

# Oxfordshire Suicide Prevention

## Purpose of the paper

1. The purpose of this paper is to inform the Health Improvement Board on suicide prevention in Oxfordshire. It will provide data on rates of suicide within the county and describe the work of the multi-agency suicide prevention group. It will also advocate that promotion of mental wellbeing is everyone's business and it a significant contributor to suicide prevention. The Health Improvement Board is in a unique position to take on a leadership role for mental wellbeing to encourage, co-ordinate and oversee wellbeing initiatives by a variety of organisations in different settings.

## Introduction

2. This paper is to inform the Health Improvement Board on progress in Oxfordshire in relation to Suicide Prevention. It will focus on the data and intelligence relating to suicide nationally and locally, describe the work of the multi-agency suicide prevention group. It also describes the risk factors for suicide and explains how positive mental wellbeing initiatives could contribute to a reduction in self-harm and suicide.
3. Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every life lost represents someone's partner, child, friend or colleague and their death will affect people in their family, workplace, school, and residential neighbourhood. This will impact their ability to work effectively, to continue with caring responsibilities and to have satisfying relationships. This in turn significantly raises their own risk of future mental ill health and suicide.

## Data on Suicide

4. Suicide data is presented as 3-year rolling data as the rates are subject to variation due to the very small numbers involved at a local level which makes it difficult to draw conclusions.
5. National data
  - Suicide is the leading cause of death in England for adults aged under 50 years.<sup>1</sup>
  - There were 6,122 cases of suicide in the United Kingdom in 2014 (all ages), with a suicide rate of 10.8 per 100,000.
  - This number has increased year on year since 2008, peaking in 2013 at 6,233 deaths.
  - In 2014 there were 149 children aged 10-19 years in England who died by suicide
  - The suicide rate in England for children and young people 10-19 years has remained relatively stable since 2005, however the rate in 15-19 year olds has risen in the last 3 years.
6. Oxfordshire data
  - The suicide rate in Oxfordshire in 2013-15 was 9.4 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000.

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015>

- The rate in Oxfordshire has not fluctuated dramatically in the last 10 years and the increase in suicide rates noted nationally since the economic crisis of 2008 has not been experienced locally.
- Compared to other Local Authority areas in the South East, Oxfordshire's suicide rate is slightly lower than the South East rate of 10.2 per 100,000
- In 2014 there was one suicide of a young person aged under 18 years.

## National Suicide Guidance

7. The need to develop local suicide prevention strategies and action plans that engage a wide network of stakeholders in reducing suicide is set out in two national documents; the governments national Strategy for England, *Preventing suicide in England: a cross government outcomes strategy to save lives*<sup>2</sup> and the Mental Health Taskforce's report to NHS England, *The five year forward view for mental health*<sup>3</sup> as a key recommendation.
8. The national strategy outlines two principle objectives to reduce the suicide rate in the general population and to provide better support for those bereaved or affected by suicide. There are six areas for action:
  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.
9. From the All Party Parliamentary Group on Suicide and Self-Harm Prevention<sup>4</sup> came 3 strong recommendations:
  - carrying out a **suicide audit** which involves the collection of data about suicides that have occurred locally from sources such as coroners and health records in order to build an understanding of local factors such as high risk demographic groups.
  - the development of a **suicide prevention action plan** setting out the specific actions that will be taken, based on the national strategy and the local data, to reduce suicide risk in the local community.
  - the establishment of a **multi-agency suicide prevention group** involving all key statutory agencies and voluntary organisations whose support is required to effectively implement the plan throughout the local community.

Local Authority Public Health Teams are tasked with coordinating work for suicide prevention through multi-agency working, however this is not a mandated function.

## Oxfordshire Suicide Audit

10. Suicide audits are typically undertaken every 3 years. In 2016 the Public Health Directorate collected and analysed suicide data from the calendar year 2014 to inform the development of the local suicide prevention plan.

<sup>2</sup> <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

<sup>3</sup> <https://www.england.nhs.uk/mentalhealth/taskforce/>

<sup>4</sup> <https://www.papyrus-uk.org/news/archive/item/all-party-parliamentary-group-report-on-local-suicide-plans-in-england>

11. The information was sourced by reviewing coroners' records to gain a detailed retrospective insight into the circumstances of individual suicides. Coroners investigate all deaths that are considered to have been sudden, violent or not due to natural causes.

12. Findings from the audit

- Overall 60 suicides occurred in 2014 and were spread fairly evenly around the County
- There was one suicide of a young person aged under 18 years
- 77% of deaths were in men and the age-band with the highest number of deaths was 45-59 year olds (40%)
- Almost half of the cases lived alone which is significantly higher than the county average of 27%
- Most suicide's occurred in the individual's own home (60%), with hanging the most common means used (52%) for both men and women
- No correlation was found between suicide and socio-economic deprivation, measured using area level data from the Index of Multiple Deprivation 2015<sup>5</sup>
- The following risk factors were present most commonly; formal or informal diagnosis of depression, relationship problems, job or work stress and previous suicide attempt

### **Oxfordshire Suicide Prevention Action Plan**

13. The aim of the suicide prevention plan is to combine actions by all agencies in Oxfordshire to reduce the number of suicides in Oxfordshire (see appendix 1). The plan includes reducing the risk within key high risk groups, reducing access to means of suicide, suicide awareness training for partner agencies, monitoring suicide data to provide timely support to bereaved people and to respond to emerging patterns, increasing trends or new methods of death. Oxfordshire's action plan is agreed by the multi-agency suicide prevention group and is reviewed at each meeting.

### **Oxfordshire Multi-Agency Suicide Prevention Group**

14. The purpose of the multi-agency suicide prevention group is to

- Understand patterns of suicide and collate data
- Steer the development of the local suicide prevention work
- Develop and co-ordinate responses to suicide and activities to reduce suicides
- Monitor progress towards reducing suicide and evaluating the impact of interventions

15. Membership of a multi-agency group does depend on local context in order to reflect a community wide approach. Current partner agencies who attend Oxfordshire's group are from the following organisations:

- Thames Valley Police
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Oxford University Student Welfare and Support
- University of Oxford Centre for Suicide Research

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<sup>5</sup> Department for Communities and Local Government (2016) English indices of deprivation 2015. Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

- Coroners
- Public Health England
- SeeSaw
- Cruse
- Oxford Samaritans
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Safeguarding Adult Board
- Oxfordshire Safeguarding Children Board
- HMP Bullingdon
- Probation Service

16. The meetings are chaired by Oxfordshire County Council, Public Health Directorate. There are meetings twice a year with members of the group working on the action plan between meetings. There are also additional agencies whom form part of the wider partnership network and are involved as required by members of the group.

### **Risk Factors for Suicide**

17. In March 2017 the Health Select Committee published its report on the action which is necessary to improve suicide prevention in England. It reported that for many people who experience suicidal thoughts, certain challenges may push them towards a crisis. These challenges might include bereavement, poverty, unemployment, relationship breakdown, gambling, housing issues, alcohol and drug misuse, financial problems or any one of a number of other issues. In many of these situations, the development of suicidal thoughts could have been avoided if appropriate support had been provided for an individual's particular situation<sup>6</sup>.

18. Self-harm is the single biggest indicator of suicide risk. Approximately 50% of people who have died by suicide have a history of self-harm. When the Government published its third progress report of the cross government suicide prevention strategy in January 2017<sup>7</sup>, a key focus of this update was to expand the strategy to include self-harm prevention in its own right.

19. A study by National Confidential Inquiry into Suicide and Homicide by People with Mental Illness<sup>8</sup> found that there were 10 common themes in suicide by children and young people are

- 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 social impact
- alcohol and illicit drugs
- mental ill health, self-harm and suicidal ideas

20. The research also explains that self-harm is strongly associated with an increased risk of future suicide and nationally the self-harm rates in young people appear to be rising.

<sup>6</sup> <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/1087/108703.htm>

<sup>7</sup> <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

<sup>8</sup> <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/>

21. National guidance<sup>9</sup> identifies that some population groups are particularly vulnerable to suicide clusters, including young people, people with mental health problems and prisoners. Also clusters of suicidal behaviour are more common in certain settings including schools, workplaces, psychiatric facilities and prisons.

## **Mental Wellbeing**

22. Mental health is now recognised as being profoundly important to growth, development, learning and resilience. Mental wellbeing protects the body from the impact of life's stresses and traumatic events, and enables the adoption of healthy lifestyles and the management of long term illness. This in turn provides a significant contribution to suicide prevention.

23. Mental wellbeing is a valuable resource for individuals, families and communities. It is associated with better physical health, positive interpersonal relationships and socially healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.

24. Responsibility for improving mental wellbeing is everyone's business. At the same time, this way of working can lack direction and be fragmented. The Health Improvement Board is in a unique position to take on a leadership role for mental wellbeing to encourage, co-ordinate and oversee wellbeing initiatives by a variety of organisations in different settings.

## **Recommendation**

25. The overall recommendation is to continue to reduce the risk of suicide in young people and adults by all partner agencies across Oxfordshire working to address the wider determinants of health and wellbeing. This can be achieved through the following:

1. Focusing on improving the mental wellbeing of the population will go a significant way to combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. With the support of the Board, Public Health would like to facilitate a workshop bringing partners together to evidence what is already happening to promote mental wellbeing in the county which will inform an Oxfordshire wide Mental Wellbeing Framework.
2. Public Health will continue to coordinate the work of all partners in the multi-agency suicide prevention work and to monitor suicide data. This will include the progression of the real time data surveillance project with Thames Valley Police and the Coroner's office and monitoring progress for the suicide prevention action plan.
3. The Child Death Overview Panel process will continue to identify actions for partner agencies following the death of a young person from suicide.

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<sup>9</sup> <https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

## APPENDIX 1 – Oxfordshire Suicide Prevention Plan

**Multi-Agency Group Members:** Oxfordshire County Council Public Health (PH), Thames Valley Police (TVP), Coroners, SeeSaw, Cruse, Oxford Samaritans (OS), Oxford Health (OH), Oxford University Hospitals (OUH), University of Oxford (UO), National Probation Service, Network Rail, Centre for Suicide Research University of Oxford (CSR), Oxfordshire Clinical Commissioning Group (OCCG), HMP Bullingdon, Public Health England, (PHE), Oxfordshire Safeguarding Children’s Board (OSCB), Oxfordshire Safeguarding Adult Board (OSAB)

Theme	Action Area	Partners
Leadership and Multi-Agency Group (MAG)	<ol style="list-style-type: none"> <li>1. Build upon the work of the Multi-Agency group and hold 2 meetings a year</li> <li>2. MAG oversee the delivery of the Suicide Prevention Plan and update the action plan with progress each year</li> <li>3. Strategic engagement with key Oxfordshire Partnership Boards: e.g. OSCB, OSAB, Health Improvement Board</li> </ol>	<p>ALL</p> <p>ALL</p> <p>PH</p>
Evidence, data and intelligence	<ol style="list-style-type: none"> <li>4. Collect data through Thames Valley Real Time Data Project and Inquests to share with MAG and inform approach in Oxfordshire</li> <li>5. Incorporate Suicide and Self-harm data into the Joint Strategic Needs Assessment for Oxfordshire</li> <li>6. Work to identify clusters, local hotspots and opportunities to reduce access to means for suicide</li> <li>7. Complete Centre for Suicide Research University of Oxford annual report on self-harm</li> <li>8. Share Oxfordshire self-harm data nationally with All Parliamentary Group on Prevention of Suicide and Self-Harm</li> </ol>	<p>TVP, PH, Coroners, PH</p> <p>ALL</p> <p>CSR</p> <p>CSR</p>
Evaluation and Dissemination	<ol style="list-style-type: none"> <li>9. Share findings from data collection and intelligence in a timely manner to MAG and wider organisations as required, to include Self-Harm Network, OSCB and OSAB serious case reviews and learning</li> </ol>	<p>ALL</p>
Postvention	<ol style="list-style-type: none"> <li>10. Strengthen, develop and promote support available for people bereaved or affected by suicide: this will include families and friends, workplaces, schools and colleges, GP Practices</li> </ol>	<p>SeeSaw, Cruse, OH, TVP, OCCG</p>
Suicide Prevention Awareness	<ol style="list-style-type: none"> <li>11. Develop and deliver key messages and communications about suicide prevention to key groups (men and students) and workplaces</li> <li>12. Primary prevention and education in schools and universities</li> <li>13. Conference for World Suicide Prevention Day (September)</li> </ol>	<p>ALL</p> <p>OH, UO, OS OH</p>
Mental health and Wellness promotion	<ol style="list-style-type: none"> <li>14. Increase awareness of self-harm and suicide amongst key groups; schools, universities, workplaces</li> <li>15. Promotion of mental wellbeing to enable people to adopt and maintain healthy lifestyles</li> </ol>	<p>ALL</p> <p>ALL</p>

Training	16. Work to ensure key staff groups that come into contact with people at risk of suicide are equipped to provide appropriate adequate support e.g. Probation staff, Primary Care Staff, Schools	ALL
Suicide Intervention and on-going clinical/support services	17. Effective suicide intervention services will provide a range of options depending on the severity of the situation using evidence based programmes and processes	OH, OCCG
	18. Establish pathways into appropriate community support for people who are at risk of self-harm or suicide following admission to EDPS Self-Harm service at John Radcliffe Hospital	OH, OCCG
Capacity building/sustainability	19. Embed suicide prevention into relevant strategies and plans 20. Integrate suicide prevention into existing approaches to community-asset building and self-care	ALL ALL