# Suicide Prevention in Solihull

# 2023 - 2026

# DRAFT

## 1.0 INTRODUCTION

When someone takes their own life, the impact on families, friends and the local community is devastating. As well as the immense pain and grief caused to loved ones, there are often wide-reaching and long-lasting effects on everyone involved.

For each person that dies this way at least 10 people are affected and only 1 in 3 who take their life are known to Mental Health Services.

However, suicide is not inevitable. Deaths by suicide usually follow a complex history of distress, trauma, and adversity, and occur not because someone wants to die, but because they feel they can no longer live in their situation.

Although no single initiative or organisation can prevent suicide alone, there are many ways in which our services, communities, individuals, and society can work collectively to do so.

The Solihull Suicide Prevention Strategy, and accompanying delivery plan, 2023-2026 provides an update from the previous strategy for 2017-2021 and continues to acknowledge the critical importance of multi-agency partnership working to prevent suicides.

### 1.1 Suicide Prevention

Suicide prevention is a collection of efforts to reduce the risk of suicide. Suicide is often preventable, and the efforts to prevent it may occur at the individual, relationship, community, and society level.

### 1.2 Defining Suicide

Suicide is defined as the act of taking one's own life. People can have thoughts about wanting to die (suicidal ideation) or can have plans to die (suicidal intent).

The other factor for consideration is self-harm behaviour. People may self-harm for a variety of reasons, and although many people who self-harm will not die by suicide, they are at a significantly increased risk of dying (either deliberately or inadvertently) than those who do not self-harm. As such, self-harm behaviour, suicidal ideation and intent should all be considered as part of a complex continuum within which careful assessment and support are essential.

### 1.3 Language

The language of suicide is also important. It is no longer considered appropriate to use phrases such as "committed suicide". This suggests a degree of criminality which is not the case. Equally, "successfully completed suicide" is an unhelpful term. A more acceptable and balanced phrase would be "dying by suicide".

## 1.4 Suicide Prevention Risk Factors (Mental Health Foundation 2019).

| | INDIVIDUAL | RELATIONSHIPS | COMMUNITY | SOCIETY |
|---|---|---|---|---|
| **Risk Factors** | • mental ill-health<br>• drug and alcohol misuse<br>• financial loss<br>• gender (male)<br>• chronic pain<br>• family history of suicide previous suicide attempts<br>• self-harm behaviours | • isolation and lack of social support<br>• relationship breakdown<br>• loss or conflict | • poverty<br>• experiences of trauma or abuse<br>• experiences of disaster, war, or conflict<br>• experiences of discrimination | • difficulties accessing or receiving care<br>• access to means of suicide<br>• inappropriate media reporting<br>• stigma associated with mental health, substance abuse or suicidal behaviour which prevents people from seeking help |
| **Protective Factors** | • problem-solving skills and coping skills that help people to manage in difficult circumstances<br>• feeling hopeful or optimistic toward the future even in times of stress | • having strong and supportive social connections (such as positive relationships with family, friends, partners etc.) | • being in full-time employment<br>• having supportive school environments for children and young people | • the ability to easily access effective mental health support and treatment when needed |



## 1.5 National Facts and Figures about Suicide and Suicide Prevention

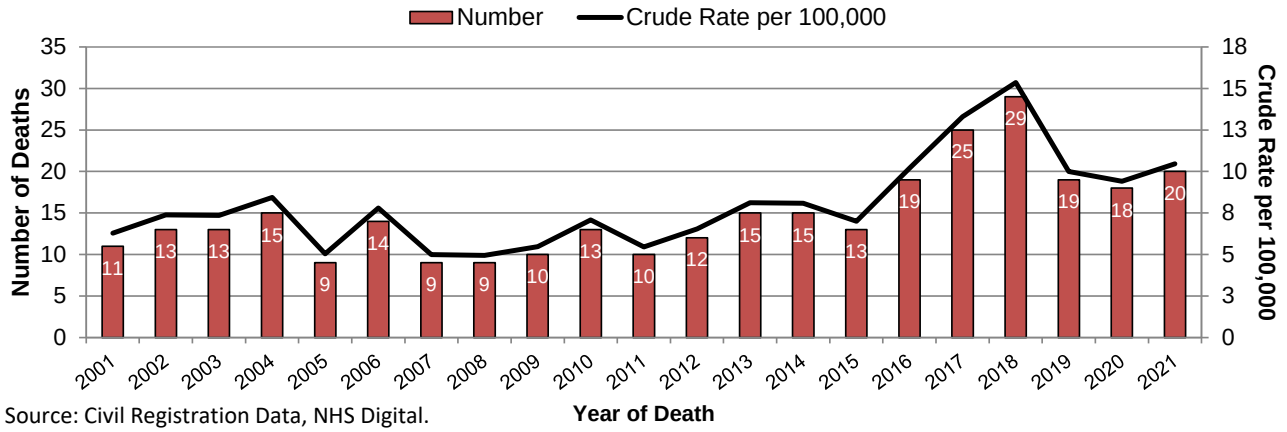
Suicides have seen an overall decreasing trend since time series began. In England and Wales, our most recent data shows there were 5,583 deaths registered as suicides in 2021. (1).

Male suicides remain significantly higher than females. Males continued to account for three-quarters of suicide deaths registered in 2021 (4,129 male deaths compared with 1,454 female deaths).

Suicide rates are also higher among specific groups of occupation as well as specific population groups such as lesbian, gay, bisexual and trans people, ethnic minority people and refugee and asylum seekers.

## 1.6 Rates of Suicide in Solihull

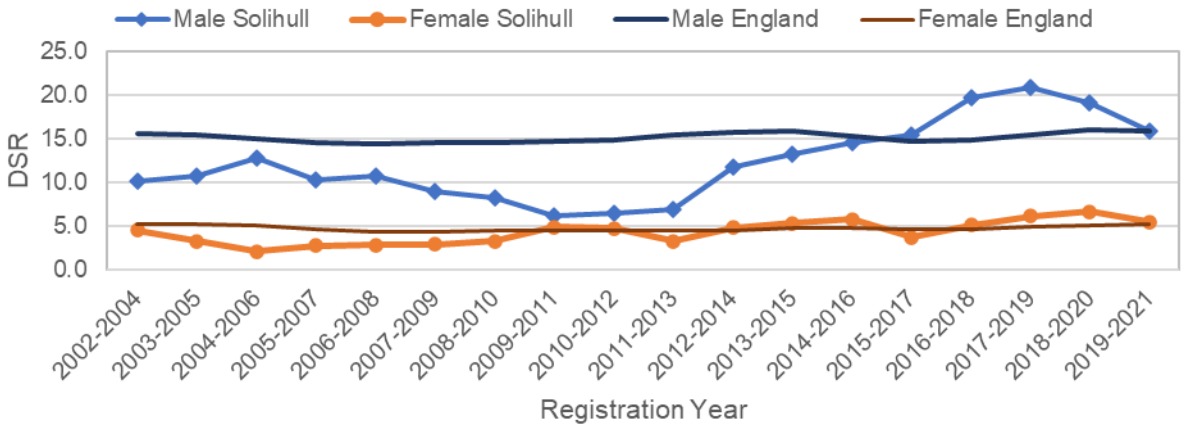
*Figure 1: Deaths from suicide (including injuries of undetermined intent), Number and Crude Rate by date of death, Solihull Residents, 2001 – 2021**




Source: Civil Registration Data, NHS Digital.

From 2001 to 2015 the number of suicides in Solihull per year was stable but started to increase each year from 2015, peaking in 2018, where the rate was significantly higher than the England average. Since the peak, rates have started to decline, and the most recent data, although provisional, indicates they are no longer significantly above the England average.

*Figure 2: Directly age-standardised rates of suicide by gender, Solihull Residents and England, 2002-2004 to 2019-2021*




Source: Civil Registration Data, NHS Digital

## 2.0 BACKGROUND

### 2.1 National Context

Following the publication of the Governments' Suicide Strategy in 2012 (Preventing Suicide England), local councils were given the responsibility of developing suicide action plans through their work with health and wellbeing boards.

The National Strategy identified seven key areas for action. These seven areas have informed our local approach to suicide prevention.

**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.**

**7. Reducing rates of self-harm as a key indicator of suicide risk** (added in 2016).

The NHS Long-Term Plan (2019) also confirmed that action on suicide prevention will continue to be a priority for the next 10 years.

Suicide prevention is covered in different policy areas including, Health services, Education, Employment, Social security, Transport, Prisons, Media, Armed Forces, Coroner's conclusions.

### 2.2 Local Context

In November 2017, Solihull Health & Wellbeing Board became responsible for the overarching governance of the Solihull Suicide Prevention Strategy 2017-2021. [1]

The Solihull Suicide Prevention Steering Group - a multiagency group with representation from a range of organisations, including Solihull Metropolitan Borough Council, Birmingham and Solihull Mental Health Foundation Trust and Highways England, is responsible for overseeing the suicide prevention delivery plan.

We also have a range of local strategies and plans that involve action to address different risk and protective factors for suicide, suicidal behaviour, and self-harm, including:

- Solihull Health & Wellbeing Strategy 2019 – 2023 [2]
- Tackling health inequalities: a blueprint for Solihull 2021 – 2024 [3]
- Safeguarding Adults Strategic Plan 2022-23 [4]
- Solihull Mental Health Delivery Plan [5]

## 3.0 OUR JOURNEY SO FAR

In 2017, we identified four priorities for action in Solihull. These were considered in context of the national priorities and are the areas we acknowledged as having the greatest impact on reducing the number of suicides and improving the care of families of those who have taken their own life.

Summarised below are some of the key achievements for each of the priority areas.

### Priority 1: Safer Suicide Community

Over 300 people and 22 organisations have signed the Solihull Zero Suicide Pledge since its launch in 2018. By signing the pledge, people and organisations make a commitment to look after family, friends, colleagues, and staff and take a 20-minute online training session to spot the warning signs in others and to signpost them to help.

A communications toolkit was also developed to help organisations promote the pledge.

### Priority 2: Better Support and Care for Those at the Highest Risk of Dying by Suicide

A 60min e-learning package has been developed in partnership, and is now available to all on the Health Education England e-Learning Healthcare website (https://portal.e-lfh.org.uk/Component/Details/544927)

Level 2 Suicide Prevention training was provided and delivered to Solihull General Practitioners, General Practitioner Staff, doctors in Sexual Health services, social worker teams, addiction service staff, pharmacists, and pharmacy staff.

### Priority 3: Working Together to Prevent Suicide

In partnership, we developed a collective offer, including a list of available roles, for volunteering opportunities around suicide prevention.

### Priority 4: Learning from Those who have Died by Suicide

In April 2018, a 'Deep Dive' Joint Strategic Needs Assessment was completed by Public Health to explore deaths by suicide in Solihull. This work informed our local suicide prevention response and approaches.

Since 2020, the **Community Mental Health Transformation Programme** has been ongoing across Solihull. This Programme aims to foster greater collaboration between services and provide better support for people with severe mental health problems including complex emotional needs. This work is considered by the Solihull Suicide Prevention Steering Group to ensure it is acknowledged in the Suicide Prevention pathways.

In 2020/2021, as part of the **Suicide Prevention National Transformation Programme**, NHS England allocated Wave 3 and 4 funding to Birmingham and Solihull Sustainability Transformation Partnership (STP) for suicide prevention. This funding is being used to deliver suicide prevention activities between 2021 and 2024, with a strong focus on, suicide prevention training across all sectors, the implementation of a Real Time Surveillance System and bereavement support for those affected by suicide.

## 4.0 FUTURE CONSIDERATIONS

### 4.1 Covid-19

The Covid-19 pandemic has impacted life since early 2020 including numerous risk factors for suicidal behaviour and self-harm – both exacerbating pre-existing issues as well as leading to new risk factors. The Mental Health Foundation conducted a national study of impact of lockdowns during covid-19 pandemic since March 2020, indicating some examples of impacts include major disruption to sources of support, effects on risk factors like alcohol consumption, employment, abuse, or bereavement.
There has not been a large national rise in deaths by suicide despite evidence of mental distress, however, the impact of the pandemic on mental health and suicidal behaviour may take longer to be observed within the population. [6]

### 4.2 Economic Recession

Research consistently identifies links between economic recession and suicide.
In the Global Financial Crisis (GFC) of 2008, suicide rates increased by 4.2% in 27 European countries and by 6.4% in 18 American countries, with more marked increases noted for men. [7]

The current global and national economic and financial position and the current Cost of Living crisis is a significant risk to mental health and suicide prevention is therefore key to mitigate the potential risk of increased suicide mortality.

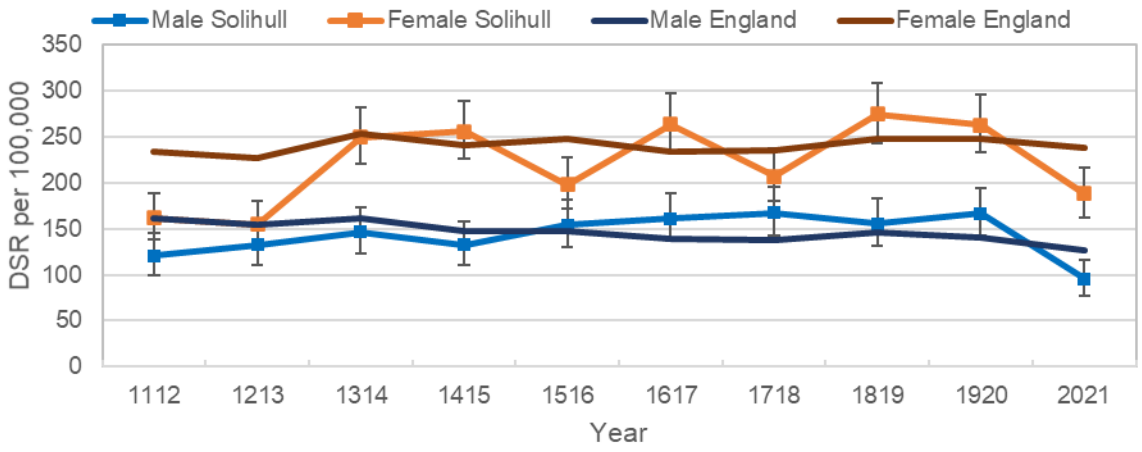
## 4.3 Self-harm

A number of reports recognise self-harm as a significant indicator of suicide risk. Approximately half of those who die by suicide have previously self-harmed [8]. It is suggested that one in 25 patients presenting to hospital for self-harm will die in the next 5 years. The incidence of recorded repeat self-harm and suicide in this population nationally has not changed in over 10 years. Many of those who have self-harmed and subsequently die by suicide will have had contact with their GP, A&E or other health professionals in the year before they die. The approach taken in these contacts with health professionals are key in reducing the risk of death by suicide amongst those who self-harm.

Self-harm is most common among young people with the highest rates of hospital admissions due to self-harm in the 15-19 age group. Research also shows us that girls are twice as likely to self-harm than boys and admission rates for girls almost doubled in two decades, from 7,327 in 1997 to 13,463 in 2017.

In Solihull, the rate of hospital admission for self-harm is statistically significantly higher in females than males. In the most recent year (2021-22) females had double the amount of emergency admissions to hospital for self-harm than males.

*Figure 3: Emergency Hospital Admissions for Intentional Self-harm by Gender, Solihull Residents, 2011-12 to 2020-21*




Source: Hospital Admission Episodes (HES), NHS Digital

## 4.4 Mental Health

A third of people who die through suicide have been in contact with mental health services before their death, a further third has been in contact with primary care services but the remaining third have had no contact with services. Young men are the most likely to be among the third with no contact with services before their death. [9]

## 4.6 Neurodiversity

Autistic people make up approximately 1% of the population but 11% of suicides, and with estimations that there are over half a million undiagnosed autistic adults in the UK, this percentage may be higher

Autistic adults with no learning disability are 9 times more likely to die by suicide than the general population. Autistic children are 28 times more likely to attempt suicide. [10]

## 4.5 Inequalities

Suicide is a major inequality issue. The suicide rate is nearly three times higher in the most deprived areas compared to the least deprived areas. The Samaritans report, Dying from Inequality, showed that financial instability and poverty can also increase suicide risk. Income and unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contribute to high suicide rates. [11]

## 4.6 Children and Young People

Mental and emotional health difficulties are a major issue for children and young people in the UK, with the risk of suicide posing significant concern around this group.
One in ten suicides are of young people aged 15 – 24. Young men are at higher risk than young women.

Factors present in Suicides reviewed by Child Death Overview Panels [12]


## 4.7 Domestic Abuse and Suicide

On average, two women are killed by a partner or former partner every week in England and Wales. What remains far more hidden, however, is the stark number of women who take their own life as a direct result of experiencing domestic abuse. [13]

A study by the University of Warwick (2018), focusing on more than 3,500 women supported by domestic abuse charity Refuge, uncovered that almost a quarter (24%) of

women supported by the charity had felt suicidal at one time or another. A staggering 83% reported feelings of hopelessness and despair, key symptoms of suicidal ideation.

### 4.8 Online Safety

Online content can act to encourage, maintain, or exacerbate self-harm and suicidal behaviours. Although suicide and self-harm are complex and rarely caused by one thing, in many cases the internet is involved: a 2017 inquiry into suicides of young people found suicide-related internet use in nearly 26% of deaths in under-20s, and 13% of deaths in 20–24-year-olds.

The Online Safety Bill is a major opportunity to make the UK the safest place to be online, by reducing access to harmful content relating to suicide and self-harm. [14,15]

### 4.9. Guidance for Coroners

For many years the coroner has had to be certain beyond all reasonable doubt that the death was due to suicide before confirming this as the conclusion at an Inquest, this has probably led to an under-estimate of the scale of suicide. In 2018, following the decision in the case of Maughan, which was reaffirmed by the Supreme Court in November 2020, the test for a suicide conclusion at an inquest is now judged on the balance of probabilities. This is likely to see an increase in the number of deaths attributed to suicide.

## 5.0 OUR VISION AND STRATEGY FOR SOLIHULL

Reducing the number of suicides and to prevent loss of life to suicide in Solihull, remains paramount. Reducing suicides and the profound impacts on individuals, families, and communities will contribute to Solihull Council's vision of enabling our communities to thrive.

The strategy for 2023-2026 is an update of the previous strategy for suicide prevention in Solihull (2017 – 2021). The delay in updating the strategy is due to re-deployment to support the COVID pandemic. The strategy aligns to national priorities and builds on previous action towards preventing suicide and addressing gaps and emerging issues.

This strategy is intended to interact and compliment the Mental Health Delivery Plan for Solihull. This plan outlines the strategic priorities and actions that partners from the local authority, health, the voluntary and community sector will take to improve mental health outcomes for children, young people, and adults in Solihull. The Solihull Mental Health POD (Adults), is multi-agency and will oversee delivery of the plan

## 5.1 What you told us

A consultation on an earlier draft of this Strategy ran for 4 weeks from 28th November 2022 to 23rd December 2022. It was publicised through professional, community and voluntary networks.

The majority of respondents felt the four priorities for action in Solihull are, still relevant, align to the national priorities, will have the greatest influence on reducing the number of suicides and provide support to families bereaved by suicide.

## 5.2 Priorities

### PRIORITY ONE: Safer Suicide Community

**Intent:** Maintain our focus on becoming a 'Safer Suicide Community'

**Impact:** Reduced stigma associated with talking about suicide, including someone who has died by suicide or who has attempted to do so

**Implement:**

- the Community Mental Health Transformation Programme, the Adult Mental Health Strategy and the Children and Young People Mental Health Transformation
- trauma-informed approaches in drugs and alcohol services, housing, employment services and other settings to increase quality and access by that may enable better mental health
- training opportunities to encourage more people in Solihull to talk about suicide and play their part in suicide prevention
- communications and resources to encourage uptake of risk reduction services among residents
- a collaborative approach reviewing high risk locations
- prevention and promotion activities

### PRIORITY TWO: Better Support and Care for Those at the Highest Risk of Dying by Suicide

**Intent:** Strive to provide better support and care for those at the highest risk of dying by suicide.

**Impact:** Better engagement with high-risk groups and greater awareness of where and how they can access support

**Implement:**

- cross-cutting approaches to reach specific groups of people to improve mental health and access to mental health services, including,
    - Children and young people
    - Men
    - Black, Asian and minority ethnic groups
    - Lesbian, gay, bisexual, trans and queer people (LBGTQ)
    - People who are especially vulnerable due to social and economic circumstances
    - Victims of abuse or violence
    - Neurodiverse communities
    - Older people
- local 'here to help' summaries for each high-risk group, identifying support and care available for them, including in a crisis, and how to access this help
- a regulated review of the 'prevention offer' for high-risk groups and address any gaps
- a review of the care pathways for those at high risk of dying by suicide

## PRIORITY THREE: Working Together to Prevent Suicide

**Intent:** Continue to work together to prevent suicide

**Impact:** Reduced number of suicides

**Implement:**

- tailored signposting with a focus on reaching men, people with a history of self-harm, people who use drugs and/or alcohol, people who are not currently using mental health services
- regular collaboration with steering group members to understand and address support needs of people working in Solihull who are affected by suicide in their professional roles
- a review of local needs for people affected or bereaved by suicide so that support is culturally relevant and addresses different needs and ways of managing grief and bereavement
- a review of how professionals are supported by their organisations when they share information about people at high risk of taking their own life
- targeted delivery of suicide prevention training to frontline staff as well as community members who interact with people who are at increased risk of suicide

- a process for seeking the views / engaging with people with lived experience
- a process for identifying and supporting organisations, networks and individuals that deliver or facilitate local media and communications (including digital and social media)
- a suicide protocol to address the support needs of the range of people affected and can be adapted to each situation

## PRIORITY FOUR: Learning from Those who have Died by Suicide

**Intent:** Learning from those who have died by suicide

**Impact:** Timelier local response to preventative action

**Implement:**

- a 'Real Time Surveillance System', allowing for local analysis to better inform our local response
- a data sharing and intelligence process to,
  - inform planning and partnership engagement with teams across Solihull Council and wider agencies including the Metropolitan Police, British Transport Police, and Network Rail
  - give a better understanding of the characteristics of Solihull people who die by suicide and baseline data against which progress can be assessed
  - allow for better system-wide responses and sharing of lessons learned when someone dies by suicide
  - ensure more timely support for those bereaved and affected by suicide, through use of the 'real time' surveillance system
  - share information regarding 'out of area' suicides

**Enablers**

- Delivery Plan Development and Implementation
- Governance & Accountability
- Measuring Success
- Principles for Action
- Keeping residents at the Centre

We will draw upon the wealth of skills and expertise across the Solihull Suicide Prevention Steering group and wider stakeholder networks to support with the delivery of our priorities.

## References


1. Solihull Suicide Prevention Strategy 2017 - 2021
2. Solihull Health and Wellbeing Strategy 2019-2023: 2021 Update
3. Tackling health inequalities in Solihull
4. Strategic Plan 2022-23 v3.pdf (solihull.gov.uk)
5. 20220927 MH Delivery Plan updateV2.pdf (solihull.gov.uk)
6. Suicide prevention in England: fifth progress report - GOV.UK (www.gov.uk)
7. The COVID-19 pandemic and epidemiologic insights from recession-related suicide mortality | Molecular Psychiatry (nature.com)
8. Hospital Presenting Self-Harm and Risk of Fatal and Non-Fatal Repetition: Systematic Review and Meta-Analysis | PLOS ONE
9. Mental health statistics · MHFA England
10. Personal-tragedies-public-crisis-ONLINE.pdf (autistica.org.uk)
11. Socioeconomic_disadvantage_and_suicidal_behaviour_-_Full.pdf (samaritans.org)
12. NCMD-Suicide-in-Children-and-Young-People-Report.pdf
13. Domestic Abuse & Suicide | Hestia
14. display.aspx (manchester.ac.uk)
15. Campaign for a suicide-safer internet | Our policy and research | Samaritans
16. High Suicide Rates among Neurodiverse Individuals: Why it matters and what can be done about it • Government Events
17. Suicides in England and Wales - Office for National Statistics (ons.gov.uk)
18. Suicide prevention strategy for England - GOV.UK (www.gov.uk)
19. CBP-8221.pdf (parliament.uk)
20. Support after a suicide: a guide to providing local services - GOV.UK (www.gov.uk)
21. Suicide prevention: a guide for local authorities | Local Government Association
22. PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk)
23. Resources – Support After Suicide
24. Overview | Suicide prevention | Quality standards | NICE

25. The COVID-19 pandemic and epidemiologic insights from recession-related suicide mortality | Molecular Psychiatry (nature.com)