Reference Number: HOPSC/36/20

Report title: Recently published Office for National Statistics (ONS) data on suicide rates in Essex and action being taken to reduce suicide rates in Essex	
Report to: Health Overview Policy and Scrutiny Committee	
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Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
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County Divisions affected: Not applicable	

1. Introduction

1.1 The purpose of this report is to discuss the recently published Office for National Statistics (ONS) data on suicide rates in Essex in 2019, and to provide a summary of what is currently happening and what is planned, to address the rise in suicides in Essex County overall and in certain districts in the County.

1.2 The report also addresses concerns about the potential impact of the Covid-19 pandemic locally on mental health and on suicide risk.

1.3 On average between 150 and 165 people die by suicide in Essex each year. In the latest data (2019), Essex has a higher rate of suicides than the national average and has had so since 2015. Suicide rates in Essex have risen steadily since 2015 and this gradual increase is also out of step with national trends, where levels were falling until a recent increase over the past 18 months.

1.4 Several districts within Essex also have especially high rates. Tendring, Colchester and Harlow have the 2nd, 3rd and 4th highest rates respectively overall in the country (see table 2). These rates are also higher than expected based on socio-economic ranking and these high rates are currently unexplained.

1.5 Preventing suicide is achievable. Local authorities are well placed to lead on this work because their contribution through public health to address many of the risk factors including wider determinants of health, and through provision of services to address alcohol and drug misuse, Local authorities also have access to local people who are not in contact with health services through online initiatives or through working with the voluntary and community sectors.

1.6 It is self-evident that councils cannot deliver comprehensive suicide reduction strategies alone. Interventions need to involve many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

1.7 Evidence shows that the Covid-19 pandemic has had profound psychological and social effects, many of which are likely to last for months and years to come. It is imperative that we focus on strengthening mental health and wellbeing and on re-doubling our efforts to prevent suicide at this time.

2. Action required

2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

3.1 Suicide rates tend to closely mirror socio-economic status. Therefore, we would expect Essex to have rates that are lower than national levels. The higher rate than national average in Essex is currently unexplained.

3.2 Suicide strategies and action plans must be based on a robust analysis of data and intelligence from a wide range of sources. Access to 'real-time suicide' surveillance data, with appropriate data sharing and safeguarding processes, is critical to help tailor local interventions to prevent suicide, to identify people who may need support and to respond to emerging patterns and suicide clusters.

3.3 Currently we do not collect 'real time data' on suicides in Essex and therefore have no detailed understanding of the underlying patterns and features of suicides in Essex during the Covid-19 pandemic. Anecdotal information from the local Coroner's office suggests that rates have not increased. National intelligence also supports the supposition that suicides in England have not increased in 2020.

3.4 Real-time surveillance is usually closely linked to 'post-vention support' i.e. timely support to people who have been bereaved or affected by suicide. It is well known that those bereaved by suicide are themselves at increased risk of suicide.

3.5 General patterns: we know from the ONS and other national data and from previous local audits that:

- Suicide is more prevalent amongst men than women, in particular middle aged and older men
- Suicide is increasing amongst young people and especially young women
- Only 1 in 4 are known to mental health services
- The Mental Health Foundation estimates that 90% of suicides and suicide attempts are associated with a psychiatric disorder
- Substance misuse, including alcohol are significant underlying factors
- Aside from mental health issues, underlying risk factors include debt, unemployment, breakdown of relationships, and contact with the criminal justice system.

3.6 Suicide is a devastating and tragic event which, though comparatively rare, sends ripples through families and communities.

3.7 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events. Tackling social factors linked to mental ill-health is critical. These include unemployment, debt, social isolation, family breakdown and bereavement. Concerted action and collaboration are needed amongst services, communities, individuals, across society to tackle these risks.

3.8 Preventing suicide is achievable. Local authorities are well placed to prevent suicide because through their work in public health to address many of the risk factors including wider determinants of health, and through provision of services to address alcohol and drug misuse, Local authorities also have access to local people who are not in contact with health services through online initiatives or through working with the voluntary and community sectors.

3.9 The complexity of factors underlying suicide risk means that councils cannot deliver comprehensive suicide reduction strategies alone. Councils need strong collaboration and support from many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

3.10 Local authorities lead on developing local suicide strategies and action plans. Cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and updated in 2019. It is recommended that health and wellbeing boards oversee these plans.

4. Covid-19

4.1 Multiple lines of evidence indicate that the Covid-19 pandemic has had profound psychological and social effects. The psychological sequelae of the pandemic are likely to last for months and years to come.

4.2 In April 2020 over 30% of adults reported levels of mental distress indicative that treatment may be needed, compared to around 20% between 2017 and 2019. Levels of anxiety, depression and stress were all higher than expected at the end of March and early April 2020. There was then a moderate decrease in anxiety through April and May 2020, but not as yet back to pre-pandemic levels.

4.3 National and local data on suicides during the pandemic is incomplete but has so far failed to show a demonstrable increase in suicide rates since the onset of the pandemic. However, the mental health consequences of the Covid-19 crisis including suicidal behaviour are likely to be present for a long time and peak later than the actual pandemic.

4.4 It is imperative that we focus on strengthening mental health and wellbeing at the present time and that we re-double our efforts to prevent suicide. Apart from the day to day stress of living through the pandemic, any subsequent economic downturn will potentially worsen population mental health and may increase the risk of suicide.

5. Update and Next Steps

5.1 Progress the actions from the current Southend, Essex and Thurrock (SET) Suicide Prevention Strategy whilst taking account of more recent activities prompted by the ONS data. **(see Appendix B)**

5.2 Update the SET Suicide Prevention Strategy and Action Plan, capturing emerging themes and risks, developing clear aims, objectives, outcomes, milestones and monitoring arrangements. Additional focus will be required to anticipate and respond to the emerging impact on suicide risk posed by the Covid-19 pandemic.

5.3 Clarify and strengthen governance arrangements to oversee, lead on and drive suicide prevention in SET. Create a SET suicide audit and prevention group (SAPG) to meet quarterly, with focussed membership, supported by Task and Finish sub-groups, working to SMART objectives defined within an agreed action plan.

5.4 Develop of a 'real time surveillance' (RTS) system to cover all suicides in Essex, Thurrock and Southend.

5.5 Establish a bespoke bereavement support service to cover SET. NHS funding is expected over the next 2-3 years but there is a strong case to establish a service in the meantime, linked to real time surveillance.

5.6 Set up district task and finish groups to specifically investigate exceptionally high suicide rates in certain districts in the county e.g. in Tendring, Harlow and Colchester.

5.7 Create a suicide prevention website for SET to consolidate a collective SET 'branded' approach to suicide prevention, challenging the stigma and myths around suicide in our local communities.

5.8 Support primary care staff to understand and mitigate risks of suicide, using dedicated training, awareness raising of the importance of wider determinants of health and through supporting 'serious untoward event' analysis.

6. Current situation in Southend, Essex and Thurrock (SET)

6.1 Locally cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and was updated in 2019.

6.2 The strategy cross references the actions of supporting forums and groups, for example, the Mental Health Crisis Care Concordat and the Essex Safeguarding Boards. The current SET strategy centres on the principle that '*preventing suicide is everyone's business'.*

6.3 The strategy focuses on a number of key approaches which mirror the national

strategy (see **Appendix B** for specific actions).

7. Emerging issues and gaps in SET

7.1 We currently have no access to real time surveillance in SET. The latest suicide audit took place in 2018 and we are reliant on the ONS 2019 data for more recent information. The ONS data are high level and are therefore limited in helping us create nuanced recommendations for action.

7.2 Governance of suicide prevention needs strengthening across SET. Currently the local suicide audit and prevention group meets 6-monthly (and has not met since the onset of the Covid-19 pandemic) and there is limited timely oversight of collective action as a result. The emergence of integrated care systems which overlap into neighbouring counties also provides a challenge to developing a focussed and accountable cross-partnership approach to suicide prevention in SET.

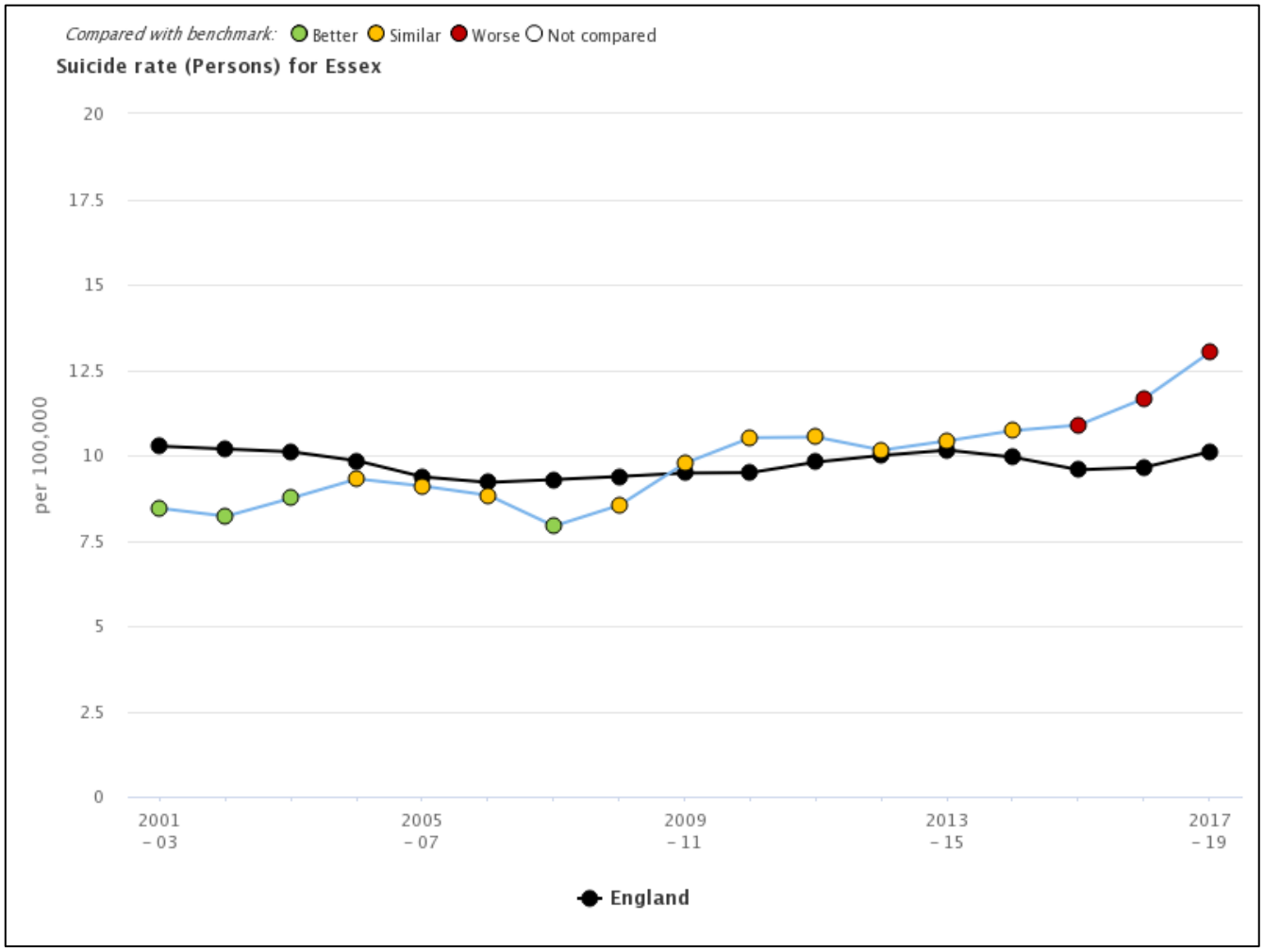
7.3 Further work is required to enhance the role of primary care in establishing system wide suicide prevention approaches locally. The majority of people who die by suicide are in contact with their GP in the year before their death, Primary care colleagues e.g. GPs, practice nurses, social prescribers are key partners in effective suicide prevention, contributing intelligence and leading on targeted preventative interventions.

8. List of Appendices

Appendix A: Suicide rates in Essex over time, compared to England
Appendix B: England ranking of suicide rates at level of District Councils
Appendix C: Summary of SET Suicide Prevention Strategy Actions – 2019

Appendix A

Suicide rates in Essex over time, compared to England



Appendix B

England ranking of suicide rates at level of District Councils

Suicide rate (Persons) New data 2017 - 19 Directly standardised rate - per 100,000

Export table as image Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	14,788	10.1	9.9	10.3
Torbay	–	64	19.0	14.5	24.3
Tendring	–	67	18.8	14.4	24.1
Colchester	–	94	18.5	14.9	22.6
Harlow	–	40	17.6	12.5	24.0
Bassetlaw	–	50	16.9	12.5	22.4
Barrow-in-Furness	–	30	16.9	11.4	24.2
Norwich	–	59	16.6	12.5	21.7
Chorley	–	51	16.4	12.2	21.6
Lincoln	–	39	16.2	11.4	22.3
Scarborough	–	44	16.0	11.5	21.7

Appendix C

Summary of SET Suicide Prevention Strategy Actions – 2019

1	**Impact of suicide** In 2019, there were 140 deaths from suicide registered for adults in Southend on Sea, Essex and Thurrock. **Action** The national target is to reduce suicide by 10% by 2020/21. Locally, we will commit to actions set out below to achieve this target and more. This will work will be overseen by the Southend on Sea, Essex and Thurrock (SET) Suicide Prevention Steering Board (Steering Board).
2	**Suicide is everyone's business** A whole system approach is required, with local authorities, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. **Action** The Steering Board will oversee the work of the strategy and other local plans to deliver those actions known to reduce the risk factors for suicide. This work will be the led by the Steering Board.
3	**People at higher risk** Men and women are at risk of suicide. Statistically, three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. In 2017 in Essex suicides were highest among males aged between 40 and 49 years. **Action** We are committed to supporting and helping to grow community-based initiatives which can provide critical but informal support in non-traditional /non-clinical settings such as Men's Sheds. This work will be led jointly by the three SET Councils.
4	**Factors that increase the risk of suicide** The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental ill-health, drug and alcohol misuse are also contributors. **Action** We are changing the way mental health services are provided across Essex which will improve access to support for both adults and children, e.g. psychological therapies, as well as increased specialist support e.g. perinatal mental health services. This work will be led by the three STP mental health forums.
5	**Supporting people bereaved by suicide** Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning. **Action** We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the *Help is at Hand* booklet is given to those bereaved or affected by

	suicide in a timely manner. This action will be led by Southend on Sea Council's Public Health team.
6	**Responsible media reporting and online safety for children** Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour. **Action** We will liaise with local media to encourage reference to and use of guidelines for reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide. This work will be led by Essex County Council's Public Health team.
7	**Training** The need for suicide prevention/awareness training has been identified at a national level. **Action** We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution to prevention. In line with the national suicide prevention strategy, we are prioritising suicide first aid training for professionals who are most likely to come into contact with individuals/ groups at risk of suicide. We will use Facebook and other social media channels to promote suicide awareness training within our communities. This action will be led by Essex County Council's Public Health team.
8	**Intelligence** Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk. **Action** We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led jointly by the three SET Council Public Health teams. Stakeholders from various parts of the local system (health providers, local authorities, police and crime) are working with the Essex Centre for Data Analytics to develop shared predictive intelligence in order to better target future preventative work.
9	**Reducing access to means of suicide** This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention. **Action** We are working closely with Network Rail as well Chelmsford City Council to identify and monitor frequently used locations in Essex. Where such a location is identified, action will be taken, and resource focused to reduce means of access for others thus reducing risk. We will forge new networks to address the risks around our waterways. This action will be led jointly by the three SET Councils Public Health teams.
10	**Crisis intervention** The Government has committed to addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.

	Action We are transforming the way support to those in crisis is provided including a 24-hour Liaison mental health service in our hospitals; with specialist mental health staff on hand to assess patients A&E. This work will be led by the Crisis Concordat / three STP mental health forums.
11	**Children and young people** According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide. **Action** We are working with schools to promote awareness of the risk of suicide and self- harm through sharing guidance and providing regular information and updates about mental health and emotional wellbeing. Work is also currently underway to promote and embed the use of a Self-Harm Tool Kit in all schools across Southend on Sea, Essex and Thurrock. This work will be led by Essex County Council on behalf of the Children's Commissioning Forum.
12	**Self - harm** The National Suicide Prevention Strategy has been updated to include the need to address self-harm as a key issue. **Action** We will implement NICE guidelines on self-harm, specifically ensuring that people who present at emergency departments following self-harm receive a psychological assessment. This work will be led by the three STP mental health forums.