

**TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** 19<sup>th</sup> July 2019  
**Report for:** Information  
**Report of:** Infection Control & Prevention Service  
Eleanor Roaf, interim Director of Public Health

**Report Title**

Trafford Suicide Prevention Plan

**Purpose**

To provide the Health and Wellbeing Board with an update on the developing Suicide Prevention Strategy

**Recommendations**

- 1. To note the contents of the report**
- 2. To provide any comments on the content of the report and input to the development of the forthcoming action plan**

Contact person for access to background papers and further information:

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# Trafford Suicide Prevention Plan 2019

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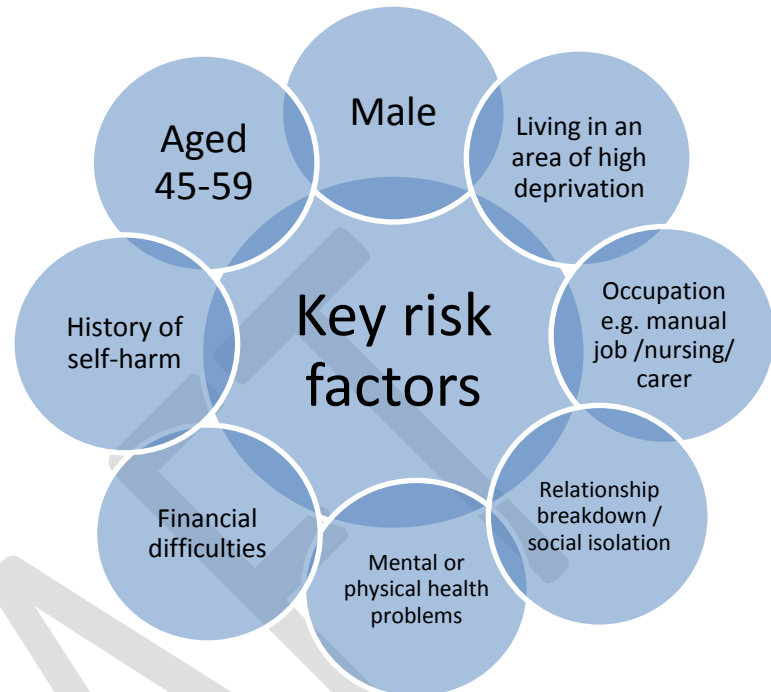
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## Summary

Suicide is a major public health problem. In 2017, almost 6000 people in the UK took their own lives. Suicide is the leading cause of death in men between the ages of 35 and 49 and the biggest killer of adults between the ages of 35 and 49. Suicide also has a devastating impact on the individuals, families and communities that are bereaved or affected.

In Trafford, there are on average, 15 people per year who die by suicide. Three quarters of deaths by suicide are men and many people are not in contact with mental health services. This strategy outlines our priorities and action plan to mitigate risk through maximising support for people at risk of suicide and those bereaved or affected by suicide. Ultimately we aim to reduce the number of suicides in the borough.



A range of inter-related social, relational and individual factors contribute to, maintain and increase the risk of suicide. Importantly, talking about suicide does not increase risk. Risk factors in Trafford appear consistent with local and national trends. Given the diversity of risk factors, a whole system approach to support and intervention is crucial.

### Overview of Key Priorities & Actions for Trafford

#### Prevention

- Establish a Suicide Prevention Partnership Group & Governance arrangements
- Continue efforts to reduce inequality in the borough
- Link with voluntary and community organisations to maximise whole-system support available for mental wellbeing
- Increase public awareness and reduce stigma through highlighting regional and national suicide prevention campaigns
- Mandate an e-learning training package for council and CCG staff across services to increase recognition of signs, increase awareness and encourage active signposting and support
- Pilot a Real-Time Suicide Data initiative to improve understanding of local suicides e.g. high risk locations

#### Intervention

- Continued provision of proactive physical and mental healthcare services
- Encourage professionals to ask about mental wellbeing at every opportunity utilising an 'every contact counts' approach
- Increase recognition of depression in primary care particularly in Older Adults and men
- Develop awareness of signs of suicidal ideation for staff groups that have contact with groups at high suicide risk e.g. pharmacists

#### Postvention

- Routinely signpost people affected by suicide to the new Greater Manchester Suicide Bereavement Information Service
- Utilise existing support services in Trafford as appropriate for suicide bereavement
- Real-Time Suicide Data will increase opportunity to provide timely support to organisations e.g. schools affected by a suicide

## Introduction

Suicide is defined as an act of intentional self-harm leading to death or fatal injury caused by an action of undetermined intent<sup>1</sup>. Globally, nearly 800,000 people die by suicide every year<sup>2</sup>. Suicide is a major public health problem. In England, suicide is the biggest killer of adults between 20 and 34 years old and the leading cause of death for men between the age of 35 and 49<sup>3</sup>. The majority (two thirds) of individuals who die by suicide are not in contact with mental health services<sup>4</sup>.

Furthermore, suicide attempts are up to 30 times more common than suicide and are a key predictor of completed suicide<sup>5</sup>. The impact of suicide also goes way beyond the individual affected<sup>6</sup> and can have a devastating impact upon the individuals, families and communities that are bereaved<sup>7</sup>. The suicide rate therefore is an important marker of the underlying mental health of the population.

Suicide and para-suicidal behaviours such as self-harm are preventable. This strategy and action plan aligns with the key priorities of the Trafford Health and Wellbeing Strategy and is tailored to the needs of the population of Trafford. Specifically, in line with the aims of the national and Greater Manchester suicide prevention plans<sup>8</sup>, we aim to reduce the suicide and self-harm rate in Trafford and crucially provide better support to the individuals, families and communities affected by suicide and self-harm. To achieve this, a co-ordinated whole systems approach is needed as a large proportion of people who die by suicide in Trafford are not accessing mental health services.

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<sup>1</sup> Suicide statistics report 2017. Samaritans.

[https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide\\_statistics\\_report\\_2017\\_Final.pdf](https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf)

<sup>2</sup> National suicide prevention strategies: progress, examples and indicators. Geneva:

World Health Organization; 2018. Accessed here: <https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf?ua=1>

<sup>3</sup> Deaths registered in England and Wales (series DR): 2017. Office for National Statistics. 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2017#suicide-accounted-for-an-increased-proportion-of-deaths-at-ages-5-to-19-years-in-2017>

<sup>4</sup> The National Confidential Inquiry into Suicide and Homicide by People with

Mental Illness. Annual Report: England, Northern Ireland, Scotland and Wales. October 2017. University of Manchester.

<sup>5</sup> Epidemiology of Suicide and the Psychiatric Perspective. Silke Bachmann. International Journal of Environmental Research and Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068947/pdf/ijerph-15-01425.pdf>

<sup>6</sup> How Many People Are Exposed to Suicide? Not Six. Cerel et al., 2018. The American Association of Suicidology.

<sup>7</sup> Preventing suicide in England: A cross-government outcomes strategy to save lives; 2012, updated 2017.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf)

<sup>8</sup> GM Suicide Prevention Strategy. 2017. Greater Manchester Combined Authority. <https://www.gmhsc.org.uk/wp-content/uploads/2018/05/GM-Suicide-Prevention-24.02.17.pdf>

In developing this strategy, we have drawn on key policy documents and national and local guidance including the NHS 10 Year Plan (2019)<sup>9</sup>, the National Suicide Prevention Strategy (2012, updated 2017)<sup>7</sup>, the Cross-Government Suicide Prevention Workplan (2019)<sup>10</sup>, the Five Year Forward View for Mental Health<sup>11</sup>, the PHE Local Suicide Prevention Planning: A practical resource<sup>12</sup> and NICE guidance on preventing suicide in community settings (2018)<sup>13</sup>. We have also utilised the key findings of a local suicide audit conducted in Trafford in 2015 and Public Health Outcomes Framework (PHOF) data for Trafford between 2013 and 2017.

## National context

In 2017, 5,821 people in the UK took their own lives, with an age-standardised rate of 10.1 deaths per 100,000 population<sup>14</sup>. In 2017/2018, 103,936 people were admitted to hospital as an emergency caused by intentional self-harm, with an age-standardised rate of 185.5 admissions per 100,000 population (fingertips). The suicide risk is increased 49-fold in the year after deliberate self-harm<sup>15</sup>. Suicide and self-harm are often preceded by years of suicidal thoughts and most people who make an attempt to end their life will do so **within the first year of the onset** of suicidal thoughts<sup>16</sup>. Nationally, the suicide rate has been broadly declining. However, certain groups remain at heightened risk. **Three quarters of suicides in the UK are male** and this proportion has remained

<sup>9</sup> The NHS Long Term Plan. January 2019. NHS England. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

<sup>10</sup> Cross-Government Suicide Prevention Workplan. 2019. HM Government. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772210/national-suicide-prevention-strategy-workplan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf)

<sup>11</sup> Five Year Forward View for Mental Health. 2016. NHS England. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>12</sup> Local Suicide Prevention Planning: A Practical Resource. 2016. Public Health England. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585411/PHE\\_local\\_suicide\\_prevention\\_planning\\_practice\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf)

<sup>13</sup> Preventing Suicide in Community and Custodial Settings. 2018. NICE. <https://www.nice.org.uk/guidance/ng105/resources/preventing-suicide-in-community-and-custodial-settings-pdf-66141539632069>

<sup>14</sup> Suicides in the UK: 2017 registrations. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

<sup>15</sup> Hawton K et al. Suicide following self-harm: Findings from the Multicentre Study of self-harm in England: 2000-2012. Journal of Affective Disorders, Vol 175, 147-151

<sup>16</sup> O'Connor R and Nock M. The psychology of suicidal behaviour. The Lancet Psychiatry. 1.1; 73-85. 2014. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70222-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70222-6/fulltext)

consistent since the mid-1990s<sup>8</sup>. Males aged 45 to 49 years had the highest suicide rate in 2017 with 24.8 per 100,000 males while females aged 50-54 had the highest rate at 6.8 per 100,000 females<sup>8</sup>. However, rates of deliberate self-harm are two to three times higher in women compared to men<sup>7</sup>. Suicide rates tend to increase with age, being **highest among people aged 45- to 49**<sup>8</sup>. The rates then decrease until the age of 80 to 84 years when they begin to rise again.

People in the **most deprived 10% of society are more than twice as likely** to die by suicide than the least deprived 10% (14.3 compared to 7.1 per 100,000)<sup>17</sup>. **Financial difficulties** have been shown to significantly predict suicidal ideation even when controlling for other socio-economic factors (e.g. age, gender, marital and employment status)<sup>18</sup>. For example, over 420,000 people in **problem debt** think about taking their own life in England each year and 100,000 of these people attempt suicide<sup>10</sup>. A combination of poor practices such as red letters and severe consequences increase the burden on people and can cause and exacerbate psychological distress<sup>10</sup>.

Higher risk occupations include **men working in low-skilled manual occupations and skilled building finishing trades, women working in the arts and media or nursing profession** and male and female **carers**<sup>19</sup>. **Relationship breakdown** can also contribute to suicide risk, especially among divorced men<sup>20</sup>. In 2017, the most common method of suicide was hanging, suffocation or strangulation. The second most common was poisoning<sup>8</sup>. Research has demonstrated that almost half (approximately 47% percent) of individuals who die by suicide were **seen in primary care one month prior to their death**<sup>21</sup>.

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<sup>17</sup> Who is most at risk of suicide? Analysis and explanation of the contributory risks of suicide. 2017. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whomostatriskofsuicide/2017-09-07>

<sup>18</sup> A silent killer. Breaking the link between financial difficulty and suicide. 2018. The Money and Mental Health Policy Institute. <https://www.moneyandmentalhealth.org/wp-content/uploads/2018/12/A-Silent-Killer-Report.pdf>

<sup>19</sup> Suicide by occupation, England: 2011 to 2015. Office for National Statistics.

<sup>20</sup> Men, suicide and Society. Why disadvantaged men in mid-life die by suicide. Samaritans. 2012. <https://www.samaritans.org/sites/default/files/kcfinder/files/Men%20and%20Suicide%20Research%20Report%202010912.pdf>

<sup>21</sup> Primary care contact prior to suicide in individuals with mental illness. Pearson et al., 2009. British Journal of General Practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765834/pdf/bjgp59-825.pdf>

## Greater Manchester context

An audit conducted across all 10 boroughs of Greater Manchester identified 201 suicides or deaths of undetermined intent in 2015. There is significant variation in suicide rates across the boroughs of Greater Manchester with the greatest numbers in the city of Manchester (N=36) and Wigan (N=40) and the least in the borough of Trafford (N=9). Rates of emergency admissions to hospital due to deliberate self-harm are higher in Greater Manchester compared to England (217.9 per 100,000 compared to 185.5 per 100,000 population)<sup>22</sup>. Gender bias is similar compared to national rates (75% male) and around half (52.7% n=95) did not have a mental health diagnosis. A total of 82 men (49%) and 17 women (50%) had physical health issues including asthma, heart disease, injuries and cancer. Around two thirds (69%) of people had visited their GP in the previous month and almost half (49%) had visited their GP in the previous week which is higher than national figures. Many people had researched suicide methods on the internet prior to their death. Generally, the suicide risk factors in Greater Manchester are consistent with the national picture. Physical health issues (e.g. injuries and chronic or severe illness), mental health problems, issues with drugs and alcohol, a recent bereavement and social isolation were factors that appeared associated with greater risk of suicide in Greater Manchester. Furthermore, a significant proportion of cases (49%) had three or more risk factors identified.

## Local picture

Over the 5-year period 2013-2017, 74 Trafford residents died by suicide or undetermined injury<sup>23</sup>. This is an average of 15 people per year. Although the suicide rate for Trafford as a whole is lower (7.3 per 100,000) than England (9.6 per 100,000) and the lowest in the North West and Greater Manchester, striving to reduce the number of suicides and lives affected by suicide remains a key priority.

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<sup>22</sup> Public Health Outcomes Framework, Indicator 2.10ii Emergency Hospital Admissions for Intentional Self-Harm. Updated 5<sup>th</sup> Feb 2019.

<sup>23</sup> Primary Care Mortality Database

Four times as many men died by suicide compared to females and is consistent with the national and Greater Manchester picture and 40% of deaths were in people under the age of 40. Inequality in Trafford is reflected in the suicide rate, with a rate of 9.8 per 100,000 in the most deprived areas compared to 4.6 per 100,000 in the least deprived. However, the averages are not statistically significantly different<sup>15</sup>. In 2017/2018, there were 371 emergency hospital admissions for deliberate self-harm in Trafford. This is 12.8% lower than age standardised rates for England<sup>24</sup>. The most common method of suicide in Trafford was hanging/strangulation. The results of a local audit conducted in 2015 identified that 89% of people had a physical health problems which is potentially greater than in Greater Manchester and nationally. However, we should be cautious about drawing a firm conclusion about this due to small numbers in the Trafford audit potentially inflating trends.

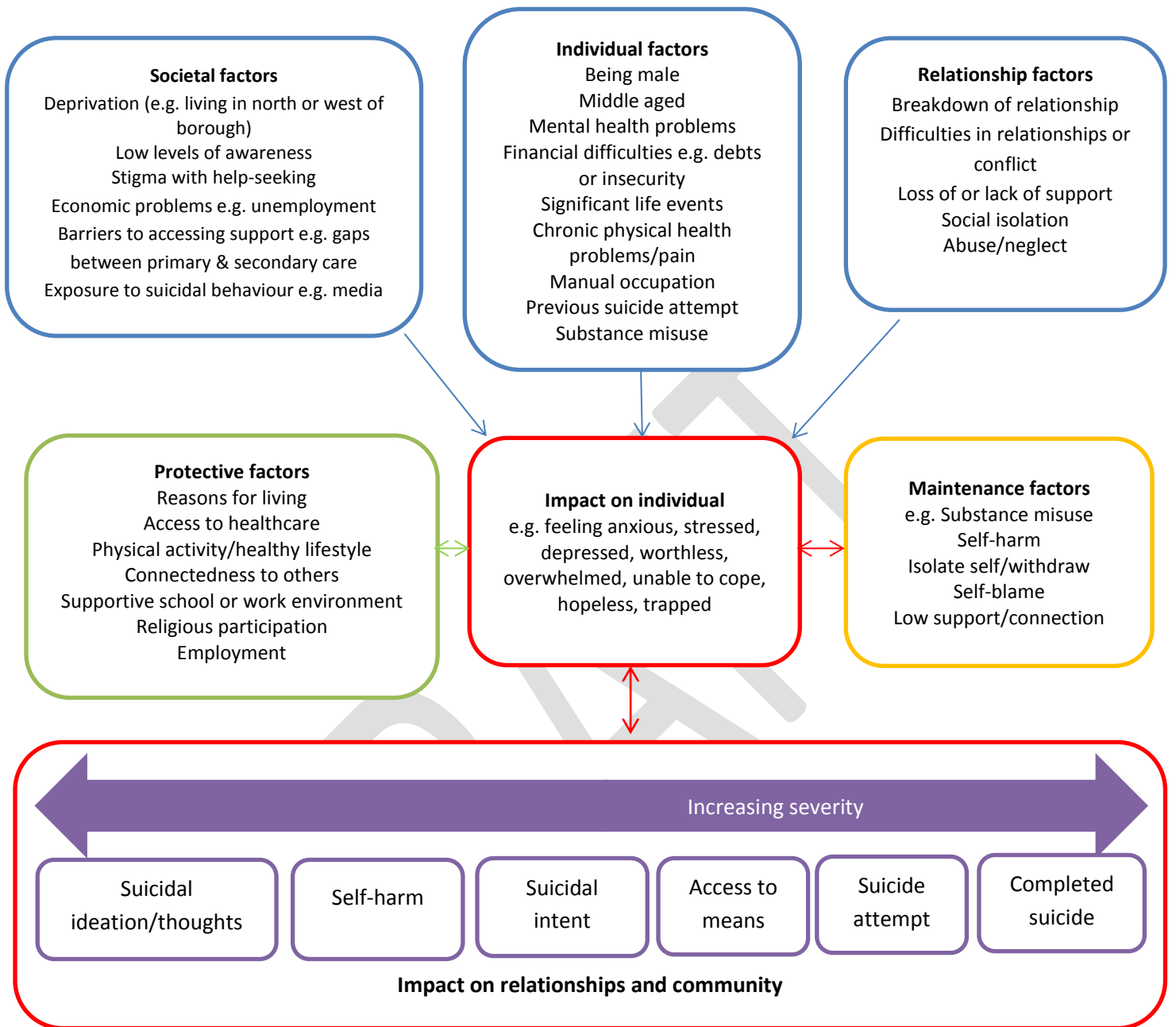
### **Suicide risk formulation (non-exhaustive)**

As outlined above, there are a complex range of inter-related social, interpersonal and individual factors that contribute to, maintain and exacerbate the risk of suicide. Furthermore, suicidal thoughts and behaviours exist on a fluid continuum and are important to consider as distinct opportunities for intervention in order to reduce suicides. Understanding the key risks and protective factors in relation to suicide can facilitate appropriate, targeted interventions. Importantly, increasing protective factors at a population level is likely to reduce overall risk through improvements in mental health and wellbeing.

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<sup>24</sup> Department for Communities and Local Government, Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved.





## National strategic approach

Reducing the number of suicides remains a key priority for the NHS over the next decade<sup>8</sup>. In 2016, The Five Year Forward View for Mental Health document outlined a plan to **reduce the suicide rate by 10% by 2020/21** and progress continues to be made toward this goal<sup>1</sup>. The National Suicide Prevention Strategy (2012, updated 2017) and Cross-Government Suicide Prevention Workplan (2019) identified six key priorities for suicide prevention nationally (see below) which are reaffirmed by the NHS Long Term Plan, in particular the importance of **post-crisis support** for families and staff that are bereaved by suicide and whom are at heightened risk themselves. These priorities have been used as a basis for developing Trafford's priorities and action plan.

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### National priorities

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- |                                                                                        |                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Reduce suicide in high risk groups                                                  | e.g. middle aged men, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers, people with a history of self-harm |
| 2) Tailor approaches to improve mental health in specific groups                       | e.g. reducing inequalities, support for veterans, the LGBT population and young people                                                                                                                                                                                 |
| 3) Reduce access to means of suicide                                                   |                                                                                                                                                                                                                                                                        |
| 4) Provide better information and support to those bereaved or affected by suicide     |                                                                                                                                                                                                                                                                        |
| 5) Support the media to deliver sensitive approaches to suicide and suicidal behaviour |                                                                                                                                                                                                                                                                        |
| 6) Supporting research data collection and information                                 | e.g. engaging coroners                                                                                                                                                                                                                                                 |
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## Greater Manchester strategic direction

The Greater Manchester strategic priorities are consistent with national priorities and are based on a whole systems approach focussing on eight priority areas identified within the recent Public Health England guidance for local suicide prevention plans<sup>25</sup>. The Greater Manchester plan emphasises targeting the groups identified by Greater Manchester intelligence and audit that are at highest risk

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<sup>25</sup> Appleby, L (2016) 'Priorities for Suicide Prevention action plans' in Local Suicide Prevention Planning – A Practical Resource. Public Health England

of suicides deemed to be the most preventable such as people in mental health services, people with depression and people with a history of self-harm (see table below). It also emphasises the importance of setting up and utilising a 'real time' data approach to suicide intelligence that would allow for more timely identification of suicide and quicker support to those affected e.g. to bereavement support.

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### Greater Manchester priorities

1. Reducing the risk in men	In particular middle aged men, with a focus on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse. A focus on developing treatment and/or support settings that are more acceptable and accessible by men
2. Preventing and responding to self-harm	A range of services are needed for adults and young people in crisis, and psychological assessment for self-harm patients. Acknowledgement that support for young people will be distinct from that of adults.
3. Children, young people and women during pregnancy and postnatally	Joint working between health, social care, schools and youth services, and includes risk during pregnancy and those who have given birth during the last year. In particular we intend to focus on the increased suicide risk between 15 to 19 year olds.
4. Treating Depression in Primary Care	Safe prescribing of painkillers and anti-depressants, (plus skilling up primary care practitioners in identification and initial management of risk)
5. Acute Mental Health Care Settings	Safer wards and safer discharge (including follow up), adequate bed numbers and no out of area admissions.
6. Tackling High Frequency Locations	Including working with local media organisations and groups to prevent imitative suicides
7. Reducing Isolation and Loneliness	For example, through community based support, good transport links and by working with the third sector with a particular focus on men and older people
8. Bereavement Support/Postvention	The provision of better information and support for those bereaved or affected by suicide and supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

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### Key priorities for Trafford

This suicide prevention strategy forms part of a broader approach for mental health in Greater Manchester and Trafford. Given the complex and inter-related social, interpersonal and individual factors that contribute to, maintain and exacerbate risk, a whole systems approach is crucial. In Trafford, we take a life course approach to intervention through the 'start well', 'live well' and 'age well' themes and the suicide prevention strategy will span across these. Our overarching priority is to reduce suicides by at least 10% (approximately 1 person per year by 2020). We will achieve this by

focussing on objectives that sit within the eight priority areas (see above) identified within the Public Health England guidance for local suicide prevention plans and subscribed to in the Greater Manchester suicide prevention plan.

Trafford priorities	Rationale	Focus
1. Reducing the risk in Men	The majority of suicides in Trafford are male	<ul style="list-style-type: none"> <li>- Middle aged men</li> <li>- Focus on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse</li> <li>- A focus on developing treatment and/or support settings that are more acceptable and accessible by men</li> </ul>
2. Preventing and responding to self-harm	Self-harm is a significant risk factor for suicide	<ul style="list-style-type: none"> <li>- Mental health crisis support e.g. through Mental Health Liaison service and timely assessment for adults and young people who self-harm</li> <li>- Primary Care Mental Health &amp; Wellbeing Service will provide appropriate support to people not under the care of secondary mental health services</li> <li>- Acknowledgement that support for young people will often be distinct from that of adults</li> <li>- Support during transition from child to adult services and into early adulthood remains an important endeavour</li> </ul>
3. Improving mental health of children, young people and women during pregnancy and postnatally	Suicide remains second most common cause of death in young people	<ul style="list-style-type: none"> <li>- Joint working between health, social care, schools and youth services, and includes risk during pregnancy and those who have given birth during the last year</li> <li>- In particular we intend to focus on the increased suicide risk between 15 to 24 year olds</li> </ul>
4. Reducing mental distress and improving mental wellbeing and resilience		<ul style="list-style-type: none"> <li>- Continue to work with neighbourhoods to maximise existing strengths and community resources using an asset based approach</li> <li>- Access to help and support early to mitigate impact</li> <li>- Safe prescribing of painkillers and anti-depressants</li> <li>- Skilling up primary care practitioners in the identification and initial management of risk</li> <li>- Encourage primary care practitioners to link to the Primary Care Mental Health and Wellbeing Service when identifying mental health issues or factors impacting on mental health (e.g. debts, housing)</li> <li>- Increase identification of depression in older people and increase referral and uptake of talking therapies offered by Trafford Psychological Therapies Service</li> <li>- Increasing physical activity</li> <li>- Increasing timely access to mental health services</li> <li>- Safer wards and safer discharge (including follow up)</li> <li>- Adequate bed numbers and no unnecessary/inappropriate out of area admissions or</li> </ul>

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5. Reducing inequalities	Trafford has high inequality with residents in the most deprived areas of Trafford most at risk of suicide	placements - Continuing to address poverty in Trafford - Striving to reduce unemployment - Attracting employers that pay a living wage
6. Improving mental health of people with long term physical health conditions	Physical health problems are a key risk factor for suicide	- Ensure people are supported to manage their condition and any pain appropriately - Utilise social prescribing to enhance quality of life - Regular condition and medication reviews - Increase access to psychological therapies for people with long term conditions
7. Reducing isolation and loneliness	Social isolation is a key risk factor for suicide	- Working collaboratively with community based support and the third sector - Access to good transport links
8. Bereavement support		- The provision of better information and support for those bereaved or affected by suicide - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour - Real-time data surveillance approach to support a timely offer of bereavement support

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## Action Plan for Trafford (based around the Nine Pillars of the Suicide Safer Communities<sup>26</sup>)

Pillar	Action	Who?	Timescale	Update(s)
<b>1 Establish leadership and governance arrangements</b>	Establish Suicide Prevention Partnership Group	Suicide Prevention Partnership Group.	31 <sup>st</sup> August 2019	Initial meeting
	Link to Trafford Health and Wellbeing Board via Trafford's Mental Health Partnership (CCG)	Members will include people with lived experience, voluntary sector groups, health providers e.g. GP, local emergency workers, housing and commissioners		6 <sup>th</sup> August 2019
	Provide regular updates to the Trafford Health and Wellbeing Board			
<b>2 A robust background summary of local area to support goal setting</b>	This strategy & action plan draws on data from the 2015 Trafford audit of suicides completed as part of the 2015 Greater Manchester audit			
	We will support an annual Greater Manchester suicide audit. When this is completed, Trafford data will be extracted and analysed to inform learning	Public Health Team, Trafford Council	Annually	
	We will attend the Shining a Light on Suicide Launch event for Greater Manchester to share learning, good practice and strengthen links between agencies	Public Health Team, Trafford Council	May 2019	Attended

<sup>26</sup> LivingWorks Education (2017). Suicide-safer communities: A designation recognizing community commitments to suicide-safety.

<b>Pillar</b>	<b>Action</b>	<b>Who?</b>	<b>Timescale</b>	<b>Update(s)</b>
	We will attend the Greater Manchester Suicide Bereavement Conference in April 2019	Public Health Team, Trafford Council	April 2019	Attended
<b>3 Raise awareness of suicide and self-harm prevention in the community</b>	We will work with Greater Manchester on the Suicide Prevention Campaign 2019 “Shining a light on suicide” and highlight this locally e.g. through email footers, posters, leaflets, twitter and the council website. This campaign addresses common misconceptions by highlighting that suicide is preventable and that ‘It is okay to ask about suicide’ and this does not increase risk.	Suicide Prevention Partnership Group	Ongoing	
	We will establish a network of suicide prevention ‘Champions’ to advocate for suicide prevention within their work/services and disseminate key messages and support available.	Suicide Prevention Partnership Group	31 <sup>st</sup> August 2019	
	We will raise public awareness of suicide prevention and reduce stigma e.g. through supporting national campaigns e.g. World Suicide Prevention day (10 <sup>th</sup> Sep 2019 – theme is suicide prevention), World Mental Health Day (10 <sup>th</sup> Oct 2019), The Campaign Against Living Miserably (CALM), Papyrus (Prevention of Young Suicide), Alright Mate, It’s OK to Talk and Time to Talk Day. We will continue to organise Grief café/death café events in Trafford to encourage open communication around mental health and wellbeing. We will also support university mental health and wellbeing initiatives.	Suicide Prevention Partnership Group	Ongoing	
	We will utilise local newsletters e.g. Staff news emails to disseminate key events, suicide prevention work happening in the borough and training opportunities.	Suicide Prevention Partnership Group – communications teams	Ongoing	Included in Council Staff Newsletter on 21 <sup>st</sup>

Pillar	Action	Who?	Timescale	Update(s)
				June 2019
	We will collect data on locations in Trafford where incidents of suicide occur. This will support identification of high risk (>1 occurrence) locations. If a high risk location is identified we will work with individuals/agencies that manage the location to reduce/prevent further incidents of suicide at that location e.g. through use of Samaritans publicity. We will also use this data to action a suitable, rapid support response at a system level such as for schools or workplaces.	The Greater Manchester Real-Time Suicide Data pathway will collect and provide the data to Trafford	Ongoing	12 month pilot begun in June 2019
	Partners such as 42 <sup>nd</sup> Street, Papyrus, Talk Shop and Youth Offending Service will continue to raise awareness of mental health problems and suicide prevention through training to own staff and staff working with Children & Young People in mental health services, schools, colleges and universities.	Listed partner agencies	Ongoing	
	The Department for Work & Pensions will continue to provide mental health awareness sessions for their staff.	Department for Work & Pensions	Ongoing	
	Greater Manchester Police will continue to assist with mental health calls and ensure information is shared with relevant people to obtain appropriate support within 24 hours.	Greater Manchester Police	Ongoing	
<b>4 Increase mental health and wellness promotion</b>	We will increase and promote mental wellbeing through reducing health inequalities, promoting a healthy lifestyle and maximising connections within communities. We will strive to cultivate a culture of hope and maintain awareness that we are all vulnerable to mental health difficulties.	Trafford Council (in line with Strategic Outcomes)	Ongoing	
	We will continue to foster good inter-agency working in Trafford.	All Stakeholders	Ongoing	



Pillar	Action	Who?	Timescale	Update(s)
	The New Primary Care Mental Health and Wellbeing Service (PCMHWB) in Trafford will provide an integrated, whole systems approach for individuals with inter-related health and social problems (e.g. debt, employment, housing) in the community through integrated assessment and holistic and integrated support. The service will also support referral and signposting to services that can support with suicide bereavement.	Primary Care Mental Health and Wellbeing Service	Ongoing	12-month pilot began 1 <sup>st</sup> April 2019
	The Primary Care Mental Health and Wellbeing Service will also support links between people and their communities through a social prescribing model. This has the potential to further increase awareness not just through practitioners and services but throughout communities.	Primary Care Mental Health and Wellbeing Service	Ongoing	
	The opportunity for support and intervention through pharmacy staff will also be maximised as they form a key part of community resource that is often well used and well connected.	Suicide Prevention Partnership Group	Sep 2019	
	We will support the recognition of depression in Primary Care, particularly for Older Adults and increase appropriate referrals and uptake of Psychological Therapies through the Trafford Psychological Therapies service.	Primary Care Practitioners	Ongoing	
	The Greater Manchester I-THRIVE programme will continue to promote and provide children and young people with psychological support through health services (e.g. Healthy Young Minds), schools and early help hubs, reducing stigma and improving emotional wellbeing for young people.	Greater Manchester I-THRIVE	Ongoing	
	We will support the Greater Manchester Parent Infant Mental Health	Greater Manchester	Ongoing	

<b>Pillar</b>	<b>Action</b>	<b>Who?</b>	<b>Timescale</b>	<b>Update(s)</b>
	Programme to promote mental well-being in the perinatal period and beyond.	Parent Infant Mental Health		
<b>5 Training for community members, lay persons and professionals in identifying and supporting people with suicidal ideation</b>	We will mandate an e-learning package on suicide prevention for all council staff and CCG staff to increase recognition of signs, increase awareness and encourage active signposting and support. We will monitor take-up of the online e-learning package and develop a schedule for refresher training.	Public Health Team & Learning and Development Team, Trafford Council	August 2019	
	We will mandate an e-learning package on Mental Health Awareness in the Workplace for Council and CCG staff with managerial responsibilities. We will monitor take-up of the online e-learning packages and develop a schedule for refresher training.	Public Health Team & Learning and Development Team, Trafford Council	August 2019	
	We shall continue to provide training for primary care staff (e.g. GPs, receptionists, practice managers etc.) on presentation of distress and identification of risk, especially in men and older adults and ensure an 'every contact counts' approach.	Suicide Prevention Partnership Group	Ongoing	
	Develop awareness of signs of suicidal ideation for staff groups that have contact with public through online training e.g GP receptionists, pharmacists, DWP staff, housing groups, ambulance & contact centre staff, link workers in PCMHWS; homeless teams; foodbank staff; youth services; security staff and hotel workers.	Suicide Prevention Partnership Group	Ongoing	
	Trafford Psychological Therapies Service will continue to provide mental health awareness training to non-clinical staff.	Trafford Psychological Therapies Service	Ongoing	

<b>Pillar</b>	<b>Action</b>	<b>Who?</b>	<b>Timescale</b>	<b>Update(s)</b>
	Promote Mental Health First Aid Training within Trafford potentially through a train the trainer approach.	Suicide Prevention Partnership Group through & Learning and Development Team	Ongoing	
	We will continue to support existing mental health in schools training initiatives.	Suicide Prevention Partnership Group	Ongoing	
	We will promote the 'Suicide – Let's Talk' 20-minute training developed in Greater Manchester as part of the Shining a Light on Suicide Campaign to the public through outward facing communication such as the council website and social media channels.	Suicide Prevention Partnership Group – communications team	August 2019	
	A scoping exercise will be conducted to investigate what approaches Trafford council currently use for the appropriate management of council debts e.g. council tax arrears and red letters to residents. We will strive to reduce the psychological impact of these practices and ensure people are signposted to support.	Public Health Team, Trafford Council	September 2019	
	We will develop a written resource specific to Trafford e.g. a 'Flash Card' using clear, descriptive language that outlines support available to people at risk of suicide and how to refer/access. This will be shared as widely as possible, especially with frontline staff.	Suicide Prevention Partnership Group	September 2019	
	We will promote appropriate sharing of information between agencies to facilitate learning.	Suicide Prevention Partnership Group	Ongoing	

<b>Pillar</b>	<b>Action</b>	<b>Who?</b>	<b>Timescale</b>	<b>Update(s)</b>
<b>6 Suicide intervention and ongoing clinical support services</b>	We will promote the overarching principles of person centred care in clinical services including; curious questioning, maximisation of control and choice, flexible intervention to meet person's needs (not a 'one size fits all' approach), the importance of early intervention, the importance of the person in context e.g. community resources, the use of evidence based interventions and effective risk assessment and management.	Suicide Prevention Partnership Group	Ongoing	
	We shall continue to demonstrate a proactive approach in in-patient and mental health services in Trafford e.g. through safer wards, early follow up after discharge, no inappropriate out of area admissions. Awareness that people presenting with low mood may require more active support to engage with services will be key. The impact of these interventions will continue to be monitored.	Suicide Prevention Partnership Group	Ongoing	
	We will continue to maximise opportunities for support by providing a range of access options including face-to-face, online and telephone support.	Suicide Prevention Partnership Group	Ongoing	
	Trafford Psychological Therapies service will continue to provide timely support for people with mental health problems in primary care. This service will continue to offer support to staff affected by suicide.	Trafford Psychological Therapies Service	Ongoing	
	We shall continue to provide a Mental Health Liaison service within A&E to Trafford residents for urgent, timely support for people experiencing a crisis.	Mental Health Liaison service	Ongoing	
	We will develop ways of working with men that recognise and build on existing skills and values.	Suicide Prevention Partnership Group		
	Ensure services that come into contact with people at high risk e.g. drug and	Suicide Prevention	September	

<b>Pillar</b>	<b>Action</b>	<b>Who?</b>	<b>Timescale</b>	<b>Update(s)</b>
	alcohol services, debt services and mental health services have suicide reduction strategies in place and appropriate monitoring.	Partnership Group	2019	
	We will maintain good awareness of support available and identify inappropriate support or gaps in provision.	Suicide Prevention Partnership Group	Ongoing	
	We will support the inclusion of questions regarding mental health/suicidal ideation as part of initial tenancy interviews completed by housing groups (e.g. Irwell Valley Homes and Your Housing Group) and ensure staff are aware of support available to signpost to.	Suicide Prevention Partnership Group	October 2019	
	We will work with local GPs to more readily use the PHQ9 Q9 for groups not presenting with typical symptoms of low mood e.g. frequent attenders with non-specific symptoms such as aches and pains or people living with chronic pain.	Suicide Prevention Partnership Group	October 2019	
	We will continue to provide proactive medicine management including for high risk groups such a people living with chronic pain and/or taking opiate medications.	Trafford CCG	Ongoing	
<b>7 Suicide bereavement support and resources</b>	We will continue to work with Greater Manchester to support the new Suicide Bereavement Information Service; ensuring local service information is up-to-date and accessible. Our existing service provision in Trafford is not specific to suicide bereavement. However, existing services are able to offer support for bereavement and related difficulties. The Trafford Wellbeing Counselling Service based at the Macmillan Wellbeing Centre can offer bereavement counselling to people who are bereaved by suicide. Furthermore, the Primary Care Mental Health and Wellbeing Service could provide an initial point of contact through a link worker who is able to co-ordinate and signpost to	Suicide Bereavement Partnership Group to work with Paul Barber in GM	Service launched 1 <sup>st</sup> May 2019	

Pillar	Action	Who?	Timescale	Update(s)
	relevant services on an individual basis.			
	We will ensure local police e.g. family liaison officers are aware of the Suicide Bereavement Information Service and relevant contacts and provide resources as needed e.g. 'Help is at Hand' booklets.	Public Health Team, Trafford Council	Pilot began in June 2019 and is ongoing for 12 months	
	We will continue to work with Greater Manchester to pilot a real-time suicide data pathway through working jointly with the local coroner. This enables rapid identification of suicides and suspected suicide clusters and facilitates a proactive approach to suicide bereavement support.	Suicide Prevention Partnership Group – communications teams	Ongoing	
	We will continue to work with Greater Manchester to encourage sensitive and responsible reporting of suicide in the media and promote adherence to the Samaritans Media Guidelines in relation to coverage of suicide and self-harm. We will also ensure appropriate links to support are offered alongside articles related to suicide.	Suicide Prevention Partnership Group – communications teams	Ongoing	
<b>8 Evaluation measures including data collection and evaluation (audit)</b>	Annual audit data of completed suicides and deaths of undetermined intent will help us to learn from incidences of suicide in Trafford and ensure recommendations are being implemented.	Suicide Prevention Partnership Group	Ongoing	
	We will continue to analyse data on admission rates to hospital with deliberate self-harm.	Public Health Team, Trafford Council	Ongoing	
	Improvement in identification rates of depression in older adults	Trafford CCG	Ongoing	
	Completion rates for treatment of depression in primary care	Trafford CCG	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
	We will use real-time data on locations of suicides to inform our understanding of high risk locations in Trafford (>1 incidence of suicide) and any interventions necessary to reduce risk at these locations.	Public Health Team, Trafford Council	Ongoing	Pilot begun June 2019
<b>9 Build sustainability in the community</b>	Reduce socio-economic inequality; continue to improve housing security and affordability; increase job security; provide a living wage; strive to reduce Adverse Childhood Experiences (ACEs); consider building design in town planning; maintain green spaces and 'open air' in Trafford, continue to strive for greater community engagement and cohesion, work collaboratively with other initiatives in Trafford to reduce social isolation, increase parity of physical and mental health services.	Public Health Team, Trafford Council	Ongoing	
	Develop a poverty strategy for Trafford	Public Health Team, Trafford Council	Ongoing	
	We will work with our community and voluntary organisations to raise awareness of suicide risk and crucially, the help and support available in Trafford	Trafford Suicide Prevention Partnership	Ongoing	

## Governance

The suicide and self-harm prevention strategy directly aligns with the key aim of the Trafford Health and Wellbeing Strategy to increase healthy life expectancy and reduce inequalities. The strategy will be presented to the Health and Wellbeing Board for comment and support.