

LINCOLNSHIRE'S SUICIDE PREVENTION STRATEGY 2020-2023

REACHING OUT AND SAVING LIVES

Forward from Cllr Bradwell – To Follow

Purpose

1. Suicide is a major issue for society and a leading cause of years of life lost. It is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. It is the leading cause of death in the UK for 10-19 year olds. These deaths are often the result of the ultimate loss of hope and meaning of purpose in life. Suicide can devastate families and leave a lasting impact on their own wellbeing. However, suicide is not always inevitable and is preventable.
2. The Lincolnshire Suicide Prevention Strategy 2020 – 2023, which has been developed on a multi-agency basis strives to reduce suicide and suicide behaviours in Lincolnshire to a minimum.

This document sets out Lincolnshire's shared vision, mission and priorities. Some organisations in Lincolnshire are required to have, or have chosen to develop their own suicide prevention strategies (for example Lincolnshire Partnership NHS Foundation Trust). All other organisations and partners will have agreed to reference this document in their own strategies as well as provide details on how they will contribute to achieving the shared priorities identified.

Executive Summary

1. Since a historical low in 2007 the suicide rate in England and Lincolnshire has steadily increased.
2. During 2017-18 on average more than 1 person per week took their own life in Lincolnshire.
3. It is estimated that one in five people consider suicide at some point in their lives.
4. The human cost of death by suicide is high and tends to have an especially heightened and widespread effect for those in the family and beyond. Research suggests that around 135 people may be affected by each person dying by suicide. This can impact on people's ability to work, to continue with caring responsibilities and to have satisfying relationships.
5. National guidance recommends that every Local Authority carries out a [suicide audit](#), develops a suicide prevention action plan, and establishes a multi-agency group to co-ordinate effective action within the local area.
6. In line with this guidance, this strategy has been developed by actively engaging local partnerships through the Suicide Prevention Steering Group and the Lincolnshire Mental Health Crisis Concordat, using local data and intelligence and with reference to regional and national strategies. A multi-agency governance structure has been developed to manage delivery of the strategy and monitor how well it is achieving its objectives.
7. The success of this strategy is dependent upon the vision and resources of partner agencies and within our local communities. It is underpinned by the

assumption that more can be delivered by improved coordination of existing services and activities, alongside key stakeholders working to a common vision and plan. Lincolnshire has currently not received any of the National funding available for suicide prevention.

8. The suicide agenda is closely aligned to the Mental Health agenda and the additional national investment in mental health provision, and in particular Mental Health Crisis provision, will play a key role in delivering our local suicide prevention offer.
9. Our vision in Lincolnshire is consistent with the national suicide prevention strategy for England, the outcome of the Lincolnshire Suicide Prevention Summit and the Suicide Prevention strategies of partner agencies, including those of NHS partners, who operate a zero based approach to suicide.

Our Vision and Mission

Our Vision and Mission statements as agreed at the Lincolnshire summit meeting are set out below.

Our Vision

Lincolnshire is a place where people continue to have hope and suicide is rarely an option considered.

Mission

Reaching out and savings lives

Values

We believe the loss of any life to suicide is a tragedy and therefore we want people to seek help before they consider that suicide is their only option. We want people to have *hope* that things can get better. We also want people to understand that they can receive help and support through a range of different ways.

We recognise that people sometimes find it difficult to talk about their feelings and therefore it is important to regularly ask people if they are ok and whether they want to talk anything through. A single discussion may be enough to give someone *hope* and help them to seek further support.

Many organisations and professionals have a key role in recognising and supporting people with thoughts of suicide and should be supported in this through adequate training and procedures. We also expect that family, friends and carers can regularly

ask people how they are and to start a conversation. However it is not necessary to know someone to recognise that they may be worried about something or may be unwell. We would therefore encourage everyone to reach out a hand of kindness, as this simple action could potentially be enough to save a life.

We want everyone to know how best to support someone if they need to talk about how they are feeling, through providing information, advice and signposting. This way everyone can play their part in preventing suicide and is the foundation stone of this strategy.

Governance

The Director of Public Health (DPH) is formally responsible for the development of a local Suicide Prevention Strategy and Action Plan through co-production with partners across Lincolnshire. The governance arrangements for the development and implementation of this strategy and action plan, including monitoring performance, lays with the Mental Health, Learning Disabilities and A Board (MH, LD, A Board). The MH, LD, A Board will provide assurance to the Lincolnshire Health and Wellbeing Board through the reporting mechanism for the Mental Health (Adults) priority of the [Joint Health and Wellbeing Strategy](#). The Suicide Prevention Steering Group (SPSG) will sit under the MH, LD, A Board and will carrying out the tasks within the action plan. Further task and finish groups may form under the SPSG.

Drivers

Whilst acknowledging that there are a number of factors that influence suicide prevention, the essential ones are identified below:

1. Our Lincolnshire aspiration to protect people from harm and our vision to prevent every single death by suicide;
2. The strategy has also been informed by the outcome of the Lincolnshire Suicide Summit which took place in January 2019;
3. The Cross-Government Suicide Prevention Workplan 2019 from the Suicide Prevention Minister, which sets out key priorities to include in local action plans is as follows:
 - a. Reducing suicide in high risk groups
 - b. Tailoring approaches to improve mental health in specific groups
 - c. Tailoring approaches to support Children and Young People
 - d. Reducing access to means of suicide
 - e. Providing better information and support to those bereaved or affected by suicide
 - f. Supporting the media to deliver a sensitive approach to suicide and suicidal behaviour
 - g. Supporting research, data collection and information.

All drivers can be found in the Joint Strategic Needs Assessment Suicide Topic on the [Lincolnshire Research Observatory website](#).

Local Analysis

There is a requirement for Public Health teams to complete an annual suicide audit. As part of these audits, information from the coroner's office is incorporated into the

analysis. These audits produce intelligence that helps us to identify cohorts of people who are at high risk of suicide. This intelligence also helps us to consider local priority actions for preventing suicide. The Lincolnshire Annual Audit 2018 identified a number of key statistics and issues as follows:

- An increase in the number of suicides to 63 compared to 58 in 2017
- 2 in 3 are male deaths
- Hanging is the most frequent cause of death
- The most prevalent age groups for males is 40-44 and females 45-49
- Suicide rates in the most deprived areas of the County are twice the national average and three times the rate in the least deprived areas of Lincolnshire
- Target occupation groups include male skilled construction and building trades; male skilled agricultural workers and related trades; males elementary trade and related occupations; and female caring personal services occupations.

All Lincolnshire Annual Suicide Audits can be found on the [Lincolnshire Research Observatory website](#).

Key Objectives – Priorities for Action

The following priorities for action have been identified from the Lincolnshire Suicide Prevention Summit in 2019, national guidance and feedback from key stakeholders.

The key objectives will be underpinned by the concepts of Prevention, Intervention and Postvention.

- Suicide prevention refers to diminishing the risk of self-inflicted harm with the intent to end life. It may not be possible to remove the risk of suicide completely, but it is possible to reduce this risk. Intentional efforts to reduce the risk (i.e. education), in addition to the presence of natural protective factors (i.e. social support and connectedness), can aid in suicide prevention.
- Suicide intervention refers to a direct effort to prevent someone from intentionally attempting to end their own life.
- Suicide postvention refers to measures occurring after a suicide and attempted suicide has taken place that address the needs of those affected. Postvention can take many forms, but its purpose is to support those affected to cope with the loss, reduce the risk of suicidal behaviour and support healthy recovery in the aftermath of a suicide. Postvention also serves as prevention when it promotes healing of those affected which then can reduce their risk of suicide.

In order to deliver our vision, we have developed the following shared objectives:

1. We will develop a Local Suicide Prevention Core Offer. This will confirm what help and support is available to people if they have self-harmed, have experienced suicidal thoughts and those that are bereaved by suicide. It will also set out a pathway of how help and support can be accessed, using a no wrong door approach.
2. We will target high risk groups. We will develop our understanding of how best to prevent suicide in high risk groups through research, analysis and engagement with key stakeholders. The Suicide Prevention Steering Group

responsible for developing and implementing this strategy will develop specific prevention initiatives to be targeted at these high risk groups.

3. We will support Children, Young People (CYP) and their families. We will develop our understanding of how best to reduce suicide and suicidal behaviour in children and young people through research, analysis and engagement with key stakeholders. The key focus will be to promote and improve children and young people's emotional wellbeing and mental health through effective awareness and support to CYP and families from birth right through school to adulthood, as well as improving access to support, creating mentally health schools and communities for CYP, targeting promotion and support for the most vulnerable and providing effective crisis support when required.
4. We will develop our knowledge and intelligence. A key source of intelligence that has informed this strategy are the annual suicide audits completed by colleagues in Public Health. This will continue to be strengthened with further intelligence to determine the focus of the Suicide Prevention Strategy and Action Plan.
5. We will raise awareness and improve training. We will agree a common approach to raising awareness of suicide and of identifying training needs. The Lincolnshire Core Suicide Prevention Offer will include guidance that professionals and the public can access to increase awareness of suicide, associate risks and what they can do to help prevent suicide. Targeted suicide awareness training for community groups as well as professional front line staff will be established and will form an important element of this strategy.

Lincolnshire's Suicide Prevention Action Plan

A summary of the priority actions relevant to this strategy can be found in the document entitled Lincolnshire's Suicide Prevention Action Plan.

It is our intention to review these priority actions annually following consideration of the annual suicide audit intelligence, and after reviewing progress against the action plan and also performance against local indicators that we will monitor as part of this strategy.

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