Leicester City Council

LLR Suicide Prevention Strategy

Public Health and Health Integration Scrutiny Commission

Date of meeting: 05/11/2024

Lead director/officer: Rob Howard/Mark Wheatley

Useful information

- Ward(s) affected: All
- Report author: Mark Wheatley
- Author contact details: mark.wheatley@leicester.gov.uk
- Report version number: 1.0

1. Summary

1.1 This report is to inform, and consult, the Public Health and Health Integration Scrutiny Commission about the draft Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy 2024-2029. The draft strategy is attached as Appendix A. Appendices B, C and D set out evidence of risk of death by suicide, some remarks on local data and our suicide prevention initiative, Mental Health Friendly Places.

1.2 The transfer of public health duties into local authorities means upper tier and unitary authorities have responsibility to oversee local suicide prevention activities. This is done alongside the Integrated Care Board (ICB), Police, and other statutory and voluntary sector (VCSE) organisations. It includes collecting and analysing data on deaths by suicide to inform the development of suicide prevention strategies and action plans.

1.3 The relevant local and policy includes:

National policy:

- NHS Long Term Plan 2019 and subsequent NHS Mental Health Implementation Plan 2019/20 – 2023/24.
- The National Suicide Prevention Strategy 2023-2028.
- The Labour Manifesto,[1] states the aims to reduce the lives lost to suicide, with staff trained to support people at risk and to 'reform the NHS to ensure we give mental health the same attention and focus as physical health.'

Local policy:

- Leicester Health, Care and Wellbeing Strategy 2022-2027: The LLR Suicide Prevention Strategy and Action Plan support the Healthy Minds section of the Leicester Health, Care and Wellbeing Strategy
- Leicester Mental Health Partnership Board Strategy.

2. Recommendation(s) to scrutiny:

Health Scrutiny Commission are invited to:

- Comment on the draft Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy.
- Comment on consultation and next steps.

[1] Build an NHS fit for the future – The Labour Party see Build a better future for the NHS

3. Detailed report

3.1 Each death by suicide is a tragedy. Suicide risk reflects wider inequalities, with people facing adversity, such as isolation and economic challenges more likely to be affected. The impacts are long lasting and traumatic. Suicide is devastating for families, friends, neighbours, colleagues, and others. However, suicide can be preventable; lives can be saved with the right support, interventions, and preventative measures.

3.2 The current LLR Suicide Prevention Strategy, which covered the period 2020-2023, is a strong foundation for ongoing efforts. Many priorities continue to be relevant. The refreshed LLR strategy takes on board the latest local evidence and objectives set out in the new National Suicide Prevention Strategy. It will ensure the approach of Leicester City Council, and the wider LLR suicide prevention partnership, continues to be effective and responsive to emerging needs.

3.3 Leadership for suicide prevention sits with Public Health teams in local authorities. Oversight and co-ordination in Leicester, Leicestershire, and Rutland sits with the LLR Suicide Audit and Prevention Group (SAPG). This reports to local Health and Wellbeing Boards. The SAPG is made of representatives from local authorities, ICB, University Hospitals Leicester (UHL), Leicestershire Partnership Trust (LPT), Leicestershire Police, VCSE organisations, universities, and people with lived experience. This broad approach allows the partnership to address broad local priorities and specific place-based needs.

3.4 The latest National Suicide Prevention Strategy[2] was launched in September 2023, with the expectation that its objectives are reflected in local strategies and action plans.

The ambitions of the National Strategy are to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- continue to improve support for people who self-harm.
- continue to improve support for people who have been bereaved by suicide.

The eight priorities for action include:

- Improving data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be developed and adapted.
- Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
- Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
- Promoting online safety and responsible media content to reduce harm, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.

[2] Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)

- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

3.4 The refreshed local strategy has been developed based on collaboration and partnership with local stakeholders. It has been overseen by a Steering Group which consisted of local authority officers, ICB, LPT, a representative from the Suicide Lived Experience Network, Leicestershire Police and local VCSE organisations.

3.5 An important element of the development of the refreshed strategy has been engagement with professional stakeholders and people with lived experience. Evidence was gathered in focus groups held face-to-face and online, with professionals from across LLR, experts with experience from LPT Youth Advisory Board, LLR Mind, the Suicide Lived Experience Network and the LLR Survivors of Bereavement by Suicide group. Data collected were thematically analysed and the findings used for the development of the strategy.

3.6 Other reports, data and assessments were used to shape the strategy including Joint Strategic Needs Assessments (JSNAs) and HNAs on mental health, substance use and gambling harms, local Health and Wellbeing Board priorities, Child Death Overview Panel (CDOP) reports and insights, and the National Suicide Prevention Strategy (where the expectation is that this is mirrored within local strategies). It was important to stakeholders that the local strategy reflected LLR data and needs, rather than being based primarily of the national strategy.

3.7 The LLR Suicide Prevention Strategy 2024-2029 (See Appendix A below) focusses on 5 key priorities:

Supporting the system to put in place measures to help reduce suicidal ideation and suicides in <u>children and young people.</u>

Although numbers are small there is an increasing national trend for death by suicide in children and young people which we want to address locally. We want to work across the system to support partners to put measures in place to reduce suicidal ideation and behaviours.

Targeted support and resources at <u>higher risk groups and locations</u>, as identified by local and national data and evidence.

There is no single explanation of why people die by suicide. However, there are common risk factors, and higher risk groups. We will use the best available data and evidence to understand our populations and locations, putting targeted interventions in place to address risk.

Improve our local understanding of <u>self-harm</u> and support people with a history of self-harm.

People with a history of self-harm are a key high-risk group, as demonstrated by national and local data. Locally we will work to understand our self-harm rates better, especially regarding data, whilst also working with local services and people with lived experience of self-harm.

Providing effective bereavement support to those affected by suicide.

Every suicide can have a profound and traumatic effect on those close to the individual, as well as the wider community. This puts people experiencing suicide bereavement at risk themselves. We will continue to develop and deliver the local suicide bereavement offer and ensure lived experience voice is captured and used.

Leadership - Work with system partners and communities to support their role within suicide prevention.

Suicide is everybody's business. We will work with key organisations, partners and the community to ensure suicide is considered a priority and everyone has an appreciation of their role within suicide prevention. Working as system leaders, we will act collectively to drive change across LLR.

3.8 The key priorities are underpinned and driven by the guiding principles. The guiding principles are key concepts and ideas which crosscut all the priorities and were key themes that arose from the engagement activities and literature reviews:

- **Co-production and collaboration**
- **Learn from past stories**
- **Data driven**
- **Normalising conversations**
- **Settings-based approach**
- **Trauma informed practice**

3.9 The next steps will be to consult stakeholders about the draft strategy and to act on areas which need amending. Consultation will be face-to-face and online. A version of the online questionnaire is attached in Appendix B below. It covers the priority actions, is open to people, including people with lived experience.

Appendix A: Draft LLR Suicide Prevention Strategy

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Appendix B: LLR Suicide Prevention Strategy Questionnaire

LLR Suicide Prevention Strategy

Appendix C: Evidence of risk of death by suicide

Death by suicide is a complex issue, for which there are common risk factors, and people at higher risk. The national strategy focuses on at risk groups including:

- **Children and young people:**

    - Although numbers are low, the national trend is increasing. In 2019 the World Health Organisation found suicide to be the fourth leading cause of death in young people, both sexes combined, aged 15-29 years.[3]
    - Studies found that up to 54% of young people who died by suicide had a history of previous self-harm.
    - Antecedents to death by suicide in young people include academic pressures, bullying (including cyber bullying), bereavement, physical health conditions, family problems, social isolation and abuse or neglect.[4]
- **Middle aged men:**
    - Men are three times more likely to die by suicide than women.[5]
    - Associated factors include living in the most deprived areas, unemployment, and financial hardship.
- **People with a history of self-harm:**
    - Evidence shows that the risk of suicide among those who have self-harmed is much greater than that in the general population, with the risk elevated in the year following an episode of self-harm.[6]
- **People in contact with mental health services:**
    - 26% of all people who died by suicide (2011-2021) had recent contact with mental health services (12 months prior to their death).[7]
- **People in contact with the justice system:**
    - People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population.[8]
- **People with autism:**
    - It is estimated that around 1 in 7 people (more than 15% of people in the UK) are neurodivergent, meaning that the brain functions, learns and processes information differently. Evidence suggests suicide could be one of the leading causes of early death for people with autism; those diagnosed with autism and no other learning disability are 9 times more likely to die by suicide.[9]
- **Pregnant women and new mothers:**
    - Suicide is the leading cause of direct maternal death in the first year following having a child.[10]
- **People bereaved by suicide:**

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[3] World Health Organization, 2019. Suicide worldwide in 2019: Global Health Estimates [Online]. Available at https://www.who.int/publications/i/item/978924002664

[4] C Rodway, S-G Tham, S Ibrahim, et al. Suicide in children and young people in England: a consecutive case series. The Lancet Psychiatry, Volume 3, Issue 8, 751 – 759

[5] Department of Health and Social Care, Suicide Prevention Strategy for England: 2023 to 2028 https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

[6] Chan, M.K., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor, R.C., Kapur, N. and Kendall, T., 2016. Predicting suicide following self-harm: systematic review of risk factors and risk scales. The British Journal of Psychiatry, 209(4), pp.277-283.

[7] National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report 2024. https://sites.manchester.ac.uk/ncish/reports/annual-report-2024/

[8] See Department of Health and Social Care, Suicide Prevention Strategy for England: 2023 to 2028 https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

[9] Hirvikoski, T. et al. (2015). Premature mortality in autism spectrum disorder. The British Journal of Psychiatry, 207(5).

[10] MBRRACE-UK https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf

    - It is well documented that bereavement due to suicide is different to other forms of loss, including other forms of traumatic or sudden death. Research has shown that bereavement by suicide is associated with suicide risk and poorer mental health.[11]
    - Evidence suggests family, friends and acquaintances who are bereaved by suicide may have a risk of dying by suicide that is up to 3 times higher than the general population.

Other risk factors and high-risk groups include:

- People who misuse alcohol and drugs.
- People experiencing problem gambling:
    - Data suggests between 4-11% of suicides in the UK are gambling related.[12]
- Access to means, such as firearms and pesticides, which can largely be driven by specific occupational groups e.g. veterinary works and those within the agricultural sector.
- Armed forces personal and the veteran community.
- Female nurses.
- Financial instability and hardship, including unemployment.
- Relationship breakdown.
- Domestic abuse.
- Trauma:
    - Whether acute (such as accidents or violence) or chronic (such as ongoing abuse), significantly increases suicide risk. Individuals who have experienced trauma may struggle with emotional pain, hopelessness, and suicidal thoughts.
    - Childhood abuse, sexual trauma, and combat-related trauma are all associated with increased suicide risk.

The following findings concern UK deaths by suicide which have been reviewed in the **National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)** 2024 annual report[13]:

- 26% of all people who died by suicide had recent contact with mental health services (12 months prior to their death).
- Of those in contact with clinical care, who died by suicide, 48% of lived alone, 47% had alcohol misuse, 63% had a history of self-harm, and 54% had a diagnosis of mental illness.
- Highest risk of suicide for those accessing acute mental health care settings was 1-2 weeks following discharge.
- The report highlighted people with autism and ADHD as emerging at risk groups; 32 deaths per year in autistic people and 15 in people with ADHD in the UK.
- There were 11 deaths per year for in-patients under 35, and 9 deaths per year in students aged 18-21 under mental health care.

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[11] Pitman, A., Osborn, D., King, M. and Erlangsen, A., 2014. Effects of suicide bereavement on mental health and suicide risk. The Lancet Psychiatry, 1(1), pp.86-94.

[12] Gambling with Lives. Gambling-Suicidal Ideation, attempts and completed suicides data review. 2022. https://www.gamblingwithlives.org/wp-content/uploads/2022/01/Gambling-Suicidal-Ideation-and-Completed-Suicides.pdf

[13] National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report 2024. https://sites.manchester.ac.uk/ncish/reports/annual-report-2024/

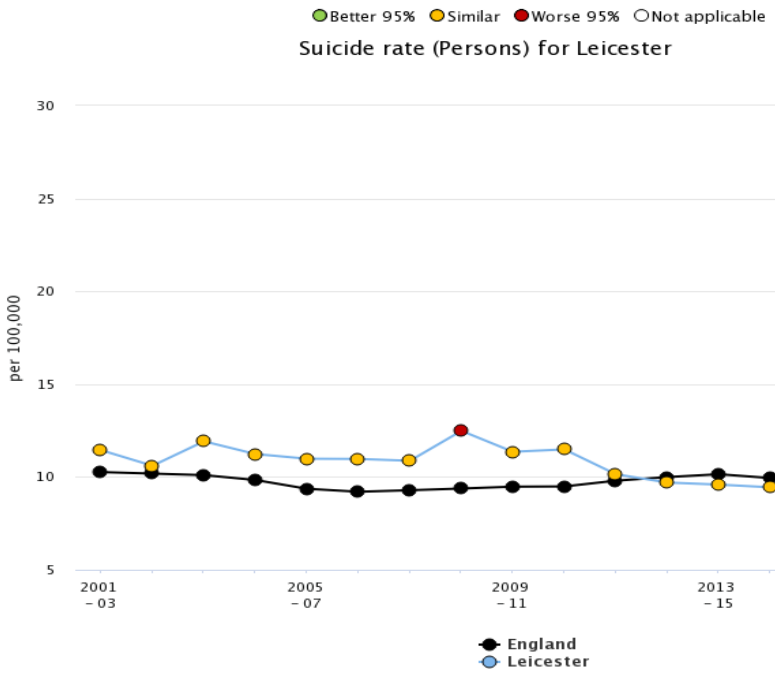
- There were 354 deaths per year in public locations by patients who were generally younger and more acutely unwell.

Appendix D: Suicide in Leicester

Information on death by suicide in Leicester, Leicestershire, and Rutland is underpinned by a mature Real Time Suspected Suicide Surveillance (RTSSS) data and three-year rolling average trends, currently monitored by Office for National Statistics (ONS). RTSSS closely matches the ONS data.

Figure 1 shows the trend in the rate of death by suicide for Leicester since 2001. The suicide rate for all persons in Leicester was 10.6 per 100,000 population for 2019 – 2021. This rate is not significantly different to the national average suicide rate of 10.4 per 100,000 population. The suicide rate in Leicester has not been significantly different to the national average since 2001-3, other than in 2008-10 and 2016-18.

Figure 1: Suicide rate (Persons) Leicester Source: ONS



Nationally, almost 75% of deaths by suicide are by men; and this is mirrored locally. In Leicester, the median (the middle number in an ordered list of numbers) age of people dying by suspected suicide is 42 years for men and 38 for women.

Analysis of RTSSS data for 2023 shows that 42% of people who died by suicide in LLR had a history of self-harm and 41.2% had previously attempted suicide. Other risk factors highlight the complexity of factors underpinning death by suicide:

- **Marital Status**
  - Between 2018 and 2023, 62.9% of Leicester deaths by suspected suicide occurred in single people.
- **Unemployment**
  - In Leicester with 54.8% of people who died by suspected suicide were unemployed.

- The majority of the unemployed that died by suspected suicide were unemployed for more than 3 years.

- **Financial situation**
  - Based on 2023 RTSSSD data, 29.7% of deaths by suspected suicide in Leicester were experiencing financial difficulty.

Appendix E: Mental Health Friendly Places

Mental Health Friendly Places contribute to the LLR suicide prevention strategy by raising awareness about mental wellbeing, promoting resilience to mental illness, and improving access to wellbeing support in Leicester neighbourhoods. A Suicide Prevention Programme Officer (SPPO) coordinates and manages this initiative; recruiting organisations to become MHFPs, developing training offers, listening to local people, learning about their needs, developing supportive networks and evaluating impact.

The ethos underpinning MHFPs is in line with NICE Guidance on Community Engagement[14]. This provides advice on ways to draw on local knowledge, to bring together people in communities to plan, design, develop, deliver, and evaluate action to protect health.

This community development approach aligns with emerging integrated care programme in which the LLR Mental Health Collaborative prioritises placed based approaches. It also supports delivery of the local and national suicide prevention strategies and the need to tackle health inequalities.

In practice the MHFPs initiative encourages people with an interest in supporting local mental wellbeing to access free training and sign up as a Mental Health Friendly Place. The training aims to help people to have safe conversations about mental health and signpost people experiencing adversity in their lives to access local support. In this way, MHFPs encourage openness about everyday adversity which impact on mental health, such as money worries, relationship breakdown, poor housing, insecure employment, and isolation.

Currently there are 23 MHFPs[15] across Leicester. They are situated in areas where the risks of poor mental health are high, such as Belgrave, Braunstone, Highfields, New Parks. Feedback from the MHFPs show that most are having daily conversations with people about their mental health; this includes service users and colleagues, staff members and managers. About a fifth have more conversations about mental health since becoming MHFPs, with most staff feeling confident about having safe conversations about people's mental wellbeing since receiving the training on offer. MHFPs also report being more connected to other local services and projects which are supportive of mental wellbeing.

One MHFP offers this case study:

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[14] See Overview | Community engagement: improving health and wellbeing and reducing health inequalities | Guidance | NICE

[15] Two Queens Art Gallery and Studio, P3 Charity, Jamila's Legacy CIC, The Peepul Centre, The Conservation Volunteers (TCV), Shama Women's Centre, Saffron Acres, The Centre Project, African Caribbean Centre, One Roof (homeless support), Team Hub CIC, Turning Point Leicester, Eyres Monsell Club for Children and Young People, LLR Mind, B Inspired, Trade Sexual Health. Working towards MHFP status include Iskcon, MHM Community Connectors, ZamZam, Soft Touch Arts, South Asian Health Action, Peace of Green CIC, Age UK

‘we have had someone visit us a few times over the last few months, and on one visit to us, our staff who have done the e-learning and the Mental Health Aware training, started noticing some of the signs that he may be experiencing a very difficult time, and that things might be more serious than he was letting on. Our staff were able to navigate a chat with him, asking him direct questions whilst also listening to him, being able to offer direct support in simply being available to chat, and ready to signpost him to other support and help.

Just under a week later, he came back in and seemed a lot better in himself. He told us that, whilst he hadn't at that point been feeling like he was thinking about "doing anything", he said "I have done before though", and that on his last visit, he had been "very low". He thanked the staff member for listening and making him 'feel welcome', and said he appreciated that we didn't make him feel embarrassed or judged when he had started crying a bit. He stated that it made him realise that coming to our project was something he really looked forward to, and that "lots of places just don't make the time to get to know people".

He now comes to our project nearly every week and is training to be a Buddy Team Mentor to welcome new people who come to the project, showing them around the site and where the tea and coffee is etc, and always lets other people know if they have anything they want to talk about, they should find one of the team for a chat.’

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

This report is to inform, and consult, the Scrutiny Committee about the draft Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy, and has no direct financial implications.

Signed: Yogesh Patel

Dated: 22-10-2024

4.2 Legal Implications

This report is to inform, and consult, the Scrutiny Committee about the draft Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy 2024-2029.

Consultation is already being considered and therefore I have not considered when a consultation is required. However key principles in relation to consultation must be considered, namely:

a) The consultation must take place when the proposals are at a formative stage.

b) Sufficient reasons must be given for the proposal “to permit of intelligent consideration and response”.

c) Adequate time must be given to respond.

d) The results must be conscientiously taken into account when finalising the decision.

Any consultees will be those who are liable to be affected by the proposals if they are implemented, including individuals, groups, contractors and the public as a whole. It should include those likely to support the proposals, as well as those likely to object.

The report notes that the work is undertaken collaboratively with Leicestershire County Council and Rutland County Council. Consideration should be given to formalising this collaboration with a collaboration/joint working agreement setting out what each authority does towards the strategy. Legal Commercial can support this drafting if required.

Signed: A Powers
Dated: 28.10.2024

4.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report invites Comment on the draft Leicester, Leicestershire, and Rutland (LLR) Suicide Prevention Strategy. There is no single explanation of why people die by suicide, however, there are common risk factors, and higher risk groups. Every area is different, with its own community strengths and challenges. Understanding our data and populations is crucial so that we can respond to needs, which could be different across the three areas.

Having a coordinated response to deliver support for those affected by suicide will have a positive impact on people from across all protected characteristics. Suicide risks reflect wider inequalities as there are differences in suicide rates and it is important to take into account equalities considerations and the diversity of the city.

Whilst the proposed strategy is a strategic overarching document setting out priority areas, equality considerations should be embedded throughout with partners, and once an action plan has been agreed, it will be used to monitor delivery and track progress. Consultation/engagement with key stakeholders needs to be accessible, fair and proportionate and targeted to the relevant group(s).

Signed: Surinder Singh
Dated: 21 October 2024

4.4 Climate Emergency Implications

There are no significant climate emergency implications directly associated with this report.

Signed: Aidan Davis, Sustainability Officer, Ext 37 2284
Dated: 18 October 2024