West Yorkshire
Health and Care Partnership

West Yorkshire Joint Health Overview and Scrutiny Committee: Suicide Prevention Update
Date: 20 November 2024

This report highlights both the progress and the challenges faced in suicide prevention across West Yorkshire.

Please note the following caveats to the data and information shared:

- Data for population groups (age, gender etc) susceptible to suicide – figures are from 2019 - 2022.
- Each place has data based on population breakdowns and groups of most concern of suspected suicide, however this data fluctuates and varies and would depend on the timeframes of interest.

Introduction

This report provides an update on suicide prevention in West Yorkshire in line with the West Yorkshire Health and Care Partnership's (WYHCP) ambition to reduce suicide rates by a minimum of 10% over the next five years. It reflects the findings of the recent review of the Suicide Prevention Programme and highlights current trends, prevention funding, key risk groups, risk indicators of suicide, and progress achieved. It also incorporates the proposed two-strand approach for programme enhancement and development of the proposed Improving Population Health Academy.

Current Suicide Rates and Trends

The Yorkshire and the Humber region collectively has a suicide rate of 12.3 per 100,000, making it the fourth-highest regional rate in England.

Suicide rates in West Yorkshire have consistently remained higher than the national average since 2015, presenting an ongoing public health challenge. In 2021, 281 lives were tragically lost to suicide across the region.

Nationally, suicide rates among individuals under 30 are increasing, with local authorities identifying incidents involving those aged 17–18 as a concern. The National Real-Time Surveillance System (NRTS) data indicates rising suicide risks among younger adults; however, these trends require confirmation from coroners.

- Wakefield holds the second-highest suicide rate in West Yorkshire, with an upward trend particularly evident among younger populations.

- From the latest Office for National Statistics (ONS) figures (2018–2020), Calderdale's suicide rates were highest among men aged 25–44 (39.8 per 100,000) and 45–64 (32.5 per 100,000). Among women, the highest rates were observed in the 25–44 age group (10.9 per 100,000).
- Leeds data highlights particularly concerning rates for men aged 45–49 and those aged 90 and over, with women aged 50–54 also identified as a high-risk group.
- Bradford's gender-specific data reflects national trends, with 75% of suicides involving males (3 in 4) and 25% involving females (1 in 4).
- Kirklees have identified middle aged men as a key high risk group with high-risk populations including those with a history of self-harm, people in contact with the criminal justice system, individuals with untreated depression, and socially isolated individuals. (Kirklees suicide and self-harm prevention action plan 2020-2023)

Leeds-Specific Observations (2022)

- Leeds has maintained a suicide rate of 10.7 per 100,000 people, consistent with 2021 data. Approximately three-quarters of suicides involved males, equating to a male suicide rate of 16.4 per 100,000. The highest age-specific rates in Leeds were:
- Males: 90 years and over (32.1 per 100,000) and 45–49 (23.0 per 100,000).
- Females: 50–54 (7.8 per 100,000).

Calderdale-Specific Observations

Calderdale is actively revising its Suicide Prevention Strategy for 2025–2027, prioritising three critical areas: Prevention, Intervention, and Postvention. This work has been informed by input from the Suicide Prevention Network and targets high-risk groups, including:

- Younger adults, particularly those with or without neurodiversity.
- Middle-aged men.
- LGBTQ+ individuals.
- People leading complex lives.
- Individuals transitioning out of custody.

Efforts in Calderdale are also focused on improving access to bereavement support, which remains lower than in other areas of West Yorkshire. Additionally, the area is piloting an incident response and learning process to accelerate changes following suicide-related incidents.

Bradford Specific Observations

The most recent suicide audit, (Bradford, Calderdale and Kirklees combined) covering the years 2019–2021, provides a deeper understanding of the circumstances and risks associated with suicides:

- Age specific: Bradford reported a more even age distribution among suicides starting from age 26. Suicide rates among children and young people under 26 were lower (5.1 per 100,000) compared to the overall rate for all ages (10.13 per 100,000).
- Gender Distribution: Bradford's gender-specific data reflects national trends, with 75% of suicides involving males (3 in 4) and 25% involving females (1 in 4).

Kirklees Specific Observations

- Suicide rates in Kirklees (per 100,000) increased from 8.6 in 2011–2013 to 10.8 in 2017–2019. This rise reflects a higher trend compared to England overall.
- Male suicide rates in Kirklees have risen significantly, reaching 17.5 per 100,000 in 2017–2019, compared to 15.5 in England and 18.3 in Yorkshire & Humber.
- Female suicide rates in Kirklees remained relatively stable, but slightly increased from 4.4 in 2016–2018 to 5.9 in 2017–2019.

These findings emphasise the need for tailored prevention strategies that reflect local variations in age, gender, and risk factors. Collaborative efforts across West Yorkshire aim to continue to understand and address these challenges, focusing on real time surveillance data and robust local engagement. Through enhanced strategies and sustained investment, public health initiatives can mitigate risks and support communities in preventing further loss of life.

Efforts continue to strengthen public health interventions and regional support mechanisms across West Yorkshire

Key updates include:

- The development of resources for primary care, such as myth-busting guides and "what to do" guidance for practitioners, aimed at improving understanding and response to suicide risks.
- The widely valued West Yorkshire Suicide Prevention website, which serves as a comprehensive resource for information, help, and sharing best practices.
- Ongoing efforts to improve safety in high-risk public places, ensuring environments are designed to minimise risk and promote community well-being.
- Continue roll out of the West Yorkshire Suicide Prevention Training and campaigns.
- Collaborative Multi-Agency Approach: Continuing to build strong partnership working across sectors to address suicide prevention comprehensively, leveraging local knowledge and resources.
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Suicide Prevention Champions Initiative

In March 2024, the West Yorkshire Health and Care Partnership launched a campaign to recruit 500 additional Suicide Prevention Champions by the end of the year, equivalent to two Champions for every suicide death registered in 2022.

Champions are trained to challenge the stigma surrounding suicide and promote prevention strategies. They gain access to resources, news, and support services to spread awareness in homes, communities, workplaces, and online.

Becoming a Champion involves a brief online registration, completing a 20-minute suicide awareness video by the Zero Suicide Alliance, and pledging to support suicide prevention.
Since March 2024, 225 additional Champions have been recruited, bringing the total closer to the year-end target.

Prevention Funding

- Many initiatives depend on NHS Long Term Plan (LTP) funding for suicide prevention. Securing clarity on funding availability for 2025 and beyond is critical to ensuring continuity of these services.
- The Integrated Care Board (ICB) budget is presumed to be a key source for sustaining prevention funding.

Risk Indicators of Suicide

Understanding the risk indicators of suicide is a crucial aspect of developing effective prevention strategies. It is recommended to use the term "risk indicators" rather than "triggers" when discussing suicide, as the complexity of the issue often involves multiple, interrelated factors rather than a singular cause. These risk indicators highlight the need for a nuanced, trauma-informed approach to suicide prevention.

<u>Complexity and Accumulation of Risk</u>

Suicide is rarely the result of a single event. Instead, it often arises from the accumulation of traumas and difficulties over time. This complexity underscores the importance of understanding the broader context of an individual's life when assessing suicide risks.

<u>Key Risk Indicators</u>

Data from coroner audits and the Real-Time Surveillance System (RTSS) have identified the following key risk indicators:

- **Mental Health:** Conditions such as depression, anxiety, and bipolar disorder are strongly associated with an increased risk of suicide.
- **Physical Health Problems**: Chronic illnesses, disabilities, or terminal conditions can contribute significantly to suicidal ideation, particularly when they lead to a diminished quality of life or increased isolation.
- **Problematic Drug and Alcohol Use**: Substance misuse is both a risk factor and a coping mechanism for many individuals at risk of suicide, often exacerbating underlying issues.

- **Contact with the Criminal Justice System**: Individuals involved in the criminal justice system, whether as perpetrators or victims of crime, face elevated risks. Specific examples include those leaving custody, especially for offences involving children or domestic violence.
- **Social Isolation and relational risks**: A lack of meaningful social connections can lead to feelings of hopelessness and despair, increasing the risk of suicide.
- **Adverse Life Experiences**: Difficulties such as childhood trauma, abuse, or neglect contribute to long-term physical and mental health issues and increase vulnerability to suicide.
- **Situational and Environmental Risks**: work related stress, burnout, unemployment

Life Events and Timing

Certain life events have been identified as significant risk factors, though their impact often depends on individual circumstances and timing. Examples include:

- **End of a Relationship**: Events such as bereavement by suicide or the loss of custody of children can be devastating and are frequently cited as contributing factors in suicides.
- **Delays in Response**: The time gap between a adverse event and suicide complicates the identification of causation, further highlighting the importance of considering a range of contributing factors.

Access to the means for suicide

- **Access to Lethal Methods:** Ready availability of means, such as medication, high-risk locations, or ligatures, heightens the risk of suicide.
- **Catalyst Factors:** Impulsivity under the influence of drugs or alcohol can act as a catalyst in individuals at risk.

System level risk

- Toxic and traumatised culture in organisations
- Leaving mental health services
- Leaving custody
- Social media and online harms
- stigma

The risk indicators of suicide reflect a complex interplay of individual, societal, and environmental factors. Addressing these risks requires a collaborative, data-driven approach that incorporates both national strategies and local insights. By recognising and responding to these indicators, public health programmes can better support at-risk individuals and work towards reducing suicide rates across the region.

National and Local Patterns: These findings align with national evidence-based risk factors outlined in the national suicide prevention strategy. They are not unique to Bradford, Calderdale, or Kirklees, indicating the universal nature of these challenges across diverse populations.

Piloting New Approaches: To enhance understanding and responsiveness, Calderdale is piloting an incident response and learning process. This initiative aims to rapidly identify areas for change following suicide-related incidents, providing valuable insights into risk indicators and how they evolve.

Recommendations

1. Sustain and Strengthen Proven Initiatives

- Bereavement Services: Approve continued support for bereavement services, ensuring alignment with local needs and informed by regular data reviews.
- Campaigns and Communications: Refine and amplify initiatives such as *"Check in with Your Mate"* with trauma-informed messaging. Develop a structured communications strategy to promote awareness and reduce stigma.
- Place-Based Interventions: Tailor bespoke interventions to address specific community needs, especially in disadvantaged areas.

2. Build System-Wide Capabilities

- **Workforce Development**: Prioritise training in trauma-informed care, equipping professionals to address suicide risks effectively.
- **Collaborative Practice:** Expand forums like SPAN to share best practices and align suicide prevention efforts across sectors.

3. Support the ambition of reducing suicides and enhancing mental health support,

- Prioritise the development of a trauma-informed and responsive system across West Yorkshire by 2030.
- Embedding trauma-informed principles into all services and interventions, to address the underlying causes of distress and vulnerability, including adverse childhood experiences, trauma, and social inequalities. This approach will ensure that individuals at risk of suicide receive compassionate, tailored support that fosters resilience, reduces stigma, and promotes recovery, ultimately strengthening our collective ability to prevent suicides and improve mental health outcomes

4. Emerging Conversations: Improving Population Health Academy

Early discussions are underway to explore the potential expansion of the existing Health Inequalities and Adversity Trauma and Resilience Academies into a broader Improving Population Health Academy. These initial conversations aim to consider the inclusion of Suicide Prevention and Serious Violence, creating a unified framework to address interconnected public health challenges. It is

important to note that this approach is still in development and has not yet been fully consulted on or approved.

Centralised Support

The proposed academy would aim to consolidate resources and expertise, bringing together workstreams such as health inequalities, trauma-informed care, suicide prevention, and serious violence. This integration seeks to enable a more coordinated approach, providing a central hub for training, resources, and shared learning.

Benefits of Integration

By integrating these focus areas under one academy, the approach could:

- Reduce Duplication: Streamline efforts and resources to avoid overlap across separate programmes.
- Improve Innovation: Foster collaboration across interconnected areas, encouraging creative and effective solutions.
- Provide Holistic Training: Address cross-cutting issues with comprehensive training programmes tailored to the needs of various sectors and roles.

Tailored Interventions

While centralising support, the model would prioritise bespoke interventions to meet the unique needs of individual programmes and local contexts. The aim is to maintain flexibility while leveraging the benefits of a unified, system-wide approach.

Securing Sustainable Funding

These emerging plans would require sustainable funding to ensure programme continuity and success. Conversations are focusing on:

- Advocating for increased investment at both local and national levels.
- Exploring diverse funding streams, including grants, partnerships, and innovative financing models.

Monitoring, Evaluation, and Innovation

To guide and refine the academy's work, early proposals emphasise the importance of robust monitoring and evaluation. Key priorities could include:

- Strengthening tools like the Suspected Suicide Surveillance System to enable timely, data-driven responses.
- Regularly assessing the impact of initiatives to inform adjustments and allocate resources effectively.

Next Steps

These early discussions represent an opportunity to develop a unified framework that aligns with the West Yorkshire's wider strategic ambitions. Ongoing consultation and co-production with

stakeholders across sectors will be critical to shaping and refining this approach, ensuring it meets the diverse needs of communities and organisations across West Yorkshire.

Conclusion

The West Yorkshire Suicide Prevention Programme has made significant progress through system-wide collaboration and targeted initiatives. However, funding challenges and increasing demand underscore the urgency of sustained investment. By integrating the proposed enhancements, the programme can better address the wider determinants of suicide risk and move closer to a zero-suicide future.

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