



Bromley Suicide Prevention Plan

2019 to 2024



Executive Summary

Why suicide is a concern

- Three in four deaths by suicide are men
- People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group
- For every person who dies at least 135 people are affected
- The strongest identified predictor of suicide is previous episodes of self-harm
- Mental ill-health and substance misuse greatly contribute to suicides
- Suicide deaths are preventable and each is a tragedy with huge long-lasting impact

What we know

- Bromley has the 5th highest intentional self-harm rates in the region and ranks 16th out of 33 London boroughs on suicide rates
- Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people
- The numbers of suicides in Bromley are changeable but on average about 20 people take their own lives in Bromley each year
- Rates of hospital admissions for intentional self-harm have fluctuated in Bromley over the last decade with a peak in 2009-11
- The proportion of hospital admissions for intentional self-harm is highest in people aged 20-49. Although there are fewer admissions of intentional self-harm in older residents, research shows that older people who self-harm are three times more likely to die by suicide than the younger people who self-harm
- The relationship between deprivation and hospital admissions for intentional self-harm in Bromley is not linear but analysis at ward level show that hospital admission rates are significantly higher in the Cray Valley wards and Penge and Cator than the rest of the borough

What we will do

- Consider the national evidence alongside local data and information to ensure local needs are addressed
- Develop a plan that will link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse
- Deliver a comprehensive plan that is effective in reducing deaths by suicide by combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide
- Provide a whole system approach with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide

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Introduction

UNDERSTANDING SUICIDE IN BROMLEY

The key statistics for Bromley are:

20

people die in Bromley every year (on average)

42%

of suicides locally were in people aged 30-59 years

Bromley ranks

16th

out of 33 London Boroughs on suicide rates



Suicides are more prevalent in men
- three times the rate in females



Nationally suicide is one of the main causes of mortality in young people and for families its impact is particularly traumatic



Nationally between 2003 and 2013

428

people aged under 25 died by suicide in England per year an average of whom:

- 137 were aged under 20
- 60 were aged under 18

Social content & prior contact with health & care services

The National Suicide Strategy 2012^[1] identified the following groups at high risk of suicide:

- Young and middle-aged men
- People in the care of mental health services, including inpatients
- 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

It was not possible to analyse the social circumstances or patterns of prior contact with services of the people who took their lives in Bromley in the current suicide audit but previous suicide audits in Bromley have shown that:

- many people had a documented suicide risk
- there was history of poor physical health and a mental illness diagnosis
- there was history of self-harm and a previous suicide attempt
- contact with Primary Care within 12 months prior to death
- previous contact with mental health services and some had a diagnosis of mental illness 12 months prior to the death, including depressions

[1] Department of Health (2014). Preventing suicide in England: a cross- government outcomes strategy to save lives. Available at www.gov.uk/government/publications/suicide-prevention-report

Self-harm

Self-harm prevention is important because it is the strongest predictor of suicide. Self-harm can be taken with or without suicidal intent. Research shows that repeated behaviour of self-harm increases the risk of a completed suicide by between 50-100^[2] times. In many cases of suicide there is an episode of self-harm shortly before someone takes their own life.

There is need for work to identify further risk factors in people who self-harm in Bromley and tailor services for the affected local population.

It is worth noting that although there are fewer admissions of intentional self-harm in older residents, 60 years and over, research shows that older people who self-harm are three times more likely to die by suicide than the younger people who self-harm. Therefore older adults who intentionally self-harm should be a target group for services and support.

The key statistics for Bromley on self harm are:

- More females are hospitalised than men, for every 1 man, 2 women are hospitalised
- Bromley has the 5th highest rates of self harm in the region
- The highest rates of hospital admissions for self harm are in the 20-49 age group
- Analysis of age-specific rates also shows that people aged <30 are more represented in hospital for intentional self harm than the general population
- Hospital admissions are significantly higher in the Cray Valley wards and Penge and Cator than the rest of the borough

[2] Royal College of Psychiatrists. (2010). Self-harm, suicide and risk: a summary. Available at www.rcpsych.ac.uk/pdf/PS03-2010x.pdf

Aims & ambitions of the Bromley plan

Every suicide is a preventable, tragic event leading to devastating impact on family and friends of the person who died and can be felt across the whole community. Our aim and ambition is to reduce the number of suicides and attempted suicides in Bromley.

Our Suicide Prevention Plan has been developed by a multi-agency steering group, including those who have been personally affected by suicide. The steering group is led by the Director of Public Health for the London Borough of Bromley and includes:

- NHS Bromley Clinical Commissioning Group
- Bromley Safeguarding Children Board
- Bromley Safeguarding Adults Board
- Mental health services
- Acute services
- British Transport Police
- London Ambulance, Samaritans
- Voluntary sector partners
- Importantly people with lived experience (LAS)

The aim of the steering group is to understand and address the local challenges around suicide, identifying and working together on areas to make the biggest difference for our population.

Areas for action

In this plan we have adopted the six key priority areas from the national strategy to develop priorities in Bromley.

These six areas are:

1.

**Reduce the risk of suicide
in key high risk groups**

2.

**Tailor approaches to improve
mental health in specific groups**

3.

**Reduce the means
of suicide**

4.

**Provide better information
and support to those bereaved
or affected by suicide**

5.

**Supporting safe and effective
communication around suicide
and suicidal behaviour**

6.

**Support research,
data collection and monitoring**

1.

Reducing the risk of suicide in key high risk groups

The key high risk groups include:

Men	People who self-harm
People who misuse drugs and alcohol	People in care of mental health services, including inpatients
People in contact with the criminal justice system	People working in specific occupations (such as doctors, nurses, veterinary workers, farmers and agricultural workers)

We know from local data that men are more at risk than women. However, we need to know more about our high risk groups. Improving access to data and intelligence and undertaking a detailed analysis will help inform further developments around actions for our key high risk groups.

Further information on the current and planned action for this section is presented in **Appendix 1**.

2.

Tailoring approaches to improve mental health

One of the priorities of this plan is to improve mental health across a wide range of groups. In order to achieve this, we need to:

- Implement community-based approaches
- Target people who are vulnerable due to economic circumstances
- Target women and those who have given birth in the last year
- Target children and young people
- Target men
- Provide appropriate training for particular groups of people and front line staff who may encounter individuals in crisis

Further information on the current and planned action for this section is presented in **Appendix 1**.

3.

Reducing access to the means of suicide

Restricting access to the means of suicide both on an individual and environment level are an important priority for this plan as we know that restricting access to lethal means can reduce suicide. Examples include controlling access to excessive paracetamol and reducing access to structures that are high risk locations for suicide.

Local data shows that the majority of suicide deaths in Bromley are a result of hanging, strangulation or suffocation, being the most common methods, followed by poisoning. This is similar to the UK.

Further information on the current and planned action for this section is presented in **Appendix 1**.

4.

Provide better information and support to those bereaved or affected by suicide

Suicide has a vast and long lasting impact on family, friends and the wider community. There are clear guidelines on how action can be taken at a local level to help those directly affected and opportunities exist for working with organisations to improve the local offer of support.

Further information on the current and planned action for this section is presented in **Appendix 1**.

5.

Supporting safe and effective communication around suicide and suicidal behaviour

Media reporting of deaths from suicide can affect others, particularly those who have lost someone and potentially cause copy-cat attempts. Regionally intelligence has suggested that poor media practice in the reporting of deaths from suicide may have been associated with deaths. We therefore need to work closely with the media locally and provide appropriate advice and training.

Further information on the current and planned action for this section is presented in [Appendix 1](#).

6.

Support research, data collection and monitoring

Sadly data intelligence gaps remain on local deaths and this forms a significant obstacle to delivering the best strategy for reducing suicide in Bromley. We plan to work with local organisations to fill this gap in data intelligence in order to better inform our plan in order that we can implement more targeted and effective interventions.

Further information on the current and planned action for this section is presented in **Appendix 1**.

Suicide prevention – a whole system approach

In order to prevent deaths from suicide we need to work as a whole system approach addressing mental health and wellbeing and wider determinants such as environmental and social issues.

There are a range of strategies and initiatives which will have a link and support the actions in this prevention plan:

- Bromley Health and Wellbeing Strategy 2019-2023
- Safer Bromley Partnerships Strategy 2016-2019
- Bromley Safeguarding Children Board Plan 2017-2019
- Bromley CCG Integrated Commissioning Plan 2014-2019
- Bromley Children and Young Peoples Plan 2018-2021
- Vulnerable Adolescents' Strategy 2017-2019
- Corporate Parenting Strategy 2017-2019
- Care Leavers Strategy 2017-2019
- Homelessness Strategy 2018-2022
- Bromley Prevention and Early Intervention Strategy 2015-2018
- Violence Against Women and Girls Strategy 2016-2019

Next steps

- A robust and detailed action plan will be developed to support this Suicide Prevention Plan (see [Appendix 1](#))
- This action plan will be monitored by the Mental Health Strategic Board
- Clear lines of governance and accountability will be put in place to ensure that the Health and Wellbeing Board is assured that work is progressing against the action plan and will receive regular updates

Appendix 1 – Action Plan

PRIORITY ACTION

1. Reduce the risk of suicide in key high-risk groups in Bromley

WHAT	LEAD	TIMESCALE	OUTCOME
Undertake an audit of current practice against NICE guidance	All organisations	2019	Completed audit with recommendations
Develop a proforma for risk sharing across all partners and outside agencies who can help to do something to prevent suicides from taking place	All organisations	2019	Proforma developed and shared
Develop a commitment to working together with railways	All organisations	2019	Commitment in place
Conduct a scoping exercise to determine what training is available	All organisations	2019	Scoping complete and shared
Prevention and awareness raising for people who have been recently identified as high risk (for service providers and the user)	All organisations	2020	Awareness training completed
Making sure existing pathways are robust	All organisations	2020	Pathways developed and shared
Provision of outreach mental health services in different community localities	Mental health services	2022	Services in place
All GPs have completed suicide prevention training and are familiar with available source of support	Bromley GPs	2021	Training completed
Encourage joint provision of drug and alcohol and mental health training for staff within both specialities	Substance misuse and mental health services	2021	Service specifications updated

PRIORITY ACTION

2. Tailor approaches to improve mental health in specific groups

WHAT	LEAD	TIMESCALE	OUTCOME
Undertake an audit of current practice against NICE guidance	All organisations	2019	Completed audit with recommendations
Work with GPs around men	Bromley GPs	2020	Plan in place and implemented
Develop and promote a set mental health promotion programme in high risk schools	Bromley schools	2021	Promotion programme developed and promoted
Implementation of suicide prevention training in schools	Bromley schools	2021	Training completed
Support all schools to have a suicide prevention plan	Bromley schools	2021	Suicide prevention plans in place
Obtain data regarding current provision of psychological services in the community including type of therapy accessed, waiting time and average length of therapy, availability of CBT versus DBT therapists, presenting complaint of those referred	Public Health	2020	Data analysis completed and ongoing
Evidence based prescription of antidepressant medication in primary and secondary care	Bromley CCG	2022	Practice changed in all areas

PRIORITY ACTION

3. Reduce access to the means of suicide

WHAT	LEAD	TIMESCALE	OUTCOME
Moving access to codeine based oral medication to prescription only	Bromley CCG	2022	Practice changed in all areas
Work with organisations and BTP to develop clear pathways for referral	All organisations	2020	Pathways developed and shared

PRIORITY ACTION

4. Provide better information and support to those bereaved or affected by suicide

WHAT	LEAD	TIMESCALE	OUTCOME
Awareness and training for GPs	Bromley GPs	2021	Training completed
Take into account the recommendations from the new 'learning from deaths in families' guidance	All organisations	2020	Recommendations shared and implemented
"Help is at hand" booklet – ensure promotion and publication of this with health professionals across the system	All services	2019	Published in GP newsletter and on all websites etc
To ensure information is made specifically available to all affected families	All services	2019	Published in GP newsletter and on all websites etc

PRIORITY ACTION

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

WHAT	LEAD	TIMESCALE	OUTCOME
Develop and share a calendar of events throughout the year	Public Health/ comms leads	2019	Calendar developed and shared
Develop a responsible reporting charter	All organisations	2020	Charter developed and shared

PRIORITY ACTION

6. Support research, data collection and monitoring

WHAT	LEAD	TIMESCALE	OUTCOME
Work on obtaining up to date and timely data from the coroner's office	Public Health	2022	Data sharing in place
Collaboration and information sharing between boroughs should be encouraged in order to promote the implementation of strategies that are known to be effective and the avoidance of those that are known not to be	Public Health	2020	Information sharing protocols in place
Develop a better evidence base for suicides in the borough and continue to monitor the situation in the borough	Public Health	2020	Completion of data analysis and monitoring via the Suicide Audit

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