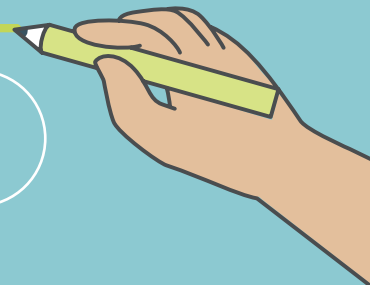
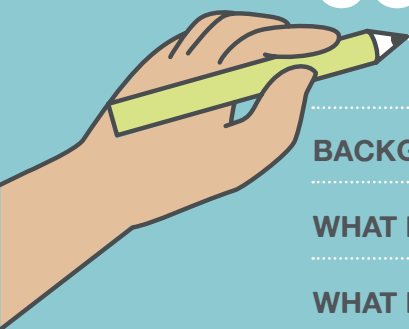

GREATER MANCHESTER SUICIDE PREVENTION STRATEGY

2020 - 2023



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Strategy of GM Suicide Prevention Programme Board	
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Strategy of	GM Suicide Prevention Programme Board
On behalf of	The GM Mental Health Strategy Implementation Executive

BACKGROUND

In 2018, a total of

6,507 deaths by suicide were registered in the UK.

In England, approximately

13 people take their lives each day; one person dying as a result of suicide every 2 hours². This is a tragic loss for so many.

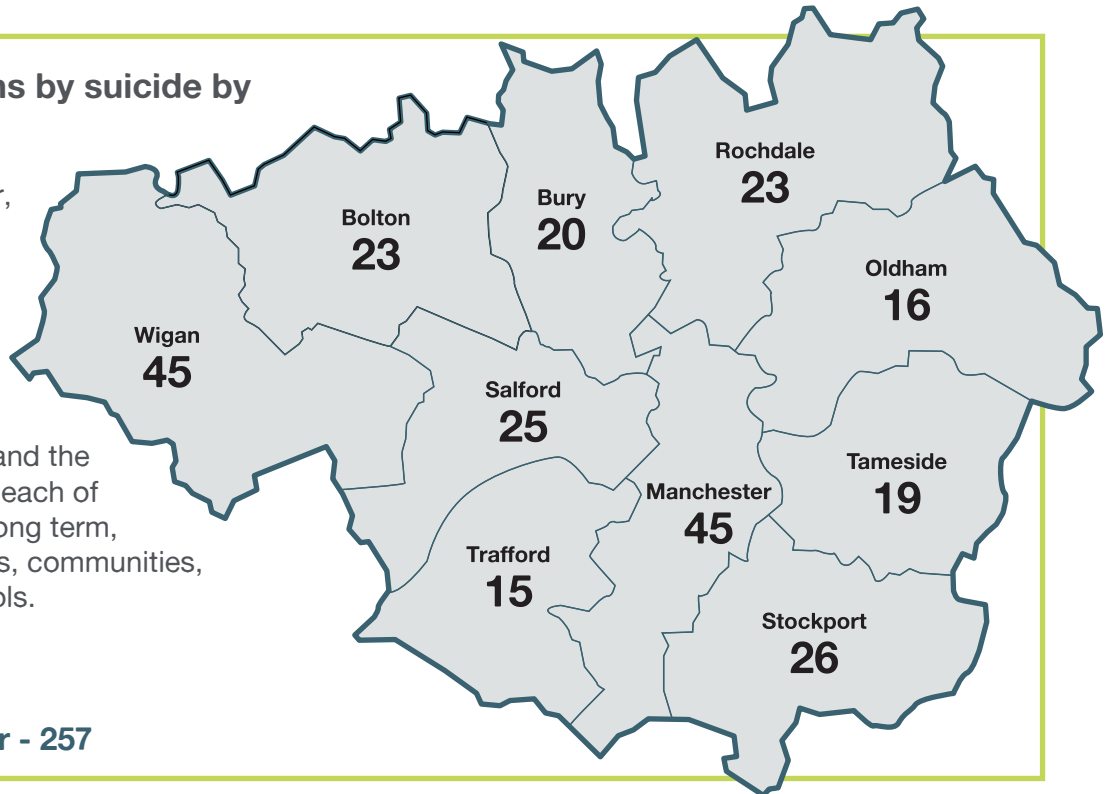
Numbers of deaths by suicide by Borough (2018)¹.

In Greater Manchester, more than

200

people die by suicide each year.

This is a tragic loss of those who have died and the devastating effects of each of these deaths are felt long term, far and wide in families, communities, workplaces and schools.



Greater Manchester - 257

Suicide is the biggest killer of men under 49³ and the highest number is found in men aged 45-54 years; and in women aged under 45 years of age.



Suicide remains the **leading cause of death** in our city region for people aged 15 to 29 years of age⁴.

Men are **3x** more likely to die by suicide than women in the UK⁵.

1. ONS Suicide registrations by Local Authority <https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority/current/2018localauthorityfinal.xls>

The ONS state that their 'figures are for deaths registered, rather than deaths occurring in each calendar year and are for persons aged 10 years and over. The National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 years and over, and deaths where the intent was undetermined for those aged 15 years and over. Deaths from an event of undetermined intent in 10- to 14-year-olds are not included. Although for older teenagers and adults they assume that in these deaths the harm was self-inflicted, for younger children it is not clear whether this assumption is appropriate'.

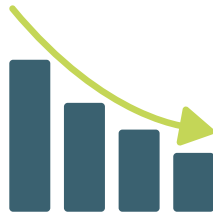
2. Self-harm, suicide and risk: helping people who self-harm (2010) Royal College of Psychiatrists.

3. Appleby L et al (2016) National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The University of Manchester. Commissioned by the Healthcare Quality Improvement Partnership (HQIP)

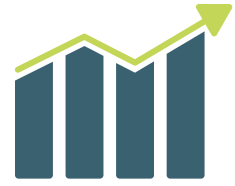
4. Office of National Statistics, What do we die from? (2015)

5. <http://web.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2014-registrations/>

From 2004 to 2014 there was a **30% fall in suicide rates in men aged 25 to 34.**



However, since 2006, **suicide rates in men aged 45-54 have risen by 27%**, and in men aged 55-64 rates have risen by 20%³.



We also know that specific groups appear to be at higher risk. The latest report to update the strategy, published in 2016 by Public Health England, 'Local Suicide Prevention Planning', highlights the following high-risk 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
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

Of interest nationally is that a newly emerging group at high risk appear to be recent migrants, who face multiple features of social adversity, and this group may be of interest for targeted interventions going forward.



The following risk factors have become more common as antecedents to suicide⁶:

- Isolation
- Economic adversity
- Alcohol and drug misuse
- Recent self-harm

“ I remember waking up feeling lucky to survive.”

Caroline, a survivor of suicide and supporter of the Shining a Light on Suicide campaign

Understanding the key risks in relation to suicide enables targeted approaches to those most in need of intervention. Suicide risk factors are often multi-faceted and although an individual may be exposed to several risk indicators, this does not inevitably mean that they are personally at increased risk. Individual coping mechanisms will critically influence the individual's response to areas of stress in their life but the most significant predictive indicators that someone may be at additional risk of suicide include:

- Previous episodes of self-harm
- Mental ill health
- Depression / stress (which may not have been formally diagnosed)
- Alcohol and substance misuse
- Debt and unemployment
- Living in an area of deprivation
- Adverse life events (e.g. relationship breakdown)
- Individual vulnerabilities and coping mechanisms

The incidence of self-harm as an antecedent to suicide has seen a steep rise, calling for better assessment of those presenting to services.

In 2014/15 there were

7,116 hospital admissions due to self-harm⁷.

Of these, evidence suggests that patients can often present with a complex history of risk factors and events leading up to admission including⁸:

- Untreated depression
- Unemployment
- Debt
- Relationship breakdown and bereavement including by suicide
- Drug and alcohol misuse
- Social isolation

The strongest predictor of suicide is previous episodes of self-harm with the most common antecedent to suicide being alcohol use.



6. Appleby L et al (2016) National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The University of Manchester. Commissioned by the Healthcare Quality Improvement Partnership (HQIP)

7. PHE Public Health Profiles (2015)

8. PHE Local suicide prevention planning A practice resource (2016)

Only a third of those who die by suicide are known to mental health services⁹, thus suicide prevention requires a co-ordinated whole system approach and it needs to be a shared public health and mental health priority.

There are marked differences in suicide rates according to social and economic circumstances¹⁰, so suicide is also a marker of how fair our society is. People in the most deprived areas of our region are ten times more at risk of suicide than those in the most affluent group living in the most affluent area.

Those who are out of work, in poor housing and/or with a significant health issue; particularly those who are dependent upon drugs and alcohol, are more at risk. Reducing risk requires system change to address the wider determinants that can have an impact on mental health. This presents us with a considerable challenge at a time when resources are more stretched than ever.

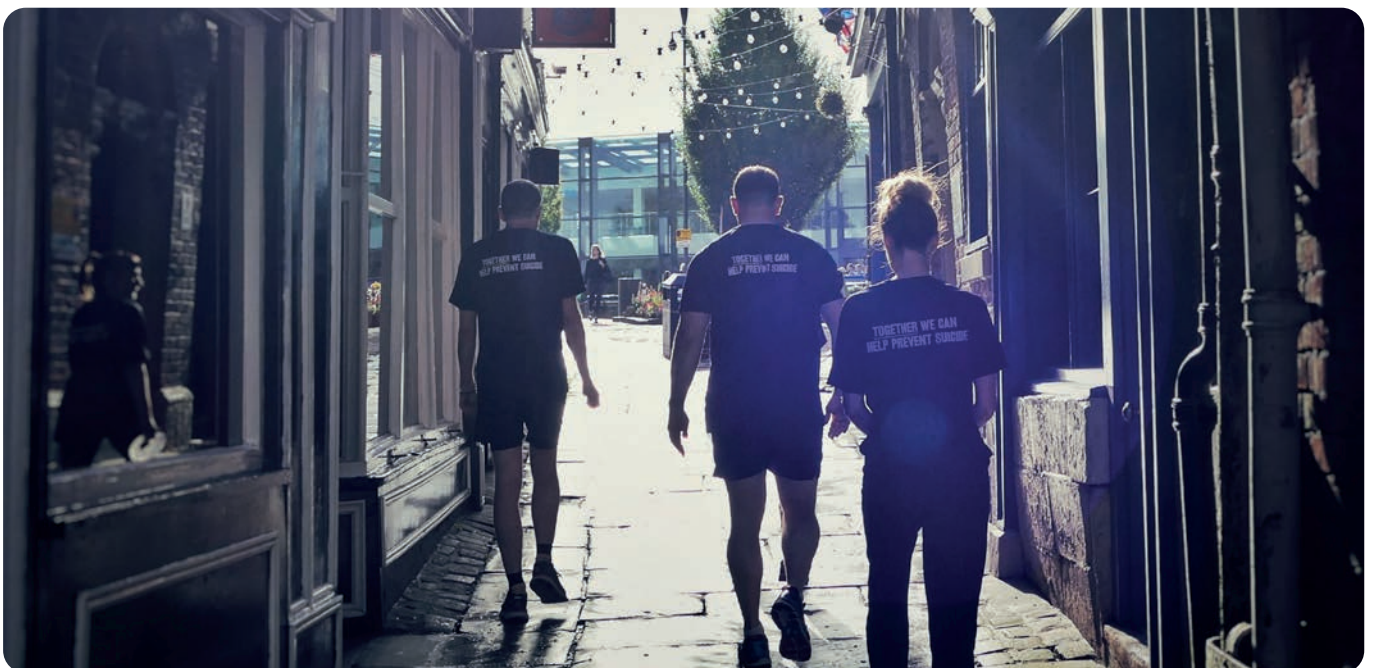
For every life lost to suicide, the estimated total cost to the economy is around £1.67 million¹¹. This is a figure based on the estimates of the years of life lost through suicide. For the 3-year period 2012–14, 35 years was the average number of life years lost (54.5 years for men and

14.8 years for women¹²). In addition to the life years lost by suicide is the impact day to day on the lives of those bereaved by suicide. The social impact and associated economic costs relating to suicide are therefore extremely significant and provide additional impetus, if one was needed, to invest in effective suicide prevention work.

Suicide amongst those who are under the care of mental health services appears to be decreasing overall, although this picture is not uniform – with inpatient suicides falling significantly (by 60%) following the decree by government in 2003 to eliminate ligature points on inpatient mental health wards. There has been a slower fall in in-patient suicides in recent years, from 2006-2011 there was a 29% reduction and only a 12% reduction from 2011-2016¹³.

An increasing number of those who die by suicide are under the care of crisis care teams and efforts are underway to understand and mitigate the risks identified.

For each death by suicide we know that there are around nine other people who will have attempted suicide. We therefore recognise that each suicide is an indication of a significant number of individuals who need help and support.



9. HM Government Preventing suicide in England A cross-government outcomes strategy to save lives (2012)

10. Platt, S. Inequalities and suicidal behaviour; In O'Connor, R.C. et al. International handbook of suicide prevention: research, policy and practice. 2011

11. Written evidence from the Department of Health (SPR0110) to the House of Commons - Suicide Prevention: Interim Report- Health Committee and add link: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/suicide-prevention/written/37662.html>

12. PHE Fingertips Tool

13. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Annual Report 2018; page 52

Key risk factors for the under 25s are¹⁴:

- Family factors such as mental illness
- Abuse and neglect, bereavement and experience of suicide
- Bullying
- Suicide-related internet use
- Academic pressures especially related to exams
- Social isolation or withdrawal
- Physical health conditions that may have a social impact
- Mental ill-health, self-harm and suicidal ideas

It is known from data on suicide and suicidal behaviour and important to highlight, that a range of protective factors are also evident¹⁵.

These include:

- Effective coping and problem-solving skills
- Presence of reasons for living, hopefulness and optimism
- Being in control of behaviour, thoughts, emotions
- High self-efficacy
- Physical activity and health
- Family connectedness
- Supportive schools

“ It is so important to put aside your pride and share your thoughts and feelings with others at an early stage. I made the mistake of not talking about my feelings but, today, I have great respect for anyone who can reach out. ”

Billy Garton, former professional footballer and supporter of the Shining a Light on Suicide campaign

- Religious belief / traditions
- Engagement in sport

A number of these protective factors in combination potentially reduce a person’s risk profile significantly. It is reasonable to assume, therefore, that strategies which seek to increase these protective factors at a population level are likely to be of benefit in reducing overall risk¹⁶.



14. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Suicide in children and young people. (2016)

15. Scottish Government Social Research Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review (2008)

16. (Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review. Scottish Government Social Research (2008)

WHAT DO WE WANT TO ACHIEVE?

Our vision is that Greater Manchester is a region where suicide is considered to be an avoidable occurrence, where people do not see suicide as a solution and which strives towards an aspiration of zero deaths by suicide

The Five Year Forward View for Mental Health, published in February 2016, set a commitment to reduce suicides by 10% nationally by 2020/21¹⁷. ONS data will be used to measure this

Suicide prevention is a key priority in the mental health agenda for the Greater Manchester devolution and the 10% reduction is a national priority¹⁸.

The Greater Manchester Suicide Prevention Steering Group consists of statutory and voluntary sector partners and includes members who have personal experience of bereavement by suicide. We are committed to working together to take forward the Greater Manchester Suicide Prevention Strategy, with the shared goal of reducing suicide across the region but we also see suicide prevention as ‘everyone’s business’ and would encourage anyone to share in our commitment to achieve this goal.

“ It’s so important that we normalise talking about suicide, to break the stigma and to bring the conversation out into the open. Not being afraid to start the conversation is the only way to address this issue. ”

Dr Carl Austin-Behan, LGBT Advisor to the Mayor of Greater Manchester



17. The Five Year Forward View for Mental Health, published in February 2016, set an ambition to reduce suicides by 10% nationally by 2020/21 when compared to 2016/2017. ONS data will be used to measure this.

18. Local suicide prevention planning', Public Health England, October 2016

WHAT HAVE WE PUT IN PLACE TO ACHIEVE THIS?

In February 2015, the 37 NHS organisations and Local Authorities in Greater Manchester signed a landmark devolution agreement with the Government to take charge of health and social care spending in our City region. This has offered a unique opportunity for us to tackle the challenges we face together through our collective efforts.

The agreement has facilitated the sharing of learning and resources and has offered us an unprecedented mandate to break down organisational barriers to ensure Greater Manchester residents are at the centre of everything we do. It has enabled us to work in closer partnership with local people in the design of services and allows us to support people in taking ownership and control over their own lives so that they can stay well and take an active part in enhancing the resilience of their communities.

This suicide prevention strategy forms part of an overarching Greater Manchester Mental Health Strategy. This broader strategy sets out our vision to improve child and adult mental health, narrow the gap in life expectancy and ensure parity of esteem with physical health. Our vision also commits to shifting the focus of care toward prevention, early intervention and resilience and toward delivering a sustainable mental health system. Simplified and strengthened leadership and accountability is at its core, as is the enablement of resilient communities, the engagement of inclusive employers and close partnership working with the third sector.

To achieve these goals, we intend to strengthen our mental health system, and we will do this through four key characteristics which run throughout our plans:

- Prevention
- Access
- Integration
- Sustainability

A number of 'golden threads' also run throughout our strategy, including;

- Parity of Esteem
- Research deployed to inform best practice
- Using technology to provide new and innovative forms of support
- Leverage the learning from successful programmes (e.g. troubled families)
- Workforce development

This Suicide Prevention Strategy stays true to these principles.

In 2017, the Greater Manchester Suicide Prevention Strategy 2017-2022 was presented to the Greater Manchester Strategic Partnership Board for endorsement, as per the commitment made within the delivery plan of the Greater Manchester Mental Health Strategy. In 2019, the strategy was refreshed and the date period amended.

The Greater Manchester Suicide Prevention Strategy has been set out in the spirit of the devolution agreement and fits our vision in Greater Manchester for the greatest and fastest improvement in health, wealth and wellbeing of residents. It has been developed in partnership with a wide network of partners, who have collaborated to develop this strategy.

In developing our strategy, we have taken inspiration from the 'best of the rest' elsewhere, and we take the opportunity here to acknowledge the excellent work of all our colleagues working on this agenda across the UK and thank them for sharing their work.

WHAT IS THE PURPOSE OF THIS STRATEGY?

This document sets out our strategy for working to prevent suicide in Greater Manchester, with an initial focus on meeting the challenge set out within the Five Year Forward View for Mental Health for at least a 10% reduction by 2020/21.

In this strategy we set out a bold ambition that there will ultimately be no more suicides, with an initial focus on meeting the challenge set out within the Five Year Forward View for Mental Health¹⁹ for at least a 10% reduction by 2020/21. Thereafter we will seek to stretch this target further. For this to be achieved, every borough in Greater Manchester will need to demonstrate a commitment to this strategy.

Our strategy is also intended to stimulate a social movement for change in the way we think and act in relation to suicide and suicide prevention reducing the stigma attached to talking about suicide and mental health more openly and to promote suicide safer communities.

The strategy focuses on the benefits of a Greater Manchester approach to suicide prevention and reflects a call to action to all Greater Manchester agencies and communities to come together to join forces to tackle a significant threat to the health and wellbeing of our residents.

In line with the ethos of other Greater Manchester Plans, we are interested in whole system and

asset-based approaches as these are most likely to foster effective partnerships between local authorities, primary care, police, prisons and probation, mental health services, voluntary organisations and local people affected by suicide. Importantly the Greater Manchester devolution agreement offers us the best opportunity to date in scaling up activities which have been successful in some boroughs to every borough where it makes sense to do so.

A Greater Manchester approach also presents an opportunity to achieve parity of access for all our residents, through a combination of a framework for action to which all boroughs can pledge their support and the potential for economies of scale when commissioning interventions for the whole of Greater Manchester. It will also allow us to promote the prevention of suicide as everyone's business, with key stakeholders, including the media, joining forces with communities and the professionals working within them, to break the stigma surrounding suicide and to act to reduce suicide.

“ Sadly, people can feel ashamed to speak up and discuss the feelings they are experiencing. But hopefully the more we talk about it the more people aren't going be ashamed to admit it and talk about it. Talking can help prevent families, friends, colleagues and others from going through the devastation that suicide brings. ”

Rebecca, Student and supporter of the Shining a Light on Suicide campaign

19. The five year forward view for mental health (2016)

The Five Year Forward View for Mental Health (2016) set out the challenge to reduce suicides by 10%, and several strategies around the UK have stated a zero-suicide approach. This too, is our aspiration. We intend to adopt a focused approach by targeting those deaths which are most preventable by identifying specific at-risk groups, communities or settings for action across Greater Manchester.

This approach is founded on the principle that ‘the sum of marginal gains’ is likely to be the most effective means of meeting our vision in Greater Manchester and will foster a highly targeted and effective approach.

We have taken an all-age approach, recognising that risk varies across the life-course and that prevention requires a range of interventions, some of which are tailored to need and some demographic groups.

We acknowledge the increased emphasis on self-harm, primary care, prisons, criminal justice involvement and other at-risk groups within more recent policy documents in relation to suicide prevention. We have not attempted to present all actions for each priority area here as these are the focus of annual action plans led by expert leads, in preference, we have looked at broader priorities and objectives that can be effectively supported by a Greater Manchester approach.

We recognise that from the evidence we have, some deaths by suicide may be more preventable although we firmly believe that all are avoidable. The strategy sets out our plan to ensure that we harness the support and contribution of all services and agencies so that we can reduce risk, proactively intervene when needed, and effectively respond to those in crisis.



“ If you allow people to share their story then there’s a good chance that you’ll find a solution together or get help together. ”

Donna Thomas, bereaved mother, CEO of The Anthony Seddon Fund and supporter of the Shining a Light on Suicide campaign

This strategy acknowledges and builds on a substantial body of work in relation to suicide prevention in Greater Manchester and reflects the learning of a programme of sector led improvement undertaken. In 2014, individual boroughs in Greater Manchester took part in a sector led improvement initiative, which set out to benchmark activity against the recommendations of the National Suicide Prevention Strategy²⁰ and share good practice across Greater Manchester. An intended benefit from the process was for boroughs to explore different approaches and to share data and information.

A key finding was that although all boroughs had undertaken local suicide audits at some point, not all were undertaken routinely either

annually or bi-annually, and some may have been insufficient to effectively assist with prevention planning. Not having undertaken a recent audit was generally linked to a lack of capacity, but importantly feedback suggested that suicide audits may be better undertaken (from a statistical perspective) on a larger spatial scale, ideally at GM level and to a standardised format to enable more meaningful comparison. Such a Greater Manchester Suicide Audit was conducted in 2017 and there is an intention for further auditing processes to take place. We will use the intelligence gathered from Greater Manchester audits to inform where our efforts might be best targeted in addition to national priority groups.

“ If we’re concerned about someone we need to ask how they are feeling and ask again, as they may just say ‘fine’ the first time they are asked as so many of us do. It’s about not giving up on them and trying to support them so they can then get the support they need. ”

Dennis, a survivor of suicide and supporter of the Shining a Light on Suicide campaign

KEY NATIONAL AREAS FOR FOCUS IN OUR ACTION PLAN

The National Suicide Prevention Strategy²¹, highlights the following six key areas to be included in suicide prevention efforts which we consider within our own action plan:

- 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.

In January 2017 the national strategy was refreshed and while staying true to these themes, additional emphasis was placed on the need for:

- Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan, with agreed priorities and actions.
- Better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/ detention or in contact with the criminal justice system and with mental health services
- Improving data at national and local level and how this data is used to help act and target efforts more accurately
- Improving responses to suicide
- Expanding the scope of the national strategy to include self-harm prevention.



21. The National Suicide Prevention Strategy: Preventing Suicide in England: A cross Government outcomes strategy to save lives (2012)

WHAT ARE OUR SUICIDE PREVENTION PRIORITIES?

Our plan supports us in focusing on all six areas of the national strategy in the long term, however our priorities for a whole system approach in the short term are²²:

- Reducing the risk in Men
- Preventing and responding to self-harm
- Children and young people and women during pregnancy and postnatally
- Treating Depression in Primary Care
- Acute Mental Health Care Settings
- Tackling High Frequency Locations
- Reducing Isolation and Loneliness
- Bereavement Support /Postvention

This strategy builds on our work to date and sets out our plan for preventing suicide in Greater Manchester. To do this will require co-ordinated efforts so that suicide prevention becomes 'everyone's business'.

The national requirement, in addition, for comprehensive local suicide strategies is an effective mechanism in reducing deaths by suicide by supporting the combination of a range of interventions.



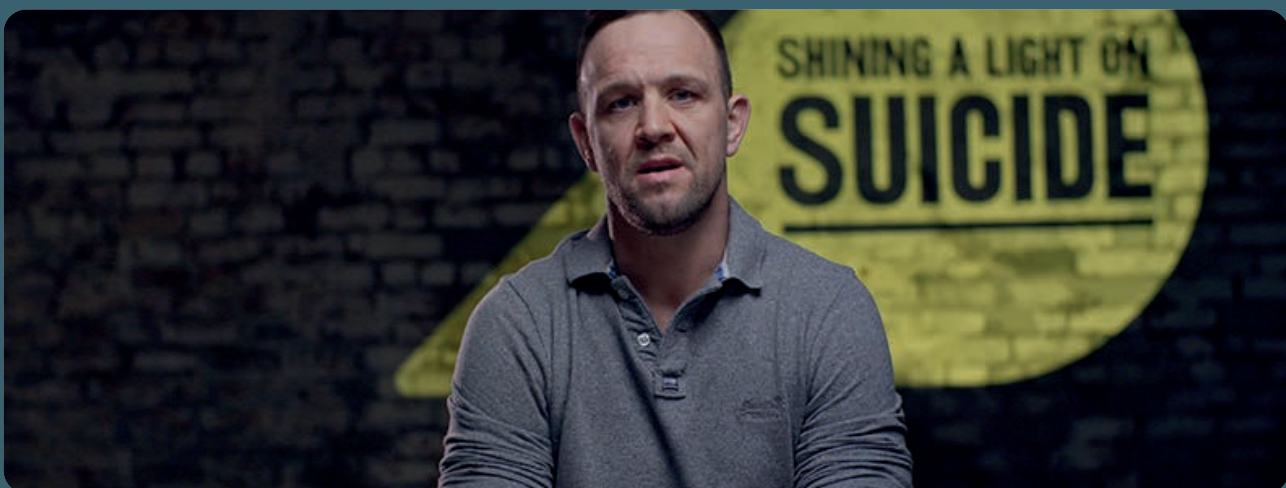
“ Because people choose not to think about this elephant in the room, it's become ok not to talk about it. It's not ok, however, because people are dying. ”

Falmai, Doctor and supporter of the Shining a Light on Suicide campaign

WHAT ARE THE GOALS OF THIS STRATEGY?

Our Greater Manchester plan for action was created after a review of the National Suicide Prevention Strategy from 2012, the Five Year Forward View for Mental Health and the Public Health England (PHE) resource for local Suicide Prevention Planning and, after a recent refresh, these have been organised around six key objectives:

- 1 All ten Greater Manchester Boroughs will work to achieve the principles of the 'ten pillars of suicide prevention' to result in Suicide Safer Communities, by 2022.
- 2 NHS Mental Health Trusts will incorporate the principles of the Zero Suicide Ambition within their respective strategies and continue to work towards the '10 key ways for improving patient safety'²³ to eliminate suicide in in-patient and community mental health care settings.
- 3 We will strengthen the impact and contribution of wider services.
- 4 We will offer effective support to those who are affected or bereaved by suicide.
- 5 We will develop and support our workforce to better assess and support those who may be at risk of suicide.
- 6 We will use the learning from evidence, data and intelligence to improve our plan and our services.



“ For every minute of every hour, of every day I couldn't get the thought of suicide out of my head. The biggest thing that saved my life, even more so than the medication, was talking. ”

Danny Sculthorpe, Ex-professional rugby player and supporter of the Shining a Light on Suicide campaign

PROGRESS MADE SO FAR

In the initial two years of the Strategy, the aim of strengthening local political leadership for this work has been achieved with the senior level political champion support of Greater Manchester Mayor, Andy Burnham, along with political support across the ten boroughs.

We have created and launched the public facing Greater Manchester 'Shining a Light on Suicide' campaign along with a digital platform to provide information for those experiencing suicidal thoughts or who are bereaved by suicide. The digital platform also includes an opportunity to access free online suicide prevention training²⁴.

Greater Manchester suicide prevention efforts continue to have a focus on those deaths that may be most preventable, such as:

- Individuals in the care of mental health services
- Individuals with depression
- Individuals with a history of self-harm.

While strengthening access to intelligence (and use thereof) relating to suicide in Greater Manchester by:

- Scoping the potential for a GM approach to using 'real-time suspected suicide data' for early consideration of community response activities, with a pilot

- Undertaking a review to agree on the most effective method of auditing Greater Manchester suicide data to enable more informed decision making for suicide prevention activity.

While also improving our bereavement support response by:

- Evaluating and learning from the current Greater Manchester Suicide Bereavement Information Service pilot along with other opportunities to identify the appropriate support needed for those suicide bereaved.

The impact on those bereaved by suicide cannot be underestimated. We recognise that their risk of suicide increases, without adequate protective factors in place, which has led us to pilot a GM Suicide Bereavement Information Service. We understand that providing appropriate and timely support is vitally important which has recently been reinforced in the NHS Long Term Plan which sets as a milestone, post-crisis support for families and mental health staff affected by suicide).

“ There are so many times that I have nearly given in to my desperation and ended my life. Do not keep those feelings to yourself. Speak out and seek help. The reason that I'm still here is because I reached out to people. ”

Michael, supporter of the Shining a Light on Suicide campaign

GOVERNANCE

The delivery of the Greater Manchester Suicide Prevention Strategy is supported by the multi-agency Greater Manchester Suicide Prevention Steering Group and coordinated by the Greater Manchester Suicide Prevention Board which reports to the Greater Manchester Health and Social Care Partnership Board via the Greater Manchester Mental Health Implementation Executive.

The suicide prevention work stream is closely aligned to the mental health and wellbeing programme.

Stakeholder feedback will be sought from each of the ten boroughs, and through relevant events where key partners will be able to input into its ongoing development.

With the data available to us we have created an annual Greater Manchester Suicide Prevention Action Plan to support this strategy and enable consistent progress on meeting the objectives set. We will continue to learn and adapt to further information provided that assists us to have a greater understanding of the complex array of issues that lead to suicide and how we can best support those bereaved by suicide.

Judd Skelton
Chair of the Greater Manchester Suicide
Prevention Programme Board

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shiningalightonsuicide.org.uk

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