Sandwell Health & Wellbeing Board

Sandwell Metropolitan Borough Council

Sandwell Suicide Prevention Strategy and Action Plan 2022 – 2025

Developed by The Sandwell Suicide Prevention Partnership

Contents

Background

When someone takes their own life, the impact on families, friends and the local community is devastating. As well as the immense pain and grief caused to loved ones, there are often wide-reaching and long lasting effects on all involved.

However, **suicide is not inevitable.** Deaths by suicide usually follow a complex history of distress, trauma and adversity, and occur not because someone wants to die, but because they feel they can no longer live in their situation. Although no single initiative or organisation can prevent suicide alone, there are many ways in which services, communities, individuals and society can work collectively to do so.

Despite considerable progress in awareness and understanding of mental health and wellbeing, the issue of suicide continues to be met with silence and stigma. Attitudes, understanding and false perceptions are still barriers to providing care and support to individuals in crisis and to those who have lost a loved one to suicide.

The COVID-19 pandemic has brought further challenges, both directly through the impacts of the virus, and indirectly through the social and economic effects on people's lives and communities. It has changed how we interact with each other and how we access help and support. Following a review and update of initial Suicide Prevention plans in light of the pandemic, the Sandwell Suicide Prevention Partnership has been working to continue and strengthen ongoing initiatives to raise awareness of suicide and ensure that all our residents can receive the right support at the right time.

Acting early to help people during times of despair could save many lives and improve countless others. This needs to start with changing our society and culture so that we can have open and respectful conversations, understand people's experiences and needs, and work together to tackle the problems that can lead to someone taking their own life. The actions we take to prevent suicide will also contribute to improving the mental health and wellbeing of our residents overall, and reducing inequalities in healthy living age and quality of life.

Every death by suicide is a death that could be prevented. This Strategy and Action Plan are our commitment to fulfilling our Zero Suicide ambition for Sandwell and to supporting the vision of a thriving, resilient and optimistic community.

Our vision and strategy for Sandwell

The purpose of this Strategy and accompanying Action Plan is to prevent loss of life to suicide in Sandwell, and the profound impacts on individuals, families and communities across the life course. Our ambition is to achieve "zero suicides" by 2030, which will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic and resilient community.

This will be achieved through the following key strategic objectives, drawing upon the wealth of skills and expertise across the Sandwell Suicide Prevention Partnership and wider stakeholder networks:

1. To work in partnership to fulfil the 'Zero Suicides' Ambition.
2. To ensure the highest quality of care and support guaranteed by professionals.
3. To encourage a better awareness of suicide within local organisations and our communities.
4. To reduce the chances of suicide in high-risk populations.
5. To create an open culture where we listen to those with lived experience.
6. To reduce access to the means of suicide.

These priorities have been developed alongside the Sandwell Better Mental Health Strategy (currently in draft) as well as the national guidance in the 2012 *Preventing Suicide in England* strategy by the Department of Health and Social Care.

In line with Stronger Sandwell principles, the voices of our residents are central to this Strategy and have been key to shaping our objectives, recommendations and actions.

Governance

The Sandwell Suicide Prevention Strategy has been developed through the multi-stakeholder Sandwell Suicide Prevention Partnership, who are jointly responsible for the development and delivery of the Action Plan. This group sits alongside the Black Country All Age Suicide Prevention Oversight Group which oversees development within the Black Country and has wider links across the West Midlands region.
For the delivery and development of this strategy, there will be local oversight from the Sandwell Mental Health Strategy Group and the Sandwell Health and Wellbeing Board.

The group also links in with various other boards via its members including: Children's mental health groups, Drugs and Alcohol Groups and Safeguarding Groups.

Strategic and Policy drivers

Preventing Suicide in England: A Cross-government Strategy to Save Lives[1] (2012) identified 6 key areas for action in order to reduce suicide in the UK and to better support those affected by suicide:

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

This was updated in 2017 to address self-harm and clarify the role of local authorities in suicide prevention, including an expectation that every local authority would have its own multi-agency suicide prevention plan. These priorities are reflected in our strategic objectives, and the Action Plan developed against the recommendations of our local Suicide Prevention Needs Assessment (2021).

Prevention Concordat for Better Mental Health (PHE, updated 2020)[2] supports local areas to take their planning and action on prevention and promotion for better mental health further and deeper, backed by evidence of effective ways to support delivery. This includes having local suicide prevention plans in place.

NHS Long Term Plan[3] reaffirms the NHS's commitment to make suicide prevention a priority over the next decade, via a variety of mechanisms.

In 2019, the **National Suicide Prevention Strategy Delivery Group** delivered a workplan outlining key suicide prevention actions for sectors such as the NHS, local government and the criminal justice system[4]. These included ensuring the effectiveness of local suicide prevention plans; strengthening suicide prevention measures across mental health trusts and prisons; and improving use of local and national intelligence.

In November 2021, central Government launched a £5m **Voluntary & Community Sector Enterprise (VCSE) Suicide Prevention Fund** to support suicide prevention services.

1. https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

2. https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health
3. https://www.longtermplan.nhs.uk/
4. https://www.gov.uk/government/publications/suicide-prevention-cross-government-plan

Local and national context

A Suicide Prevention Needs Assessment was carried out in 2021 to re-assess the local situation in light of the Covid-19 pandemic and its impact on the ability to provide services and support.

A mixed methods approach was used to explore what services were already available, how accessible these services were and whether they were functioning effectively or not. Interviews with partner and community organisations, and with individuals with lived experience, provided valuable insights into the perspectives of survivors and those bereaved by suicide.

Overview of rates and trends

- Sandwell's average suicide rate for the last reported period (2017/19) is 10.8 per 100,000. This is statistically similar to the West Midlands (10.2) and England (10.1) averages and has remained fairly constant over the past 20 years, illustrating that suicide continues to be an issue at local, regional and national levels.[5]
- There also continues to be a much higher rate of suicide in males (17.6 per 100,000) than in females (4.5), again in line with national trends (Figure 1a & 1b). The most at-risk group for suicide continues to be males aged between 40 and 60.
- However, in line with national statistics, a higher proportion of females than males are admitted to hospital for intentional self-harm. Between 2015/16 and 2019/20 there were 3,209 admissions to Sandwell & West Birmingham Hospitals Trust for intentional self-harm, with females aged 15-29 accounting for 39% of those admissions.[6]
- Compared to population statistics for the borough[7], there was an over-representation of those who identify as White (British/Irish/Other) and an under-representation of those who identify as Black/Black British, Asian/Asian British or Mixed Ethnicity in those admitted to hospital for intentional self-harm during the same 5-year period.

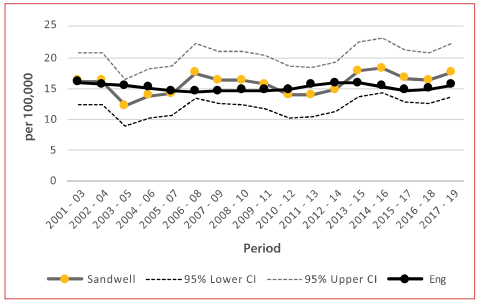


Figure 1a: Sandwell average suicide rate (Male) per 100,000 with England average.

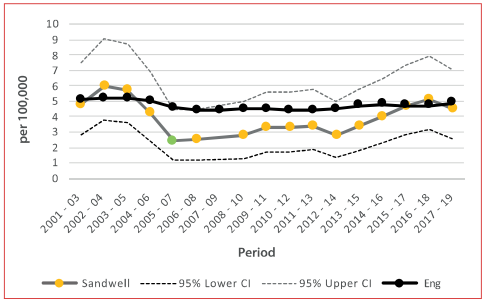
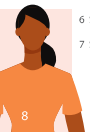


Figure 1b: Sandwell average suicide rate (Female) per 100,000 with England average.

5 Source: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide (Accessed: 18/02/2021). This uses the Office of National Statistics' (ONS) definition of suicide, which is "deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of underdetermined intent (ages 15 and over)": Office of National Statistics, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi (Accessed: 23/02/2021)

6 Source: Hospital Episode Statistics, Sandwell & West Birmingham Hospitals NHS Trust. ICD 10 codes X64 - X80 (intentional self-harm).

7 Sandwell Trends, https://www.sandwelltrends.info/2011-census/2011-census-ethnicity-hub/ (Accessed: 09/02/2021)



Annual Coroner's Summary Reports (2019/2020)

Coroner's reports for the years 2019 and 2020 were examined to understand the characteristics of those who had recently died by suicide in Sandwell. There were 19 deaths recorded as suicide in January-September 2019 and 18 in the same period for 2020. Local data appear to reflect national trends:

- Males accounted for the majority of completed suicides recorded across both periods. The number of recorded suicides was almost four times higher for males than for females.
- The majority of suicides were in those aged 40-69. It should be noted that these figures do not reflect the anecdotal increase in reported suicides in children and young persons that have occurred over the 2020/2021 winter months.
- The majority of suicides took place at home or at a private location, with a minority taking place in public settings such as parks and railway stations.

Key Themes and Circumstances

Across the Coroner's reports for both 2019 and 2020, a number of key themes that emerged that can provide insights into factors that may contribute to risk of suicide and help us to identify where support may be needed. It should be noted however that the factors involved in suicide are complex, and that we cannot assume any single issue or combination of issues was the cause of suicide.

Key issues identified across the 2-year period were as follows:

- Relationship breakdown (including child custody issues) was cited in almost a quarter of reports. Approximately two-thirds of people who died by suicide in 2019 and 2020 were single, divorced/separated or widowed, and over one-fifth had recently experienced bereavement.
- Approximately 40% were unemployed or retired.
- Substance and/or alcohol use problems were noted in over one-third of recorded deaths by suicide over the 2-year period.
- Previous suicide attempts and/or admission to hospital for self-harm episodes were noted in over a third of reports. Almost half of people who died by suicide were known to mental health services.

Social isolation is potentially a common underlying factor, particularly among those experiencing relationship breakdown or bereavement, or those who are unemployed. These issues may also be linked to increased financial difficulty, particularly when they co-exist with other difficulties or risk factors. Although it is not possible to determine this from the data, these are areas that may warrant further exploration.

While the number of recorded suicides was similar across both periods, considerably fewer reports in 2020 mentioned contact with mental health services, self-harm admissions or substance and/or alcohol use problems compared with the previous year. This may reflect impacts of the pandemic on access to and interactions with health services.

Stakeholder interviews

Partners and Community Organisations

The following themes were identified through content analysis of semi-structured interviews with partners and community organisations:

- **Awareness of Services**
  A general lack of awareness around non-medical services relating to suicide prevention and bereavement by suicide was highlighted as a major issue in Sandwell. People with lived experience described a lack of follow up or further support following the initial contact with primary care services; service providers felt that partners and associates failed to promote their availability widely enough to healthcare professionals.
- **Accessibility of Services**
  Interviewees felt that services could be difficult to access for some residents due to language barriers or low confidence in their offers. There was anecdotal evidence of more issues in the community than were being recorded because many residents did not want to formally 'access' services.
- **Impact of Deprivation**
  A twofold impact of socioeconomic deprivation was highlighted: firstly, making risk factors for suicide more widespread and compounded; and secondly, placing additional pressure on services through more people relying on public services rather than being able to access support privately.
- **Impact of Covid-19**
  Interviewees reported an increase in calls and contacts throughout the pandemic, with new and exacerbated mental health issues due to isolation, anxiety or lack of support. Service providers felt they had managed to adapt quickly and could still deliver services at the same level but in alternative formats.
- **Impact of Training**
  Interviewees spoke positively about the impact of training, mostly because it raises professional awareness of a very complex subject. However, they expressed different ideas on whether training should be provided generally or to more specific groups, and on the content of training.
- **Lack of Funding**
  Several interviewees said that there was scope to expand in their organisations but that they risked a loss of quality if they tried to stretch their current resources. The demands of developing bids for funding was cited as a barrier to increased funding.

"If we could access more funding, I think it would unlock a lot of potential for the group; we could much more proactive and get into people's lives when they need it"

People with Lived Experience

Key themes identified through semi-structured interviews with people with lived experience were:

- **Disappointment with Clinical Pathways**
  Interviewees were dissatisfied with the routes offered by their GP's after seeking help for mental health issues. Common pathways were prescription of medication, which they felt did not address actual issues, or referral for therapy, which they felt was over-subscribed with long-waiting lists.
- **Pro-activity from Services**
  It was felt that services needed to be proactive in reaching out at the earliest point to family and friends affected by suicide, as well as recognising that people will engage at very different points following their trauma. The expectation for individuals who are/have been affected by suicide or suicidal ideation to "make the call" can put people off accessing services because they might not be emotionally ready to move by themselves.

"There's a general assumption that helplines are just for people in crisis but it can and should be used for emotional support as much as anything else"

- **Understanding Risk Factors**
  There was a feeling that the wider context of common risk factors such as unemployment, especially in high-risk populations, needs to be better understood and appreciated. When identifying high-risk populations, we should consider first those who will already be affected by multiple factors.
- **Reactions by communities**
  Interviewees felt that despite progress in talking about mental health, including men's mental health, there is still stigma around emotional wellbeing and suicide bereavement. Meeting men "on their terms" in the right setting was considered important in building trust and enabling those most neglected to come forward. "Closed doors" and very little professional help made it difficult to discuss bereavement, leading to isolation and poor mental wellbeing.
- **Treatment by the media**
  Interviewees felt that reporting on suicides and treatment of bereaved families needed to be improved as some media outlets currently take a very unsympathetic approach, with aggressive questioning and little empathy for their trauma as well as inaccurate reporting and failure to respond to complaints.

Good practice examples

There is a wide range of organisations across Sandwell that provide support to people who may be at risk of suicide, and to those who have been bereaved by suicide. These range from formal services to grassroots community groups.

It is important to note that many activities that can help prevent suicide are often not 'badged' as such: initiatives to improve mental health and wellbeing, enable connections within communities, and support people with wider issues such as housing, employment and debt can all contribute to suicide prevention, and provide opportunities to develop targeted approaches through engaging with people who may be vulnerable.

The examples shown here demonstrate how existing activity can be developed and better connected to identify and engage those who may be at risk of suicide, and provide more timely support.

Tipton town place-based pilot

Railways are among key locations for suicide attempts. A pilot group for Tipton and Dudley Port stations was established to reduce suicide risk at these locations, led by the local community with support from the Samaritans and Public Health. The aim of the group is to raise awareness and vigilance around risk of suicide, and signpost people to appropriate help. Support is in place for all station staff including train drivers who witness a suicide; this support is provided in-house and with the help of the Samaritans.

Kaleidoscope Plus – Sanctuary Hub

The Sanctuary Hub at Hope Place, West Bromwich was established in February 2021. The Hub provides out-of-hours support for adults who have primary mental health needs, or are concerned about a family member or friend. Staff work with individuals to give them the time and space to talk in a non-judgemental environment; reduce any immediate pressures; and provide advice or signpost to further help.

Prevention & Promotion Fund for Better Mental Health programme

Sandwell Council was awarded £370,000 from Public Health England's Prevention & Promotion Fund for Better Mental Health to invest in improving mental health and wellbeing among Sandwell residents. The funding was used to award grants to a range of voluntary & community sector organisations to provide targeted support for children and young people, men and ethnic minority communities through community outreach and peer support, and to provide education and training on mental health awareness and suicide prevention. Local organisations also be able to apply for small grants of up to £5,000.

Grant-funded projects include pre-and post-natal support groups; a parenting programme (via Changes Antenatal); an anti-bullying campaign (via the SHAPE Programme); the Children and Young People/VCS Charter Mark initiative; and VCS mental health community training and champions. The funding will also focus on engaging men through outreach peer support for self-harm and suicide prevention, and football activities with peer support; and engaging Minority Ethnic Communities through targeted peer support and activities. projects were delivered October 2021 to June 2022

General Practice Mental Health First Aid (MHFA) Training

Funded by the HSE/I National SP Programme, MHFA was provided to equip key front house staff in GP surgeries with the knowledge and skills to provide immediate support to those in crisis and link them to appropriate help. This was initially piloted across Dudley surgeries, with plans to roll out to Sandwell, Walsall and Wolverhampton over 2022/23.

Recommendations

The following recommendations have been informed by the updated needs assessment, aligning to our strategic objectives and national suicide prevention priorities. The accompanying Action Plan has been developed against these recommendations, shaped through the Sandwell Suicide Prevention Partnership.

1. Raise awareness of suicide prevention and bereavement support through training for all frontline staff
2. Pilot town-based, community-led forums
3. Support community organisations with funding applications
4. Work with Community Development Workers to identify gaps in accessibility
5. Encourage referrals from GP's to targeted services and establish an explicit pathway
6. Expand awareness and access of bereavement support to all First Responder and bereavement-related partners so that an offer of support can be made immediately
7. Identify and prioritise high-risk populations through working groups
8. Improve data collation and intelligence gathering
9. Engage with media organisations to work co-operatively on the reporting of suicides
10. Commission further assessments on a larger scale that considers further populations

The Action Plan is based on the principle of proportionate universalism – balancing universal, population-based approaches with more targeted action so that we create a culture that promotes wellbeing and prevents crisis, while also ensuring timely and appropriate support for those who need it.

Focusing on the interfaces between individuals and services, and not just on risk groups and factors, will help to develop a co-ordinated and responsive system where no-one is overlooked.

Sandwell Suicide Prevention Strategy 2022-2025