

**(FINAL DRAFT)**



# Devon-wide Suicide Prevention Strategic Statement

Working together to make all communities in Devon, Plymouth and  
Torbay suicide safer communities



# 1 Vision

The Wider Devon Sustainability and Transformation Partnership (STP) includes the local authority areas of Devon, Torbay and Plymouth and sets out ambitious plans to improve health and transform care services. A key theme across the STP is an increased focus on prevention, and specifically prevention of mental ill-health, supported by the recent publication of the '*PHE Better Mental Health Prevention Concordat*'.

Partners across Devon, Torbay and Plymouth are committed to working together to reduce suicides. This strategic statement gives an overview of the strategic intent across the STP area. We recognise that each local authority area has its distinct make up of population demographics, environmental and social economic factors, therefore, more detailed local implementation plans will be developed for each area, detailing how organisations will work in partnership to reduce suicide among respective populations.

In 2016, there were **29 deaths** in Wider Devon as a result of **land transport accidents**

In the same year, **115 people** died as a result of **suicide or unintentional injury**

We believe that suicide is preventable and each of these deaths could potentially have been avoided. We aim to ensure that the whole of Devon is a place where people do not consider suicide as a solution to the challenges they face. We will aspire to make Devon a place that supports people in times of personal crisis and builds individual and community resilience to improve lives.

# 2 Introduction

Local Health and Wellbeing Boards provide the governance for suicide prevention and leadership of suicide prevention work is the responsibility of local authority public health teams. This leadership is provided through local strategic partnerships.

Suicide is a traumatic event; the impact is felt not only by immediate family and friends, but by people in workplaces, communities and wider society. It is estimated that every suicide costs the economy £1.67 million. This estimate includes direct costs which are involvement of the emergency services, healthcare interventions and investigations carried out by the police and coroner. There are additional indirect costs attributed which include the lost opportunity to contribute productively to the economy, including paid work, voluntary activities and looking after children or parents. Arguably though, the most fundamental impact of all is the loss of the opportunity to experience all that life holds as a result of suicide. The pain and grief that suicide can have on immediate family members and friends can be immense and long lasting. These very personal impacts are known by economists as '*intangible costs*' because they are often hidden and difficult to value. It is these intangible costs that make-up approximately 70% of the total costs of suicide.

Suicide can often be the end of a complex history of risk factors and stressing events, and the risk for suicide reflects wider inequalities in social and economic circumstances. Suicide is preventable; however, the prevention approach must address the complexity of the issue. There are many effective ways in which individuals, communities and services can help to prevent suicide and this strategic statement is intended to recognise the contributions that can be made across all sectors of society.

This document sets out the local suicide prevention statement and implementation plans which are supported by national guidance. The *'Cross-Government Suicide Prevention Strategy'*, published in 2012 and subsequently updated in 2015 and 2017, sets out the Government's priorities for addressing suicide and self-harm. The national strategy fits with the aim of the *'Five Year Forward View for Mental Health'* and sets the ambition to reduce the number of people who take their own lives in 2020/21 by 10% compared to 2016/17 levels.

It is acknowledged that, although there are some risk groups emerging through national trend data that require a focus for population approaches (eg middle-aged men and those with undiagnosed depression), there is great variation between local areas, therefore, the national ambition is for local delivery of suicide prevention with the target for every local area to have in place a multi-agency suicide prevention strategic partnership and action plan. To aid in this, Public Health England published *"Guidance for developing a local suicide prevention action plan"* in 2016 which provides specific guidance to Local Authorities to develop local plans and ambitions.

## 3 Why are we doing this?

### 3.1 The national picture

The most recent figures for suicide in the United Kingdom (2016 registrations) were published by the Office for National Statistics on 7<sup>th</sup> September 2017. The National Statistics definition of suicide (updated in 2016) includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.

A reduction in suicide rates will only be achieved if prevention is prioritised by the NHS, local government, charities, British Transport Police and others, and a population approach is taken.

#### The headlines:

In 2016, there were **5,688** suicides among people in Great Britain. This is **202 less** than in 2015 and represents a reduction of **3.4%**.

There has been a fall in the age-standardised suicide rate for both males and females in England from 2015 to 2016. The overall suicide rate has fallen from **10.1 in 2015 to 9.5 per 100,000** people in 2016.

Suicide continues to affect more males than females. Suicide is the leading cause of death in men under 50 years old and across all broad age groups, the suicide rate for males is around **3 times** higher than for females.

The highest suicide rate is seen in middle-aged men. Males aged 40 to 44 have the highest rate at **23.7 per 100,000 people**. In females, the highest rate is seen in the 50 to 54 age group who have a rate of **8.1 per 100,000 people**.

The most common suicide method in the UK in 2016 was hanging, accounting for **59%** of male suicides and **43%** of female suicides respectively.

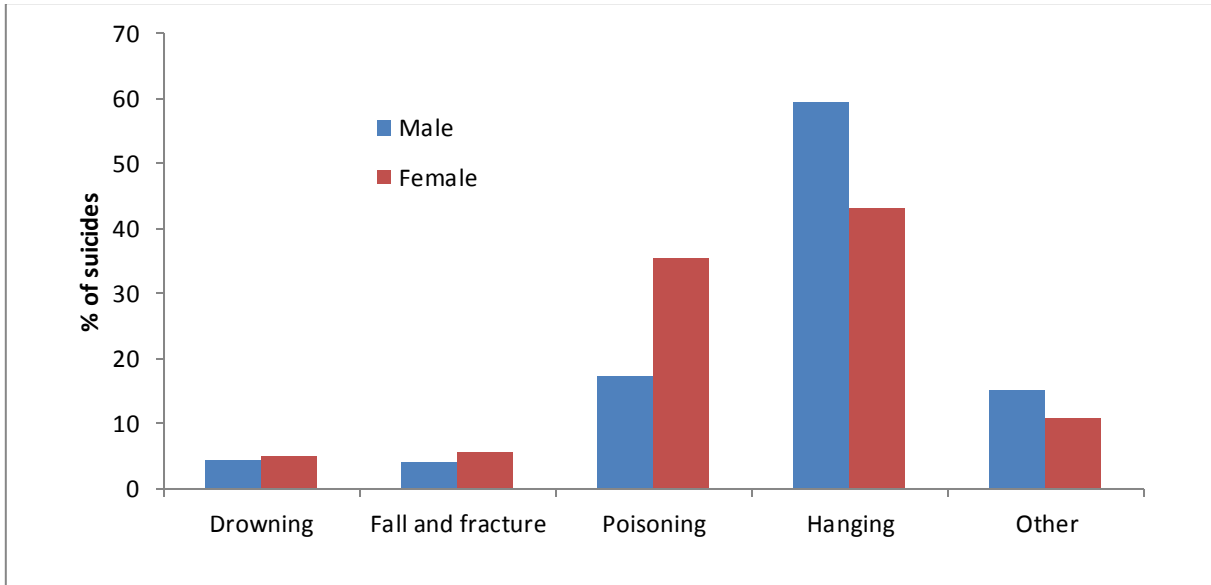


Figure 1. The proportion of suicide by method and sex, Great Britain, registered in 2016 (Office for National Statistics, National Records of Scotland)

In 2016, the South West had the highest age-standardised suicide rate for any English region at **11.2 per 100,000 people**. London has the lowest at **7.8 per 100,000 people**.

As well as gender and age, other known risk factors for suicide include self-harm, mental illness, employment status, marital status and physical ill-health.

It is estimated that around a **third of people** who die by suicide are in current or recent contact with **mental health services**.

It is also estimated that around a **third of people** who die by suicide have had contact with their **GP** in the lead up to their death, and around a **third of people** are not known to any **health or care services**.

### 3.2 Local Picture

The Wider Devon STP area includes the local authority areas of Plymouth, Torbay and Devon. Each local authority area holds mortality data for its resident population, including data on deaths from suicide and undetermined injury.

Since 2014, there have been **339** deaths from suicide or unintentional injury Devon-wide (*Suicides in England and Wales by Local Authority: Office for National Statistics: 2017*). Of these, over **three-quarters** of deaths occurred in **males**.

There are suggestions that, following a peak in 2014, the directly age-standardised suicide rate is decreasing Devon-wide but there is local variation. (see Appendix 1).

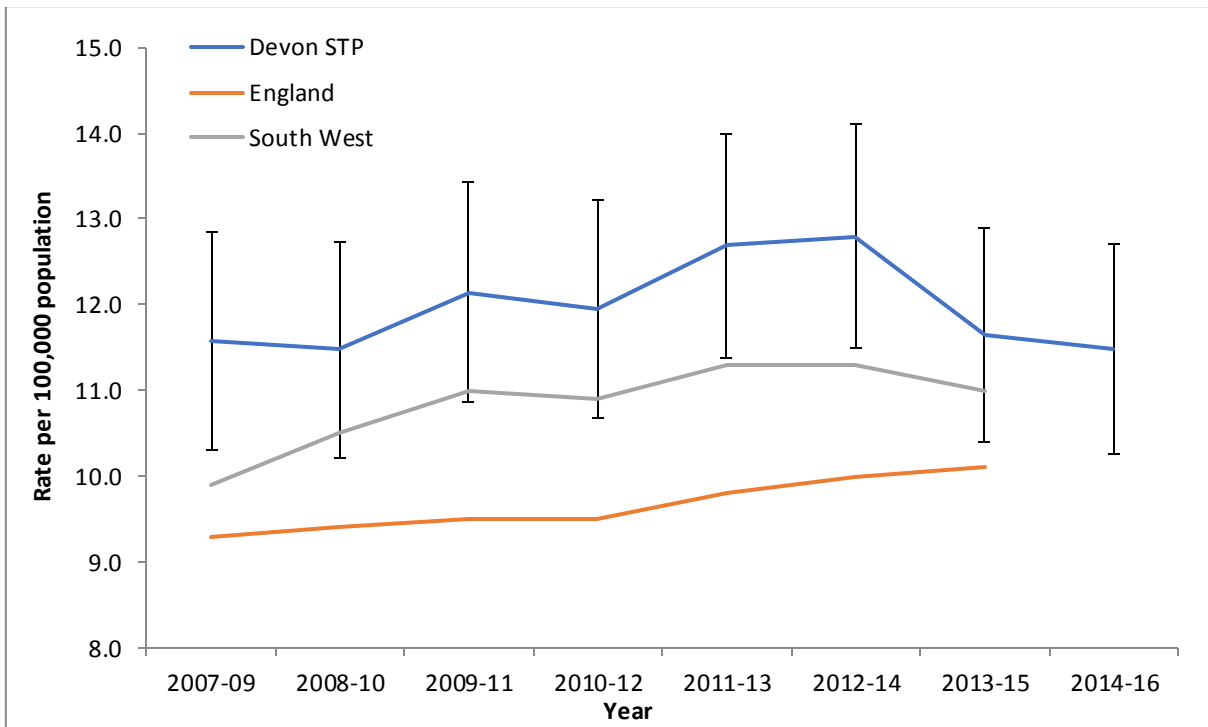


Figure 2. Trend in mortality from suicide and injury of undetermined intent Devon-wide. PHE Suicide Prevention Profiles - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

However, presenting the overall picture may mask any trends occurring within specific risk groups.

Most deaths occur in the home (Figure 3). Deaths that are recorded as occurring in a hospital or communal establishment include those where the suicide attempt was made at home and the death occurred later in time.

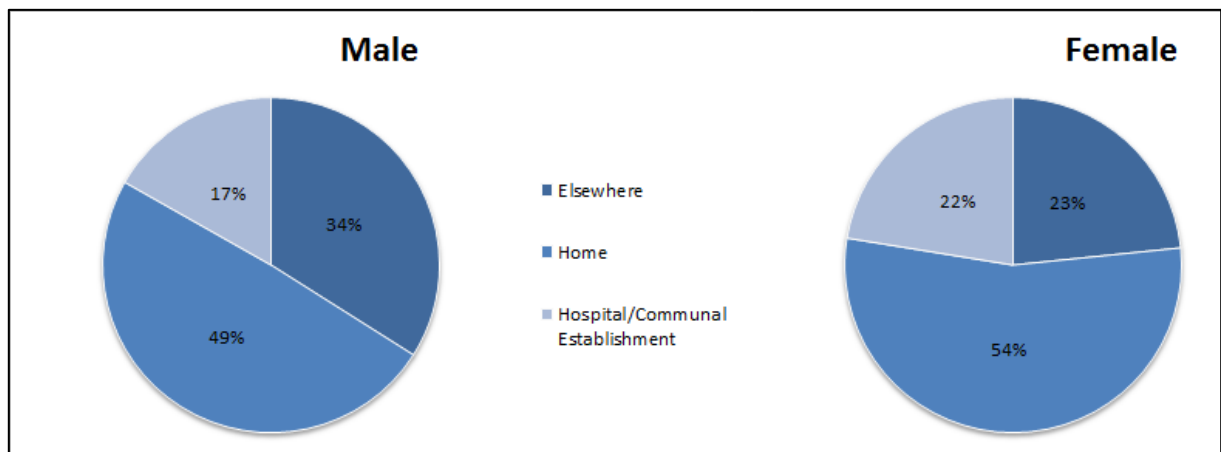


Figure 3. Place of death by gender, Devon-wide, 2014-2016 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

Similarly, to the national picture the most common method of suicide Devon-wide was **hanging**, accounting for **55% of all male deaths** and **36% of female deaths**. Also reflecting the national picture, poisoning is the next most common method used, accounting for **37% of female deaths** and **16% of male deaths** (Figure 4).

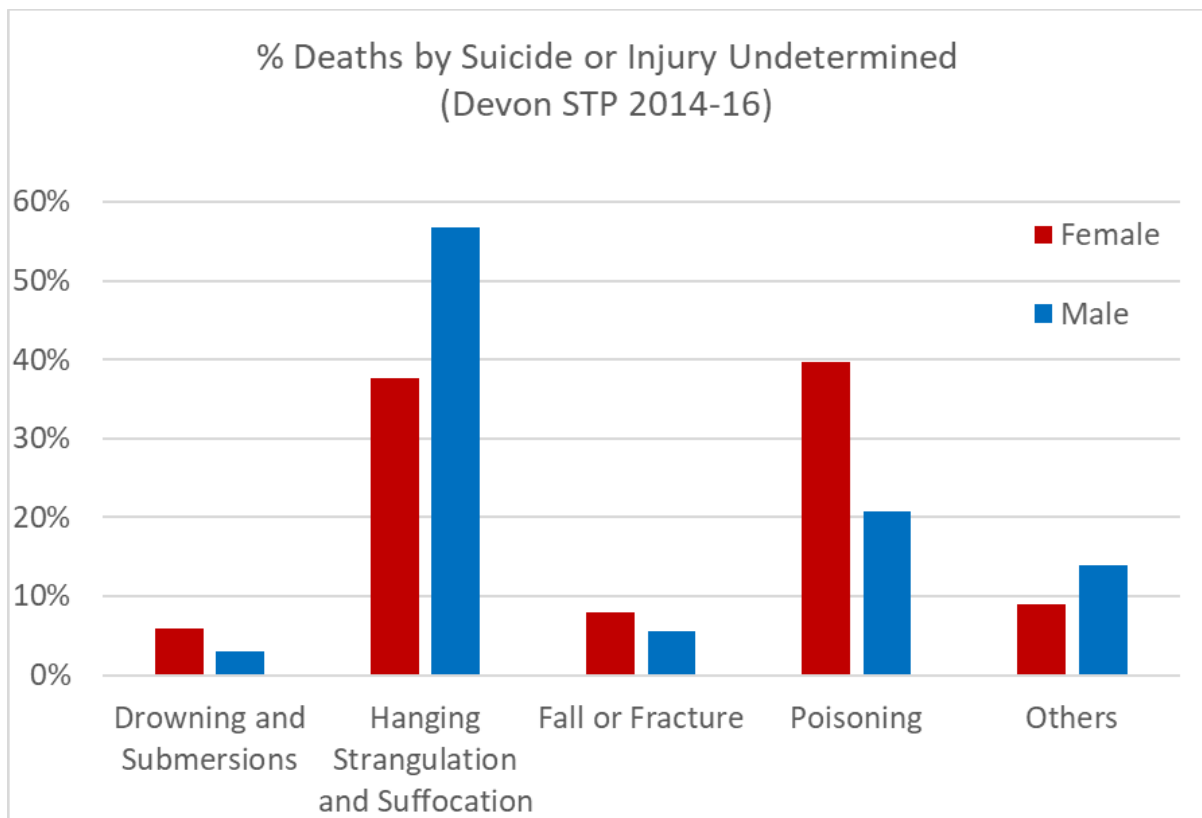


Figure 4. Method of suicide by gender, Devon-wide, 2014-2016 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

The financial cost of a death by suicide is estimated at **£1.67 million** in terms of care and lost productivity. This means that the **115 suicides** Devon-wide in 2016 cost the local economy **£192 million**.

## 4 What is the ambition?

The aim of this strategic statement is to set a bold target for suicide prevention, based upon local, regional and national ambitions. In 2014, the South West Regional Zero Suicide Collaborative set the highly ambitious target to reduce suicides across the South West to zero by October 2018. This was followed by national publication of *'The Five Year Forward View for Mental Health'* in 2016 which sets the ambition that the number of people taking their own lives in 2020/21 will be reduced by 10% nationally compared to 2016/17 levels.

Devon-wide, we are committed to work in collaboration to reduce the number of suicides to zero. To start this process by 2020/21, we aim to reduce the number of people who take their own lives by 10% based on 2016/17 levels.

To achieve this reduction in suicide rates there needs to be a much stronger focus on suicide prevention and commitment from system leaders to make suicide prevention a priority.

*“Working together to make all communities in Devon, Plymouth and Torbay suicide safer communities”*

## 5 How do we aim to achieve this?

Suicide must be recognised as avoidable and therefore preventable. There are many effective ways that individuals, communities and services can work together to support people differently so that they do not see suicide as their only option.

Devon-wide partners will recognise the important contribution they can make and take a whole-community approach, recognising the contributions that can be made across all sectors of society. The approach will cover two tiers of action:

- **Level 1 Universal Interventions:** to build resilience and promote wellbeing at all ages for residents of Devon, Plymouth and Torbay.
- **Level 2 Targeted and vulnerable population groups:** targeted prevention of mental ill-health and early intervention for people at risk of mental health problems.

Improving the mental health of the population will support a reduction in suicide rates and this will be supported in ongoing work, at a local and strategic level, in support of the PHE Prevention Concordat for Better Mental Health.

To deliver the stated ambition, we will adopt the National Suicide Prevention Strategy which identifies seven key areas for actions. These are:

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to the means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring; and
7. Reducing rates of self-harm as a key indicator of suicide risk.

The national strategy will be implemented locally in two ways:

The **two multi-agency suicide prevention groups** will bring together the statutory and voluntary organisations necessary to support the development and implementation of the local suicide prevention implementation plans. One group will cover Devon and Torbay local authority areas and one will cover Plymouth.

There will be **localised suicide prevention implementation plans** based on the national strategy and local intelligence on suicide risk. Each local authority area (Plymouth, Torbay and Devon) will be responsible for developing and delivering their own local implementation plan that best suits the needs of their population.

## 6 Developing local implementation plans:

We intend to adopt the national strategy and using local data and knowledge, produce a set of local priorities for suicide prevention. The implementation plans will be developed following the steps set out below:

1. Review the national evidence base, best practice from other areas and local data to inform local priorities
2. Collate and review the current prevention activities in place and identify gaps in provision

3. Draft implementation plans with full engagement from stakeholders through the local strategic partnerships
4. Develop monitoring and evaluation plans for the suicide prevention groups.

The plans will be co-owned by a range of statutory and voluntary agencies, which will all participate by incorporating organisations’ actions into the plans and working collaboratively to identify priority areas.

Once complete, the implementation plans will be made available on the local authority websites and will undergo annual review. A Devon-wide review of the data will be undertaken with sharing of best practice and, where it is appropriate, work will be undertaken on a Devon-wide level.

## 7 References

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## 8 Glossary

STP	Sustainable Transformation Partnership
PHE	Public Health England
LA	Local Authority
OPCC	Office of the Police and Crime Commissioner



Public Health England – Suicide Prevention Profiles

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

