



Suicide Prevention Strategy 2022 - 2025

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Introduction

Suicide is a preventable tragedy with a devastating impact. Every year too many people in Bristol take their own life and many more people are deeply affected by the loss of a relative, friend or colleague through suicide. It is a priority to prevent suicide across the country, but especially so here in Bristol. Our suicide rates are higher than the national average, and the Southwest has the highest suicide rates of any English region. [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework-data)

The Bristol Suicide Prevention Strategy will be refreshed in three years (2025) to ensure it reflects current need and the latest evidence.

The Strategy is supported by an annual action plan which will be reviewed throughout the year by the identified partnership bodies and revised annually.

Bristol's Health and Wellbeing Board is responsible for the Suicide Prevention Strategy and Action Plan and receives an annual audit report which is also published.



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Our Vision

Bristol will be a city where people do not consider suicide to be a solution to the challenges they face, and individuals are supported by friends, colleagues, and services at times of crisis.

Individuals, employers, city partners, health and care services, the voluntary sector and communities all have a role to play in the prevention of suicide and the promotion of positive mental health. The experience of survivors, those bereaved by suicide and people who self-harm is at the heart of all that we do in respect to suicide prevention.

The ambition (set in 2018) is to reduce the rate of suicide in Bristol by **25% by 2028**.

Priorities for Bristol reflect national priorities and identified local issues:

- Maintain high quality local research, data and monitoring of suicide
- Take action to reduce access to means of suicide
- Work with communities and partners to improve mental health and reduce risk in specific groups
- Build knowledge, motivation, and confidence to prevent and respond to suicide
- Work with our local media in delivering sensitive reporting of suicide
- Reduce local rates of self-harm
- Provide support for those bereaved by suicide

Local action is supported by the following national frameworks, evidence, and resources:

- [The National Suicide Prevention Plan](#)
- [The Prevention Concordat for Better Mental Health](#)
- [Public Health England advice for local suicide prevention planning](#)



Partners and Partnerships

Partners and partnerships essential in the delivery of this plan include:

- Avon Coroner
- Avon and Somerset Police
- Avon Fire and Rescue Service
- Avon Gorge Safety Group
- Bristol's Community and Voluntary Sector
- Bristol Harbourside Water Safety Partnership
- Bristol University
- Criminal justice agencies
- Healthier Together Integrated Care System Partners
- Housing and homelessness organisations
- Mental Health Network and Thrive Bristol networks
- Network Rail
- Southwest Association of Directors of Public Health
- University of the West of England

To achieve outcomes in the most efficient and effective way, the following four partnership and programme delivery arrangements are in place:

Bristol Suicide Prevention Programme

- Covers the population of the City of Bristol
- Has in place a Strategy and plan for Bristol
- Is responsible for suicide audit and for producing an annual Suicide Prevention Report for Bristol
- Has a particular focus on local safety issues and at-risk groups.

Avon Suicide Prevention Partnership

- Covers the four local authorities of the Avon Coroner area
- Includes strategic partners such as Network Rail, Highways England, and the coroner
- Responsible for oversight of the Real Time Surveillance system
- Strategic view of developing issues risks and trends

Healthier Together Suicide Partnership

- Covers the NHS system for the populations of the three local authorities of Bristol, North Somerset, and South Gloucestershire
- Includes all health partners, local authorities, and voluntary sector
- Responsible for delivery of NHS Suicide Prevention programmes and preventive action through NHS partners
- Supports the delivery of ambitions in the Mental Health Concordat

Southwest Suicide Prevention Network

- Covers all local authorities in the Southwest of England
- Includes NHS, Voluntary sector, and regional partners
- Links to national strategy and support programmes



Monitoring and Evaluation

Knowing who dies by suicide and under what circumstances is critical, not only to helping those bereaved, but also for understanding trends, auditing changes and pinpointing areas of highest risk to enable targeted efforts to be made to reduce suicide in the future. A key part of our action plan is to bring organisations and services together to improve the timeliness of information.

Bristol Mortality Data

Local suspected suicide deaths are investigated by the Avon Coroner. Local data is shared with the 'Avon Coroner Monitoring Group', which is formed of public health leads that meet regularly to audit suicide deaths and analyse trends. The report looks at local data for a three-year period. This is so that small fluctuations due to random variation as a result of the small number of deaths every year will not overly influence decisions or change.

Bristol Self Harm Surveillance Register

England's Public Health Outcomes Framework requires data to be collected on people who self-harm and come to hospital. The Bristol Self Harm Surveillance Register (SHSR), part funded by Bristol City Council, records self-harm and both A+E attendance and hospital admission in Bristol. Other monitoring includes local prescribing trends and medicines taken in overdose, trends in suicide under specialist mental health care.

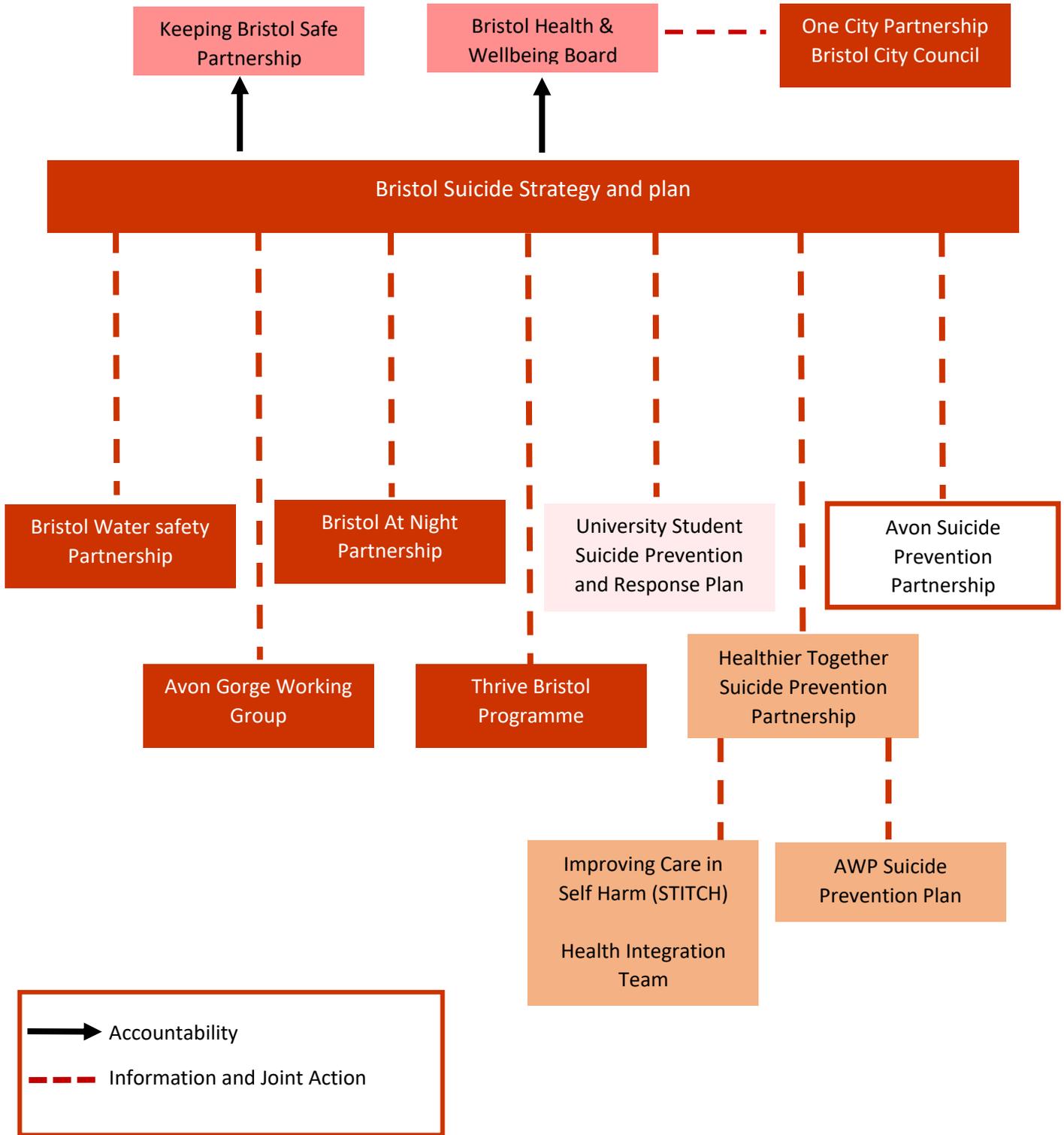
Public Health England Fingertips Tool

The Public Health England Fingertips Tool includes data on deaths of Bristol residents who die outside of Bristol (these deaths will not be notified to the Avon Coroner).



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Bristol Relationships Accountability





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Bristol's Position

There were 142 suicide deaths registered in Bristol in 3 years between 2018-20 (Public Health England, 2019).

76% (108) of those deaths were among males and 24% (34) among females.

The current 3-year average suicide rate in Bristol is 12.3 per 100,000, similar to the England average of 10.4 per 100,000 population. The suicide rate for females is 5.5 per 100,000 population and for males 19.1 per 100,000 population; more than three times the female rate. When compared to other Core Cities Bristol has a slightly higher rate of suicides. Of note Birmingham rates are lower than both Bristol, other Core Cities and England for both males and females which would be helpful gain an understanding of.

Figure 1 Bristol trends 2001- 2020 compared to England and SW region



[Suicide Prevention Profile - OHID \(phe.org.uk\)](https://phe.org.uk)



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Figure 2 Bristol years of life lost to Suicide, age standardised rate per 10,000 (2018-20)

Indicator	Period	Bristol		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Suicide rate (Persons)	2018 - 20	-	142	12.3	11.6	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	-	108	19.1	18.0	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	-	34	5.5	5.4	5.0	10.3		2.8
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2018 - 20	-	132	39.3	-	34.0	79.3		17.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2018 - 20	-	101	59.3	-	51.5	120.6		21.1
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2018 - 20	-	31	18.6	-	16.5	37.9		8.0

[Suicide Prevention Profile - OHID \(phe.org.uk\)](https://phe.org.uk)

Figure 3 Core City comparator of Suicide rates stratified by gender

OHID Suicide Profile indicators: England and Core City LAs, latest statistics at 17th June 2022 / Colour coding represents range within Core Cities group

Indicator name:	Period	England	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Sheffield
Suicide rate (DSR, 10yrs+, per 100,000, 3-yr average, persons)	2018-20	10.4	8.4	12.3	13.3	10.1	9.3	11.8	11.5	11.3
Suicide rate (DSR, 10yrs+, per 100,000, 3-yr average, female)	2018-20	5.0	3.3	5.5	7.4	3.6	4.1	5.4	4.8	4.3
Suicide rate (DSR, 10yrs+, per 100,000, 3-yr average, male)	2018-20	15.9	13.8	19.1	19.5	16.6	14.6	18.2	17.8	18.3
Years of life lost due to suicide (ASR 15-74yrs per 10,000, 3-yr average, persons)	2018-20	34.0	26.6	39.3	45.4	35.5	30.9	38.7	38.0	35.9
Years of life lost due to suicide (ASR 15-74yrs per 10,000, 3-yr average, female)	2018-20	16.5	10.8	18.6	26.4	15.1	15.1	17.3	16.8	12.7
Years of life lost due to suicide (ASR 15-74yrs per 10,000, 3-yr average, male)	2018-20	51.5	42.6	59.3	64.9	55.0	45.7	59.1	57.5	59.1
Suicide crude rate (10-34yrs, per 100,000, 5-yr average, male)	2013-17	10.5	8.1	9.8	13.2	9.5	8.2	10.3	9.6	9.1
Suicide crude rate (35-64yrs, per 100,000, 5-yr average, male)	2013-17	20.1	19.9	26.0	24.9	23.3	21.2	25.7	24.8	21.0
Suicide crude rate (65yrs+, per 100,000, 5-yr average, male)	2013-17	12.4	12.7	9.8	11.0	9.5	11.8	9.6	13.1	10.2

Data collated by BCC PH Intelligence from ONS (OHID Fingertips)

The economic case for action

Suicide must primarily be seen as a traumatic human tragedy. Economists have looked at the costs of suicide death and attempted suicide and self-harm. Although the number of studies estimating these costs remains limited (McDaid, 2016b) costs are substantial. The Bristol economic evaluation found costs of self-harm and attendance at hospital to be £700 per patient: this approximates to over £2 million per year in Bristol. Previous work in the UK has estimated that the average cost per completed suicide for those of working age only in England is £1.67m (at 2009 prices) (McDaid, 2016b). This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and the costs of coroner inquests.



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There were 142 deaths due to suicide in Bristol in 2018-20. Therefore, the total estimated human cost of suicide is **£237.14m**

What is effective in suicide prevention?

Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives has set clear and evidence-based priorities for local suicide prevention groups.

- Provide better information and support to those bereaved or affected by suicide
- Reduce the risks in key high-risk groups e.g., men
- Improve the mental health in specific groups e.g., children and young people, survivors of abuse or violence
- Reduce access to means such as installing a safety barrier at 'frequent use sites' or restricting sales/ prescribing of high-toxicity medications is effective in preventing suicide (Bennewith, Hawton).
- Reduce rates of self-harm as a key indicator of suicide risk
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour. Whilst we cannot prove that good reporting prevents suicide, we do know poor reporting (especially graphic portrayal of high-lethality methods) leads to rises in suicides

In addition, training of larger groups of people, such as frontline staff, has proven impact in reducing stigma and increasing skills, knowledge, and confidence (Walrath et al 2015). NHS England's Five Year Forward View for Mental Health (2016) recommends that by 2020/21 all GPs should receive core mental health training. It would seem appropriate that Bristol GPs are confident in recognising and responding to those at risk of suicide.



Local Voices

No, I haven't told any of them (about self-harm). No. It's either a combination of lies about skiing trips or something else. (laughs) I don't do the heart on the sleeve thing. It's just easier for my day to day.

Mungo, 23.

Interviewed after hospital admission for suicide attempt

Debbie, 37.

Interviewed after hospital admission and suicide attempt

".....the (mental) illness, lack of job. It was just...enough was enough...I thought that would be better for everybody if I wasn't here anymore because I just saw I was making people suffer."

"... I felt like I was stuck in a rut and the drugs and the alcohol ... I ended up feeling more and more worthless every time you get shot down..... you start to feel defeat yourself and eventually I think I just got to that point where

Paul, 23.

Interviewed after a suicide attempt



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Jo, 31

Speaking after a suicide attempt

"...I mean obviously through my early childhood he [Dad] was a bad drinker. I'd been beaten so much over the years that I kind of became used to it and it was literally I could sit here, and he could punch me and be beating me...."

"...and it's really disheartening when you get rejected when you've spent a few hours on an application and then you just get rejected I'd gone to.... interview... I was cycling home and I just thought I can't do this; this is too much, and I didn't want to live so I took an overdose."

Ellie, 23

Talking after hospital admission for suicide attempt

Ellen, 71

Talking about a suicide attempt

"I can't get out due to health problems so it can be ...3 days I go without talking to someone... I dread the winter nights.... sometimes I need that to get through another pointless day where I feel as if I am a waste of space"



Examples of local priority action

Avon Gorge:

A multi-agency working group has been established to look at solutions around the Avon Gorge and Clifton Suspension Bridge, chaired by the Police.

Self-Harm:

Investment in liaison services supports those who present at hospital due to an episode of self-harm patients receive a NICE recommended psychosocial assessment. UHBristol and North Bristol Trust have 7-day liaison psychiatry services and domestic violence advisers in A+E.

Debt

'Thrive Bristol' has strengthened mental health support for people in debt, and vice versa, building on the University of Bristol's HOPE study.

HMP BRISTOL:

All staff with prisoner contact have SASH suicide and self-harm learning sessions, weekly quick time learning e-mails, a regular newsletter and weekly complex case reviews. Bristol Samaritans supports all local prisons, through the Prisoner Listener Service.

Men:

Bristol Anti Stigma Alliance - in partnership with Time to Change' - has undertaken a range of events focusing on men and mental health.

Women:

Targeted work is being developed to support women affected by domestic abuse, as well as work to improve prevention, detection, and management of perinatal mental health issues (through the BNSSG Perinatal and Infant Mental Health Group).

STUDENTS:

Bristol is home to two major universities and becomes home to many thousands of students each year. Joint work between the NHS, local authority and the universities is focused on created safe environments both on and off the campus.

BRISTOL AT NIGHT

Bristol is a destination city with a thriving night – time economy. Mental health and suicide awareness training has been made available across the sector. This is supported by work on alcohol awareness, drink spiking and a new drug testing pilot.



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Appendix 1: Evidence and data sources

Date	Title	Publisher/Source
2016	The Five Year Forward View for Mental Health	NHS England
2016	Suicides in the UK: 2015 registrations	Office for National Statistics
2016	Guidance for creating a Suicide Prevention Plan	Public Health England
2017	'Preventing Suicide in England: third progress report on the cross-governmental outcomes strategy to save lives'	HM Government
2016	Media Guidelines for Reporting Suicide	Samaritans
2016	National confidential Inquiry into suicide and Homicide by People with Mental Illness	University of Manchester
2015	Inquiry into Local Suicide Prevention Plans in England: APPG for Suicide and Self harm Prevention	HM Government
2015	Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives	HM Government
2015	Aiming for 'zero suicides': An evaluation of a whole system approach to suicide prevention in the East of England	Centre for Mental Health
2015	Help is at Hand: Support after someone may have died from suicide	Public Health England
2014	Preventing suicide: A Global Imperative	World Health Organisation
2014	Information sharing and suicide prevention: Consensus statement	Department of Health
2012	Preventing suicide in England: A cross-government outcomes strategy to save lives	HM Government
2016	Map of guidance and evidence: interventions to prevent and manage suicide and self-harm	Public Health Wales Observatory`
2015	Preventing suicide among lesbian, gay and bisexual young people	Public Health England
2017	Suicide Prevention Profile Perinatal Mental Health Profile Crisis Care Profile	Public Health England
2011	2011 Census	Nomis
2015	Primary Care Mortality Database	Health and Social Care Information Centre
2015	Health and Social Care Information Centre Indicator Portal	Health and Social Care Information Centre
2012-2016	ONS mid-year population estimates	Office for National Statistics
2010-2016	SUS hospital episodes data via NHS South, Central and West Commissioning Support Unit ABI database	NHS South, Central and West Commissioning Support Unit
2017	GP Patient Survey July 2017 gp-patient.co.uk	NHS England
2015	Annual Population Survey: UK Armed Forces Veterans residing in Great Britain	Ministry of Defence, ONS
2017	https://fingertips.phe.org.uk/search/suicide#page/0/gid/1/pat/6/par/E12000009/ati/102/are/E06000022	Public Health England



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2016	Safety in Custody Statistics	Ministry of Justice and National Offender Management Service
2010-2015	<i>The 'RaRE Research Report: Risk and Resilience Explored'</i> www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf	PACE
2015-16	<i>Bristol Quality of life Survey</i>	Bristol City Council
2016	<i>Joint Strategic Needs Assessment (JSNA)</i>	Bristol City Council
2016	<i>Nomis Labour Market Profile 2016 for Bristol LA</i>	Nomis, ONS

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