



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	29 NOVEMBER 2021
Title	SUICIDE PREVENTION UPDATE
Report of	SIMON BRYANT, DIRECTOR OF PUBLIC HEALTH

SUMMARY

1. Every suicide is a tragedy, which causes devastating and permanent impacts on families, friends, and broader communities. Suicide risk reflects wider inequalities; there are marked differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected. Public health approaches work with and within local communities aiming to protect and reduce risk amongst those who are most vulnerable, closely linked to wider actions to improve mental health and wellbeing.
2. The Covid pandemic has had a direct impact on mental health, with reported increases in anxiety, depression and social isolation further impacted by a loss of social networks and disruption to care, support and education. Whilst it is too early to assess the impact of the pandemic on rates of suicide on the Island, early indications from national real time surveillance data have not shown a rise in the number of suicides when comparing pre and post lockdown periods. However, vigilance is still needed as the impact of the pandemic is showing disproportionate impacts on the mental health and wellbeing for different population groups e.g., young adults, disabled, low income, pre-existing mental health conditions, isolated, health and care staff and volunteers.
3. Local Authorities in England have responsibility for suicide prevention strategies and action plans through the Health and Wellbeing Board. This paper outlines the key developments and achievements in suicide prevention since January 2020 on the Island. This work takes place through delivery of the suicide prevention strategy alongside partners from the health, social care, and voluntary sectors, overseen by the Mental Health and Suicide Prevention Partnership.

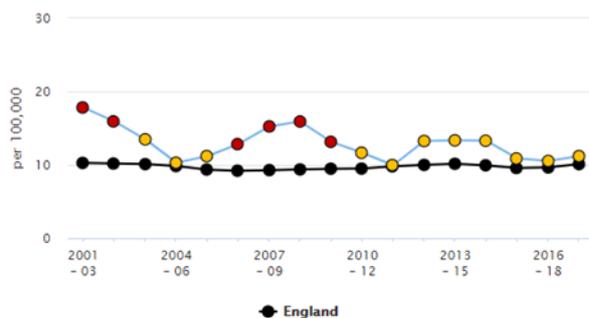
DATA ON SUICIDE

4. It must be noted that due to the small numbers of suicides on the Isle of Wight, care must be taken when looking at data. Small numbers make trend analysis difficult; one more or one less suicide in a time period can change the rates significantly.

5. The latest mortality rate from suicide and injury of undetermined intent for the Isle of Wight is 11.2 per 100,000 population (pooled data 2017/2019, n=41; note care must be taken in interpretation due to small numbers). This pooled data suggests a similarity when compared to the two previous three-year periods and remains statistically similar to the England rate of 10.1 per 100,000. The suicide mortality rate is higher for males compared to females which is comparable to the national trend.

E10 - Suicide rate

Directly standardised rate - per 100,000



Period	Isle of Wight				South East	England
	Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	63	17.8	13.6	22.9	10.0	10.3
2002 - 04	57	15.9	12.0	20.7	10.0	10.2
2003 - 05	50	13.5	9.9	17.9	9.8	10.1
2004 - 06	39	10.3	7.3	14.1	9.6	9.8
2005 - 07	41	11.2	8.0	15.3	9.1	9.4
2006 - 08	46	12.8	9.3	17.2	8.9	9.2
2007 - 09	53	15.2	11.4	20.0	9.1	9.3
2008 - 10	56	15.9	12.0	20.7	9.3	9.4
2009 - 11	47	13.1	9.6	17.6	9.5	9.5
2010 - 12	43	11.6	8.4	15.8	9.3	9.5
2011 - 13	38	10.0	7.0	13.7	9.9	9.8
2012 - 14	50	13.3	9.8	17.5	10.1	10.0
2013 - 15	51	13.3	9.9	17.6	10.2	10.1
2014 - 16	50	13.3	9.8	17.6	9.8	9.9
2015 - 17	41	10.9	7.7	14.8	9.4	9.6
2016 - 18	39	10.5	7.4	14.5	9.2	9.6
2017 - 19	41	11.2	7.9	15.3	9.6	10.1

Source: Office for National Statistics

i. Suicide audit data

6. The IOW conducts suicide audits to examine deaths where the coroner's conclusion was suicide. The most recent available audit data is for deaths between 1 January 2017 and December 2018 (n=17).

IMPACT OF COVID

7. The pandemic has impacted on the mental health of the population in a number of ways, as a result of social isolation, socioeconomic impacts (e.g. unemployment), delays in diagnosis for physical health concerns, bereavement, long Covid and fears about the consequences of the pandemic. This has resulted in increased feelings of anxiety, loss of confidence and feelings of loneliness. The impact of Covid on mental health and wellbeing has been particularly felt by some population groups, highlighting existing and worsening inequalities. These groups include:

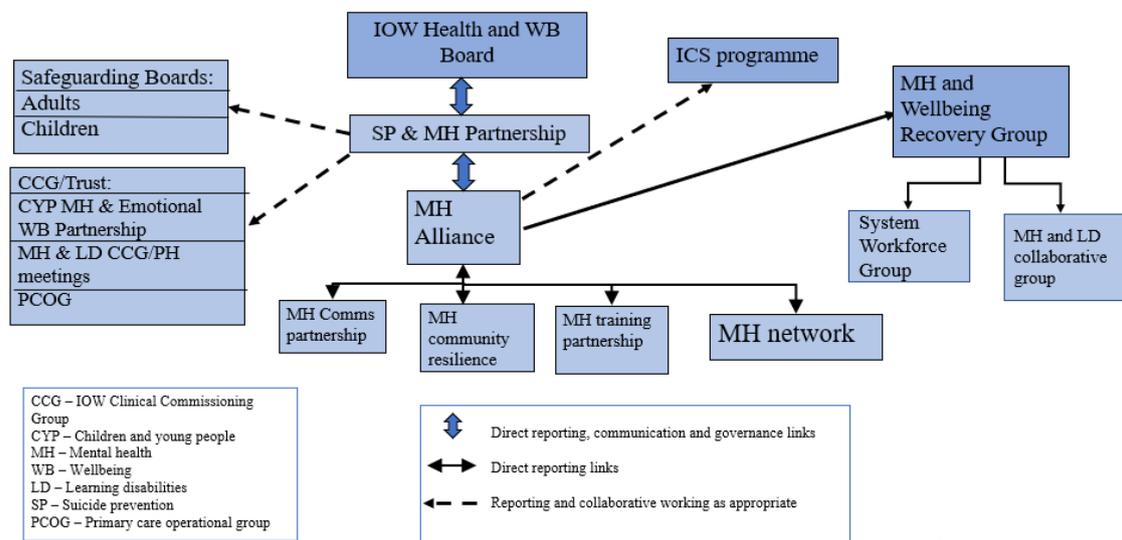
- Children and young people, with additional potential impacts on educational and social development. Young adults have been identified as particularly at risk of anxiety, depression, loneliness and self-harm compared to other age groups.
- Health and care staff; evidence of increased rates of depression, anxiety and post-traumatic stress disorder among staff due to challenges of working on the front line of the pandemic.
- People with existing mental health and long-term conditions have reported increased rates of anxiety, depression and loneliness.
- People from low-income households and those impacted by the socioeconomic consequences of the pandemic have also reported increased anxiety, depression and loneliness.

LOCAL ACTION

8. The Mental Health (MH) and Suicide Prevention (SP) Partnership is responsible for overseeing the Suicide Prevention Strategy and progress against the associated suicide prevention action plan. This partnership reports directly to the Health and Wellbeing Board and is supported by the Mental Health Alliance (MHA). This is an operational partnership group formed in September 2020 to drive forward and carry out actions of the Mental Health and wellbeing and SP action plan. The MHA is co-chaired between Public Health and the CCG and includes membership from the community and voluntary sector including Healthwatch, health, social care, Police, Ambulance, the Prison Service, Town and Parish Councillors and people with lived experience. There are 3 subgroups to the alliance – focusing on communications, training and community resilience. This work is also linked to and aligned with the wider mental health and suicide prevention system level work as part of the Integrated Care System (ICS).
9. The below diagram (Figure 1) summarises the governance of this partnership structure.

Figure 1: IOW MH Boards and partnerships structure

IOW current system



The main actions around suicide prevention, and mental health and wellbeing are summarised below:

- **Postvention protocol:** A postvention protocol was developed and adopted in September 2020 to help schools and colleges on the Isle of Wight to prepare in case of a suspected suicide, to identify and support students who may be suicidal and to support schools and colleges to best respond should there be a suspected suicide amongst students or staff. A Hampshire and Isle of Wight ICS workplace postvention post has been funded via Sustainable Transformation Partnership (STP) Suicide Prevention funds and has the remit to cover IOW businesses if affected by suicide.
- **Real time surveillance:** In November 2017 a police led suicide surveillance programme commenced within Hampshire Constabulary. This records when police attend a 'suspected suicide' and the data is provided to Public Health. The data is regularly reviewed by a small team (police, Public Health, MH community and acute services) to ensure any learning or operational improvements can be quickly addressed. Developments are in place to ensure an effective two-way flow of information between partners to ensure prompt suicide bereavement support is in place following a death by suicide.

- **Safeguarding learning events** are being held lead by the local children's safeguarding partnership and adults safeguarding board to ensure learning about suicide prevention and postvention (actions to be taken after a suspected suicide has occurred) is disseminated widely across sectors.
 - **Integrated Care System (ICS) Suicide Prevention programme:** The IOW Public Health team is a key partner in the ICS work. The Island has benefited from funding from this workstream for:
 - Building community resilience,
 - Bereavement support - all-age Suicide Bereavement Support Service, with a single point of contact from point of death to inquest for anyone on Island.
 - Mental health and wellbeing and suicide prevention training - suicide first aid and debt and anxiety.
 - An ICS Innovation Fund has provided a number of small grants to community organisations on the Island to support mental health and wellbeing.
 - **The Mental Health Alliance** also has three sub-groups focused on partnership working to improve the following areas:
 1. **Community resilience:** building community capacity to better support those with poor MH and wellbeing, aimed at ensuring that people get the most appropriate support at the right time for them. The community resilience partnership group carried out a community survey to help inform priorities around mental health and wellbeing and direct future work in this area. This has led to two programmes of work now being developed: Community Mental Health Champions and Lions Club (a barber shop collaborative). This work is focussed on outcomes of building MH and wellbeing resilience of communities, families and individuals whilst enabling a community-led approach to work around this agenda.
 2. **Communications:** ensuring a joined up and clear approach to communicating with Island residents about mental health and wellbeing and where they can get support if needed (including self-help). This work has included targeted communications campaigns and work to ensure clear signposting is available to appropriate guidance and support. A joint communications plan has been agreed for the next year and work has commenced to deliver this.
 3. **Training:** Building on the ICS funded training to provide a comprehensive training offer regarding mental health and wellbeing and suicide prevention to enable professionals, volunteers and people living in our communities to have confident conversations, signpost accordingly and be suitably equipped and competent to support each other. This includes mental health first aid, mental health awareness and suicide first aid.
10. Work is also currently underway to redesign the Mental Health and Suicide Prevention Strategy as well as adopting the Prevention Concordat for Better Mental Health. These will be based on separate mental health needs assessments for children and young people, and adults, and collaborative working with wider stakeholders, including Healthwatch. A refreshed strategy is planned for Spring 2022.

BACKGROUND PAPERS

[Prevention Concordat for Better Mental Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Contact Point: Sharon Kingsman, Public Health Principal ☎ 821000

e-mail sharon.kingsman@iow.gov.uk

Simon Bryant
Director of Public Health

CLLR KARL LOVE
*Cabinet Member for Adult Social Care
and Public Health*