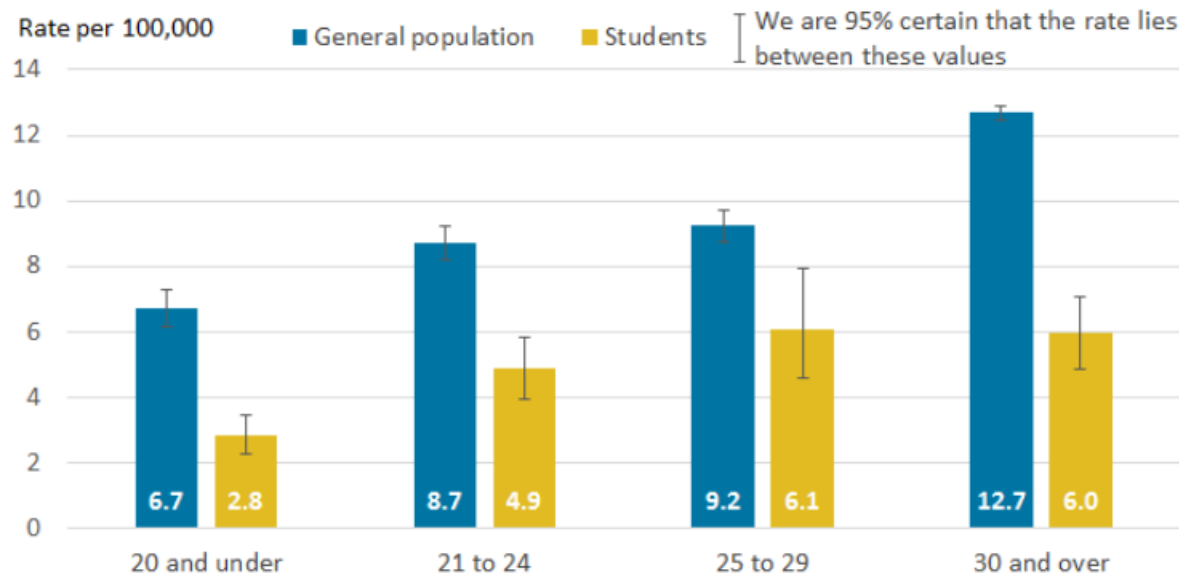
Student Suicides - NCISH

- Analysis on student suicides was based on the occupation information from national suicide data we receive from ONS and from our questionnaire data for patients. Our analysis on those aged between 18-21 is likely to differ to a recent ONS study on student suicides, which focussed on higher education students only.
- During 2006-2016 there were **577** deaths in England and Wales by those aged between 18-21 who were identified as students, an average of 52 suicides per year.
- The number of student suicides has increased over the report period, with a peak in recent years not seen since 2010 92. 431 (75%) were male. Over half (313, 54%) of all deaths were by hanging/ strangulation, a lower proportion compared to other young people aged 18-21 (54% v. 64%).
- Male students were more likely to die by jumping/ multiple injuries than other young males (19% v. 14%). The highest number of suicide deaths by students were in January (66, 11%), followed by April (64, 11%).
- Suicide deaths in January were higher compared to other young people (11% v. 8%). The lowest number of suicides were in August (28, 5%), lower compared to other young people (5% v. 8%). 69 were patients, 12% of all student suicides aged 18-21, lower than non-students aged 18-21 who were patients (21%), and 1% of all patient suicides.
- There was a peak in the number of patient suicides by students in 2010, but otherwise there was no trend over the report period and recent figures show 8-9 per year
- <http://documents.manchester.ac.uk/display.aspx?DocID=38469>

Student Suicides v General Pop'tion

Figure 6a: Rate of suicide by age group in the general population (including higher education students) and in higher education students, deaths registered in England and Wales,

between the 12 months ending July 2013 and the 12 months ending July 2017 combined^{1,2,3,4,5}



Student Suicides v General Pop'tion

- Accessed here:
- <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicide-among-higher-education-students-england-and-wales-experimental-statistics/2018-06-25>
- Rate of suicide by age group in the general population (including higher education students) and in higher education students, deaths registered in England and Wales.
- The rate in those aged 20 years and under shows the biggest difference, with the rate in the general population being 2.4 times higher than that in students.

Suicide Rates for Under 25's

	Persons				Males				Females				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
2018 10-14	2	1	3	1	1	1	3	0	1	0	0	1	14
15-19	39	48	48	38	27	35	30	25	12	13	18	13	346
20-24	79	94	95	85	58	73	75	67	21	21	20	18	706
2017 10-14	1	2	3	4	0	1	2	2	1	1	1	2	20
15-19	33	38	49	35	21	28	32	23	12	10	17	12	310
20-24	57	64	74	66	43	47	60	49	14	17	14	17	522
2016 10-14	0	0	1	1	0	0	1	0	0	0	0	1	4
15-19	33	36	34	40	23	23	26	30	10	13	8	10	286
20-24	68	91	87	76	52	69	64	61	16	22	23	15	644
2015 10-14	1	4	0	3	1	2	0	1	0	2	0	2	16
15-19	43	38	43	50	32	26	31	37	11	12	12	13	348
20-24	76	76	84	77	58	64	70	60	18	12	14	17	626
2014 10-14	3	2	1	1	1	1	1	0	2	1	0	1	14
15-19	31	41	36	34	25	31	24	22	6	10	12	12	284
20-24	65	85	72	88	47	61	59	70	18	24	13	18	620
2013 10-14	0	2	0	3	0	2	0	2	0	0	0	1	10
15-19	28	41	21	33	21	38	15	27	7	3	6	6	246
20-24	61	72	75	82	48	58	64	64	13	14	11	18	580
2012 10-14	1	0	0	5	1	0	0	4	0	0	0	1	12
15-19	26	29	28	33	20	22	23	27	6	7	5	6	232
20-24	62	65	78	95	52	57	67	76	10	8	11	19	600
2011 10-14	1	3	3	2	0	2	2	1	1	1	1	1	18
15-19	25	28	43	27	15	20	35	16	10	8	8	11	246
20-24	44	91	88	75	36	72	69	56	8	19	19	19	596
2010 10-14	0	0	1	1	0	0	1	0	0	0	0	1	4
15-19	16	37	27	26	8	22	20	21	8	15	7	5	212
20-24	57	77	80	81	47	56	63	62	10	21	17	19	590
2009 10-14	0	0	1	1	0	0	1	0	0	0	0	1	4

Zero Suicide Ambition

- Commitment to reduce suicide within inpatient MH settings to zero.
- Supported by the production of specific plans by each MH provider, which were completed by April 2019.
- Assurance rating provided for each plan with a series of best practice and peer support webinars to be held over the next six months
- Launch of the Zero Suicide Ambition which is being supported by the Regional Leads.
- Training packages in place with further bespoke packages in progress

Sector Led Improvement

- All Local Authorities now have a Suicide Prevention Plan which are monitored by specific steering groups.
- Within the publication of the recent report on the Suicide Prevention Plan, there is move to ensure that these plans are completed at STP/ICS level.
- Work is being undertaken to ensure that the actions and programmes of work include best practice and support is offered where further detail or actions are required.
- <https://www.samaritans.org/about-samaritans/research-policy/national-local-suicide-prevention-strategies/>

Training and Education

- Health Education England have produced four frameworks for training in relation to self harm reduction and suicide prevention.
- <https://www.hee.nhs.uk/our-work/mental-health/self-harm-suicide-prevention-frameworks>
- These cover the following areas:
 - Working with Children and Young People
 - Working with Adults and Older People
 - Working with the Public
 - Service Users and Carers
- The Zero Suicide Alliance also have online training material which can be accessed here:
- <https://www.zerosuicidealliance.com/training/>
- Working with the Regional Safer Custody Leads to adapt the HEE training for custodial settings, which will be low tech and easy read.

Criminal Justice and Probation

- Working with prisons and probation services to actively improve the level of understanding of suicide and self harm risk across the SW.
- This includes specific training packages as well as utilising the recommendations from the NCISH 10 ways to safety document
- Locally aiming for Zero Suicide within custodial settings in the same way as for MH Trusts.
- Joining up of services from individuals leaving custody, to ensure that there is continuity of care.

Any Questions

- If you have any queries, around the projects or the data, please contact:
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