



Our journey

‘No More Suicides in Bolton’



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Bolton’s Suicide Prevention Partnership Plan
2017-2020

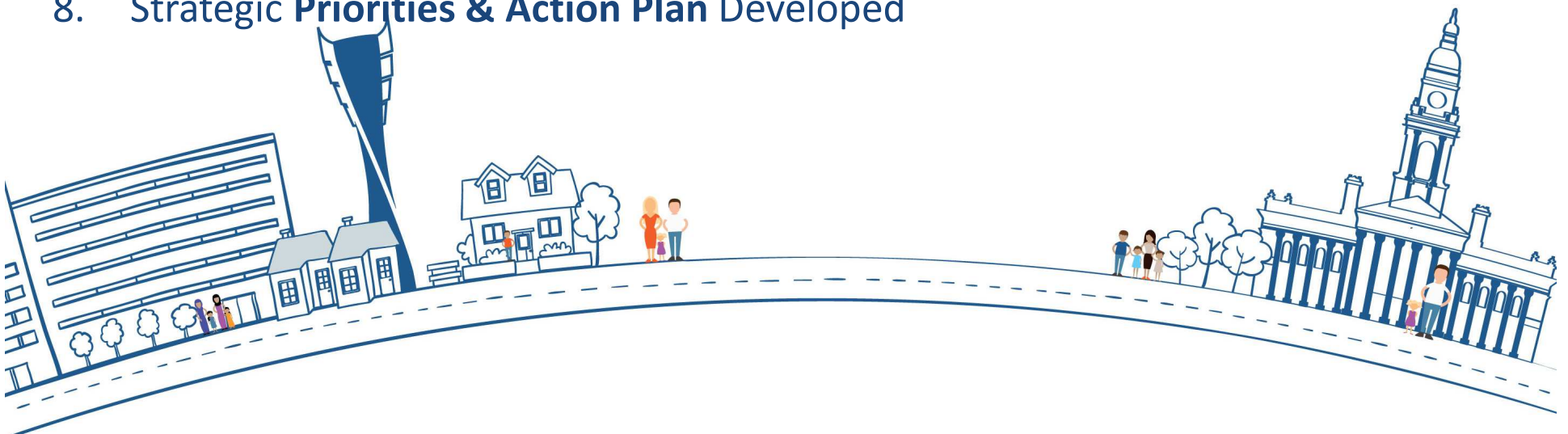
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October 2017



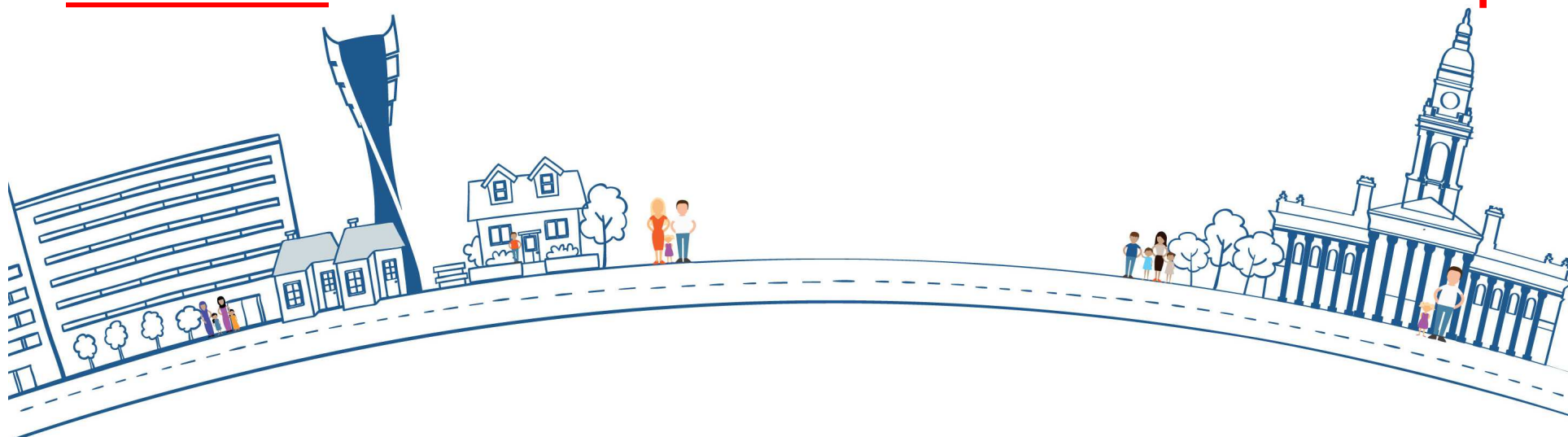
Progress Summary

1. Local **Suicide Audit** & Analysis Established
2. Multi Agency **Steering Group** established
3. **Governance** established through Population Health & Prevention Strategy & Planning Group to Health & Wellbeing Board
4. Wider **Suicide Prevention Partnership** established twice annually (workshops in April and October)
5. Elected Member 'Mental Health Champion' – Cllr Newall
6. Aligning work with emerging GM **Suicide Prevention plans**
7. Aligning work with Children's & Adults **Safeguarding**
8. Strategic **Priorities & Action Plan** Developed



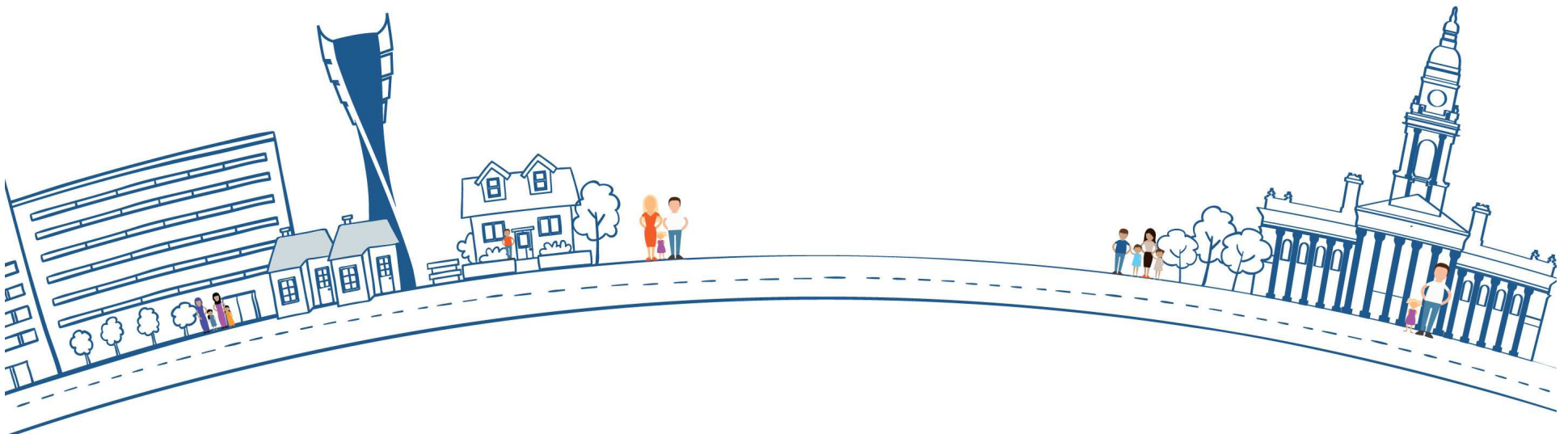
Bolton's Multi Agency Suicide Prevention Strategy & Action Plan 2017-2020

**‘No More Suicide in Bolton’ –
EVERY suicide matters to our Partnership**



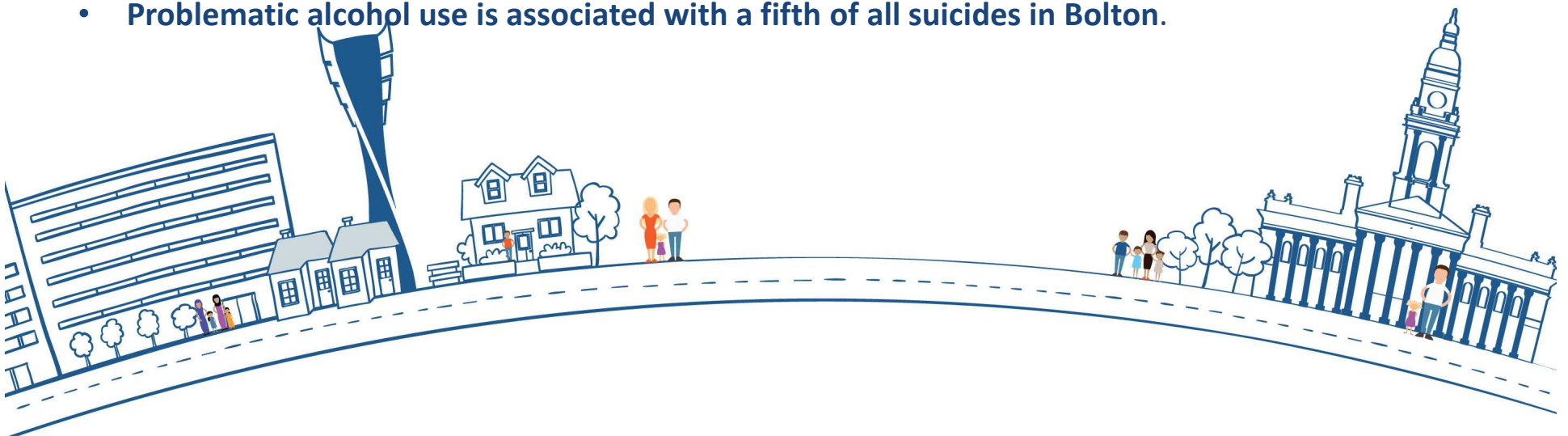
Why Suicide Prevention?

- Every life lost to suicide represents a **personal tragedy & impacts** are felt all around them
- Some people in our population are particularly high risk
- People may **become vulnerable** at certain times / events
- Certain groups can experience **reduced wellbeing and resilience**
- **Young Peoples** Suicide is particularly devastating
- We have a duty to **safeguard** those at high risk
- Suicide is **preventable**, it is not inevitable



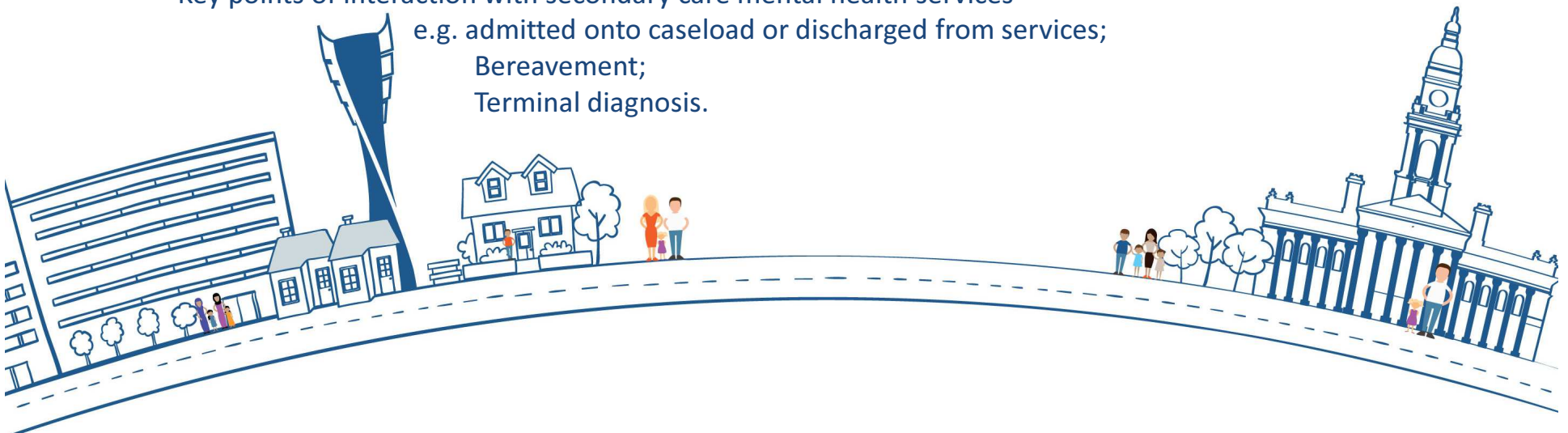
Summary of Local Data & Intelligence

- **Bolton's suicide rate has recently fallen**
- **On average, Bolton has about 26 suicides per year.**
- **75% of local suicides are among men; Majority are white**
- **Hanging/strangulation accounts for just over half of all suicides and overdose accounts for another fifth.**
- **77% of suicides occur at home.**
- **We do not have any significant 'hotspots', but we may want to focus on areas such as bridges and railways;**
- **Twice as many suicides occur in the most deprived areas of Bolton** The inequality gradient for women is much stronger than for men;
- **The average age of suicide in Bolton over the last twelve months is 42 years.**
- **Resilience, mental health and reducing risk for children and young people is a high priority**
- **Problematic alcohol use is associated with a fifth of all suicides in Bolton.**



Summary of Local Data & Intelligence

- **Risk factors associated with local (adult) suicides** included:
 - Having a history of mental health problems (54.1%);
 - Self-harm (40.1%);
 - Living alone (38.9%);
 - A history of violence (27.0%);
 - Alcohol (21.5%) and drug misuse (14.3%);
 - Being unemployed (20.4%).
- **Almost half of all suicides made their last primary care contact less than one month before death**, the majority with a GP (39% of those for mental health related issues);
- **44% of suicides had at least some lifetime contact with secondary mental health services**; 50% within a month before death, and 28% within a week;
- **'Trigger events'** in a person's life immediately prior to suicide in Bolton cases included:
 - Break-up of a serious relationship;
 - Redundancy/recent unemployment;
 - Child taken into care;
 - Key points of interaction with secondary care mental health services –
 - e.g. admitted onto caseload or discharged from services;
 - Bereavement;
 - Terminal diagnosis.



National Priorities for Action

PHE guidance on Suicide Prevention recommends that local areas tackle all six priorities of the National Suicide Prevention Strategy in the longer term. These are:

- 1.Reduce risk of suicide in high risk groups
- 2.Tailor approaches to improve mental health in specific groups.
- 3.Reduce access to the means of suicide
- 4.Provide good information and support to those bereaved or affected by suicide
- 5.Support the media in sensitive reporting of suicide and suicide behaviour
- 6.Support research, data collection and monitoring.

The guidance also recommends some shorter term actions which include:

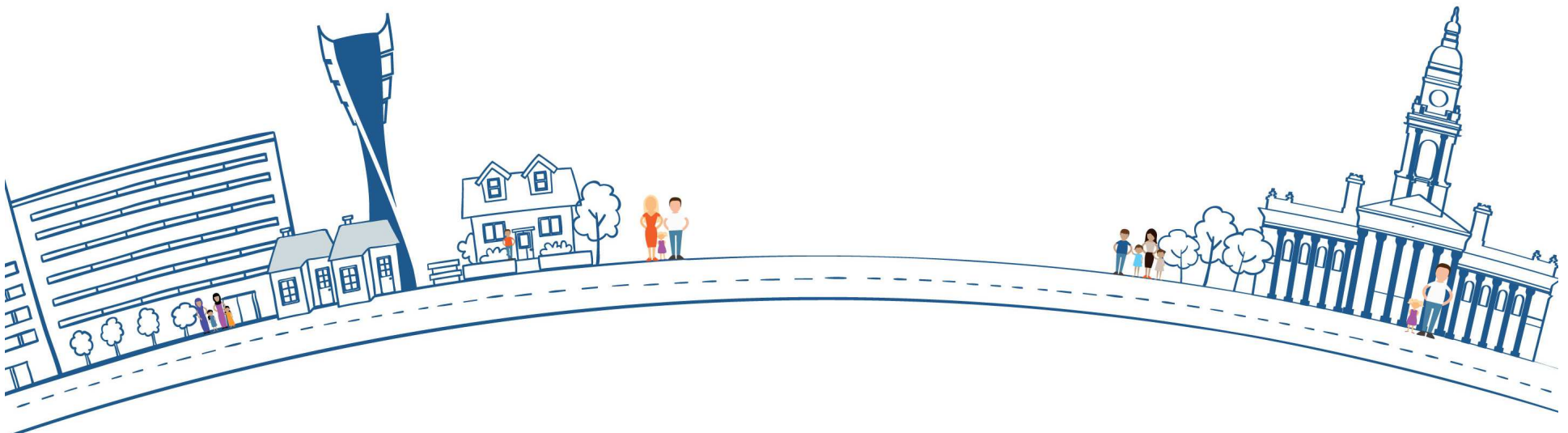
- 1.Reducing risk in men
- 2.Responding appropriately to self-harm
- 3.Mental Health of Children and Young People
- 4.Treatment of depression in Primary Care
- 5.Acute Mental Health Care
- 6.Reducing isolation
- 7.Bereavement support
- 8.Tackling high frequency locations or 'hot spots'

All adopted in local plan



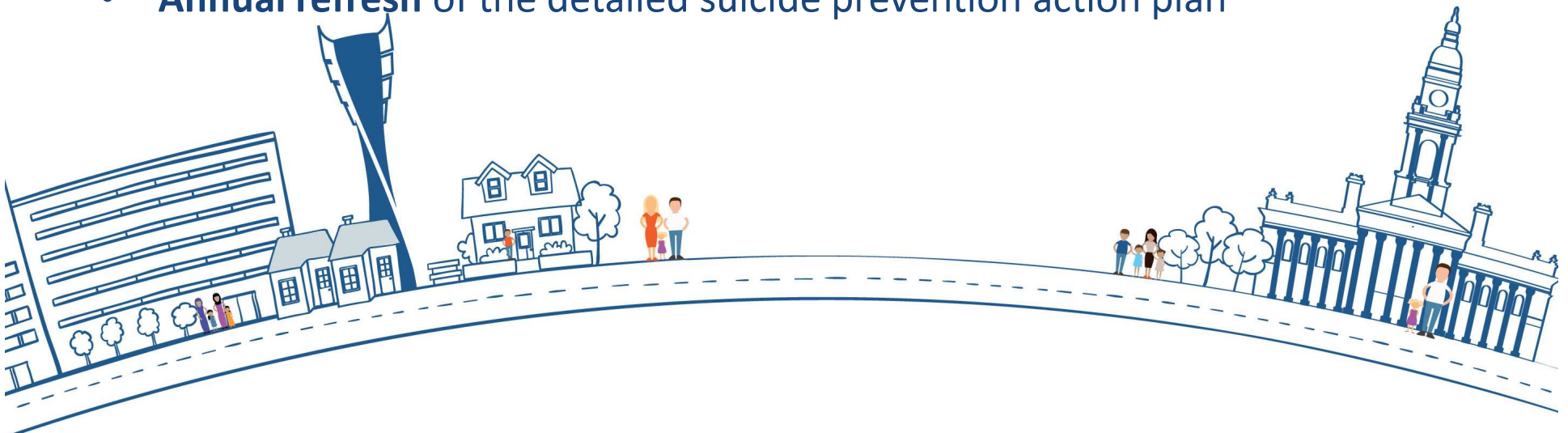
Local Priorities for Action Year 1

- Re-establish our **Suicide Prevention Steering Group** and associated Governance
- Reconvene the Bolton **Suicide Prevention Partnership**
- Establish local **Mental Health and Wellbeing Champions**.
- Identify our **High Risk Groups** and implement action to effectively reduce that risk.
- Identify and support **people who may become vulnerable** due to specific life events.
- Support and Improve **Mental Health & Resilience in specific groups** of people.
- Describe and promote a **Suicide Prevention pathway** for Bolton
- Develop a **Suicide Prevention Training** Programme for Bolton
- Establish **Suicide Prevention plans in ALL of our Services** across the system



Local Priorities for Action Year 1

- **Reduce access to means** of suicide, including risk locations such as railways, bridges and high-rise buildings
- Deliver a high profile Suicide Prevention **Public Campaign**, working with a variety of media.
- Work with local Media to adopt **sensitive reporting of suicide** locally.
- Develop Timely **Suicide Audit & Data** Analysis that informs Local Action
- Establish **Information Sharing Protocols** between services to improve response to Risk
- **Measure Change** - Set out a Clear Monitoring & Evaluation Framework
- **Annual refresh** of the detailed suicide prevention action plan



Thank you Very Much

