



Devon-wide Suicide Prevention Strategic Statement

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



1 Vision

“Together for Devon”, the wider Devon Sustainability and Transformation Partnership (STP) or Integrated Care System (ICS) includes the local authority areas of Devon, Torbay and Plymouth and sets out ambitious plans to improve health and transform care services. Their joint vision is “equal chances for everyone in Devon to lead long, happy and healthy lives”. A key theme across the STP/ICS is an increased focus on the prevention of illness, and specifically the prevention of mental ill-health, which has contributed to the development of a new Community Mental health Framework.

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/ICS area. We recognise that each local authority area has its distinct make up of population demographics, environmental and social economic factors, and 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.

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 multi-agency 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, 2017 and 2019 sets out the Government's priorities for addressing suicide and self-harm. The NHS Long Term Plan aims to transform mental health and care services to ensure more people can access the treatment and support they need in a timely manner

and in particular commits to enabling easier access to care when anyone is having a mental health crisis. This sets out the NHS ambition and confirms that reducing all suicides remains an NHS priority for the next 10 years.

It is acknowledged that, although there are some risk groups emerging through national trend data that require a focus for population approaches (e.g., middle-aged men and those with undiagnosed depression), there is great variation between local areas, and therefore, the national ambition is for local delivery of suicide prevention with the target for every local authority 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 England and Wales (2019 registrations) were published by the Office for National Statistics on 1st September 2020. Death’s registrations data for Northern Ireland and Scotland were unavailable at this time and annual figures for the UK will be updated at a later date. 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.

In England and Wales, all deaths caused by suicide are certified by a Coroner. In July 2018, the standard of proof used by Coroners to determine whether a death was caused by suicide was lowered to the civil standard ‘balance of probabilities’ where previously a criminal standard was applied ‘beyond all reasonable doubt’. It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide, possibly creating a discontinuity in the time series. The Office for National Statistics are currently investigating the impact of this change on the data.

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 2019, there were **5,691** suicides registered in England and Wales, an age-standardised rate of 11.0 deaths per 100,000 population, and consistent with the rate in 2018.

Suicide continues to affect more males than females. Around three-quarters of registered deaths in 2019 were among men (4,303 deaths), which follows a consistent trend back to the mid-1990’s.

In England and Wales, the male suicide rate in 2019 of **16.9 deaths per 100,000** is the highest since 2000 and remains in line with the rate in 2018. For females the rate was **5.3 deaths per 100,000**, consistent with 2018 and the highest since 2004.

The highest suicide rate is seen in middle-aged men. Males aged 45 to 49 have the highest rate at **25.5 deaths per 100,000** males. In females, the highest rate is seen in the 50 to 54 age group who have a rate of **7.4 per 100,000**.

Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years, particularly in 10–24-year-old females, where the rate had increased significantly since 2012 to its highest level with **3.1 deaths per 100,000** females in 2019.

As seen in previous years, the most common suicide method in England and Wales in 2019 was hanging, accounting for **61.7%** of male suicides and **46.7%** of female suicides respectively.

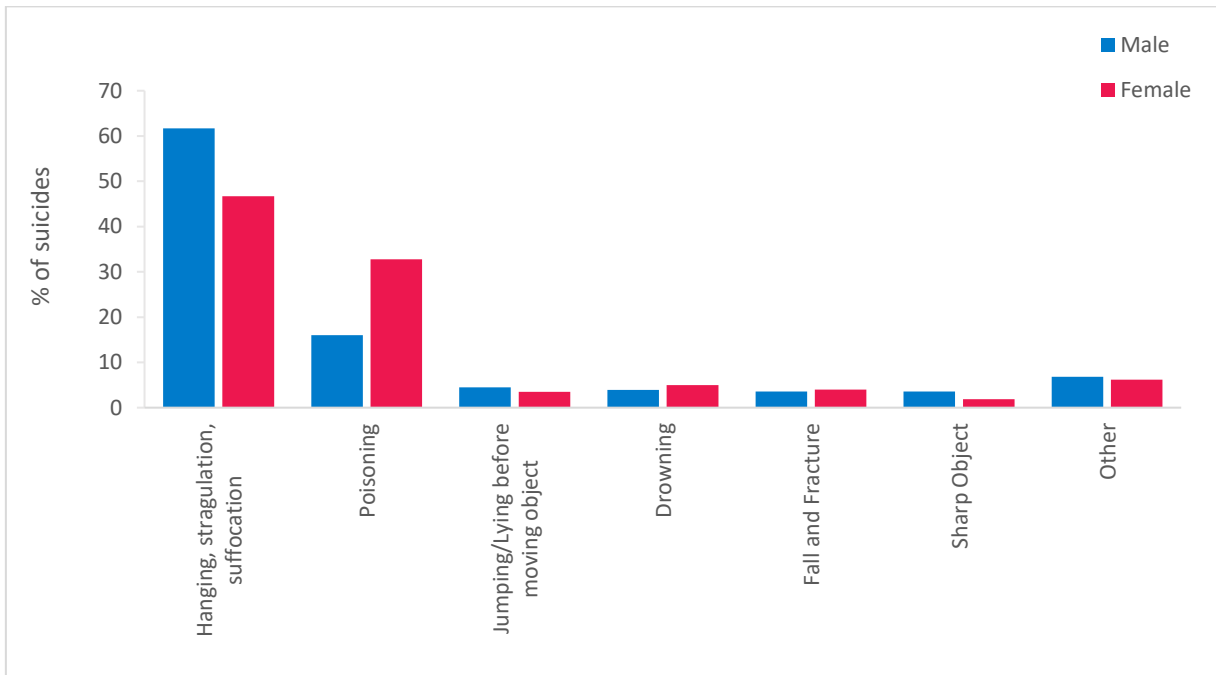


Figure 1. The proportion of suicide by method and sex, England and Wales, registered in 2019 (Office for National Statistics)

In 2019, the South West had the second highest regional age-standardised suicide rate for males at **19.4 per 100,000 males**. This is statistically higher than the England and Wales rate of **16.9 per 100,000**.

The regional age-standardised rate for females in the South West was **4.9 per 100,000 females**, which is lower than the England and Wales rate of **5.3 per 100,000**.

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 the 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 2017, there have been **401** deaths from suicide or unintentional injury Devon-wide. Of these, almost **three-quarters** of deaths occurred in **males**.

The directly age-standardised suicide rate Devon-wide has increased in recent years, though it is unclear what impact the change in standard of proof has had on this trend. Trends in separate local authority areas vary (see Appendix 1).

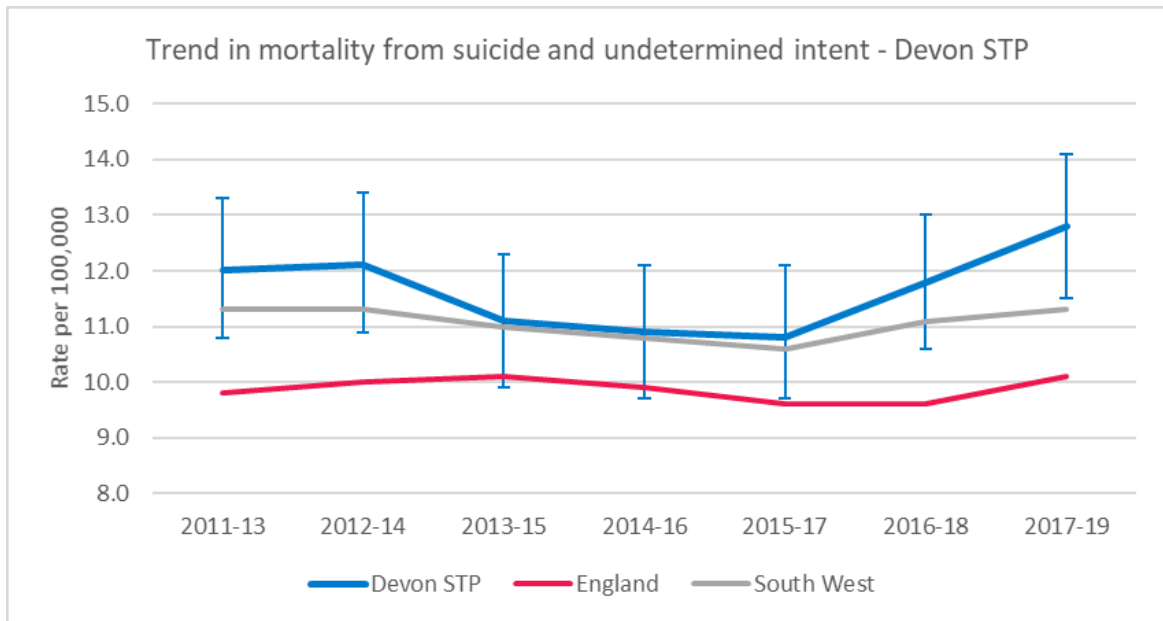


Figure 2. Trend in mortality from suicide and injury of undetermined intent Devon-wide. PHE Suicide Prevention Profiles - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

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.

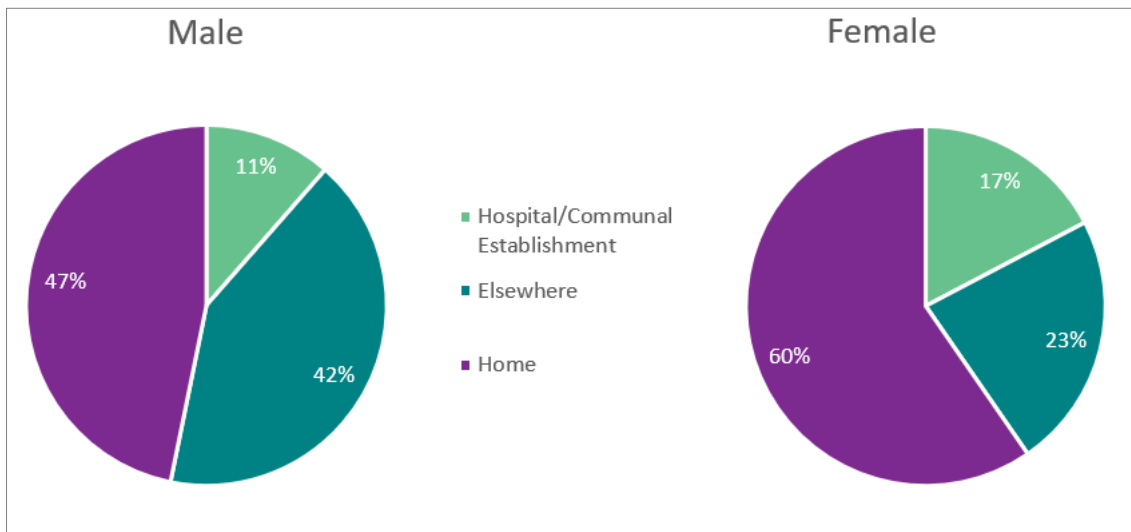


Figure 3. Place of death by gender, Devon-wide, 2017-2019 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

Similarly, to the national picture the most common method of suicide Devon-wide was **hanging**, accounting for **59% of all male deaths** and **38% of female deaths**. Also reflecting the national picture,

poisoning is the next most common method used, accounting for **40% of female deaths** and **22% of male deaths** (Figure 4).

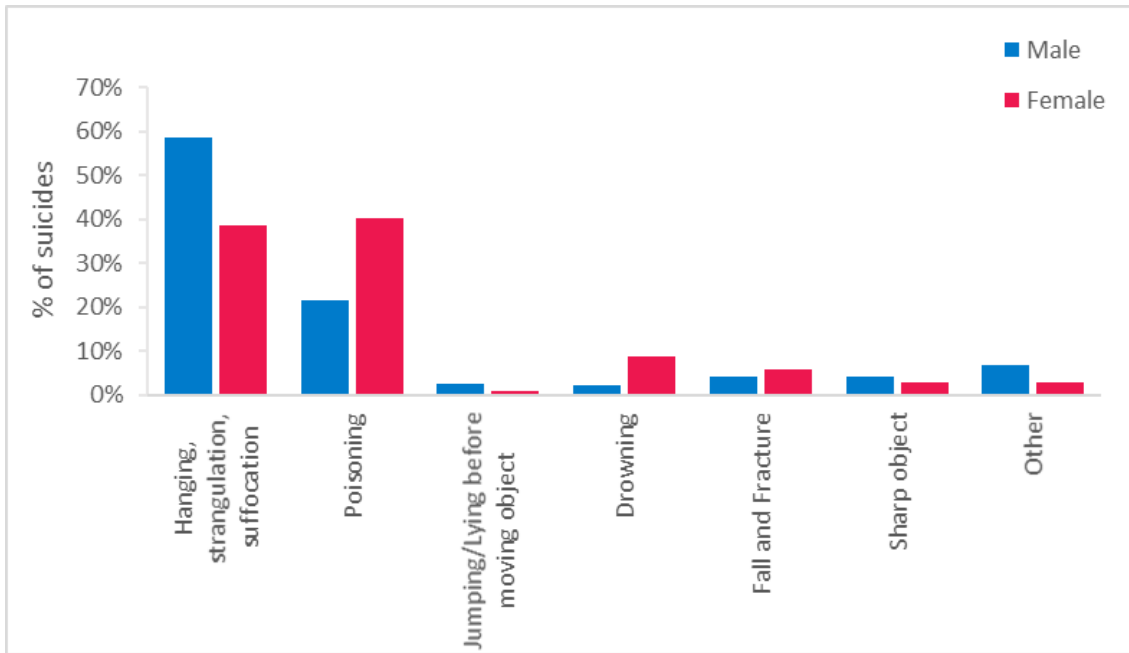


Figure 4. Method of suicide by gender, Devon-wide, 2017-2019 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

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 **147 suicides** Devon-wide in 2019 cost the local economy **£245 million**.

4 What is the ambition?

Devon-wide, we are committed to work in collaboration to deliver a consistent downward trajectory in the suicide rate for all areas and all people. We believe suicide is preventable and will strive to make all communities in Devon, Plymouth and Torbay suicide safer communities.

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 **three 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.

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>

