Suicide Prevention

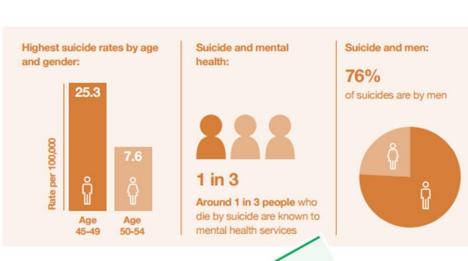
Becky Hitch, Public Health Principal

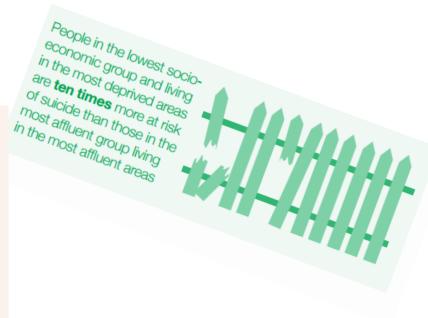


Why take action on suicide now? The national picture

- England rate in 2014 was the highest since 2004
- Biggest killer of men under 49
- Leading cause of death in people aged 15-24 (2009-2014)
- Leading cause of death among new mothers
- Rising levels in prisons, highest since 2007
- People in the most deprived areas are 10 times more at risk
- At least 10 people are affected by every suicide
- Economic cost of £1.67 million per suicide

Who is most at risk? The national picture

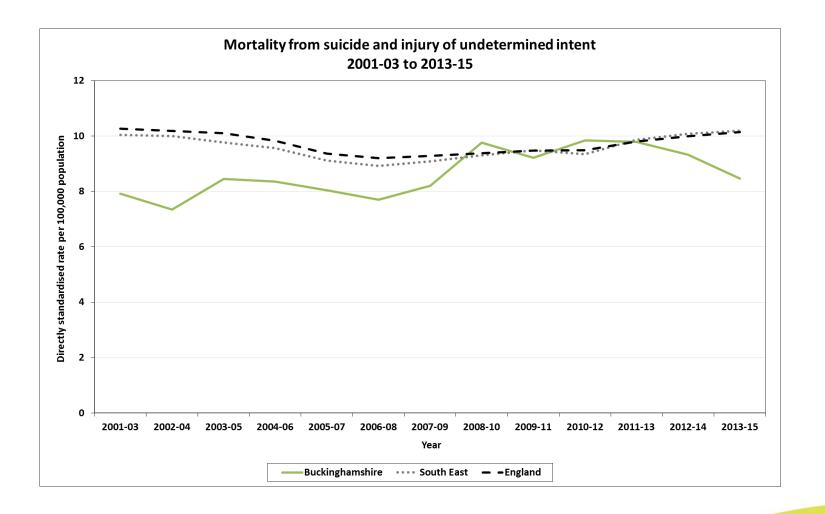


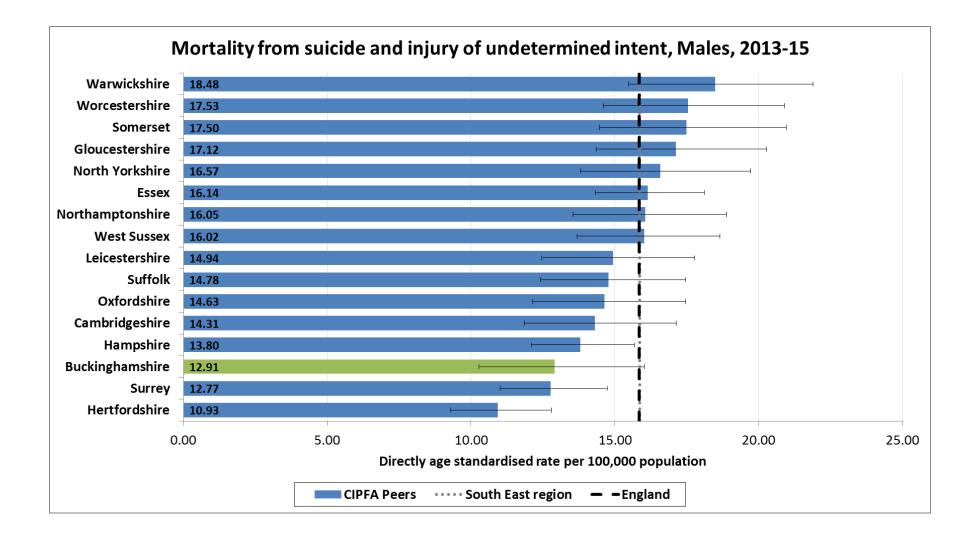


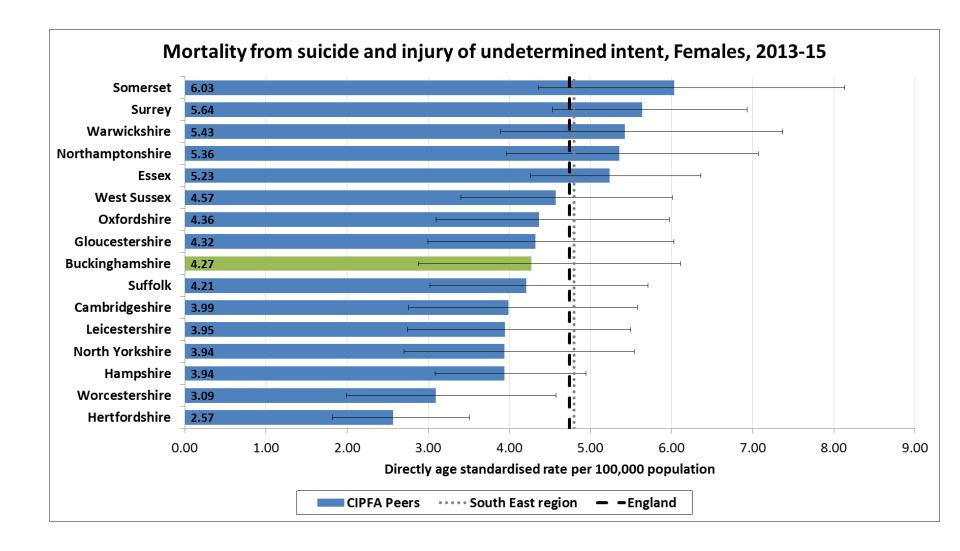




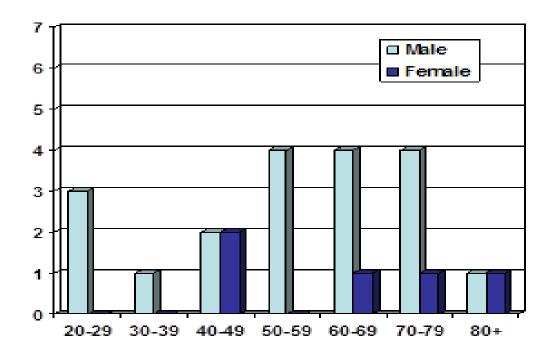
Suicide in Buckinghamshire







Number of suicides in Buckinghamshire by gender and age 2014



Why do people take their own lives

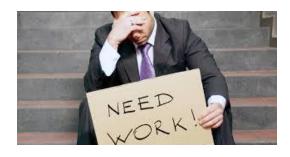
















Geographical distribution of suicides in Buckinghamshire 2014

	2013				2014			
District Council area	Residence		Where suicide occurred		Residence		Where suicide occurred	
	No.	%	No.	%	No	%	No.	%
Chiltern	9	23.7	8	21.1	9	37.5	10	41.7
Aylesbury Vale	15	39.5	14	36.8	4	16.7	4	16.7
South Bucks	7	18.4	8	21.1	5	20.8	4	16.7
Wycombe	7	18.4	7	18.4	6	25	6	25
Elsewhere			1	2.6				
Total	38	100	38	100	24	100	24	100

Source: Buckinghamshire Suicide Audit 2013/14

Contact with services

%	Contact with services
39%	Died within one month of seeing a GP
34%	Consulted a GP for mental health problems in the last 12 months
13%	Had attended A&E in the last 12 months
27%	Were involved with mental health services in the last 12 months
6%	Had been psychiatric inpatients in the last 6 months

Source: Buckinghamshire Suicide Audit 2013/14

Recommendations for action from the Bucks Suicide Prevention Group

- People in contact with health services
 - Partnership based work to reduce stigma
 - Improve identification of those at risk in local communities
 - Better information on sources of support
 - Responsible reporting by the local media
 - Better scrutiny of local firearms applications
- People in contact with GP/primary care but not mental health services
 - Support GPs to attend training in suicide risk

- People in contact with health and other services
 - Supporting offenders during first night in custody, bail periods, on release
 - Follow up for self-harm patients after leaving A&E
- People under care of mental health services
 - Improve our partnership response to crisis care
 - Improved support for 18-25s as transition to adult services
 - Review the Mental Health Concordat
 - Better work with substance misuse services
 - Better support on discharge from services and linkages with the voluntary sector
 - Help for families to support their loved one

- Occupational groups
 - Support for NHS professionals involved in fitness to practice and serious incident investigations
 - Employers to work with occupational health services to strengthen support for employees and ensure staff are signposted
 - Support post redundancy, especially for men
 - Improve interfaces with farming and vet community
- Support for those bereaved
 - Family liaison support/officer
 - Post bereavement counselling
 - Improved partnership working between agencies
- Better use of data
 - Effective use and response to the data from the Real Time Suicide Surveillance system

How can the Health and Well-Being Board help?

- A starter for 10:
 - A strategic and operational commitment from each organisation
 - Mental health champions <u>www.mentalhealthchallenge.org.uk</u>
 - Soon to be mandatory
 - Support services for families who have been bereaved
 - Suicide training for frontline staff

Promote Heads Up http://thisisheadsup.org/

Now over to you....

