

*imagine...*

a suicide-safer community

# Quiz

1. In which year did the law deem that suicide is no longer a crime in the UK?
2. Approximately how many people die in the UK as a result of:
  - a) Road collisions
  - b) Homicide
  - c) Suicide
3. How does the suicide rate in York compare with
  - a) average rates in the region ( Yorkshire and Humber) ? Higher/Lower
  - b) average rates in the UK ? Higher/Lower
4. What is the standard of proof required at an inquest for a coroner to determine a death a suicide?
  - a) Balance of Probabilities (i.e. more likely than not)
  - b) Beyond Reasonable Doubt

# Quiz

5. Which population groups in the UK and York are at high or raised risk of suicide?
6. Where to the majority of incidents of suicide take place?
  - a)Public Place
  - b)Secure facility- psychiatric hospital ,prison/YOI, Immigration centre
  - c)Private Place
7. How strong is the link between self-harm/self injury and suicide?
  - a) not strong
  - b) somewhat connected
  - c) very strong
8. Which agency or service has primary responsibility for suicide prevention?
- 9.How are dedicated local suicide prevention initiatives funded and through which services?
10. What support is available to people bereaved through suicide in York and Yorkshire?

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# Andy Chapman

## Suicide Prevention Lead

Public Health Department  
Health, Housing and Adult Social Care  
City of York Council



# Who Am I?



gg63079305 www.gograph.com



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# Trustees



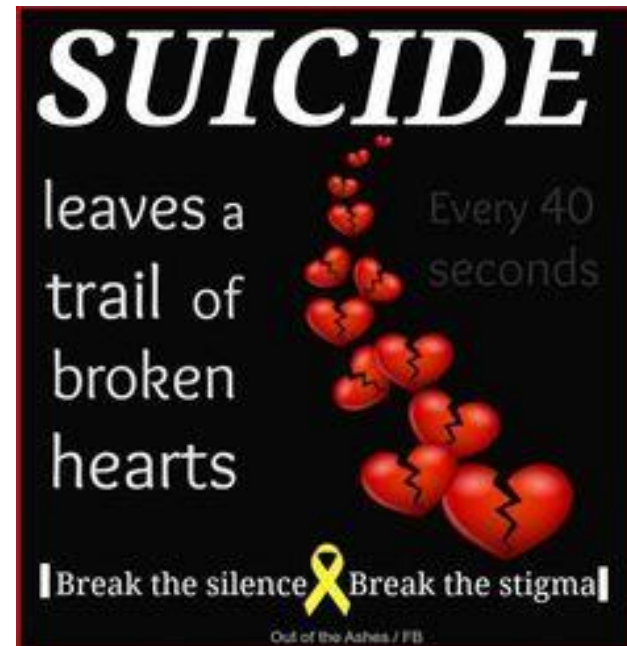
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# Other Roles



# Suicide devastates the lives of individuals, families and communities

- Suicide bereaved ( families, friends)
- Suicide affected ( colleagues, neighbours, care providers)
- Suicide exposed (first responders, witnesses, investigators, bereavement counsellors)
- Those with suicidal thoughts
- Families and carers of those with suicidal thoughts
- The wider community



# Stigma and the language of suicide

- **The Suicide Act 1961 de-criminalised the act of suicide**
- **People *commit* crimes**
- **People *commit* moral atrocities**
- **People *die by* suicide**



# Myth busting



# Making York a Suicide Safer City

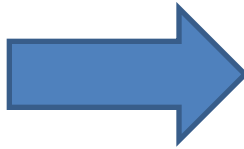


"Our vision is to create a community which has sustainable, co-ordinated and collaborative approaches to suicide awareness, prevention, intervention, post-intervention and postvention....."



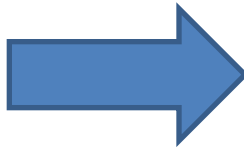
# Drivers

Preventing Suicide  
in England-national  
strategy



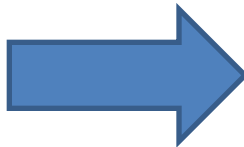
Health and Well-being Boards  
Local authority PH teams  
Local SP partnerships

Suicide Rate York LA (2012-  
2015)  
14 per 100,000 population



Average rates:  
Yorkshire & Humber 10.6  
England 10.2

Feb. 2015-Mar 2016  
8 incidents of suspected  
suicide by York students



Suicide 'cluster' multi-agency  
response

# Suicide Prevention Strategy for England (2012)

## Overall Objectives:

- a reduction in the suicide rate in the general population in England
- Improve support for those bereaved or affected by suicide

The logo for GOV.UK, featuring a white crown icon to the left of the text "GOV.UK" in a white, sans-serif font, all set against a black square background.

GOV.UK

The cover of the document "Preventing suicide in England". It features a white background with a thick, olive-green border. The title "Preventing suicide in England" is written in an olive-green serif font. Below the title, the subtitle "A cross-government outcomes strategy to save lives" is written in a smaller, grey sans-serif font.

Preventing suicide in  
England

A cross-government outcomes strategy to save lives

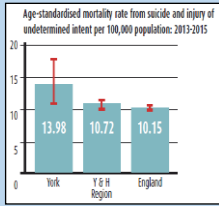
# Key Objectives

- 1: Reduce the risk of suicide in key high-risk groups***
- 2: Tailor approaches to improve mental health in specific groups***
- 3: Reduce access to the means of suicide***
- 4: Provide better information and support to those bereaved or affected by suicide***
- 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour***
- 6: Support research, data collection and monitoring***
- 7: Reducing rates of self-harm as a key indicator of suicide risk***

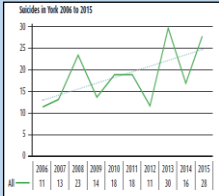
# Suicide in York - One Page Summary

## Background

Higher rates of suicide in York 14 per 100,00 compared with 10 per 100,00 in England & Region

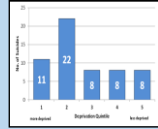


And a rising trend in rates over the last 10 years.



Higher rates of *self harm* in York for adults and young people

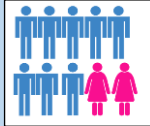
## York Suicide Audit 2010-2014 (60 deaths)



Over-representation from people living in deprived areas. Almost 60% of people dying by suicide lived in the most deprived 40% of York.

*"I never thought he would do that"*  
*"I thought it was just a cry for help"*  
*"She just wasn't the sort to do that"*  
*"I never knew he was so desperate"*  
*"I wish I had taken her more seriously"*

83% were Male. Middle aged men at highest risk



73% were single divorced or separated. 44% lived alone



40% had a history of self harm, 25% had attempted suicide previously



63% had seen their GP in the previous year

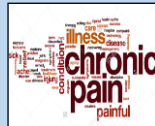
47% had a history of substance misuse & 37% had consumed alcohol prior to their death



Only 4 out of 28 with substance misuse issues were known to treatment services



48% had physical or sensory health problems at the time of death



85% had contact with at least 1 agency/organisation in prev. year



Key Factors Identified were mental health (diagnosed or undiagnosed); loneliness and isolation and family/relationship problems and breakdowns. Trauma/bereavement were also 'triggers'.

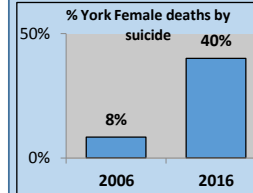


62% had contact with criminal justice system in last year as victims, cause for concern, witness, offenders, suspects etc.



## Post Audit...

Changes in at risk groups - females now account for 40% in York compared with 8% a decade ago



6 Student Deaths since the audit

Groups who did not show up in the audit but we know are at raised risk e.g. People who are LGBT, male travellers, service veterans, mothers in the perinatal period

*Risk Factors for YPs in York i.e. high self harm & mental health admissions*



**Over 200 schoolchildren are lost  
to suicide every year in the UK.**

 **PAPYRUS**  
prevention of young suicide  
Save The #ClassOf2018



## Are we over-medicalising poverty-related distress?



“Framing any and all poverty-related distress as a mental health ‘condition’ has some disturbing repercussions... It implies that distress caused by the everyday challenges of social and economic disadvantage can be ‘corrected’ through medical or therapeutic intervention...[and] it masks the factors that often underlie the root causes of suffering e.g. poor living conditions, unemployment, social isolation...”

Felicity Thomas, University of Exeter



# York Suicide Safer Community Strategy 2018-23

**Central Theme - Building a Suicide Safer Community Together , Everyone has a part to play in preventing suicide**

*1: Reduce the risk of suicide in key high-risk groups*

*2: Tailor approaches to improve mental health in specific groups*

*3: Reduce access to the means of suicide*

*4: Provide better information and support to those bereaved or affected by suicide*

*5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour*

*6: Support research, data collection and monitoring*

*7: Reducing rates of self-harm as a key indicator of suicide risk*

**8. Training**

**9. Preparedness and post-incident management**

<https://www.youtube.com/watch?v=A32Up3wBS6k>



# Some recent Developments in York

- Suicide Safer Community Delivery Group
- Real-time surveillance arrangements
- Pilot postvention service (MIRT)
- Media training/awareness raising
- Services of reflection for people bereaved through suicide
- York School Well-being Service
- The Haven in York
- Primary Care Mental Health Team
- SP training programme-safeTALK/ASIST/MHFA
- 24/7 Psychiatric Liaison Service (A&E)
- York Mental Health strategy
- York Pathways Project -Together UK (OPCC)
- Health Watch Mental Health Service Directory

# Support for people affected by suicide

- Dedicated postvention services
- Referral/counselling services
- Samaritans/Cruse 'Facing the Future' project
- Reducing stigma - sensitive language and talking about suicide
- Coroners' Court Support Service
- Help is at Hand



*"Allow yourself to grieve. We all grieve  
in our own time in our own way."*

*"One thing I learned is however I  
decided to grieve is the right way  
for me. Everyone's different."*

*"In seeking help. I had found someone  
who truly understood my feelings  
and helped me feel normal again, I  
realised I wasn't going mad after all."*

## For confidential support and advice contact the Major Incident Response Team (MIRT)

### Contact us

Alex Sutcliffe  
Major Incident Response Team  
Resilience and Emergency Unit,  
County Hall, Northallerton,  
North Yorkshire, DL7 8AD

Tel: 07974 745194 (24 hr)  
email: [MIRT@northyorks.gov.uk](mailto:MIRT@northyorks.gov.uk) /  
[MIRT@York.gov.uk](mailto:MIRT@York.gov.uk)



## Supporting those bereaved by suicide

Major Incident Response  
Team (MIRT)

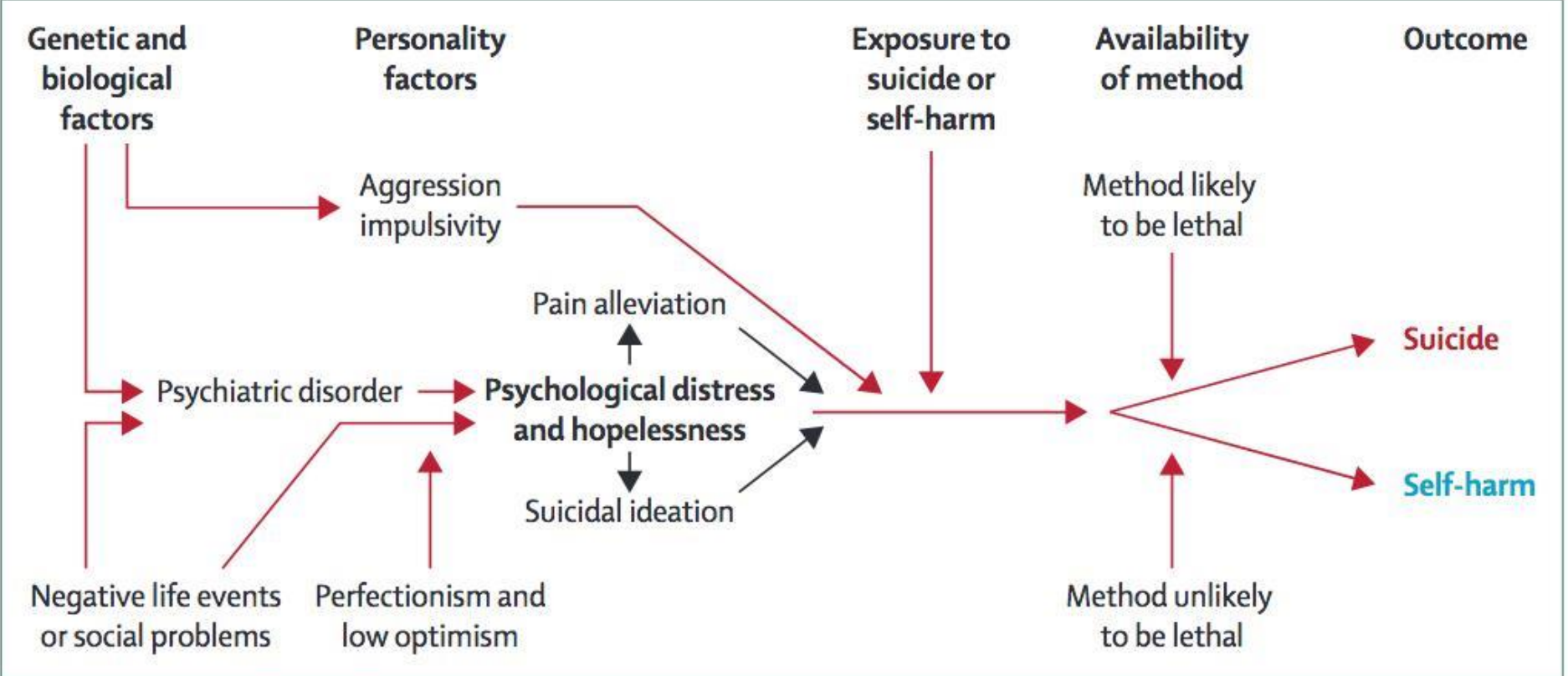
*"Suicide is not just the  
loss of one precious  
life. It devastates  
many other lives."*

**Tel: 07974 745194 (24hr)**

<https://papyrus-uk.org/bedtime-stories/>

<https://papyrus-uk.org/spotthesigns/>

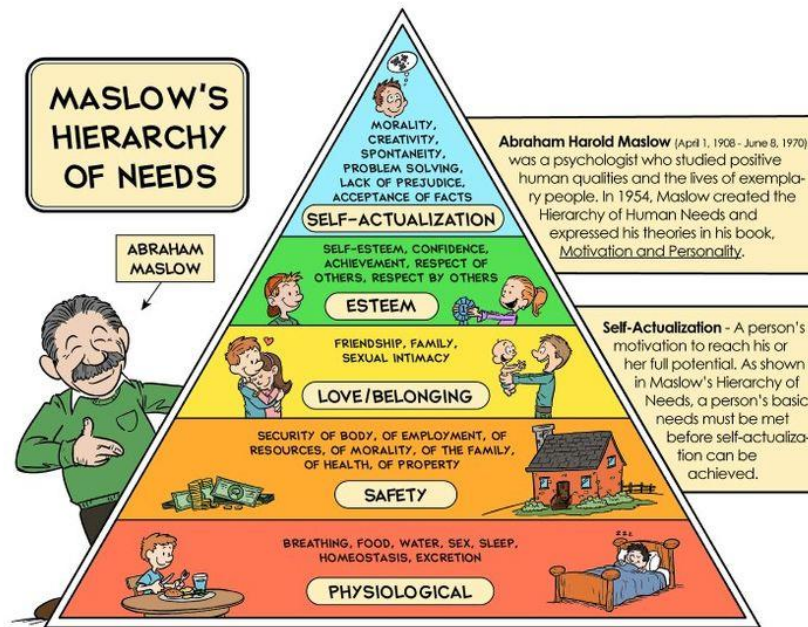




**Figure 2: Key risk factors for adolescent self-harm and suicide**

Reference Professor Rory O'Connor, University of Glasgow

# Joining it all together







## Information sharing and suicide prevention

Consensus statement



January 2014

## Consensus statement (2014)

We strongly support working closely with families. Obtaining information from and listening to the concerns of families are key factors in determining risk. We recognise however that some people do not wish to share information about themselves or their care. Practitioners should therefore discuss with people how they wish information to be shared, and with whom. Wherever possible, this should include what should happen if there is serious concern over suicide risk.

We want to emphasise to practitioners that, in dealing with a suicidal person, if they are satisfied that the person lacks capacity to make a decision whether to share information about their suicide risk, **they should use their professional judgement to determine what is in the person's best interest.**

It is important that the practitioner records their decision about sharing information on each occasion they do so and also the justification for this decision.

Even where a person wishes particular information not to be shared, this does not prevent practitioners from listening to the views of family members, or prevent them from providing general information such as how to access services in a crisis.



# Training and awareness raising



**TALK TO US**  
If things are getting to you

📞 **116 123** FREE  
This number is FREE to call round the clock.

✉️ [jo@samaritans.org](mailto:jo@samaritans.org)

🌐 [samaritans.org](http://samaritans.org)

**SAMARITANS**  
A registered charity

**BECOME SUICIDE-ALERT**

 **safeTALK**  
*suicide alertness for everyone*

**Zero**  
**Suicide**  
Alliance



Because  
**ONE** life lost  
is **ONE** too many

**SAVE A LIFE...**

**TAKE THE TRAINING**

Take our **FREE** suicide prevention training 



We need to talk about suicide

**NHS**  
Health Education England

 Public Health  
England



We need to talk about suicide  
e-Learning Module





# CONNECTING WITH PEOPLE

start the conversation

## NHS and Social Care Training

- Suicide Awareness
- Suicide Response
- Self-harm Awareness
- Emotional Resilience
- Compassionate Care
- Train the Trainer

# Helplines

- Samaritans 116123
- Papyrus HopelineUK 0800 068 4141
- CALM





# Data sharing and 'Real time surveillance'



Talking about suicide does not put the idea in their head, but instead, is usually a relief to them. It lets the person know you are open to talk about suicide and allows them to be open about it. Using the word 'suicide' establishes that you are talking about the same thing.

### Ask Directly

"Sometimes when someone feels like you do, they are thinking about ending their life. Are you thinking about suicide?"

National Suicide Prevention Week

teen line

# Helping someone with suicidal feelings

Suicide is the biggest killer of under 35s in the UK. Asking about suicide saves lives, but it can be hard to know where to start. Here are a few ways you could start a conversation.

## Ask them directly "Are you thinking about suicide?"

By using the word suicide, you are telling the young person that it's OK to talk openly about their thoughts of suicide with you. Evidence shows that talking about suicide does not make it more likely to happen – it reduces the stigma and is often the first step in a person's recovery.

"Sometimes, when people are feeling the way you are they think about suicide. Is that what you're thinking about?"

"Are you telling me you want to kill yourself? End your life?"

"It sounds like you're thinking about suicide, is that right?"

"It sounds like life feels too hard for you right now and you want to kill yourself – is that right?"

Advice provided by Papyrus, a national charity dedicated to the prevention of young suicide.

## Reassure them that they are not alone and you can look for support together.

"It's not uncommon to have thoughts of suicide. With help many people can work through these thoughts and stay safe."

"There are organisations that offer support. I can help you find their contact details."

"You've shown a lot of strength in telling me this. I want to help you find support."

"There is hope. There is help available and we can find it together."

### Get support

- For everyone: Samaritans – call 116 123, email [jo@samaritans.org](mailto:jo@samaritans.org) or visit [samaritans.org](http://samaritans.org)
- For people up to the age of 35: Papyrus, call 0800 066 4141, text 07786 209697, [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org) or visit [papyrus-uk.org](http://papyrus-uk.org)
- For more: Campaign Against Living Miserably (CALM), call 0800 585858, or visit webpage at [thecalzone.net](http://thecalzone.net)

## If someone is suicidal, listen to them and allow them to express their feelings.

They may feel a huge sense of relief that someone is willing to hear their darkest thoughts.

"It sounds as though things are really hard at the moment... Can you tell me a bit more?"

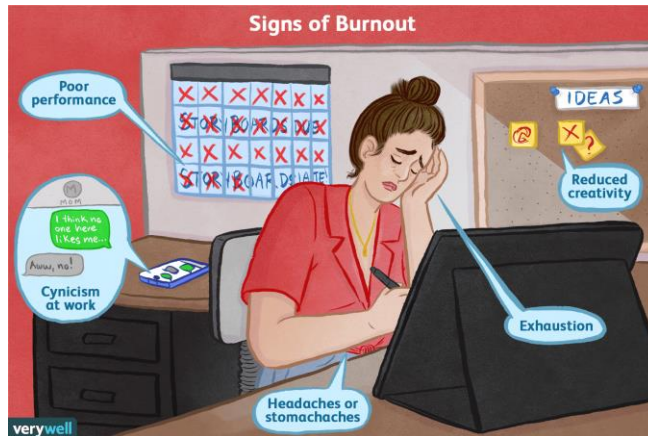
"Things must be so painful for you to feel like there is no way out. I want to listen and help."  
"Take your time and tell me what's happening for you at the moment."

"I am so sorry you're feeling this way. Can you tell me more about how you are feeling?"

"Can you tell me more about why you want to die?"

"What has brought you to this place/to feel this way?"

"It's hard and scary to talk about suicide but take your time and I will listen."



# Self-Care

- Look after your own mental health and well-being
- Don't suffer in silence
- Be aware of the risks and the signs
- Develop your own emotional intelligence
- Seek help
- If you experience suicidal ideation/thoughts - tell someone
- Be proactive- contact Occupational Health/Welfare

Self-Care is a  
priority and necessity  
- not a luxury -  
in the work that we do.

**SOMETIMES  
I FORGET  
PUTTING  
MYSELF FIRST  
ISN'T SELFISH  
BUT  
NECESSARY.**

KUSHANDWIZDOM.TUMBLR

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# Thank You

Andy Chapman  
Suicide Prevention Lead Officer

Please note my usual working days are Monday, Tuesday, Wednesday

t: 01904 554261 | e: [Andy.Chapman@york.gov.uk](mailto:Andy.Chapman@york.gov.uk)

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