Annex A

York Suicide Safer Community Strategy

Foreword

To be inserted

"The true measure of any society can be found in how it treats its most vulnerable members"

Mahatma Gandhi

Introduction

In York around twenty five people take their own life every year- a shocking, unnecessary and tragic loss of human life which has far reaching consequences for those affected and society in general. Suicide remains a relatively rare event in comparison with leading causes of death and yet, as one of the most preventable, unnatural causes, it is responsible for a significant number of lives lost prematurely and, as a consequence, a high number of 'years of life lost'. Each individual death has a huge, often devastating affect on loved ones, friends, colleagues and the wider community. Public Health England research shows that between six and twenty people are deeply affected by each suicide and that such loss can have a long term impact on their health and well-being, potentially placing them at heightened risk of later suicide themselves.

In November 2016 the York Health and Wellbeing Board considered the issue of suicide following the presentation of the York Five Year Suicide Audit report together with mortality data published by the Office for National Statistics for the years 2012-2015. The Yorkshire and Humber region currently has comparatively high rates of suicide and in recent years the City of York has experienced rates higher than most of its neighbouring local authorities and some of the highest in the country. Members expressed serious concern at the suicide rate in York and in particular over a series of deaths which had recently deeply affected the York student community.

The Board concluded that a strategic commitment and multi-agency response was needed in order to significantly reduce the incidence of suicide in York. Agreement was reached that the most effective way of achieving this would be through the Living Works' 'Suicide Safer Community' model.

The City of York Joint Health and Wellbeing Strategy 2017-2022 presents the Board's vision to improve the health of the population of York. A central theme of that strategy, 'Mental Health and Wellbeing,' contains the

objective to ‘Ensure that York becomes a Suicide Safer City’. This means that for the first time Suicide Prevention is a specific priority for the City of York.

Suicide and the causes of suicide are varied and complex and approaches to prevent it need to be multi-dimensional with links to many different agendas. These include mental and physical health, economic deprivation and debt, substance misuse, employment and retirement, education, media and social media, housing, criminal justice, social isolation, family and relationship break-down and bereavement. On a wider perspective there are clear associations with issues of human rights, equality and diversity, safeguarding and community cohesion. At a population level long term reduction in suicide rates is only achievable through proactive, co-ordinated and collaborative activities which are on-going year on year. Suicide prevention is not a project or campaign, it is work which must continue through-out the short, medium and long term.

Suicide Safer Community designation is an honour which must be earned, subject to independent scrutiny and verification rather than something which can be self proclaimed or declared by a locality, its leaders or partnerships. Few areas in the UK have this as a stated ambition and fewer still have plans which are so well developed to the point of seeking accreditation. In York, whilst there are many excellent services and initiatives which are directly and indirectly linked to suicide prevention- statutory, commissioned, private or voluntary- they are not currently linked or co-ordinated in ways which would clearly demonstrate ‘synergy’ or prioritisation of suicide prevention against other competing commitments across all sectors.

This strategy provides an overview of what a Suicide Safer Community is, what the work to achieve it involves and some of the challenges we face. It describes how York will develop the concept of Suicide Safer Communities whilst meeting the goals and objectives presented within the *national suicide prevention strategy* - to reduce suicide and improve support for people affected by suicide. The strategy will form the foundation of

an accompanying multi-agency framework which will be the operational plan for local delivery. That is how we propose to deliver the actions and initiatives necessary to make our Suicide Safer Community ambition a reality. The journey, it could be argued in view of the potential benefits and what's at stake, is even more important than the destination.

How has this strategy been informed?

In producing this strategy we have considered:

- National research and best practice, particularly that highlighted in the national suicide prevention strategy for England.
- The Five Year Future View for Mental Health
- No Health without Mental Health
- The Living Works Suicide Safer Community model and its ten 'pillars'.
- The National Confidential Enquiry into Homicide and Suicide by People with Mental Illness
- Guidance from Public Health England in relation to specific related topics such as local partnership arrangements, response to emerging suicide clusters and support for people who are bereaved.
- Findings from the York five year suicide audit (2010-14) and other relevant sources of national and local data.

- Comments, ideas and suggestions from people who attended the North Yorkshire Mental Health and Suicide Prevention Lived Experience event in October 2016 and the York Suicide Prevention Conference in September 2017.
- The views and expertise of a wide range of stakeholders including those who work within relevant fields and those who are themselves bereaved through suicide.

Suicide prevention is embedded within both the Joint Health and Wellbeing and Mental Health strategies for York and yet the complexity of suicide and broad scope of prevention activity necessitate strong links to various other strategies, partnerships and policies which relate to the general health and wellbeing of our residents and workforce. These include:

- Joint Strategic Needs Assessments
- Sustainability and Transformational Partnerships (NHS) action plans
- Local Crisis Care Concordat action plans
- Local Prevention Concordat action plans
- CCG Commissioning Intentions
- Local transformation plans for children and young people's mental health and wellbeing
- Commissioning of alcohol and substance misuse services

What is Suicide Safer Community designation?

The ‘Suicide Safer Community’ concept created by The LivingWorks Foundation in Canada is an internationally recognised model used by many localities across the world to structure, focus and drive suicide prevention activity.

Living Works says:

“The Suicide-Safer Communities designation honors communities that have implemented concerted, strategic approaches to suicide prevention. The ten pillars in this designation reflect the core elements of suicide prevention strategies around the world. The designation celebrates and acknowledges those communities who have made significant progress in reaching their suicide-safer goals, and helps others understand what strategic steps they can take to prevent suicide on a community level”.

At the heart of the Suicide Safer Communities concept are some fundamental principles which are the cornerstone of Living Works’ four suicide prevention workshops - Suicide Talk, safeTALK, ASIST, and Suicide to Hope. In order to embrace the Suicide Safer Communities idea it is important that we collectively endorse these assumptions and build our attitudes and activities around them:

- Suicide prevention is not the sole responsibility of mental health services, General Practice or other clinically trained professionals. Anyone can potentially encounter someone at risk of suicide and so everyone has a part to play in preventing it.
- Most people who take their own life do not actually want to die. Instead they wish to end the pain which they are experiencing at that particular moment in time. Whilst part of them sees dying as their only choice

there is also a part of them that wants to live. People who are close to suicide often seek reasons to go on living - sometimes a tiny glimpse of hope, even a kind word from a stranger can make all the difference.

- The majority of people who die by suicide give some kind of indication of their intent to someone in the days, weeks or months beforehand. Sometimes these are obvious - serious self harm or suicide attempts, talking about their intent or plan or uncharacteristic changes in behaviour or attitude. Often though these signs are subtle and easily missed or dismissed by family, friends and professionals.
- Talking about suicide and asking about suicidal thoughts in informed and compassionate ways can and does save lives if the person to whom a disclosure is made is vigilant and able to make or arrange a suicide intervention. Sometimes people reach a point of suicide only once in their lives. Others may have regular thoughts of ending their lives. If they are asked about their intention at the critical time and are supported to make the decision to live then suicide can be prevented or deferred indefinitely.

The causes of suicide

Suicide is a very private, individual act usually associated with extreme and unbearable feelings of hopelessness, despair, loss, guilt or pain. Many people assume that only people who have a diagnosed mental illness die by suicide. Whilst there is a strong link to mental ill-health, short term or long term, many people who take their own life are not in touch with any services and are not known to mental health professionals. Mental illness, particularly depression and anxiety in their various forms can go unrecognised and undiagnosed, and such conditions which are untreated or under-treated are frequently connected with suicide. It is important to recognise that any one of us can experience mental ill-health and suicidal thoughts as we face various life events and stresses which are part of our ever more complicated and pressured lives and prompt, appropriate treatment and management can and does save lives.

Whilst the causes of suicide are wide-ranging and suicide is often a result of a combination of different issues rather than a single factor, there are some common themes. National and International research identifies which issues are most prevalent and which groups are most at risk. National data and research very much reflects the local picture of suicide captured in the York Suicide audit report which provides a clear indication of higher risk groups and which life-style factors were most common in respect of completed suicides in the city over the five year period 2010-14. This information is helpful when looking at reducing suicide on a population level but it is vitally important not to dismiss someone potentially at risk of suicide simply because they don't fit a particular profile.

Vision and Central Theme

Our vision is to develop a community which has sustainable, co-ordinated and collaborative approaches to suicide awareness, prevention, intervention, post-intervention and postvention. A supportive, connected and compassionate city where no one feels so distressed, so hopeless, so isolated or so trapped by events or circumstances that they believe suicide to be their only choice.

Our Central theme is to develop a 'Suicide Safer Community' to reduce suicide in the City of York. Reducing rates of suicide, initially to below national and regional average rates and then further reducing it year on year is a core aim of Suicide Safer Communities and of this strategy. By doing so we can avoid unnecessary loss of life and unimaginable distress being caused to those who would otherwise become bereaved. Preventing suicide however is not the only goal. By embracing this concept we have an opportunity for our city and our residents to benefit in so many other positive ways.

We know that incidents of suicide in York, despite comparatively high rates are, thankfully, rare. However the causes and catalysts for suicide are not rare and often result in immeasurable, enduring damage to the lives of individuals in ways which are not actually related to suicide. Those life events and stresses which lead some to suicide can for many other people lead instead to different harmful effects or behaviour, the consequences of which seriously undermine their health, quality of life and general contribution and, sometimes cause significant damage to others or to society. Examples of these include:

- long term deterioration of mental health
- reduced personal resilience and ability to contribute and thrive
- withdrawal from work, education or social networks

- drug and alcohol misuse
- self-harm
- Increased risk taking behaviour
- criminal activity including domestic violence and other forms of abuse
- intolerance, prejudice, discrimination, extremism

By tackling many of the issues that sometimes lead to suicide we can at the same time address the risks and triggers which lead to other harmful outcomes generally related to adversity and disadvantage. This will result in greater social cohesion, improved community links and availability of support, more open caring conversations and a collective desire for people to look after each other. We will seek to address these issues through collaborative, partnership working – sharing appropriate information between statutory agencies and other services and ensuring that there is effective, joined up working to identify and support people at risk.

We will identify gaps in services and work together with the voluntary sector, private industry, our communities and people who use services to cover those gaps through asset based and innovative approaches. We will raise awareness of the impact of suicide and of the prevalence of suicidal thoughts. We will endeavour to change attitudes and reduce stigma by talking more openly about suicide and about mental health so that more people are encouraged to seek help when they need it. We will do all we possibly can to reduce feelings of hopelessness, isolation and distress caused by adverse lifestyle factors and so called wider determinants of health such as poverty and deprivation, housing, debt, insecurity of employment and inequality of opportunity.

We will do what we can to support people during the most difficult, challenging times of their lives following bereavement, business failure, redundancy or loss of employment, family or relationship breakdown, release from prison or diagnosis of long-term, serious or terminal illness. We will be better at identifying who those people are by engaging specific groups, recognising differing risks and by putting people in touch with services which can offer expertise, advice and support.

We recognise that building a genuine Suicide Safer Community is a long term goal which requires wholesale culture change towards more caring, supportive approaches in every aspect of our day to day lives. Suicide Safer Communities are compassionate, understanding, accepting, resilient and optimistic communities where everyone's life matters. That is our ambition for the City of York.

Key Objectives and Outcomes

The following nine areas of action provide the foundation for how we will deliver the central theme of this strategy which is to make York a Suicide Safer Community. Numbers 1-7 are taken directly from the national suicide prevention strategy whilst 8 and 9 are considered necessary components of local delivery of this agenda. Each of these should be regarded as 'long term' objectives and therefore contain short and medium term priorities to demonstrate milestones and progress and on-going or recommended work-streams which need to synergise in order to make Suicide Safer Community status a reality in our city.

Area for action 1

Reducing the risk of suicide in high risk groups

Achieving a reduction in suicide at a population level involves reaching more people who are at raised risk of taking their own lives, be they members of a specific group within the community, people who have particular life-styles or who have experienced particular life stresses which reduce 'protective' factors and increase' risk factors'

What we know:

Based upon national evidence and local intelligence the groups identified as being at highest risk of suicide in York include men, particularly those aged between 40-55 years old. Our audit of suicides between 2010 and 2014 showed that 83% of suicides occurred in men. The average age of deaths of those men was 41.9 years. Other groups at recognised higher risk are many and varied and include people with untreated mental ill-health, people who have made a previous attempt on their life, people of all ages who self harm, people who have been recently discharged from mental health services and people who have drug and alcohol issues who are not in contact with substance misuse services. Whilst suicide by children and young people is very rare they are considered at higher risk as a result of vulnerability associated with their age and other adverse factors which may be prevalent in their lives such as abuse, bullying, academic pressure, social media and unsettling periods of transition. There is increasing concern at national level of the risk to higher education students and York has experienced higher numbers of student deaths in recent years than during any previous time period.

Annex A

In order to reduce the risk of suicide within identified groups we will:

- Use information from the five year audit and more recent data to identify and engage those groups at recognised higher risk
- Explore innovative, non traditional ways of engaging such groups in settings where we are able to raise awareness, challenge unhelpful attitudes and culture and encourage seeking of support
- Make use of evidence based national guidance and best practice used successfully in other areas of the country
- Deliver suicide alert and suicide intervention training appropriate to the audience including clinical and non-clinical staff, the general workforce and across our communities
- Ensure that a more joined up approach is taken to tackling the wider determinants of health such as housing, employment, social isolation and deprivation whilst highlighting risks associated with bereavement, relationship breakdown, redundancy, trauma, physical and sexual abuse and the consequences of arrest, prosecution or imprisonment.

Our ongoing work will consider what we know about other groups at higher risk and develop a work plan to address this.

Area for action 2

Tailoring approaches to improve mental health in specific groups

What we know

Around 52% of suicides reviewed in the York audit were by people who had received some form of psychiatric treatment within the previous twelve months having been in touch with their GP or mental health services during that time. Many of those people though had withdrawn from treatment and of those people who had no contact with services it is evident that a large proportion had a current mental health condition which was undiagnosed and as a result were not receiving any treatment from health services.

National research suggests that as many as 90% of people who take their own life have, at the time, a mental health condition –albeit often undiagnosed and untreated.

Depression (including postnatal depression) is one of the most important risk factors for suicide and undiagnosed or untreated depression can heighten that risk. Primary care services have a key role in identifying and treating mental health problems as well as assessing an individual's suicide risk. People with severe mental illness are at higher risk of suicide, both while on inpatient units and in the community. The risk to inpatients is mitigated by close supervision and support from staff whilst those recently discharged from hospital and those who refuse treatment are at heightened risk.

To tailor approaches for specific groups we will:

- Review and develop pathways for Primary Care in relation to suicidal thoughts and serious self harm. Ensure that referrals to secondary care mental health services are appropriate to the need and that other referral options are explored Develop and influence partnership working around dual diagnosis issues
- Promote and support the principle of Mental Health Parity of Esteem
- Support and influence the work of the North Yorkshire Crisis Care Concordat to improve support for those in crisis
- Develop Prevention Concordat approaches to promote positive health and well-being and encourage self-help activities which reduce the likelihood of people developing more serious mental ill-health
- Encourage and ensure compliance with national best practice guidance around suicide prevention within mental health service provision

Area for action 3

Reducing access to means of suicide

What we know

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. This is because people sometimes take their own life on impulse and if the means are not readily available the suicidal impulse may pass. The suicide audit did not identify any locations or sites of high frequency and most suicides in York take place in the home or on other private premises. There are opportunities to reduce access to the means in relation to most common methods of suicide and we will work with relevant partners to highlight these and take appropriate action

To reduce access to the means of suicide we will:

- Further develop suicide surveillance processes to include suicide attempts to identify and respond to patterns and trends.
- Support the work of Network Rail, Samaritans and British Transport Police to reduce risks on the railway network and work with Highways England to extend best practice to our road network
- Identify opportunities for appropriate signage at emerging high frequency or risk locations to encourage help-seeking and 3rd party intervention.
- Explore opportunities to reduce and mitigate risks associated with access to, prescribing, storage and retention of medications.

- Ensure that suicide prevention work is linked to the alcohol strategy and embedded within the role and responsibilities of commissioned services.
- Ensure that conversations with people who have suicidal thoughts include discussions about intended plans and means. If such information is disclosed then agreement can then be sought to devise a co-produced safety plan with that person to reduce or restrict access to identified means.

Area for action 4

Providing better information and support to those bereaved or affected by suicide

What we know

Families and friends bereaved by suicide are at an increased risk of mental health and emotional problems and may be at higher risk of suicide themselves. There are many people in York who have been bereaved or deeply affected by suicide as a result of recent events or loss of someone close at some other time in their lives. We know that such people encounter stigma –ill-informed, judgmental attitudes which make it even more difficult for them to talk about their experiences. We also know that people bereaved through suicide often feel most understood, most supported by others who have had similar experiences, who are themselves bereaved through suicide.

To provide better information and support to those affected by suicide we will:

- Improve awareness of the impact of and risks associated with suicide bereavement within Primary Care
- Encourage outreach with people recently bereaved through suicide
- Raise awareness of the significance of anniversaries and birthdays and increased risks presented around those times
- Ensure that GP's are familiar with the Help is at Hand Booklet and the Major Incident Response Team (MIRT) postvention service

- Further develop and raise awareness of the suicide postvention services offered by the MIRT and by York Samaritans and the Facing the Future initiative offered by Cruse/Samaritans
- Develop a Survivors of Bereavement by Suicide (SOBS) peer support group in York
- Hold an annual suicide prevention conference and service of reflection for people bereaved by suicide

Area for action 5

Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

What we know

The media has a significant influence on behaviour and attitudes. There is compelling evidence that media reporting and insensitive portrayal of suicide can lead to copycat behaviour, especially among young people and those already at risk. It can also cause additional distress to those people bereaved or deeply affected by suicide as a result of inappropriate use of language or speculative reporting. The media and social media can play a positive part in reducing suicide if messages are supportive and optimistic, raise awareness in positive ways and generally encourage conversations and help-seeking.

To support the media in delivering a sensitive approach to suicide and suicidal behaviour we will:

- Engage with local media to ensure adherence to Samaritans guidance and delivery of positive help-seeking and health and well-being messages
- Monitor and review media reporting in relation to specific incidents of suspected suicide and more general commentary around suicide, mental health and crisis care

- Develop a communications plan for the delivery of reports, messages, updates and appeals to ensure that the Suicide Safer Community brand is recognised and visible
- Ensure that stakeholders' press departments are aware of best practice guidance and that press releases following suspected suicides or coroners conclusions are jointly agreed between partners
- Use media opportunities to raise awareness of and contribution to York's ambition to be a Suicide Safer Community

Area for action 6

Supporting research, data collection and monitoring

What we know

Reliable, timely and accurate suicide statistics and the analysis of the circumstances surrounding each suicide in York can highlight trends, identify key risk factors for suicide and inform future partnership activity. Research and evaluation enhance our understanding of what works in suicide prevention locally. Mechanisms for monitoring progress are essential for the successful delivery of this strategy.

In order to support research, data collection and monitoring we will:

- Conduct a bi-annual suicide audit including consideration of deaths through undetermined intent
- Conduct post inquest reviews of student deaths determined as suicide or of undetermined intent
- Further develop an early alert process to prompt sharing of appropriate information by the police and coroner's service, referral to support services and multi-agency response
- Maintain and support the Real-time Surveillance spread-sheet and protocol ensuring timely response to emerging trends and extend this to include incidents of attempted suicide
- Encourage a multi-agency approach to serious incident reviews and lessons learned procedures, ensuring that resulting information is disseminated appropriately

Area for action 7

Reducing rates of self-harm as a key indicator of suicide risk

What we know

Self harm and self-injury can take many different forms, usually unrelated to suicide, and can in fact be a way for people to alleviate feelings of severe emotional distress. It's not possible to know the full extent of self-harm in society because much of it is hidden and a relatively small proportion of episodes result in hospital treatment or contact with other medical services. Whilst self-harm can form part of coping mechanisms, it can for some people become more and more severe and sometimes people die as a result of self harm episodes when it is evident that there was no intent take their life. Research shows that people who self-harm are at much greater risk of suicide, particularly within the following twelve months and it is now widely recognised as the biggest indicator of suicide risk. The underlying causes of emotional distress which lead to self-harm can lead to or aggravate other life-stresses and result in suicide. We know that there is a general lack of understanding of self harm and some unhelpful myths and attitudes which only serve to increase the stigma faced by people who self-harm, discouraging them from disclosing their distress or seeking help.

Around 40% of people who died by suicide in York between 2010-14 had a history of self-harm.

To reduce the rates of self harm we will:

- Encourage a culture where self harm is more openly discussed in non-judgmental, helpful ways to encourage help seeking and reduce stigma

- Ensure that self harm is recognised as a likely symptom of emotional distress and for some may be the only effective coping mechanism
- Ensure that Health professionals and other front line services recognise self harm as a key indicator of future suicide risk in all ages
- Progress training and awareness raising in relation to self harm and referral options and responsibilities. Ensure advice and guidance is available for non-clinical, front-line personnel who are in contact with people who may be self harming
- Ensure that NICE guidance general principles on self-harm are embedded within procedures of Primary Care, Emergency Department, Mental Health Services and Yorkshire Ambulance Service
- Develop clear pathways in relation to self-harm and make sure they are embedded and universally recognised by relevant services
- Ensure that psycho-social assessments are offered to anyone who presents in relation to self-harm and that co-produced safety plans are considered where ever possible

Area for Action 8

Training and awareness raising

What we know

Dedicated suicide prevention training, particularly that associated with Living Works ASIST and safeTALK programmes, encourage more open and informed conversations about suicide and give people the confidence to ask someone if they have suicidal thoughts and to intervene where appropriate. These workshops are suitable for people who may have suicidal thoughts themselves, serving to increase self-awareness and encourage them to tell someone or to seek help when they need it.

In order to develop the training offer and raise awareness we will:

- Continue to deliver Applied Suicide Intervention Skills Training (ASIST) and safeTALK training to the workforce and communities prioritising those roles likely to include contact with people at raised risk of suicide

- Deliver self –harm training bespoke to the needs of services/organizations

- Encourage delivery Mental Health First Aid training as part of workforce development and staff health and well-being policies

- Offer suicide bereavement training (PABBS) for appropriate services

- Explore funding sources across statutory, private and voluntary sectors to encourage relevant training programmes within all organisations to promote well-being and raise awareness of suicide risk

- Support Lived Experience events and presentations to ensure the voices of those who have experienced mental ill-health, suicidal thoughts or bereavement are heard and influence decision makers and commissioners

- Evaluate training programmes to measure learning outcomes and impact

- Develop a network/community of ASIST trained people to ensure that perishable skills are retained and refreshed

- Link to and influence other training and agendas for example The Armed Forces Covenant and York Human Rights City Declaration

Area for action 9

Preparedness and post incident management

What we know

Many organisations that have not experienced or been touched by suicide are not inclined to consider the possibility of one of their staff or clients taking their own life or the impact on their workforce. When it does happen suicide devastates communities and organisations and leaders and managers typically find themselves wholly unprepared, having to respond to the needs of a wide range of people whilst under extreme emotional and logistical pressure. We believe that it's important for organisations and institutions to prepare for an eventuality - one which they hope will never happen- which will help to mitigate the impact and further risk if an incident of suspected suicide does occur.

Priorities within this area

- Develop and share a local suicide cluster response protocol informed by national guidance and experience from the series of student deaths in York
- Ensure that suicide prevention and support information is available, accessible, credible and marketed
- Develop multi-agency post incident, pre-inquest investigation and post inquest lessons learned arrangements
- Monitor and respond to national guidance and updates from bodies such as National Institute of Clinical and Care Excellence (NICE) , Samaritans and The National Suicide Prevention Alliance

- Encourage the inclusion of suicide prevention within organisations' health and well-being plans and mental health strategies

- Encourage preparation of response plans for use in the event of a suspected suicide within schools and colleagues, based on guidance and support from Samaritans and Papyrus

" Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around

Leo Buscaglia