

Isle of Wight Suicide Prevention Strategy 2018-2021

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

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2. Forward

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% from 2016-2021. 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.

Public Health 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.

Cllr Clare Mosdell and Dr Michelle Legg

3. Introduction and background

The Government Preventing Suicide in England (2012) strategy 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 complexity¹.

Directors of Public Health have the lead on suicide prevention and are responsible for local authority suicide prevention action plans². There is a local multi-agency Suicide Prevention Steering Group which is tasked with overseeing the draft strategy and implementing and monitoring the suicide prevention action plan.

Isle of Wight Council is committed to working with partners to reduce the number of suicides on the Isle of Wight, with an ambition to adopt a zero-suicide approach. This zero- approach was developed in Detroit with a belief that suicide is not inevitable; zero suicide is now being used by health and social care organisations in Merseyside, the East of England and the West Midlands. In Detroit, this approach led to a 75% drop in suicides in the first four years, and for two years there were no suicides amongst the patient population.

The priorities for the strategy have been informed by an audit of suicides and drug and alcohol related deaths to better understand suicides and the causes of suicide on the Isle of Wight, undertaken by the Public Health department two wider stakeholder suicide prevention workshops held in July 2017 and May 2018. The outputs from the workshops have formed the basis for the implementation plan.

Every suicide is a tragedy having direct effects on at least six family members. Each life lost to suicide is estimated to cost 1.7m. This estimate is based on direct costs such as services used by the individual leading up to and following taking their life, these include, medication, medical services, counselling, funeral costs, court costs, use of emergency services and insurance claims. Also there are indirect costs which include costs due to time lost from productive contribution to society, overall it is estimated that costs are averted of £66,797 per year per person of working age where suicide is delayed. There is also the human cost of lost years of disability free life in addition to cost of support for bereaved and the impact on their ability to contribute to society³.

4. Policy context

4.1 National policy

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

- Preventing suicide in England - A cross-government outcomes strategy to save lives, prepared by Department of Health. First published 2012.
- Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. Published January 2017.
- Local suicide prevention planning: A practice resource. Published October 2016
- Department of Health - Government Response to the Select Committee's Inquiry into Suicide Prevention July 2017

4.2 Local policy

- Health and wellbeing strategy – Isle of Wight Council published July 2018
- Safeguarding Adults Board report 2015-2016
<https://www.iwight.com/azservices/documents/2880-2015-2016-Annual-Report.pdf>
- Talking Mental Health- A Draft Blueprint for Mental Health 2017-2020. Published January 2018. Isle of Wight Clinical Commissioning Group (CCG), Isle of Wight Trust and Isle of Wight Council.
- Isle of Wight Safeguarding Children Board Annual Report 2016-2017
https://secure.toolkitfiles.co.uk/clients/25263/sitedata/Board_Files/IOWSCB-Annual-Report-2016-2017-Final.pdf
- Isle of Wight Safeguarding Children Board Procedures Manual/ Self Harm and Suicidal Behaviour http://4lscb.proceduresonline.com/isle_of_wight/p_self_harm.html

5. Local context

5.1 Summary of published data

Isle of Wight suicide data from the Office of National Statistics (ONS) show that over a three-year period (2014 - 2016) 50 people have taken their own lives. The overall rate (13.3 per 100,000) is similar to the national rate (9.9 per 100,000). The rates for males and females vary significantly. For males living on the Isle of Wight the suicide rate (22.6 per 100,000) is significantly higher than the national rate (15.3 per 100,000). For females, the rate is 4.8 per 100,000 similar to the England rate.

5.2 Suicide audit (summary)

The IOW Public Health Team undertakes an audit of suicides every year to help us understand the reasons why people take their own life so that we can take the right actions to prevent suicides. The 2016 suicide audit for the Isle of Wight identified that 8 out of 10 people that 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 1 in 4 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 some kind of service/agency highlighting the importance of suicide risk awareness amongst service providers.

6. Who is most at risk?

6.1 Locally identified high risk and specific groups

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 50–54)
- 2) People experiencing mental and emotional health crisis e.g. 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 that self-harm, with a focus on young people who have experienced childhood trauma

There are other at risks groups identified from national and international research, who experience similar risk factors to those identified in the audit. In considering actions, regard will also be given to groups including transgender population, those in the criminal justice system and those in high risk occupations.

7. Working together to achieve zero suicide ambition

7.1 Locally identified key areas for action

The Isle of Wight action plan has been developed in line with government's local suicide prevention planning practice resource and national plan, along with 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 will focus on the key at risk groups and risk factors.

Priority 1 - Improve communication and raise awareness, knowledge and understanding of suicide prevention activities between organisations and the community

Work to raise awareness of positive mental wellbeing and the suicide risks to men through collaboratively working with the community, voluntary sector, public sector and local businesses. A variety of approaches will be employed for example, using social media and the press to promote the message that it is 'good to talk' and to signpost local support services and sharing and encouraging the use of suicide prevention e-learning packages and toolkits suitable for community, voluntary sector and professionals alongside suicide alertness face to face courses. Continuing to work with the press to ensure that they report suicide in an appropriate way in line with the Samaritans' guidance ⁴.

Priority 2 - Deliver suicide alertness training to professionals and the community

The aim is to achieve this by promoting e-learning and suicide prevention toolkits together with face to face suicide alertness training.

Priority 3 - Develop a post suicide intervention plan (postvention)

Currently the 'Help is at Hand' booklet for those whose relative, friend, colleague may have died by suicide is distributed by the police. It has been identified that not all those who need support after a suicide are reached through this route and our aim is to expand the availability of the booklet by working in collaboration with communities, voluntary sector, organisations and businesses.

Priority 4 - Improve knowledge/data at a local level (implement real time suspected suicide/suicide attempt surveillance)

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 on which informed actions can be made. This includes 'Real time suspected suicide surveillance' a system that enables a more responsive intelligence led approach to the crisis, for example, to act in good time to any possible clusters to

prevent contagion and provide timely signposting to support services for those affected by a possible suicide. This will be achieved through collaboration between the police, coroner's office, the NHS and public health.

8. What have we achieved together so far?

A number of activities are already taking place on the Isle of Wight that can be said to contribute to a reduction in suicide. These include work done by voluntary and community groups such as Men in sheds, Aspire, Age UK and CAB, which help to reduce social isolation, a risk factor for suicide and provide information and support to people for a variety of issues that impact on wellbeing.

Through delivery of the existing suicide prevention action plan a number of key interventions have been established which, are detailed below:

- The introduction of a suicide bereavement support and report monitoring process. This is initially managed by the Police and relies on support from The Samaritans. Support information is given to bereaved relatives as early as possible and with their consent a referral is made to the Samaritans for bereavement support. The live report data is used, amongst other things, to identify urgent need for support, clustering and methods used.
- Working with the press to ensure safe reporting of suicide. The local press now use guidance produced by the Samaritans to safely report information about people that have taken their own lives.
- NHS 111 call handlers use a mental health risk screening tool to identify individuals at high risk to enable them to receive the correct support quickly.
- To help prevent people taking their own lives at key hot spots around the Isle of Wight signs have been erected on Culver Cliff and Tennyson Down with information on contacting the Samaritans.
- Emergency department (ED) Rapid Assessment Interface and Discharge – A 24 hour, seven day a week, integrated mental health liaison service that will identify people at risk of suicide following a risk assessment in A&E
- Safe Haven opened October 2017 this is a service for people approaching a mental health crisis to go to outside of usual office hours; in the evenings and weekends. Somewhere they could come and seek support, advice and information from both professionals and people who had been through similar experiences.

- Isle Help directory of services including suicide prevention signposting
- E-mental health-Silver Cloud - SilverCloud is an online secure and immediate access to supported CBT (cognitive behavioral therapy) programmes, tailored to an individual's specific needs. It provides a space for thinking and feeling working through modules at the individual's own pace <https://iow.silvercloudhealth.com/signup>
- Public Health are progressing a strategy to understand and react to the impact of Adverse Childhood Events (ACEs) on adults and children to develop prevention, early help and trauma aware services to reduce the impact of ACEs on the population.
- Characteristics that are known to increase risk of suicide can be difficult to identify in the local suicide audit; this has led to further work with the coroner's office to help identify, for example, identifying veterans.

9. Governance

A multi-agency steering group, led by public health 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 & Wellbeing Board.

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

10. 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 due to the fluctuation in data due to relatively small numbers and the lag time

In addition we will monitor the activity that is being undertaken

- How many individuals/organisations have received suicide alertness training?
- How many organisations/individuals are involved in the postvention strategy and distribute advice/information?

11. References

1. Department of Health and Social Care. *Preventing Suicide in England*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf (accessed 6 August 2017).
2. Commons Select Committee. *Suicide Prevention*. <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/1087/108702.htm> (accessed 6 June 2018).
3. Knapp M, McDaid D, Parsonage M. *Mental Health Promotion and Mental Illness Prevention: The Economic Case*. <https://www.gov.uk/government/publications/mental-health-promotion-and-mental-illness-prevention-the-economic-case> (accessed 6 June 2018).
4. Samaritans. *Best Practice Suicide Reporting Tips*. <https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide/best-practice-suicide-reporting-tips> (accessed 28th August 2018).