

Hampshire Suicide Prevention Strategy

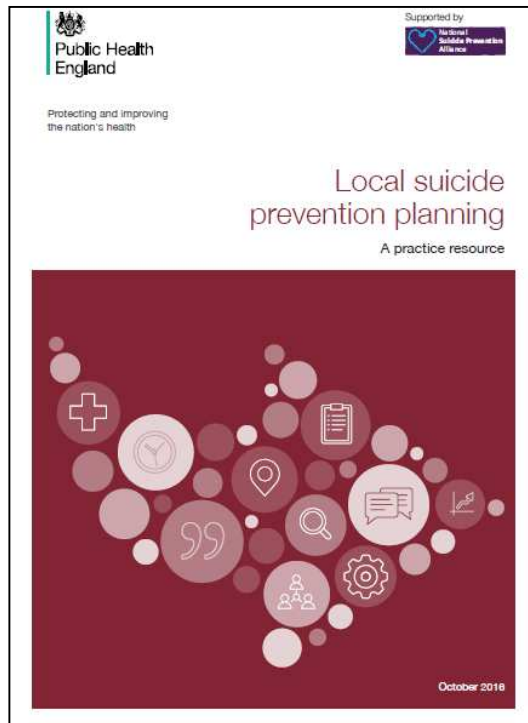
Simon Bryant
Associate Director of Public Health
Hampshire County Council

Aim

Achievement of the Five Year Forward View target for reduction of suicide (10% by 2020/21) from a 2015/16 baseline.

This strategy outlines the Hampshire approach to suicide prevention which requires statutory agencies, the voluntary sector and others, including the media, to work together to reduce the number of suicides and the effect of someone taking their life.

Themes



Reduce the risk of suicide in key high-risk groups

Tailor approaches to improve mental health in specific groups

Reduce access to the means of suicide

Provide better information and support to those bereaved or affected by suicide

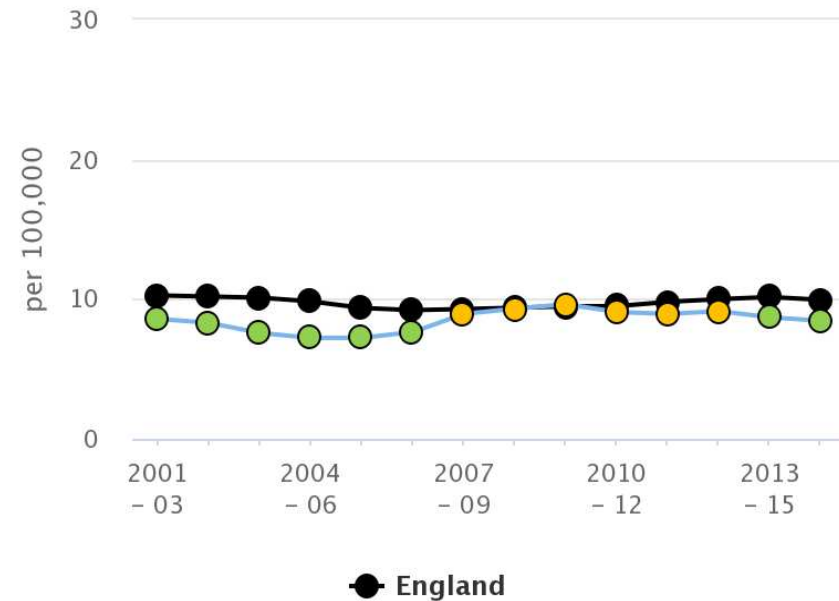
Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Support research, data collection and monitoring

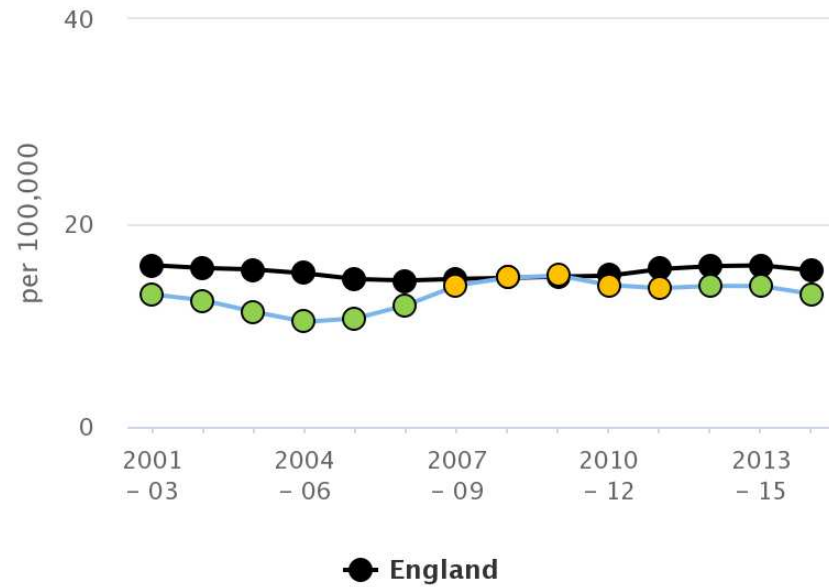
Rates of suicide

The latest suicide and injury undetermined mortality rate (2014-16 data) for Hampshire is 8.4 per 100,000 population (n=303) this is statistically significantly lower than the England rate of 9.9.

4.10 - Suicide rate (Persons) - Hampshire



4.10 - Suicide rate (Male) - Hampshire

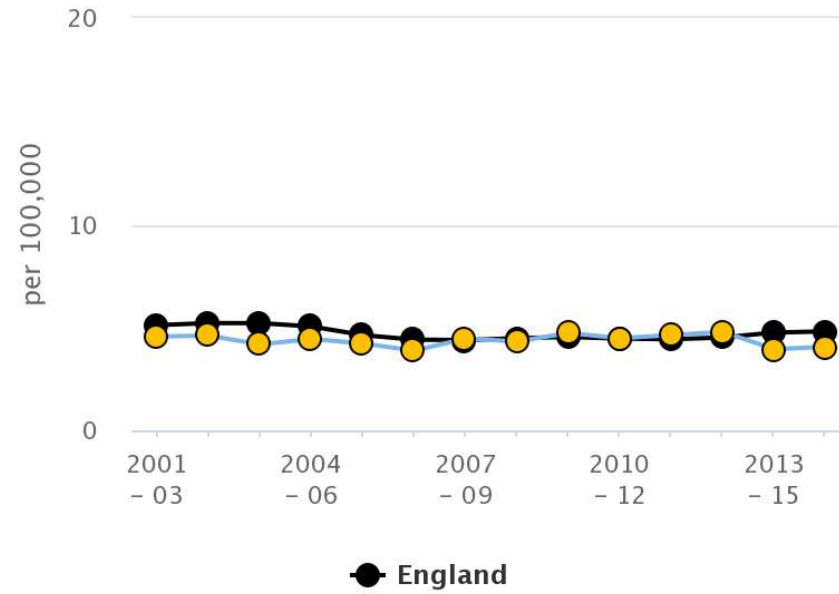


The suicide rate is higher for males, with a male: female ratio of 3:1, however trend data suggest a decrease over the last few years for male rate which is now lower than the national rate but a flattening of the female rate which is comparable to the national rate

At district level rates fluctuate between 5.6 per 100,000 in Eastleigh to 11.2 per 100,000 in Test Valley; Data for 2014 to 2016 show rates are significantly lower than the national rate in Eastleigh Fareham and the New Forest.

The other districts rates are not significantly different to the national rate.

4.10 - Suicide rate (Female) - Hampshire



Audit data

274 deaths (2014-16)

73% were male

71% recorded had the person's ethnicity recorded

4% people were in current or recent contact with the criminal justice service.

Overall, the majority of cases (60%) audited died by suicide at home, however location of death data for people aged under 24 years shows the majority (66%) died elsewhere.

Hanging was the most common method with over half of the cases using this method, followed by those that died due to a drug overdose and then those that jumped onto train tracks/into a train.

Ages ranged from 15 years to 90 years, the average age over the three year period was 47 years.

With many thanks to the Hampshire Coroners and their Offices

Services involved

73 (27%) were in contact with mental health services at the time of their death.

8% had been in contact with mental health services in the last 12 months and 5% had been in contact with mental health services in the last 2 years

One third had been to see their GP two weeks before their death almost half of these consultations were to discuss mental health issues – such as depression and anxiety, review of medication for depression and poor sleep.

Almost one third had documented reports of substance misuse within the last year – 28% misused alcohol, 32% misused drugs and 26% misused both drugs and alcohol

Suicide prevention in Hampshire

Key achievements

Postvention protocol for schools/colleges

Real time surveillance with Police and *Help is at Hand* distributed to key locations

EU Step by Step project to improve men's mental health



Leaving prison work – improving support available for ex prisoners.

Suicide prevention training for frontline workers

Developing work to support LGBT communities through schools and local events



Partnership work with South Western Railways including visits to high risk locations

Connect 5 training – Community Resilience



Further understand factors influencing suicide in high risk groups

Work with Primary Care supported through STP funding (HCC lead)

Progress a postvention protocols for workplaces

Building on work with SWR strengthen partnerships with Highways and Maritime and Coastguard Agency

Develop work with the police on response to suicide

Development of a Safety App

Work with the Criminal Justice System on embedding learning from the Rebalancing Act Plan

Key Actions

We must all work together to develop community based suicide prevention plans and activities that reach out to every part of England.

Hamish Elvidge Bereaved parent and chair, Matthew Elvidge Trust

Governance

- Multi Agency plan and group chaired by Public Health
- Strong links to the Safeguarding Boards
- Feedback to the Crisis Care Concordat
- Sign off by the Health and Wellbeing Board