Nottinghamshire County Council

Report to Health and Wellbeing Board

07 February 2024

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: SUICIDE PREVENTION

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the Joint Strategic Needs Assessment (JSNA) chapter on Suicide Prevention.

Information

Background

2. Suicide is preventable and Nottinghamshire County Council, Nottingham City Council and local partners work towards reducing suicide in the local population by proactively improving population mental health and wellbeing, and by responding to known risks for suicide in the population.[1]

3. The previous Joint Strategic Needs Assessment (JSNA) on Suicide Prevention was approved in February 2016. Seven years on, and post the coronavirus pandemic, research has shown increased psychological morbidity in UK populations.[2] In terms of suicide risk, systematic review research has shown that the way people seek help for suicidal behaviour has changed, with no overall rise in suicide deaths.[3]

4. A renewed understanding of local needs for those at risk of suicide is needed. From 2019, Nottingham City and Nottinghamshire County have collected data on suspected suicide deaths (pre-Coroner's inquest) as part of a Real Time Suspected Suicide Surveillance (RTSSS) system. Insight from RTSSS will provide an improved local assessment of suspected suicide, which along with nationally reported data, will ensure strategies to prevent suicides are based on local data and intelligence.

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[1] Nottingham City and Nottinghamshire County Public Health. Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023. September 2019.

[2] Jia R, Ayling K, Chalder T, et al Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study BMJ Open 2020;10:e040620. doi: 10.1136/bmjopen-2020-040620

[3] John A, Eyles E, Webb RT et al. The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: update of living systematic review [version 2]. F1000Research 2021, 9:1097 (https://doi.org/10.12688/f1000research.25522.2)

5. This executive summary contains findings in terms of unmet need, knowledge gaps, and recommendations. The full JSNA document goes into the detail of who is at risk, what this tells us and what to do next.

6. This JSNA is owned by the Nottinghamshire and Nottingham City Suicide Prevention Strategic Steering Group. Progress of the JSNA was driven by a dedicated task and finish group, consisting of stakeholders from within the owning group. This included representatives from Nottinghamshire Integrated Care Board mental health commissioners, Nottinghamshire County Council Public Health, Nottingham City Council Public Health, Nottinghamshire Healthcare Foundation Trust, Bassetlaw Place Based Partnership, and the voluntary sector (the Samaritans).

Unmet need

7. The following unmet need has been identified through the JSNA:

8. Current school-based mental health support does not specifically address suicide prevention. Evidence suggests vulnerability to suicide is partly established early in life and that taking early intervention and school-based approaches can be preventative.[4] The Whole School Approach and Children and Young People (CYP) Mental Health Transformation Programme provides an opportunity to integrate suicide prevention within existing emotional wellbeing approaches.

9. There is a need for additional work to tailor support for men regarding risk factors and antecedents (factors that were present in a person's life prior to suicide) for suicidality. These include economic adversity, alcohol and drug misuse, relationship stresses and social connections. Current provision exists to support men addressing crisis, self-harm and suicide prevention but could go further to address the additional risk factors and antecedents for suicidality.

10. There is a need to support health seeking behaviours in men. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) data suggests that 9% of middle-aged men experiencing suicidality are not in contact with any support.[5] Currently there is not a year-round targeted communications strategy to support men to engage with appropriate services and support.

11. Voluntary and community services report a need for increased skills and knowledge in how to help people experiencing self-harm and suicidality access a continuum of appropriate holistic support. Voluntary and community sector providers have reported an increase of self-harm presentations to their services, during the same period that hospital admissions for intentional self-harm have decreased.

12. Ensure evidence-based approaches support social connectedness and emotional wellbeing to reduce self-harm and suicidality among LGBTQ+ young people in current school-based and community-based locations. There is currently an opportunity address the risk factors of suicidality for LGBTQ+, such as loneliness, bullying and abuse via whole school approaches and the Children and Young People (CYP) mental health transformation programme.

[4] The developmental origins of suicide mortality: A systematic review of longitudinal studies, Vidal-Ribas, Pablo; et al. , European Child & Adolescent Psychiatry, 2022.
[5] The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Suicide by middle-aged men. 2021. The University of Manchester.

13. Further collaborative work is needed to improve access for Gypsy Roma Traveller groups to support services. Evidence suggested that roles embedded in the community are best placed to support Gypsy Roma Traveller groups. There is an opportunity to collaborate with existing community champions and other community assets.

14. Systems are needed to ensure professionals in community, healthcare, money help and other public-facing roles have up-to-date knowledge and can support access to financial advice and wellbeing and mental health support. This should include knowledge and pathways at a local level. National and local intelligence suggests that financial adversity is a risk factor for suicide.[6] The rising cost of living is likely to add additional risk and requires timely support to be implemented. Feedback from stakeholders acknowledges challenges for both citizens and professionals in identifying what financial support is available and where to access it.

15. Follow-up support is commissioned after first attendance to emergency departments for suicide ideation, and not for later attendances. Intentional self-harm requiring emergency hospital treatment has been found to be present in about 15% of those who take their own life.[7] Effective follow-up care has the potential to help people who self-harm to access the right support and prevent suicide.

16. There is a need to identify effective interventions to address the mental health needs and prevent suicide for people with long term physical health conditions. National data shows that people with long-term and chronic physical illness may be an at-risk group for low mental wellbeing and suicidality.[8] Local intelligence identified cancer diagnosis and chronic pain as the most cited physical health condition within RTSSS data. Some links exist between physical health and mental health services, however, more needs to be done to support and understand patient's needs.

17. Greater links and shared learning between domestic abuse teams and suicide prevention is needed. National data and research highlight that women are disproportionately affected by domestic abuse suicide.[8] [9] This group characteristically have multiple unmet needs with fewer resources to escape and seek help.

18. There is a need to better support the needs of children and young people who are in crisis and present to the emergency department with self-harm or suicidal ideation. Local stakeholders have highlighted inappropriately met or unmet needs of young people who are in crisis, with some CYP experiencing long waits on physical health wards whilst appropriate provision was sought. Looked after young people and those transitioning from CYP to adult services, were identified as a group of particular need.

19. There is a need to address online safety and suicide-related internet use. In the absence of local data, we look to national data which indicates a general increase in suicide-related internet use since 2011. Evidence of suicide-related internet use was identified in 8% of the suicides in people who were in contact with mental health services over the past year.[6]

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[6] Annual report 2023: UK patient and general population data 2010-2020. March 2023 Available from https://sites.manchester.ac.uk/ncish/reports/annual-report-2023/
[7] McManus S et al. Suicide and self-harm in Britain: researching risk and resilience. NatCen Social Research, 2019 Available from: https://nspa.org.uk/resource/suicide-and-self-harm-in-britain-researching-risk-and-resilience-using-uk-surveys-data-and-analysis/
[8] The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Annual report 2022. Available from: https://sites.manchester.ac.uk/ncish/reports/annual-report-2022/
[9] Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England
Sally McManus et al.June 07, 2022 DOI:https://doi.org/10.1016/S2215-0366(22)00151-1

Knowledge gaps

20. The following knowledge gaps have been identified through the JSNA:

   a. Evidence is currently limited on the effectiveness of interventions to prevent suicide and self-harm in people using substances.
   b. Limited understanding of the links between gender, domestic abuse and suicide (particularly sexual violence).
   c. Effective and appropriate links between RTSSS and Mental Healthcare Trusts' self-harm and suicide data to inform antecedent themes and prevention action.
   d. Prevalence and means of self-harm, including understanding of self-harm presentations to Voluntary Community and Social Enterprise (VCSE) organisations and the scale of potentially unmet need.
   e. Understanding gambling harm local intelligence in relation to suicide risk factors to inform target led interventions.
   f. Limited understanding of local probation and youth services and approaches to reducing suicidality in people in contact with probation and youth justice services.

Recommendations for consideration

21. The JSNA recommendations identify key changes needed to address needs of Nottinghamshire County and Nottingham City residents in relation to suicide prevention. These are set out in the table below:

	Recommendations	**Lead(s)**
	Improved data and evidence	
1	Improve data and intelligence sharing between partners including through the local Real Time Suspected Suicide Surveillance (RTSSS) system in order to ensure the quality of the RTSSS data and learning reviews after a suicide death has occurred and to improve the understanding of local need and gaps.	Local authority Public Health teams/ Nottinghamshire Healthcare Trust/ partners in RTSSS working group
2	Establish protocols for appropriate sharing and analysis of data on self-harm and suicide attempts among key partners working with groups at increased risk of suicidality, including mental health, domestic abuse, drug and alcohol use services to inform preventative actions.	Local authority Public Health teams/ Nottinghamshire Healthcare Trust
	Reducing access to means and high frequency locations	
3	Continue to prioritise action on reducing access to means for suicide within public places using intelligence from Real Time Suspected Suicide Surveillance (RTSSS) and through the RTSSS Working Group.	Local authority Public Health teams and partners in RTSSS working group

	Providing tailored and targeted support to target groups	
4	Develop integrated suicide prevention approaches for children and young people (CYP) in school settings via the Whole School Approach and CYP Mental Health Transformation Programme.	Local authority Public Health and Education teams/CYP Mental Health Transformation leads
5	Facilitate the development of services and support, co-produced with men, to address suicide risk factors and promote social connections in informal settings.	Local authority Public Health teams/VSCE sector
6	Develop targeted suicide prevention communications for men to support engagement in and access to support services.	Local authority Public Health teams/ Nottinghamshire Healthcare Trust
7	Work with partners (including VSCE and primary care) to better understand where people experiencing self-harm or suicide ideation come into contact with services and what further action is needed to identify and support them, particularly for those whose needs do not meet the threshold for secondary mental healthcare.	All commissioners in local authority Public Health teams
8	Develop communication resources to support people experiencing self-harm to access the right support at the right time.	Local authority Public Health teams
9	Integrate evidence-based approaches to supporting social connectedness and emotional wellbeing for LGBTQ+ people into school and community-based approaches and services.	Local authority Public Health teams/CYP Mental Health Transformation leads
10	Partner with community champions and existing organisations to improve access to appropriate support services for people from Gypsy Roma and Traveller communities.	Local authority Public Health teams
	Addressing risk factors	
11	Use learning from local pilot projects and listening events to improve access for groups who are at increased risk of not accessing self-harm and suicide prevention support such as: - Gypsy Roma Traveller groups - LGBTQ+ groups - Men - Those who are financially vulnerable, unemployed or people with a gambling problem - People with neurodevelopmental conditions - Young people/adults at risk of self-harm/suicide - People bereaved by suicide	Local authority Public Health teams/CYP Mental Health Transformation leads
12	Support the community and voluntary sector to support people from at-risk groups who are experiencing self-harm and	Local authority Public Health

	suicidality such as: men, people with financial difficulty, LGBTQ+ communities, people experiencing loneliness, and people in contact with the criminal justice system.	teams/VSCE sector
13	Work with services providing financial support/advice and wellbeing support to improve the pathways between psychosocial support and money help, promote workforce awareness of financial advice and wellbeing support, and strengthen links between financial support and mental health services.	Local authority Public Health teams
14	Identify contacts and foster links with commissioners and providers of chronic pain and cancer pathways to explore how to improve access to appropriate support services.	Local authority Public Health teams/ Nottinghamshire Healthcare Trust
15	Develop links with probation, youth justice and community-based services for people in contact with criminal justice system to develop training and involvement with the Suicide Prevention Stakeholder Network and Suicide Prevention Strategic Steering Group.	Local authority Public Health teams
16	Review mechanisms for sharing learning from Domestic Homicide Reviews relating to suicide with the suicide prevention partnership and consider opportunities for links between Assurance Learning Implementation Groups (ALIG) and the Suicide Prevention Strategic Steering Group.	Local authority Public Health teams
	Effective crisis support	
17	Work with the Integrated Care Board to identify support following Emergency Department attendance for every incident of suicide ideation.	Integrated Care Board
18	Work with the Integrated Care Board's Children and Young People (CYP) team to identify opportunities to promote the mental health and wellbeing and appropriate crisis support for CYP and looked-after children and ensure pathways for support are aligned to facilitate easy access for CYP.	Integrated Care Board (CYP and looked-after children's team)
	Online safety	
19	Develop an approach to promote online safety, informed by the national online excellence programme.	Local authority Public Health, Education and Childrens social care teams

Other Options Considered

22. The recommendations outlined in this report are based on the current evidence available and will be used to inform future work across partners on the suicide prevention agenda.

Reasons for Recommendations

23. Mental health is a priority across the system and suicide has a significant impact on individuals, families, and wider communities. The Suicide Prevention JSNA will inform recommissioning by the Integrated Care Board and the development of a new suicide

prevention strategy. Health and Wellbeing Boards have a statutory responsibility to produce a JSNA and approval for the Suicide Prevention JSNA chapter is sought from the Board in line with the approved JSNA work programme.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

25. Guidance was sought and utilised on the best practice for reporting on localised Real Time Suspected Suicide Surveillance data from the Office for Health Improvement and Disparities lead on Health and Wellbeing (Midlands).

Financial Implications

26. There are none arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To approve the Joint Strategic Needs Assessment (JSNA) chapter on Suicide Prevention, provided in **Appendix 1**.

2) To support implementation of the JSNA recommendations within the context of a new Nottingham and Nottinghamshire Suicide Prevention Strategy.

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Constitutional Comments (GMG 24/11/23)

27. This report falls to be considered and determined by the Health and Wellbeing Board under the Council's Constitution (see Section 7, Part 2, paragraph 8 on page 119).

Financial Comments (DG 27/11/23)

28. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'