

Adult Social Care and Health Scrutiny 21st March 2024

Suicide Prevention Update

1. Background

Suicide prevention continues to be a priority for Blackpool Public Health. Suicide prevention activity is delivered locally and on a Lancashire and South Cumbria footprint, as part of the Integrated Care Board (ICB) suicide prevention work stream.

A new national strategy for suicide prevention has been published recently – Suicide Prevention Strategy for England 2023-2028,¹ with an action plan to be released at a later date.

The ICB's suicide prevention logic model strategy is under review and a refreshed version is due later this year. There will also be a new suicide prevention strategy and delivery plan for Blackpool around the same time, focusing on local level actions and linking in closely with the ICB strategy. There are a number of ICB level working groups associated with suicide prevention, including groups to address risk factors e.g. self-harm and substance misuse. Blackpool has a Suicide Prevention Group, which reports to the Mental Health Partnership Board. Both the group and board have representation from statutory and non-statutory agencies. A Blackpool Gambling Harms Group has also been established, with gambling harm being identified as a risk factor for suicide.

This report outlines suicide prevention activity in Blackpool, including crisis support services and support for people bereaved by suicide.

2. Suicide Data

Overall across England there was a slight rise in the number of deaths from suicide between 2021 and 2022 (last reporting period). Blackpool saw a small decrease. Across Blackpool:

- Deaths from suicide fell from 21 in 2021 to 19 in 2022.
- In the three year period 2020-22, there were 61 deaths from suicide, a rate of 16.4 per 100,000 compared to 10.3 per 100,000 across England.
- This is a decrease from 18.1 per 100,000 seen in 2019-21, though Blackpool still has significantly higher suicide rates than the England average.
- Rates have generally remained static over time, Blackpool's rate of 14.2 per 100,000 seen in 2010-12 is not significantly different to the latest rate.
- A third of deaths were male and the highest number of deaths was in the 45 to 54 age group. Lowest number was in the under-25s age group.

¹ Suicide Prevention Strategy for England 2023-2028 (2023) [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118141/suicide-prevention-strategy-for-england-2023-to-2028.pdf)

Figure 1: Trends in suicides in Blackpool and England



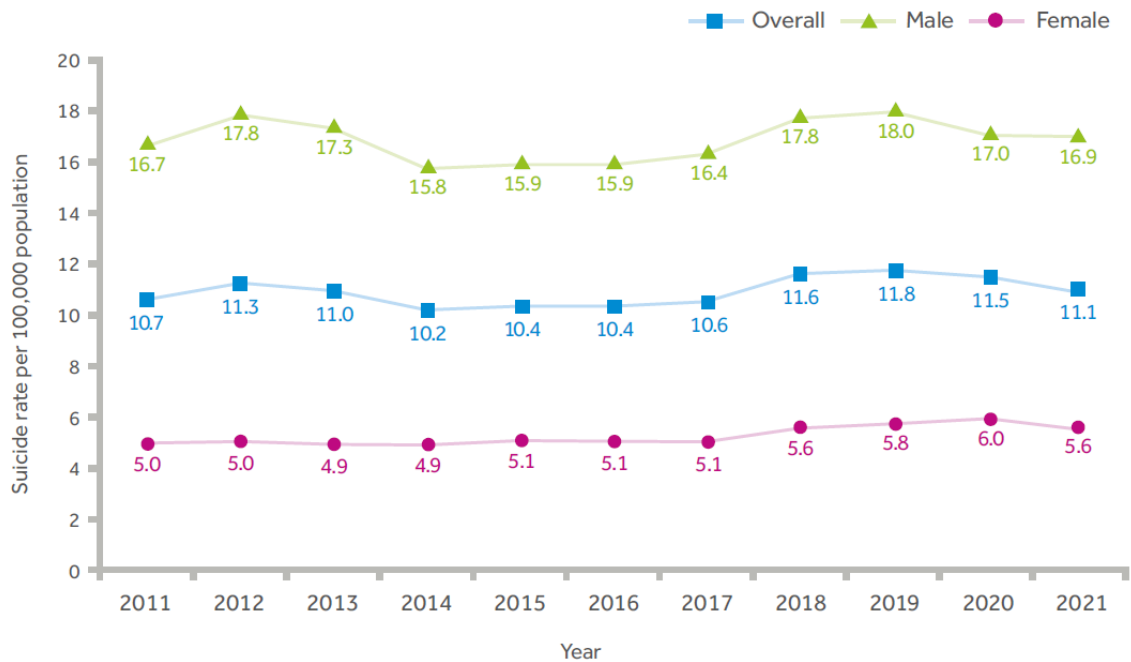
In 2018, the standard of proof required for a suicide outcome in England and Wales was lowered, which is likely to have contributed to an increase in numbers since that time.

The national confidential inquiry into suicide and safety in mental health is completed annually. The most recent report² shows:

- Rates were highest in middle-aged groups, especially 40-44 and 45-49 year age groups (in all countries except NI).
- The number of deaths by people aged under 25 increased in 2017-2019 and fell in 2020 and 2021.
- The COVID pandemic period did not see an increase overall or in groups of concern such as those aged under 25 or those aged 75 and over. However, the number of female suicides increased in 2020, driven by an increase in the number of suicides by hanging/strangulation.

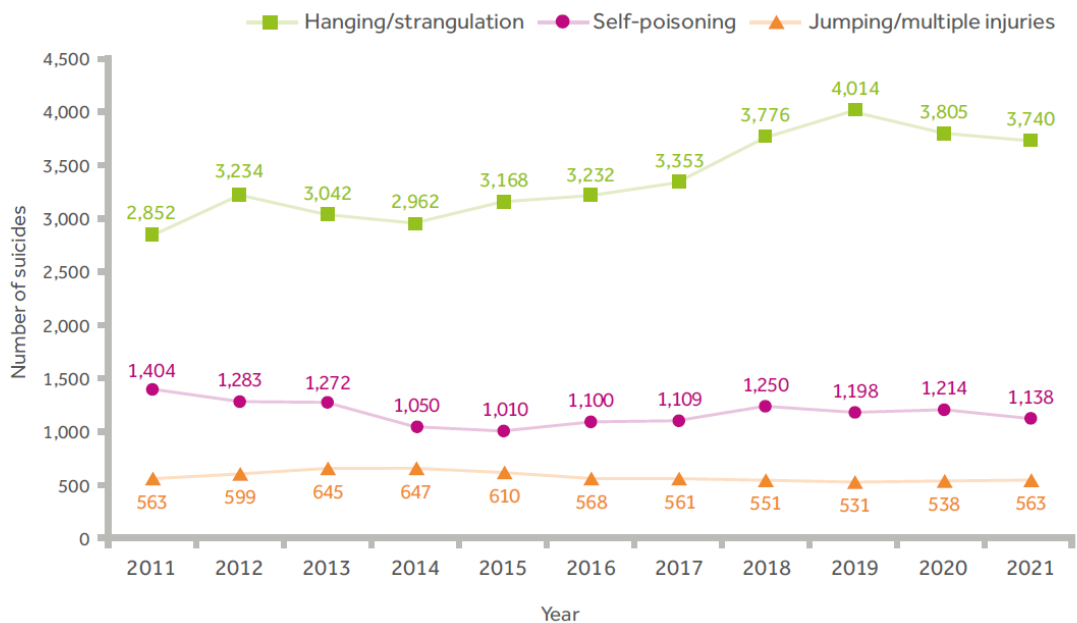
² The National Confidential Inquiry into Suicide Safety and Mental Health. Annual Report: UK patient and general population data 2011-2021. 2024. University of Manchester.

Figure 2: Suicide Rates in the General Population in the UK, by sex



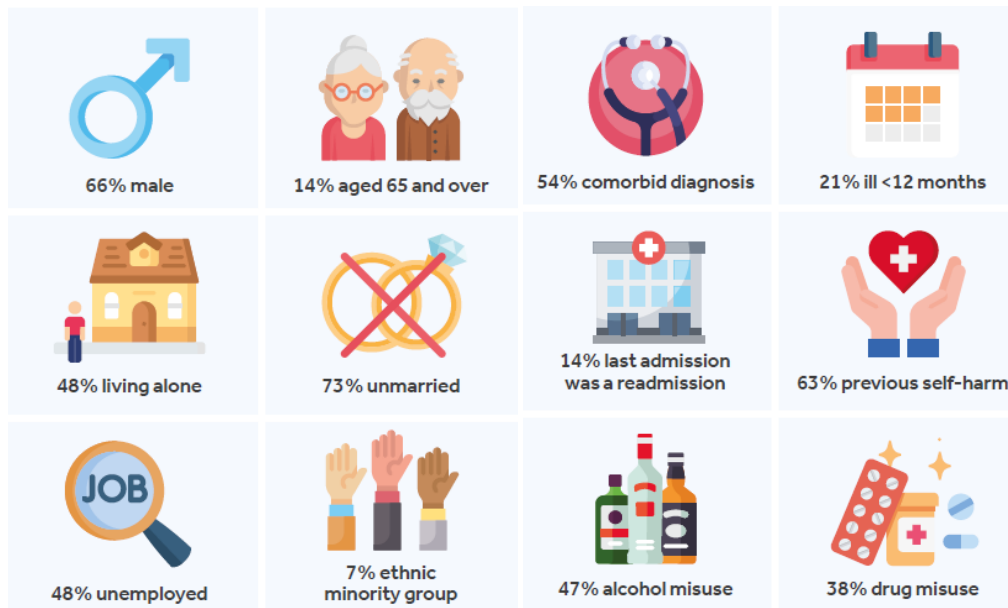
- Deaths by hanging/strangulation have increased almost every year since 2011, and the increase was seen in men and women, and in all age groups;

Figure 3: Suicide in the General Population in the UK: Main suicide methods



- Of all suicide deaths during 2022 to 2021 in the UK, 26% were by mental health patients (i.e. people in contact with mental health services within 12 months of suicide) – these patients had high rates of socio-economic adversity and isolation, co-morbidities, previous self-harm and drug and alcohol issues.

Figure 4: Socio-demographic, Clinical and Behavioural Characteristics of Patients who Died by Suicide in the UK (2011-2021)



3. Real-time Surveillance of Suspected Suicides

Local data is also captured through the Lancashire and South Cumbria real time surveillance system. Real Time Surveillance (RTS) has been running since 1st April 2019. The system reports Police data from Cumbria and Lancashire Constabularies in ‘real time’ and uses this to inform multi-agency partners within the ICB.

The RTS system depends on Police attending *suspected* deaths by suicide in the community. It is useful for identifying high-risk locations, to enable prevention measures to be put in place and reducing risk of suicide contagion as necessary.

The data provided by the RTS system currently is limited in terms of identification of risk factors. Public Health is currently undertaking an audit of deaths that have been to Inquest to help provide a more complete picture on risk and related factors. Where suicides occur in women, they are more likely to be middle-aged. Healthwatch Blackpool have been commissioned to consult with women and health professionals to gather insight into women’s experience of perimenopause/menopause and the impact on their mental health. This will help inform development of the new strategy.

4. Suicides in Public Places

Suicides occurring in a public location often attract harmful media attention and can have significant psychological consequences for witnesses.

Four areas of action have been identified to eliminate suicides at a frequently used location³:

- Restricting access to the site and means;
- Increasing opportunity and capacity for human intervention;
- Increasing opportunities for help-seeking by the suicidal individual;

³ Public Health England (2015) Preventing suicides in public places: a practice resource

- Changing the public image of the site (so it is no longer seen as a ‘suicide spot’).

Suicide prevention fencing is in place at areas of high risk, along with Samaritans helpline signage where restricting access and means is not possible. Planning applications are asked to consider suicide risk and guidance has been sent to developers on application.

5. Reducing Risk of Contagion

Suicides may result from contagion – where exposure to suicide can influence another person’s likelihood to engage in suicidal behaviour themselves. Individuals affected by contagion may be more vulnerable – for example, if they have a mental illness or previous bereavement.

Sensitive discouragement of personal memorials (e.g. floral tributes) and careful media reporting, including via social media, may contribute to prevention.⁴ Training on the Samaritans Media Guidelines has been offered to media outlets across Lancashire and South Cumbria, but there have been some examples of less responsible reporting, particularly in cases where deaths have occurred in a public place. Where issues have been identified, media outlets have been contacted to amend information reported, both locally and through the ICB. Blackpool Coroner’s Office will issue a reminder around reporting when an inquest opens.

A pan-Lancashire Contagion Prevention Protocol has been developed to help mitigate risk of contagion in cases of under 18 suspected suicide, as risk of contagion is higher in children and young people. This is activated as part of the statutory response through the Sudden Unexpected Death in Childhood (SUDC) team. The Public Health lead for suicide prevention will attend the Joint Agency Response meeting called by the SUDC team and support partners to identify and mitigate contagion risk. A resource is also being developed for use by education settings, along with an adult contagion response protocol.

6. Training

A mental health and suicide prevention training offer is available through the ICB and Blackpool Council Public Health Trainers. If completing a specific suicide prevention or mental health course e.g. Suicide First Aid or Mental Health First Aid, delegates can sign-up to become an Orange Button holder. Wearing an Orange Button shows that the person has received suicide prevention training and can provide signposting to support. There are 3,500 Orange Button holders across Lancashire and South Cumbria, 406 of these are in Blackpool. This number will increase as the local training offer is expanded.

7. Bereavement Support

Evidence suggests that those bereaved by suicide are at higher risk of suicide themselves. In Blackpool, support after suicide is available through the ICB commissioned service, Amparo. Additionally, Public Health commission Empowerment to deliver the Solace service. This is peer-led bereavement support, which includes the following delivery:

- Provision of peer-led support group for those who have experienced a bereavement through suicide;

⁴ The National Confidential Inquiry into Suicide Safety and Mental Health. Annual Report: UK patient and general population data 2011-2021. 2024. University of Manchester.

- Acting as a point of contact to people who have been recently bereaved, including distribution of Bags for Strife;⁵
- Signposted those who are affected to the appropriate service and supporting them to access if needed;
- Promotion of suicide prevention training offer and Orange Button Scheme within the community;
- Building a strong community network to reduce stigma around suicide;
- Delivery of community events for key dates, e.g. World Suicide Prevention Day;
- Leaflet/poster drops in identified geographical areas to promote support services;
- Talking to local businesses and the general public to raise awareness of local service provision and promote the Orange Button Scheme.

Survivors of Bereavement by Suicide (SoBS), have also recruited local volunteers to lead a peer support group in Blackpool, which is in development.

8. Crisis Support

8.1 Street Triage

LSCFT have designed and implemented the Initial Response Service and Street Triage Service. The IRS and Street Triage team has now been rolled out for the Fylde Coast. The IRS provides a 24/7 mental health response to urgent and routine referral, ensuring the most appropriate response is provided in a timely manner.

Street Triage provides a response to the community from a police officer and a mental health practitioner, to calls that come into the 999 police system of people presenting in the public where there is an indicated mental health need.

The Psynergy vehicle offer ceased in February 2024 to support the Street Triage staffing model – the police were unable to staff both Street Triage and Psynergy. The ICB are developing a health vehicle for Lancashire for calls that require a mental health and NWAS response, timescales not agreed at this point from the ICB.

- From 20/9/23 – 31/1/24 there were 4,822 referrals into IRS, averaging 254 referrals a week from GPs, service users/carers and other professionals, including Children and Young People and Older adult referrals. Calls are being answered on average 24 seconds. Pre IRS only 11% into START were self-referrals, positively this has now increased to 31% being self-referrals via IRS.
- Significant number of referrals are coming through as urgent and Blackpool GPs are the highest referrers. LSCFT Fylde Coast leadership team are engaging in regular conversations and forums with GPs across the Fylde Coast, to ensure they are clear of when and how to refer. These conversations have been with individual practices and also the GP consortia. Mental health advice and guidance has also been communicated to primary care colleagues and LSCFT continues to ensure all GP practices are aware and informed of the service.
- Recruitment is in a good position, with just two posts vacant now out of 19 posts in total in the service. These posts are being advertised at the time of writing this report.
- The team are facing a large number of complex referrals. To ensure responsive services the LSCFT transformation team have completed a review of the IRS practice, and an action plan

⁵ [BAGS \(bagsforstrife.co.uk\)](http://bagsforstrife.co.uk)

is in place to ensure the team are practising to standard operating procedures for best possible outcomes.

8.2 Blackpool Teaching Hospitals (BTH) CASHER (Child and Adolescent Support and Help Enhanced Response) team – out of hours support for young people under 25, including crisis support, evening and weekend clinics. Since the introduction of CASHER, under 25s admissions for self-harm in Blackpool have reduced significantly.

8.3 Light Lounge Crisis Café, Blackpool– crisis support delivered by Richmond Fellowship, in partnership with LSCFT. The Fylde Coast Home Based Treatment Team (HBTT) provide daily sessions and support into the café to provide support to people presenting to the café requiring further mental health support or assessment. The Light Lounge Richmond Fellowship team offer low level therapy sessions and signpost to other services where needed.

8.4 Sycamore Recovery House – This service is delivered by Richmond Fellowship, in partnership with LSCFT. The Recovery House provides a place to stay for up to six guests who require increased support away from home, but who do not require the level of support from a mental health bed. Guests can stay for up to seven days, during their stay they will receive support sessions from a wide range available to address their needs, for example, sleep hygiene, coping mechanisms, dealing with grief social issues support etc. The therapy sessions are delivered by Richmond Fellowship, LSCFT HBTT mental health practitioner attends the recovery house daily to review the guests and ensure care planning and risk assessment is carried out.

8.5 In Development

Work is currently taking place to establish the national requirement of an NHS 111 mental health option. This is due to go live on 2nd April 2024. The service model will enable callers to NHS 111 to select a mental health option, the call will then be digitally transferred to the appropriate IRS service, dependent on the caller's location. The IRS service will triage the call and respond appropriately.

Work is also taking place to agree the service model for the national Mental Health Response Vehicle (MHRV), which will provide a face-to-face response when people are identified as presenting primarily with a mental health need. This service will be used to improve the timeliness, quality, comfort, and experience of transport for people with mental health needs, to reduce inappropriate demand, reliance on police and to reduce avoidable conveyance to emergency departments. It will enable a mental health practitioner to complete a face-to-face assessment to support and signpost accordingly. The vehicle will be manned by an LSCFT mental health practitioner and NWS emergency medical technician.

8.6 More General Mental Health Support

- Fylde Coast SHINE Mental Health Support Team in School – offer all secondary schools and colleges a range of 1:1 psychological interventions, group work and consultations with staff for children with mild to moderate mental health difficulties.
- Primary Mental Health Workers – offer drop-ins and support, advice and information.
- Children and Young People's Wellbeing Practitioners – offer low-intensity, community-based psychological support.
- YouTherapy – Offer evidence-based therapeutic interventions to young people aged 11-25.
- Children's Psychological Service – supports children aged 5-16 with complex psychological or emotional difficulties.

- CAMHS – for under 18s with moderate and severe mental health problems.
- Blackpool Council Schools Early Help and Resilience Team – available for all schools, 1:1 support, transition support and group work programmes. Offer self-harm intervention as part of early help offer.
- Kooth – online support for young people aged 11-18.
- Togetherall – online mental wellbeing support 16+.
- Local VCFS peer support– e.g. Elliot’s Place for young men, UR Potential LGBTQ+ support groups.
- Blackpool Council Adolescent Service – practitioners are trained in dialectical behavioural therapy (DBT) skills to help support children and young people with emotional regulation. Practitioners themselves have access to the BTH Risk Support Liaison Practitioner.
- Healthier Minds – psychological therapies for people aged 16 and over.
- LSCFT Wellbeing Helpline and Texting Service.
- Homeless and Rough Sleepers Mental Health Team – delivered from Winstone house hub, includes access to psychiatry and adult social care.