



Public Health
England

Protecting and improving the nation's health

Guidance for developing a local suicide prevention action plan

Information for public health staff in local authorities

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Jo Abbott, consultant in public health
For queries relating to this document, please contact: jo.abbott@phe.gov.uk

© Crown copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published September 2014
PHE publications gateway number: 2014346



Contents

About Public Health England	2
Executive summary	4
Introduction	5
Overview of the national strategy	5
Role of local authorities	5
Actions	6
Develop a suicide prevention action plan	6
Monitor data, trends and hot spots	7
Engage with local media	8
Work with transport partners to map hot spots	8
Work on local priorities to improve mental health	8
Additional resources	10

Executive summary

The development of a local suicide action plan is recommended by government and supports the 2012 strategy 'Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives'.

This document advises local authorities how to:

- develop a suicide prevention action plan
- monitor data, trends and hot spots
- engage with local media
- work with transport to map hot spots
- work on local priorities to improve mental health

This document is part of PHE's ongoing programme of work to support the government's suicide prevention strategy.

Introduction

Overview of the national strategy

In 2012 the government published **Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives**. The strategy identifies six key 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.

The strategy is accompanied by additional guidance including:

- assessment of impact on equalities
- prompts for local leaders on suicide prevention
- statistical update (September 2012)
- sources of information and support for families

The HM Government Preventing Suicide in England **'One Year On'** report was published in January 2014.

Role of local authorities

In April 2013 public health transferred from the NHS and into local government. Suicide prevention consequently became a local authority led initiative working closely with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors.

The **'One Year On'** report called on local authorities to:

- develop a suicide prevention action plan
- monitor data, trends and hot spots
- engage with local media
- work with transport to map hot spots
- work on local priorities to improve mental health

This guide is designed to assist local authorities in responding to these points to further suicide prevention work in their areas.

Actions

Develop a suicide prevention action plan

When developing a suicide prevention action plan it is vital that local authorities work with key stakeholders such as:

- CCGs
- mental health trusts
- police
- coroners
- families bereaved by suicide
- the voluntary and community sector

The director of public health plays an important part in delivering local public health approaches and maintaining links across the NHS and local government.

The [National Suicide Prevention Alliance](#) is a cross-sector, nationwide coalition committed to reducing the numbers of suicides in England and improving support to those bereaved or affected by suicide. The alliance provides best practice examples from organisations working together to prevent suicide.

Local authorities could consider establishing a local, regional or sub-regional multi-agency suicide prevention groups to co-ordinate activities and reduce suicide. If implemented, existing networks should be encouraged to work closely with the suicide prevention group.

To work effectively, suicide prevention groups need to map current practice and service provision with any gaps forming the basis of a suicide prevention action plan. To ensure mental health, suicide and self-harm data is captured, they may wish to build links with their local health and wellbeing boards and feed into local joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs). Such an approach would also assist with the future planning of services.

PHE has co-produced the [Mental Health, Dementia, and Neurology Intelligence Network](#) to assist local authorities to map, understand and address mental health issues in their area.

The Department for Health has produced [prompts for local leaders on suicide prevention](#) to help identify areas of consideration.

Suicide can have a profound effect on family, friends and the local community. A suicide prevention strategy should consider what resources and support are available for those affected. For example, **Help is at Hand** is a resource for people bereaved by suicide. Local authorities may ensure this document is distributed to the police, who are likely to be the first organisation to officially contact friends, family and the local community.

Bolton's public health department has been leading collaborative work on suicide prevention for almost 10 years and provide an example of best practice in this area. Bolton's multi-agency Suicide Prevention Partnership has recently published the third **local Suicide Prevention Strategic Framework** (SPSF), which is currently being ratified for formal adoption by the health and wellbeing board. The SPSF represents a map of total risk and associated evidence based affective interventions taken from the National Suicide Prevention Strategy for England (NSPSE) and the supporting guidelines for delivery. These national priorities have been 'localised' in the SPSF, drawing from local evidence and audit data.

Monitor data, trends and hot spots

Local suicide audits are an effective way for authorities to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for local authorities to work with their CCGs, the coroner and NHS to develop and undertake a suicide audit.

The **Leeds Audit of Suicide** provides an example of best practice.

There are a range of sources of data on suicide rates in local areas that can assist with a suicide prevention need assessment, including:

- **Office for National Statistics suicide statistics** include England and Scotland figures, as well as covering the armed forces and prisons
- **Public Health Outcome Indicators** (suicide and self-harm) per area.
- **PHE Mental Health, Dementia, and Neurology Intelligence Network**

PHE is currently piloting real time surveillance so that local areas can:

- offer timely support to grieving families, friends and communities
- work within any settings found to be at risk, for example particular schools or prisons, to prevent contagion
- identify any hot spots
- establish any new methods that may be identified early on

The first stage should be evaluated by March 2015, after which it could be rolled out nationwide.

Engage with local media

Cases of suicide can be of interest to local and national media.

The Samaritans have produced [guidelines for media outlets](#) on reporting suicide accurately and with sensitivity.

Local authorities' communications teams should have access to these guidelines, and should share with media contacts should an incident occur.

Work with transport partners to map hot spots

Working with transport organisations to map hot spots can help reduce access to the means of suicide. Reducing access to the means of suicide can be one of the strongest forms of suicide prevention.

The Samaritans and Network Rail are working on a [scheme to reduce suicide on the rail network](#).

Local authorities could consider working with other transport partners to identify ways to reduce means of suicide on the transport network. Examples include installation of barriers on bridges, erecting signs, and providing access to telephone hotlines.

Exeter University has produced guidance on [activities](#) that can assist identifying and responding to local suicide hot spots.

Local authorities could further reduce access to the means of suicide by:

- designing and maintaining suicide prevention signage, particularly at hot spots
- working with pharmacies to support safe medicine management
- encouraging local authority planners and developers to include suicide in health and safety considerations when designing structures

Work on local priorities to improve mental health

Improving the mental health of a local community can impact strongly on reducing suicide rates.

Local authorities could play their part by:

- signing up to campaigns that challenge mental health stigma, such as [Time to Change](#)

- encourage workplace policies that support positive mental health, as outlined in [NICE guidance](#)
- ensuring frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately. Training for frontline staff includes ASSIST, [Mental Health First Aid](#), and STORM. PHE's forthcoming workforce development plan (due autumn 2014) will further assist this work
- promoting suicide prevention guidance to the general public, for example MIND's ['supporting someone who feels suicidal'](#)

Although different areas will have different priorities, some groups of people are known to be at higher risk of suicide than the general population. These groups include:

- young and middle-aged men (the highest rate aged 35-54)
- people in the care of mental health services, including inpatients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups, such as doctors, nurses, veterinary workers,
- farmers and agricultural workers.
- lesbian, gay, bisexual, transgender and questioning (LGBTQ)

Public health staff could work with the CCG, NHS England and voluntary organisations to ensure services are joined up to respond to particular issues. For example:

- recession – ensure health services know the options for someone at risk of suicide because of economic difficulties, from debt counselling to psychological therapy
- self-harm – ensure there are supports for young people in crisis who are at risk of self-harm
- men – ensure information about depression and services is available in "male" settings

There are a range of resources that can assist local authorities to identify and support high risk groups:

- [Closing the Gap: priorities for essential change in mental health](#) sets out 25 priorities for change in how children and adults with mental health problems are supported and cared for
- the Royal College of Psychiatrists has published [guidance on self-harm and suicide risk](#)
- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness has published its report ['Suicide in primary care in England: 2002-2011'](#).
- NICE has a series of [guides on preventing self-harm](#) for those working in health and social care

- the **Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document** is supported by the Department for Health and PHE. The document is designed to help local authorities understand and address health inequalities within LGBT communities in their area
- The Samaritans has created **suicide prevention advice for schools**
- the Mental Health Foundation has created a report on the **mental health of service and ex-service personnel**

Additional resources

MIND Suicidal Feelings – guidance for general public

www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/

Association of Young People's Health (2013) Adolescent Self Harm. London. AYPH.

www.ayph.org.uk/publications/316_RU13%20Self-harm%20summary.pdf

Mental health Foundation: The truth about self-harm (2006)

www.mentalhealth.org.uk/content/assets/PDF/publications/truth_about_self-harm_NEW_BRAND.pdf?view=Standard

MIND and Self Harm (aimed at the general public)

www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/

Helping People Living Well for Longer

www.gov.uk/government/publications/helping-people-live-well-for-longer

Mental Health Partnership: sharing knowledge, learning and innovation to improve health and care

<http://mentalhealthpartnerships.com/>

Making Every Contact Count. Personal and Community resilience

www.mentalhealth.org.uk/content/assets/PDF/publications/buidling-resilient-communities-summary.pdf?view=Standard

Euregenas General Guidelines on Suicide Prevention work package 6 (European Regiona Enforcing Actions Against Suicide)

www.euregenas.eu/wp-content/uploads/2014/01/EUREGENAS-General-Guidelines-on-Suicide-Prevention-F.pdf

WHO (2014) Preventing Suicide

www.who.int/mental_health/suicide-prevention/world_report_2014/en/