Suicide and Suicide Prevention
An overview of current challenges and future opportunities // 2016
Learning Outcomes

- The Global Picture
- National Picture
- West Midlands Picture
- Local Snapshot
- Economic Costs
- The Evidence Base
- Local Opportunities // future possibilities
The Global Picture

- Every year, nearly one million people die from suicide.
- Every forty seconds somebody takes their own life.
- In the last 45 years suicide rates have increased by 60% worldwide.
- Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group.
The National Picture

- Figures released by the Office for National Statistics (ONS) in February 2016 (2014 data) showed that whilst suicides in the UK had decreased by 2%, suicides in England had increased to 4882 cases.
- The most common means for completing suicide for both men and women is hanging.
- 75% of suicides are by men.
- 75% of all suicides are not known to mental health services/been in touch with MH services within the last year.
- Associations (where they exist) – Self harm // abuse // previous attempt // bereaved by suicide.
Suicide – Just the tip of the Iceberg…..

West Midland, 2014
Population: 5.5 million
Reported suicides: 572

Unreported suicides: 5% to 25% more suicides = 710
Suicide behaviors: 100 times greater than number of suicides = 71,000
Number of people affected: At least 16 per suicide behaviour = 1,136,000

People with thoughts of suicide: 275,000
Death Rate by Suicide Regional

England and Wales
Suicide – Caution on statistics

Main reasons for the under-reporting of deaths by suicide:

- Misclassification of deaths.
- Requirement for absolute certainty with Coroners.
- The subjective nature of the coronal system
- Narrative Verdicts

Suicide verdicts per Local Authority

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Solihull - Suicide age-standardised rate: per 100,000 (3 year average)

Source: Public Health England (based on ONS source data)
Birmingham - Suicide age-standardised rate: per 100,000 (3 year average)

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<tr>
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<th>Count</th>
<th>Value</th>
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<tr>
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<tr>
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<td>10.4</td>
<td>9.1</td>
<td>8.9</td>
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</table>

Source: Public Health England (based on ONS source data)
The Economic Cost of Suicide

- England – Cost of a suicide estimated at £1.7 million*
- Cost for reported suicides in Birmingham and Solihull** = £539,000,000
- These estimates have been based on 3 sets of cost components:
  - **Direct costs** i.e. the services used by the individual leading up to and immediately following the suicide. This includes, for example, unsubsidised GP visits, prescribed medication, counselling, funeral costs, court costs, use of emergency services, insurance claims and medical services.
  - **Indirect costs** i.e. the costs to society of each suicide. These include the time lost from work and lost production from an exit or absence from the workforce.
  - **Human costs** i.e. lost years of disability free life in addition to the pain and grief experienced by family and friends.


**2012-2014 based on 3 year count – Solihull = £76,000,000 // Birmingham = £463,000,000
### Birmingham & Solihull Strategic (2015)

#### Action Plan & Multi-Agency Steering Group

<table>
<thead>
<tr>
<th>Location</th>
<th>Score</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham (7a)</td>
<td>6.3 ✓</td>
<td>Suicide “not a key public health outcome” as local rate has declined in Birmingham.</td>
</tr>
<tr>
<td>Sandwell (7d)</td>
<td>7.5 ●</td>
<td>Local group for suicide in children/young people – looking to expand to adults.</td>
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<tr>
<td>Dudley (7c)</td>
<td>5.7 ✓</td>
<td>Two local strategies – one by public health, one by Mental Health Trust.</td>
</tr>
<tr>
<td>Solihull (7e)</td>
<td>4.5 ✓</td>
<td>Plan published although originally due to run 2010-13.</td>
</tr>
</tbody>
</table>
The Evidence Base – Some of What Works?

- **Strategic – Suicide Prevention Zero Tolerance Approach** – Incorporating the Detroit Model – a both clinical and community based approach to preventing suicide#

- **Training** - Economic modelling work has estimated that suicide-training courses provided to all GPs in England could result in net savings of over £500 million after one year and further considerable savings over the longer term*

- **Peer Led Group/Targeted Programmes** - most effective for improving health outcomes when facilitated by trained peers, lay people (not necessarily peers) or professionals**

- **Postvention Support** – supporting those bereaved by Suicide and utilisation of Help is at Hand // Working with survivors of suicide

- **Information** – Social Media and Mobile Technologies – The value of E Participation***

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# http://www.no-more.co.uk/files/no-more-strategy.pdf
** https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf
Local Opportunities//Future Possibilities - Training

ASIST
- Standardised
- 2 Day
- One to One SafePlan

safeTALK
- Standardised
- Half Day
- Spotting signs & referral

S.C.H.E.M.E
- Tailored
- 2 hours
- Systematic steps
Local Opportunities//Future Possibilities - Peer Led Group/Targeted Programmes

Through both targeted and public awareness raising events, **ManMade** looks to reduce the number of men dying by suicide each year in the UK.

**To date:**
- ManMade Family
- ManMade Dudley
- ManMade | The Conference
- ManMade | CRUSE
- ManMade Website [www.manmade.org.uk](http://www.manmade.org.uk)
Information and Access – E – Participation - URBRUM

- Social Media based information portal
- Service database included
- Community based conversations
- Local Intelligence
- Up-to-date and organic in nature
- Accessible and relevant
- Community Resource Key Supported
- Innovative
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