

# A local suicide prevention plan for Manchester: 2017–2019



## Acknowledgements

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Public Health Team, Manchester City Council

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Mental Health Champion and  
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**Manchester City Council  
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**Manchester Diocese**

**Saheli**

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**Papyrus (Young Person's Suicide Charity)**

**Greater Manchester Police**

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**GM Immigration Service**

**Survivors Manchester**

**The University of Manchester  
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**A Business Leader**

**Person bereaved by suicide**

**University Hospital of South Manchester  
(UHSM) NHS FT**

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## Foreword

Every death by suicide is one death too many and we are committed to reducing the number of people who die by suicide in Manchester. We want to ensure that support is available for those experiencing mental distress and suicidal thoughts, and for those sadly bereaved by suicide.

Achieving this involves all of us. We can all play a part in reducing the stigma around suicide to encourage openness and greater awareness so that people in our city feel able to seek the help and support they need.

This action plan is a very positive example of different groups and organisations from the voluntary, statutory and independent sectors working collaboratively with companies to achieve a common aim.

We look forward to continuing to work with the Suicide Prevention Partnership Group to ensure that we see this plan put into action in Manchester.

**Councillor Joanna Midgley**

Chair of Manchester Suicide Prevention Partnership

**David Regan**

Director of Public Health

## About the plan

Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives highlights the importance of local action supported by national co-ordination in suicide prevention. The framework for this action is provided by Public Health England guidance on Local Suicide Prevention Planning (October 2016).

The Greater Manchester Mental Health Strategy highlights suicide prevention as one of its key prevention priorities during the first two years.

This plan has been developed through a collaborative approach that recognises the role everyone can play in suicide prevention; in particular, it acknowledges the crucial role played by communities working alongside statutory services.

Support and initial ideas for the plan were generated by the Mental Health Providers Engagement Group (MHPEG), chaired by Nicky Lidbetter, Director of Mental Health for Self Help and the Big Life Group. This is an engagement network for providers of the city's mental-health services from all sectors.

Following this, a Suicide Prevention Group was set up to co-ordinate the development of the plan. This consisted of suicide prevention 'ambassadors' from a range of organisations, including Manchester City Council Public Health, Mental Health and Social Care Trust (buzz Health and Wellbeing Service), Self Help, Network Rail, 42nd Street, Manchester Mind, Samaritans, and The University of Manchester. A broad partnership is now established and is currently chaired by Councillor Joanna Midgley, Mental Health Champion.

A Joint Strategic Needs Assessment has been carried out to underpin the plan, with data and research evidence relating to suicide prevention, including data specific to Manchester.<sup>1</sup>

Members of the Suicide Prevention Partnership have carried out a series of conversations with people from a wide range of organisations to gather insights to inform the focus of a local plan, engage people in the agenda, and look for opportunities for joint working. These can be found in the acknowledgements.

The plan is structured in line with the Living Works model for Suicide Safer Communities.<sup>2</sup> This is an internationally recognised framework for local areas to implement activities. The Living Works model has nine pillars of action that have been drawn from suicide-prevention strategies around the world. The approach has a particularly strong community focus that recognises the vital role communities and all of us play in suicide prevention. Building strong and resilient communities is a powerful antidote to suicide.

The plan is supported by the Manchester Adults and Children's Safeguarding Boards, Health Scrutiny Committee, and the Health and Wellbeing Board.

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<sup>1</sup> [http://www.manchester.gov.uk/downloads/download/6510/adults\\_and\\_older\\_peoples\\_jsna\\_-\\_suicide\\_prevention](http://www.manchester.gov.uk/downloads/download/6510/adults_and_older_peoples_jsna_-_suicide_prevention)

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<sup>2</sup> <https://www.livingworks.net/community/suicide-safer-communities/>

## Why it's important

Every suicide is both an individual tragedy and a loss to society. Each suicide is one too many and has a serious and negative impact on those affected, including family, friends, work colleagues, health professionals, neighbours, and the wider community. Those bereaved and affected by suicide are at greater risk of developing suicidal thoughts and behaviours themselves. The economic costs are immense – it has been estimated that the cost of each suicide is £1.67million.<sup>3</sup> This cost is borne across a range of areas, and the economic costs to individual families can be devastating – on top of the intangible costs associated with pain and grief.

Around three-quarters of people who take their own lives are not in contact with mental-health services, so a broad community-based approach to prevention is essential.

It is estimated that the cost of **each suicide** is



**1.67million**

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<sup>3</sup> McDaid, D and Kennelly, B (2009). An economic perspective on suicide across five continents. In D Wasserman and C Wasserman (Eds). Oxford textbook of suicidology and suicide prevention: A global perspective (pp. 359-367) Oxford, UK: OUP

## Key facts about suicide

The causes and consequences of suicide are complex. Frequently, several factors act cumulatively to increase a person's vulnerability to suicidal behaviour.

The rate of suicide for men is three times greater than for women, especially for men under 50, with the 45–59 age group having the highest rate nationally. Self-harm and previous suicide attempts are also major risk factors, and while the numbers of children and young people who die by suicide are low, it is still the second most common cause of death in young people.<sup>4</sup>

A recent study of 130 people in England under 20 who died by suicide between January 2014 and April 2015 found that 28% had been bereaved (13% by suicide), 36% had a physical health condition such as acne or asthma, and 29% were facing exams or exam results when they died. There are also strong links between childhood physical, sexual and emotional abuse, and suicidal thoughts and behaviours, and bullying during childhood is a risk factor for suicide attempts in adults.<sup>5</sup>

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### Specific occupational groups

Doctors, nurses, veterinary and agricultural workers are at heightened risk of suicide, with doctors and farmers at highest risk. A number of factors contribute to this, not least easier access to the means of suicide.<sup>6</sup>



### Alcohol and drug use

Alcohol and drug use amplifies suicidal thoughts, plans and deaths. A recent UK-based study found that the use of alcohol significantly increased suicide risk, particularly in women. A recent report by the prison and probation ombudsman into 19 deaths in UK prisons between April 2012 and September 2014 highlighted a possible link between new psychoactive substances and self-harm and suicide.<sup>7</sup>



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<sup>4</sup> Office for National Statistics. Suicides in the United Kingdom: 2014 registrations

<sup>5</sup> Hawton et al. Child Abuse & Neglect 29 (2005) 45–58

<sup>6</sup> Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review: Scottish Government Social Research 2008

<sup>7</sup> Learning lessons bulletin: Fatal incident investigations issue 9. Prisons and Probation ombudsman. 2015

## Key statistics in Manchester

In Manchester, 48 people died by suicide in 2014 (36 men and 12 women); this ratio is consistent with national rates over time.<sup>8</sup>

Suicide rates in Manchester's general population had a downward trend between 1997 and 2013 and have fallen consistently since 2010. They remain higher than the England average but are now below the average for the north west.<sup>9</sup>

On average, three-quarters of people who take their own lives were not in contact with Mental Health Services in the 12 months prior to their death.

People who self-harm are at increased risk of dying by suicide. Rates of self-harm in Manchester are increasing, and the highest rates are in young women aged 15–24 years.<sup>10</sup>

## The plan aims and objectives

Underpinning the local plan is the following set of broad aims and objectives, which we will work to achieve:

- Reducing mental distress
- Reducing the prevalence of suicidal ideation across the lifespan
- Preventing attempted suicides and deaths by suicide and better managing self-harm
- Reducing access to the means of suicide
- Identifying people at risk of suicidal thoughts and behaviours who 'fall beneath the radar', eg. people working under high-performance pressure
- Strengthening initiatives to increase emotional/psychological resilience
- Ensuring better support for those bereaved or affected by suicide
- Strengthening partnerships to work together to reduce suicide
- Raising awareness that suicide prevention is everybody's responsibility
- Developing creative and far-reaching public engagement initiatives
- Identifying and responding to the training needs of workforces working with people who may experience suicidal thoughts and behaviours
- Reducing the stigma and blame surrounding suicide, and disclosing suicidal thoughts for individuals and workers
- Engaging with the media to ensure suicides are reported sensitively
- Working with commissioners to advocate for suicide prevention as a priority
- Using evidence-based practice and measures to evaluate our approaches to suicide prevention and self-harm.

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<sup>8</sup> Office for National Statistics. Suicides in the United Kingdom: 2014

<sup>9</sup> Public Health England 2016. Suicide Prevention Profile. Manchester

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<sup>10</sup> Press Release from Manchester Self Harm Project (MaSH) 2016

## Our key messages about suicide prevention

We all have a role to play in suicide prevention; it's everyone's business

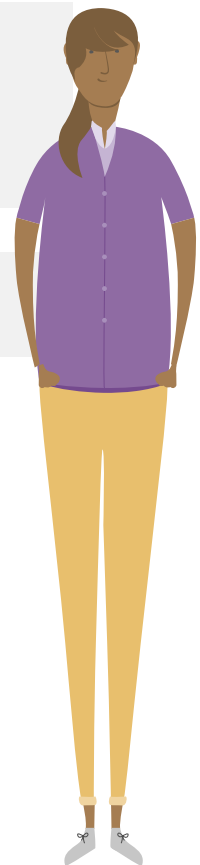
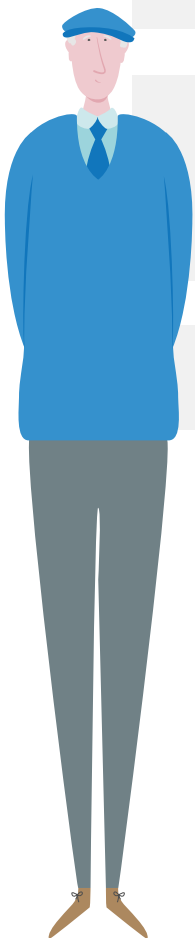
It is common for people to have suicidal thoughts; this is perfectly normal

Building strong, resilient communities is a powerful antidote to suicide

It's important to talk about suicide – it helps to tackle stigma

If you are feeling suicidal and/or are struggling to cope, help is available in Manchester

One suicide is one too many





## Our priorities

Pillar	Action area	Partners including
<b>1. Leadership and steering group</b>	<ul style="list-style-type: none"> <li>Building on the working group already in place, we will establish a Suicide Prevention Partnership to oversee the delivery of the plan</li> </ul>	<p>Suicide Prevention Ambassadors</p> <p>Key leads for targeted actions in the plan</p>
<b>2. Evidence, data and intelligence</b>	<ul style="list-style-type: none"> <li>We will produce, promote and maintain a joint strategic needs assessment for suicide prevention in Manchester</li> <li>We will carry out a local suicide audit in line with PHE recommendations</li> <li>We will work to identify local hot spots and opportunities to reduce access to means and promote support</li> </ul>	<p>Led by Public Health Team, Manchester City Council</p> <p>Public Health, with resource support from partners</p> <p>Network Rail, GMP, Highways Agency, GM suicide-prevention executive</p>
<b>3. Suicide prevention awareness</b>	<ul style="list-style-type: none"> <li>We will establish a network of suicide prevention ambassadors to advocate for suicide prevention within their work areas and to disseminate key messages; they will also provide regular support</li> <li>We will carry out presentations to key groups and workforces</li> <li>We will develop key messages and communications about suicide prevention</li> <li>We will run 'open' suicide-prevention awareness sessions for workforces and the public</li> </ul>	<p>Using Suicide Prevention Ambassadors Network/ members of partnership</p>
<b>4. Mental health and wellness promotion</b>	<ul style="list-style-type: none"> <li>We will deliver resilience training and workshops with the public, including young people</li> <li>We will disseminate mental-health/self-help/self-care resources and self-help services</li> </ul>	<p>buzz Health and Wellbeing Service</p> <p>Manchester Mind</p> <p>Self Help</p>

Pillar	Action area	Partners including
5. Training	<ul style="list-style-type: none"> <li>We will work to ensure that key staff groups which come into contact with people at risk of suicide are equipped to provide appropriate compassionate support. This should be part of core workforce training programmes, eg. for domestic abuse workers, social workers, student services, Primary Care etc</li> </ul>	<p>Manchester City Council, buzz Health and Wellbeing Service, Manchester Mind, 42nd Street</p> <p>Organisations working with people at risk of homelessness, domestic abuse, drugs and alcohol</p> <p>GPs/Primary Care</p> <p>Mental Health Services</p>
6. Suicide intervention and ongoing clinical/ support services	<ul style="list-style-type: none"> <li>We will set up a task group to explore issues about self-harm and how this can be addressed</li> <li>We will establish pathways into appropriate community support for people receiving mental-health services, and prioritise people being discharged from services</li> <li>We will strengthen and develop initiatives that provide support for people in distress, and ensure they are promoted, including managing distressing thoughts</li> </ul>	<p>CCGs, Mental Health Trust, Mental Health Providers Forum, Healthy Schools Programme, CAMHS, 42nd Street</p> <p>Self Help, Samaritans, Suicide-Prevention Ambassadors</p>
7. Suicide bereavement	<ul style="list-style-type: none"> <li>We will strengthen, develop and promote support available for people bereaved or affected by suicide; this could include families and friends, workplaces, schools and colleges</li> </ul>	<p>Survivors of Bereavement by Suicide (SOBS), CAMHS, GMP, Public Health etc</p>
8. Evaluation measures	<ul style="list-style-type: none"> <li>We will develop an evaluation framework to assess the impact of the local plan</li> </ul>	<p>Suicide Prevention Partnership (including The University of Manchester)</p>
9. Capacity building/ sustainability	<ul style="list-style-type: none"> <li>We will integrate suicide prevention into existing approaches to community-asset building and self-care, and embed suicide prevention into relevant strategies and plans</li> </ul>	<p>Our Manchester Leads, buzz Health and Wellbeing Service, Public Health, CCGs etc</p>

## Help in Manchester

We are not starting from scratch. There is a range of mental-wellbeing and suicide-prevention resources, services and support available for people in Manchester

For more information [mhim@org.uk](mailto:mhim@org.uk)

In an emergency or crisis, support is available:

- **Samaritans**

116 123 (free to call)

Samaritans offer emotional support  
24 hours a day  
Email us [jo@samaritans.org](mailto:jo@samaritans.org)

- **The Sanctuary**

0300 003 7029

The Sanctuary provides 24-hour mental-health support for adults in crisis and those experiencing anxiety, panic attacks, depression or suicidal thoughts.

- **Crisis Point**

0161 225 9500

This mental-health crisis service for Manchester residents aged 18 or over includes a short-term residential service or one-to-one non-residential support from NHS mental-health services.

- **Papyrus HOPElineUK**

Call: 0800 068 4141

Text: 07786 209697

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Open 10am–10pm weekdays,  
2–10pm weekends,  
2–5pm bank holidays

This service is for young people thinking about suicide or for anyone concerned about a young person.

**If you are concerned about an immediate risk of harm – either to yourself or someone else – call 999 or go to your nearest A&E department.**

