



Berkshire Suicide Prevention Strategy 2021-6

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National Strategy themes - our principles

1. Reduce suicide in high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means
4. Information and support to those bereaved or affected by suicide
5. Promote sensitive media reporting
6. Support research, data collecting and monitoring
7. Self-harm



Methodology

- A refresh of previous Berkshire Suicide Prevention Strategy 2017-2020.
- Utilised the expertise of members of the long-established Berkshire Suicide Prevention Steering Group that has been in place for over five years.
- Engagement with professionals working in the statutory, private and third sector organisations. Plus colleagues who support people who have been directly affected by suicide have also been involved, who have worked with sensitivity to engage this group with this strategy.
- Established a Berkshire Suicide Prevention Strategy Working Group who worked together on identifying the key priorities, which have been derived from reviewing local data, intelligence, and information.
- A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content for each of the priorities and providing regular updates to and receiving feedback, from the main steering group.



Data Summary

Full data report – approx. 30 pages

Structure

- Suicide rates by demographics
 - ONS data (polished and locally held Civil Registration data)
 - RTSS data (aggregated 2017-2021)
- Berkshire suicide prevention 2018 audit
- NHS 0-25 audit
- Female suicides deep dive
 - RTSS deep-dive supplemented with other data sources (Female suicides in Berkshire report)
- Impact of covid-19



Areas of focus for Berkshire Strategy

VISION: To reduce deaths by suicide in Berkshire across the lifecourse and ensure better knowledge and action around self-harm'

Areas of focus:

1. Children and young people
2. Women
3. Self-harm
4. Economic pressures
5. Bereaved or affected by suicide



Overarching recommendations

1a) To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.

1b) To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.

1c) To undertake a Berkshire suicide audit.

1d) Undertake regular reviews of information, resources and channels for people affected by suicide.

1e) Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.

1f) Invite additional partners across the System within Berkshire, including the voluntary and community sector to join the Suicide Prevention Group for improved cross-topic working.

1g) Set up sub-groups of the Suicide Prevention Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.



Children and young people (0-25)



Children and Young People (0-25)

- Suicide represents the extreme end point of mental ill-health in children and young people, there are many more that experience suicidal ideation, attempt suicide and an even higher number self-harming
- Outbreaks of suicidal thoughts have increased during the UK lockdowns amongst young people
- Suicide in young people can be associated with many factors, including poor mental health; self-harm; academic pressures or worries; bullying; social isolation; family environment and bereavement; relationship problems; substance misuse; or neglect



Children and Young People (0-25)

0-25 suicide audit - key findings and areas for focus

- Experience of adversity or trauma
- The impact of COVID-19 and lockdown measures
- Neurodiversity (autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, tourette syndrome and complex tic disorders)
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Ace (LGBTQ+)
- Transitional period from childhood to adulthood



Recommendations

2a) To raise awareness of the link between trauma and adversity, and suicide across the life-course.

2b) Continued investment into the Be Well campaign to encourage the importance of looking after emotional wellbeing, in addition to signposting to local mental health services and support in order to prevent self-harm and suicide in children, young people, and women.

2c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.

2d) To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.

2e) To work with local organisations and charities who work with the LGBTQ+ community on suicide prevention.

2f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.

2g) To link with the work across the BOB and Frimley ICS on the ease of access to shared care records across system partners for transition population (children moving into adulthood).

2h) To support higher education establishments within Berkshire, including universities to adopt a needs-led approach to neurodiversity



Self-harm

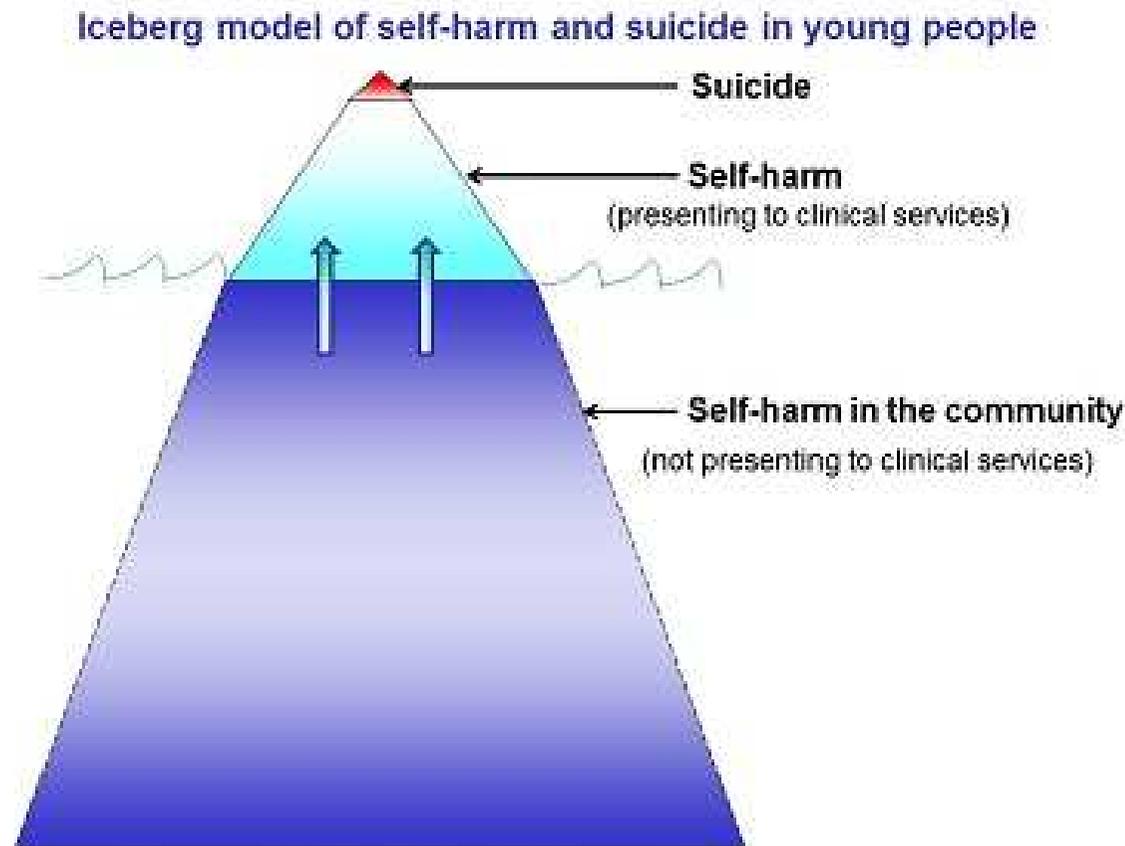


Self-Harm

- Defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent
- Previous history of self harm amongst people who die by suicide – considered as the strongest predictor of suicide
- Iceberg model of Self harm – not all instances of self-harm are documented or disclosed especially if individual does not seek help at a hospital
- Link between self-harm and expression of suicidal ideation or intent
- Key areas for improved understanding and action
 - Understanding self-harm and its link to suicide risk
 - Hospital admissions for self-harm
 - Mental health and self-harm
 - Young people and self-harm



Iceberg model of self-harm and suicide in young people



For every young person that presents to hospital for self-harm there are at least 10 further individuals who do not present at hospital for self-harm. At the tip of the iceberg are suicides, which are highly visible, beneath are higher rates of hospital-treated self-harm and at the base are very common but hidden self-harm



Recommendations

3a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.

3b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.

3c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.

3d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.

3e) Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group

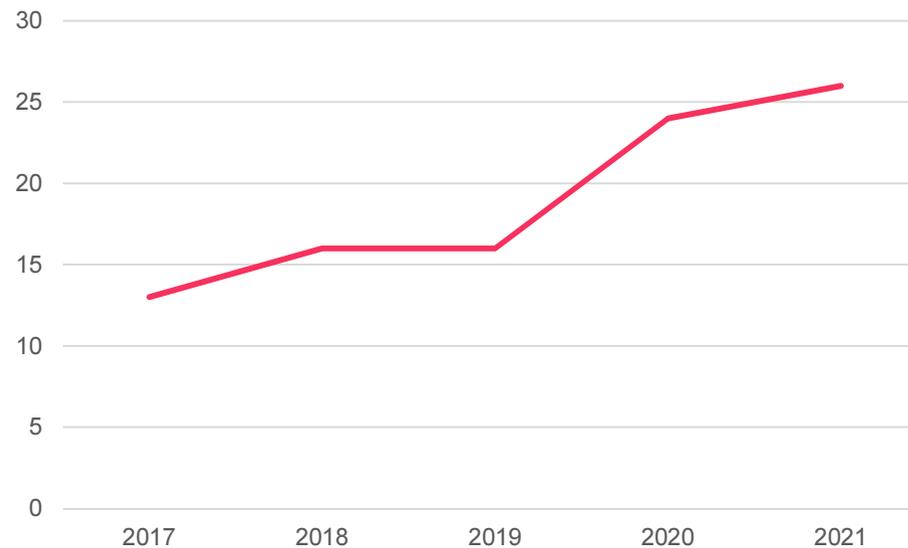


Female suicides



Female suicides in Berkshire 2020-21

Deep-dive analysis ongoing since August 2020



Total deaths recorded on TV RTSS:

2017 - 62 2018 - 64 2019- 68 2020- 61 2021 - 57(projected)

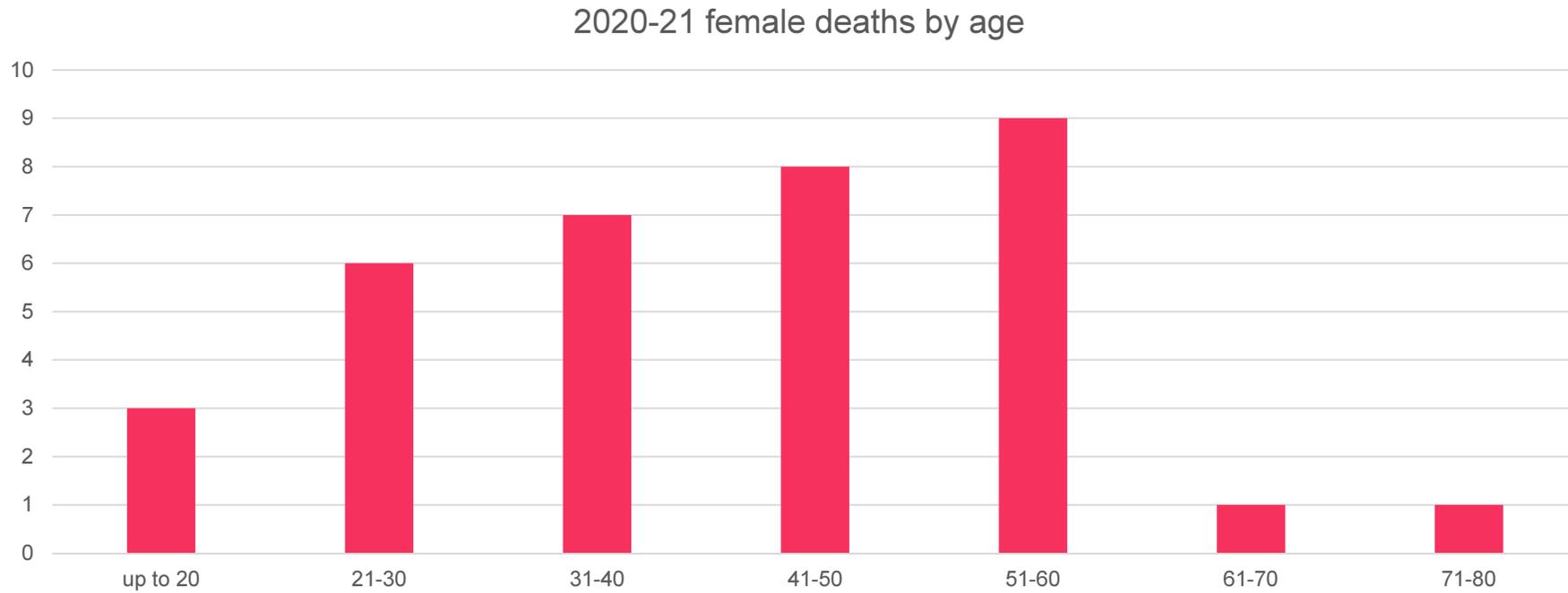
Female rate across Thames Valley:

2020 - Bucks (15), Oxon (16), Berks (24)

2021 (mid-year) - Bucks (3), Oxon (7), Berks (11)



Female suicides: age



Female suicides deep-dive: themes

- Mental health history
- Self-harm
- Parenting / carer stress
- Domestic abuse
- Neuro-diversity
- Disordered eating
- ACEs (esp. sexual abuse)
- alcohol or substance misuse
- financial stress
- workplace stress
- bereavement & grief
- denial of suicidal intent

Some themes echoed in anecdotal feedback from acute hospital teams, alongside worsened peri mental health

Key areas of focus

- Perinatal mental health
- Domestic abuse
- Parent or carer stress



Recommendations

- 4a) Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period.
- 4b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.
- 4c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.
- 4d) Improve data collection of domestic abuse data in RTSS.
- 4e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.
- 4f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person).
- 4g) Raise awareness of the information, resources and services available for parents and carers who are experiencing stress, through inputting into local campaigns.



Economic factors



Economic factors

- [Dying from Inequality](#) (2017) report by Samaritans states that socioeconomic disadvantage is a key risk factor for suicidal behaviour
- A [Silent Killer report](#) (2018) - Over 420,000 people in problem debt *consider* taking their own life in England each year (Money and Mental Health Charity)
- Having financial problems prior to death by suicide; bailiff notices or threats of court proceedings, delay in benefit payments, gambling problems, long term poverty, lack of savings
- Impact of being in debt and particular types of debt; student loans, loans, credit cards. Priority debt; utility bills, rent, council tax, mortgage repayments. Other debt; gambling
- Employment status at time of death; Unemployment, retired, bankruptcy and factors (e.g. length of time).
- Type of employment sector; frontline staff



Data from the Berkshire Suicide Audit 2018

Financial issue (s) prior to death across audit years

	Percentage					
	2007 – 2009	2008 – 2010	2009 – 2011	2012/13 – 2013/14	2014/15- 2015/16	2016/17 – 2017/18
Total	9%	6%	<5%	24%	27%	13%

In the 2014/15-2017/18 audit, the majority of people with financial issues prior to death had ‘other debts’, such as student loan, loans and credit cards. Other reasons for financial issues included utility bills/rent, work related issues (business accounts, sick pay stopped), drug debt, gambling, bankruptcy and being the victim of a scam.

Plus impact of COVID-19

Areas for focus

- Impact of COVID-19
- Debt and poor mental health
- Socioeconomic disadvantage and suicidal behaviour
- Gambling



Recommendations

5a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public.

5b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide and what support is available.

5c) Support Berkshire local authorities with a single point of access information site around money matters.

5d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

5e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.

5f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.

5g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.

5h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.



Bereaved or affected by suicide

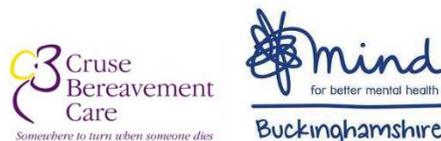


Bereaved or affected by suicide

- Victim Support services in place
- One-to-one practical and emotional support
- Sudden deaths can lead to a complex bereavement, involving intense shock.
- Suicide stigma may make it harder to get support.
- High interest in the death can make it difficult for people to grieve in private.
- Some of the stresses experienced by the person who died may be shared by those left behind.
- Challenges of dealing with the media and an inquest
- Higher risk of mental ill-health, suicide attempts and completed suicides.



- Repercussions throughout wider networks, communities, places of work or study
- Those working in services called upon to respond to a suicide in a professional capacity may also be adversely impacted
- Areas of focus
 - Community suicide bereavement support
 - Specialist suicide bereavement support
 - Support for those impacted by suicide in the workplace



Recommendations

- 6a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.
- 6b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.
- 6c) Building in bereavement support to extend to wider family members, friends and communities.
- 6d) Continue to commission suicide bereavement support services and monitor its impact.
- 6e) Explore training opportunities for staff impacted by suicide.
- 6g) Work with Thames Valley Police and other first responders to a suicide, to share appropriate resources with employers.



