LONDON BOROUGH OF LAMBETH SUICIDE PREVENTION STRATEGY

2022 - 2025

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EXECUTIVE SUMMARY

INTRODUCTION

Mental Health and Wellbeing has been an area of focus in Lambeth for many years. Through our local partnerships we have developed innovative and person-centred approaches to supporting people affected by mental illness. Rates of suicide in Lambeth are generally lower than England. However, there are more people affected by mental illness. In addition, the recent COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness, as well as exacerbating many of the existing risk factors for mental illness and suicide. It is therefore important that we retain this focus on preventing broader mental health issues within the requirement to have a suicide prevention plan. One suicide is one too many. In view of this, our suicide prevention strategy and action plan focus as much on the wider context of poor mental health as a potential risk factor as it does on suicide itself.

WHY SUICIDE IS A CONCERN

- Suicide is the leading cause of death among young people aged 20-34 years in the UK (ONS 2015), accounting for 24% of deaths in this age group in men and 12% in women. It is also the leading cause of death among men aged 35-49 (followed closely by heart disease).
- Lambeth has a higher prevalence of some of the key risk factors for suicide than the benchmark for England (including severe mental illness and substance misuse)
- Many of the risk factors and social determinants which make people vulnerable to suicide are more prevalent in times of economic instability: loss of employment, debt, relationship breakdown, substance misuse and loneliness are known contributory factors for suicide.
- The pandemic has contributed to increase the risk of mental ill health and suicide for many people.
- We therefore need to ensure that all those who are in known "at risk" groups receive the support they need to build up protective factors and to ensure that they have access to help in times of crisis. Suicide prevention needs to be part of a wider effort to promote mental wellbeing and to improve individual and community resilience.

WHAT WE KNOW

- The number of deaths from suicide in Lambeth each year is 17 (average over period 2018-2020, source: Primary Care Mortality Data)
- The suicide rate in men in Lambeth is almost 3 times higher than in women.
- The suicide rate in Lambeth for all persons (7.4 per 100,000 population) is similar to that for London (PHOF, data for 2018-2020)
- Individuals with a history of self-harm are at increased risk of death by suicide. Our admission rate for intentional self-harm is similar to the London benchmark (the Lambeth rate was 89.1 per 100,000 population in 2019/2020). Self-harm is more common than suicide and it is important that we provide early interventions for people with a history of self-harm.

WHAT WE WILL DO

- The purpose of this strategy is to provide a multi-agency framework for action across the life-course to prevent avoidable loss of life through suicide. It draws on local experience and research evidence, aiming to prevent suicide and promote mental health and wellbeing.
- Our key priority groups will be: 1.People who are vulnerable due to economic circumstances, 2. Children and young people, 3. People who are socially isolated, 4.Men, 5. LGBTQ+ people; 6.

People who misuse substances, 7. People in the care of mental health services, 8. BME groups, migrants and asylum seekers, 9. People in the prison system.

ACKNOWLEDGEMENTS

With thanks to all those who have helped us with the strategy through signposting and contribution at consultation events. Particular thanks to members of the Lambeth Suicide Prevention Partnership group.

FOREWORD

Every life lost to suicide is a tragedy. While Lambeth has a relatively low suicide rate, each year in Lambeth, around 17 people take their own lives. The consequences of each one of these deaths from suicide is far reaching, affecting on average an additional 10 people.

Suicide has many causes and the majority, if not all, of these deaths are preventable. Mental ill health is a key factor but the majority of those who die by suicide were not in contact with mental health services prior to their death. The causes of suicide are a complex interaction of individual risk factors (such as ill health, substance misuse, mental illness, history of trauma); social risk factors (such as debt, isolation, relationship breakdown or racism) and wider environmental factors (economic recession, the prevalence of poverty, housing crises). As such, there is no one solution to preventing suicide.

A thriving and prosperous local economy, safe communities, a focus on health and wellbeing and a strong start in life can reduce some of the risks of suicide.

The last eighteen months have been particularly challenging for everybody's mental health and wellbeing, as the pandemic has heightened the risk factors generally associated with poor mental health – financial insecurity, unemployment, fear – while protective factors – social connection, employment and educational engagement, access to physical exercise, daily routine, access to health services – fell dramatically.

Therefore, it is now more important than ever for us to work together to reduce the risk of suicide across our communities in Lambeth.

We will make use of our networks across London and SE London as well as our local partnership to maximise the impact of our local suicide prevention plans, working at scale where appropriate, but recognising that many of the actions will be local and set within a Lambeth context.

No single organisation can do this alone. We will work through existing agencies and partnerships to build upon and strengthen the actions that we know have an impact. The strategy will build on the work of the previous Suicide Prevention Strategy 2018-2021 and on the approaches developed with the Lambeth Living Well Collaborative and Black Thrive. These involve working closely with communities to develop effective approaches which can make a real difference and thereby reduce the number of people who take their own lives.

Cllr Jim Dickson

INTRODUCTION

The impact of an individual dying by suicide or making an attempt to do so are far reaching. The death will profoundly impact on people in the individual's workplace, family and community. It is estimated that for every person who dies at least 10 people are directly affected. The death will impact on their ability to work effectively, to continue with caring responsibilities and to have satisfying relationships. The impact of a death by suicide thus extends into future generations. The economic cost of suicide is also substantial (estimated to be £1.7 million for the death by suicide of someone of working age)[1].

Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances, with those in poorer communities more likely to be affected. People in the lowest socio-economic groups living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socioeconomic group living in the most affluent areas. Approaches aiming to protect those who are vulnerable in this way (for example people in debt or who are homeless) are vital to reducing risk.

There are specific factors that increase the risk of suicide. The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides.

The recent COVID-19 pandemic has further exacerbated the existing inequalities in our society putting people who were already at high risk of mental ill-health and suicide at an even greater risk. People have become more isolated, communities have been struck by bereavement, and many have seen their economic circumstances worsen.

Suicide is preventable and it is our collective responsibility to do all that we can to reduce deaths through suicide. This must be through a multi-agency approach bringing together the Council, primary care and secondary care services, voluntary and third sector organisations as well as communities and individuals. A strategy that is to succeed in reducing suicide deaths needs to combine a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide.

NATIONAL AND REGIONAL CONTEXT

On average, in England, 12 people a day get to the point where they feel they have no other choice but to take their own life. Each one of these deaths is a tragedy and a preventable one. For this reason, suicide prevention has been a national priority for years. Since the publication of the National Suicide Prevention Strategy in 2012, a number of national bodies have pledged to work towards preventing suicide in their strategies.

Suicide prevention features as a priority in the NHS Five Years Forward View for Mental Health (2016), the NHS Long Term Plan (2019), and the London Health Inequalities Strategy (2018). In the London Health Inequalities Strategy (2018), the Mayor has pledged to make London a zero suicide city, calling on all local authorities to develop robust, multi-agency suicide prevention action plans to achieve this goal.

[1] https://hgs.uhb.nhs.uk/wp-content/uploads/Suicide-and-Suicide-Prevention_SandB_Handout.pdf

AIMS

The London Health Inequalities Strategy 2018 includes a commitment from the Mayor of London to make London a Zero Suicide City by 2028. The Strategy pledges that action will be taken across London to prevent suicide, and all Londoners know where they can get help when they need it.

The strategy for Lambeth aims to contribute to the London pledge by ensuring that the recent downward trend in rates of suicide continues, through effective partnership working across the borough.

Since the adoption of the Suicide Prevention Strategy 2018-2021, the number of deaths by suicide in Lambeth has decreased from 24 in 2014-16 to 17 in 2018-20.[2]

COMPLEMENTARY WORK

LONDON

The Mayor of London has launched a campaign to train 500,000 Londoners in Zero Suicide Alliance's free online suicide prevention training has been set, so they can help play their part in saving lives.

SOUTH EAST LONDON

South London Listens

In 2020, South London Listens was launched by the three mental health Trusts in south London (South London and Maudsley, South West London and St Georges, and Oxleas). Since its launch, South London Listens has engaged with more than 6,000 people across south London through community meetings, group conversations and a listening campaign about the impact the pandemic had on them and their ideas for how we can support them to recover.

An action plan was developed in response to the asks of the community and launched in October 2021. The South London Listens Action Plan sets out how we will deliver these pledges across the four priority areas:

- Loneliness, social isolation and digital exclusion
- Work and wages
- Children, young people and parental mental health
- Access to services

The two-year plan details what the community asked us to do and the work we will be doing to fulfil our pledges.

South East London Integrated Care System (ICS) Suicide Prevention Steering Programme

This is an NHS-funded ICS-wide suicide prevention programme focusing on the following three priorities for the next year:

[2] Primary Care Mortality Data

- **Developing a suicide bereavement service:** A SEL-wide suicide bereavement service opened in August 2021 (pilot) and is a partnership between Mind and South London and Maudsley NHS Foundation Trust.
- **Training:** In 2021/22, each South East London borough will be given up funding for training and education opportunities linked to existing local authority/borough-based suicide prevention plans.
- **Investing in our self-harm pathway:** During 2021/22, the programme's efforts were focused on collecting data on admissions to Emergency Department as a result of self-harm and map the follow-up care pathway for those individuals in line with the relevant NICE pathway guidance.

LAMBETH

Suicide Prevention Strategy 2018-21

This strategy builds on the work of the Lambeth Suicide Prevention Strategy (2018-21), which succeeded in reducing the rates of suicide by more 10% from10.2 per 100,000 population to 6.7 per 100,000 population.

Between 2018 and 2021, the Lambeth Suicide Prevention Partnership Group was formed to deliver and oversee the aims of the strategy. The group worked with the Samaritans to put signage on hotspots for suicide such as the Lambeth and Westminster bridges; and with Mosaic Clubhouse to open a sanctuary crisis service seven nights a week.

Before the pandemic, large scale awareness events were also run to tackle stigma around suicide in the community. And the Mayor London 20 minutes Zero Suicide training was promoted in Lambeth.

Prevention and Promotion for Better Mental Health Programme

Improving mental health in at-risk groups is of paramount importance to preventing suicide, therefore we are working with partner organisations and voluntary sector groups to promote better mental health among: (1) carers, (2) care leavers and young asylum seekers, (3) lonely elderly adults, (4) recently unemployed young Black adults, (5) working age Black men, and (6) young people in deprived neighbourhoods. In addition, we are providing a mental health outreach service from the Health and Wellbeing Bus and into the community.

Financial Resilience

In the last year the Council has been working in partnership with the Lambeth Food Alliance to deliver food parcels to people who needed support in accessing food. The food hubs established in this time continue to provide food to individuals and voluntary groups alike.

The Council has been working in partnership with Citizen UK and the Department of Work and Pensions to provide financial and debt advice from a variety of settings including GP practices and the food hubs as well as through help lines.

High Risk Groups

It is estimated that Lambeth has more LGBT people living within its borders than any other London borough. Since 2017, Lambeth Council has been working on a Whole System Approach to help improve how the services LGBT people access in the borough. This was initially funded as a pilot by PHE and has since been continued by the Council and partners – the main action areas have included:

- Raising awareness and improving training of doctors and other health staff in local GP surgeries
- Helping professionals understand the needs of and improving services for LGBT young people
- Greater visibility of Trans people and their needs
- Greater visibility and representation of LGBT BME people
- Improving consistent capture and making better use of data regarding LGBT use of local services.

We have been working in partnership with South London and Maudsley and Black Thrive to review mental health services in Lambeth and ensure that there is a culturally appropriate and inclusive offer for the Black community. We've also been working with The Black Men's Consortium, to further explore the mental health needs of Black men through drama.

UNDERSTANDING SUICIDE IN LAMBETH

Every year, around 17 people living in Lambeth will die from suicide. There are also a significant number of suicide deaths that occur within the borough of people who are resident in other local authority areas. An essential part of effective suicide prevention is understanding who is dying from suicide, where they died, what methods they used and what risk factors might have contributed to the suicide.

We have some of this information from the data that was available to the Public Health Intelligence Team as well as data that was available through open sources;. We would have a better understanding of local issues related to suicide if we had information from a detailed suicide audit using coroner's data and this may be possible in the future.

The text below summarises key points from data analysed to date. The full analysis can be found as a fact sheet on our Lambeth JSNA website to this strategy document.

KEY STATISTICS FOR LAMBETH

NUMBER OF SUICIDE DEATHS EACH YEAR

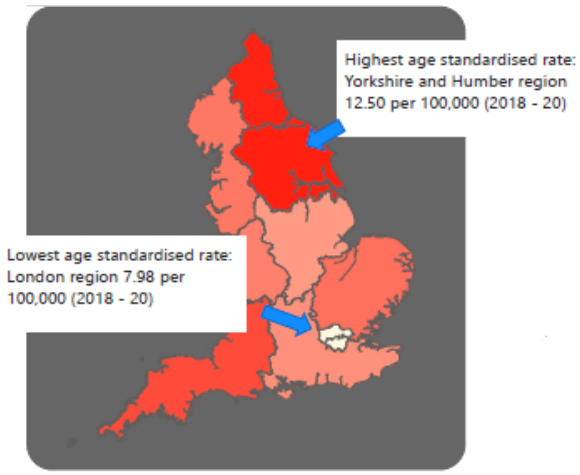
Over the 3-year period 2018-2020, on average 17 Lambeth residents died each year from suicide.

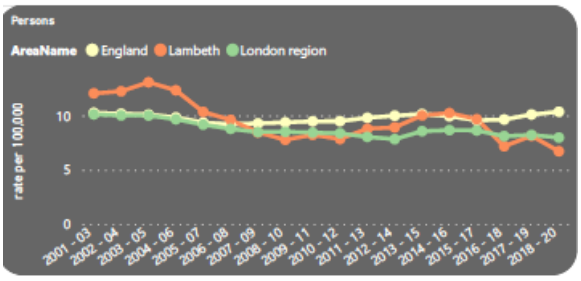
35% of these were female.

SUICIDE RATES

Suicide rates vary significantly between the regions and countries of the UK. Northern Ireland has the highest rate, followed by Scotland, then Wales, with London having the lowest.

Within London, there are no significant differences between the suicide rate in Lambeth and the rates in its statistical neighbours. The suicide rate in Lambeth 2018—2020 was 6.72 per 100,000 population.





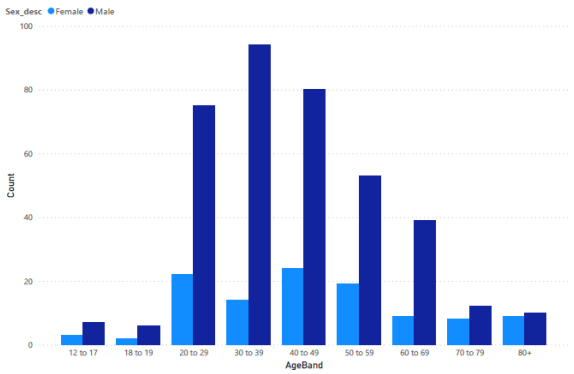
TRENDS

There has been a general decrease in suicide rates in Lambeth, London and England in the period 2001-2020.

AGE

Most suicides in Lambeth occur in people aged between 20-50 years.

In males, the most frequent age band is 30-39 year olds whereas in females it is 40-49 year olds.

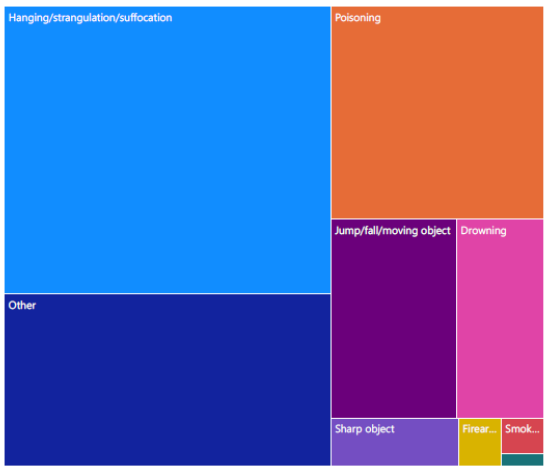


LOCATION OF SUICIDE

43% of suicide deaths in Lambeth residents or occurring in Lambeth were certified in hospital. However most of these deaths had not occurred in hospital and were therefore excluded from the analysis of location.

28% of suicide deaths occurred in residential premises (excluding deaths where location was unknown)

Of known non-residential locations, the commonest were the River Thames, followed by train stations and rail tracks, parks, the underground and prison.



METHOD OF SUICIDE

Hanging, strangulation and suffocation are the commonest suicide method overall and the commonest in males, whereas in females death by poisoning is marginally more common than hanging.

Poisoning has become less common over the time period analysed (2001-2020), while there has been a slight increase in the proportion of suicides occurring as the result of hanging, strangulation, suffocation. There has been little change over time in the proportion of deaths occurring by jumping or falling.

OCCUPATION

The largest number of suicide deaths occurred in people who were unemployed or students or retired.

In people recorded as having an occupation, the largest number were working in skilled trades, followed by professional occupations.

Local data suggests that people working in certain occupational groups are at significantly increased risk of suicide. The group with the highest rate is those working in skilled trades occupations (predominantly, in Lambeth, those in skilled metal, electrical and electronic trades, textiles, printing and other skilled trades, and skilled construction and building trades). The second highest rate is in those working as process, plant and machine operatives (predominantly transport and mobile machine drivers and operatives).

SELF HARM

The number of emergency admissions for self-harm is much larger than suicide counts each year; and those admitted for self-harm represent only a proportion of those who self-harm as many people do not present to hospital after a self-harm episode

The peak age group overall and in males is 20-29 year olds; in females the peak spreads across the 10-19 and 20-29 year age bands.

Just over half of admissions for self-harm are in people of white ethnicity, about 17% are in black ethnicities (about a third each African, Caribbean and other Black background).

6% of those admitted due to self-harm are discharged to a mental health inpatient unit, and a further 1% to a high security psychiatric unit.

The majority of self-harm admissions occur as a consequence of exposure to drugs (prescribed and non-prescribed)

The second most frequent reason (9%) is intentional self-harm by a sharp object.

The most common type of drugs used in self-harm are non-opioid analgesics, antipyretics and antirheumatics: 37% of all admissions (this groups includes paracetamol and ibuprofen).

DEPRIVATION

Analysis of suicide rates by IMD (Index of Multiple Deprivation) decile band shows that there is a far larger burden of suicide deaths in the 5 most deprived deciles compared to the 5 least deprived[3].

The life expectancy gained if the most deprived quintile in Lambeth had the same mortality from suicide as the least deprived quintile would be 0.14 years in males, and 0.02 years in females (PHE 2015).

RISK FACTOR PREVALENCE

Lambeth has a higher than average prevalence (as compared to England as well as to London) for the following risk factors for suicide:

1. Substance misuse (both alcohol and opiates and/or crack cocaine use)
2. Severe mental illness
3. Contact with the criminal justice system (in children/young people aged 10-18)
4. Loneliness (as measured by % of households occupied by a single person)
5. Children in care/care-leavers

[3] *Deprivation deciles are based on the Index of Multiple Deprivation 2019 (IMD 2019), which is the official measure of relative deprivation. Decile 1 represents the most deprived 10% (or decile) of small areas in England and Decile 10 represents the least deprived 10% (or decile) of small areas in England*

PRIORITY AREAS FOR ACTION

We have adopted the seven priority areas identified by the national strategy. These are:

1. Reducing the risk of suicide in key high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

Through stakeholder engagement, knowledge of local programmes and evidence of best practice, we have identified the following high-risk groups:

1. People who are vulnerable due to economic circumstances,
2. Children and young people,
3. People who are socially isolated,
4. Men
5. LGBTQ+ people,
6. People who misuse substances,
7. People in the care of mental health services,
8. BME groups, migrants and asylum seekers,
9. People in the prison system

GOVERNANCE

The combined knowledge, experience and resources of organisations across all sectors are necessary in order to achieve the ambitions of this suicide prevention strategy. We have created a multi-agency Suicide Prevention Partnership Group, composed of representatives from the council, the voluntary and statutory sectors and government bodies (i.e. Department of Work and Pensions).

This Strategy has been developed by the Lambeth Suicide Prevention Partnership Group, facilitated by Lambeth Public Health Team (London Borough of Lambeth). The strategy continues to be a “live” document, ensuring that evidence is being kept up to date with an annual action plans. It will report into Lambeth Staying Healthy Partnership Board, with overall Governance resting with Lambeth Health and Wellbeing Board. The Strategy will run from 2022-2025, with annual reviews to inform yearly action plans.

MONITORING AND EVALUATION

An annual action plan will be produced for each year of the strategy. The priorities for the first year are outlined in Appendix I.

The fundamental outcome which this strategy aspires to contribute to is a reduction in the number of people dying by suicide every year by 2023-2025, compared to 2018-2020.

The relatively small number of suicides at local level make it difficult to measure a significant change in rates. However, there are alternative methods of monitoring success in reducing suicide attempts and self-harm, and a key action in the first year of the strategy is to develop a set of indicators to help us track progress.

APPENDIX I – ACTION PLAN

Priority action areas were identified on the basis of local need (data analysis and consultation), discussion with STP partners and the literature on suicide and self-harm trends and risk factors. Priority action areas have been highlighted in shaded rows in the Year 1 action plan.

Objective	Action	Lead(s)	Deadline
1. Reduce the risk of suicide in high risk groups	1.1 Raise awareness of available mental health crisis support 1.1.a Locally appropriate communication resources to be co-developed 1.1.b Ensure that organisations such as community and faith groups, and local employers have access to a range of resources	*Public Health*	Mar-22
	1.2 Provide regular suicide prevention training for frontline staff and community groups – prioritising staff and organisations supporting the strategy's priority groups	*Public Health*	Mar-23
	1.3 Deliver the Pride in Practice programme to voluntary sector organisations	*Public Health with LGBT Foundation*	Mar-23
	1.4 Work to increase mental health expertise and resources available to local communities so that people can get support earlier and from places and people that they trust	*Living Well Network Alliance*	Mar-23
	1.5 Explore ways to further developing projects supporting the wellbeing of men in the borough – e.g. men's groups, men's sheds	*Public Health*	Mar-23
2. Providing better information and support to those bereaved or affected by suicide	2.1 Advertise existing support for people bereaved by suicide – i.e. SEL Suicide Bereavement Service	*Public Health with partners*	Sep-22
	2.2. Work with Cruse to provide a 'Facing the Future' group to support adults bereaved by suicide	*Public Health, Cruse*	Sep-22
3. Supporting research, data collection and monitoring	3.1 Gain access to Thrive LDN suicide surveillance data	*Public Health*	Mar-22
	3.2 Conduct an audit of meaningful data to improve near time reporting of suicide, attempted suicide and self-harm highlighting prevalence among stated strategic target groups and other local vulnerable groups eg: • People with contact with mental health services • Providers of substance misuse services • Pregnant women & postnatal • Migrants and asylum seekers	*Public Health with relevant service providers eg: SLAM, substance misuse, homeless commissioners, regional safer*	Mar-23

	• Homeless people • Women who experience violence • Women in the criminal justice system • Men in the criminal justice system (including Brixton prison) This will also include the collection of surveillance data on substances used in poisonings and where they were purchased.	*custody lead (prisons), YOS*	
4. support the media in delivering sensitive approaches to suicide and suicidal behaviour	4.1. Work with local media and comms to ensure suicide is treated sensibly and appropriately	*Council and Alliance Comms teams*	Mar-23
	4.2. Locally appropriate communications and media campaigns aimed at normalising talking about mental health and suicide to be co-developed with key groups	*Council and Alliance Comms teams , with relevant voluntary sector and community groups*	Mar-23
	4.3 Run awareness campaigns about the effect of menopause on women's mental health	*Council and Alliance Comms teams*	Mar-23
5. Reducing rates of self-harm as a key indicator of suicide risk	5.1 Work collaboratively with colleagues from the SE London ICS to improve the self-harm pathway both in terms of improved data collection and improved experience of care	*Public Health with SE London ICS*	Mar-23