

Halton Suicide Prevention Strategy 2015 - 2020



Foreword

Each suicide in Halton is an individual tragedy. In addition each suicide has a devastating ripple effect. Bereavement following a suicide is like no other bereavement, and can have devastating impacts on those who are left behind: families, friends and wider communities.

We know life got harder for many people following the recent financial crisis. Nationally after a decade of falling suicide rates suicide rates following the 2008 financial crisis there has been an increase in the number of people choosing to die by suicide. Although it is too early to say whether this national trend is being observed locally it demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

Suicides are not inevitable and can be prevented if the signs are recognised and support provided. This 5 year strategy aims to reduce suicides in Halton by better supporting those most at risk and providing information for those affected by a loved one's suicide.

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. That is why this strategy has been developed in partnership. The strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve. The **Halton Suicide Prevention Partnership** will meet quarterly to monitor the implementation of this strategy.



A handwritten signature in black ink that reads "E O'Meara".

Eileen O'Meara, Director of Public Health, Halton Borough Council



I fully endorse this strategy. One death to suicide in Halton is one too many – Each and every suicide is a tragedy which has a devastating effect on families, friends, colleagues and the wider community. This strategy aims to make suicide prevention everyone's business. Contrary to the commonly held belief that suicide is inevitable, this strategy points to the many ways through working together we can make a difference. We firmly believe that suicide can be prevented and will work hard to ensure that people who are feeling suicidal in Halton can get support when they need it, how they need it and where they need it.

Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing

Contents

Foreword	1
Introduction.....	3
Vision	4
The Strategy Development Process.....	5
Halton suicide prevention partnership.....	5
Strategy consultation and engagement	6
The policy context for suicide prevention.....	7
National policy and guidance.....	7
Regional policy and guidance	7
Local policy and guidance	8
Why do people take their own lives?	9
Influencing risk and protective factors.....	10
Preventing suicides	11
Suicide in Halton.....	14
Suicide trends in Halton	15
Suicide attempts in Halton.....	17
Local information related to risk factors for suicide.....	19
Areas for action	20
Area for action 1: Improve the mental health and wellbeing of Halton residents.....	20
Area for action 2: Promote the early identification and support of people feeling suicidal.....	21
Area for action 3: Reduce the risk of suicide in known high risk groups	23
Area for action 4: Reduce access to the means of suicide.....	30
In order to reduce the number of suicides and suicide attempts on the rail network we will:....	31
Area for action 5: Provide better information and support to those bereaved or affected by suicide.....	31
Area for action 6: Support research, data collection and monitoring.....	33
Strategy delivery	34
Expenditure on suicide prevention.....	34
Monitoring implementation and outcomes.....	35

Introduction

Suicide¹ is a major public health issue, and a major cause of years of life lost. Each suicide in Halton is an individual tragedy and a terrible loss to local families and communities. The economic impact of suicides is also high. It has been estimated that the average cost of a working age adult in England ending their own is £1.67million².

In times of economic and employment insecurity rates of suicide often increase. This trend has been observed nationally following the 2008 financial crisis when after a decade of falling suicide rates suicide rates have risen. Locally suicide rates have also increased during 2011 to 2013 compared to previous years. Although the numbers of people who take their own life in Halton each year are low it is important to recognise those ending their own life are the tip of an iceberg and locally levels of distress and suicide attempts are much higher. The recent increase in the number of suicides locally demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

The challenge of suicide prevention

Suicide is not inevitable and can be prevented. Suicide is often the end point of a complex history of risk factors and events and for many people it is the combination of factors which is important rather than one single factor. We know that an inclusive society that avoids marginalising individuals and which supports people at times of personal crisis will help prevent suicides. We also know that evidence-based interventions exist that if implemented can reduce the risk of suicide.

This strategy was written in partnership and sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

Preventing suicides is a complex and challenging issue, but there are effective solutions for many, if not most of the individual factors which contribute towards the risk of suicide.

Scope of this strategy

We have to be clear about the scope of the strategy - it is specifically about the prevention of suicide and supporting those bereaved or affected by suicide in Halton. We recognise that suicide prevention starts with better mental health for all. Therefore this strategy is integrally linked to the *Halton Mental Health and Wellbeing Commissioning Strategy 2013-18* which aims to promote mental health and wellbeing, ensure the early diagnosis and treatment of people with a mental illness and support their recovery.

¹ Suicide is used in this document to mean a deliberate act that intentionally ends one's life.

² Knapp, M., McDaid, D., & Parsonage, M. (2011). Mental health promotion and mental illness prevention: the economic case. London: Department of Health. Available from: http://eprints.lse.ac.uk/32311/1/Knapp_et_al_MHPP_The_Economic_Case.pdf

Vision

Our vision is for a community where:

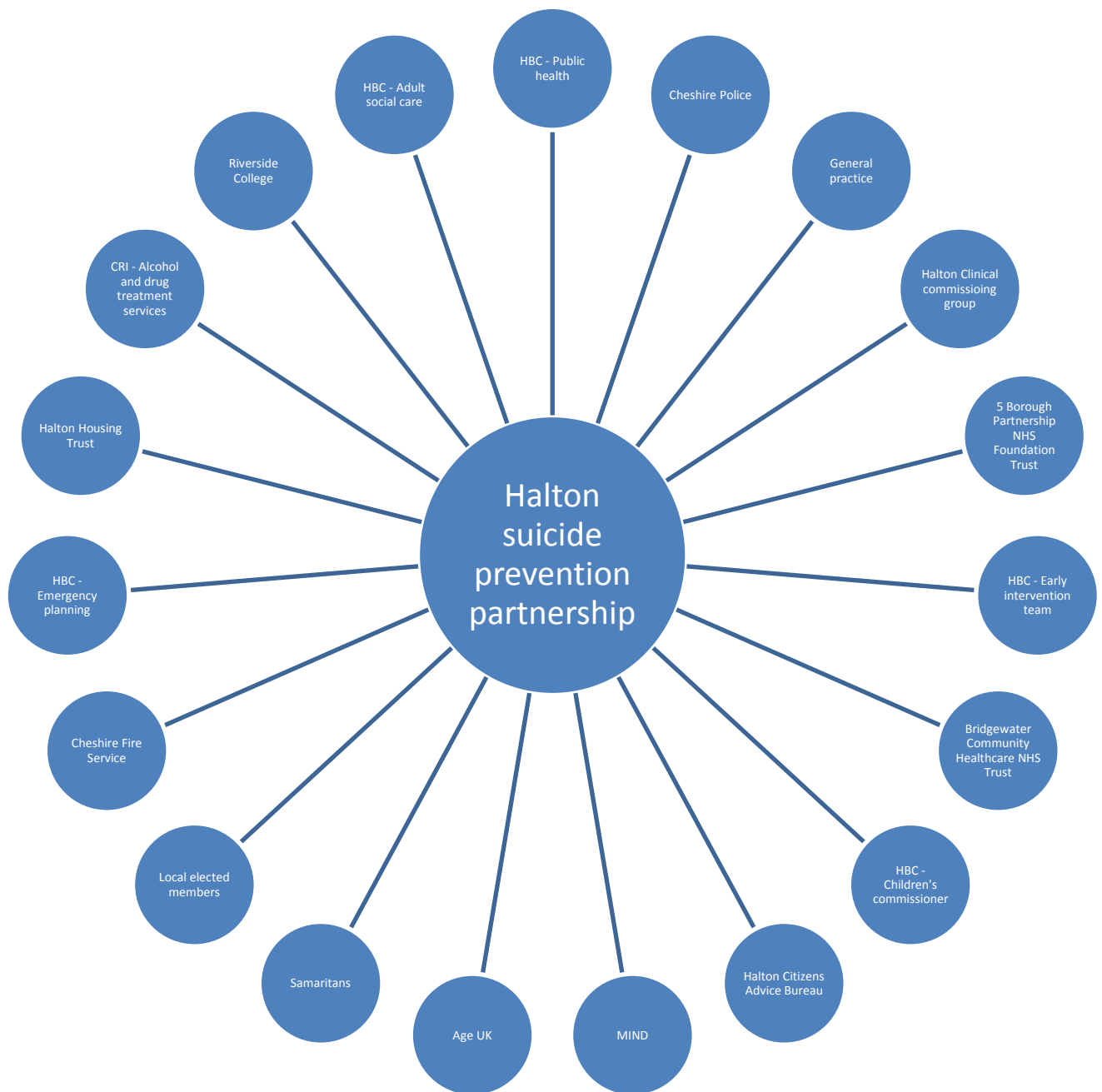
- We understand the root causes of suicide through effective collection and analysis of key information
- We have created a "listening" culture where it is okay to talk about feelings and emotional wellbeing
- We pro-actively communicate so that those directly and indirectly impacted by suicide know what support is there for them
- We provide readily accessible support through services working in partnership with other agencies and organisations
- We take positive, co-ordinated action to tackle prioritised root cause issues in order to prevent suicides

The Strategy Development Process

Halton suicide prevention partnership

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. Therefore collaborative working is vital for effective suicide prevention. This strategy has been written in collaboration with all partners agreeing the vision and areas for action. The partners involved in drafting this strategy are shown in Figure 1. The **Halton Suicide Prevention Partnership** will meet quarterly to monitor the implementation of this strategy.

Figure 1: Halton suicide prevention partnership



Strategy consultation and engagement

Consultation with key professionals and the public has been vital in developing this strategy. At an early stage a suicide prevention strategy event for professionals with an interest in suicide prevention was held. This event was very well attended. Professionals engaged in meaningful discussions and feedback was received related to:

- Who the high risk groups for suicide are locally
- The actions we should be taking to reduce the risk of suicide among these identified at risk groups
- how we can reduce access to the means of suicide locally
- how we can support those bereaved or affected by suicide locally

This feedback was utilised in the development of the areas for action and action plan.

Consultation with the local community was also undertaken through partners involved in the suicide prevention partnership. A questionnaire was developed and made available both on-line and in paper based format. This allowed feedback to be received from the local community related to preventing suicides and better supporting those bereaved or affected by suicide locally.



The policy context for suicide prevention

Suicide prevention is a national, regional and local priority. The recommendations and actions within this strategy are informed by the national, regional and local policy context, as well as being influenced by local knowledge and insight.

National policy and guidance

In 2012 the Government published its all-age suicide prevention strategy *Preventing Suicide in England: A cross-government outcomes strategy to save lives*³. The new strategy reaffirms the importance of suicide prevention in improving the health and wellbeing of the nation. The strategy outlines effective interventions and resources to support local action. One of the main changes from the previous national strategy is the greater prominence on measures to support families – both those who are worried that a loved one is at risk and those having to cope with aftermath of a suicide.

Preventing Suicide in England has two leading objectives:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

The strategy also outlines six key areas for action to achieve the objectives:

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

Suicide prevention starts with better mental health for all. Therefore the Government advises that the new national suicide prevention strategy should be read alongside the *No health without mental health*⁴ and *Healthy Lives, Healthy People*⁵ which both include actions to improve the mental health of the population as a whole which will in turn support a general reduction in suicides.

Regional policy and guidance

At a regional level Halton is part of the Cheshire and Merseyside Suicide Reduction Network. The network was established in 2008, to seek greater co-ordination of responses to, and understanding of, patterns of suicide in the Cheshire and Merseyside region and the development of whole system approaches to reducing suicide. The Network has held a number of summits to share good practice and to consider the key issues we can work on at a regional level and collaboratively to overcome.

³ Preventing Suicide in England: A cross-government outcomes strategy to save lives available from: <http://tinyurl.com/kntvtkw>

⁴ No health without mental health Strategy available from: <http://tinyurl.com/ptpkpsx>

No health without mental health Implementation framework available from: <http://tinyurl.com/cu78rtu>

⁵ Healthy Lives, Healthy People available from: <http://tinyurl.com/ptpkpsx>

The Cheshire and Merseyside Suicide Reduction Network is currently developing a regional suicide prevention strategy. Locally the Halton suicide prevention partnership will contribute towards the development of the regional strategy to ensure alignment with our local strategy.

The regional group has developed a Suicide reduction action plan (S-RAP) based upon the actions outlined within the national strategy. The S-RAP is designed to be a template to be adapted locally and has formed the basis of the action plan developed to support the implementation of this strategy.

Local policy and guidance

Halton Health and Wellbeing Strategy 2012- 2015 identified the prevention and early detection of mental health conditions as one of its 5 priority areas for action. Suicide prevention activity is identified as a key action towards this priority.

In order to improve the mental health and wellbeing of people in Halton a *Mental Health and Wellbeing Commissioning Strategy 2013-18* and delivery plan has been developed. This strategy sets out key objectives and priorities across the life-course to improve mental health in the Borough.

Many of the identified actions within the *Mental Health and Wellbeing Commissioning Strategy* will have a direct impact on reducing the risk of suicides in Halton. We have therefore ensured that this strategy is integrally linked to the *Mental Health and Wellbeing Commissioning Strategy* and delivery plan.

Why do people take their own lives?

The reasons why people may take their own life are very complex. The many factors that influence whether someone may feel like taking their own life can be divided into:

- *Risk factors*: increase the likelihood of suicidal behaviour;
- *Protective factors*: reduce the likelihood of suicidal behaviour through improving a person’s ability to cope with difficult circumstances.

Risk and *Protective factors* are often at opposite ends of the same continuum. For example, social isolation (*Risk factor*) and social connectedness (*Protective factor*) are at either extremes of a person’s social support network. Examples of risk and protective factors for suicide are outlined in Table 1.

Table 1: Example of risks and protective factors for suicide⁶

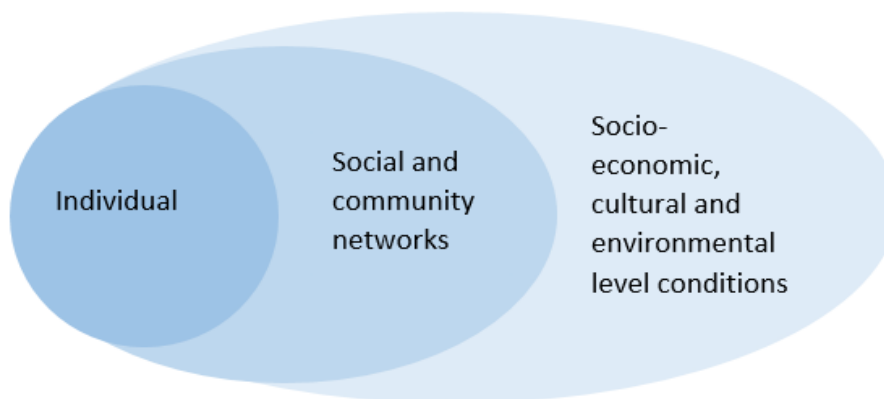
	Risk factors for suicide	Protective factors for suicide
Individual	<ul style="list-style-type: none"> • Gender (especially male gender) • Long-term conditions • Alcohol or substance misuse problem • Low self esteem • Little sense of control over life • Hopelessness • Poor coping skills 	<ul style="list-style-type: none"> • Good mental health • Good physical health • No alcohol or substance misuse problem • Positive sense of self • Sense of control over life • Positive outlook • Good coping skills
Social and community	<ul style="list-style-type: none"> • Social isolation • Family dispute • Separation and loss • Peer rejection • Family history of suicide 	<ul style="list-style-type: none"> • Social connectedness • Good family support • Well supported • Good social relationships • No family history of suicide
Socio-economic, cultural and environmental level	<ul style="list-style-type: none"> • Financial problems/ poverty • Unemployment • Homelessness/ insecure housing • Negative educational experience • Discrimination • Neighbourhood violence and crime 	<ul style="list-style-type: none"> • Financial security • Employment • Safe and secure accommodation • Positive educational experience • Inclusive community • Safe neighbourhood environment

⁶ Living is for everyone (LIFE). Research and Evidence in Suicide Prevention. Available from: <http://www.livingisforeverone.com.au/Research-and-evidence-in-suicide-prevention.html>

Risk and Protective factors can occur at different levels:

- Individual
- Social and community networks
- Socio-economic, cultural and environmental level conditions

Figure 2: Different levels of risk and protective factors for suicide



Risk and protective factors may be modifiable - things we can change; and non-modifiable - things we cannot change. For example, consider preventing suicides in isolated older men. We can be aware that their age and gender make them at higher risk of suicide but these are non-modifiable factors, however we can deliver interventions to reduce their social isolation and in turn reduce their suicide risk (social isolation is a modifiable factor).

Influencing risk and protective factors

People who attempt to take their own life usually have many risk factors and few protective factors. But risk and protective factors don't explain everything about suicide. Most people with multiple risk factors do not attempt to take their own life, and some who do take their lives have few risk factors and many protective factors.

The challenge in planning action to prevent suicide is to understand, and where possible modify, the many factors that influence whether people are likely to be vulnerable to suicide or, conversely, resilient to adverse life events. Both risk and protective factors need to be taken into account.

The suicide prevention initiatives outlined within this strategy focus on increasing protective factors and reducing risk factors for suicide within Halton.

Preventing suicides

Suicide is not inevitable and can be prevented. Suicide can be prevented through the implementation of evidence-based interventions. The WHO recommends a public health approach to suicide prevention, which incorporates universal, selective and indicated interventions⁷, outlined in Table X. Suicide rates are unlikely to decline as long as we confine our prevention efforts only to those who are at immediate risk of attempting suicide. This strategy provides a comprehensive suicide prevention programme which employs a combination of these three approaches.


Table 2: Suicide prevention interventions


Level	Definition	Examples of actions
Universal interventions	Target the general population and cover the population as a whole (irrespective of the degree of risk).	<ul style="list-style-type: none"> • Promoting population levels of mental health and wellbeing • Restricting access to the means of suicide. • Assisting and encouraging the media to follow responsible reporting practices of suicide
Selective interventions	Focus on sub-populations that are known to be at higher risk of suicide	<ul style="list-style-type: none"> • Suicide awareness training for staff who come into contact with known high risk groups
Indicated interventions	Aimed at those who are identified as being vulnerable to suicide or who have attempted suicide.	<ul style="list-style-type: none"> • Provision of support in time of crisis • Ensuring good risk management and continuity of care.


⁷ World Health Organization (2012). Public health action for the prevention of suicide: a framework. Available from: http://www.who.int/mental_health/publications/prevention_suicide_2012/en/





Myths about suicide


 **Myth:** Most suicides happen suddenly without warning.


 **Fact:** The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and how to look out for them.


 **Myth:** People who talk about suicide do not mean to do it.

 **Fact:** People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

 **Myth:** Only people with a mental illness are suicidal

 **Fact:** Suicidal behaviours indicate deep unhappiness but not necessarily mental illness. Many people living with mental illness are not affected by suicidal behaviour, and not all people who take their own life have a mental illness.

 **Myth:** Talking about suicide is a bad idea and can be interpreted as encouragement.

 **Fact:** Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour talking openly can give people other options or the time to rethink his/ her decision, thereby preventing suicide.

Source: World Health Organisation. Preventing Suicide: a global imperative.

Suicide in Halton

Suicide is often the very end point of a complex history of risk factors and events. To prevent suicides in Halton we need to intervene as early as we can prior to this point. In order to inform the suicide prevention initiatives we have included local information on risk and protective factors as well as data on suicide attempts (where available). This important information will guide local suicide prevention initiatives.

The challenges of suicide statistics

The Under-reporting of suicides

It is commonly acknowledged by professionals in the field of suicide research that official statistics underestimate the 'true' number and rate of suicide. There may be stigma attached to reporting a death as suicide which may lead to under-reporting. In the UK, part of the solution to under-reporting has been to include 'deaths of undetermined intent' within the official statistical category of suicide. This attempts to correct for known under-reporting and is thought to produce a more accurate total (and rate) of suicide in a given year. This approach has been followed within this strategy.

The low numbers of suicides

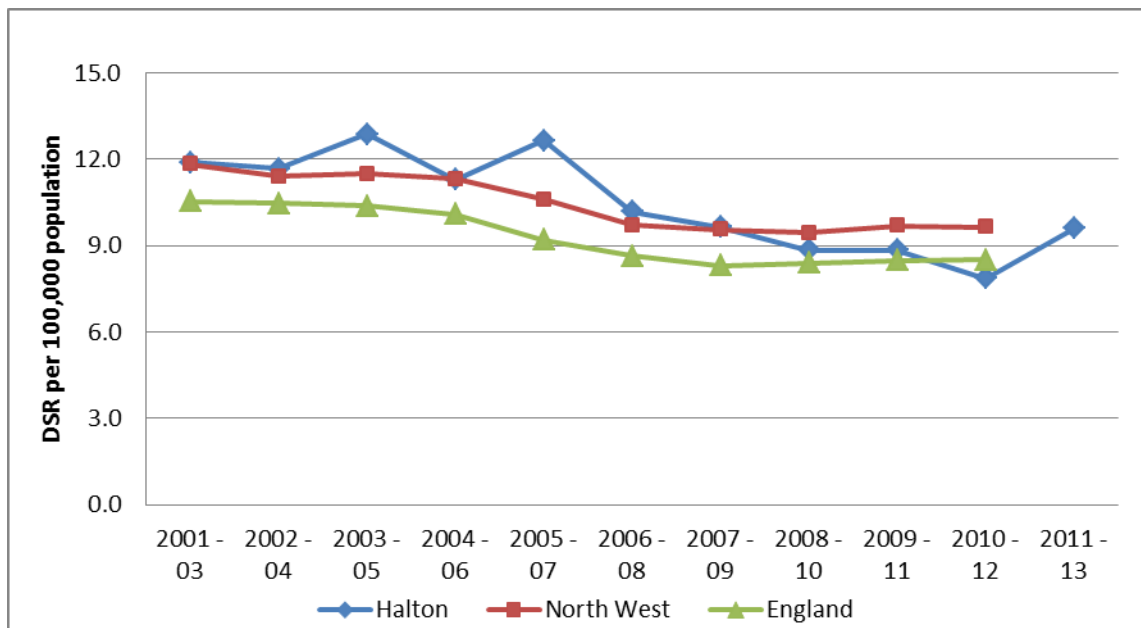
Fortunately the number of people in Halton each year who choose to kill themselves is low. Due to the low numbers of suicides it is important to:

- Use suicide rates per 100,000 people. Using numbers can give a misleading picture when considered alone.
- Not consider increases or decreases for a year at a time in isolation. Three-year rolling averages are generally used for monitoring purposes, in preference to single-year rates, in order to avoid drawing undue attention to year-on-year fluctuations instead of the underlying trend.
- Due to concerns related to the identification of local individuals numbers less than 5 are not presented within this strategy.

Suicide trends in Halton

During the last 5 years in Halton there has been on average 12 suicides per year. As stated due to low numbers it is important not to view a single year’s data in isolation. Figure 3 displays three year trends in suicides and undetermined injury in Halton compared to North West and England rates. We can see that since 2005-07 suicide rates in Halton have reduced and in 2010-12 were below both the national and North West rates. Provisional data for 2011-13 suggests an increase in the suicide rate for Halton. We do not yet know how this will compare to national and regional figures which will not be available until early 2015.

Figure 3: Trend in suicides and undetermined injury (All persons, 3 year rolling average) (Please note 2011-13 data is provisional and not available at a regional or national level).



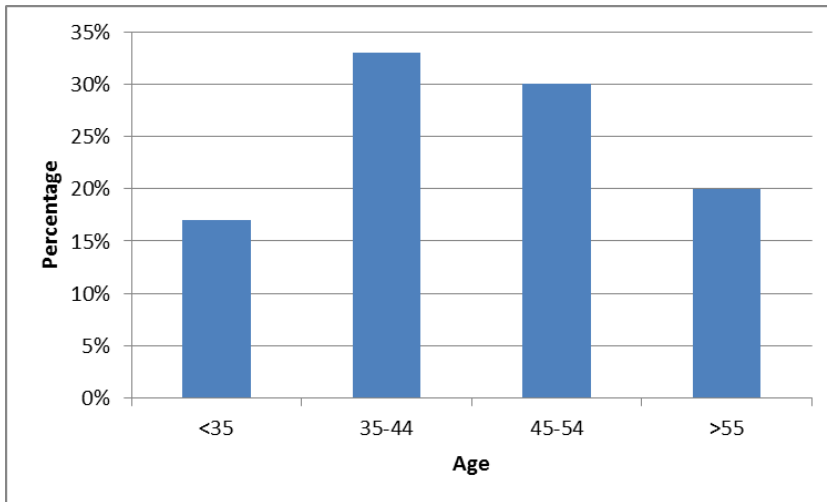
Who dies by suicide in Halton?

Each year an annual suicide audit is undertaken within Halton. Completing the suicide audit improves our understanding of those most at risk of suicide and allows us to target suicide prevention strategies appropriately.

Key findings related to the suicide audit for the period 2011-13

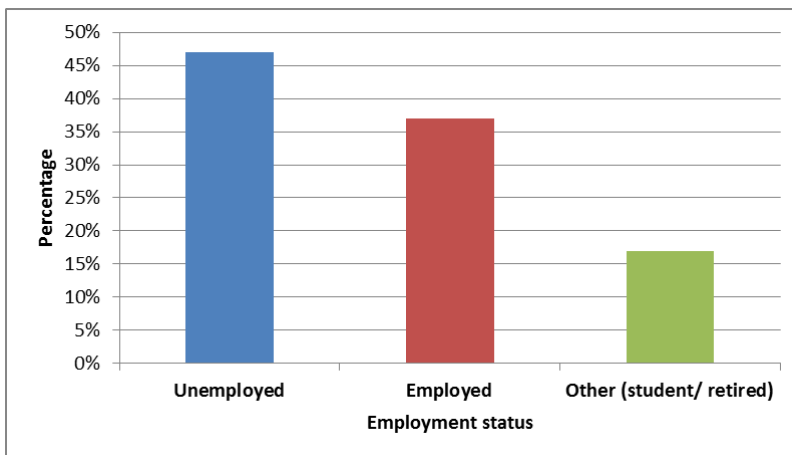
- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- The number and rates of suicides vary between age groups. In Halton the highest numbers of suicides were observed in the 35-44 and 45-54 year old age group (see figure 4).
- The numbers of suicides among those aged under 18 were below 5 therefore the numbers have been suppressed.

Figure 4: Age distribution of suicides 2011-13



- The most common marital status at time of death was single (46.7% in 2011-13)
- At the time of death most people were living alone (44% in 2011-13).
- The most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13. See figure 5.

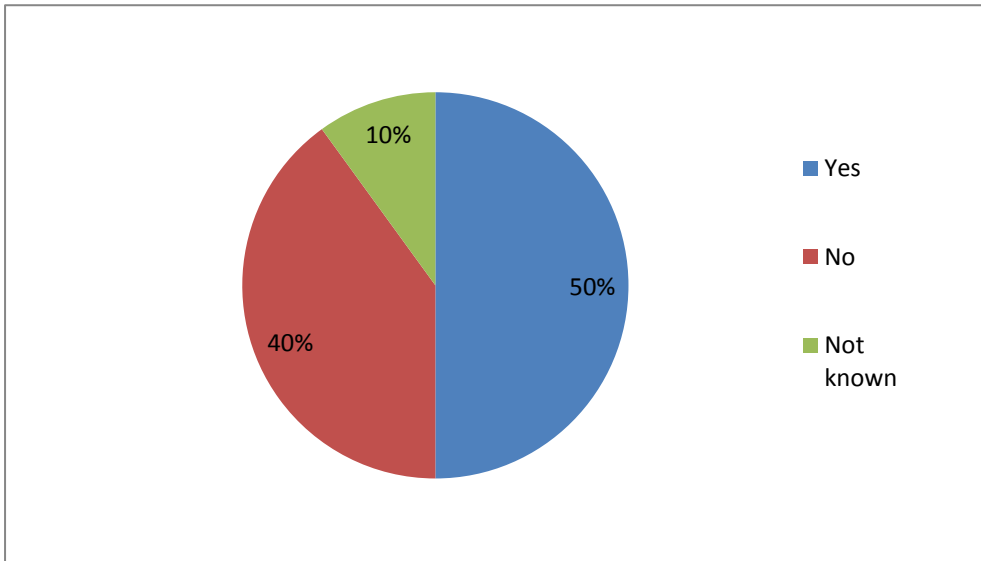
Figure 5: Employment status at time of death 2011-13



- Most of the suicides for the period 2011-2013 were among by heterosexuals (90%), with no one recorded as being homosexual. For 10% of people their sexual orientation was recorded as being unknown.
- The majority of suicides in period 2011-2013 (67%) were reported to have personal problems leading up to their death. The most commonly reported problems were relationship (40%) and financial problems (17%).
- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

- Half of those who died by suicide in 2011-13 were misusing substances (alcohol, illicit drugs), 87% of these suicides were in males. See Figure 6.

Figure 6: Substance misuse around the time of death 2011-13



- In the last 3 years, 53% of those who died by suicide had some contact with medical professionals in the last 12 months relating to mental health problems.
- 17% of those who had died by suicide in 2011-13 had contact with the police prior to their death, all were male.

How and where do people die by suicide in Halton?

- Hanging was the most common cause of death by suicide in Halton during the period of 2011-13 accounting for 63% of cases. Hanging was the most common method among both men and women.
- The majority of suicides for the period 2011-13 (60%) died at home. There were small numbers at other locations (less than 5 deaths) including the Silver Jubilee Bridge.

Suicide attempts in Halton

Statistics on recorded suicides (official suicides and undetermined deaths) provide a profile of people who have taken their own life, but do not tell the whole story as they do not provide details of the number of people who have attempted suicide but did not die or the number who have experienced suicidal thoughts.

We do not have data locally on the number of suicide attempts or number of people having suicidal thoughts. However, national surveys inform us that 16.7% of people said that they had thought about committing suicide at some point in their life, while 5.6% said that they had attempted suicide⁸. If these national estimates are applied to Halton’s population, we find that nearly 17,000

⁸Adult Psychiatric Morbidity in England - 2007, Results of a household survey. Available from: <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

people local will have ever had suicidal thoughts and over 5,000 people will attempt suicide ever in their lifetime, see Table 3.

Table 3: Estimated prevalence of suicidal thoughts and suicide attempts in Halton

	Percentage (%)	Number
Suicidal thoughts (ever)	16.7	16,836
Suicide attempts (ever)	5.6	5,646

Suicide attempts from the Silver Jubilee Bridge

In the last three years there have been 70 incidents involving the Silver Jubilee Bridge (the Runcorn and Widnes Bridge), of these 63 were threats to jump and 7 were people who jumped from the bridge, see Table 4.

During the financial year 2013/14 police resources recorded 494 hours (or over 20 days) of time expended to deal with individuals threatening to jump from the Silver Jubilee Bridge.

Table 4: Incidents in relation to persons who have jumped or attempted to jump from the Silver Jubilee Bridge (the Runcorn and Widnes Bridge), 2011-14

	Total
Threats to Jump from bridge	63
Jumpers from the bridge	7
Total	70

Local information related to risk factors for suicide

As stated this suicide prevention strategy focuses on increasing protective factors and reducing risk factors for suicide within Halton. In order for us to prioritise actions it is important for us to be aware of the prevalence of risk factors locally:

- Significantly worse than England:
 - Self-harm rates
 - Long-term health problems and disability
 - Substance misuse
 - Personal insolvency
 - Violent crime and violent offences
- Higher than England
 - First time entrants into youth justice system
 - Levels of alcohol-related harm
 - Unemployment (including youth unemployment)
- Lower than England
 - Ethnic minority groups
 - One person households

Areas for action

This strategy articulates the partnership approach to suicide prevention and supporting those bereaved or affected by suicide in Halton. Based upon national policy, research evidence and local insight 6 areas for action have been identified and agreed. All 6 areas for action have equal priority.

1. **Improve the mental health and wellbeing of Halton residents**
2. **Promote the early identification and support of people feeling suicidal**
3. **Reduce the risk of suicide in known high risk groups**
4. **Reduce access to the means of suicide**
5. **Provide better information and support to those bereaved or affected by suicide**
6. **Support research, data collection and monitoring**

Area for action 1: Improve the mental health and wellbeing of Halton residents

A key aim of this strategy is to promote protective factors and reduce the likelihood of suicidal behaviour through improving a person's mental health and wellbeing and their ability to cope with difficult circumstances.

We know:

- Interventions that promote mental health and wellbeing also reduce suicides

This strategy is aligned with Halton's Mental Health and Wellbeing Commissioning Strategy and Delivery Plan. As such this aim will be delivered via Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection" which outlines actions to improve mental health and wellbeing across the life course.

In order to improve the mental health and wellbeing of Halton residents we will:

- Support the delivery of Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection"

Area for action 2: Promote the early identification and support of people feeling suicidal

Suicide is often the result of a complex range of factors, but it is often just one or two things that can trigger a person to take actions such as making a suicide plan or finding a means to take their own life.

We know:

- Most people who are thinking of taking their own life do not actually want to die but can't see any other way out of their situation.
- The warning signs and tipping points for suicide can be likened to signposts that give early warning of the potential for suicidal behaviour. Knowing the main warning signs for suicide and responding to them quickly and effectively may save someone's life.

In order to ensure the early identification and support of those who feel suicidal we will:

- Reduce the stigma and discrimination associated with suicide locally:
 - Develop a multi-agency suicide awareness campaign plan
 - Ensure suicide prevention support lines are promoted widely across the borough – CALM, Hopeline- UK, Samaritans, Papyrus, and the local assessment team number.
- Increase local awareness of the warning signs of suicide and how to access support:
 - Deliver suicide awareness training to local community members to enable them to recognise the warning signs of suicide in themselves, their family and friends
 - Deliver suicide awareness training for professionals who interact with known high risk groups ([link to Area for Action 3](#))
 - Support local workplaces to develop suicide prevention policies
- Ensure the prompt support of individuals identified to be at risk
 - Review local pathways for rapid assessment and support from adult and Child and Adolescent Mental Health Services for those identified to be at risk of suicide
 - Support Cheshire Police in the identification and assessment of suicide risk through strengthening Operation Emblem - "street triage" service where a police officer and Community Psychiatric Nurse (CPN) attend incidents where concerns for safety are identified (see case study below for further details).
- Improve outcomes for people experiencing a mental health crisis through supporting the development of a local Crisis Concordat Declaration and action plan

Supporting people at the time of a mental health crisis: Operation Emblem

'Operation Emblem' was set up in December 2013 as an innovative approach to supporting those suffering from a mental health crisis in Halton.

The scheme involves a Community Psychiatric Nurse accompanying a dedicated Cheshire Police Officer on call-outs involving individuals who are exhibiting unusual behaviour linked with mental illness or drug and alcohol dependency.

The Community Psychiatric Nurse is able to immediately access the individual's care plan, if they are known to services, and to contact their Care Co-ordinator to discuss what the best approach is, as well as offering immediate support to the individual. The benefits of these relationships were made clear as so far around 90 per cent of the individuals seen through the pilot were already known to mental health professionals – giving the police additional insight into their needs and support requirements.

Owing to the team's guidance and support - only four people had to be dealt with by way of a Section 136 arrest, representing an 82.5 per cent reduction. On all of these occasions, the individual was admitted onto a mental health ward within a few hours.

Operation emblem has produced benefits for local people and the economy – easing pressure on local Police resources while offering vulnerable people a more supportive way of accessing 5 Boroughs Partnership NHS Foundation Trust's services which promote compassion and recovery.

In one incident, a concern for welfare was issued to Cheshire Police via a family member regarding a gentleman with mental health problems. Prior to his disappearance, the gentleman had voiced suicidal ideation and had consumed large amounts of alcohol. The gentleman was located by the team and given choice about how he could access appropriate help. He refused to attend a clinic/hospital environment but – by taking a shared decision-making approach – the team were able to stage a street triage intervention.

During de-brief with attending officers it was confirmed that had Operation Emblem not been available, Section 136 of the Mental Health Act would have been utilised. Instead the gentleman received a mental health review within 10 minutes of request and was able to return home with follow-up in the community – evidence of a significantly improved patient experience.

Area for action 3: Reduce the risk of suicide in known high risk groups

Achieving a reduction in suicide involves reaching more people who may be at risk of taking their own lives. Based upon national evidence and local intelligence the groups identified as being at high risk of suicide in Halton include:

Young and middle aged men

We know:

- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- Most men who die due to suicide in Halton are aged 35-64, however suicide remains a leading cause of death among young men

In order to reduce the risk of suicide in young and middle aged men we will:

- Ensure key professionals and local groups who interact with young and middle aged men are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that young and middle aged men are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Deliver community outreach programmes that promote suicide awareness messages at traditional male settings e.g. in partnership with the Widnes Vikings, at local sports clubs and in local pubs.

People with mental health problems, including those in the care of mental health services

We know:

- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- Depression (including postnatal depression) is one of the most important risk factors for suicide and undiagnosed or untreated depression can heighten that risk.
- Primary care services have a key role in identifying and treating mental health problems as well as assessing an individual's suicide risk.
- People with severe mental illness are at high risk of suicide, both while on inpatient units and in the community.
- Inpatients and those recently discharged from hospital and those who refuse treatment are at highest risk

In order to reduce the risk of suicide in those with a mental health problem we will:

- Ensure GP's are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that people with a mental illness are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Ensure the early identification and treatment of depression.
- Ensure the identification and support of women with a possible mental disorder during pregnancy or the postnatal period
- Reduce the risk of suicides among people in the care of mental health services by following the "12 points to a safer service" as recommended by the National Confidential Inquiry into suicide and homicide by people with mental illness
 - Staff training in the management of risk – both suicide and violence –every 3 years
 - All patients with severe mental illness and a history of self-harm or violence to receive the most intensive level of care
 - Individual care plans to specify action to be taken if patient is noncompliant or fails to attend
 - Prompt access to services for people in crisis and for their families
 - Assertive outreach teams to prevent loss of contact with vulnerable and high-risk patients
 - Atypical anti-psychotic medication to be available for all patients with severe mental illness who are non-compliant with "typical" drugs because of side-effects
 - Strategy for dual diagnosis covering training on the management of substance misuse, joint working with substance misuse services, and staff with specific responsibility to develop the local service
 - In-patient wards to remove or cover all likely ligature points, including all non-collapsible curtain rails
 - Follow-up within 7 days of discharge from hospital for everyone with severe mental illness or a history of self-harm in the previous 3 months
 - Patients with a history of self-harm in the last 3 months to receive supplies of medication covering no more than 2 weeks
 - Local arrangements for information-sharing with criminal justice agencies
 - Policy ensuring post-incident multidisciplinary case review and information

People with a history of self-harm

We know:

- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

In order to reduce the risk of suicide in those who self-harm we will:

- Ensure key professionals are trained to:
 - identify self-harm behaviour and refer appropriately
 - recognise that people who self-harm are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Ensure the implementation of NICE clinical practice guidelines on self-harm
- Support the development of a local peer support group for those who self-harm

People in contact with the criminal justice system

We know:

- 17% of those who died by suicide in Halton for the period 2011-13 had been in contact with the police in the period prior to their death

In order to reduce the risk of suicide in those in contact with the criminal justice system we will:

- Ensure key professionals who interact with those in contact with the criminal justice system are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that in contact with the criminal justice system are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support

People who misuse drugs or alcohol

We Know:

- 50% of those who died by suicide in Halton for the period 2011-13 were known to have a misusing alcohol or drugs at the time of death.

In order to reduce the risk of suicide in those who misuse drugs or alcohol we will:

- Ensure key professionals who interact with those who misuse drugs or alcohol are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that those who misuse drugs or alcohol are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support

Children and young people

We know:

- Young people are vulnerable to suicidal feelings
- Self-harm is common among young people
- Certain young people are at greater risk of suicide e.g. looked after children, children and young people in the criminal justice system, those with mental health and behavioural problems, those who misuse substances, those who have experienced family breakdown, abuse, neglect

In order to reduce the risk of suicide among children and young people in Halton we will:

- Ensure key professionals and local groups who interact with children and young people (especially vulnerable young people) are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that children and young people (especially vulnerable young people) are a high risk group
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Develop school and college-based approaches to promote suicide awareness among staff, pupils and parents to recognise the warning signs of suicide and increase knowledge of referral routes into specialist support
- Implement school and college-based bullying prevention initiatives (to include tackling cyber bullying and reducing homophobic bullying)
- Deliver community outreach programmes that promote suicide awareness messages among young people
- Ensure the early support of children and young people with emotional, behavioural or mental health difficulties through a new tier 2 CAMHS service and a specific service for looked after children (LAC)

Older adults

We know:

- Depression, chronic and painful physical illnesses, disability, bereavement, social isolation and loneliness are more common among older people.

In order to reduce the risk of suicide among older adults in Halton we will:

- Ensure key professionals who support older adults are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that older adults are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Promote the early identification and treatment of depression among older adults
- Support the implementation of the Halton loneliness strategy

Survivors of abuse and violence including sexual abuse

We know:

- Halton has high levels of domestic abuse and sexual violence
- Violence and abuse can lead to psychosocial problems and an increased suicide risk

In order to reduce the risk of suicide in survivors of abuse and violence including sexual abuse in Halton we will:

- Ensure key professionals and local support groups who interact with survivors of abuse and violence are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that survivors of abuse and violence are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Train primary care and other front line professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence ([linked to Halton's Multi-Agency Domestic Abuse and Sexual Violence Strategy](#))
- Ensure the timely and effective assessment of all vulnerable children - ensure early identification and referral to appropriate support services ([linked to work of the Halton Safeguarding Children Board](#)).

Veterans

We know:

- Veterans may suffer from mental health problems due to service.
- There is evidence that risk of suicide is elevated among some veterans

In order to reduce the risk of veterans in Halton we will:

- Ensure key professionals and local support groups who interact with veterans are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that young and middle aged men are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support

People living with long-term physical health conditions

We know:

- Physical illness is associated with an increased suicide risk.
- People with physical illness are at a higher risk of suffering from depression, which may often go undiagnosed.

In order to reduce the risk of people living with long-term conditions in Halton we will:

- Support the development of a local expert patient programme to ensure patients feel more confident in managing their condition and take an active part in their care

People who are especially vulnerable due to social and economic circumstances (for example due to debt, housing problems or unemployment)

We know:

- The UK economy is recovering from the most damaging financial crisis in generations. There have now been a number of studies demonstrating an association between increased unemployment during the recent financial crisis and an increase in suicide rates^{9,10}.

⁹ Barr B, Taylor-Robinson D, Scott-Samuel A, McKee M, Stuckler D. Suicides associated with the 2008-10 economic recession in England: time trend analysis. BMJ 2012

¹⁰ Chang, Stuckler, Yip, Gunnell. Impact of the 2008 global economic crisis on suicide: time trend study in 54 countries, BMJ 2013,

- Locally the most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13.
- There is growing evidence that national policies aimed at reducing austerity e.g. the welfare reforms, the housing benefit size criteria (often referred to as the bedroom tax) may have led to an increase in those experiencing financial difficulties. Recent research conducted with Housing Trust employees found an increase in mental health issues and suicidal ideation among housing trust clients¹¹.

In order to reduce the risk of suicide in people who are particularly vulnerable due to social and economic circumstances we will:

- Ensure key front-line professionals who interact with people who may be vulnerable due to social/ economic circumstances (financial advice and debt support services, housing trusts, employment support agencies) are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that people who may be vulnerable due to social/ economic circumstances are a high risk group for suicide
 - recognise the warning signs of suicide
 - help the individual access appropriate support
- Develop referral pathways between services that support people who may be vulnerable due to social/ economic circumstances (financial advice and debt support services, housing trusts, employment support agencies) and mental health services



¹¹ Impact of Welfare Reform on Housing Employees. Dec 2013

Lesbian, gay, bisexual and transgender people

We know:

- Lesbian, gay, bisexual and transgender people are at a higher risk of mental illness, suicidal ideation, substance misuse and self-harm.

In order to reduce the risk of suicide among lesbian, gay and transgender people in Halton we will:

- Ensure key professionals and local support groups who interact with lesbian, gay and transgender people are trained to:
 - engage in conversations about mental health and wellbeing
 - recognise that lesbian, gay and transgender people are a high risk group for suicide
 - recognise the warning signs of suicide
 - help individuals access appropriate support
- Implement school and college-based bullying prevention initiatives to reduce homophobic bullying – [Link to actions to reduce suicide among children and young](#)

Area for action 4: Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. This is because people sometimes commit suicide on impulse, and if the means are not readily available the suicidal impulse may pass.

Most suicides in Halton take place in the home, however we also have a known location where repeat suicide attempts take place – the Silver Jubilee Bridge (Runcorn and Widnes Bridge). In addition work has recently commenced on a new Mersey Gateway Bridge with an opening date of autumn 2017 expected for the new crossing.

In order to reduce the number of suicides and suicide attempts at high-risk locations including the Silver Jubilee Bridge (Runcorn and Widnes Bridge) and the new Mersey Gateway Bridge we will:

- Continue to review best practice evidence related to reducing the risk of suicide at the Silver Jubilee Bridge (Runcorn and Widnes Bridge) (installation of physical barriers, placement of signs and telephones, cameras)
- Advice on suicide prevention interventions planned for the new Mersey Gateway Bridge to ensure the new bridge is as safe as possible
- Work with local authority planning departments and developers to consider safety when designing new buildings/ structures to reduce suicide opportunities

In order to reduce hanging and strangulation in psychiatric inpatient and criminal justice settings we will:

- Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas
- Ensure safer environment for at risk prisoners e.g. safer cells

In order to reduce the number of suicides and suicide attempts on the rail network we will:

- Ensure staff working on the rail network are trained to recognise the warning signs of suicide and help individuals access appropriate support

Area for action 5: Provide better information and support to those bereaved or affected by suicide

The national Suicide prevention strategy places a new focus on support for people bereaved or affected by suicide.

We know:

- Families and friends bereaved by suicide are at an increased risk of mental health and emotional problems and may be at higher risk of suicide themselves.
- The media has a responsibility to ensure it reports incidents where an individual has taken their own life in a suicide reports in a sensitive manner, so as not to increase distress among relatives and friends of the individual and so as not to promote copycat behaviour among young and vulnerable individuals. can have

In order to provide better information and support to those bereaved or affected by suicide we will:

- Ensure we have effective local responses to the aftermath of a suicide that provides effective and timely support for those bereaved or affected by suicide (the service will support the family including children, and the local community). **Please see Postvention case study for further details.**
- Ensure the local distribution of the ‘the help is at hand’ booklet a resource for bereaved families
- Support local peer groups for those bereaved or affected by suicide

Developing a postvention service for Halton

Suicide postvention is defined as “the provision of crisis intervention, support and assistance for those affected by a completed suicide”.

Evidence suggests that people who know someone who has died by suicide are at greater risk of attempting or completing suicide. For each individual suicide it has been estimated that a further six people will suffer a severe emotional impact as a result of the death.

Postvention services are essential to ensure that those bereaved by suicide receive effective and timely emotional and practical support. There is currently a gap in this area as there is no local care pathway to support those bereaved or affected by suicide.

Evidence from Northern Ireland and Australia demonstrates that such support measurably improves the health and wellbeing of people bereaved or affected by suicide, potentially reducing the number of future suicides. Also that postvention services are cost-effective as through providing effective support they reduce the economic burden on the health system, employers, communities and society generally due to people bereaved or affected by suicide.

A key action identified within this strategy is the development of a postvention service to ensure we have effective local responses to provide effective and timely support for people bereaved or affected by suicide.



#

Area for action 6: Support research, data collection and monitoring

We know:

- Reliable, timely and accurate suicide statistics and the analysis of the circumstances surrounding each suicide in Halton can highlight trends, identify key risk factors for suicide and inform future partnership activity.
- Research and evaluation enhance our understanding of what works in suicide prevention locally.
- Mechanisms for monitoring progress are essential for the successful delivery of this strategy and action plan.

In order to support research, data collection and monitoring we will:

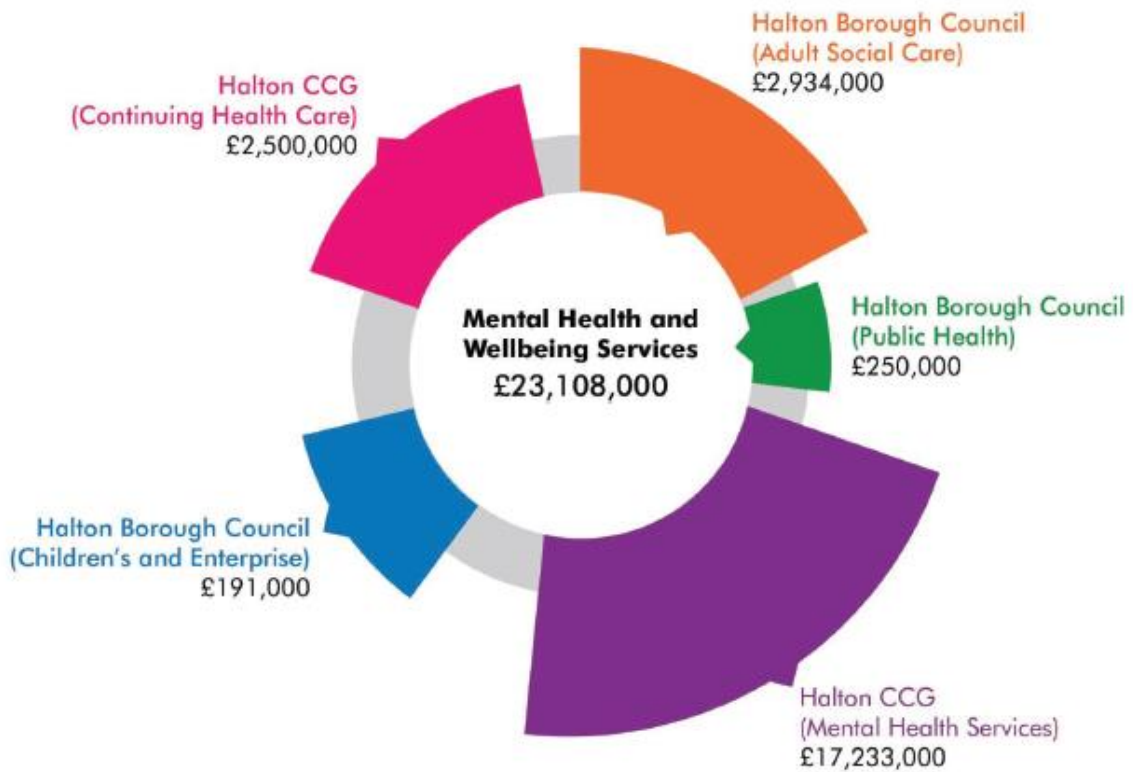
- Maintain a Halton suicide prevention partnership to deliver the suicide prevention strategy locally, monitor suicide trends and respond to incidents.
- Produce an annual data report to ensure that local data relevant to suicide prevention activity is collected, shared between partners and used to monitor suicide trends, progress and inform local activity.
- Continue to undertake an annual local suicide audit based upon coroners records
- Develop mechanisms to evaluate local suicide prevention activities and training in order to inform future practice
- Assess the suitability of effective regional and national suicide prevention interventions for local implementation

Strategy delivery

Expenditure on suicide prevention

As outlined within this strategy the first step in preventing suicides is to ensure that there are adequate and robust emotional health and wellbeing services available for local people. This includes health promotion and prevention activities as well as safe and effective treatment services with an emphasis on recovery. Halton collectively spends over £23 million on mental health and wellbeing services which can be seen in the diagram below. This spend includes all local suicide prevention activity e.g. suicide prevention training, CALM funding (Campaign against living miserably), 5BP risk assessment and support services etc.

Figure X: Expenditure on Health and wellbeing services in Halton *Source: A Mental Health and Wellbeing Commissioning Strategy for Halton*



Whilst there is not an explicit budget for local suicide prevention activity it is an integral part of all commissioned activity. Commissioners and service providers have committed to ensure that the actions identified within the strategy and action plan will be prioritised within existing resources with the aim of reducing the risk of suicide locally.

Monitoring implementation and outcomes

This strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of the action plan and refresh the action plan on an annual basis. Quarterly progress reports will be presented to the Halton Mental Health Oversight Group and the Health and Wellbeing Board.

The *Halton suicide prevention partnership* will monitor outcomes related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- the suicide rate
- self-harm rates
- excess under 75 mortality in adults with a serious mental illness

Like Minds For better mental health in Halton

“

My name is David,
I'm 30, from Halton View
and I've felt **suicidal**.

It started slowly in 2004. I found I was getting more irritable at things and I was drinking alcohol everyday. I started to withdraw from friends and family and was spending more and more time on my own. I then lost my job and split up with my girlfriend. At this point I was at my lowest and wanted to end my life. I felt I had nothing to live for. I talked to my mum about feeling like this and she said I needed to get out more and have a hobby. I knew she was right and I knew I needed to get out and make new friends. It took two years to build the confidence to go to college but I gave it a try and that is where I met my current girlfriend; who I enjoy spending time with and having fun with. I have now begun studying substance misuse and mental health and finally feel up for finding work.

”

It's Time to Talk.

If you feel like David talk to
somebody you trust or see your GP.

For David's full story visit
www.haltonlikeminds.co.uk

