



REPORT OF THE CABINET MEMBER FOR COMMUNITIES AND PUBLIC HEALTH

NOTTINGHAM AND NOTTINGHAMSHIRE SUICIDE PREVENTION AND SELF-HARM STRATEGY

Purpose of the Report

1. To gain feedback and input from Adult Social Care and Health Select Committee on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy.
2. To highlight available training opportunities in suicide prevention to the community and voluntary sector.

Information

What is mental wellbeing?

3. Mental wellbeing includes a person's emotional, psychological, and social well-being. It determines how a person handles stress, relates to others, and makes choices. Mental wellbeing fluctuates and can become a mental health problem if low mood, stress and anxiety persist over a longer period of time.
4. Established data and research from the 'National Confidential Inquiry into Suicide and Safety in Mental Health' shows that a previous history of mental illness such as depression, psychosis or personality disorder can increase suicide risk. Locally, within suspected suicide surveillance data, issues with mental health and wellbeing was the most commonly cited factor in narratives around suspected suicide deaths. It is widely acknowledged that population measures to reduce suicide are to improve population mental health and wellbeing.
5. Local councils play a vital role in supporting the mental health of their residents and are one of the most important influencers of people's mental health and wellbeing. Local councils are well placed to protect good mental health and in ensuring the best possible support for people with mental health difficulties through their role:
 - As a major employer and contractor,
 - In improving the environment through housing, travel, access to green spaces and community resources,
 - Supporting the best start in life and provision of education,
 - Ensuring good access to quality services such as social care,
 - As a local influencer through partnership working and mechanisms such as the Health and Wellbeing Board

6. Reports relating to Mental Health have also been considered by the Adult Social Care and Health Select Committee (Mental Health Services and support within ASC&PH) on 4 March 2024 and by the Health Scrutiny Committee (Nottinghamshire Mental Health Support Teams in Schools) on 20 February 2024.

What is suicide?

7. The Office for National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over.
8. Suicide is a major issue for society and a leading cause of years of life lost, according to data from the Office for Health Improvement and Disparities (2022). Suicide can affect anyone and has a significant, lasting and often devastating impact on individuals, families, communities, and wider society.
9. Suicide is often the end point of a complex history of risk factors and distressing events. However, suicide is preventable by working towards improving population mental health and wellbeing, and by responding to known risks for suicide in the population.

Use of language about suicide

10. Research evidence shows that certain types of media depictions, such as explicitly describing a method, sensational and excessive reporting, can lead to imitational suicidal behaviour among vulnerable people.
11. Samaritans' media guidelines for reporting suicide offer practical advice on how to reduce the risk of media coverage negatively impacting on people who may be vulnerable and can be found on the Samaritans' website (www.samaritans.org).

Advice on talking about suicide

12. The terms and phrases used when reporting suicide are important. Inappropriate or careless use of language can sensationalise or glorify a death.⁴ Careful use can contribute to more sensitive coverage, reducing the risk of influencing imitational behaviour or causing distress to bereaved family and friends.
13. Terms to use when speaking about a suicide include:
 - 1) Taken his/her/ their own life
 - 2) Ended his/her/ their own life
 - 3) Die by/death by suicide
 - 4) Suicide attempt
 - 5) Attempted suicide
 - 6) Person at risk of suicide
14. Unhelpful terms when speaking about suicide include:
 - 1) Commit suicide
 - 2) Suicide victim

- 3) Suicide 'epidemic',
 - 4) 'wave', 'iconic site',
 - 5) 'hot spot'
 - 6) Cry for help
 - 7) A 'successful', 'unsuccessful' or 'failed' suicide attempt
15. Councillors are well placed to champion mental health policies and practice to promote mental health and prevent illness. As set out in recent Samaritans 'Advice for local councillors in England on raising suicide in public forums and the media' (January 2024), Councillors have an important role to play in keeping suicide prevention and mental wellbeing on the local agenda and ensuring the issue receives appropriate debate and scrutiny. Councillors are also able to support suicide prevention and good mental wellbeing through the promotion of hopeful stories of recovery, encouraging help-seeking and sharing details of support services. The Samaritans advice for local councillors includes advice on speaking about suicide in public forums and the media to help minimise risks to people who may be susceptible to suicide contagion caused by media coverage. This Samaritans advice is not currently available online and can be circulated on request. Following meetings with Councillors during April, Public Health are working to identify appropriate suicide prevention training for Councillors in the coming months.

Key aspects from the Joint Strategic Needs Assessment

16. The Nottingham and Nottinghamshire Suicide Prevention Joint Strategic Needs Assessment (JSNA) was developed through a dedicated task and finish group, consisting of stakeholders from within the owning group of the Nottinghamshire and Nottingham City Suicide Prevention Strategic Steering Group. Members included representatives from Nottingham and 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).
17. The JSNA was approved by the Joint Health and Wellbeing Board in February 2024 with recommendations covering the following broad categories:
- 1) Improved Data and Evidence: The JSNA recommended improved data sharing protocols and embedded learning from data across key partners including the Real Time Suspected Suicide Surveillance working group, the local Mental Healthcare trust and other groups working with people at increased risk of suicidality to inform prevention action.
 - 2) Reducing access to means: To continue strengthening work on reducing access to means and high frequency locations through the Real Time Suspected Suicide Surveillance (RTSSS) working group.
 - 3) Providing tailored and targeted support to target groups: Research, data and local insights highlighted approaches to improve support for target groups, such as Children and Young People and the LGBTQ+ group through whole school approaches and men in mid-life through co-development of services in formal and informal settings.
 - 4) Addressing risk factors: Groups with increased suicidality need tailored support to access suicide prevention services i.e. those who are financially vulnerable, unemployed or

people with a gambling problem or people bereaved by suicide. Improved partnership working between local authority public health teams, the voluntary sector, ICB and other providers will facilitate this.

- 5) Crisis support has been raised with the Integrated Care Board to consider: identifying opportunities and improve support, particularly where gaps have been identified in subsequent presentations to emergency services and for looked-after children.
- 6) Online safety: There have been increases in suicide-related internet use since 2011. An approach to tackle this will be shaped by the new national online excellence programme.

Suicide rates

18. Nationally reported suicide data for 2019-21 show Nottinghamshire County's suicide rate of 10.3 per 100,000 people is statistically similar to both the East-Midlands (10.3) and the England average (10.4).³ From 2001 up until recent years, linear trends in suicide rates, both locally and nationally, had been going down. In more recent periods, local and national suicide rates have begun to rise, with Nottinghamshire County's suicide rates increasing from 8.7 per 100,000 people (in 2016-18) to 10.3 per 100,000 (in 2019-21).³ The latest figures for 2019-21 are not however statistically significantly different to the East Midlands or England average.
19. Since 2001, suicide rates in Nottinghamshire have been significantly higher in males compared to females, mirroring national patterns. Whereas nationally around 75% of people who die by suicide are men, 82% of suicides in Nottinghamshire County were men from the latest data available (2019-21).³

At risk groups

20. Known risks for suicide include living in areas of deprivation, having a previous history of mental illness, history of self-harm, or being part of at-risk demographic group such as men in mid-life. Further at-risk groups highlighted from the JSNA include:
 - 1) Children and Young people (including a focus on prevention)
 - 2) Gypsy Roma Traveller groups
 - 3) LGBTQ+ groups
 - 4) Those who are financially vulnerable, unemployed or people with a gambling problem
 - 5) People with neurodevelopmental conditions
 - 6) People with multiple health conditions, chronic pain or cancer
 - 7) People bereaved by suicide
 - 8) Domestic Abuse victims
 - 9) People in contact with the criminal justice system.

Role of the Nottinghamshire County Council in suicide prevention

21. 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. In line with Public Health England guidance (2020) Nottinghamshire County Council Public Health team work closely with Nottingham City Public Health to lead system wide suicide prevention work, including developing the local Suicide Prevention Strategy and

Joint Strategic Needs Assessment, and establishing and leading partnership meetings, including the Suicide Prevention and Self-Harm Strategic Steering Group and the Suicide Prevention Stakeholder Network. The group has reporting lines into the Health and Wellbeing Strategy, the Nottinghamshire Plan and the Integrated Care System (ICS).

22. As set out in the new National Suicide Prevention Strategy (see below) suicide prevention is everybody's business. Suicide prevention cuts across the work of Nottinghamshire County Council including the commissioning and provision of mental health support for adults and children and young people, promoting and supporting good mental wellbeing in the provision of services across the life course, ensuring places and communities promote good health and reduce loneliness, supporting good mental and emotional wellbeing within schools, and supporting our residents into the right support for their needs at the right time. Nottinghamshire County Council departments work with our partners in the Integrated Care System (ICS) to support the delivery of the ICS Mental Health Strategy and workstreams.
23. Public Health also work to improve the knowledge, competencies and skills of the workforce in relation to mental health promotion and suicide prevention through commissioning and promotion of training, communications and health promotions campaigns to reduce stigma and support people to access the right support at the right time, identification of risk groups and inequalities, and providing evidence-based information to inform practice across the system. Training is provided by Harmless and can be booked online (www.eventbrite.co.uk/o/harmless-lets-talk-training).
24. Public Health are also responsible for implementing and managing the Real Time Surveillance of Suspected Suicides System, which provides and monitors 'real time' data on suspected suicide deaths to support the early identification of risk factors and risk groups and enable rapid partnership responses to those risks.

New National Suicide Prevention Strategy

25. The new national Suicide prevention strategy and action plan was published in September 2023 and sets out over 100 actions across sectors, agencies and the general public, in promoting suicide prevention as everybody's business.
26. The government's ambition is to reduce suicide rates over the next 5 years with initial reductions observed within 2 years, by focusing on the following priority areas for action:
 - 1) Improved data and evidence: A new nationwide near real-time suspected suicide surveillance system will improve the early detection of and timely action to address changes in suicide rates or trends.
 - 2) Maximising collective impact: A £10 million Suicide Prevention Grant Fund to support Voluntary Community Sector organisations to deliver suicide prevention activity.
 - 3) Priority areas: Actions will look to provide targeted and tailored support for higher risk groups for suicide.
 - 4) Early intervention: Actions will address common risk factors linked to suicide at a population level by providing early intervention and tailored support.

- 5) Effective crisis support: NHS England is taking forward improvements to the mental health crisis support offer, supported by an investment of £150 million.
- 6) Effective bereavement support: Actions will support the roll-out of more consistent, high-quality bereavement support to those affected by suicide.
- 7) Online safety: The government's proposed Online Safety Bill will introduce legislation to tackle harmful online suicide and self-harm content.

Co-production of the Nottingham and Nottinghamshire Suicide Prevention Strategy and Charter

27. A core principle throughout development of the new local strategy was of co-production. A Nottingham and Nottinghamshire Suicide Prevention 'charter' task and finish group was formed in October 2023 consisting of people with lived experience of suicidality or bereavement by suicide. The purpose of the group was to develop a series of 'Charter statements' which would inform strategy development.
28. The Suicide Prevention Charter is expected to be finalised in April 2024 and is included in Appendix A. Charter themes have been shared as they were being developed, with strategy development teams in order to align with strategy timescales.

Development process of the strategy

29. A dedicated strategy task and finish group was set up in February 2024 consisting of members of the Suicide Prevention Steering Group and two link persons from Charter task and finish group with lived experience of suicide and bereavement by suicide. The group reviewed the progress made against the last strategy, ensuring the JSNA recommendations were included and a mapping of priorities. The co-produced Nottingham and Nottinghamshire Suicide Prevention 'charter' has been a 'golden thread' informing strategy development.
30. As part of a process of engagement, a copy of the draft strategy is included in Appendix B for input and feedback on the strategy from the Adults Social Care and Health Select Committee. The draft strategy will also be shared at the Health and Wellbeing Board workshop in May 2024, the Integrated Care System (ICS) Mental Health Partnership Board in June 2024 and the Children and Young People's Mental Health Partnership board.

Statutory and Policy Implications

31. 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.

Financial Implications

32. There are no direct financial implications to this report. However suicide prevention is everyone's business and will be supported by many services across the council and wider system.

RECOMMENDATION/S

It is recommended that the Adult Social Care and Public Health Select Committee:

- 1) Considers and comments on the Council's approach to suicide prevention.
- 2) Provides feedback on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-harm Strategy.
- 3) Members are also asked to promote the mental health awareness, self-harm awareness, suicide prevention and suicide bereavement training within their communities to staff and volunteers working with people across Nottinghamshire.

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Vivienne Robbins
Interim Director of Public Health
vivienne.robbs@nottscc.gov.uk

Dr Safia Ahmed
Public Health Registrar
Safia.ahmed@nottscc.gov.uk

Constitutional Comments (LW 03/05/24)

33. Adult Social Care and Health Select Committee is the appropriate body to consider the content of the report.

Financial Comments (MM 03/05/24)

34. 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.

- [Mental Health Services and Support within ASC&PH Report \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk)
- [Statutory Health Scrutiny Nottinghamshire Mental Health Support in Schools Report \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk)

Electoral Division(s) and Member(s) Affected

- 'All'

Appendix A – Suicide Prevention Charter

Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy