

Meeting: Caring Sub-committee

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Title: Strategic Approach to Suicide Prevention in North Tyneside

Author: Rachel Nicholson **Tel:** 0191 643 8073
Head of Public Health Strategy and
Policy

Director: Wendy Burke, Director of Public Health

Service: Public Health

Wards affected: All

1 Purpose of Report

To provide the Caring Sub-committee with a comprehensive overview on strategic approach to suicide prevention in North Tyneside in the light of the new Government Strategy published in September 2023 and in response to the outcome of the Council Motion on Suicide Prevention debated on 19 January 2024.

The report will cover:

- National, regional, and local strategic context for suicide prevention.
- Key data, trends and risk factors relating to suicide in North Tyneside.
- A summary of key services and activities focussed on suicide prevention.
- North Tyneside's refreshed suicide prevention action plan for 2023 – 2025

2 Recommendations

The Caring Sub-committee is asked to note:

- Longstanding and established multi-agency approach to suicide prevention in North Tyneside
- Current suicide data and trends for North Tyneside
- Priorities for preventing suicide in the borough.
- Essential contribution that voluntary sector partners make to suicide prevention work in North Tyneside.

3 Details

3.1 Background

Suicide is a global public health problem that contributes to years of life lost and has devastating impacts on families, communities, and wider society.

Local authorities have a key role in suicide prevention and the Government recommends that Directors of Public Health lead on local Suicide Prevention Action Plans. However, suicide prevention is not the sole responsibility of any one sector of society, or of the Local Authority alone.

Suicide is not inevitable; it is a preventable cause of death that, due to its often-complex contributory factors, requires a multiagency approach to prevention.

National evidence and research have found that several factors can determine how vulnerable a person is to suicidal thinking and behaviour. These include:

- **life history** – for example, having a traumatic experience during childhood, a history of sexual or physical abuse, or a history of parental neglect
- **relationships** – relationship breakdown, being socially isolated, being a victim of bullying or having few close relationships.
- **employment** – such as poor job security, low levels of job satisfaction or being unemployed or those who have never worked.
- **lifestyle** – for example, misuse drugs or misuse alcohol

- **physical and mental health** – for example, those with long term illness or disability or developing a serious mental health condition, such as schizophrenia or a history of self-harm.
- **financial insecurity**
- **bereavement** by suicide.

Whilst the risk of suicide is much higher in those with mental health problems, three quarters of people who die by suicide are not in contact with mental health services.

In the UK, the highest rate of suicide is among men aged 44-54. Other higher-risk groups include people who have previously attempted suicide, people working in certain occupations, people in contact with the criminal justice system, LGBTQ+ people and people from some cultural and ethnic groups.

3.2. Government Policy

A new National Suicide Prevention Strategy for England 2023-2028 was published in September 2023. Developed to identify and bring together action to tackle suicide rates in groups of concern and to address suicide risk factors, the aims of the national strategy are to:

1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm.
3. Continue to improve support for people who have been bereaved by suicide.

This strategy sets out over 100 actions led by government departments, the NHS, the voluntary sector, and other national partners to make progress against these areas, particularly over the next 2 years.

The national strategy key priorities are:

1. Improving data and evidence
2. Tailored, targeted support for priority groups
3. Addressing common population level risk factors
4. Promoting online safety and responsible media content
5. Providing effective crisis support

6. Reducing access to means and methods of suicide
7. Providing effective bereavement support (“postvention”)
8. Making suicide prevention everybody’s business

3.3. North Tyneside Suicide Prevention Steering Group and action plan

Under the leadership of the Director of Public Health North Tyneside’s suicide prevention group was established in 2014 and is committed to reducing the risk factors and increasing the protective factors for suicide across the life course.

Suicide is a major inequality issue. Evidence demonstrates that there is a significant association between socioeconomic disadvantage and suicidal behaviour. National research from Samaritans and academic partners in highlighted how men living in the most deprived areas of England from lower social classes are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.¹ The work of the Steering group and action plan supports the delivery of North Tyneside Health and Wellbeing Board Strategy ‘Equally Well’ which is focussed on reducing Health Inequalities in North Tyneside.

Effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business, and wider partners working in a coordinated way to reduce risk and to support our residents.

There are a broad range of services across the system in North Tyneside that support residents’ mental health and wellbeing which includes Early Help, Community Hubs, employability work programmes, primary care, Talking Therapies, specialist drug and alcohol services, domestic abuse services and cost of living support. The ICB is currently leading a Mental Health transformation programme of work to ensure that residents can access appropriate support for mental health needs.

Many of the services that build individual and community resilience are provided by our local voluntary sector. Working with organisations such as If You Care Share, Whitley Bay Survivors of Bereavement by Suicide (SOBS), North Tyneside and Northumberland MIND and our local Mental Health

¹ Samaritans (2017) Dying from Inequality

Alliance enables statutory partners to reach into local communities and connect and support vulnerable residents who might not engage with services. Organisations such as Samaritans, Papyrus and the Campaign against living miserably (CALM) are regularly promoted to raise awareness that people should not feel alone and support is available.

The Suicide Prevention Steering Group includes representation from North Tyneside ICB, Northumbria Healthcare Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Northumbria Police, Tyne and Wear Fire and Rescue Service, Housing, CAMHS, Department of Work and Pensions, local voluntary sector organisations, people with lived experience with input from H.M. Coroner when appropriate. The Steering group meets regularly to monitor local data, trends and oversee an annual multi-agency evidence-based action plan.

Some of the key pieces of work that the Steering Group has undertaken over the last 10 years include:

- Two in-depth local Suicide Audits which involved auditing deaths registered from suicide cases identified via Coroner's records and reports contained therein.
- Regular Suicide Health Needs Assessment to describe the current local data and trends, assess the approach to suicide prevention and make recommendations to help meet that need.
- Continual monitoring of real-time suicide surveillance to ensure a timely response to any emerging concerns in a timely manner.
- The roll-out of a range of suicide prevention training courses and refresher training to frontline workers in statutory organisations and voluntary sector groups working across the system who support a range of vulnerable groups in our local communities.
- Awareness raising and outreach to encourage residents of North Tyneside to reach out to those around them and offer an ear to those who may be struggling.
- Providing timely and appropriate postvention support through If You Care Share and Whitley Bay SOBS. When someone dies by suicide, the shock is profound and widely felt, by families, friends, colleagues and professionals. Postvention programmes have the potential to

address known links between suicide bereavement and social isolation, increased physical and mental ill health, and difficulties with meeting work or study commitments.

- Development of a Cluster response plan. Suicide clusters involve an excessive number of suicides, suicide attempts, or both, that occur close in space or time or involve social links between cluster members. Although Suicide Clusters are fortunately very rare it is important that partners are prepared and able to implement a coordinated and timely response to suicide clusters.

- ***North Tyneside Action Plan 2023-25***

Action to prevent suicide in North Tyneside aims to take an inclusive, compassionate approach that builds individual and community resilience, avoids the marginalisation of individuals, and supports people at times of crisis to help to prevent suicides.

The refreshed Suicide Prevention Action Plan for 2023/25 (appendix 1) was developing using local intelligence and the recommendations from the National Suicide Prevention Strategy for England 2023-2028. The collective work outlined above ensures that the Steering Group has a comprehensive understanding of suicide at a local level and enables the group to support an intelligence-driven approach to suicide prevention. The local action plan brings together activities and programmes of work to tackle suicide rates in groups of concern and to address suicide risk factors in North Tyneside.

3.4. North Tyneside's rate of suicide and trends

The national suicide prevention profiles produced by the Office of Health Improvement and Disparities (OHID) were updated in Jan 2024 and provide local place-based data for 2020/22 covering:

- associated prevalence.
- risk factors.
- service contact among groups at increased risk.

Key points from the profile are presented below and the full profile for North Tyneside can be found [here](#).

In presenting data on suicide three year rolling averages are used to compensate for annual fluctuations due to small numbers. Table 1 shows the latest national data, with the suicide rate in England being 10.3 per 100,000 population. The North East has the highest rate of suicide in England (13.5 per 100,000); however, the latest data shows that North Tyneside's suicide rate is similar to the rate for England (11.2 per 100,000). This rate equates to approximately 20 individuals each year in North Tyneside dying by suicide.

Table 1: North East Region Suicide Rate (Persons) 2020 – 2022













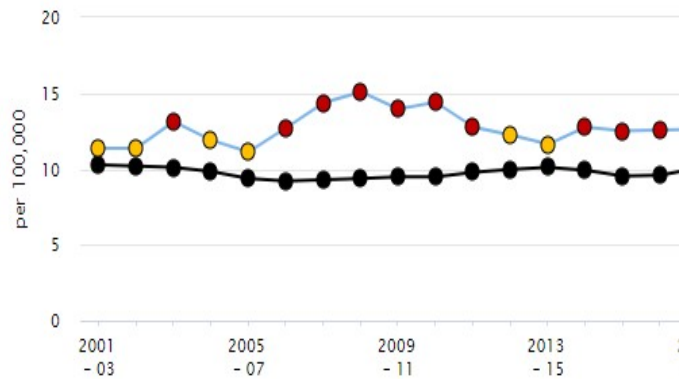
England	–	15,415	10.3	
North East region	–	933	13.5	
South Tyneside	–	36	8.9	
Gateshead	–	57	11.0	
Northumberland	–	92	11.2	
North Tyneside	–	61	11.4	
Newcastle upon Tyne	–	92	11.8	
Stockton-on-Tees	–	63	12.5	
Sunderland	–	102	14.0	
Hartlepool	–	35	14.9	
Darlington	–	45	15.9	
Middlesbrough	–	62	16.5	

Table 2 shows that the current suicide rate in North Tyneside:

- is similar to the rate in 2001.
- has fallen since 2009 and
- since 2017 has not been significantly different to the rate for England.

Table 2: North Tyneside Suicide rates (persons)



- Near Real Time Suicide Surveillance (NRTSS)

There are often delays in accessing timely data on suicides due to the coronial system and length of time inquests can take. To address this gap regional work has been undertaken and the North East now has a near real time suicide surveillance (NRTSS) interactive system which allows monitoring of suspected suicides through police data.

The NRTSS PowerBI dashboard updates daily alongside a monthly report. A member of North Tyneside's Public Health team has access to this dashboard which gives specific area-based information and alerts. This enables the identification of any changing trends or potential clusters in a timely manner and take lessons learned and build them into our prevention approach.

- Local suicide intelligence

Although the circumstances of every death are unique, by bringing together all the local information held, there are some common factors across cases. Key intelligence from suicide audits, needs assessments and the NRTSS show that in North Tyneside:

- More than 75% of suicides in North Tyneside are male. This reflects the national picture of a much higher number of suicides among men than women (a ratio of 3:1).
- The highest number of suicides is observed in males aged between 41-60 years, which is similar to the national data.
- Most people died of suicide in their own home.

- The highest number of suicides were observed in people who lived alone.
- Majority of people were single, divorced, separated, or widowed.
- The most common form of suicide for men and women was suspension.
- A higher number of suicides happen in areas of greatest socio-economic deprivation.

3.5. Regional arrangements for suicide prevention

In addition to the local Suicide Prevention Group, the Director of Public Health and team input into regional work and national work programmes on Suicide Prevention including:

- North East and North Cumbria ICB Suicide Prevention Programme (part of the NENC Integrated Care Partnership Strategy Better Health and Wellbeing for All).
- Association of Directors of Public Health (ADPH) North East Network to oversee regional suicide prevention work with Wendy Burke being the lead NE DPH for suicide prevention.
- The All-Party Parliamentary Group (APPG) on Suicide and Self-harm Prevention chaired by Rt Hon Liz Twist, MP for Blaydon.
- Supporting the Baton of Hope' the biggest suicide prevention initiative the UK has ever seen, when it visited North Shields and Whitley Bay last year. The Baton of Hope toured around the UK giving a unifying message of hope to the thousands of people across the country that are suffering as a result of suicide bereavement.

4. Appendices

Appendix One: North Tyneside Suicide Prevention Action Plan 2023/25

5. Background information

The following documents have been used in the compilation of this report:

Department of Health and Social Care: (2023) Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)

Office for Health Improvement and Health Disparities (2024) Suicide Prevention Profile - OHID - Public Health England