
Preventing Suicide in Calderdale

Suicide Prevention
Plan

2017-2020

Our vision

For Calderdale to be a place where suicides are eliminated and where people do not consider suicide as a solution to the difficulties they face; also a place that supports people at a time of personal crisis and builds individual and community resilience for improved lives.

The aim of this document

Suicide is often the end point of a complex history of risk factors and distressing events. The prevention of suicide has to address this complexity and although challenging, there are effective solutions.

This strategic document aims to be ambitious and innovative, to raise awareness about suicide and to create an impetus for change that eliminates

suicides for Calderdale. Suicide prevention work is cost effective when based on evidence of what works. Yet, no one organisation is able to directly influence the rate of suicides and a collaborative approach between organisations and individuals must be taken.

Calderdale Suicide Prevention Group have produced this multi-agency suicide prevention plan, which is a response to the government strategy, *Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives*. This national strategy aims to provide an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society with seven key areas.

Context

Every suicide is a premature death and the overwhelming majority are preventable. Many suicides could be prevented by straightforward interventions such as opportunities to talk, timely signposting to supportive services, earlier identification of distress, a safer physical environment or a more cautious prescribing regime.

The accompanying social and psychological impact of a suicide on family and friends, or witnesses, can far outweigh that of other deaths both in terms of severity and duration. The impacts are immediately and profoundly distressing for all. Many others involved in providing support and care will also feel the impact. Attempted suicides, which an individual survives, can leave a person with enduring physical health problems, new or exacerbated mental health issues and have an enduring impact on family and friends. In some of these cases the short term capital costs of preventative measures will be insignificant when compared to the enduring costs of health and social care for survivors.

There is also substantial health inequalities associated with suicide. Not all sections of the population experience the same death rates from suicide. Men, and younger men particularly, are significantly over represented and in men under 35, suicide is the most common cause of death. There are however, other risk factors associated with higher levels of suicide including diagnosis of mental illness, social disadvantage and some occupations.

Suicide is the biggest killer of men under 50; stopping suicide is everyone's business.

National picture

Deaths from suicide in the UK rose slightly from 6,122 deaths in 2014 to 6,188 deaths in 2015 with a subsequent increase in the rate from 10.8 to 10.9 deaths per 100,000 population. UK male suicide rate decreased whilst female rate increased to its highest rate in a decade; England saw decreases in the total number of suicides, whilst Wales and Northern Ireland saw increases.¹

Of the English regions, Yorkshire and The Humber had the highest suicide rate at 11.6 deaths per 100,000 population and the East of England had the lowest at 9.3 deaths per 100,000. Across all broad age groups, the rate for males was around 3 times higher than females. The most common method of suicide amongst males and females in the UK in 2015 was hanging.

Statistics produced by the Office for National Statistics (ONS) indicate that the suicide rate in England had been in steady decline for most of the last decade until 2008 since when there has been an increase in the number of suicide deaths. Economically this also has a huge impact on our society. The average cost of a suicide of a working age adult in England is estimated to be in the region of £1.67m².

Suicide prevention is therefore a national priority because there is a sustained associated burden of illness and distress associated and has an important impact on life expectancy and health inequality.

Nationally, there is now greater prominence of measures to support families those who are worried that a loved one is at risk and those who have to cope with the aftermath of a suicide. The government has also made it clear that mental and physical health have to be seen as equally important. It is therefore important that this features prominently in the strategy and plan for Calderdale.

Local picture

The Public Health Outcomes Framework for 2013-2015 indicates that the suicide rate in Calderdale is 12.9 per 100,000, higher than the national average at 10.1 per 100,000, with the highest rate being in men at 19.7 per 100,000 compared to the national average at 15.8 per 100,000.

Last year, an audit of suicides in Calderdale between 2012 and 2014 was conducted providing further detail around individual suicides. 45 suicides were considered, for which we had access to records, and this concluded that:

- 80% of recorded suicides were males
- The average age was 49, the range of ages in the data was between 19-88 years
- The suicides took place across all wards and among those with differing relationship and employment statuses
- 87% of those who took their own lives were White British

¹ ONS (2016) Suicides in the UK: 2015 registrations, ONS

² Knapp M, McDaid D, Parsonage M (editors) (2011) Mental health promotion and mental illness prevention: The economic case. PSSRU, London School of Economics and Political Science.

- 48% were living alone
- 49% of deaths were by hanging
- 31% took place on a Sunday, more than any other day of the week
- the suicides happened across a range of times of day – but with 40% at around midday or early evening;
- 51% of those who died had depression
- 49% faced some sort of acute family or relationship issue around the time of death

The evidence

The findings of our audit reflected wider evidence around the main suicide risks - being male, living alone, unemployment, alcohol or drug misuse and mental illness. Studies have identified that the main methods of suicide are hanging, self-poisoning and jumping from height. It is also recognised that depression is one of the most important risk factors for suicide and that early identification and prompt, effective treatment of depression has a major role to play in preventing suicide across the whole population.

Cutting the risk among high risk groups, promoting mental wellbeing, reducing the availability of suicide methods, improving the reporting of suicidal behaviour in the media, promoting research and improving monitoring are key messages from the national strategy. It is known that suicide is sometimes impulsive so if a lethal method is not to hand, the act may be prevented. Reducing access to methods of suicide needs to be a priority, by working closely with pharmacology, secondary mental health services, police, prisons and the voluntary sector and communities.

Calderdale approach

Our clear focus is on improving the wellbeing of people at a population level and reducing the number of suicides in Calderdale to zero. However, there is no single way of preventing suicide. We need to ensure that all the key agencies in Calderdale are adopting a broad approach, in particular, a more well-being and preventative approach focussing on the seven key aims outlined in the national strategy, namely,

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
7. Locally identified initiatives

If we are to continue to improve health, increase longevity and address inequalities in health in Calderdale we need to implement a suicide prevention plan and monitor its progress and impact. This will allow us to be able identify and, respond in a timely manner, to any emerging issues in suicide rates by population group, locality and method.

This plan is divided into 7 sections and is the result of a workshop held in January 2017.

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Aim	Objective	Actions	Who for	By Whom	Timescales
A Calderdale wide approach to suicide prevention	Partner engagement in the suicide prevention agenda	Have a functioning multi-agency strategic group to oversee delivery of the prevention plan	All people in Calderdale	Calderdale Suicide Prevention Group	September 2016
		All partners to advocate on behalf of suicide prevention and develop activity in their organisation's work plans	All people in Calderdale	All partners	On-going
		Identify funding and commissioning opportunities for suicide prevention initiatives	All people in Calderdale	All partners	On-going
	High quality mental health services include suicide prevention approaches	Work with partners to ensure Calderdale has accessible high-quality mental health services as a crucial part of reducing the suicide risk in people of all ages with mental health issues	All people in Calderdale	Calderdale Suicide Prevention Group	On-going
	Robust accountability and governance	Report into the Health and Wellbeing Board around progress, initiatives and gain their on-going support	All people in Calderdale	Calderdale Suicide Prevention Group	On-going
	Good practice shared by collaborative working	Link with regional and national support networks, e.g. Yorkshire and the Humber Mental Health and Suicide Prevention Community of Improvement	All people in Calderdale	Calderdale Public Health	On-going
Reduce the risk of suicide in key high-risk groups	Long term early intervention to reduce suicides	Raise awareness of high risk groups with GPs	All adults	Calderdale CCG/public health	September 2018
		Coordinate delivery of the actions in the Emotional Health & Wellbeing (EHWB) Local transformation Plan to improve mental health services and support for children and young people (CYP)	Children and Young People	EHWB Taskforce	Ongoing – to March 2020
		Go into schools and youth clubs, including LGBT youth groups via Barnardos	Young people	CYP, Calderdale Council and partners	On-going
	Ensure all public sector staff have an awareness of mental health and suicide issues	Encourage all partners to put in place training for their frontline staff around mental health awareness	Frontline staff	All partners	March 2018
		Audit the level of mental health awareness in organisations and match against competency frameworks	All public and voluntary sector organisations	Calderdale Suicide Prevention Group	On-going
		Undertake a workforce audit in CYP services including schools to identify gaps in training and address these	Children and Young People	Local Transformation Plan Officer, Calderdale Council	March 2018

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			and partners	
	Develop training on the needs of LGBT people and their risk of suicide	All public and voluntary sector organisations	Calderdale Suicide Prevention Group	On-going
Reduce suicides in men of all ages	Raise awareness of suicide with staff in gyms, clubs and places where men meet	All men	Calderdale Suicide Prevention Group	On-going
Reduce suicides in women	Establish peer support for women, e.g. like Andy's Man Club and work with the Women's Centre and Healthy Minds to develop a group	All women	Andy's Man Club/ Women's Centre/ Healthy Minds	August 2017
Reduce suicides in people facing poverty and benefit sanctions	Provide support to people facing benefit sanctions, including signposting to CAB	All adults	CAB and all partners	On-going
Reduce suicides in LGBT people and raise awareness of suicide in this group	Work directly with groups supporting LGBT communities to raise awareness around risk factors and suicide	LGBT community	All partners	On-going
	Ensure local funders understand the need to continue support for LGBT groups	LGBT community	CMBC/Calderdale CCG	On-going
	Ensure there is understanding, sensitivity and awareness of LGBT issues for parents and same sex partners	LGBT community	All partners	On-going
Reduce suicides in people with a history of self-harm or attempted suicide	Work with health organisations to identify those at risk of suicide and raise awareness with staff	Children and adults	Calderdale CCG/GPs/SWYPFT and other partners	On-going
Reduce suicides in people in contact with criminal justice	Work with probation and health organisations to identify those at risk of suicide and raise awareness with staff	Adults	Calderdale CCG/GPs/SWYPFT and probation service	On-going
Reduce suicides in people with long term conditions	Work with health organisations to identify those at risk of suicide and raise awareness with staff	Children and adults	Calderdale CCG/GPs/SWYPFT and other partners	On-going
Develop a Calderdale directory of support (including armed forces)	Identify key information that needs to be included	All Calderdale services	Calderdale Council/ Calderdale CCG/SWYPFT	May 2017
	Develop a template for all partners to complete to publish on a website	All Calderdale services	Healthy Minds/all partners	June 2017
	Link with existing directories, e.g. Insight Healthcare and VAC	Adults	Healthy Minds and Insight	September 2017

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		An EHWB website is being developed for CYP linked to CAMHS website	Children and Young People	Calderdale Council and partners	September 2017
		There is a Directory of Therapeutic services for CYP; revise this and promote to schools and other organisations	All Calderdale services	Local Transformation Plan Officer, Calderdale Council	September 2017
Increase access to safe services		Increase publicity of Safe Space run by Healthy Minds when it opens	Adults in crisis	All partners	On-going
		Work with VAC & North Bank Forum to develop training / toolkit for voluntary and community sector (VCS)	Children and adults	VAC /North Bank Forum	On-going
Easy to navigate services		Service providers regularly consult with service users around accessibility to services	Children and adults	All partners	On-going
		Mapping of crisis service provision, identification of any gaps and possible solutions, working with service users/families (link with service directory and survey work elsewhere in the plan)	People in crisis and their families/friends	Calderdale Mental Health Innovation Hub co-production sub-group	August 2017
Reduce risks associated with long term 'skunk' cannabis use		Promote education and awareness towards children and adults	Children and adults	All partners	On-going
Reduce risk post release from Police custody		Develop a Toolkit for Police and training	Criminal justice contacts	West Yorkshire Police	
Tailor approaches to improve mental health in specific groups	Co-ordinated approach to self-help and early intervention	Young people continue to be involved in building / developing tools to support individual well-being.	Young people facing crisis, including homeless young people	CYP services, Calderdale Council	On-going
		Support, develop and promote the work of the Tough Times Young Peoples group, Youth Health Project and the Youth Council to support their work around children and young peoples' mental health	All children and young people	Local Transformation Plan Officer, Calderdale Council and other partners	On-going
	Effective signposting to other services, e.g. debt management, Citizens Advice	Communicate with local and national support services to establish a network	All those in need	All organisations who have frontline contact with the public	March 2018

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		Understand the organisational remits of supporting services	All those in need	All partners	On-going
	Understand what support an individual wants and needs	Carry out survey of what support / intervention people feel that they need in time of crisis (once passed) to tailor support for future groups	People in crisis	Samaritans, public health, other partners in contact with people in crisis	June 2018
	Improve funding for self-help groups	Lobby Calderdale CCG & Calderdale Council on the importance of these groups	Children and adults	VCS and partners	March 2018
	A dual diagnosis service in Calderdale to address substance misuse and mental health issues	Improve access to mental health services, including walk-ins	Adults with drug/alcohol and mental health issues	Calderdale Council, Calderdale CCG, SWYPFT	March 2019
	Responsive counselling services for drug users, people with alcohol issues, mental health and those facing bereavement	Map funding for counselling services and consider regional funding for a suicide bereavement service	Adults	Calderdale Suicide Prevention Group	December 2017
Reduce access to the means of suicide	Identify and reduce potential suicide hotspots	Consider signage at hot spots - review and audit these and other options	Adults and children	Calderdale Suicide Prevention Group	June 2017
		Consider barriers at hot spots e.g. netting on bridges and barriers for prevention / highways, train lines	Adults and children	Calderdale Suicide Prevention Group	December 2017
		Speak to those that have been dissuaded from taking their own life	Adults	Calderdale Suicide Prevention Group	June 2018
		Audit S.136 - case reviews with Police and adult social care	Adults in crisis	Police & Adult Health & Social Care	December 2017
	Reduce suicides from prescribed medication	Work with GPs and pharmacies to raise awareness of risks of stockpiling medication, e.g. large prescriptions, and promote responsible prescribing	Adults	Calderdale CCG	August 2017
Provide better information	Robust procedures to deal with suicide across Calderdale	Calderdale Childrens' Safeguarding Board have developed a regional suicide prevention procedure which should be launched/promoted more widely	Children and adults	Calderdale Childrens' Safeguarding Board	July 2017

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and support to those bereaved or affected by suicide	Children and young people are aware of support services	Increase schools and colleges awareness of support, including Samaritans, and publicise the STEP by STEP programme	Pupils / students and their teachers	CYP, Calderdale Council, Calderdale College, Samaritans	On-going	
	All people affected by suicide have access to talking therapies	Promote talking therapy support, e.g. Insight Healthcare and Wi-Fi in Calderdale	All adults	All partners	July 2017	
	Accessible information for all, including signposting and self-help	Develop an information portal to signpost, to self-help	Identify local support organisations and make other groups aware through leaflets and websites	People who have been bereaved, affected by suicide and people working with people affected by suicide	Calderdale Suicide Prevention Group	December 2017
		Develop a crisis card with useful contacts			Calderdale Suicide Prevention Group	On-going
		Appropriate use of media			Produce local flyers and make use of local radio, newspapers, social media and social marketing techniques to help provide information for people affected by suicide	Calderdale Suicide Prevention Group
	Support the media in delivering sensitive approaches to suicide and suicidal behaviour	Reduce stigma in the media	Encourage local media to promote positive reflection on events	Children and adults	Calderdale Suicide Prevention Group	September 2017
Promote positive stories about recovery to share widely		Put together good news stories for media outlets, including LGBT, LGBT BME communities and LGBT young people	General population	All partners	On-going	
More sensitive reporting in local media		Speak to local press and share guidelines develop by Leeds public health	Children and adults	Calderdale Suicide Prevention Group	July 2017	
		Ask media to signpost people for help and support in their related stories and reports	Children and adults	Calderdale Suicide Prevention Group	July 2017	
		Develop local social media guidelines for organisations to adopt, including reporting guidelines	Children and adults	Calderdale Suicide Prevention Group	September 2017	
Support research, data collection and monitoring	Year on year reduction on the number of suicides	Regularly monitor suicide statistics and report to the Calderdale Suicide Prevention Group, Calderdale Health & Wellbeing Board and other partners	All partners	Calderdale Suicide Prevention Group	On-going	
	Use evidence to support suicide prevention agenda (what works)	Consider evidence reviews by regional and national groups as well as from other countries, e.g. around clusters and hot spots	Calderdale population	Calderdale Suicide Prevention Group	On-going	

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	Routine access to 'real time' data	Work with West Yorkshire Police to develop York public health approach to timely notification of suicides	Children and adults	Calderdale Public Health and West Yorkshire Police	December 2017
	Initiatives informed by local data	Undertake regular local suicide audits in collaboration with HM Coroner	Children and adults	Calderdale Public Health and West Yorkshire Police	March 2019
		Conduct a needs assessment and collect local data on attempted suicides	Children and adults	Calderdale Suicide Prevention Group	March 2018
		Collect information the use of the S.136 custody suite	Adults at risk	West Yorkshire Police	?
		Review and collate data collected by other partners, e.g. Insight Healthcare can provide anonymised data on clients	Children and adults	All partners	On-going
	Use local research to support initiatives	Work with academic institutions to explore issues around suicide, e.g. in high risk groups	Adults at risk of suicide	Front line staff	March 2020
Locally identified priorities	Raise local awareness of suicide prevention	An event with partners involved in a market place/round table event	Local people and partners	Calderdale Suicide Prevention Group	November 2017
		Local conference where all services and groups can meet	Anyone interested in the prevention of suicide	Andy's Man Club Public Health, EHWP Taskforce	April 2018
		Promote positive measures in Calderdale's Safeguarding Week	General public and partner organisations	Calderdale Suicide Prevention Group and Calderdale Safeguarding Boards	October 2017

APPENDIX 1: Evidence base of interventions

Enablers							
Improved partnership working							
Having an aspirational aim: zero suicides							
Having a comprehensive strategy with clear achievable goals							
Using an evidence based approach							
Evaluating progress							
Specific Action Plan							
Priority Areas:	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	7 Locally identified priorities
National Evidence	<p>Known risk factors are:</p> <ul style="list-style-type: none"> Mental illness Attempted suicide Substance misuse Epilepsy Personality traits Genetic predisposition Menstrual cycle, pregnancy and abortion Unemployment Poverty 	<p>National strategy identified the following:</p> <ul style="list-style-type: none"> Young and middle aged men History of self-harm People in contact with criminal justice Specific occupational groups <p>Further considerations from the group</p> <ul style="list-style-type: none"> Asylum seekers Long term illness 	<p>Evidence suggests one of the most effective ways to prevent suicide is to reduce access to means</p> <ul style="list-style-type: none"> Hanging and strangulation Self-poisoning including asphyxiation Rail and underground network High risk locations- bridges etc 	<p>Important to acknowledge the impact on those affected or bereaved by suicide</p> <p>Specific D+H guidance can be found in the source:</p> <ul style="list-style-type: none"> Help is at Hand: A resource for people bereaved by suicide and other sudden, traumatic death. 	<p>The media have a significant influence on behaviour and attitudes. Evidence suggests that the way in which the media can portray suicide and suicidal behaviour can lead to copycat behaviour especially in high risk groups</p>	<p>Research is essential to suicide prevention</p> <p>A wealth of information is collated by different organisations but real time data is difficult to obtain and relevant information needs to be distributed to all relevant agencies in a timely fashion</p>	
Local Evidence	Refer to local audit	Refer to local audit	Refer to local audit	Refer to local audit	Refer to local audit	Refer to local audit	Refer to local audit
Areas identified for interventions	<p>Campaigns in male environments</p> <p>Better training on MH & WB needs for CAB, Job centre staff etc</p> <p>People having disability assessment - ensure sources of support are provided</p> <p>Early interventions including MH education in schools and building resilience</p>	<p>Increase GP awareness of suicide risk factors – pertaining to Calderdale</p> <p>Increase awareness of mental health support in A&E (among staff and patients)</p> <p>More understanding of specific needs of LGBT groups in relation to suicide</p>	<p>Awareness raising training among primary care of current antidepressant and epilepsy medication prescription guidelines</p> <p>Audit of jump sites – where have people taken own lives? Are we assured these sites are secure and advice is available there?</p> <p>Network rail continue prevention scheme</p>	<p>Explore commissioning bereavement support service</p> <p>Discuss with local groups about bereavement support services</p>	<p>Media guidelines and awareness to be shared with local media organisations</p> <p>Reduce stigma – inclusion of stigma reduction courses in schools included in LTP</p> <p>Social Marketing initiatives</p>	<p>Conduct local suicide audit</p> <p>Present suicide rates at relevant meetings</p> <p>Collect better local data on attempted suicides</p> <p>Conduct a needs assessment</p> <p>Collect information the use of the 136 custody suite</p>	<p>Mental health first aid training among workforces</p> <p>Building resilience from childhood – commission services in school via LTP</p> <p>To ensure local services are aware of procedures and pathways when someone is suspected to be suicidal</p>

APPENDIX 2: Achievements so far

What was done?	Who made it happen?	Who did it help?	How did we know it worked?	How can we build on it?
Well-being park; Info - addressing	Foyer Team			
Attending suicides operationally	Firefighters			HFSC. Prevention work, signposting, recognising symptoms
Early intervention - charities, schools / Signposting. Front line work.	Front line staff - well trained	Customers / Families	Time	
Crisis Cards Heroes Awards	Insight Healthcare	Unsure of number - hard to quantify	400+ referrals a month. Some lives saved – anecdotal	More of the same - promotion, promotion, promotion
Starting Andy's Man Club x 3 in Calderdale & others. It's OK to talk Campaign	Andy's Man Club	Anyone / everyone in need	Feedback, numbers in groups, being recognised, increase in numbers of groups, ↑ awareness	
Suicide Prevention Board	Public Health	Organisations		Conference
Number of Early Intervention Projects & Schemes to support EHWP of CYP funded through LTP	EHWP Task Force	CYP, Parents, Professionals working with CYP.	Monitoring processes	Develop projects which can be embedded & are sustainable. Access further funding.
AMHP Supervision - Suicide Question. Social Work Forum - Suicide presentation - raising awareness. Looking into Mental Health Supported Housing. Safe Space	M Loxham - AHSC Commissioning. Public Health / Vol / AHSC / CCG	People with mental ill health	?	Evaluation of the schemes. ?
Obtained data from BTP around suicides & attempted suicides	BTP - following discussion in group	Public Health & wider group	Receive them daily	Need data from Police
Stigma in workplace support. - We are all here! - thinking about the relationship between self-management & suicide	PH ?	All of us!	Beginning of the journey	Collaborative work on specific themes. Keep talking & meeting

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Samaritans - National Service, freephone no., ↑ in calls, with improved connectivity round the country by phone/text/email. Increased opening hours, open an extra night per week to increased unsociable hours. Try to get into schools more (challenges due to independence)	Volunteers	Anyone in distress / despair	Records nationally how many people get engaged tone - check statistics for reduction.	Recruit more volunteers - increase campaigns.
Audit	Public Health	Service Plans, front line staff. Vulnerable - identified	Making more informed decision making.	Building, reviewing & updating. Key themes. Mental Health & Well-being Edinburgh Warwick
Establish 2 x CAB Teams	CCG / CAB / LA	Money - 500 - Groups mentioned - Definitely prevented some - not always	Stats	Resources but funding being possibly stopped from March '17. Who will help?
Addressing the stigma..... Mind Programme. Time to talk day.	Self, Senior Leaders, Alec Szor???	Don't know.....BLT.....aware fully her Opened people up / offered free organisation	People opening up	We will continue to support ????? <u>BLT</u> need to ensure people know how to access support
Increased counsellors 4 to 8 - response to waiting list internally & externally. November 16 Andy's Man Club - weekly Attendance & raising awareness of MH support	Natalie & Leah Murphy re: counselling & Luke Ambler	Students of all ages	98% of counselled students continue their. Case studies to specialist organisations → support to access.	More engagement with Andy's Man Club