Manchester City Council
Report for Resolution

Report to: Health and Wellbeing Overview and Scrutiny Committee – 17 November 2011

Subject: Prevention of suicide in Manchester

Report of: David Regan, Director of Public Health

Summary

This overview report provides the Committee with an update on the suicide rates for Manchester and the approach being adopted to address the wider public health aspects of prevention and targeted work in particular settings.

Recommendation

The Health and Well-being Overview and Scrutiny Committee are asked to note the report and identify any areas for more in depth scrutiny.

Wards Affected:

All

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Background documents (available for public inspection):

Copies of the consultation on the proposed National Strategy are available on request from Public Health Manchester (Tel 0161 234 3981). Please note that the consultation closed on the 11 October 2011

1. Introduction

1.1 Every suicide is both an individual tragedy and a loss to society. Every suicide affects a number of people directly and indirectly and can have a devastating effect economically, psychologically and spiritually.

1.2 The number of people who take their own lives in England has been reducing in recent years. However, in 2009 4400 people took their own lives – that is one death by suicide every 2 hours.

1.3 The aim of this paper is to provide an overview of what is known about suicide, including factors that impact on levels of suicide, identification of those who may be at higher risk and the evidence for effective prevention.

2. What we know about suicide

2.1 The likelihood of someone taking their own life depends on several factors. Statistically, a number of groups are known to be at higher risk than the general population, these include:

- gender – males are three times as likely to take their own life as females (particularly adult men under 50)
- age – people aged 40-49 now have the highest suicide rate
- people in the care of mental health services (though the majority of people who commit suicide – around 75% - are not known to mental health services)
- people with a history of self harm
- people with physically disabling or painful illnesses including chronic pain
- people who misuse alcohol and/or drugs
- specific occupational groups such as doctors, nurses, veterinary and agricultural workers

There is also evidence that stressful life events can play a part. These include:

- the loss of a job / unemployment
- imprisonment
- debt
- living alone, social isolation or discrimination / bullying
- bereavement
- family conflict, divorce and family mental health problems

2.2 A report by the Scottish Government Social Research department conducted in 2008 reviewed the social and cultural factors that are associated with an increase in suicides and also identified the factors that promote resilience. This report and the draft national strategy on preventing suicide in England both emphasise that suicides are not inevitable and that an inclusive society that supports people at times of personal crisis will help to prevent suicides. There are a number of evidence based activities to prevent suicide. These include taking specific steps to reduce risk for those in the care of mental health and criminal justice services, for example, by reducing access to the means to commit suicide. Identifying population groups at potential risk and

building resilience and support is also important and this would include people who are survivors of childhood violence and abuse; groups facing discrimination such as lesbian and gay and black and minority ethnic communities. There is also evidence that raising awareness and improving the skills of frontline professionals and members of the public to support people at risk of suicide is a key protective factor.

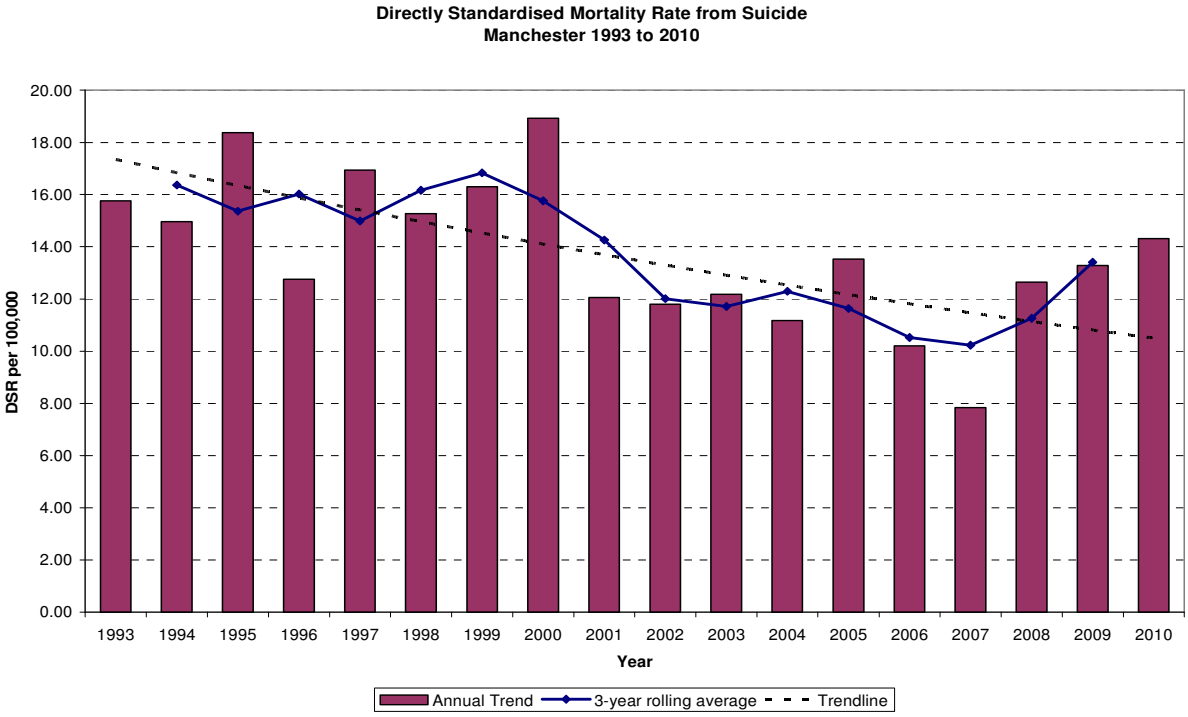
2.3 As Manchester is the fourth most deprived local authority area in England with high levels of chronic illness and poverty, based on the risk factors identified, there is potentially a large population of individuals at risk of suicide. The current economic downturn and associated job losses and reduction in public sector services may also have an impact. Indeed recent research by Stuckler et al (2009) has demonstrated the link between percentage point increases in unemployment and increases in suicide and alcohol consumption on an international level.

3. Levels of suicide in Manchester

3.1 Suicide rates per 100000 population are measured on a 3 year rolling average. We have recently seen two successive increases following a downward trend from 2003-5.

3-year average	Suicide rate
2001-03	12.0
2002-04	11.7
2003-05	12.3
2004-06	11.6
2005-07	10.5
2006-08	10.2
2007-09	11.3
2008-10	13

3.2 In terms of actual numbers, deaths from suicide/self-harm in Manchester have gone up from 40 in 2007 to 54 in 2008, 59 in 2009 and 66 in 2010.



3.3 It is impossible to be absolutely sure whether the recent increases signal a reversal in the downward trend, however there seems to be an underlying increase in self-harm deaths across the region. In Manchester, suicides among men aged 25-49 have increased from 24 in 2008 to 32 in 2010. This may be recession-linked, or may be more related to some other findings (e.g. from the North West Wellbeing Survey, of poorer reported mental wellbeing in males in employment in middle age)

4. Greater Manchester and Manchester plans to prevent suicide

4.1 The Greater Manchester Public Health Network has established a suicide prevention work stream and has developed a Suicide Prevention Strategy 2010-13. The focus of the strategy is to develop partnership working between the NHS, Greater Manchester Police, Fire and Rescue services and Local Authorities to share data and intelligence and to identify areas for action. The current programme has included identification of suicide 'hot spots', sharing of good practice across Greater Manchester and support for Child and Adolescent Mental Health Training.

4.2 In Manchester the Mental Health and Social Care Trust have convened a bi-monthly suicide prevention working group chaired by Professor Nav Kapur from the Centre for Suicide Prevention (University of Manchester), which has supported local projects including the Manchester Self-Harm project which has been running for the past 16 years, with many local and national outputs. Professor Kapur has indicated his willingness to present a detailed report to the HWBOSC at a future date

Although in the past this group has had a specialist mental health remit (with a focus on improving patient safety), following discussion with Public Health

Manchester, the group has now been expanded into a wider multi-agency group to look at population based prevention issues.

4.3 Initial proposals for discussion at the wider group include:

4.3.1 Co-ordination of local data and intelligence about suicide to inform planning and delivery of interventions, linking into the Greater Manchester network.

4.3.2 Increase early identification of people at risk and enhance responses from professionals, families and local communities:

- Increase understanding of mental health and suicide risk amongst front line staff in all organisations in contact with the public and amongst employers.
- Provide training in identification and response to suicide risk amongst staff in key organisations.
- Promote increased public understanding of suicide risk and reduce the stigma associated with talking about suicidal feelings.
- Promote/publicise sources of help and support for people experiencing suicidal feelings.
- Consideration of friends and family of those at risk for 'gatekeeper training', i.e. how to identify those at risk and support and refer them for treatment.

4.3.3 Identify particularly vulnerable population groups and plan useful interventions:

- Use of intelligence (above) to identify and prioritise vulnerable groups and, where possible, to identify local variation from or confirmation of those groups identified in the national strategy
- Work with people from priority populations, and those who represent them, to identify effective interventions.

4.3.4 Identify "hotspot" locations for suicide and provide notices of help and support:

- Liaise with Greater Manchester Network.
- Review local contribution and awareness raising.

4.3.5 Consider the contribution of wider public mental health activity in preventing suicides:

- Review the evidence for commissioning wider public mental health activity in terms of potential to reduce suicides.