

Wakefield Suicide Prevention Action Plan

2024 - 2029



wakefieldcouncil

1. Introduction

Content Warning. This document discusses suicide, data and statistics about people who died by suicide.

For further information on suicide prevention and details for support visit. <https://suicidepreventionwestyorkshire.co.uk/>

This Action Plan should be read alongside the recently published 2024 Wakefield Suicide Audit, which gives a detailed picture of the current rates of suicide in Wakefield District, and the factors which affected people who took their own lives during the audit period (2019-22).

Suicide prevention continues to be a high priority in Wakefield District. Wakefield has the second highest rate of suicide in West Yorkshire, and a rate considerably higher than the national one. This is partly because of a unusually high number of deaths in 2019 which affected the three-year rolling average rate. Suicide Audit 2019-21 - Wakefield District JSNA (wakefieldjsna.co.uk)

In recent years there is evidence of the rate beginning to fall, but there is still some distance to go. It is also of concern that national suicide figures are beginning to show some evidence of increase, which may be reflected in Wakefield in the future.

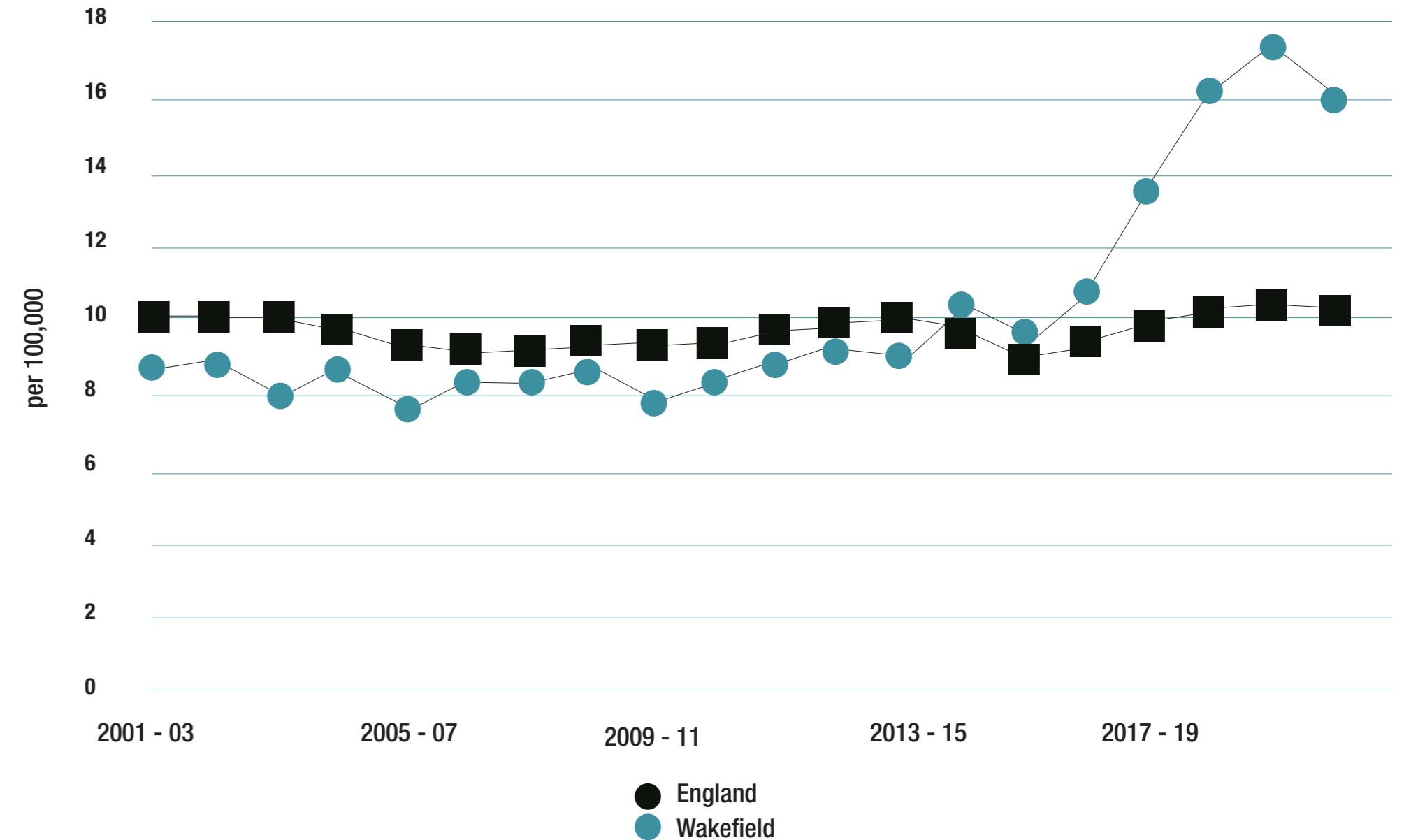
Since the publication of our 2018 - 23 strategy, many new developments have been put in place which have made a huge difference to our local suicide prevention work. We need to to maintain this progress and to ensure that real-time surveillance, postvention support, awareness campaigns, and suicide prevention training delivered at scale, form the core of our local plans.

However, this action plan also uses insight from the Suicide Audit to describe the groups of people at highest risk and to set out an additional programme of actions over the next five years. The action plan will be reviewed annually by the Multi-Agency Strategic Partnership Group.

This document is described as an action plan rather than a strategy, to reflect the importance of focused action in this area. The Suicide Audit describes the background and local picture and complements this document.

The actions in this plan were generated through collaborative discussions with key stakeholders based on insights and intelligence, on what is within our level of influence, and what is realistic given the capacity and resource available.

Suicide rate (Persons,10+yrs) for Wakefield



Trend in suicide rates for Wakefield, 2001 – 22 (three year rolling average). “Suicide Prevention - OHID (phe.org.uk)

2. Governance

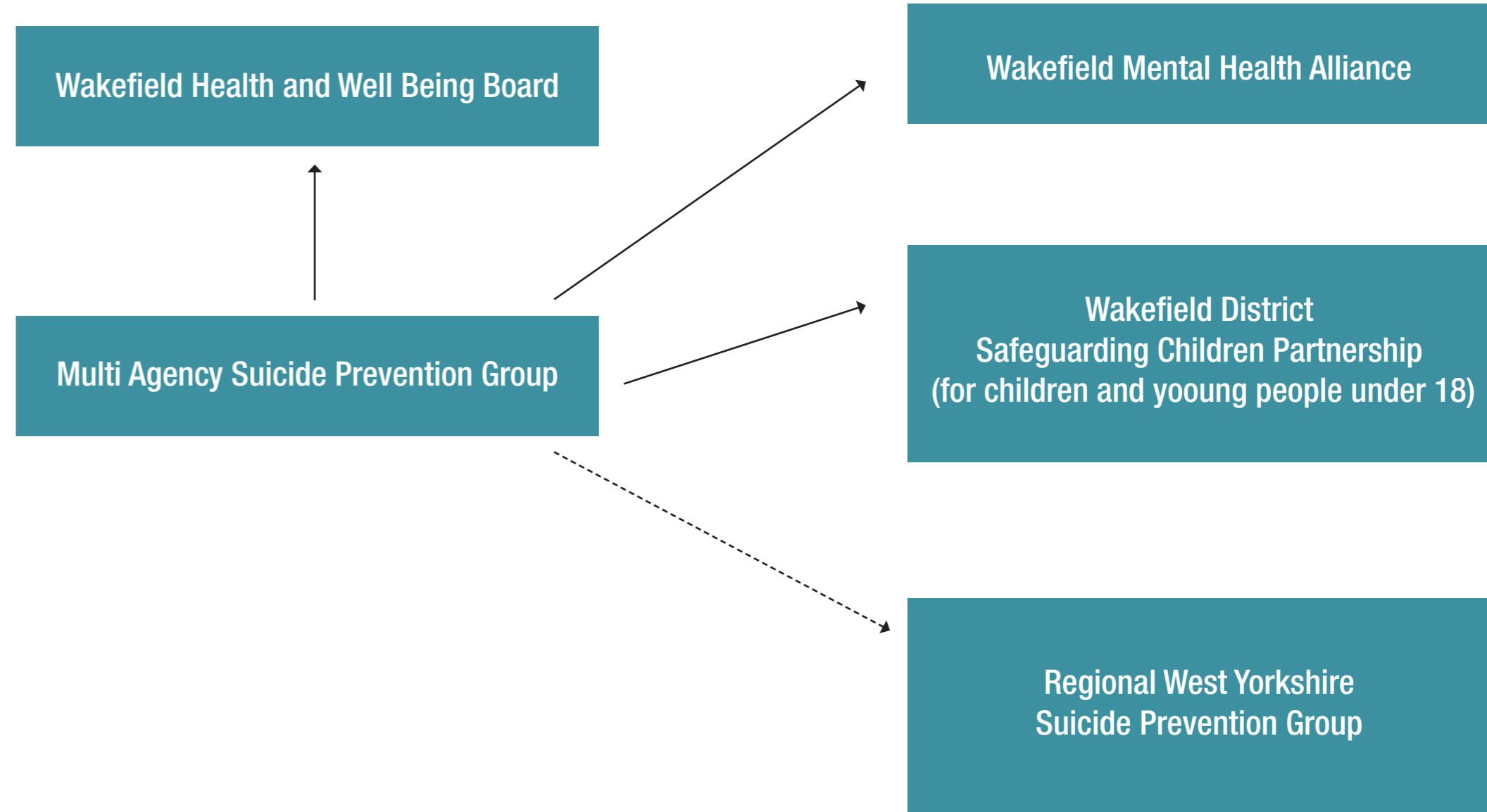
The Multi Agency Suicide Prevention Group (MASPG) meets on a quarterly basis. It is chaired by a Consultant in Public Health and has representation from the local authority, police, NHS acute and mental health trusts, and a range of VCSE partners with particular interests in mental health and suicide prevention.

The MASPG reports to the Wakefield Health and Wellbeing Board who are ultimately accountable for the delivery of the objectives in this action plan.

In addition, regular updates are provided to the Wakefield Mental Health Alliance on current suicide rates, any concerning trends or new information, and progress against the objectives in this action plan.

Wakefield's Suicide Prevention lead attends the regional West Yorkshire Suicide Prevention meetings. This ensures that our local Suicide Prevention Action Plan is aligned with regional objectives and that we benefit from regional and national expertise and the experience of colleagues.

Where a child under 18 takes their own life, the Suicide Prevention lead, Consultant in Public Health or Service Manager for Children's Public Health will attend the Joint Agency Review and participate in the review process. The Wakefield Children's Safeguarding Partnership may request updates from the MASPG either as part of a review of individual cases, or in relation to progress against this action plan as it relates to children under 18.



3. Key Higher Risk Population Groups

The reasons for any suicide are usually complex, and usually a number of different factors are identified when someone takes their own life. In the Suicide Audit the median number of risk factors identified was 5, while the most complex case considered had 13 contributory risk factors identified.

For this reason the Action Plan does not link specific actions to priority population groups. Instead the MASPG has identified actions which are likely to have an impact on some or all of the groups and communities who are at higher risk of suicide. We recognise that in many cases individuals will fall into several of these risk groups at once and the risks will interact.

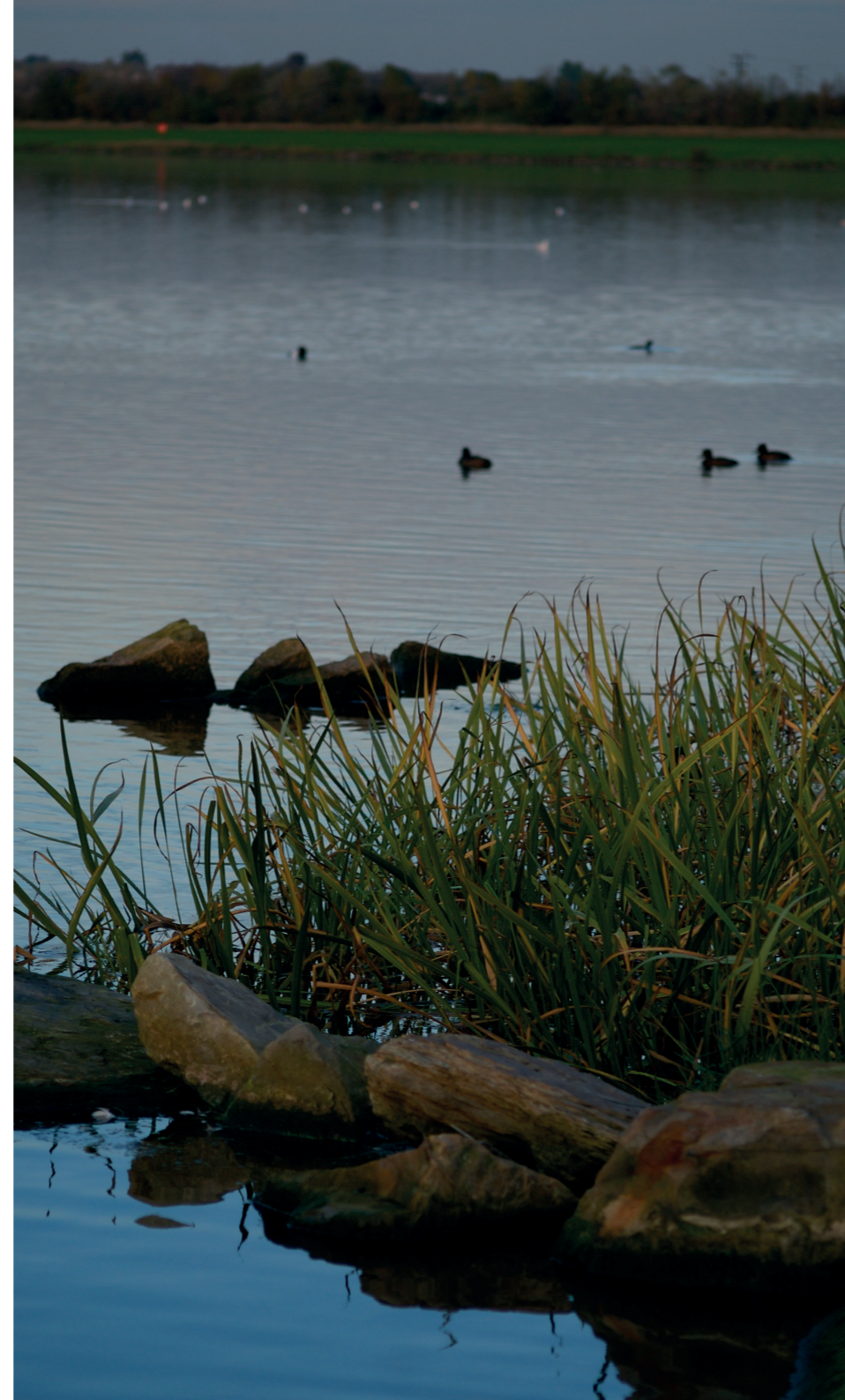
It is also important to be mindful of the fact that as the numbers of people who take their own lives locally remains thankfully small, some groups that are known to be at higher risk from national evidence will still not be represented in the local audit. We also know that the information available through the local audit may be incomplete (for example, information about sexuality or gender identity is not routinely recorded).

The table describes the groups identified as being at higher risk through the Suicide Audit 2019-21, or in some cases through national evidence. In creating and reviewing its action plan, the MASPG has considered how the actions will support suicide prevention in any or all of these groups of people.

Group at higher risk	What do we know?
People experiencing financial difficulty	A quarter of people who took their own lives in the local audit had a record of being in financial difficulty. Significant national or international financial crises such as the current 'cost of living crisis' are known to be associated with higher rates of suicide.
People with a previous history of attempted suicide, especially recently	Just under 45% of people in the audit had made a previous suicide attempt, and for half of these people this was within the last year of their life.
People with a history of alcohol and drug misuse	Around half of people who died by suicide had a history of drug or alcohol misuse and for 88% of people this was within the last year of their life
20 – 29 year old men	20-29 year old men had the highest rate of suicide in the Wakefield audit. Other local authorities in the region are reporting a similar picture.
Refugees and Asylum Seekers	A recent death locally has highlighted the risks to mental health and potential increased suicide risks in individuals subject to the current asylum system, especially in relation to the Safety of Rwanda Bill. Other local authorities report a similar picture.
Gypsies and Travellers	Although the local Suicide Audit did not report any cases known to be from the Gypsy and Traveller community (possibly because of lack of information), the local Health Needs Assessment for this community identified suicide risk as a significant concern, and this is replicated in national evidence.
People who are LGBTQ+	National evidence suggests that people who are questioning or struggling with aspects of their sexual orientation or gender identity may be at higher risk of suicidal thoughts or suicide. Our local Suicide Audit did not identify this as a commonly occurring risk factor in the cases it examined, but information about sexual orientation or gender identity is not routinely recorded at inquests and indeed may not have been known to those giving evidence.

4. Suicide Prevention Action Plan

The action plan describes the priorities for the MASPG over the next five years, from 2024-2029. It will be reviewed and refreshed on an annual basis, in the context of real-time surveillance and other information about emerging risk factors, higher risk population groups or methods.



4.1 Provide effective strategic and collaborative district wide leadership through the Multi-Agency Suicide Prevention Group, working to reduce rates of suicide in Wakefield District

4.2 Work to ensure suicide prevention is recognised as a key priority which is jointly owned by organisations across Wakefield District

What is already happening?

A Multi-Agency Suicide Prevention Group meets on a quarterly basis, chaired by a Consultant in Public Health and with representation from NHS partners, Wakefield Council and a range of VCSE organisations

Wakefield's Suicide Prevention lead attends the regional West Yorkshire Suspected Suicide Surveillance meetings, ensuring that our work at place is connected to regional priorities

We influence strategic priorities and actions across West Yorkshire, ensuring best practice is shared across local authority areas

We maintain strong working relationships with regional colleagues and develop cross boundary work programmes where appropriate to maximise resources

What else needs to happen?

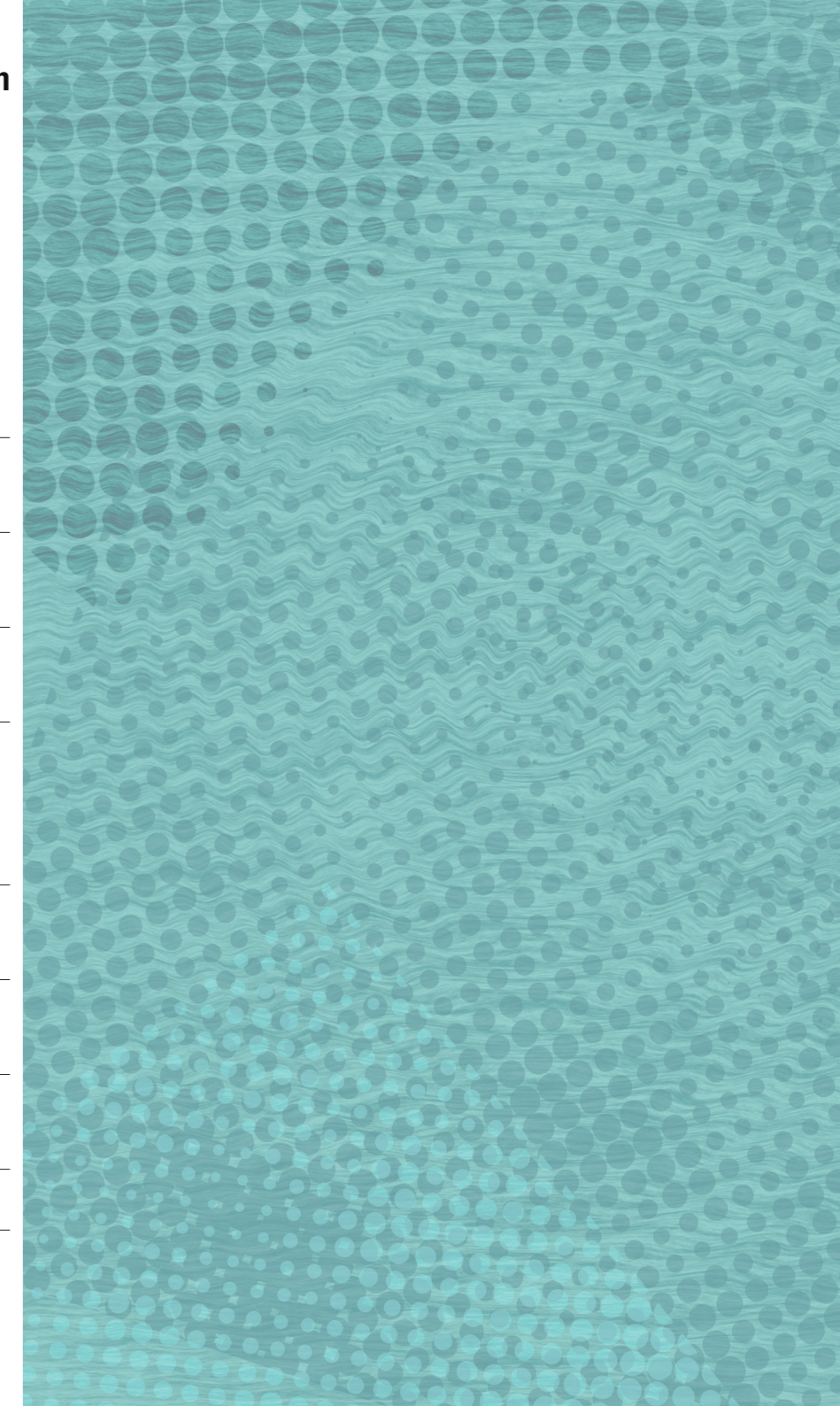
The MASPG will continue to meet and to review the delivery of the objectives in this Action Plan

The MASPG will continue to report to the Health and Wellbeing Board on progress against the delivery of the objectives in this Action Plan, and overall trends in rates of suicide in Wakefield

Members of the MASPG will attend a range of organisations and groups across the District to raise awareness of the suicide prevention agenda and this Action Plan

Proactively contribute to national policy and debate and attend relevant conferences, webinars and learning/sharing opportunities to prevent suicide

Advocate for national funding to support place based initiatives and prevention plans



4.3 Provide evidence-based information and support to those bereaved or affected by suicide.

What is already happening?

A postvention service for 14 to 25 year olds is commissioned through Young Lives Consortium. This provides specialist support for young people in the wider community or friendship group when someone between 14 and 25 takes their own life

Leeds MIND offer a similar postvention service for adults bereaved by suicide in Wakefield. People who have been bereaved by a suicide will be offered the opportunity to be referred into the service for specialist support, if they consent.

What needs to happen?

Through the MASPG, we will continue to commission and support these services, to monitor their impact and to make any necessary changes

4.4 Through real-time surveillance, maintain vigilance for new trends in suicide rates, potential suicide clusters, new methods or locations of concern

What is already happening?

The Suicide Prevention Lead maintains contact with West Yorkshire Police and receives real-time information about any suspected suicides in Wakefield District. This information is reviewed for any potential new trends or clusters so that swift action can be taken

The Suicide Prevention Lead attends the West Yorkshire regional Real-Time Surveillance working group

What needs to happen?

We will continue to support this mechanism and links with West Yorkshire Police

Continue discussion with West Yorkshire Police around opportunities to receive information about non-fatal suicide attempts

4.5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour

What is already happening?

We promote sensitive and appropriate reporting including the Samaritans' media guidelines

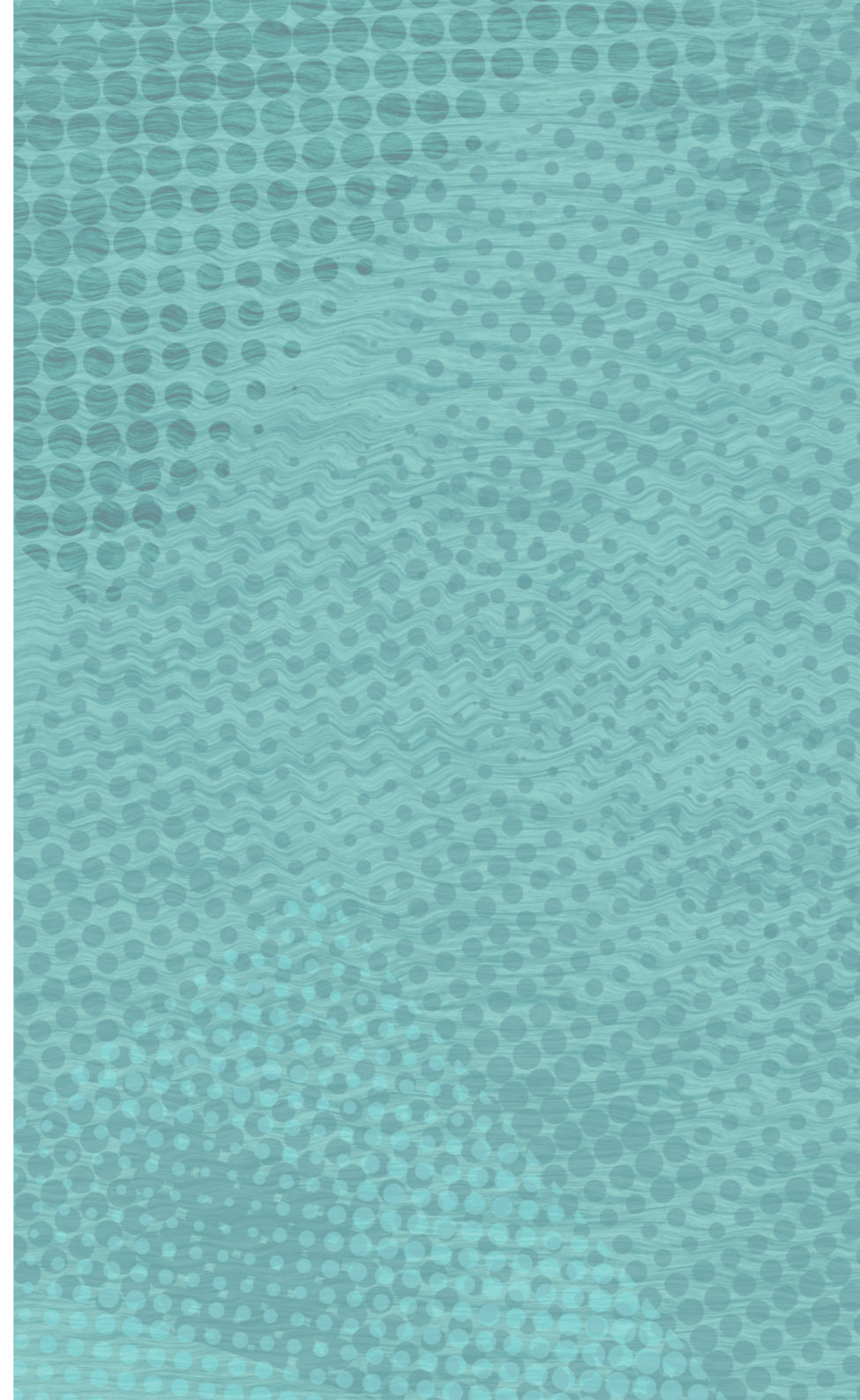
We share and promote resources with comms leads and media outlets to support sensitive reporting

A sensitive language guide has been developed and used as a reminder to anyone taking about suicide

What needs to happen?

Negative or insensitive reporting should be reported to the Samaritans

The Suicide Prevention Lead and the MASPG will work with comms leads, supporting them to be confident, knowledgeable and skilled in sensitively reporting or commenting on suicide



4.6 Reduce stigma around suicide and suicidal thoughts, through the delivery of national and local awareness campaigns

4.7 Foster an environment where professionals and residents feel able to talk about suicide and suicidal thoughts, and feel better equipped to support people at risk, through the delivery of simple training packages such as SafeTalk at scale.

What is already happening?

Targeted suicide prevention training is provided to front line staff, VCS organisations and the public to ensure confidence and skills in identifying and supporting those at risk, creating suicide alert communities/workplaces

National and local campaigns are supported through appropriate channels including World Suicide Prevention Day and World Mental Health Day

Access to relevant support resources (eg West Yorkshire Suicide Prevention Web pages) has been increased

What needs to happen?

Promote the West Yorkshire Suicide Prevention Champions campaign to create a network of individuals across different sectors and communities in Wakefield with knowledge and skills around suicide prevention

Work with partners from across Wakefield and West Yorkshire to promote relevant and appropriate suicide prevention campaigns, particularly targeting groups at the highest risk of suicide

Continue to support the provision of relevant and targeted suicide prevention training as above, at scale



4.8 'Stepping Stones' service for people who have attempted suicide

What is already happening?

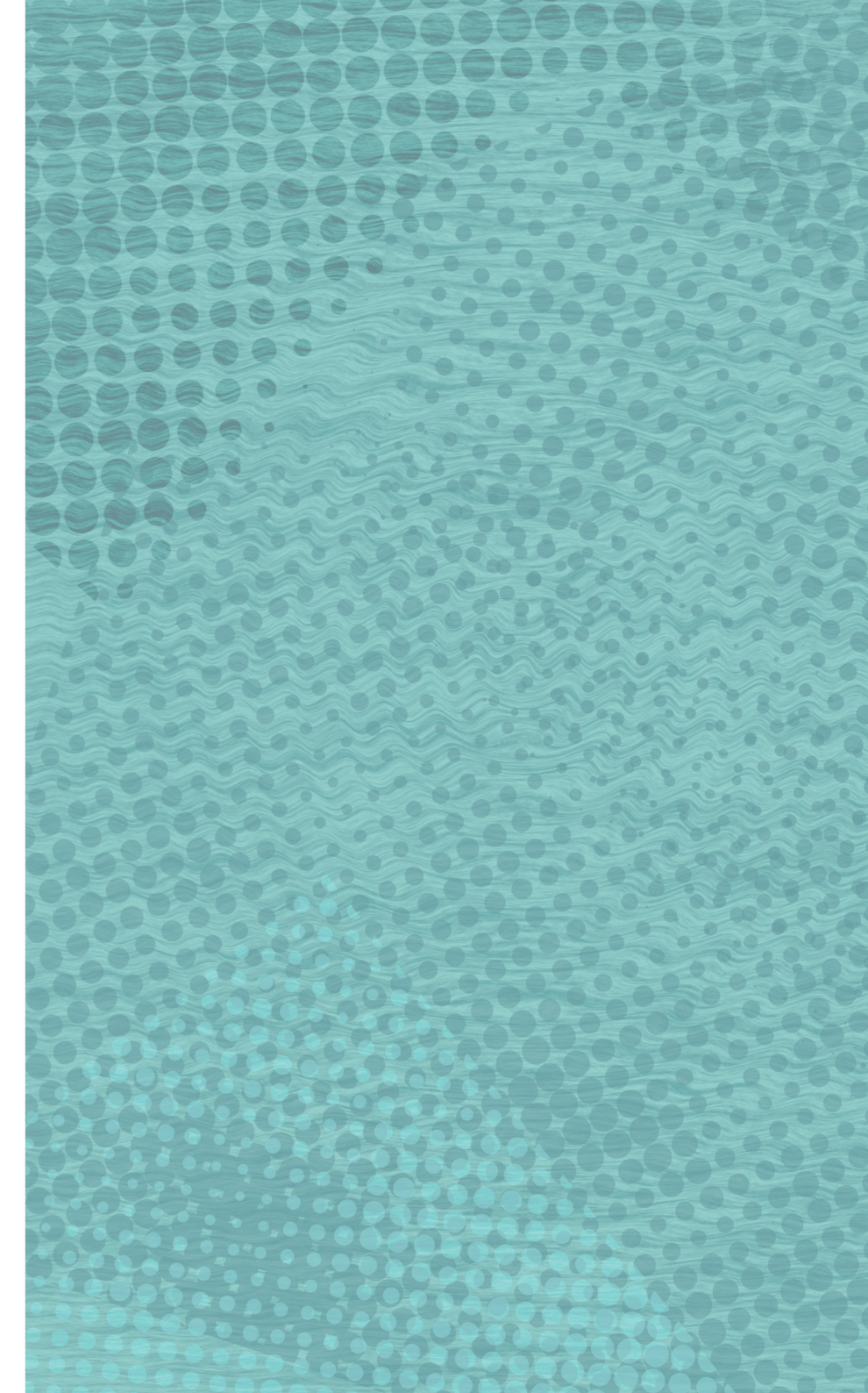
A new service has been jointly commissioned by Calderdale, Kirklees and Wakefield local authorities to support people who present at A&E having attempted suicide, but who do not have a clinical diagnosis of a mental health condition

This service will be provided by Leeds MIND and is due to launch during 2024. The service will be a two year pilot and has no funding secured beyond 2026

What needs to happen?

Support, monitor and evaluate the Stepping Stones service as it is implemented

If the evaluation is positive, advocate for recurrent funding to continue the service



4.9 Consider the suicide prevention approach to young people aged 18-25

What is already happening?

Our suicide prevention service for young people currently covers the 14 - 25 age range, as do a number of mental health and emotional wellbeing services locally. It is recognised that young people in this age bracket have similar needs and risk factors regardless of whether they are over or under 18

The local Suicide Audit found the highest rate of suicide to be in 20-29 year old men, and this is mirrored in other areas

When a young person under 18 dies there is a full review using the Joint Agency Review mechanism. This doesn't happen for younger people over 18, although their needs and risk factors may be very similar

What needs to happen?

Participate in regional work to review the intelligence around suicide risks in 20-29 year old men and to consider campaigns and initiatives targeting this age group

Review the intelligence from the suicide audit in more depth and try to identify key risk factors and opportunities for intervention. Consider further opportunities to intervene at key transition points such as primary to secondary school, school to higher education/ training, and moving into employment

Consider the feasibility/ pilot a review process mirroring the Joint Agency Review mechanism for young people between 18 and 25 who take their own lives

For further information on suicide prevention and details for support visit.
<https://suicidepreventionwestyorkshire.co.uk/>

4.10 Financial difficulty

What is already happening?

Department for Work and Pension are partners on the Multi Agency Suicide Prevention Group

Suicide prevention training is available to a range of organisations in Wakefield District including those who support financial inclusion and help people in financial difficulty

What needs to happen?

Highlight the local audit intelligence to organisations who deliver, fund or commission financial inclusion work in Wakefield District. Ensure that the importance of supporting people in financial difficulty is understood as part of a suicide action plan prevention strategy

Work with organisations delivering financial inclusion and debt advice to ensure they have full access to suicide prevention training and support

Work to ensure that the developing Stepping Stones service is fully linked into financial inclusion pathways and is able to support service users in financial difficulty



