

Report title: A report on the actions being taken to reduce the rise in suicide rates in Essex	
Report to: Essex Health and Wellbeing Board	
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Date: 20 November 2019	For: Update purposes and discussion
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County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 The purpose of this report is to provide an overview of the recent data published by the Office for National Statistics (ONS) on suicide rates in Essex in 2018, and what is being done, both currently and planned for the future, to address the rise in suicides in certain parts of the County.
- 1.2 To request the support of the members of the Health and Wellbeing Board (the Board) to tackle underlying factors which may contribute to or be the catalyst for a person taking their own life, for example as a result of debt or housing issues.

2. Recommendations

- 2.1 To support the actions currently being taken and those which are proposed in order to address the rise in suicides in parts of Essex.
- 2.2 To support and encourage actions and the development of initiatives to reduce socio economic and other factors, as well as health issues, which may contribute to suicides in Essex.

3. Summary of issue

- 3.1 On 3 September 2019 the Office for National Statistics (ONS) published its data for deaths by suicide registered in the UK in 2018, and which highlighted that Essex has some of the highest rates in the country, in particular, Harlow (1st), Maldon (3rd) and Tendring (6th). Colchester and Chelmsford were also outliers.
- 3.2 For the purpose of data analysis, the ONS definition of suicide includes all deaths from intentional self - harm for persons aged 10 and over, and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 and over. Therefore, the data includes those deaths recorded where there was insufficient evidence to prove a deliberate intention to die.

- 3.3 This, together with the change as from July 2018, in the standard of proof used by coroners (in England and Wales) to determine whether a death was caused by suicide (lowered from the criminal standard of beyond all reasonable doubt to the civil standard, on the balance of probabilities) may have had an impact on the increase in the numbers of deaths recorded locally and nationally.

National context

- 3.4 In 2018, 5021 suicides were registered as compared to 4,451 in 2017 (an increase of 570/12.8%). This equates to a statistically significant increase in the suicide rate with 10.3 deaths per 100,000 persons in 2018 compared to 9.2 deaths per 100,000 in 2017.
- 3.5 The latest England rate represents the first increase since 2013, (although the rate remains lower than at the beginning of the timeseries in 1981 when there were 14.6 deaths per 100,000 persons).

Essex picture

- 3.6 With the exception of Norfolk, Essex is the only authority in the East of England to have a suicide rate for persons higher than the England average, and is the only authority to have higher rates for both, males and females separately.
- 3.7 Five areas have higher rates than the England average – Harlow, Maldon, Tending, Colchester and Chelmsford. As outlined above, of these, Harlow has the highest rate, Maldon third and Tendring sixth highest. While Harlow and Tendring are associated with being areas of deprivation, Maldon and Chelmsford are not, and indeed the latter are outliers for the first time (although have been increasing). A full analysis of the districts/boroughs has helpfully been provided by the Consultant in Public Health at Essex Partnerships Trust (Appendix 1).

Why is this happening?

- 3.8 The Council's Public Health team are in discussion with the Coroner's office around how best to undertake the annual audit of the Coroner's records. However, as demonstrated by the ONS data, as well as local audits completed previously, the data indicates:
- Suicide is more prevalent amongst men than women, particularly middle aged and older men;
 - Suicide is increasing amongst young people and especially young women;
 - Only 1 in 4 people are known to mental health services;
 - Aside from mental health issues, underlying risk factors include (but aren't exhaustive) debt, unemployment, breakdown of relationships, substance use, and contact with the criminal justice system.
- 3.9 The high risk groups generally include:
- Young and middle aged men, although more recent increases in older men;

- Those in the care of mental health services, including inpatients;
- People with a history of self-harm;
- Those in contact with the criminal justice system;
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers due to access to means.

3.10 Specifically identified high risk groups include:

- Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system;
- Survivors of abuse or violence, including sexual abuse;
- Veterans;
- People living with long-term physical health conditions;
- People with untreated depression including perinatal depression;
- People who are especially vulnerable due to social and economic circumstances;
- People who misuse drugs or alcohol;
- Lesbian, gay, bisexual and transgender people;
- Black, Asian and minority ethnic groups and asylum seekers.

3.11 If correct, then this may account for some of the trends, for example the large number of Veterans in Colchester due to the Garrison. However, without the detailed analysis of local audit of Coroner's records it is conjecture only, and does not explain the increase in Maldon and worsening trend in Chelmsford.

What action

3.12 In addition to the actions noted in the recent Health and Wellbeing Board strategy, update report, and action plan, the Board are advised that the Council's Public Health department has commenced the following in response to the latest data:

"Never too late Mate" campaign

3.13 Given the risks amongst men specifically, the ECC Head of Strengthening Communities, has engaged with local influencers and on 4 October 2019 launched a local social movement campaign, its *"Never too late Mate"*, intended to encourage men to speak out about mental health issues/difficulties they may be experiencing and to seek appropriate support. The campaign which is currently being promoted through Facebook provides links to relevant support services and as at 7 October 2019 had already reached 130,000.

3.14 Under the remit of Strengthening Communities, there is now a partnership in place with Kaleidoscope Plus to support a suicide prevention text back service. The service, which is already fully funded, is supported by a network of volunteers.

3.15 The campaign is being accompanied by a short film and merchandise including window stickers and beer mats for distribution in public spaces including barbers,

gyms and pubs. A series of pop up awareness events are also planned across the County, the first having taken place on 19 October 2019.

- 3.16 Rather than treating mental health and suicide as separate and distinct, it is advised the Board focus on initiatives which bridge the gap between both agendas and therefore achieve maximum reach.
- 3.17 Further consideration is being given to how this is linked to other work that is operating nationally, for example the “*Are you okay*” campaign, which aims to support people who are experiencing a deterioration in their mental health whilst on a night out, and encourages establishments to be more aware and more supportive of mental illness and its symptoms to better support people.

Existing and planned actions

- 3.18 In addition to those actions detailed in the Southend, Essex and Thurrock Suicide Prevention Strategy (and updated report for 2019 presented to the Board earlier this year) the Council’s Public Health directorate is:
- i. Meeting with city, district and borough council colleagues to discuss particular risk factors which may exist for those identified areas, and how we can work in partnership to mitigate those risks;
 - ii. Liaising with internal stakeholders, including the Council’s Head of Localities for South and West Essex, on how they can support with engagement with our district and borough council partners, as well as exploring the underlying factors which may be specific risks for those areas;
 - iii. Working with colleagues within the Council on actions to tackle related risk factors such as the “*Better Lives*” and “*Just About Managing*” initiatives to highlight suicide as a shared outcome;
 - iv. Expanding training offered to workplaces (within the remit of our Health and Work programme) to include 10 free mental health and suicide awareness training sessions across the identified areas;
 - v. Extending this training to district and borough colleagues, as part of which they are asked to identify their own staff who are working with high risk groups e.g. due to housing or benefits issues, and to promote the need for suicide awareness training (including access to free online training such as that provided by the Zero Suicide Alliance);
 - vi. Also asking city, district and borough colleagues to promote this to taxi firms, barbers, pubs and other ‘male orientated’ environments;
 - vii. Arranging delivery, via Essex Social Care Academy of 4 suicide prevention training sessions to the Council’s children and adults workforce across the partnership from December 2019 to March 2020;
 - viii. As part of increasing the scale of the Work and Health programme to target the largest employers in the County (those with 500 plus employees), we are writing to all of them to offer a range of mental health and suicide awareness training courses;
 - ix. Under the remit of the Head of Strengthening Communities, we will continue to offer free Mental Health First Aid training to wider members of the community such as hairdressers and community groups. At this time, a minimum of a further 36 courses will be provided.

- x. Providing targeted community support for veterans including a pilot with the Garrison in Colchester and their welfare services, which will provide free legal advice, in particular, in family law matters initially for 20 hours per month. The pilot is being run in partnership with the Citizens Advice Bureau Chelmsford and Law Savers.
- xi. Engaging with community and voluntary sectors to expand on initiatives which are specifically aimed at supporting men within the community, including the Essex Men's Shed Network – a community group in Essex offering social interaction. This will be funded at least in part through Wave 2 Suicide Prevention Fund monies awarded to North East Essex.
- xii. Working with our Suffolk and North East Essex STP (funded by national wave 2 suicide prevention fund) colleagues to develop funding initiatives focussing on middle aged men, mental health acute care, primary care support and self-harm.

4. Next steps

- 4.1 To progress the actions listed above – all of which shall be the subject of appropriate decisions and governance:
- 4.2 To ask the Suicide Prevention Steering Board to formulate a set of guiding principles as was agreed at its latest meeting on 4 October 2019.
- 4.3 To reach agreement with the Senior Coroner for Southend, Essex and Thurrock (SET) as to conducting the detailed SET audit of suicides for 2018 in order that we can better identify, and address, any particular reasons or themes for the increase in the number of deaths by suicide in different parts of the County.
- 4.4 The Council is one of the lead agencies on a collaborative data and intelligence project within the Essex Centre Data for Analytics (ECDA) which includes a focus on crisis mental health. This project has the potential to provide data on key risk factors such as self-harm and attempted suicide which will give us more intelligence on who, where, and why than is possible from a focus on completed suicides only. The initial exploratory work has been completed using EPUT Mental Health Service data linked to Social Care and Drug and Alcohol data, with a second phase planned to explore using a more detailed EPUT dataset and incorporating Police data.

5. Issues for consideration

a. Financial implications

- 5.1 Any costs arising from the actions set out in this paper will be accommodated within the Public Health Grant.

b. Legal implications

- 5.2 There are no legal implications. Any decisions relating to the work arising out of the Steering Board, will be subject to the Council's governance process where applicable.

c. Health/Social implications

- 5.3 This programme supports the implementation of the wider prevention agenda and Health in All Policies approach.

6 Equality and Diversity implications

- 6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that marriage and civil partnership is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 6.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.