

Suicide Prevention Action Plan City of London

January 2016

1 Introduction

- 1.1 Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a significant social inequality and public health issue, with more than 6,000 people across the United Kingdom and Republic of Ireland taking their own lives each year. Tens of thousands more attempt suicide each year.
- 1.2 The City of London (the City) is a unique area. It has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space.
- 1.3 The City has three potential population groups who are at risk: residents who live in the City; those who work in the City; and those who travel to the City with the intention of committing suicide from a City site, but have no specific connection to the City (neighbouring boroughs which also have high buildings and bridges, for example, Westminster, may be experiencing similar issues).
- 1.4 This document recognises suicide prevention in the wider context of mental health. It sets out actions focused on achieving our overarching aim to reduce the number of people who attempt suicide in the City and how we can work with our partners to support people when they find themselves in a situation which may leave them wanting to take their own lives.

2 Background

Policy background

- 2.1 Following the transfer of public health from the NHS into local government in April 2013 suicide prevention became a local authority led initiative involving close collaboration with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sector. In January 2014 the Preventing Suicide by the Government in England 'One year On' report was published which called on local authorities to:
 - develop a suicide prevention action plan
 - monitor data, trends and hot spots
 - engage with local media
 - work with transport map hot spots
 - work on local priorities to improve mental health
- 2.2 In 2012 the government published a 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'¹. This National Suicide Prevention

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Strategy (NSPS) focuses on six key areas for action from which this action plan bases its own priorities:

- 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.

- 2.3 The City of London Corporation's Health and Wellbeing Board is responsible for improving health and wellbeing, tackling inequalities in health and ensuring that health and care services are better integrated. The Health and Wellbeing Board has identified mental health as a key priority for City residents, workers and rough sleepers. The City of London has recently published its Mental Health Strategy which outlines the aim to improve the mental health of people in the City, keep people well and make sure we provide effective support when mental health problems do arise.
- 2.4 The City and Hackney public health team conducted a suicide audit in 2014 looking at suicides in residents from 2009 to 2013. A recommendation from the audit involved the development of a local suicide prevention action plan. This document aims to address this recommendation as well as build upon the key areas highlighted by the government taking into account all those at risk.

Key trends in City of London Suicide data

- 2.5 While it is relatively straightforward to collect data about residents, the other two groups which represent the majority of incidents, are harder to collect data on and as a result there has previously been a lack of data on non-resident suicides.
- 2.6 Data from the City of London coroner found that in the five years between 2009 and 2014 there were 34 suicides in the City of London. 23 of these were beyond reasonable doubt and the cause of death was recorded as suicide. The other 11 were open verdicts but included by the coroner in his report because it is likely they were suicides. Only seven of these suicides were residents of the City of London.
- 2.7 It is well known that young men are the most at risk group of suicide in the developed world. Nationally men are three times more likely to commit suicide than women. This is reflected in the City of London where 73.5% of suicides were men between 2009 and 2014. 70% of people who committed suicide in the city of London were aged between 25 and 54.
- 2.8 The most common method of committing suicide in the City of London is drowning in the Thames (32%), followed by falling from a height (26%). Nationally hanging is the most common method in both men and women. This inconsistency with national data

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is likely to be because the structures (tall buildings and bridges crossing the River Thames) in the City provide the means to commit suicide.

- 2.9 Additionally 68% of those who committed suicide in the City of London between 2009 and 2014 were single and just 18% were married.

Mental health needs in the City of London

- 2.10 The Mental Health Needs Assessment for the City of London (2015) pulls together data from a range of sources to describe the mental health needs of the different population groups in the City
- 2.11 The City of London has a diverse range of ethnicities and religious faiths. The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level. It is also important to understand the beliefs of local residents to ensure health services are commensurate with beliefs, accessible and deliver best outcomes for all.
- 2.12 There are also strong contrasts in levels of deprivation amongst the residential areas, with some areas experiencing unemployment and overcrowding. Higher rates of psychiatric admissions and suicides tend to be seen in areas of high deprivation and unemployment and there are strong associations between poor housing and mental health problems.
- 2.13 The City's children mainly live in dense pockets of housing with some areas of high levels of deprivation. Additional risk factors may include living in a low income family, having special educational needs, being in local authority care, and having poor physical health or a physical disability, which can increase the risk of mental health issues.
- 2.14 High levels of depression are currently seen in the residential wards of Cripplegate and Portsoken. By 2026 there is expected to be a further 17% increase.
- 2.15 The increasing number of older people in the City, particularly those living alone, is likely to result in increased social isolation and depression. People with long-term conditions are 2-3 times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health problems.
- 2.16 The City of London has a very high number of rough sleepers, on average 20-25 people sleep on the streets of the City of London every night. The vast majority are male. A third to half of homeless people sleeping rough have mental health problems.
- 2.17 Around 415,000 people work in the square mile, City workers are mainly aged between 20 and 50 and the majority of men. For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues including anxiety, depression and risk-taking behaviours.

Previously, periods of severe economic problems and job instability have had an adverse effect on the mental health of the worker population.

3 Areas for action

3.1 The priority areas below are built around the key areas for action from the NSPS and the recommendations have been tailored to address our local needs.

1) Reduce the risk of suicide in key high risk groups

3.2 The NSPS identifies the following high risk groups who are priorities for prevention:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups e.g. doctors, nurses, veterinary workers, farmers and agricultural workers.

3.3 Nationally, suicide is commonest in adult men. Analysis of suicides on the City by the coroner showed that 70% of all suicides occurred in those aged 25-54 and nearly three quarters of cases were in men. City workers have a male-dominant workforce and a younger age profile (20 to 50 years old), so fit this at-risk group. There are also a higher than average proportion of male City of London residents in this age group.

3.4 There are many factors which make men more susceptible to suicide including a reluctance to seek help and cultural expectations that they are strong which can make them more vulnerable to psychological factors such as humiliation and impulsiveness. We know men are more likely to choose more dangerous methods of self-harm, meaning a suicide attempt is more likely to result in death. The Government's "Preventing suicide in England: Two years on"ⁱⁱ report highlights the need to provide services appropriate for men in settings other than the traditional health settings. The action table at the end of this document includes recommendations to reduce the risk of suicide in young and middle-aged men.

2) Tailor approaches to improve mental health in specific groups

3.5 The NSPS identifies the following vulnerable groups:

- children and young people, including those that are vulnerable such as looked after children, caregivers and children and young people in the Youth Justice System
- survivors of abuse or violence, including sexual abuse
- veterans
- people living with long-term physical health conditions
- people with untreated depression

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- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers.

3.6 Recommendations from the City and Hackney Suicide audit included increased education and awareness in schools about self-harm as well as increased service provider training e.g. for GPs and teachers on how to deal with self-harm in children. There are 1,062 resident children aged 0-19 in the City of London (ONS, 2014). The City of London has one maintained primary school and sponsors three secondary academies and one primary academy in neighbouring boroughs. It is also the proprietor of three independent schools.

3.7 The Multicentre Study of Self-harm in Englandⁱⁱⁱ showed a rise in self-harm in girls under the age of 16 years in 2010-2012 compared to 2007-2009. This increase was seen in both the number of self-harm episodes (16% increases) as well as the number of girls presenting with self-harm (10% increase). The action table at the end of this document focuses on recommendations to improve mental health in children and young people.

3) Reduce access to the means of suicide

3.8 According to evidence the suicide methods most amenable to intervention are:

- hanging and strangulation in psychiatric inpatient and criminal justice settings
- self-poisoning
- those at high risk locations
- those on rail and underground networks

3.9 The City's location and distinctive infrastructure including the high rise buildings, rail and underground networks and the River Thames provide different means for suicide.

3.10 In the data obtained from the City of London Coroner we found that between 2009 and 2014 the most common methods of suicide were as a result of drowning and due to falling from height. A pilot project is currently being introduced to reduce suicides on London Bridge. The action table at the end of this document includes recommendations to target high-risk locations and railways.

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

3.11 The NSPS emphasises the need to respond in an effective and timely manner to those bereaved or affected by suicides. Public Health England has produced 'Help is at Hand', a resource providing both practical information and emotional support for those who are experiencing bereavement resulting from suicide. Furthermore, Public

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Health England is piloting 'real-time' surveillance of suicides in collaboration with the police who are usually first on the scene of a suicide^{iv}. The aim of this is to provide accurate information to front line local authority and NHS staff to enable them to respond to local clusters of suicides and to provide timely support to people bereaved by suicide. The action table at the end of this document includes recommendations to help those bereaved or affected by suicide.

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

- 3.12 The media have a responsibility to deal with suicide in a sensitive manner as there is evidence that media reporting and portrayals of suicide can lead to copycat behaviour especially among young people and those already at risk. Similarly, a vulnerable person who might not otherwise have attempted suicide could strongly identify with a particular characteristic of a person who has died by suicide, and this may lead them to take their own life.
- 3.13 In order to prevent imitative or copycat behaviour the Samaritans have released advisory media guidelines and a supplementary factsheet for reporting suicide which provide practical recommendations for reporting suicide across all media. Coverage of suicide can have a positive effect by encouraging people to seek help. Sensitive coverage can also help reduce the taboo around talking about suicidal feelings as well as challenging stigma. The NSPS suggests two key methods of supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:
- promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media
 - continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention service.

6) Support research, data collection and monitoring

- 3.14 The NSPS has three recommendations to support research, data collection and monitoring:
- build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
 - expand and improve the systematic collection of and access to data on suicides
 - monitor progress against the objectives of the NSPS.
- 3.15 City and Hackney have recently completed a suicide audit based on mortality data for City and Hackney residents from the Office for National Statistics and Public Health Knowledge and Data Gateway. Furthermore, data for suicides in the City of London was collected from the Coroner directly. Valuable information can be obtained from the Coroner and efforts should be made to develop local partnership systems to

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identify and respond to suicide trends and clusters or to pick up on areas for service development to prevent future suicides.

- 3.16 The City of London Police can also provide data on attempted suicide by analysing Section 136 booklets. The Police can use section 136 of the Mental Health Act to take a person to a place of safety when they are in a public place. They can do this if they think a person has a mental illness and are in need of care.

4 Action table

- 4.1 The action table below set out actions for the City of London Corporation and partners to implement under each priority area described above. The lead organisation for each action is given alongside the time frame. Where possible how the action will be measured/what the action will look like if it is successful has also been described in the table.

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Name	Suicide Prevention Action Plan		
Duration:	2016-2019		
Relevant strategies:	Mental Health Strategy		
Board responsible for monitoring plan:	Health and Wellbeing Board		
Owner:	Nicole Klynman/Poppy Middlemiss		
Implementation date:	TBC	Review date:	TBC

Priority:	Reduce the Risk of Suicide in Key high risk groups				
Objective (if applicable):	To reduce the risk of suicide for young and middle-aged men				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.0	Promote the training of frontline staff in organisations including the City of London Police, the metropolitan police and staff who work near at risk locations in mental health first aid to help them engage men in conversations about <ul style="list-style-type: none"> - Wellbeing and mental health - Accessing appropriate information/self-help support 	February 2016	January 2019	Number of frontline staff trained in mental health first aid	City of London corporation Commissioned organisations
1.1	Promote and provide information, training and supporting resources to City employees through Business Healthy	February 2016	January 2019	Information relevant to suicide on the Business Healthy resource pages Number of Business Healthy members	Public health Business Healthy
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter awards and also to comply with HSE Stress Management Standards and NICE Guidance.	February 2016	January 2019	Number of businesses which have achieved the London Healthy Workplace Charter	CoL Port health and public protection Business Healthy

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Priority:		Tailor approaches to improve mental health in specific groups			
Objective (if applicable):		Tailor approaches to improving the mental health of children and young people in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
2.0	Improve mental health among specific groups through the implementation of the Mental Health Strategy	February 2016	January 2019	Development of the Mental Health Strategy Action Plan	Public Health
2.1	Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular school nurses	February 2016	January 2019	Proportion of school nurses to have had mental health first aid training	Schools
2.2	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	February 2016	January 2019	Implementation of protocol to meet the needs of children living in households with adults with additional needs	City of London Children's Social Care
2.3	Provide accessible and engaging interventions for children and young people who offend, in their area and in custodial or secure settings in order to improve their mental health.	February 2016	January 2017	Number of youth offenders accessing interventions	Youth justice settings
2.4	Investigate the possibility of putting help seeking information such as leaflets referring to services in Section 136 Suites in hospitals	February 2016	January 2017	Number of hospitals which agree to put help seeking materials in S136 suites.	Public health

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Priority:		Reduce access to the mean of suicide			
Objective (if applicable):		Reduce the opportunities people have to commit suicide in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.0	Include suicide risk in health and safety considerations by Local Authority Planning departments and Environmental Health Officers and developers when designing high structures that may offer suicide opportunities	February 2016	January 2019	Suicide considerations in standard risk assessment/health and safety tick box template.	CoL Planning and Port Health and public protection
3.1	Implement, monitor and evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	February 2016	January 2017	Signs on City of London Bridges Number of frontline staff trained by Metropolitan Police	The Samaritans/ Public Health/Metropolitan Police
3.2	Review suicide risk reduction audit guidance associated with mental health inpatient settings (e.g. 12 points to a safer service) and see which approaches can be adopted	February 2016	January 2017	Recommendations made based on Suicide risk reduction audit guidance	CCG
3.3	Engage with TFL and network rail to identify opportunities to further prevent suicide at their locations.	February 2016	January 2019	Relationship to be built between City of London public health and TFL/network rail	Public Health
3.4	Increase Lifebuoy provision on and near City of London Bridges.	February 2016	January 2017	Number of lifebuoys on City of London bridges	RNLI
3.5	Set up 'London Bridge Watch' on all London Bridges – a project to establish trained teams onto bridges at key vulnerable times to provide on-site counselling.	February 2016	January 2018	'London Bridge Watch' set up	RNLI

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Priority:		Provide better information and support to those bereaved or affected by suicide			
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
4.0	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life.	February 2016	January 2019	Number of primary care staff who have received training	CCG
4.1	Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages.	February 2016	January 2019	Proportion of families who are referred to bereavement services.	City of London Police
4.2	Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce. Risks to be assessed by the City Corporations Health and Safety Team and any preventative /remedial measures are identified for action.	February 2016	January 2019	Number of risk assessments undertaken by the CoL Health and Safety team following suicides in city of London businesses	CoL Health and Safety Business Healthy
4.3	Promote Public Health England ‘Help Is At Hand’ document to key partners and make available in City libraries.	February 2016	January 2017	Help is at hand document readily available in libraries.	Public Health
4.4	Provide accessible, concise information on the processes and standards in a Coroner’s enquiry to family members.	February 2016	January 2019	Number of families given information	The Coroner

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Priority:		Support the media in delivering sensitive approaches to suicide and suicidal behaviour			
Objective (if applicable):		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
5.0	Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> • Provide information about sources of support and helplines when reporting suicide • Avoid insensitive and inappropriate graphic illustrations with media reports of suicide • Avoid use of photographs taken from social networking sites without relative consent • Avoid the re-publication of photographs of people who have died by suicide • Report appropriately where there is evidence of a cluster 	February 2016	January 2019	All suicides reported on in a sensitive and appropriate way	City of London media team
5.1	Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the sensitive nature of suicides.	February 2016	January 2019	Number of organisations aware of the Samaritans media guidelines.	The Samaritans
5.2	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	February 2016	January 2019	Evidence of challenge of harmful or inappropriate material	City of London Police
5.3	Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	February 2016	January 2019	E-safety workshops held in schools	Schools

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Priority:		Support research, data collection and monitoring			
Objective (if applicable):		A comprehensive database of suicide in the City of London to be built			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
6.0	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	February 2016	January 2019	Shared with relevant partners	Public Health
6.1	Increase local data collection and research into the circumstances surrounding self-harm	February 2016	January 2019	Complete suicide dataset to be created	Public Health
6.2	Develop the mechanisms for evaluating local suicide prevention work	February 2016	January 2019	Monitoring template created for suicide prevention action plan and for the Bridge Pilot.	Public Health
6.3	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	February 2016	January 2019	Joined up working and information sharing between the coroner and public health	Public Health
6.4	Work with the City of London Police to ensure data is routinely collected on attempted suicide in the City from Section 136 booklets	February 2016	February 2017	S136 data to be collected by the City of London Police and shared with public health	Public Health
6.5	Work with neighbouring boroughs to ensure a cohesive and integrated approach to suicide prevention	February 2016	January 2019	Westminster and Lambeth councils to also be involved in the 'Bridge Pilot'	Public Health

The City of London would like to thank Hackney public health department for providing the initial Hackney and City of London Suicide Prevention Action Plan from which this report has been adapted. Particular acknowledgement goes to Isma Naeem.

ⁱ Department of Health, Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives, 2012

ⁱⁱ Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

ⁱⁱⁱ Department of Health, Multicentre Study of Self-Harm in England, available from:
URL: <http://cebhmh.warne.ox.ac.uk/csr/mcm/>

^{iv} Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015