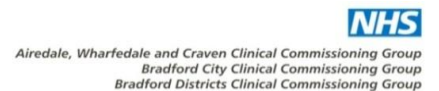


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# ***Bradford District Suicide Prevention Plan 2017-2021***

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## Background

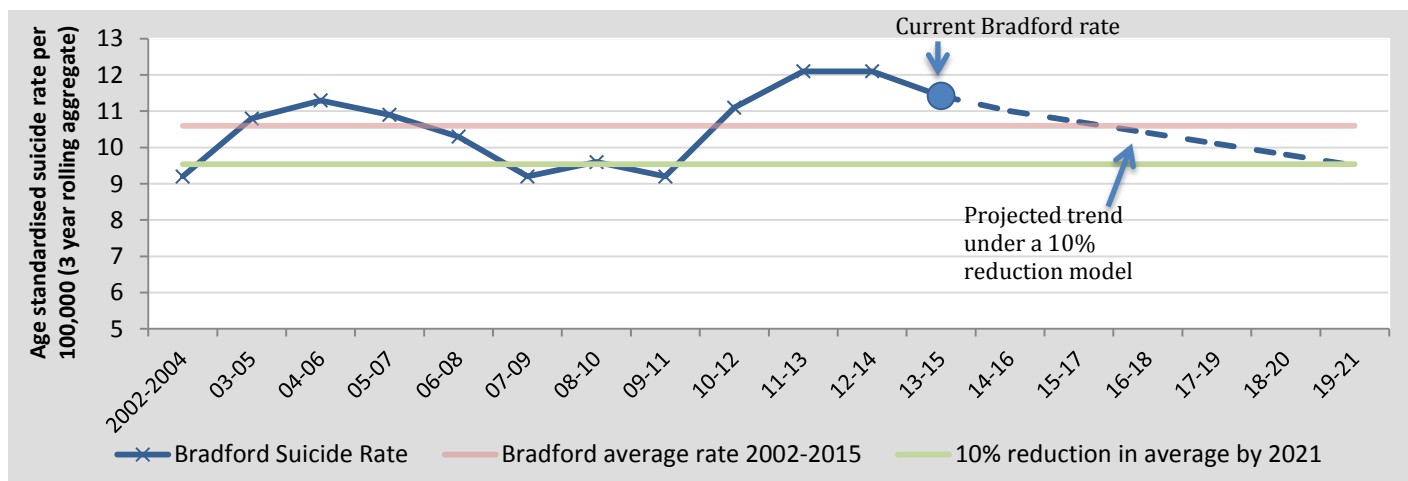
Suicide is a tragic event which, though rare, affects a large number of people each time it occurs. We know that the suicide rate is rising nationally, and Bradford has slightly higher rate of suicide than the England average. However many suicides are preventable, and if early intervention or crisis support is offered we know we can make a difference in outcome in people's lives.

In Bradford, our 3 year rolling average rate of deaths by suicide is 11.4 per 100,000 people (2013-2015). This means that the District sees around 40-50 suicides every year, which is nearly one each week. In 2013, 3 out of 4 deaths from suicide in Bradford were by males, with the highest number of male suicides occurring between 20 and 44 years of age.

Partners in the district, including local GPs, representatives from Bradford District Care NHS Trust, Bradford CCGs, City of Bradford MDC, MIND, Samaritans, West Yorkshire Police and West Yorkshire Fire and Rescue, meet regularly as part of the District's Suicide Prevention Group. During 2016, the group has been reviewing the national and international evidence for effective suicide prevention, data and intelligence on suicides in Bradford, and has now produced this plan of action. The plan forms part of the Bradford District Mental Wellbeing Strategy 2016-2021 ('Our Wellbeing' workstream)

## Preventing suicide in Bradford: our aspiration

The Government's *Suicide Prevention Strategy for England*, updated in January 2017, sets out the ambition for a reduction in national rates of suicide of 10% by 2021, and identifies 6 key areas of action to achieve this goal. As the chart below shows, we are currently above our 10 year average rate (as well as above the national average of 10.1 per 100,000), so to see a reduction of 10% of our 10 year average rate by 2021, we need to see our rate reduce to 9.5 cases of suicide per 100,000 people.



Using this as a baseline position, and with the six key areas for action within the national strategy as a framework, this is our commitment to preventing suicide in the district over the next 5 years:

### Our vision is to reduce the rate of suicide in Bradford by 10% by 2021

*We ultimately aspire to prevent all suicides in the District; for us, no suicide is inevitable. As a short-term goal, our ambition for a 10% reduction the next 4 years would mean **5 lives will be saved each year** after 2021.*

We will do this by:

- 1: Reducing the risk of suicide in key high-risk groups
- 2: Using tailored approaches to improve the mental health of the population
- 3: Reducing access to the means of suicide
- 4: Providing better information and support to those bereaved or affected by suicide
- 5: Supporting the media in delivering sensitive approaches to suicide
- 6: Supporting research, data collection and monitoring

## BRADFORD SUICIDE PREVENTION PLAN 2017-2021

Key priority	Key Action	Lead	Timescale
<b>1. Reduce the risk of suicide in key high-risk groups</b>			
<b>1.1 Preventing suicide in mental health and crisis care</b>  <i>Outcome: Mental health services comply with best practice on suicide prevention</i>	a) Through the work of the Crisis Care Concordat board, ensure all who present at any stage on the crisis pathway with suicidal ideation or who have self-harmed are given appropriate support and care, free from stigma.	Crisis Care Concordat Board	Ongoing
	b) Support the work of the West Yorkshire Urgent and Emergency Care Vanguard	Deputy Director (BDCFT)	Ongoing
	c) Establish a Suicide Reduction Steering Group in BDCFT	Deputy Director (BDCFT)	April 2017
	d) Ensure BDCFT work in partnership with other mental health organisations (SWYFT and LYFPT) to share learning and reduce suicide across the 3 mental health organisations	Deputy Director (BDCFT)	Ongoing
	e) Work to reduce suicide of mental health patients in Bradford through use of NCISH findings and Serious Incident investigations, including timely discharge planning, policies on absconding and self-discharge, and enhanced discharge follow-up.	Serious Incident Lead (BDCFT)	Ongoing
	f) Monitor rate of suicide in patients under the care all mental health services within BDCFT and take measures to prevent suicide in all settings	Deputy Director (BDCFT)	April 2017
<b>1.2 Responding well to self-harm</b>  <i>Outcome: suicide risks following self-harm presentation are minimised</i>	a) Ensure compliance with NICE guidance CG16 (short term management of self-harm in acute settings)	Urgent Care Managers (BTHFT/AFT)	April 2018
	b) Ensure compliance with NICE guidance CG133 (long term management of self-harm in primary care)	MH GP leads (3x CCGs)	April 2018
	c) Deliver specific staff training modules on self-harm within children and adult social work training programme	Workforce Development (CBMDC)	Ongoing

Key priority	Key Action	Lead	Timescale
<b>1.3 Equipping Urgent Care</b>  <i>Outcome: Urgent care practitioners are equipped to come into contact with suicide</i>	a) Distribute 'Feeling on the Edge' (CWP) leaflets in BRI/AGH A+E departments	Urgent Care Managers (BTHFT/AFT)	September 2017
	b) Publicise the national 'Information Sharing and Suicide Prevention Consensus' within health settings	All health organisations	September 2017
	c) Identify opportunities for awareness raising and formal training (e.g. Safetalk) around suicide prevention for blue light professionals in WYP, WYFRS, and YAS	WYP/WYFRS	April 2018
<b>1.4 Preventing suicide in Men</b>  <i>Outcome: male suicide rates reduce</i>	a) Suicide awareness messages to be promoted at traditional male settings through e.g. the Rugby League 'State of Mind' campaign	PH lead (CBMDC)	April 2018
	b) Attract national men's health promotion campaigns (e.g. CALM) into prominent advertisement places in the city centre	PH lead (CBMDC)	April 2018
	c) Support asset-based approaches to men's health and wellbeing (e.g. Men in Sheds, Eccy Meccy)	PH lead (CBMDC)	April 2018
<b>1.5 Minimising risks of drugs and alcohol</b>  <i>Outcome: suicide risks of drugs and alcohol are minimised</i>	a) Ensure suicide prevention and risk assessment is appropriately managed in commissioned recovery based drug and alcohol services	PH lead (CBMDC)	April 2018
	b) Engage with national consultation on late night licencing legislation	PH lead (CBMDC)	April 2017
	c) Distribute CARE card to Bradford Street Angels teams	PH lead (CBMDC)	September 2017
	d) Bradford A+Es to raise staff awareness of increased suicide risk owing to acute alcohol abuse	Urgent Care Managers (BTHFT/AFT)	September 2017
<b>1.6 Supporting those with financial problems</b>  <i>Outcome: services are equipped to support minimise suicide due to financial stress</i>	a) Write to welfare advice services, CAB and foodbanks raising awareness of recent research (e.g. Barr 2015)	PH lead (CBMDC)	July 2017
	b) Support welfare advisors using CARE cards.	PH lead (CBMDC)	September 2017
	c) Support housing options advisors using CARE cards.	PH lead (CBMDC)	September 2017

Key priority	Key Action	Lead	Timescale
<b>2: Tailor approaches to improve the mental health of our population</b>			
<b>2.1 Targeted training/ awareness</b>  <i>Outcome: Professionals in contact with vulnerable people can make interventions</i>	a) Develop, publish and promote the Bradford CARE cards guiding universal workers in steps to spotting suicidal individuals and signposting	PH lead (CBMDC)	April 2017
	b) Source funding to increase availability of Safetalk/ASIST training across the district, and proactively target relevant staff from 3rd sector, social care, paramedics, housing officers, drugs/alcohol workers.	PH lead (CBMDC)	April 2018
	c) 3rd Sector partners to make suicide awareness resources (e.g. Connecting With People, Samaritans) more widely available to staff, in reception areas of GP practices, libraries, advice centres, gyms, community/day centres	Chief Executive (Samaritans)	April 2018
<b>2.2 Take action to prevent suicide in children/ young people</b>  <i>Outcome: Children in Bradford supported to be emotionally healthy</i>	a) Support the implementation of the Bradford 'Future in Mind' Strategy	MH commissioning Lead (CCGs)	Ongoing
	b) Support the review and development of community perinatal mental health services in Bradford	MH commissioning Lead (CCGs)	April 2018
	c) Incorporate suicide awareness into the schools engagement workstream of Future in Mind, including delivering suicide awareness training to Mental Health champions.	Educational psychology (CBMDC)	April 2018
	d) Via the schools strategy group, develop a community response plan to be endorsed by schools which will guide postvention after a suicide of a young person	Educational psychology (CBMDC)	September 2018
	e) Promote the recording of self-harm incidence in schools and adapt the Leeds LSCB 'Pink book' of training and tips on self-harm and suicide for use in schools	Educational psychology (CBMDC)	September 2017
	f) Assess training programmes for school staff and select appropriate evidence based programmes to recommend for school use	Educational psychology (CBMDC)	September 2018
<b>2.3 Prevent suicide in Primary Care</b>	a) Run a suicide prevention section in a Clinical Senate as part of event for GPs on MH – MH pathways, crisis services, suicide and self harm prevention	MH GP leads (3x CCGs)	January 2018

Key priority	Key Action	Lead	Timescale
<i>Outcome: GPs and other Primary care workers identify people at risk and provide appropriate early intervention</i>	b) Raise awareness of <a href="#">RCGP elearning</a> module on Suicide Prevention amongst Bradford GPs at LMC	MH GP leads (3x CCGs)	January 2018
	c) Disseminate RCGP 'Suicide mitigation in Primary care' posters to practices	PH lead (CBMDC)	September 2017
	d) Produce a 'top tips' around suicide prevention for GPs.	MH GP leads (3x CCGs)	January 2018
<b>3. Provide better information and support to those bereaved or affected by suicide</b>			
<b>3.1 Provide sensitive bereavement support</b>  <i>Outcome: People bereaved by suicide are supported in a manner that reduces the risk of impact on their long term mental health</i>	a) Ensure the provision and raise awareness of local bereavement support groups and services	Hospital Chaplaincy team (BTHFT)	Ongoing
	b) Make copies of 'help is at hand' available in funeral director premises, crematorium services and coroner's office, and the z-card given to first responders.	PH lead (CBMDC)	September 2017
	c) Actively support residents setting up a local Survivors of Bereavement by Suicide (SOBS) group	PH lead (CBMDC)	Ongoing
	d) e) Work with regional suicide prevention network to improve access to suicide-specific bereavement support in Yorkshire and Humber.	PH lead (CBMDC)	January 2018
	f) Ensure that all families/carers bereaved by mental health patients under the care of BDCFT are given the Help is at Hand information and signposted to support agencies	Serious Incident Lead (BDCFT)	Ongoing
	g) Ensure staff are trained in BDCFT to offer appropriate support to families bereaved by suicide	Serious Incident Lead (BDCFT)	April 2017
	<b>3.2 Provide effective postvention</b>  <i>Outcome: suicidal 'contagion' is avoided</i>	a) Develop schools work around 'community response plan' into an agreed district-wide cluster response plan	Educational psychology (CBMDC)
b) Encourage mental health and primary care services to add 'Bereaved by suicide' into any suicidal risk factor assessment		PH lead (CBMDC)	September 2018

Key priority	Key Action	Lead	Timescale
<b>4: Reduce access to the means of suicide</b>			
<b>4.1 Prevent suicide at known hotspots</b>  <i>Outcome: Access to well-known places of suicide is restricted</i>	a) Work with network rail to identify areas of increased risk along Bradford rail lines, and to engage Bradford rail station staff with Samaritans;/network rail prevention training	CBMDC and Network Rail	April 2017
	b) Actively monitor other non-rail spots of frequent suicide in the district	CBMDC/WYP	Ongoing
	c) Analyse suicides within the audit by postcodes and work with local partners in areas with higher than average rates	PH lead (CBMDC)	Ongoing
	d) Work with CBMDC planning department to assess suicide risk in any new high-rise developments in the district, using PHE guidance	PH lead (CBMDC)	April 2017
<b>4.2 Prevent suicide risk in healthcare settings</b>  <i>Outcome: Access to well-known risks is restricted</i>	a) Work with primary care medicines management to ensure appropriate messages are given out around analgesic and anti-depressant prescribing for patients at suicide risk	MH GP leads (3x CCGs)	April 2017
	b) Ensure best practice in in-patient settings with regard to safe clinical areas	Serious Incident Lead (BDCFT)	April 2017
<b>5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour</b>			
<b>5.1 Work with the Media</b>  <i>Outcome: Media outlets in Bradford report suicides sensitively, mindful of the impact on the community</i>	a) CBMDC Communications department to monitor inappropriate use of media reporting on cases relevant to Bradford and share learning	Communications department (CBMDC)	April 2017
	b) Provide briefing for local journalists and provide them with a Bradford version of the Leeds NUJ/Council written guidance	Communications department (CBMDC)	April 2017
<b>5.2 Deliver effective communication</b>  <i>Outcome: The</i>	a) Campaigning and awareness raising around WHO World Suicide prevention day (Sep 10 <sup>th</sup> 2017)	All organisational communication leads	September 2017

Key priority	Key Action	Lead	Timescale
<i>aspirations of 'this prevention plan are communicated to the public and stigma is reduced'</i>	b) Launch this action plan and publish audit/evidence review	Communications department (CBMDC)	April 2017
	c) Promote evidence-based mobile apps: '5 ways to wellbeing' and 'Stay alive'	All organisational communication leads	Ongoing
<b>6: Support research, data collection and monitoring</b>			
<b>6.1 Undertake surveillance</b>  <i>Outcome: partners effectively monitor suicide incidence and trends in Bradford</i>	a) Conduct an audit of the coroner's files for suicide death inquests.	PH lead (CBMDC)	September 2017
	b) Disseminate all audit findings in a timely manner, and use to inform local suicide prevention training	PH lead (CBMDC)	December 2017
	c) Consider the findings of national real time surveillance projects – implement any recommendations	PH lead (CBMDC)	Ongoing
	d) Conduct an analysis of the completed suicides of mental health patients in BDCFT and use to inform suicide reduction training	Deputy Director (BDCFT)	April 2017
<b>6.2 Learn lessons from serious incidents</b>  <i>Outcome: serious incidents are avoided</i>	a) Learning from serious incidents/after suicide for people in contact with secondary care is shared where appropriate.	Serious Incident Lead (BDCFT)	Ongoing



## High Level Indicators – How will we know we’ve made a difference?

Indicator	Current Bradford baseline (England) Source: PHOF
Suicide Age Standardised rate per 100,000 (persons, 3 year rolling average, 2013-15)	11.4 (10.1)
Suicide Age Standardised rate per 100,000 (males, 3 year rolling average, 2013-15)	17.1 (15.8)
Suicide Age Standardised rate per 100,000 (females, 3 year rolling average, 2013-15)	5.8 (4.7)
Emergency Hospital Admissions for intentional Self-Harm: Directly age-sex standardised rate per 100,000 (2014/15)	257.3 (191.4)
Hospital admissions as a result of self-harm (10-24 years. 2014/15))	463.8 (398.8)

## Key supporting documents

National: HMGovernment (2017): *Suicide Prevention Strategy for England (Third Progress Report)*  
Public Health England (2016): *Local Suicide Prevention Planning: a Practice Resource*  
NHS England (2016): *Five Year forward View for Mental Health Implementation Plan*

Local: Bradford District Crisis Care Concordat Plan (2015)  
Developing a Suicide Prevention Plan for Bradford: Evidence and Literature Review (2015)  
Bradford District Mental Wellbeing Strategy (2016)  
Audit of deaths by Suicide in Bradford 2013-15 (forthcoming 2017)

## Acknowledgements

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## Glossary

BDCFT	Bradford District Care NHS Foundation Trust	CBMDC	City of Bradford Metropolitan District Council
PH	Public Health	CCG	Clinical Commissioning Group
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust	AFT	Airedale Hospital NHS Foundation Trust
WYP	West Yorkshire Police	WYFR	West Yorkshire Fire and Rescue Service