

Newham Suicide Prevention Strategy and Action Plan 2023-2026

STAYING SAFE AND CONNECTED

SUMMARY BRIEFING



WE ARE NEWHAM.

Contents

INTRODUCTION	3
STRATEGY LINKS	3
GOVERNANCE OF NEWHAM'S SUICIDE PREVENTION STRATEGY	4
RISK FACTORS FOR SUICIDE AND SELF-HARM	5
SUMMARY OF NEWHAM 2019-2021 SUICIDE AUDIT FINDINGS	8
THEMATIC ANALYSIS FINDING	11
RECOMMENDED ACTIONS TO REDUCE SUICIDE RISK	12
NEWHAM PRIORITIES AND ACTIONS	13
REFERENCES	16
GET IN TOUCH	17

Introduction

Every suicide is devastating, with unrecoverable consequences for individuals, their families, friends, first responders, communities, and beyond. It is estimated that around 135 people are affected by each person dying by suicide. This does not capture the extent of pain and emotional loss.

Suicide is also preventable. There is building awareness of often intersecting risk factors that help indicate when someone may need support.

The need to develop local suicide prevention strategies and action plans that engage a wide network of stakeholders in reducing suicide is identified in the national suicide prevention strategy and the NHS Long Term Plan. In England, responsibility for the suicide prevention action plan and strategy usually lies with local government through health and wellbeing boards.

Suicide prevention strategies need to help people access help and support, offered in a way that is strength based, trusted and targeted to where residents may be at increased risk.

Four goals for this strategy informed by its consultation include:

- 1. Improve awareness of Newham's suicide prevention strategy and local support services to create greater understanding of available help.**

- 2. Make best use of community assets together with closely aligned borough strategies and programmes of work to help reduce risk. This includes working with communities and residents to help inform and co design how support can be Accessible, Relevant and Trusted (ART) by higher risk population groups.**

- 3. Improve data collection and intelligence through working with health partners, the Coroner's office and London's Real Time Surveillance System (RTSS) to gain better understanding of population risks for Newham.**

- 4. Continue to strengthen mental health support for children and young people in Newham to build resilience before adulthood, with the most recent audit data showing highest numbers of suicide in Newham between 20 to 40 years of age.**

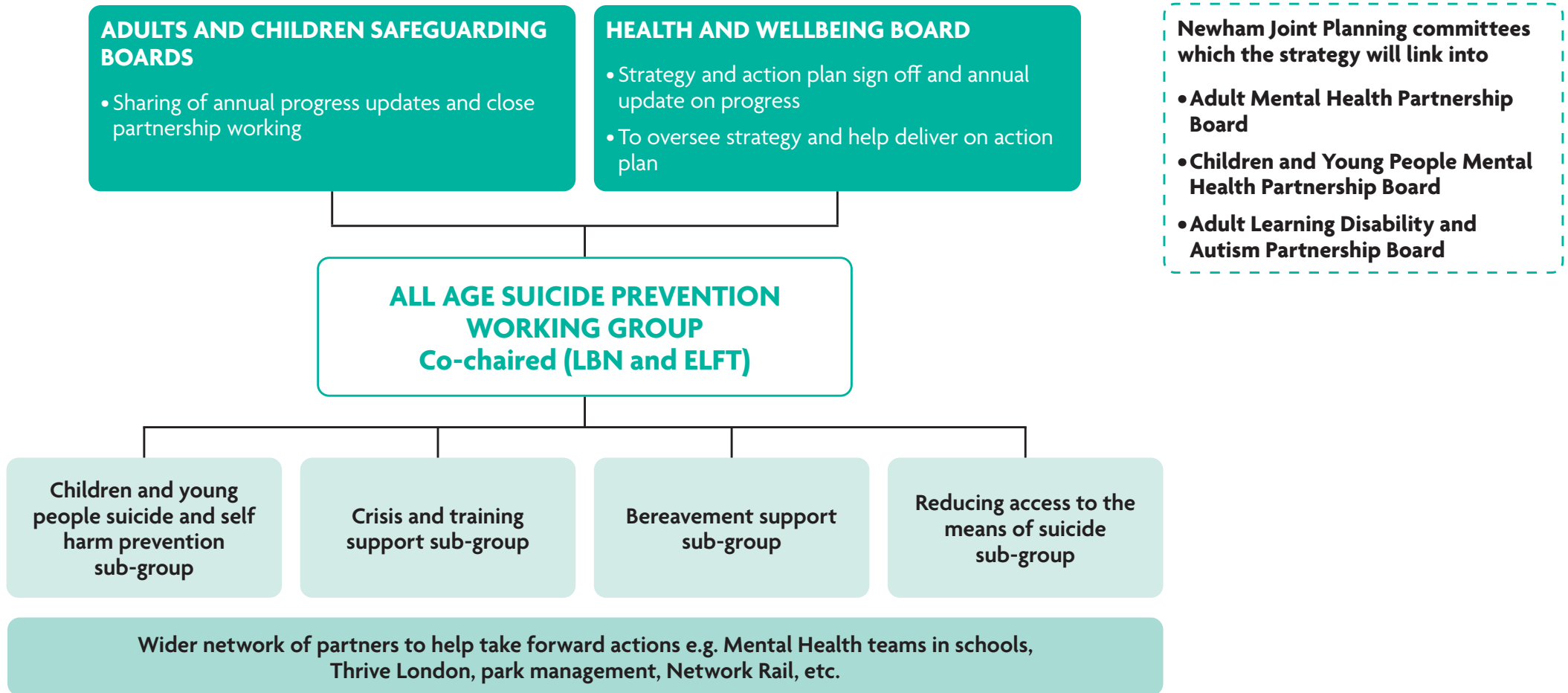
These goals help shape the seven priorities and 40 actions of the strategy that will be taken forward over the next three years.

Strategy links

This strategy and action plan delivery links to a broad range of other strategies and programmes of work in Newham including:

- 50 Steps Health and Well-being Strategy¹
- Building a Fairer Newham Corporate Plan 2022²
- Early Help Strategy 2022-2025³
- Domestic Abuse Strategy⁴
- Ageing Well Strategy 2022⁵
- Homelessness and Rough Sleeping Strategy 2021-26⁶
- Social Integration Strategy 2020⁷
- Learning Disability Action Plan 2022-25⁸.

Governance of Newham's Suicide prevention strategy



Risk factors for suicide and self-harm

The risk of suicide is not equally distributed among all groups. Men are more likely to die by suicide than women, with the highest rate occurring among men aged 45-49 in England. People in lower socio-economic groups and living in deprived areas are ten times more at risk of suicide compared to those in higher socio-economic groups living in more affluent areas. This strategy and action plan aims to address these inequalities by focusing on those who are most at risk.

The risk factors for suicide include age, gender, sexuality, long-term physical and mental illness, poverty, debt, unemployment, social isolation, experiences of abuse, trauma, or discrimination, and bereavement by suicide, with the strongest predictor being a previous episode of self-harm. Mental ill-health and substance misuse also contribute to many suicides.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2022 annual report provides an analysis of risk factors for people who died by suicide between 2009 and 2019 across the UK (all age) who were in contact with mental health services within the past 12 months (27% of all general population suicides, number = 18,268). Findings of risk factors are summarised in Figure 1 alongside risk factors from other published reports⁹.

Figure 1: Suicide risk factors identified amongst adults

DOMESTIC ABUSE

ECONOMIC ADVERSITY INCLUDING UNEMPLOYMENT, HOMELESSNESS, DEBT

RECEIVING MENTAL HEALTH SUPPORT OR EXPERIENCING MENTAL ILL HEALTH

HISTORY OF ALCOHOL AND/OR SUBSTANCE MISUSE

CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

LIVING ALONE/RELATIONSHIP BREAKDOWN

LONGSTANDING AND/OR PAINFUL PHYSICAL HEALTH PROBLEMS

BEREAVEMENT AND LOSS

HISTORY OF SELF-HARM

Figure 2 presents data from the National Child Mortality Database in terms of population risk factors for people under 18 years of age (analysis of 108 in total). The analysis found that 89% of children or young people who died from suicide had more than one risk factor recorded, with 56% experiencing five or more risks.



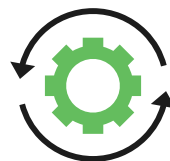
Household functioning

Divorce/ parental separation, family mental or physical health condition, family domestic and/ or substance abuse.



Loss of key relationships

Significant personal loss - bereavement, loss of friendships, close relationship breakdown.



Problems with service provision

Poor communication / problems with information sharing, Quality of service delivery.



Risk taking behaviour

Including non-suicidal self-harm and suicide attempts.



Problems at school

Exclusions, regular non-attendance, coursework/exam stress.



Mental health needs of the child



Abuse and neglect



Conflict within key relationships



Bullying



Medical condition in the child



Drug or alcohol misuse by the child



Social media and internet use



Neurodevelopmental conditions



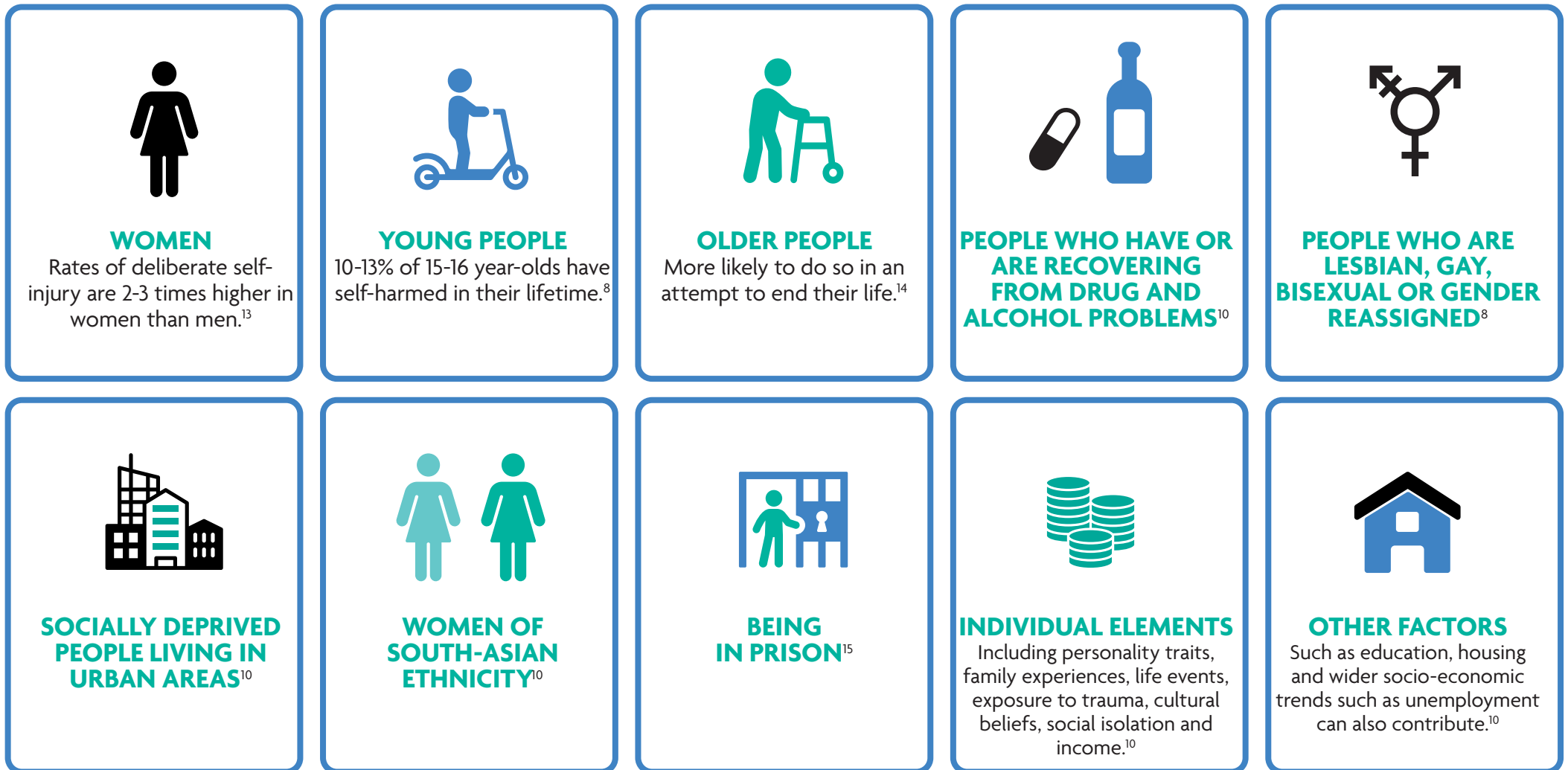
Sexual orientation/identity and gender identity



Problems with the law

Suicide and self-harm rates in 10- to 24-year-olds in England have been steadily increasing over the last decade. These increases are steepest in females, amongst whom suicide rates have doubled since 2011, although their rates remain half of those seen in males. Self-harm is a risk factor for suicide with evidence suggesting that around 50% of people who die by suicide have previously self-harmed¹¹. However far more people self-harm than die from suicide, with self-harm figures for 17- to 19-year-olds estimated at 21.5% for girls and 9.7% for boys¹². Anyone can self-harm, but it's more common in some population groups (see Figure 3).

Figure 3: Those identified as being at a greater risk of self-harm.

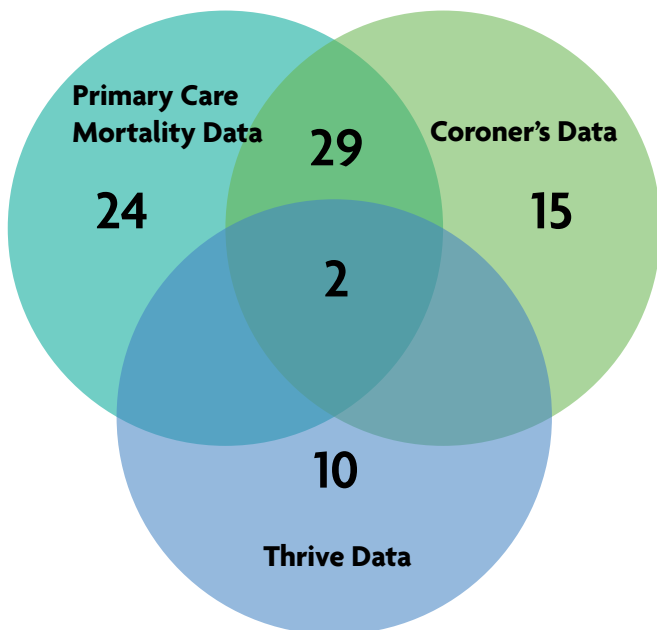


Summary of Newham 2018-2021 Suicide Audit Findings

A three-year suicide audit was conducted to help inform the 2023-2026 Newham suicide prevention strategy. The suicide audit includes a quantitative analysis, a thematic analysis and a comparison of the recent audit with the prior audit findings that informed the previous Newham Suicide Prevention Strategy 2019-2022.

The audit focused on deaths from January 2018 – November 2021. Data was obtained from three sources:

1. Coroner's Records – covering January 2018-May 2021
2. Primary Care Mortality Data – covering January 2018-November 2021
3. Thrive London (Suicide Surveillance Database) – covering March 2021 -November 2021

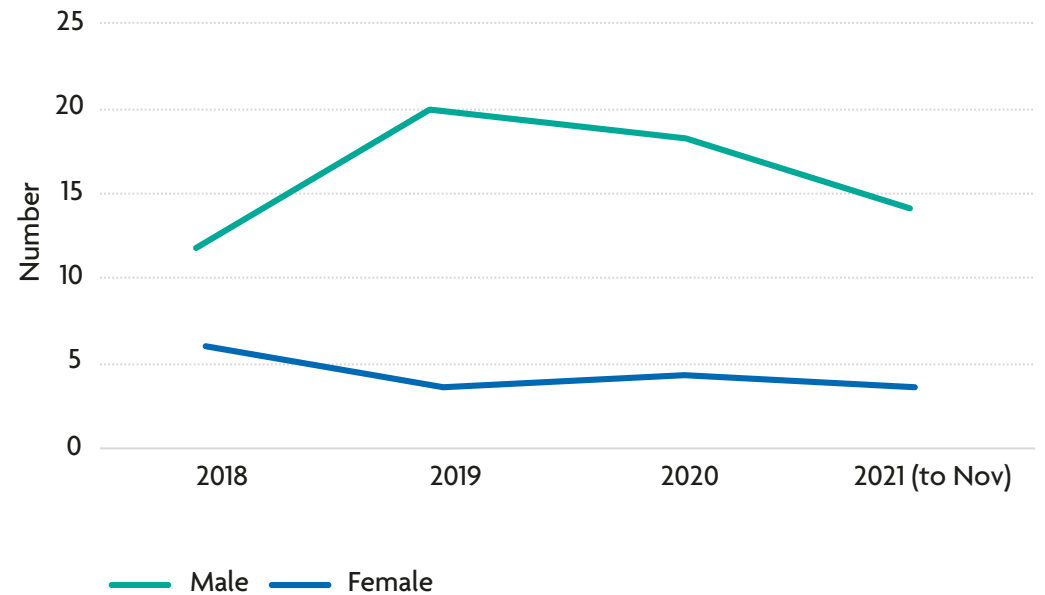


Quantitative Findings

A total of 80 suicide cases occurred between 2018 – November 2021 in Newham.

The number of men exceeded the number of women by 4:1 (65 men, 16 women).

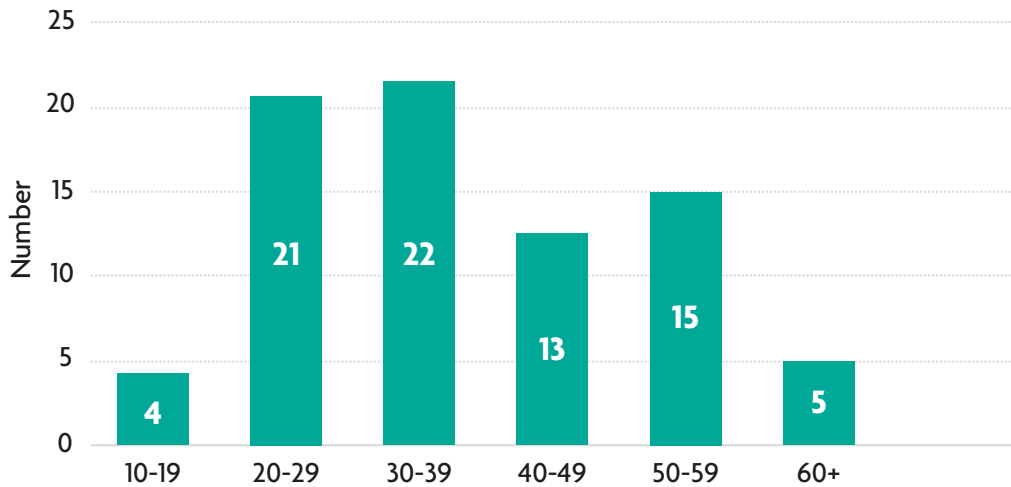
Suicides by gender



Suicides most frequently occur in the 20-39 age group (as compared to 45-49 years using national data).

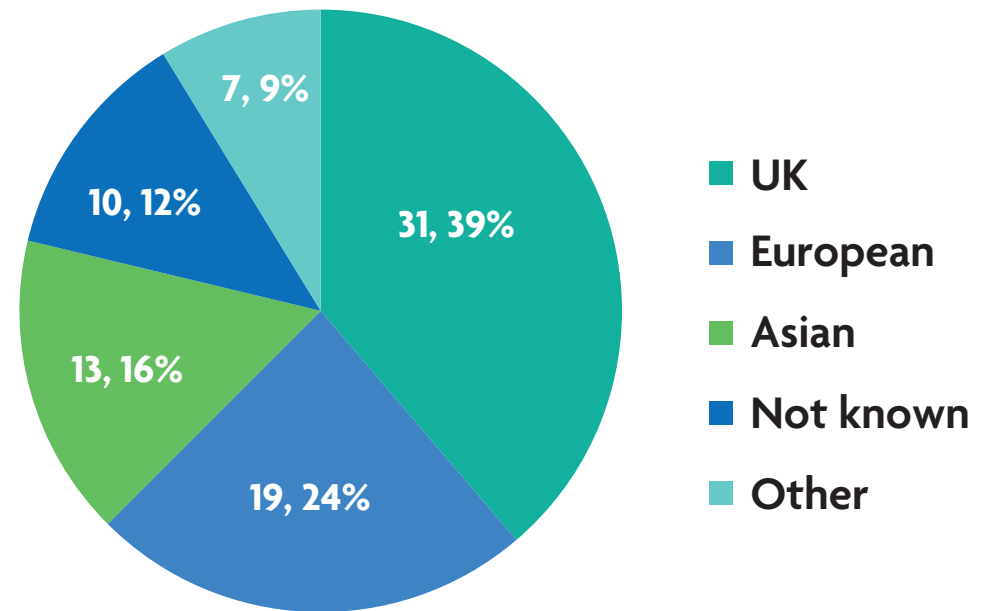
The age range was 17-92. For women, the highest proportion of suicides were in the 25-29 age group compared to a slightly older cohort in men (30-34 years).

Suicides by age band



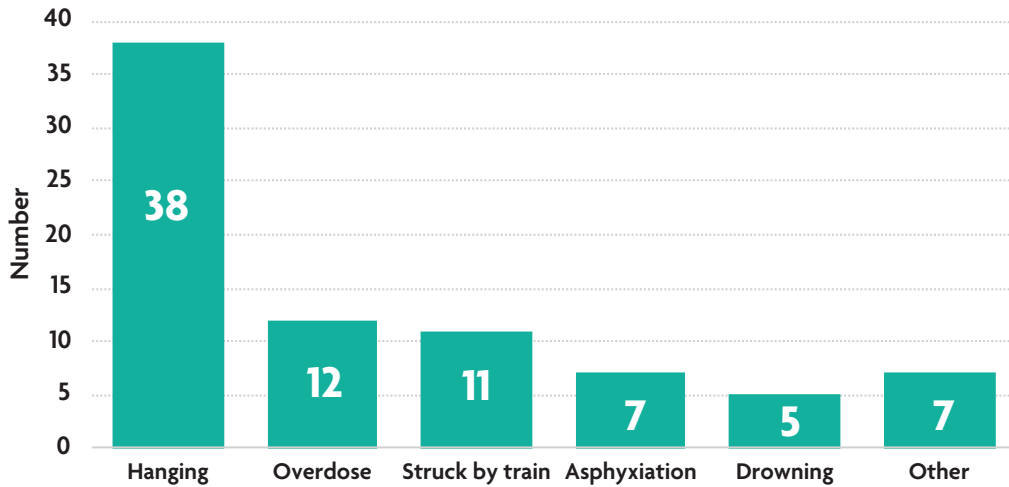
70/80 cases had details around either the country of origin or ethnicity. A majority of the deaths recorded in the audit were of people born in the UK (39%) and could include various ethnicities (but this information was not recorded). 24% were European and 16% Asian by country of origin. The data for Asia as Country of Origin includes Asians, Central Asians, Chinese, Filipino, Indian and Pakistani. 'Other' includes America, the Middle East and North Africa (recorded as 'MENA') and Africa.

Suicides by country of origin



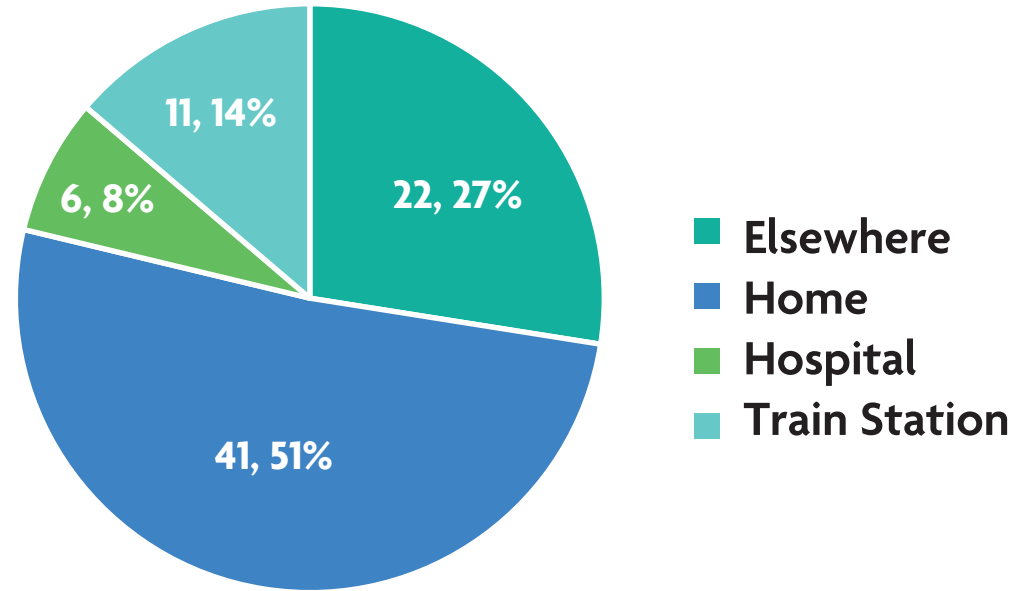
A majority of deaths were by hanging (just under half at 48% of cases). 7% died from other means including falling from a height, poisoning or exsanguination.

Causes of death



A majority of deaths took place at home (just over half at 51% of cases)

Places of death



28% took place ‘Elsewhere’ which includes public places such as parks, hotels, addresses other than the deceased’s home address.

Rates of suicide for males in Newham have been at a statistically significant lower rate than England for the past six years, and lower compared to London and geographical and comparable areas (though not significantly so).

Rates for females were higher than England and London prior to 2017-19 but have now fallen below (though they show no statistically significant difference).

Thematic analysis findings

Comparison of the recent audit with the prior audit findings that informed the Newham Suicide Prevention Strategy 2019-2022 shows a small drop in average numbers of deaths (20 deaths a year compared to 18 in the latest audit). Data quality such as around occupation and country of origin make other comparisons challenging between the two audit periods.

Only 13/80 had possible root causes identified.

8/13 mentioned or alluded to depression. In men, other possible factors such as unemployment, alcoholism, housing worries and sexual identity were recorded.



Occupation:

Where recorded the most frequent occupation was professional (11/45) followed by students (6/45). Labourers (5) mostly covered construction workers and all were male of a European background. For women no one type of recorded occupation more common.



Recorded professional-related factors:

An attempted suicide earlier the same day; a change in medication with a subsequent review meeting cancelled.



Recorded patient-related factors:

Exacerbated mental health conditions, lack of engagement with services and non-adherence to medications.



Recommended actions to reduce suicide risk

Summarised below are recommended actions to reduce suicide risk.

Recommended actions to reduce the risk of suicide in high-risk groups^{1,2}

- Social support.
- Support for people with substance misuse and mental health problems noting previous self-harm, multiple mental health diagnoses, living alone, significant dates/ anniversaries, any loss of contact with services.
- Comprehensive mental healthcare support including discharge support (particularly for the first two weeks and 72 hour follow up period).
- Multi-agency transition support as part of offender management services in addition to suicide awareness training.
- Promoting mental health in the workplace and reducing stigma around seeking help particularly among men.
- Collaborating with voluntary sector and community groups to provide and promote financial and debt counselling support to vulnerable individuals.
- Suicide awareness training to frontline service providers across education, housing, employment and others.
- Providing supportive parenting training and advice to vulnerable families.







Recommended actions to reduce suicide risk in children and young people¹

- Suicide prevention training for frontline staff working with children and young people.
- Improve risk management awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home.
- Schools and colleges have clear anti-bullying policies with guidance on how to assess the risk of suicide for children and young people experiencing bullying and when to call in multi-agency meetings.
- Local policies in place on information sharing and escalation.
- Guidance to schools on the use of exclusion.
- Children and young people's mental health services across community settings such as schools, local authorities and criminal justice to improve accessibility (including availability of clear referral criteria, pathways and adult service transition).
- Improve information and advice available to parents/carers, primary care and community services about signs to be concerned and support for children and young people, including access to local crisis helplines and national resources.



Newham priorities and actions

PRIORITY	ACTIONS
<p>1. REDUCE RISK OF SUICIDE IN HIGH-RISK GROUPS</p> 	<p>Improve awareness and access to crisis support for adults, students, families and children and young people.</p> <p>Increase information and awareness of mental health support for men and other at risk population groups in Newham, with a focus on:</p> <ul style="list-style-type: none"> •Economic adversity •Drug and alcohol use •Relationship breakdown. <p>Encourage awareness of domestic abuse as a risk factor and encourage ways to support disclosure of domestic abuse with sensitivity, compassion and knowledge.</p> <p>Review the post discharge period for a mental health inpatient unit to ensure it meets best standards.</p> <p>Continue to embed Children and Young People suicidal risk factors within processes for assessment of risk along with the relevant learning from Child Safeguarding Practice Reviews.</p> <p>Ensure primary care is part of a multi-agency approach to identifying children at risk with effective collaborative working with other sectors such as education and social care systems.</p> <p>Identify opportunities to reduce suicide risk amongst young people who are neuro-diverse and/or who are known to youth justice and/ or at risk of adolescent exploitation.</p>
<p>2. REDUCE RATES OF SELF-HARM</p> 	<p>Understand prevalence of self-harm in children, young people and vulnerable adult settings.</p> <p>Build awareness and understanding of how to take forward new NICE guidelines including in schools, primary care and the criminal justice system.</p> <p>Identify resources including guides to support conversations about self-harm and how best to access additional support for schools, family/parents and friends and partner organisations.</p> <p>Partner with voluntary groups that support children and young people on issues around self-harm, including increasing awareness and collective understanding on how best to tailor support across diverse population groups.</p> <p>Support the creation of spaces where children and young people feel safe and comfortable to talk about self-harm including peer support.</p>

PRIORITY	ACTIONS
<p>3. STRENGTHEN MENTAL HEALTH AND EARLY INTERVENTION SUPPORT</p> 	<p>Expand reach and uptake of suicide and self-harm awareness and prevention training.</p> <p>Strengthen mental health support to men.</p> <p>Mental health support for women during times of identified risk, including pregnancy, first 12 months after childbirth, domestic abuse and homelessness.</p> <p>Mental health support for people with long term health conditions.</p> <p>Increase number of culturally sensitive trusted spaces that people can access for support.</p> <p>Develop understanding and practice of a trauma informed approach across Newham.</p> <p>Explore ways to embed a whole system approach to suicide and self-harm prevention in education and further education establishments.</p> <p>Roll out training and support for schools and create accessible information on sources of help and support.</p> <p>Identification and prevention training for Social Care, Youth Justice System, 0-19, Youth Empowerment Service and community partners.</p> <p>Online safety support for young people and parents is available and accessible and online usage is considered in risk assessments.</p>
<p>4. PROVIDE INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE</p> 	<p>Ensure that there is support available and accessible to families and friends bereaved by suicide.</p> <p>Recognise that friends and family of children and young people who die by suicide need skilled, specialist support.</p> <p>Review bereavement services across Newham to address any gaps around access.</p> <p>Connect with the voluntary, community and faith sector on bereavement services and ensure local partners are aware of the risk factors associated with suicide bereavement and can access early support interventions.</p> <p>Support for first responders, witnesses and emergency teams.</p>

PRIORITY	ACTIONS
<p>5. REDUCE ACCESS TO THE MEANS OF SUICIDE</p> 	<p>Work with GPs, hospitals and pharmacists to promote safe prescribing.</p> <p>Take action to reduce risk of suicide associated with identified locations where suicides and attempted suicides occur (e.g. install signage, barriers, etc) in line with evidence.</p> <p>Increase awareness by placing posters and infographics in public spaces to increase vigilance and community awareness of risk.</p> <p>Improve partnership working with key agencies in Newham (Met police, British Transport Police, Network Rail, Transport for London, car park management) to identify and manage high risk locations for both completed and attempted suicides by mapping locations and raise awareness and training for staff.</p>
<p>6. SUPPORT THE MEDIA TO REDUCE SUICIDE RISK</p> 	<p>Encourage local media to adopt the Samaritan’s media guidelines for reporting on suicides.</p> <p>Encourage local media to support the signposting of national helplines and local services for people that may be affected by news and coverage of local deaths by suicide or attempted suicides.</p> <p>Build a proactive suicide prevention campaign/communication plan working with media partners, the multi-agency working group and additional community partners.</p>
<p>7. LEADERSHIP, RESEARCH, DATA COLLECTION AND MONITORING</p> 	<p>Maintain a strong all age Multi-agency Suicide Prevention Partnership with shared accountability across health and care partners in addition to strong voluntary and community sector involvement.</p> <p>Reinstate the Children and Young People Suicide and Self-harm prevention sub group to oversee and help take forward specific aspects of Newham’s suicide prevention strategy and action plan to reduce suicide risk and self-harm rates amongst children and young people.</p> <p>Increase and maintain visibility and awareness of Newham’s suicide and self-harm prevention strategy.</p> <p>Improve suicide data and intelligence and keep up to date with the latest evidence base on preventative action, including linking into London wide and North East London mechanisms and other relevant learning platforms.</p> <p>Improve understanding and use of data across children and young people’s mental health services and children’s social care re attempted suicides and self-harm.</p> <p>Develop a real time surveillance protocol for suicide prevention that can support monitoring and where possible early response.</p>

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Get in touch!

Tell us what you're doing to support mental health and prevent suicides in Newham.
The Council would be delighted to hear from you, whether you live, work, volunteer or study in Newham.

✉ PublicHealthEnquiries@Newham.gov.uk

To find out more about the strategy visit: www.newham.gov.uk/suicideprevention

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