

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 02 September 2021

Title: Suicide Prevention Action Plan

Author: Laura Keast
Public Health Speciality Registrar **Tel:** 0191 643 8073

Service: Public Health

Directorate: Health, Education, Care and
Safeguarding

Wards affected: All

1 Purpose of Report

To update the Adult Social Care, Health and Wellbeing Sub-committee on the key findings of the 2021 North Tyneside Suicide Needs Assessment and ongoing suicide prevention work and action plan.

A presentation will be delivered at the Sub-committee meeting to expand upon the detail in this report and the Suicide Needs Assessment findings.

2 Recommendations

The Adult Social Care, Health and Wellbeing Sub-committee is asked to note the:

- key findings from the 2021 North Tyneside Suicide Needs Assessment.
- initial findings on the impact of COVID-19 on suicide rates; and
- priorities for suicide prevention activity as outlined in the refreshed Suicide Prevention Action Plan.

The 2021 North Tyneside Suicide Health Needs Assessment can be found in Appendix One and the refreshed Suicide Prevention Action Plan can be found in Appendix Two.

3 Details

3.1 Background

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

Local authorities have a key role in suicide prevention and the Government recommends that each local authority has a Suicide Prevention Action Plan in place. The Public Health team have updated the North Tyneside Suicide Needs Assessment and Action Plan, and the key findings and actions are outlined below.

3.2 Key findings from the 2021 North Tyneside Suicide Needs Assessment

- There has been a significant increase in suicide nationally since 2017, however suicide rates have not significantly increased in the equivalent years in North Tyneside.
- The current North Tyneside suicide rate is 12.6 per 100,000 which is similar to the England rate (10.8 per 100,000) and similar to the rate of the other 11 North East local authority areas
- Male suicides account for approximately 75% of all suicides both nationally and in North Tyneside
- Suicides peak in middle-age both nationally and in North Tyneside
 - In North Tyneside the age groups with the highest suicide rates are the 41-50-year-old age group for males and the 41-60-year-old age group for females
 - There is some emerging evidence to suggest that North Tyneside has a higher rate of suicide in males over 65 than England and the North East region, and that the suicide rate in this age group is increasing in the borough.
- ‘Hanging, strangulation, and suffocation’ is the most common method of suicide in both males and females, followed by poisoning both nationally and in North Tyneside
 - In North Tyneside suspension accounts for 48% of all suicides in males and 39% of all suicides in females
 - Self-poisoning also accounts for 39% of all suicides in females in North Tyneside
- Most suicides occur in areas of the borough with high levels of deprivation
- An in-depth audit of 92 case files highlighted that:
 - in North Tyneside around 59% of cases have no record of a previous suicide attempt;
 - around 59% of cases in North Tyneside have never had any contact with specialist mental health services;
 - the most reported contributing factor to suicides in North Tyneside is relationship or family problems (29%); and
 - other important considerations when assessing who died by suicide include physical illness or disability, being single, divorced, separated, or widowed, living alone, being unemployed, bereavement, and alcohol consumption.
- North Tyneside has a higher rate of emergency hospital admissions for self-harm than the national rate, but this must be considered in the context of the limitations of self-harm data

3.3 The impact of COVID-19 on suicide

Early analysis of national real-time suicide surveillance (RTSS) and monitoring of local real-time suicide surveillance indicates that there has been no evidence of a large rise in suicides because of the COVID-19 pandemic and subsequent lockdowns.

There were 31 suspected suicides in North Tyneside between April 2020 – August 2021.

Real-time suicide surveillance data should be interpreted with caution as they present suspected suicides, rather than suicides that have been confirmed by a coroner. Furthermore, it is too soon to capture the full long-term impact of the pandemic and its associated economic adversity on suicide, therefore this finding could change with time.

4 North Tyneside Suicide Prevention Task Group

The North Tyneside Suicide Prevention Task Group was formed in 2015 under the leadership of the Director of Public Health. This is a multi-agency group with representation from North Tyneside CCG, Northumbria Healthcare Foundation Trust, Northumberland Tyne and Wear Mental Health Trust, Northumbria Police, H.M. Coroner, Samaritans, MIND, and The Department of Work and Pensions.

The group meet annually to monitor the implementation of the action plan, unless there is an incident or issues emerge from the audit that requires additional meetings. Due to the COVID-19 pandemic and resulting pressure on resources, this has not been possible this year. However, the Suicide Needs Assessment and recommendations will be shared with this group and wider dissemination of the findings is planned.

5 Suicide Prevention Action Plan

The refreshed Suicide Prevention Action Plan (appendix 2) for North Tyneside has been developed using national suicide prevention policy and guidance, tailoring this to the needs of the borough identified by the 2021 Suicide Health Needs Assessment. The key driver of suicide prevention work in England is the National Suicide Prevention Strategy published in September 2012 by the Department of Health. The strategy outlines two main objectives:

1. to reduce the suicide rate in the general population in England; and
2. to provide better support for those bereaved or affected by suicide.

This strategy also outlines seven key areas for action for suicide prevention work. The seven key areas for action are:

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
7. Reduce rates of self-harm as a key indicator of suicide risk

The refreshed Suicide Prevention Action Plan provides an outline of the wide range of suicide prevention activities being undertaken by the multi-agency Suicide Prevention Task Group.

Progress on the key actions from the previous 2020-2021 action plan include:

- An updated Suicide Health Needs Assessment that considers the impact of the COVID-19 pandemic on suicide in the borough
- Continual monitoring of real-time suicide surveillance throughout the COVID-19 pandemic and onwards.

- The roll-out of a range of suicide prevention training courses through Tyneside and Northumberland MIND to over 100 frontline workers across the system who support a range of vulnerable groups across our 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 during mental health awareness week and World Suicide Prevention day.
- COVID-19 Grassroots Grants for VODA 'Little boxes of hope' and Helix arts grants
- Ongoing engagement with regional suicide prevention work through the North Integrated Care Pathway and the North East and North Cumbria Integrated Care System

6 Appendices

Appendix One: North Tyneside Suicide Needs Assessment 2021

Appendix Two: North Tyneside Suicide Prevention Action Plan

7 Background information

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

[Appleby, L. et al. \(2020\)](https://documents.manchester.ac.uk/display.aspx?DocID=51861) 'Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance'. Available at:
<https://documents.manchester.ac.uk/display.aspx?DocID=51861> (Accessed: 22 July 2021).

Department of Health (2012) 'Preventing Suicide in England: A cross-government outcomes strategy to save lives'. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf (Accessed: 22 July 2021).

HM Government (2021) 'Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives'. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf (Accessed: 22 July 2021).

Office for National Statistics (2020) *Suicides in England and Wales: 2019 registrations*. Available at:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations> (Accessed: 22 July 2021).

Public Health England (2020) 'Local suicide prevention planning: A practice resource'. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf (Accessed: 22 July 2021).

Public Health England Suicide Prevention Profile. Available at: [Suicide Prevention Profile - PHE](#) (Accessed: 02 August 2021).