

REPORT TO: Health and Wellbeing Board
DATE: 17th July 2013
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Adults
SUBJECT: Suicide Prevention Strategy
WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the Health and Wellbeing Board with information relating to the development of a Suicide Prevention Strategy for Halton.

RECOMMENDATION: That

1. **the contents of the report be noted; and**
2. **the development of a Suicide Prevention Strategy for Halton be supported.**

3.0 SUPPORTING INFORMATION

3.1 Suicide is a major public health issue. Nationally, during 2011, over 4500 people took their own lives, meaning that on average one person dies every two hours. Every suicide is both an individual tragedy and a terrible loss to society. It affects a number of people directly and often many others indirectly.

The impact of suicide can be devastating- economically, psychologically and spiritually- for all those affected.

3.2 Suicide is not inevitable. Preventing suicides is a complex and challenging issue, but there are effective solutions for many, if not most of the individual factors which contribute towards the risk of suicide. Suicide prevention work is cost effective when conducted in accordance with evidence and by working in partnership. Local Government, statutory services, the third sector, local communities and families each have a role to play.

3.3 At a local level, a recent Suicide Audit for Halton and St. Helens, completed in April 2013, demonstrates that the number of completed suicides for Halton remains relatively low. However, the existing Suicide Prevention Strategy needs to be updated in line with the National Strategy, published in September 2012. (Attached at Appendix 1). The Suicide Audit will provide some of the evidence to support the development of the Strategy.

3.4 It is proposed that the local Strategy follows the same format as the National Strategy by following six key areas for action.

These are:

- Area for action 1: Reduce the risk in key high risk groups
- Area for action 2: Tailor approaches to improve mental health in specific groups
- Area for action 3: Reduce access to the means of suicide
- Area for action 4: Provide better information and support to those bereaved or affected by suicide
- Area for action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Area for action 6: Support research, data collection and monitoring

3.5 In order to progress the development of a local strategy it is proposed that a Suicide Prevention Task Group be established and a workshop be organised for September to provide wider engagement with key stakeholders from across Halton.

4.0 POLICY IMPLICATIONS

4.1 Halton's Health and Wellbeing Strategy identifies Prevention and Early Detection of Mental Health Conditions as one of the five key priorities for action. This priority was chosen for a number of reasons including, the number of people attending GP Surgeries to seek advice on mental health, the number of people suffering from depression, hospital admissions due to self-harm and a higher than average suicide rate. Therefore the development and implementation of a Suicide Prevention Strategy will contribute to this priority and the outcomes identified within the Health and Wellbeing Strategy.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Whilst the number of actual suicides in children and young people in Halton remains low, the impact of suicides on children, young people and families is of major concern. Halton also has a higher than average rate of hospital admissions for self-harm for under 18's.

6.2 Employment, Learning and Skills in Halton

Throughout history periods of high unemployment or severe economic problems have also had an adverse effect on the mental health of the population and have been associated with higher rates of suicide. Evidence shows that English regions with the largest rises in unemployment have had the largest increases in suicides, particularly among men.

Therefore strategies to reduce unemployment, improve educational attainment and skills should contribute to reducing the risk factors for suicide.

6.3 A Healthy Halton

As outlined in 4.1 above, the development of a Suicide Prevention Strategy for Halton contributes directly to addressing Health and Wellbeing priorities.

6.4 A Safer Halton

Some of the risk factors for suicide include harassment/ bullying and criminal suspicion or conviction. Therefore, reducing the incidence of crime, improving Community Safety and improving community resilience should have an impact on reducing the risk of suicide and improving overall health and wellbeing.

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and has been shown to have an impact on mental health which, as outlined above has a direct impact on the risk of suicide.

7.0 RISK ANALYSIS

Halton Borough Council may be at risk of not meeting national targets if recommendations outlined in the report are not met. There are no financial risks. The recommendations are not so significant they require a full risk assessment.

8.0 EQUALITY AND DIVERSITY ISSUES

This is in line with all equality and diversity issues in Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Preventing Suicide in England- A Cross-government outcomes Strategy to save lives	Runcorn Town Hall	Diane Lloyd