

'No one living on the Isle of Wight should feel taking their own life is their only option'



Isle of Wight suicide prevention strategy

2018-2021



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Foreword

The purpose of this strategy and associated action plan is to prevent suicide and protect communities and individuals from harm caused by suicide and suicidal behaviour. Suicide is not inevitable and preventing it is everyone's responsibility.

The government's Mental Health Five Year Forward View (2016) has set the ambition to reduce the number of deaths from suicide by 10 per cent in the period 2016 to 2021. No one agency can achieve this alone; this strategy outlines how partners and the community will work together to prevent suicide and the impacts of suicide.

The Isle of Wight Council's public health team plays a key role in coordinating efforts, with a commitment to sustained activities to reduce inequalities and improve the context within which people live, promoting healthy choices and healthy lives.

The circumstances that lead to individuals taking their own life are highly complex, but we can make a real difference on the Isle of Wight if all agencies, communities and individuals work together to prevent suicide, reduce stigma and promote wellbeing.

Introduction and background

Suicide can have a profound effect on family, friends and the local community. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Every suicide is a tragedy having direct effects on at least six family members.

Every suicide is estimated to cost society £1.7m.

The government's Preventing Suicide in England (2012) strategy and the Cross-government suicide prevention workplan states that 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.

Directors of public health have the lead on suicide prevention and are responsible for local authority suicide prevention action plans. There is a local multi-agency Suicide Prevention Board which is tasked with overseeing the strategy and implementing and monitoring the suicide prevention action plan.

The Isle of Wight Council is committed to working with partners to reduce the number of suicides on the Isle of Wight.

National policy

The key national reports and policies that underpin this strategy and action plan are:

- Preventing suicide in England (2012) A cross-government outcomes strategy to save lives.
- Preventing suicide in England (2017) Third progress report of the cross-government outcomes strategy to save lives.
- Local suicide prevention planning – A practice resource (2016) Public Health England.
- Government Response to the Select Committee's Inquiry into Suicide Prevention July 2017.
- Cross-government suicide prevention plan September 2019.

Local policy

- Health and wellbeing strategy, Isle of Wight Council July 2018.
- Isle of Wight Safeguarding Adults Board Annual Report April 2015 to March 2016.
- Talking mental health; A draft blueprint for the Island 2017-2022.
- Isle of Wight Safeguarding Children Board Annual Report 2016-2017.
- Isle of Wight Safeguarding Children Board Procedures Manual – Self Harm and Suicidal Behaviour.

The picture of suicide on the Isle of Wight

Isle of Wight suicide data from the Office of National Statistics (ONS) (*see graphs opposite*) show that over a three-year period (2015 to 2017) 41 people have taken their own lives. The overall rate (10.9 per 100,000) is similar to the national rate (9.6 per 100,000).

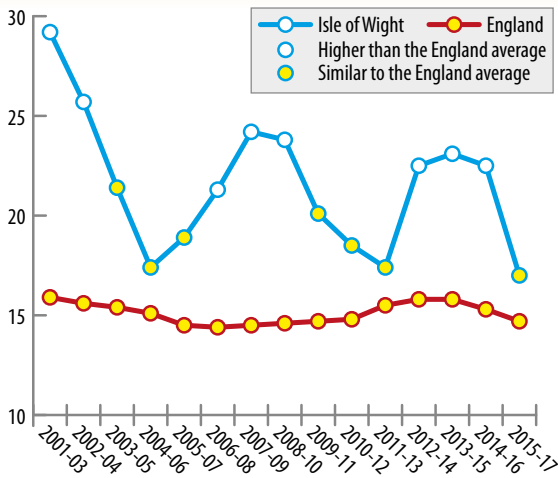
The rates for males and females vary significantly. For males living on the Isle of Wight the suicide rate (17 per 100,000) is similar to the England rate (14.7 per 100,000). Male suicide has reduced significantly compared to the previous three-year period. For females the rate is 4.8 per 100,000 similar to the England rate.

Suicide audit (summary)

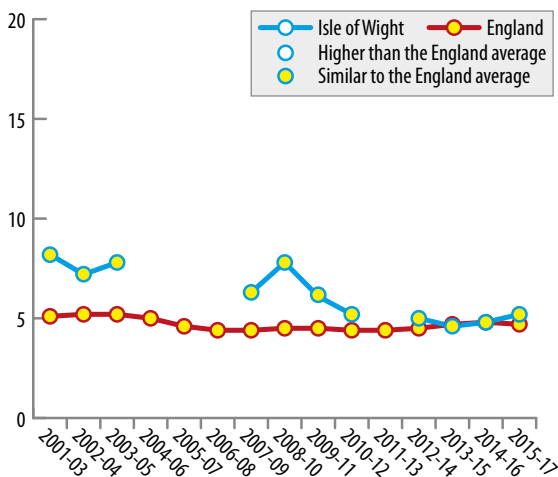
The Isle of Wight Council public health team undertakes an audit of suicides every year to help understand the reasons why people take

their own life, so that we can take actions to prevent suicides. The 2017 suicide audit for the Isle of Wight identified that eight out of ten

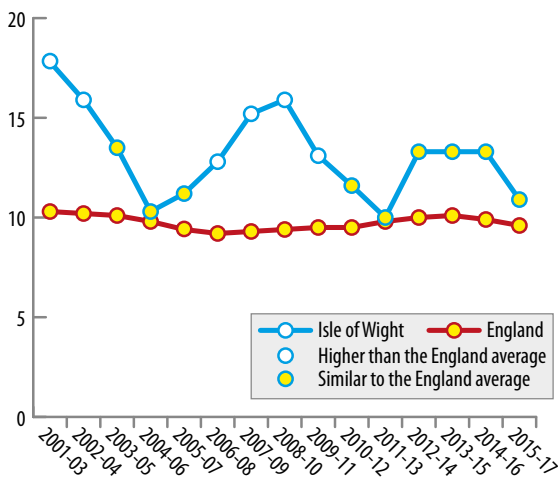
Suicide: age-standardised rate per 100,000 population (three year average) (Male)



Suicide: age-standardised rate per 100,000 population (three year average) (Female) *This chart has gaps due to insufficient data*



Suicide: age-standardised rate per 100,000 population (three year average) (Persons)



Source: Office of National Statistics (ONS)

people who took their own lives were male and the majority were aged between 40 and 60. The associated risk factors that led to the decision for people to take their own life were (but not exclusively), relationship breakdown, living alone, substance misuse, previous suicide attempts and serious health concerns.

The audit showed that most suicides took place in the home and that only one in four people were in contact with mental health support services from either primary or secondary care. This highlights the importance of raising suicide risk awareness in communities. However, half of people were in contact with a service or agency, highlighting the importance of suicide risk awareness amongst service providers.

Who is most at risk?

Through the suicide audit, steering group and wider community stakeholders we have identified the following groups as high risk on the Isle of Wight:

- 1) males aged between 40 and 60 years (peak age 50 to 54);
- 2) people experiencing mental and emotional health crisis, eg, marital/relationship breakup, job loss, low income, bereavement;
- 3) people who are socially isolated;
- 4) people with long term and chronic health conditions;
- 5) people who misuse alcohol and other substances;
- 6) people who self-harm, with a focus on young people who have experienced childhood trauma.

There are other at-risk groups identified by national and international research, who experience similar risk factors to those identified in the audit. In considering actions

regard will also be given to these groups, including the transgender population, those in the criminal justice system and those in high risk occupations.

Working together to prevent suicide

The Isle of Wight plan has been developed in line with Suicide Prevention guidance and the National Plan, alongside the findings from the suicide audit and from the suicide prevention stakeholder workshops. Through this collaborative process the following key priorities have been identified. Each priority focuses on the key at risk groups and risk factors.

Theme 1 – Improve knowledge and understanding of suicide risk

Raising awareness of the groups at risk from suicide is key to prevention of future suicides. We will use the data in the audit to ensure that organisations and communities are aware of risk factors for suicide and are able to support those at risk. This will focus on the key groups identified above.

- We will work to promote positive mental wellbeing and to tackle suicide, through collaboratively working with the community, voluntary sector, public sector and local businesses.
- We will promote and support key messages around mental wellbeing ensuring they are targeted at those most at risk.
- We will continue to work with the media to ensure that they report suicide in an appropriate way in line with The Samaritans' guidance.

Theme 2 – Upskilling people to deal with suicide.

Having the skills to deal with someone who is at risk of suicide will enable better support for those who are needing help. Consideration of

different approaches for different groups will be needed.

- We will increase the training opportunities for suicide prevention.
- We will work together on the zero approach with relevant organisations.

Theme 3 – Postvention (after suicide) and bereavement support.

Postvention interventions and support for those bereaved is important as we know people bereaved by suicide may need specific support and are at increased risk of suicide.

- We will work together to expand the availability of the 'Help is at Hand' booklet.
- We will work with organisations that offer support post-suicide to develop an offer for the population of the Isle of Wight.
- We will develop a postvention protocol for schools and workplaces on the Island.
- We will support the real time surveillance programme to understand suicide, support people bereaved and prevent further suicides.

Theme 4 - Improve knowledge/data at a local level

Data is important to ensure the suicide prevention plan is meeting the needs of the Isle of Wight residents.

- We aim to put in place a system that supports the collection/sharing of data from a variety of sources that will strengthen the evidence base to enable informed actions.

What have we achieved together so far?

A number of activities are already taking place on the Isle of Wight and through delivery of the suicide prevention action plan aimed at contributing to a reduction in suicide. These include the work of all agencies and partners who promote mental wellbeing and reduce risk factors for suicide including:

- the introduction of real time surveillance;
- working with the media to ensure safe reporting of suicide;
- Samaritan signs erected to enable those in distress to contact support;
- key developments in mental health services to support those needing help;
- Isle Help directory of services including suicide prevention signposting;
- online training and support;
- development of work on adverse childhood events;
- work with the coroner to further identify risk factors.

Governance

A multi-agency board, led and chaired by the local authority, will work to implement and update the strategy on the Isle of Wight, linking in with regional and national work. The group will report progress in implementing the

strategy to the Health and Wellbeing Board.

The board includes partners from the voluntary sector, health care providers and emergency services.

How will we know we have made a difference?

We will measure progress through reviewing key national indicators and reduction in the risk factors associated with suicide. Demonstrating a reduction in suicide rates is complicated because of the fluctuation in data due to relatively small numbers and the time lag in reporting.

In addition, we will monitor the activity that is being undertaken, these will be developed as part of the action plans.



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