

# Proposal for the development of a Bromley Suicide Prevention Strategy

## Introduction & Context

In 2012, the government published a cross-party suicide prevention strategy, 'Preventing suicide in England: A cross-government outcomes strategy to save lives'<sup>i</sup>. The overarching aims of the strategy were to; reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. Six priority areas for action were identified:

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

Since the publication of the strategy, two progress reports have been published which have led to the identification of an additional priority area for action around 'reducing rates of self-harm as a key indicator of risk of suicide'<sup>ii,iii</sup>.

The Five Year Forward View for Mental Health<sup>iv</sup>, published in 2016, set out the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The report recommended that all local areas should have a multi-agency suicide prevention plan in place by 2017. The report also included the following guidance on the scope of these local plans:

- Local suicide prevention plans should set out targeted actions in line with the National Suicide Prevention Strategy<sup>i</sup> and the new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse.
- The plans should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups within their population, drawing on localised real time data.
- The plans should also include indicative targets and trajectories for reduction in suicides locally, to support transparency and monitoring over the period of the strategy.

Public Health England (PHE) also published, 'Local Suicide Prevention Planning: A Practice Resource Guidance' in the same year<sup>v</sup>. This report endorsed the three steps for local plan development that were originally recommended by the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention<sup>vi</sup>:

1. Establish a multi-agency stakeholder group
2. Complete a suicide audit
3. Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

As Bromley does not currently have a suicide prevention strategy or action plan, in January 2018, the Public Health Team were asked by the Bromley Mental Health Strategic Board to lead the development of a strategy for the local population. The following section outlines the progress achieved to date with reference to the 3 step process endorsed by PHE and the APPG.

## **Progress to date**

### **1. Establish a multi-agency stakeholder group**

The Bromley Suicide Prevention Strategy Steering Group was established in March 2018 to develop and implement a suicide prevention strategy and action plan for Bromley. The group has a broad membership including:

- MIND
- Samaritans
- Papyrus
- Healthwatch Bromley
- British Transport Police
- Metropolitan Police
- London Ambulance Service
- Youth Offending Service
- Bromley CCG
- Bromley Y
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- Bromley Adult Safeguarding Team
- Bromley Safeguarding Children Board
- Bromley Schools Emotional Health Forum

The terms of reference for the group (including a full membership list) can be seen in Appendix 1.

The group has met twice with 3 further meetings planned for June, July and September.

### **2. Complete a suicide audit**

The Bromley Suicide Audit was refreshed in December 2017. This audit refresh was performed using data from the Primary Care Mortality Database to examine trends in deaths recorded as suicides in Bromley between 1998 to 2016. Analysis of trends in rates of self-harm in Bromley were also analysed as research shows that repeated self-harming behaviour increases the risk of a completed suicide by between 50-100 times and in many cases of suicide there is an episode of self-harm shortly before someone takes their own life<sup>vii,iii</sup>. Trends in self-harm in Bromley were analysed using hospital admissions for self-harm as an indicator of underlying trends in self-harm within the community.

The audit report was presented to the Bromley Mental Health Strategic Board in January 2018 which resulted in the request for the development of a Suicide Prevention Strategy.

The executive summary from the audit is included in Appendix 2. A full version of the report can be provided on request from: [susan.mubiru@bromley.gov.uk](mailto:susan.mubiru@bromley.gov.uk)

### **3. Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data**

The Bromley Suicide Prevention Strategy Steering Group has agreed that the local strategy should be based around the 6 priority areas for action identified in the national strategy. Steering group members are currently undertaking a mapping exercise to identify existing suicide prevention activity in Bromley with respect to each of the 6 priority areas. This information will then be used to create a gap analysis to compare what is currently happening in Bromley against what the evidence suggests are effective suicide prevention measures. This will then inform the identification of the aims, objectives and priority areas for action for the new strategy.

It is anticipated that the draft Bromley Suicide Prevention Strategy will be complete by Autumn 2018.

## **Recommendation**

**Health and Wellbeing Board members are asked to review the rationale and proposed process for developing a Suicide Prevention Strategy and Action Plan for Bromley and endorse these proposals.**

## **References**

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- <sup>i</sup> HM Government. (2012). Preventing suicide in England: A cross-government outcomes strategy to save lives. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf) [Accessed: 24/05/2018].
- <sup>ii</sup> HM Government. (2015). *Preventing suicide in England: Two years on - second annual report on the cross-government outcomes strategy to save lives*. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/405407/Annual\\_Report\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf) [Accessed 24/05/2018].
- <sup>iii</sup> HM Government. (2017). *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives*. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582117/Suicide\\_report\\_2016\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf) [Accessed 24/05/2018].
- <sup>iv</sup> Independent Mental Health Taskforce to the NHS in England. (2016). *The five year forward view for mental health*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> [Accessed 24/05/2018].
- <sup>v</sup> Public Health England. (2016). *Local suicide prevention planning: A practice resource*. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585411/PHE\\_local\\_suicide\\_prevention\\_planning\\_practice\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf) [Accessed 24/05/2018].
- <sup>vi</sup> All-Party Parliamentary Group on Suicide and Self-Harm Prevention. (2015). *Inquiry into local suicide prevention plans in England*. [online] Available at: <http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf> [Accessed 24/05/2018].
- <sup>vii</sup> Royal College of Psychiatrists. (2010). Self-harm, suicide and risk: *Helping people who self-harm*. [online] Available at: <https://www.rcpsych.ac.uk/files/pdfversion/CR158.pdf> [Accessed 24/05/2018].

## **Appendix 1**

# **Terms of Reference for Bromley Suicide Prevention Strategy Steering Group**

### **1. Aims**

The Bromley Suicide Prevention Strategy Steering Group aims:

- To reduce the rate of suicide and self-harm within Bromley
- To provide a forum for successful multi-agency partnership working at strategic and operational level

### **2. Objectives**

- To drive the production and implementation of the Bromley Suicide Prevention Strategy and Action Plan.
- To facilitate and promote system-wide action to reduce suicide rates across Bromley.

### **3. Responsibilities**

- To develop and agree a multi-agency suicide prevention strategy and action plan for Bromley
- To drive the implementation of the suicide prevention strategy and action plan
- To review and update the strategy as appropriate
- To review an annual suicide and self-harm statistical and intelligence update
- To publicise ongoing work and recent developments in suicide prevention at a local, regional and national level
- To facilitate partnership working between organisations represented on the Steering Group
- To influence the work of all agencies and individuals who could help prevent suicide and self-harm, including those with lived experience

### **4. Membership**

To ensure that as many people and organisations are aware of, and involved in, suicide prevention this group has two types of members:

- Those that regularly attend the meetings of the steering group
- Those who don't regularly attend the meetings, but are on the circulation list and may attend the meetings on an ad-hoc basis.

The organisations who have agreed to regularly attend meetings include:

- Bromley Public Health
- Bromley CCG
- Healthwatch Bromley
- MIND
- Samaritans

- Papyrus
- British Transport Police
- Metropolitan Police
- London Ambulance Service
- Youth Offending Service
- Bromley Y
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- Bromley Adult Safeguarding Team
- Bromley Safeguarding Children Board
- Bromley Schools Emotional Health Forum

**Those organisations** that don't regularly attend the meetings, but are on the circulation list and may attend the meetings on an ad-hoc basis include:

- THRIVE London
- Bromley Probation Service

## **5. Accountability**

The steering group will report to the Bromley Mental Health Strategic Board and the Bromley Health and Wellbeing Board.

## **6. Administrative support**

Public Health will provide the Chair for the group, admin support for the Group will be provided by [tbc].

## **7. TOR approval and review date**

Terms of reference will be reviewed once a year. The next review date will be March 2019

## **8. Frequency of Meetings**

Meetings of the steering group will initially be held monthly until the draft strategy is agreed and then bi-monthly after that (unless otherwise agreed by the steering group). Where possible, meetings will be held in different venues across Bromley.

## Appendix 2

# Executive Summary of the Bromley Suicide Audit Trend Analysis 2017

## National Context<sup>v</sup>:

10 things that everyone needs to know about suicide prevention:	
1 - Suicide takes a high toll	There were 4,880 deaths from suicide registered in England in 2015. For every person who dies at least 10 people are directly affected.
2 – There are specific groups of people at risk of suicide	Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49.  People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
3 – There are specific factors that increase the risk of suicide	The strongest identified predictor of suicide is previous episodes of self-harm.  Mental ill-health and substance misuse greatly contribute to suicides.  Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse.
4 – Preventing suicide is achievable	The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide.  The involvement of directors of public health and health and wellbeing boards is crucial in co-ordinating local suicide prevention efforts and making sure every area has a strategy in place.
5 – Suicide is everybody's business	A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.
6 – Restricting access to the means for suicide works	This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention.
7 – Supporting people bereaved by suicide is an important component of suicide prevention strategies	Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.
8 – Responsible media reporting is critical	Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.
9 – The social and economic cost of suicide is substantial and adds to the case for suicide prevention work	The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million.  This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.
10 – Local suicide prevention strategies must be informed by evidence	Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

## Local Context

Bromley has the **5<sup>th</sup> highest** intentional self-harm rates in the region and ranks 16<sup>th</sup> out of 33 London boroughs on suicide rates (where 1 is lowest).

The numbers of suicides in Bromley are very erratic year on year but on average about **20 people** take their own lives in Bromley each year.

Rates of hospital admissions for intentional self-harm in both genders have fluctuated in Bromley over the last decade with a peak in 2009-11. Although rates have declined since then there appears to be the **beginning of an upward trend**. Continued monitoring is required to assess if this upward trend is enduring.

**Suicide** continues to be **more prevalent in males**, up to three times the rate in females, whilst rates of admission for **intentional self-harm** continue to be **more prevalent in women and young people**. There is need for work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

In Bromley, the **most common methods of suicide** are similar to the UK with **hanging, strangulation or suffocation** being the most common methods, followed by poisoning. The proportion of **suicides by self-poisoning is reducing**, whilst the proportion of suicides by jumping from a height or in front of a moving object is generally increasing, although the overall proportion using this method remains low.

The proportion of hospital admissions **for intentional self-harm is highest in people aged 20-49**. Analysis of age –specific rates also shows that people aged <30 are more represented in hospital for intentional self-harm than the general population. However it is worth noting that although there are fewer admissions of intentional self-harm in older residents, 60 years and over, research shows that **older people who self-harm are three times more likely to commit suicide** than the younger people who self-harm. Therefore older adults who intentionally self-harm should be a target group for services and support.

The relationship between deprivation and hospital admissions for intentional self-harm in Bromley is not linear and is marked by wide confidence intervals. However the difference seen in rates between women living in the most and least deprived deciles is significant. Analysis at ward level shows that **hospital admission rates are significantly higher in the Cray Valley wards and Penge and Cator** than the rest of the borough.