

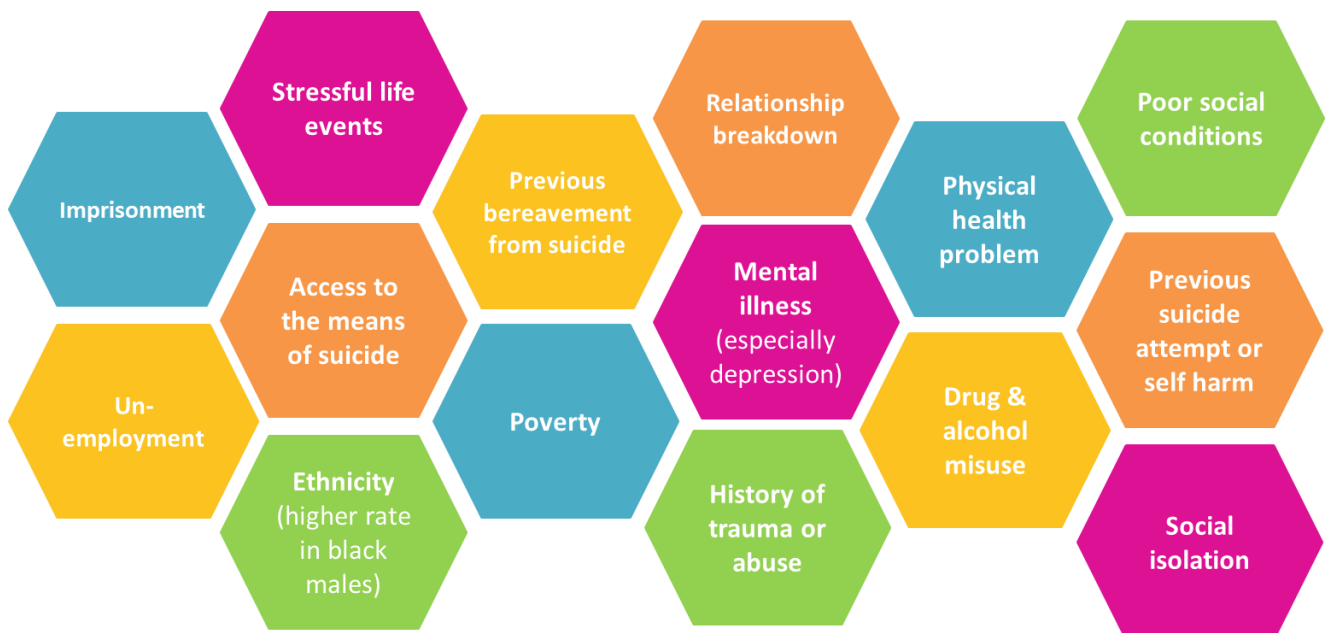
Suicide Prevention

Why is this important to Bradford?

Suicide is a tragic event, with nearly 6,000 people in the UK taking their own lives in 2017. It is the most **common cause of death among young people aged 20-34 years**. Suicide is three times more common in men than in women; males aged 45 to 49 years have the highest suicide rate in the UK, at 24.8 men per 100,000.

There are a number of recognised individual, social and environmental risk factors for suicide.

Figure 1: Risk factors for suicide



Research tells us that suicide is often preventable, through interventions which seek to raise awareness of mental illness, increase resilience, improve the knowledge and understanding of staff working with vulnerable groups, and improve the ability of staff to recognise and manage people in crisis.

Strategic context

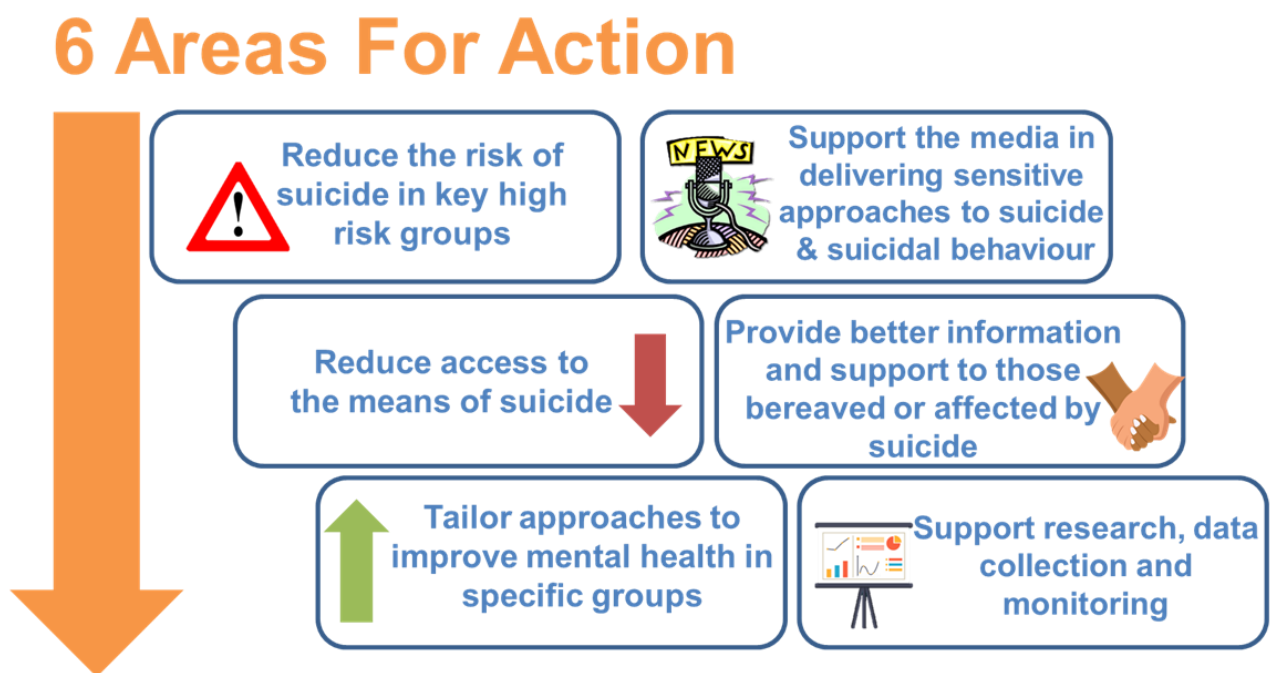
National Context: The National Institute for Health and Care Excellence (NICE) has very recently produced guidelines on "[Preventing suicide in community and custodial settings](#)". This includes guidance on developing suicide prevention action plans as part of a multi-agency partnership; gathering and analysing data; raising awareness in the local community; reducing access to methods; training for key people working with or around those at risk; support for the bereaved; preventing and responding to suicide clusters; and working with the media to reduce harm associated with suicide reporting.

The [Suicide Prevention Strategy for England \(Third Progress Report\)](#) updated the National Suicide Prevention Strategy, which was first published in 2012, and developed the aims. In particular, it sets out ambitions to reduce the national rates of suicide by 10% by 2021, by:

- expanding the strategy to include self-harm prevention in its own right
- ensuring that every local area produces a multi-agency suicide prevention plan
- improving suicide bereavement support in order to develop support services
- better targeting of suicide prevention and help seeking in high risk groups
- improve data at both the national and local levels

The National Suicide Prevention Strategy (2012) set out six areas for action.

Figure 2: The National Suicide Prevention Strategy (2012) six areas of action



Source: Public Health England

The [Local Suicide Prevention Planning: a Practice Resource](#) published by Public Health England (2016) provides resources to support local areas with the implementation of the National Strategy.

Chapter 8 of the [Five Year forward View for Mental Health Implementation Plan](#) published in 2016 by NHS England focuses on suicide prevention, and stresses the importance of close **multi-agency working**. The guidance also advises that “Plans should include a strong focus on primary care, alcohol and drug misuse”.

Local Context: Bradford District has a multi-agency Suicide Prevention Action Plan, overseen by the Suicide Prevention Group. The strategy falls within the remit of the all-age [Bradford District Mental Wellbeing Strategy](#). This strategy has a strong focus on prevention and community resilience, and supports the actions of the Suicide Prevention Plan; it is aligned with the six areas for action outlined in the national strategy.

Other supporting documents and plans in Bradford District include:

- Bradford District Crisis Care Concordat Plan (2015)
- Developing a Suicide Prevention Plan for Bradford: Evidence and Literature Review (2015)
- Audit of deaths by Suicide in Bradford 2013-15 (2017)

What do we know?

The latest figures for Bradford District show in 2016-18 115 people committed suicide. This equates to a rate of 8.8 deaths per 100,000 population. This has fallen over time and is now lower than the 2021 ambition for a **10% reduction in the rate**. The district rate is lower than the average for England (9.6 per 100,000 people) and Yorkshire and the Humber (10.7 per 100,000). However, this still equates to **115 people over the 3-year period**, and is therefore an issue of the utmost importance. Of the 115 deaths between 2016-18, over **three quarters were in men**.

Figure 3: Deaths due to suicide in Bradford District, Yorkshire & Humber and England, 2001-03 to 2016-18



Source: Public Health Outcomes Framework

There is variation in the number of suicides at CCG level. Historically City CCG has had a higher number of suicides than Airedale, Wharfedale and Craven, and Districts CCGs. However, over the last five years there has been a marked reduction, meaning the suicide rate is now similar across all three CCGs.

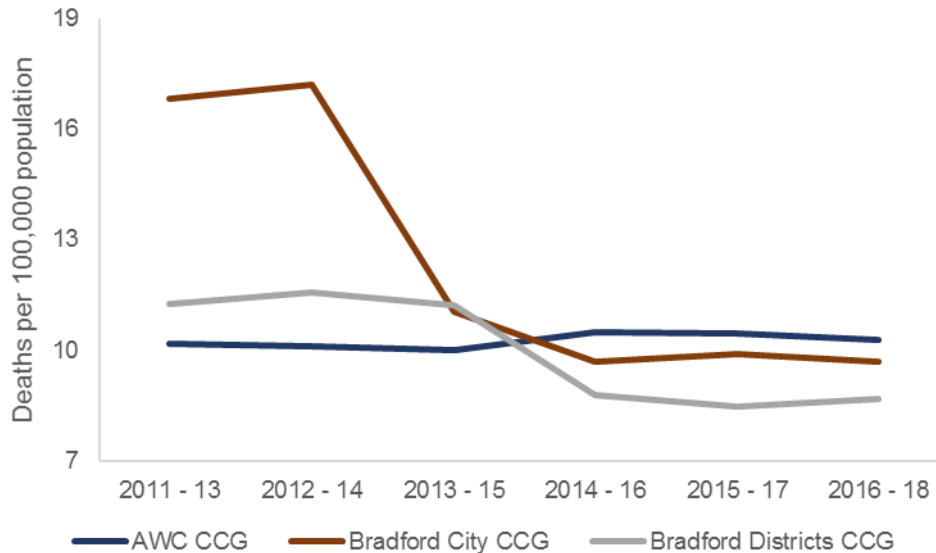
An audit of all suicides in Bradford District was conducted in 2017, and examined 76 conclusions of suicide in the District. This compares to ONS published figures of 148 deaths over the same period. The ONS definition of suicide, however, includes deaths given a narrative coroners verdict.

Of the cases examined in Bradford District:

- 78% of those who took their own life were male, and 22% were female
- The mean age at death was 45 for males and 50 for females (47 overall), with the highest number of deaths in the **40-49 age** bracket

- Fewer people who took their own lives were from a South Asian background than might be expected given the ethnicity structure of the population of the District, and more people were from a Central Eastern European background; this conclusion should however be interpreted with caution due to the low numbers involved

Figure 4: Deaths by suicide by CCG, Bradford District 2011-13 to 2016-18



Source: Office for National Statistics

- 39% of people who died lived alone, and 65% were not in a long term relationship of any sort.
- 43% of cases had a **long term physical health problem**.
- More than half (57%) of those who took their own lives had at least one diagnosed **mental illness**, and of those who did not, 61% had anecdotal reference to suspected or historical mental health problems.
- 28% of cases had been in **contact with secondary mental health services** (for instance the community mental health team) in the 12 months prior to death; none were inpatients at the time of death.
- Nearly three quarters of those who took their own lives (71%) had seen their GP in the 6 months before death
- **Adverse life events** experienced by those who took their own life prior to death included: family difficulties or break up, debt or financial worries, bereavement, loneliness/isolation, unemployment, suffering from abuse (sexual, emotional, physical, or neglect), a sense of shame, being affected by the suicide of a close contact, having benefits recently stopped or being sanctioned, and problems at work.

What Assets do we have?

In Bradford District, there is a strong history of close collaborative working between the local authority, the CCGs, NHS, and voluntary sector providers. We have a particularly strong voluntary sector, facilitating local knowledge and action. These relationships are essential in order to address the complex, multi-factorial causes of suicide. This can be seen in the strong Suicide Prevention Action Plan Partnership, which is chaired by Public Health in the City of Bradford

Metropolitan District Council; it includes representatives from the CCGs, the District Care Trust, the Voluntary and Community Sector, and the police.

The recent audit of suicides discussed above provides us with detailed, local knowledge with which to address the causes, and possible interventions to reduce the suicide rate. There is also an understanding of, and emphasis placed on the importance of mental health by all partners, which is exemplified by the wide membership and activity of the overarching, all-age mental wellbeing strategy, which supports the Suicide Prevention Action Plan.

Gaps / Challenges / Opportunities

We have seen the **suicide rate fall** over the last few years. It is now of prime importance to **maintain and extend** this reduction, following our aim of reducing the number of suicides in the district to zero. It is also important to investigate this reduction, ensuring that all sectors of society share in the benefits we have gained.

What are we doing about it and what does the information presented mean for commissioners?

Bradford District has a multi-agency suicide prevention action plan, which is overseen by the Suicide Prevention Strategy Group. The vision of the action plan is to reduce the suicide rate by 10% by 2021, as per the national ambition. However, the ultimate aim is to prevent all suicides in the District.

The data can help us shape our plans and approach, and identifies a number of areas for further action. For example, the high number of male suicides compared to female, the relatively high prevalence of physical health problems, and the frequency of adverse life events.

Supporting resources

Public Health England Suicide Prevention Profile: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>