

Hackney Suicide Prevention Strategy

2019-2023

Suicide prevention strategy - structure

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Introduction

National context

There is a directive from the [National Suicide Prevention Strategy workplan](#) for all local areas to develop suicide prevention strategies and action plans. The following strategy and action plan replace Hackney's previous one, which was published in October 2016.

The All-Party Parliamentary Group on Suicide and Self-harm Prevention (2013) and [PHE Local suicide prevention planning guidance](#) (2016) recommends as essential to successful local implementation of the national strategy:

1. establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations.
2. completing a suicide audit.
3. developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data.

The national aim is to reduce national suicide by 10% by 2020/21, as outlined in the NHS Five Year Forward View for Mental Health (2016).

The NHS Long-term Plan reaffirms the NHS's commitment to make suicide prevention a priority over the next decade. It commits to rolling out funding to further Sustainability and Transformation Partnership (STP) areas, implementing a new Mental Health Safety Improvement Programme, as well as rolling out suicide bereavement services across the country.

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners. They are working together to reduce suicide, for example through education, information sharing and reducing access to medication as a means.

The delivery of a comprehensive strategy is effective in reducing deaths by suicide by combining a range of integrated interventions that build community resilience and target groups of people at a heightened risk of suicide.

Directors of Public Health and Health and Wellbeing Boards have a central role. Their involvement is crucial in co-ordinating local suicide prevention efforts and making sure every area has a strategy in place.

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.

A full review of national policy was completed by Hackney and the City of London Public Health team and published in the Suicide and Self-Harm Audit (2017).

National data

Data, demographics, and inequalities

In 2018, there were 6,507 suicides registered in the UK, which is approximately 11 deaths per 100,000 population; the 2018 rate is significantly higher than that in 2017 and represents the first increase since 2013. In addition, for every person who dies at least 10 people are directly affected. However, there are certain populations that are more likely to be affected than others.

- Three in four deaths by suicide are by men.
- Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years, particularly in females aged 10-24, where the rate has increased significantly since 2012.
- Suicide rates increase with age, peaking among the middle-aged (45-49 years). Suicide rates then decrease until the age of 80 to 84, at which point they begin to rise.
- 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.

- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Suicide is more common in people who are unemployed in comparison to those in employment and males working in the lowest-skilled occupations have a 44% higher risk of suicide than the male national average.
- In 2014, suicidal thoughts and attempts were found to be most common in people of White British ethnicity and least common in people of Asian ethnicity.
- Data collected by the Care Quality Commission (CQC) shows that 224 people died of self-inflicted injuries between 2010 and 2016 in mental health hospitals in England.

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 the loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.

Risk factors

The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many 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.

Local context

Suicide prevention also includes work to promote positive mental health and prevent the development of mental illness, particularly in vulnerable groups. A Joint Mental Health Strategy (between London Borough of Hackney, the City of London Corporation, City and Hackney CCG, and East London Foundation Trust) outlines the local strategic preventative approach to mental illness:

“We will promote positive mental wellbeing for all, reduce stigma around mental health, and target help and support at the earliest opportunity to those that need it most. We will take an approach across all stages of mental health that prevents issues from getting worse, from people with everyday pressures to people with a diagnosed mental health condition.”

The local Joint Mental Health Strategy is centred around five priority areas: prevention, access, neighbourhoods, personalisation and co-production, and recovery. Each of these has a distinct action plan with a set of actions to be completed over the next three years (2019-23).

Hackney's Health and Wellbeing Board has recently signed up to join the national Prevention Concordat for Better Mental Health that outlines a number of joint actions that a local area can do to support a preventative approach to mental health.

Locally there is a programme of work underway to improve and transform Child and Adolescent Mental Health Services (CAMHS) in the City and Hackney. The vision is that by 2020/21 that City and Hackney will be a place that meets the mental health needs of every child in the City and Hackney.

Work is also currently underway locally to develop a Children's Emotional Health and Wellbeing strategy, due to be published in mid 2020.

Local data

Local data is limited and the numbers are small, meaning accurately identifying local trends is difficult. A local audit on suicide and self-harm was completed in Hackney in 2017, covering a three year period 2014 to 2016. The City of London was also included in this audit, and there is a distinct Suicide Prevention Strategy and Action Plan covering the City.

Key findings from Hackney and the City of London Self-Harm and Suicide Audit 2017:

- There were 52 deaths by suicide in Hackney in the period, this is 8.1 per 100,000 of the population compared to 9.9 per 100,000 nationally
- Suicide was most common in 25-34 year olds, lower than the national figures where suicide is most common in 40-44 year olds
- Suicide was most common among males, 1.8 males for every 1 female, lower than the national ratio which is approximately 3 males for every 1 female
- 56% of cases were born in the UK, and 20% within Europe (ethnicity is not currently recorded on Office for National Statistics (ONS) death certifications)
- The most common occupation was classified as 'professional', there is no local data on the number of suicides in people who were unemployed
- The most common method of suicide was hanging, strangulation, and suffocation, this is similar to the national picture
- 44% of suicides happened in public places, and two hotspots were identified in Hackney

Public Health England reports a more recent directly age-standardised suicide 1 rate per 100,000 population across 3 years (2015 to 2017) aged 10 or over. The count of deaths in Hackney residents was 64 equating to a rate of 10 (CI95% 7 to 14). The rates are similar to the London and national averages.

In 2017 East London Foundation Trust (ELFT) carried out an audit into unexplained deaths of patients known to them in Hackney between June 2016 and June 2017.

Key findings from ELFT's audit into unexplained deaths:

- There were 21 unexpected deaths during this period, 11 of which were confirmed suicides
- The majority were male and of White British ethnicity.
- Six were aged between 46 and 65.
- Seven of the 11 were gay, white males.
- Of the 11 people that died by suicide, 6 lived alone, 6 were unemployed and 27% had a history of current drug/alcohol use.
- Eight died by hanging and two by drowning (one unknown), with 6 having a prior suicide attempt and/or history of self-harm.

In addition, in 2016/17 City and Hackney Safeguarding Children Board (CHSCB) carried out formal reviews for cases where young people had taken their own lives. The aims of the reviews were to identify possible lessons and inform local practice regarding suicide prevention. The full reviews can be accessed at <http://www.chscb.org.uk/serious-case-reviews/>.

The recommendations from the audit and these reviews have been considered for incorporation into the Hackney Suicide Prevention Action Plan by the local multi-agency Suicide Prevention Steering Group.

Governance

The implementation of the Suicide Strategy and Action Plan will be overseen by the multi-agency Suicide Prevention Steering Group co-chaired by Hackney's elected member champion for mental health, Councillor Tom Rahily, and a Consultant in Public Health.

Progress against the implementation of the strategy and action plan will be reported to Hackney's Health and Wellbeing Board on an annual basis, and be reported to the

relevant local integrated care system board, the Mental Health Coordinating Committee (MHCC).

Our priorities

There are six areas that PHE recommend local partnerships prioritise and these have been used as a framework for this strategy and action plan, tailored to meet local needs.

1. reduce the risk of suicide in key high-risk groups

We will take cross-cutting and coordinated approaches to address suicide in high-risk groups locally. We will provide tailored support working to reduce the risk of suicide among the following groups:

- men
- people who self-harm
- people who misuse alcohol and drugs
- people in the care of mental health services
- people in contact with the criminal justice system
- people directly affected by suicide

2. tailor approaches to improve mental health in specific groups

Evidence tells us that the most effective approaches to preventative mental health are those that are targeted to specific groups. Using local and national data and trends, we will work to improve mental health in groups more likely to suffer from poor mental health in Hackney, including:

- young black men (supporting Hackney's cross-cutting programme),
- children and young people, with a focus on vulnerable groups such as looked after children, care leavers and those in the youth justice system,
- survivors of abuse or violence, including sexual abuse,
- veterans,
- people living with long-term physical health conditions,
- people with untreated depression,
- people who are especially vulnerable due to social and economic circumstances, people who misuse drugs or alcohol,
- lesbian, gay, bisexual and trans people (LGBT),
- black, Asian and ethnic minority groups
- and asylum seekers

We will take a community-based approach to this work, running awareness-raising campaigns, alongside training professionals and people working in our communities.

For more local information and data on local mental health needs in Hackney see the mental health and substance misuse chapter of the Health and Wellbeing Profile, available online via www.hackneyjsna.org.uk.

3. reduce access to the means of suicide

Taking coordinated action to reduce access to means of suicide is another effective component of a local suicide prevention strategy. We will use local insight gathered from suicide audits and reviews, as well as looking at national and regional trends, to take evidence-based action to reduce access to the means of suicide that are specific to the Hackney context.

4. provide better information and support to those bereaved or affected by suicide

We will utilise the growing evidence base that tells us that individuals and communities feel the need for support following suicides. Pending trial evidence, there is also the hope that this support might serve to reduce the risk of the adverse consequences of suicide bereavement, which include poor social and occupational functioning, depression, suicide attempt, and even suicide.

5. support the media in delivering sensitive approaches to suicide and suicidal behaviour

Research demonstrates strong links between media reporting of suicide and imitative suicidal behaviour. This risk significantly increases if the suicide method is described, if the story is placed prominently and if the coverage is sensationalised and/or extensive. Much of this work is being done nationally, and we will look at how we can complement this work at a local level.

6. support research, data collection and monitoring

The sixth area is supporting research, data collection and monitoring. This is an important component of any suicide prevention strategy and action plan as it underpins both the emerging national evidence base for effective suicide prevention and ensures that local action plans are monitored and evaluated.

Further details about specific actions are outlined in the following action plan, arranged around the above priority areas.