NO MORE Suicide

Preventing suicide in Cheshire & Merseyside

2017 Update

A Zero Suicide Strategy for Cheshire & Merseyside 2015-2020

Our Vision

Cheshire & Merseyside is a region where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives.

Champs Public Health Collaborative

Working together to improve health and wellbeing in Cheshire and Merseyside

www.no-more.co.uk

Foreword by Sue Forster, Chair of the NO MORE Suicide Partnership Board

2017 Update on the NO MORE Suicide Strategy

This 2017 update on the NO MORE Suicide Strategy reports on the progress of the NO MORE Suicide Strategy 2015-2020 and reflects the strengthened National Strategy[1], the ambition of the Five Year Forward View for Mental Health[2], the recommendations of the Suicide Prevention Health Select Committee Report[3], the Making Mental Health Care Safer NCISH Report[4] and the Public Health England Local suicide prevention planning a practice resource[5].

Over the next 3 years we seek to scale-up and accelerate actions to eliminate suicide, building on the national momentum and awareness of mental health and suicide.

Zero suicide is our ambition; to transform cultural attitudes to suicides, for it to be known that suicide is preventable and for behaviours to change.

Cheshire & Merseyside is working towards accreditation from Living Works to become a Suicide Safer Community[6]. This provides us with a benchmark against which to measure the outcomes, however the goal is sustained action to build individual and community resilience that prevents deaths by suicide now and in the future.

Each death is a personal tragedy; the loss to family and friends is personal to them and we acknowledge that behind the figures and descriptions in this strategy is a person lost to suicide and lost to their family and our communities.

S. Forster.

Sue Forster
Director of Public Health, St Helens

Introduction

Suicide is preventable yet in England 13 people kill themselves every day; one person every 90 minutes in the UK. The impact on family, friends, workplaces, schools and communities can be devastating; it carries a huge financial burden for the local economy and contributes to worsening inequalities. Friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss[7] and they experience severe effects on their health, quality of life, ability to function well at work and in their personal lives.

Acting to eliminate preventable deaths is a public health concern. There is no single cause and no single solution to suicide, but a requirement for joint, collaborative effort utilising evidence-based interventions, intelligence and a drive to eradicate this preventable death.

This strategy is an all-age suicide prevention strategy, recognising that suicide and suicidal risk varies across the life course and that prevention and age-appropriate interventions are particularly important.

This 2017 update increases the focus on inequalities, men, children and young people, self-harm and safer care.

Why focus on Inequalities?

The impact of suicide is felt by the most vulnerable residents and deprived communities, where risk is greatest. Negative life events, experiences and poor health conditions are unequally distributed across the population and all contribute to the underlying risk of suicide.

National and local intelligence reveal risk factors operating at three different levels:

Society: the impact of the economic recession since 2008, unemployment, welfare and benefits reform.

Place: Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent. Admissions to hospital following self-harm are two times higher in the most deprived neighbourhoods compared to the most affluent.

Individual: socio-economically deprived individuals are more exposed to suicidal risk-factors including Adverse Childhood Experiences, chronic stress, debt, job insecurity and lack of social support. [8]

Our actions must consider and influence the wider determinants and socio-economic factors in people's lives such as policies and practices for welfare and benefits, employment, housing and education. We know there is a lower uptake of services by those more deprived, therefore the actions we take must reach out to those struggling to cope and effectively provide services and support to those vulnerable to suicidal behaviour.

Why focus on men?

75% of those that die by suicide are men locally and nationally.

'Men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas'. [8]

Nationally suicide is the biggest killer of men under 50[1], in Cheshire & Merseyside in 2015 the most common age group for men was 45 to 54 years [9].

Cheshire & Merseyside has sporting charities that promote mental wellbeing and suicide prevention that are nationally recognised as best-practice. We will endeavour to build on this to make such interventions widely accessible to men in their mid-years who do not access traditional health care services.

Why focus on children and young people?

If we are to eliminate suicides and reach zero we must start by preventing self-harm and suicidal behaviour in our young people and their subsequent adult lives. In 2015 in Cheshire & Merseyside 17 children and young people aged 10-19 years and 16 aged 20-24 years died by suicide. Of these 7 had a history of self-harm and 10 had previously attempted suicide [9].

Prevention of suicide risk in children and young people requires schools, colleges and universities to take a holistic approach to emotional wellbeing, building resilience and positive coping skills in young people. Our actions to eliminate young suicides must be to work with our multi-agency partners to tackle Adverse Childhood Experiences, ensure adequate mental health support, to tackle bullying/ cyber-bullying and work with alcohol and drug misuse services to reduce risk.

Further government guidance on minimising the risks from social media and the immediate actions localities can take would be welcomed.

Why focus on self-harm?

38% of those who died by suicide in Cheshire & Merseyside in 2014 and 2015 had self-harmed/ attempted suicide [9].

Self-harm (with or without suicidal intent) is a strong predictor of completed suicide. Once a person has self-harmed, the likelihood that he or she will die by suicide increases 50 to 100 times compared to someone who has never self-harmed. More than 50% of people who die by suicide have previously self-harmed [8].

Why focus on Safer Care Services?

Poor mental and physical health are key risk factors for suicidal behaviour. The Cheshire & Merseyside Suicide Audit Joint Report 2017 shows that of the 248 cases reviewed 60% had a physical health problem and 52% a mental health diagnosis. In the month before their death, at least 35% of people in the audit had been in contact with their GP or primary care, and at least 26% of people in the audit had been in contact with mental health services. This information suggests that there may have been opportunities for support in a significant number of cases.

Whilst there has been much progress in mental health and primary care to identify patients at risk and ensure their safety, the NCISH report 2016 [3] highlights what more can be done and identifies key elements for care services to measure themselves against. We will measure our services against these key elements and collaborate on improving quality standards.

The local picture

Suicide intelligence is essential for the targeting of suicide interventions and efficient use of resources. The third Cheshire & Merseyside Suicide Audit Joint Report [9] has more detailed data collection and improved comparability between areas. After a low of 160 deaths in 2010, the number of deaths due to suicide and undetermined injury increased over the next four years, up to 248 in 2014. This was the highest value since 2002. However in 2015, the most recent data available from the Office of National Statistics, the total had fallen to 228. The 2015 rate for Cheshire & Merseyside of 10.6 deaths per 100,000 is similar to the corresponding England value of 10.1 per 100,000.

Cheshire & Merseyside Audit

The audit covered 248 cases with a conclusion recorded in 2015, covering all nine local authorities.

Demographics

Sex

74% of people in the audit were male

Age groups

Under 25	13%
25-44	31%
45-64	41%
65+ years	15%

Ethnicity

White British - 92%
Four people were born in Eastern Europe, of which only one was registered with a GP

Sexuality

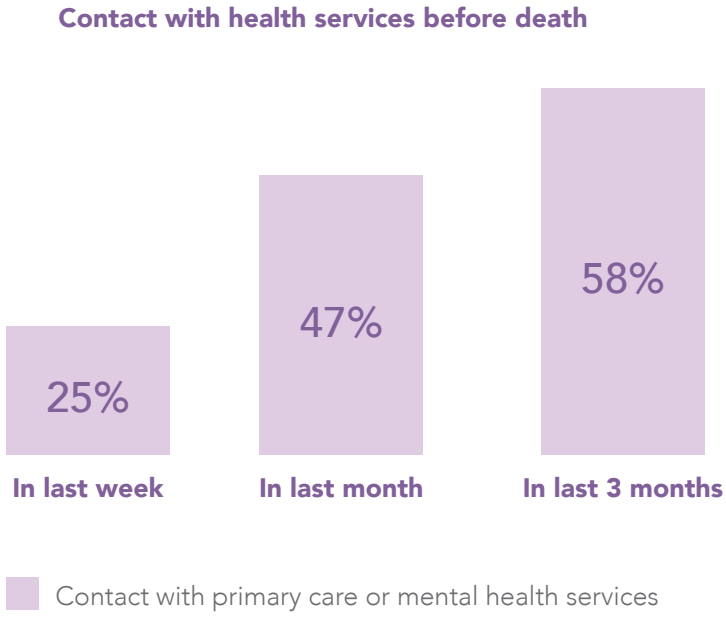
Seven people in the audit were recorded as being LGBT (2.8%), including three aged under 20.

Living situation and employment

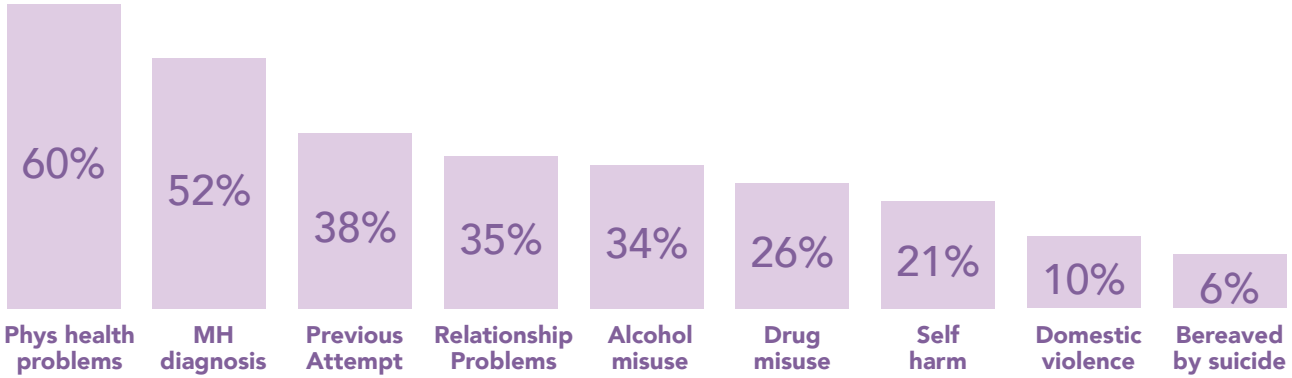
42% lived alone
42% were unemployed or long-term sick disabled
24% were retired
Only 24% worked full time

Healthcare

Almost half of people in the audit had visited a health service in the month before they died (47%).



Risk factors

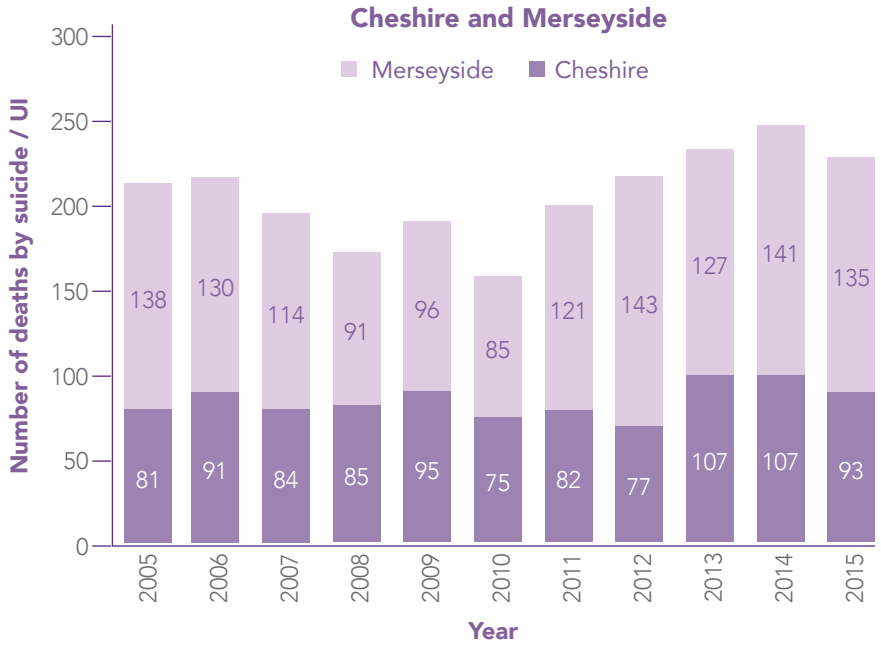


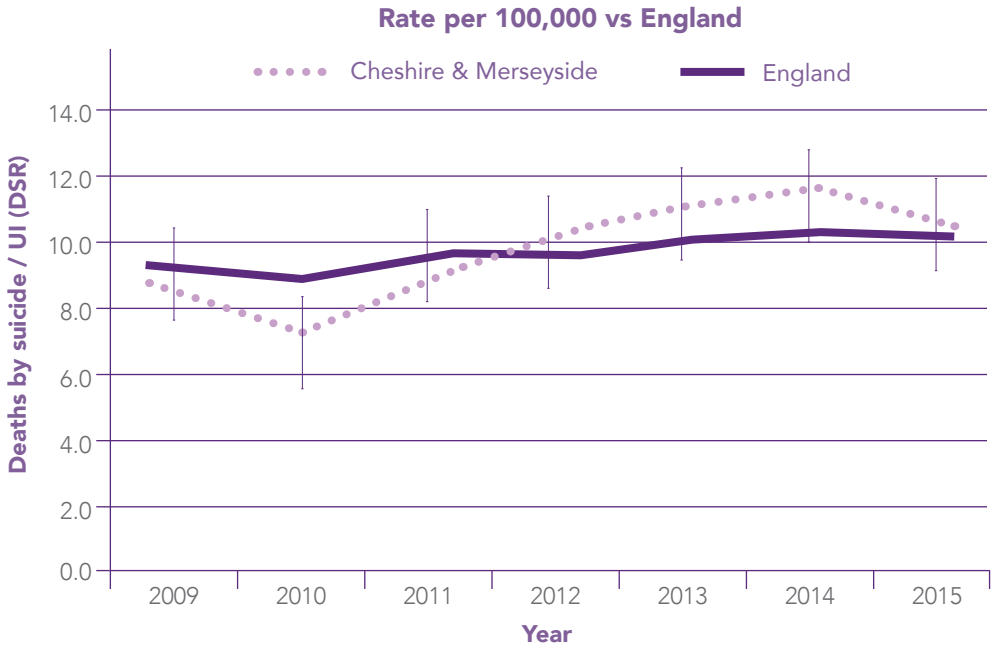
The most common risk factors were physical health problems, a mental health diagnosis and a previous suicide attempt.

By age group, the most common risk factors were:

Under 25 - Drug misuse (44%)
25-44 - Mental health diagnosis (64%)
45-59 - Physical health problems (70%)
65+ - Physical health problems (92%)

Overall trends from national data





Source: Public Health England

Source: Public Health England

How have we done in the two years 2015-2017?

Suicides are not inevitable. There are many effective ways in which services, communities, individuals and society as a whole can help to prevent suicides. The ambition of reaching zero suicides for Cheshire & Merseyside will be arrived at by attaining the four outcomes:

A. Suicide Safer Community
B. Suicide Safer Care
C. Support After Suicide
D. Integrated Suicide Prevention Network

Progress across four outcomes

A. Cheshire & Merseyside becomes a Suicide Safer Community

The ten pillars of the Suicide Safer Community Framework are embedded throughout the NO MORE Suicide Strategy. A revised Framework was issued by Living Works in 2017 and progress with the new model is underway to submit for accreditation by December 2017.

Resilience & Wellness Promotion

Joint programmes across the sub-region include Connect 5, Youth Connect 5 and Thrive. Men's mental /physical health is targeted through charitable programmes and workshops: State of Mind Rugby, OffLoad, Opening Up Cricket and Everton in the Community.

Awareness

'It's OK to Talk' and 'Time to Talk' national campaigns have been used locally to raise awareness of suicide prevention, especially for 2016 World Suicide Prevention Day (WSPD) and World Mental Health Day 2016. #maketime is a wellbeing campaign based upon the Five Ways to Wellbeing that has been implemented across Cheshire & Merseyside.

Suicide Prevention Training Framework

The tiered training framework targets the frontline workforce, volunteers and champions. A NO MORE Suicide Community Training module has been co-developed with Wirral MIND and is currently being rolled out to 'community gatekeepers' in contact with those most vulnerable to suicide risks.

The three Mental Health Trusts have suicide training as part of their workforce development, with all staff undertaking an e-learning package and clinical staff undergoing face to face skills development.

Primary Care suicide prevention training for the whole practice is currently made available in five Clinical Commissioning Groups.

B. The Health Care System transforms care to eliminate suicide for patients

Mersey Care Mental Health Trust is recognised as a national lead in zero suicide, with its own strategy and action plan for perfect care. Mersey Care Mental Health Trust are founder members of the Zero Suicide Alliance (ZSA) that is building a national membership and a challenge to get 1 million people across the country trained in basic suicide awareness.

All 12 Cheshire & Merseyside Clinical Commissioning Groups signed up to the Mental Health Crisis Care Concordat and the Five Year Forward View Mental Health Programme has a suicide prevention workstream. All three Mental Health Trusts have reviewed Safe Care in their in-patient units and have a learning set to progress best-practice.

C. Support is accessible for those who are exposed to suicide

Suicide Liaison Service

AMPARO, was commissioned in April 2015. It aims to alleviate the distress of those bereaved, prevent copycat suicides, reduce the economic cost and support a community response to any suicide clusters/ contagion.

In the two years since its launch, AMPARO has supported 265 direct beneficiaries and a further 975 Cheshire & Merseyside residents who have been exposed to suicide.

In Cheshire & Merseyside 9% of those who died by suicide in 2014 had been bereaved. Following the commencement of the Amparo suicide liaison service this fell to 6% in 2015 and a coroners audit shows that to date no beneficiaries of the service have taken their lives.

Community Response Plan

A plan that can be activated by local suicide prevention groups was developed in 2016 - this provides guidance on identifying potential clusters and how to provide an immediate response in supporting communities, workplaces and schools. SOBS- Survivors of Bereavement by Suicide A peer to peer support group that now has groups operating in Cheshire & Merseyside (Wirral, Liverpool, St Helens, Crewe, Chester, Knowsley). The 'Help is at hand' booklet is widely distributed to coroners, police, health service and support agencies to ensure those affected receive information in a timely manner.

D. A strong, integrated Suicide Prevention Network provides oversight and governance

Suicide Prevention Network

The NO MORE Suicide Board acts as an effective Suicide Prevention Partnership that meets three times annually. Each of the nine local authority areas in Cheshire & Merseyside has a multi-agency suicide prevention plan, in-line with the recommendations of the Five Year Forward View. Board members have acted as system leaders for suicide prevention, taking lead roles at national, regional and local levels, working with partners from Mental Health Trusts, Public Health England, NICE, NHS England, the National Suicide Prevention Alliance, the Department of Health, the Parliamentary Health Select Committee and Strategic Clinical Networks.

Intelligence

A Suicide Audit Toolkit was developed in May 2016. It provides guidance on conducting suicide audits, a data pro-forma and spreadsheet that enables all 9 local areas to pool their information. Consequently the third (2017) joint suicide audit report allowed for more in-depth and comparable data to be analysed.

Real Time Surveillance

A Real Time Surveillance system has been co-produced with the Cheshire & Merseyside coroners. The system or partnership agreement enables any death where the circumstances suggest suicide may be the cause, to be notified and where appropriate responded to in a timely way. A Memorandum of Understanding has been signed off by Directors of Public Health and Coroners. The Real Time Surveillance will begin on 4th September 2017.

Public Places

A sub-group has been established and met to share data and electronic communication. The Samaritans are working with Merseyside Fire and Rescue Service and North West Waterways to add signage to the Mersey Waterfront to reach out to individuals experiencing feelings of despair or thoughts of suicide.

Media

The Samaritans media guidelines have been shared with local media providers and reminders have been issued on just a few occasions when local papers have not followed the guidelines.

The AMPARO Suicide Liaison Service provides information and support on handling the media to those bereaved and exposed to suicide, particularly around the time of Inquest.

How will we sustain and accelerate action in the next three years?

Five task areas are identified that contribute to the four outcomes:

- Leadership
- Prevention
- Safer Care
- Support After Suicide
- Intelligence

Leadership

The NO MORE Suicide Board drives this strategy. The Board has a multi-agency membership and the Chair is Sue Forster, Director of Public Health for St Helens. The Board provides strong leadership and strategic oversight in advancing support and advocacy for suicide prevention across Cheshire & Merseyside. The Board supports the Operational Task Groups in implementing the action plan and encourages all nine local authorities to join the collaborative approach to preventing suicides. The Board encourages partner organisations to sign-up to the NO MORE Suicide Pledge, to adopt suicide prevention plans, awareness and workforce suicide prevention training.

The NO MORE Suicide Board adopts the Champs Public Health Collaborative principles of collective strategic action, system leadership, evidence-based practice and learning to maximise opportunities for a joint Cheshire & Merseyside approach to suicide prevention bringing benefits at scale on a sub-regional footprint.

Prevention

Preventing suicidal behaviour in the first-place is our goal. Building individual and community resilience is the sustainable approach to changing suicidal behaviour and improved mental health. The Cheshire & Merseyside sub-region is fortunate in having effective, evidence-based community programmes to build resilience; we will work to scale these up for maximum impact.

We know that men and those from more deprived neighbourhoods are less likely to seek help [1], that stigma can stop people voicing their concerns and yet conversely following a suicide attempt many people turn to family, friends and neighbours for support [10]. We will continue to raise awareness that suicide can be prevented, increase conversations, challenge myths and shift attitudes so vulnerable people and those supporting them can be strengthened in

seeking other solutions to their problems. Suicide prevention skills and knowledge can save a life, change attitudes and encourage positive practice. The NO MORE Suicide training framework directs the workforce to training resources and modules appropriate to them.

Safer Care

The National Confidential Inquiry (2016)[3] reported on evidence that helps in identifying what works in lowering the suicide rate both in mental health services and across healthcare generally. The Inquiry has provided a toolkit of 10 key elements of safer care in mental health services and four key elements in the wider health system. The Cheshire & Merseyside Mental Health Trusts have started to self-assess against these elements.

The elements for diagnosis and treatment in primary care are priorities for the Clinical Commissioning Groups. Primary care also has a role to play in identifying the mental health needs of those with poor physical health, a vulnerable population that will increase as the proportion of older people in our society increases.

Suicide deaths of those in prison and offenders recently released into the community are a cause of concern and we will work to ensure there is an Offender Mental Health Pathway so that services can be accessed and suicides prevented.

We know that around 70% of those who die by suicide have not recently or ever been in touch with mental health services. Community-based services should be readily available so those experiencing suicidal thoughts can access timely support. We are encouraged by the development of community listening cafes, places of safety, safe havens and on-line/text/telephone services and support their increased provision.

Support After Suicide

Those bereaved by suicide have three times the risk of dying from suicide themselves [11]. Alleviating the distress of those bereaved or affected by suicide reduces this risk and the risk for communities of suicide clusters or contagion and promotes healthy recovery of the affected community.

Providing a 'Suicide Liaison Service' helps to prevent against further suicides, contributes to achieving zero suicide and reduces the economic burden of suicide.

Intelligence

Multi-agency intelligence sharing and learning provides us with a better understanding of the needs of different populations at risk of suicide. Intelligence driven interventions and services to prevent suicides support the optimum means of us reaching the zero suicide goal. We will continue to improve our access to reliable and current data to better target interventions.

The 2017 Joint Audit Report is the third joint audit and the first time all nine local authorities have fully utilised the Cheshire & Merseyside Audit Toolkit. The improved data provides more quantitative and qualitative information for services and practitioners. The commencement of the Real Time Surveillance system in September 2017 allows for more immediate response by localities to potential clusters and contagion.

The Evaluation of the NO MORE Suicide Strategy is being led by Public Health England. The refreshed Action Plan provides for improved monitoring and measurements of the interventions.

Who is going to do it?

In 'Preventing Suicide: A global imperative'[12] the World Health Organization call for a systematic response to suicide and making prevention a multi-sectoral priority involving not only health care but education, employment, social welfare, the judiciary and others.

The factors leading to someone taking their own life are often complex, however they are all amenable to change. The prevention of suicide has to address this complexity. No one organisation is able to directly influence all factors, it is vital that services, communities, individuals and society as a whole work together to help prevent suicides.

The Suicide Prevention Network consists of four components: a Strategic Board, Operational Task Groups, Local Suicide Prevention Groups, and a Stakeholder Network. The four components take an integrated approach to a strategic direction and the systematic implementation of action plans and robust provision of intelligence, effective prevention, treatment and crisis services.

From April 2013 the co-ordination of suicide prevention became a local authority responsibility. In Cheshire & Merseyside the Directors of Public Health prioritise suicide prevention through the Champs Public Health Collaborative; the Champs Support Team acts jointly with Public Health Leads from the nine local authorities to facilitate the implementation of the NO MORE Suicide Strategy.

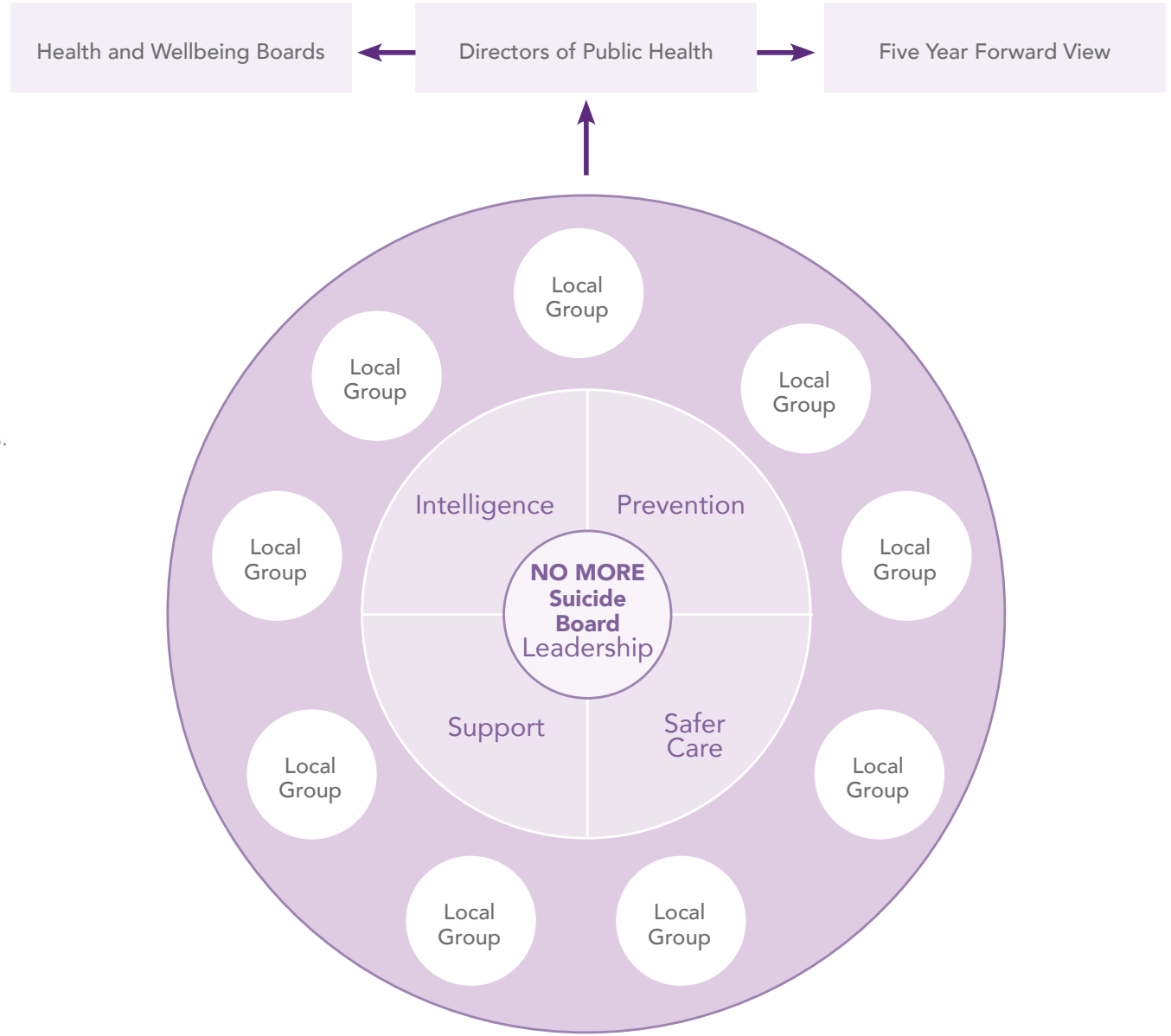
Governance

The sub-regional approach of the NO MORE Suicide Strategy allows for reporting and accountability through the Directors of Public Health to all nine of the local authority Health & Wellbeing Boards and to the Cheshire & Merseyside Five Year Forward View Board (Sustainability and Transformation Plan). Local authority areas additionally report on their own action plans and delivery to their Health & Wellbeing Boards.

The refreshed action plan will have a RAG rated monitoring framework for reporting to the NO MORE Suicide Board.

Public Health England will be building on this to lead on an overarching evaluation of the NO MORE Suicide Strategy, providing external scrutiny.

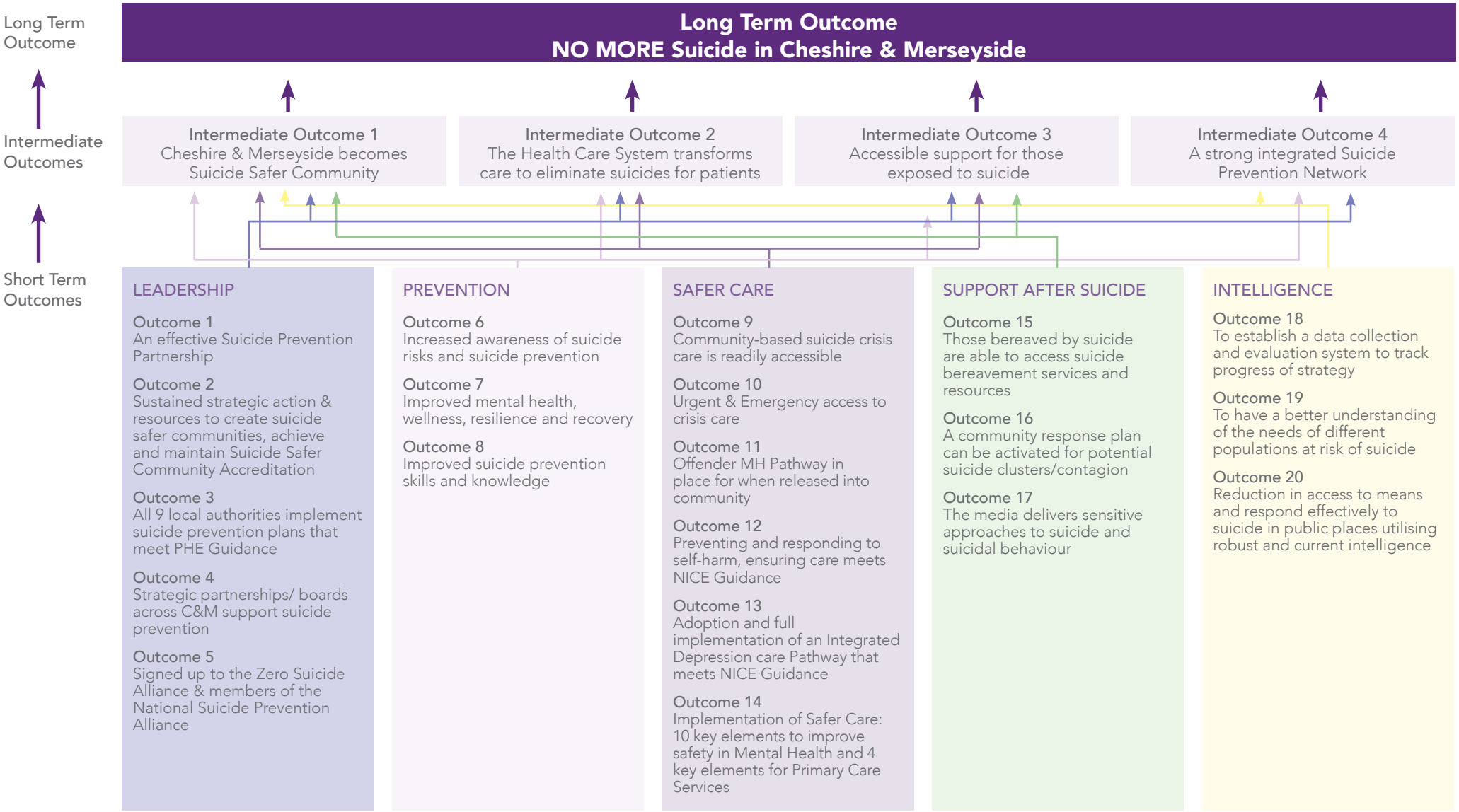
The Living Works accreditation criteria for achieving a Suicide Safer Community further examines the Strategy and its impact, adding to further on-going external scrutiny.



NO MORE Suicide

Action Plan Summary

(for full action plan contact champscommunication@wirral.gov.uk)



Board membership

Chair of the Board: Sue Forster, Director of Public Health, St Helens Council

Clinical Commissioning Groups

- Liverpool CCG
- South Sefton CCG
- Warrington CCG
- West Cheshire CCG

Mental Health Trusts

- Cheshire and Wirral Partnership
- Mersey Care
- North West Boroughs Healthcare

NHS

- North West Coast Strategic Clinical Network

Public Health

- Champs Public Health Collaborative
- Cheshire & Merseyside Intelligence Network
- Public Health England North West

Statutory Services

- Cheshire Fire and Rescue Service
- HM Prison Service
- Merseyside Fire and Rescue Service
- Merseyside Police
- North West Ambulance Service

Voluntary Sector

- Papyrus
- The Samaritans
- SOBS Ambassador

References

1 DH 2017 Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives
2 DH 2016 The Five Year Forward View for Mental Health
3 HC 2017 Suicide Prevention, (HC 1087) Parliamentary Health Select Committee
4 University of Manchester 2016 The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review
5 PHE 2016 Local suicide prevention planning; a practice resource
6 Living Works 2017 Suicide Safer Community Accreditation Framework https://www.livingworks.net/community/suicide-safer-communities/applications/
7 Pitman AL, Osborn DPJ, Rantell K, King MB. 2016 Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. BMJ Open 2016 Jan 1;6(1)
8 Samaritans 2017 Dying from inequality socio-economic disadvantage and suicidal behaviour
9 Cheshire & Merseyside Suicide Audit Joint Report 2017
10 Health and Social Care Information Centre 2016 Adult Psychiatric Morbidity Survey 2014
11 Lukas C. and Seiden H (1987) Silent Grief: Living in the wake of suicide. Jessica G Publishers, London UK, 2007
12 WHO 2014 Preventing Suicide: A global imperative

NO MORE Suicide

Need Help?

If you need help or if you are worried about someone else you can find immediate assistance via the following support services:

CALM – Campaign Against Living Miserably
A registered charity, which exists to prevent male suicide in the UK.

Phone: 0800 58 58 58
Website: thecalmzone.net

Opening up Cricket – formed in 2014 to promote mental wellbeing and suicide prevention through cricket.

Website: openingupcricket.com

Papyrus – As a national charity, we work towards building a society which speaks openly about suicide and has the resources to help young people who may have suicidal thoughts.

Phone: 0800 068 41 41
Text: 07786 209 697
Email: pat@papyrus-uk.org
Website: HOPElineUK
(all confidential)

Samaritans – a national registered charity with local branches. They are available around the clock to help anyone.

Phone: 116 123 (free)
Website: samaritans.org

State of Mind – charity that harnesses the power of sport to promote positive mental health among sportsmen and women, fans and wider communities.

Website: stateofmindsport.org

If immediate help is required, call NHS 111 or 999 in an emergency

If you have been bereaved by suicide contact the following support services:

Amparo - This service aims to alleviate the distress of those bereaved or affected by suicide.

Phone: 0330 088 9255
Website: listeningearmerseyside.org.uk

Survivors of Bereavement - by Suicide exists to meet the needs and break the isolation experienced by those bereaved by suicide.

Phone: 0300 111 5065
Website: uk-sobs.org.uk/about/

The Hub of Hope

An online resource, provided by Chasing the Stigma, developed to support individuals with mental health issues and to signpost them to local services.

Users undertake a postcode search to find out what support services are available locally.

Website: hubofhope.co.uk/

NO MORE Suicide

Preventing suicide in Cheshire & Merseyside

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Champs Public Health Collaborative

National Suicide Prevention Alliance

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