

# **Suicide Prevention Plan for Hampshire**

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## Introduction

Suicide can have a profound effect on family, friends and the local community.

This plan outlines the Hampshire approach to suicide prevention which requires statutory agencies, the voluntary sector and others including the media to work together to reduce the number of suicides and the effect of someone taking their life.

In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact.

We need to support individuals, groups and communities at risk of suicide, offering effective and acceptable responses which reduce their level of risk. We need to work together to influence, those whose actions and policies have an impact on the risk of suicide.

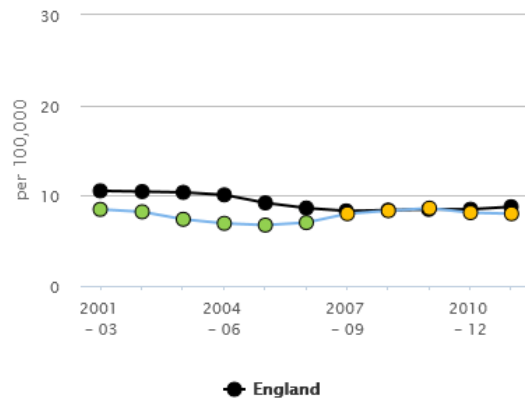
This plan is in line with national guidance and the All Party Parliamentary Group guidance on suicide and suicide prevention.

The following key areas of work have been identified as key to reducing suicide. This plan addresses each of these aspects;

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

## The Hampshire Picture

Hampshire’s rate of suicides is 8 per 100,000 which is comparable to the England rate of 8.0 per 100,000. Between 2011 and 2013 there were 315 deaths by suicides by Hampshire residents.



Source Public Health Outcomes Framework

## Suicide Audit

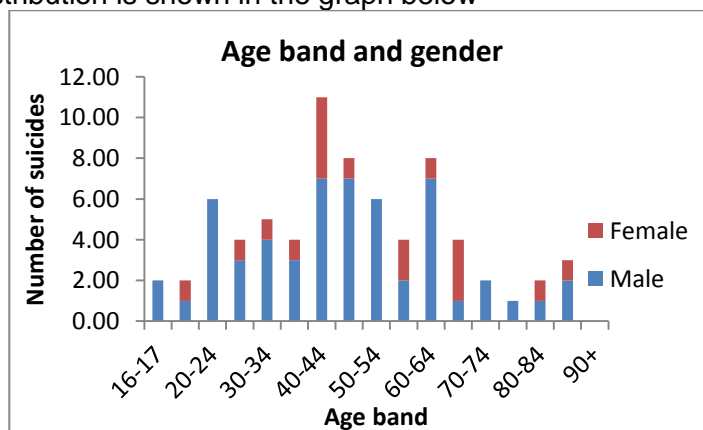
A suicide audit is the systematic collection of local data on suicides in order to learn lessons and inform suicide prevention plans. The data on suicides will help us understand our local picture; the aim is that the data will facilitate our understanding of those most at risk, the context to the suicide and allow us to target suicide prevention strategies appropriately. The benefit of the local collection of this data, in particular, is that it will enable us to review available information on risk factors associated with each case such as mental health service use, GP consultations, long term conditions, criminal record, drug and alcohol use. It can also highlight information on patterns of risk and potential gaps in service provision.

An audit of deaths by suicides has been conducted in partnership with HM Coroners for the suicide cases where the date of death was between 1<sup>st</sup> January 2013 and 31<sup>st</sup> December 2013 and the individual was a resident in the Hampshire County area.

This data has been the basis for understanding the needs of Hampshire residents.

The local suicide audit took place between July and October 2014 for deaths with a Verdict of “Suicide” in 2013. Each person who died was over the age of 16<sup>1</sup> and either resident in Hampshire or died in Hampshire. The summary of the results are below:

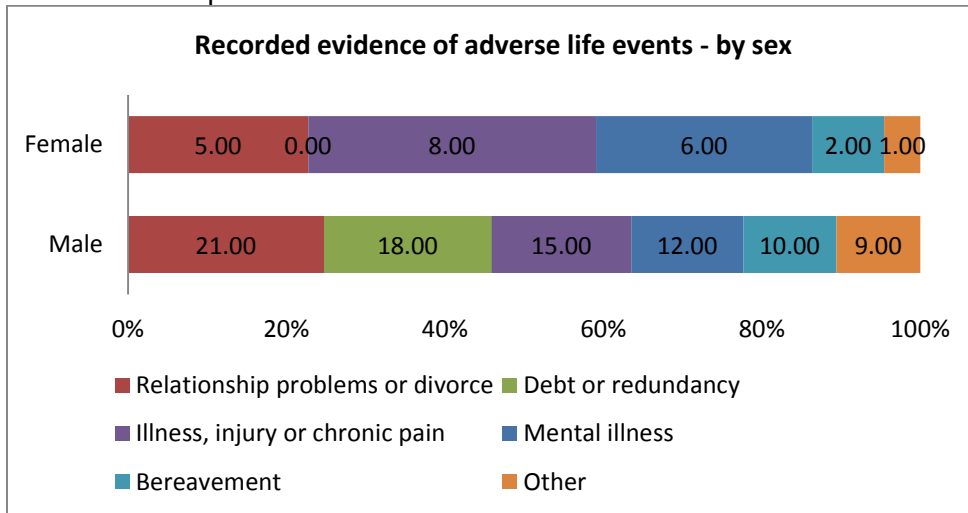
- 76% were males
- Age and gender distribution is shown in the graph below



<sup>1</sup> Deaths of under 18s are reviewed at the Child Death Overview Panel.

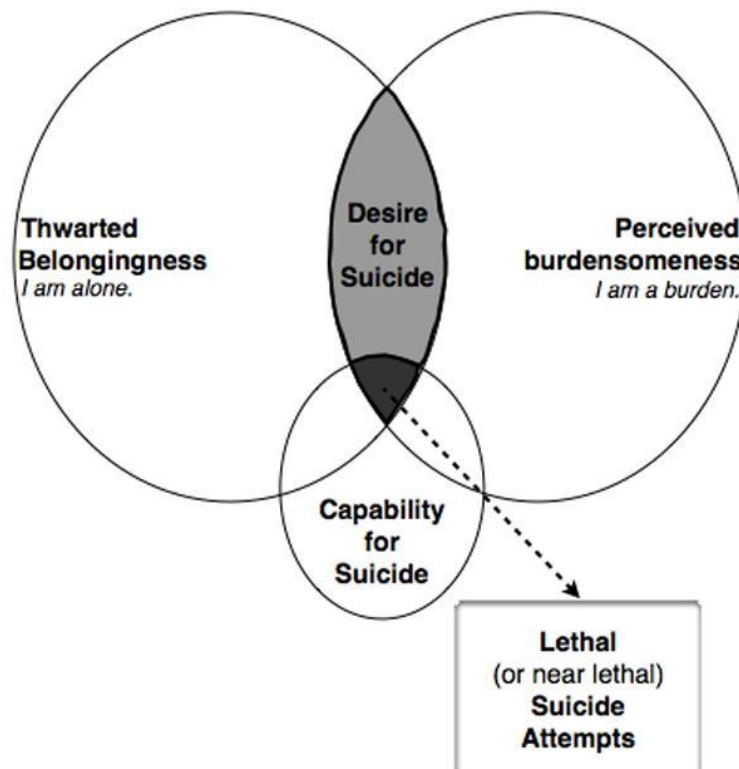
- 68% were ethnically white with a further 25% unknown
- 20% were employed, 16% were retired and 15% were unemployed
- 40% were single, 24% lived with a partner and 19% lived with another family member
- 53% used the method of hanging and 22% died from poisoning

Life events are presented below



### Suicidality

In order to prevent suicide it is important to understand the factors involved in for someone to take their own life. One helpful theory (Joiner 2010) suggests two personal factors of belongingness and burdensomeness is key, along with someone's capability for suicide. The model is depicted graphically below with a relatively small area of overlap in the Venn diagram representing the small minority of individuals who possess both desire and capability for suicide.



Source: Interpersonal-psychological theory of suicidal behavior (Joiner, 2005)

## 1. Reducing the risk of suicide in key high-risk groups

Suicide risk is not evenly distributed throughout the population with some groups at higher risk. Those at higher risk are:

- Young and middle-aged men (the highest rate aged 35-54)  
Ideas of socialisation are a particularly important factor in relation to men's mental health. These tendencies include a relative lack of emotional expressiveness, the propensity to "act out" emotional distress, and a reduced willingness to admit vulnerability and seek help. Key factors for men include depression, especially when it is untreated or undiagnosed, alcohol or drug misuse, unemployment, family and relationship problems including marital breakup and divorce, social isolation and low self-esteem.
- Adults living with health conditions such as Aspergers Syndrome and especially those with Aspergers and depression combined are reported to be at a significantly greater risk of suicidal thoughts compared to the general population. This is thought to be linked to social isolation, loneliness, underachievement, social exclusion and unemployment.
- People in the care of mental health services, including inpatients  
In all populations, suicide is usually the result of untreated or inadequately treated depression, coupled with knowledge of and access to lethal means.
- People with a history of self-harm  
Around half of people who die by suicide have a history of self-harm, and self-harm is a sign of serious emotional distress in its own right.
- People in contact with the criminal justice system  
There are many possible factors as to why someone in the criminal justice setting may be more at risk from suicide. Jails and prisons are repositories for vulnerable groups that are traditionally among the highest risk for suicide, there may be a psychological impact of arrest and incarceration and, furthermore, prisoners are isolated from their family community and support.

For these groups there is good assessment in prison for adults and the Youth Offending Team assess vulnerability at court to ensure the appropriate support is given at sentencing

- Specific occupational groups, such as doctors, nurses, veterinary workers  
Depression is at least as common in the medical profession as in the general population, affecting an estimated 12% of males and 18% of females. However, because of the stigma often associated with depression, self reporting likely underestimates the prevalence of the disease in both of the above populations.

Perhaps in part because of their greater knowledge of and better access to lethal means, physicians have a far higher suicide completion rate than the general public; the most reliable estimates range from 1.4-2.3 times the rate in the general population. Although female physicians attempt suicide far less often than their counterparts in the general population, their completion rate equals that of male physicians and, thus, far exceeds that of the general population (2.5-4 times the rate by some estimates).

Health Education Wessex support doctors and nurses in training, providing specialist support for those who are in difficulty during training. The appraisal process for qualified doctors and nurses is a key mechanism for supporting people who maybe struggling with mental health problems.

- Farmers and agricultural workers.

The key explanatory variables in this group are the presence of physical and mental illness, low rates of treatment, lack of a close confiding relationship, work and financial problems and the availability of firearms. The National Farmers Union (NFU) reports that the average age of farmers in Hampshire is 57 years, indicating an older average workforce than that seen in other occupations. Due to the mechanisation of farming methods they are also more likely, than other occupations, to be sole workers,.

The Farming Community Network (FCN)<sup>2</sup> is a support organisation that support farmers and agricultural workers who seek help for a variety of reasons. FCN report that half of those accessing the support they provide (3000 people in 2014), are experiencing financial issues and that 25% of all farming families are living on or below the poverty line. FCN also report that social isolation, rural living and a challenging workload, mean that farmers may not be aware of the support available to them.

- Lesbian, gay, bisexual, transgender and questioning (LGBTQ)  
Lesbian, Gay and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self harm than heterosexual people<sup>3</sup>. The results demonstrated a two fold excess in risk of suicide attempts in the preceding year in men and women, and a four fold excess in risk in gay and bisexual men over a lifetime. Suicide in these groups is related to isolation and not being able to come to terms with sexuality alongside a fear of discrimination.

Transgender people are of the highest risk of suicide in this group.<sup>4</sup> A 2012 survey in Ireland<sup>5</sup> reported that 78% of trans people had thought about ending their lives and 40% had attempted suicide. Transgender people may also experience relationship issues with close friends and families, alongside stigma, discrimination and hate crime from the wider community. Risk of suicide compounded by any co-existing mental and physical health. They may also experience long waiting times for NHS gender reassignment services, exacerbating existing difficulties.

The LAGLO (Lesbian and Gay Liason officers) are a very positive innovation by Hampshire Police. They work to build trust and confidence, encourage people to report homophobic and transphobic hate crimes and support LGB&T witnesses and victims of crime

There are other groups whose risk could be high, but limits on the data available mean that their risk is hard to estimate, or else there is no way of monitoring progress as a result of suicide prevention measures.

There are many factors influencing someone to take their own life. These include drug and alcohol misuse, unemployment, social isolation, poverty, poor social conditions, imprisonment, violence and family breakdown.

In order to prevent suicides we need to understand the issues for these specific groups as, although every death is unique, there are common factors that need to be understood. People in at risk groups may not be aware of support already in existence and may also need specific interventions tailored to meet their specific needs.

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<sup>2</sup> a charity not linked to any member organisation

<sup>3</sup> King, M, Semlyen J, See Tai, S, Killaspy H, Osborn D, Popelyuk D, Nazareth I A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people, *BMC Psychiatry* 2008, 8:70

<sup>4</sup> [https://www.engage.england.nhs.uk/consultation/specialised-services-consultation/user\\_uploads/gendr-ident-policy.pdf](https://www.engage.england.nhs.uk/consultation/specialised-services-consultation/user_uploads/gendr-ident-policy.pdf)

<sup>5</sup> <http://www.teni.ie/news-post.aspx?contentid=673> – accessed online 26<sup>th</sup> May 2015

<b>Proposed Actions</b>	<b>By Whom</b>	<b>When</b>
We need to move to recognising men's needs and how societal expectations shape their actions, A key factor is understanding how loneliness in mid-life affects men. We need to further enhance the work of substance misuse services to understand the suicide risk of those misusing alcohol and substances.	Public health	On going work to influence service commissioning
Routine inclusion of sexual orientation in data collection and reporting of services	All commissioners of services	When procuring/recommissioning services
Ensure the incorporation of LGBT issues into diversity training for organisations in Hampshire	All agencies	June 2016
Ensure that front-line staff working with high-risk groups receive training in the recognition, assessment and management of risk in relation to suicide.	Public Health	June 2016
Develop a programme of Zero tolerance for suicide for people in the care of mental health services.	NHS England (Wessex).	June 2017
We need to understand the specific issues in the high risk occupational groups and work with unions, charities and work places to support those occupational groups.	Public Health and relevant agencies	April 2016
We need to understand the specific issues in the high risk (non-occupational) groups and work with individuals, agencies, organisations and charities supporting these individuals.	Public health and relevant support agencies	On going
With the more recent service developments in mental health services such as IAPT, we need to promote these services to isolated groups such as agricultural workers. Further work to promote the support available for farmers.	CCGs and Mental Health Providers, Farming Community Network	On going
Further work with Health Education Wessex to ensure doctors and nurses are supported effectively to protect their own mental health as well as the mental health of patients	Health Education Wessex	April 2016
We need to ensure there is a robust process to learn from deaths by suicide in people under the care of mental health services that can be shared with the wider care system. This should include how families are supported through the process.	CCG	June 2016
Further work needs to take place to ensure young people in at risk	CDOP/LSCB	December 2016

groups are supported to have improved mental health.		
Carry out an evidence review of the effective ways of preventing suicide risk in those with a history of self harm.	Public health	April 2016
Health improvement initiatives delivered in the workplace are of particular importance for men. There is an increasing and convincing body of evidence that health improvement initiatives in the workplace are not only effective at engaging men but are also welcomed and valued by men.	Public health	June 2017
Community outreach programmes into traditional male environments can be powerful in engaging with men.	Public health	June 2017
Establish which organisations can offer support to the groups at risk from suicide and affected by suicide.	Community development teams	April 2016
Work with the criminal justice system to ensure those in points of transition are effectively identified and supported.	YOT, NOMS	June 2017
Review the need for any specific work needed to tackle suicide in young people	Public Health	April 2016
Review the court assessment for young people which assesses emotional state and vulnerability.	YOT	April 2016
Take learning from the LAGLO role to other statutory agencies as appropriate	Police	Ongoing

## 2. Tailor approaches to improve mental health in specific groups

Improving the mental health of a local community can impact strongly on reducing suicide rates.

A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People) set out a number of key actions which will impact on overall wellbeing and reduce risk of suicide. These are:

- There are many factors that influence good emotional wellbeing and mental health. We want everyone to understand what these factors are, including the importance of physical health, and how they can help to promote mental health in children and remove the stigma that is often associated with mental health problems. We want to increase awareness and knowledge about mental health problems amongst people working with children and young people.
- Earlier recognition and intervention for mental health problems in children.
- Improve information and advice available for children, young people, families and professionals with regard to emotional wellbeing and mental health.
- Ensure all children, young people and families have access to timely, evidence-based, high quality specialist mental health support, when it is needed.

### Proposed Actions to improve mental health in specific groups

Maintain linkage with the implementation of the Hampshire Strategy for Emotional Wellbeing and Mental Health for children and young people	Public Health	On going
Review effectiveness of suicide prevention and mental health training e.g. ASSIST, Mental Health First Aid; PSHE. Consider the relevance of rolling out for the Hampshire population.	HCC Education, Public Health	April 2016
Consider development of mental health friendly communities.	Public Health and Adult services	September 2016
Work with relevant organisations e.g. CAB; job centre plus to increase awareness of suicide risk.	Public Health	December 2015
Work with partners to develop a mental health campaign approach to help increase awareness of, and reduce the stigma of, mental health and signpost to helping agencies and support.	Public Health	April 2015
Ensure robust linkages between this work and the Crisis Care Concordat by ensuring representation from each workstream is integral to the other.	Crisis Care Concordat group/ Suicide Prevention group	On going
Support the development of Wellbeing centres to be able to support mental health needs of all the community and consider how this model could be replicated in prison	Adult services	As per procurement timescales April 2017
Ensure services are cognisant of more vulnerable times for patients	CCG and Adult mental health	On-going through Quality contract monitoring

eg on discharge from inpatient unit or custody		
Ensure learning from suicides in mental health patients is shared as part of on going work.	CCG quality leads	On-going through Quality contract monitoring

### 3. Reduce access to the means of suicide

Reducing access to the means of suicide can be a very effective form of suicide prevention. Some of this work takes place at a national level to restrict access e.g. reducing the size of Paracetamol packages. Other more local work is needed at suicide hotspots.

A 'suicide hotspot' is a specific, accessible and usually public site which is frequently used as a location for suicide and therefore gains a reputation. The most common hotspots are bridges, tall buildings and cliffs, railway tracks, and rural or secluded locations. Three main approaches have been used at suicide hotspots: (a) restricting access to means (through installation of physical barriers); (b) encouraging help-seeking (by placement of signs and telephones); (c) increasing the likelihood of intervention by a third party (through surveillance and staff training).

The Samaritans and Network Rail are working on a scheme to reduce suicide on the rail network. This collaborative approach will further develop the suicide awareness and skills of staff as well as restrict access. Samaritans and South West Trains have train 800 staff across the rail network to help to prevent suicides.

Hampshire has a number of identified places of higher risk including rural areas, railway lines and a network of motorways.

Proposed Actions	Lead	By when
Further local work on understanding hotspots in Hampshire will help to ensure that places of high risk are focused on and prevention methods are put in place.	Public Health Information Team/ Coroner's team and police	September 2015
Working with transport organisations to map hot spots can help reduce access to the means of suicide.	South West Trains	September 2015
Work should develop a best practice guide for identified hotspots	Public health supported by Samaritans, SW Trains	April 2015
Ensure the suicide audit identifies of new methods.	Public Health Information Team	September 2015

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

Support for those affected by suicide is important at this time of sudden loss to enable families and friends to come to terms with the loss. It is difficult to identify those who are in need of this information.

There is good literature available to support families bereaved and affected by suicide however this literature is not always available for families.

Nationally there is work developing in 10 areas across the UK, led by the Suicide Bereavement Support Partnership (SBSP), to develop a framework for the delivery of support services to those who have been bereaved or affected by suicide. This Framework for Support that could be adopted by any organisation involved in delivering services. This Framework will help to ensure that good practice principles and practice are embedded into their development and operation.

The framework will bring together evidence of services already in existence to support those bereaved by suicide across the country. There are also many new initiatives being developed to widen the support available. These include:

- Public Health England (PHE), who are working on a rapid response system, to ensure people who need support are identified quickly (Real Time Suicide Surveillance).
- A partnership between the Samaritans and Cruse, who are setting up new pilot schemes in six locations from Spring 2015.
- Updating 'Help is at Hand – a resource for people bereaved by suicide', which is being led by PHE and is planned for delivery in 2015.

<b>Proposed Actions</b>	<b>Lead</b>	<b>By when</b>
Ensure learning from pilot work which ensures that everyone bereaved or affected by suicide is offered appropriate support, is taken forward.	Public health, Family support charities	June 2016
Work with those who meet families to ensure literature is distributed. This should take place with all relevant agencies including the Registrars, Coroners' staff and Undertakers/Funeral Directors.	Public health; registrars; police;	June 2016
We need to further develop work with bereavement organisations to increase support for those who are bereaved by suicide	Public health	June 2016

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

Cases of suicide can be of interest to local and national media. The reporting of suicides needs careful consideration to minimise the impact it may have on others.

Inappropriate reporting of suicide may lead to 'copycat' behaviour. In 2008, the World Health Organisation also stated that "Vulnerable individuals may be influenced to engage in imitative behaviours by reports of suicide, particularly if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method of suicide."

The Samaritans have produced guidelines for media outlets on reporting suicide accurately and with sensitivity.

The use of social media can often be unhelpful in the immediate aftermath of a suicide but also may also provide support to families following an event.

<b>Proposed Actions</b>	<b>Lead</b>	<b>By when</b>
Hampshire County Council media team have a good relationship with the media as part of regular communication with media outlets. As part of on-going communication, the guidance will be sent to each media establishment, to increase understanding and promote good reporting of cases of suicide.	HCC media team/ Public Health Comms	September 2015
Consider how to respond to social media in relation to suicide needs further understanding.	HCC media team/ Public Health Comms	December 2105
Increase the use of appropriate language with regard to suicide	All	On going

## 6. Support research, data collection and monitoring

Local suicide audits are an effective way for authorities to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for local authorities to work with their CCGs, the coroner and NHS to develop and undertake a suicide audit.

In Hampshire an annual audit can be very resource intensive as it requires visiting the four coroners' offices. In addition to resources and completing an annual audit the date of death could be from almost 2 years previous. It is recognised that more timely audits and data would help better inform suicide prevention work and enable services to be proactive rather than having retrospective reviews.

The 2013 suicide audit only included cases where there was a suicide verdict thus excluding deaths where the injury was undetermined. Over the last 5 years there has been an average of 90 suicides and a further 20 injury undetermined deaths across Hampshire per year (HSCIC Compendium of Population Health Indicators).

This suicide audit also excluded Hampshire residents who had committed suicide outside of the Hampshire County Council boundary. To enable a complete resident audit, these cases need to be reviewed.

The coroner now has a faster turnaround time which is a positive action for prevention of suicide.

Proposed Actions	Lead	By When
For future suicide audits, data sharing and processes will be reviewed. Possibilities are being explored to enable coroners to send Public Health the data more frequently such as bi-annually and to alert the team early if there are any trends or new methods emerging. There are a number of data issues to be understood to facilitate this to happen such as developing a simple reporting tool that will not be too time intensive and can be filled in once an inquest has been completed. Information governance, how the data will be sent, stored and shared, will also need addressing to ensure the data remain confident.	Public Health Information team/ HM Coroners	April 2015
Identifying all suicides and undetermined deaths will need further exploring	Coroner office	April 2015
Identify cases where the death occurred outside Hampshire county boarders	Colleagues in other Public Health teams and the police	December 2015
Obtain data about attempted suicide	Public health information; ambulance, police	September 2015
Work with A&E to review a systematic recording of self harm.	CCGs and Public health	To be developed as part of the information subgroup and through the NHS contract round 2016/17
Set up a partnership information group to review data on suicide to help lead preventative work	Public health, police, Ambulance	September 2015

## **Implementation**

- This plan will be taken forward by a multi agency prevention group with sub-groups including and information sub-group.
- Public health will lead the suicide audit and data developments in conjunction with partners