

Report of the Director of Public Health

Report to

Date: 20th October 2014

Subject: Response to Deputation – Postvention (Suicide Bereavement Support in Leeds)

* The terms ‘suicide survivor’, ‘survivor of bereavement by suicide’ and ‘survivor’ will be used interchangeably in this document and all refer to individuals who are directly affected by the death of a significant other as a result of suicide.

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This report addresses the Deputation received at the 10th September 2014 meeting of the Council from the members of the bereavement by suicide task group. They requested support from Members and LCC for the following:
2. Make people aware of the work the bereavement by suicide task group are developing in Leeds (further information was available in the foyer as presented on International Suicide Prevention Day).
3. All Members recognise that this is a major issue for Leeds and plea to keep suicide prevention and postvention (support to suicide survivors) on the political agenda.
4. All local councillors to be invited to participate in the 3 hour ‘safeTALK’ training. This training will provide a good basic introduction of how to recognise and talk to those who may be at risk of suicide and equip councillors with skills and confidence and support them in their role.
5. Continue to campaign for thoughtful and sensitive reporting of suicides to reduce stigma and to challenge inappropriate behaviour / sensationalised reporting.

6. In responding to the Deputation it is important to stress Leeds long commitment to suicide prevention work and recognise that postvention work needs to be further supported across the city. For each death an estimate of the number of bereaved survivors in Leeds would be between 300 and 600 people every year. Survivors are at a lifetime increased risk of suicide themselves, not to mention significant adverse health, social and economic consequences (increased use of health services, increased mental health needs, increased absence from work, reduced productivity, increased social isolation).
7. Leeds has made support for those bereaved by suicide a priority area as part of the Suicide Prevention Plan which contributes to the Joint Health and Wellbeing Strategy. Leeds currently has no specialist provision for suicide survivors leading to a patchy response to this vulnerable group. Evidence from elsewhere suggests that a timely and appropriate response to survivors has the potential to prevent prolonged suffering and is cost-effective.
8. The Suicide Prevention approach taken in Leeds has been well received regionally and nationally and we aim to continue to excel in effective and innovative suicide prevention work.

Recommendations

9. The Director of Public Health and Executive Member for Health and Wellbeing are requested to:
 - (a) Note the contents of the report, and the success of the current suicide prevention work within the context of the suicide prevention plan.
 - (b) Confirm the Council's support for the Deputation, and endorse the work of the Suicide Prevention Group and in particular the Bereavement by Suicide work by promoting the work to a wider audience across the city. The Director of Public Health and Executive Member are asked to note that the Council will carry promotional materials in One Stop Centres, and other identified frontline services (currently stocked in Public Health Resource Centre);
 - (c) Acknowledge the work to date of the volunteers and their contribution to the postvention work in Leeds. Confirm ongoing support for suicide survivors by keeping suicide prevention messages on the political agenda.
 - (d) Recommend that all council members are invited to participate the full 3 hours safeTALK training.
 - (e) Continue to campaign for consistent, thoughtful and sensitive reporting of suicides to reduce stigma and to challenge inappropriate behaviour and sensationalised reporting.

1 Purpose of this report

- 1.1 This report responds to the Deputation received by the Council on 10th September 2014 ,World Suicide Prevention Day which was presented by volunteers and suicide survivors on behalf of the Bereavement by Suicide Task Group

2 Background information

- 2.2 Members of the Bereavement task group, who have personally been bereaved through someone close to them taking their own life, asked the Council to support survivors of suicide. The transcript from the deputation to Council is appended to this report.
- 2.3 The Bereavement task group reports into Strategic Suicide Prevention Group.
- 2.4 The suicide audit for Leeds¹ identified support for suicide survivors as a priority area for the city. It is therefore a priority area as part of the strategy to prevent suicide and other adverse health consequences.
- 2.5 A suicide is a devastating event for a family, community and a city. It is also an individual tragedy that is avoidable.
- 2.6 It has been recognised that those bereaved by suicide are at increased risk of emotional and mental health problems and suicide themselves². Support for survivors of suicide has been identified as a preventative step.
- 2.7 This preventative work in the wake of a suicide has been termed postvention and defined as "...those activities developed by, with, or for suicide survivors, in order to facilitate recovery after suicide, and to prevent adverse outcomes including suicidal behaviour".³
- 2.8 The Stand by Response Service in Australia reported that postvention reduced the negative impact and "the burden of grief" on survivors in the first two years following the death when compared to those who did not receive such a service.

3 Main issues

- 3.1 Leeds currently has no specialist provision for suicide survivors leading to a patchy response to this vulnerable group. Evidence from elsewhere suggests that a timely and appropriate response to survivors has the potential to prevent prolonged suffering and is cost-effective.
- 3.2 It has been suggested that for every death by suicide there are between five and ten survivors who will be severely affected⁴. The Leeds suicide audit found an average 60 suicides (approx.) per year over a three year period (more than one

¹ Eaton, V. Ward C. (2012) Leeds Suicide Audit (2008-2010) Health & Wellbeing and Leeds Adult Social Care

²HMG and DH (2012) Preventing suicide in England: A cross-government outcomes strategy to save lives

³ Andriessen, (2009) Can Postvention be Prevention? *Crisis* Vol 30 (1) pp.43-47.

⁴ World Health Organisation & International Association for Suicide Prevention. (2008)

per week). This would appear to suggest that there are somewhere between 300 and 600 suicide survivors per year in Leeds.

- 3.3 Funding has been identified within Public Health to procure a new service that will support people bereaved by suicide. It is at the final stages of publishing for procurement. This service is anticipated to commence April 2015.
- 3.4 Funding is identified within Public Health which is currently being used to provide bursaries to part fund a 2 day suicide awareness training (ASIST) and fully fund a half day training (safeTALK) for members of the public.
- 3.5 Leeds City Councillors may benefit from attending SafeTalk training as it focuses on how to help someone who is feeling suicidal and connect them with local resources that can help. Councillors will be able to use this knowledge in interactions with the public and potentially help to prevent suicides occurring. Many Councillors have expressed an interest over the last 18 months in learning further skills that would enable them to support members of the public who contact them or attend their advice surgeries in crisis.
- 3.6 The Public Health Resource Centre (PHRC) stocks resources focussing on preventing suicide (for example, local crisis card) and are being distributed widely across the city. The crisis card is aimed at the general public and used as an early intervention to signpost the public into services early.
- 3.7 The PHRC also stocks resources supporting people bereaved by suicide, including Winston's Wish resources for children and a resource with local support services called "Help is at Hand". Currently, these resources are accessed by people attending the resource centre but there is scope to carry out a larger scale promotion across city council venues.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The Bereavement task group which is shaping this work all have personal experience of losing a loved one from suicide. Members of the task group volunteer their time and offer peer support across the city and attend national conferences to share best practice and be aware of current research findings.
- 4.1.2 They are committed to addressing the gap of bereavement provision and early intervention in Leeds and have been pivotal in helping shape the postvention service currently being procured.
- 4.1.3 The Bereavement task group have set up a peer support group 'Leeds LAS' for people directly affected by suicide, even if the suicide was a long time ago. The aim of the LAS group is to share experiences that are very specific to those bereaved by suicide, and support each other through the process.
- 4.1.4 This LAS group does not act as a consultation group; however it may be a forum to bring ideas for future development in the city. Members of LAS however do feed back into the Strategic Suicide Prevention Group as members of the

bereavement task group. This is reflected in the Suicide Prevention Action Plan for Leeds.

- 4.1.5 The group is promoted widely via mental health and bereavement networks and is an open group supported and promoted by Leeds Bereavement Forum.
- 4.1.6 The LAS group is active on social media including twitter and Facebook to engage the public in different mediums and speak widely at various local venues about the need to engage with those bereaved by suicide.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Limiting suicide and supporting those affected by bereavement from suicide are evidenced as cost effective interventions as explored earlier in this briefing. Following a targeted approach and starting with the areas where most suicides occur, this rationale for priority action is likely to make the greatest difference and have a positive impact for the communities most affected.
- 4.2.2 The Suicide Audit for Leeds identified the highest number of recorded deaths was in the LS12 postcode, followed by LS11, LS14, LS15, LS8 and LS9 postcodes, many of which fall into areas of deprivation. The audit also found, of those taking their own life in Leeds: 79% were male, 61% were from a white British background, 57% were born in Leeds and 47% were in the 30-50 age group. The Suicide Prevention work to date has therefore been targeted at white males, living in a deprived area of Leeds and between the ages of 30-50 years old as this need has been evidenced by the audit.
- 4.2.3 Professionals and the general public who are in contact with this high risk group have also been targeted to attend SafeTalk sessions to be alerted to supporting those bereaved by suicide.
- 4.2.4 The Equality, Diversity Cohesion and Integration Impact Assessment was prepared and submitted for the Postvention Service via the procurement process.
- 4.2.5 No negative impacts were identified for any of the protected equality characteristics.

4.3 Council policies and City Priorities

- 4.3.1 The Best City ambition is to improve life for the people of Leeds and make our city a better place. The postvention work helps to meet this ambition.
- 4.3.2 The Suicide prevention work stream is sited in priority 7 under Outcome 3 of the Joint Health and Wellbeing Strategy and is a priority for Leeds. Bereavement by suicide is one of the three priorities identified under priority 7 of the report and specifically identifies that a local peer support group will be commissioned to deliver postvention work in Leeds. This work is guided by and reports into the Leeds Strategic Suicide Prevention Group.

4.4 Resources and value for money

- 4.4.1 In the Australian model, the economic case for postvention work was also strong. It was estimated that the active postvention delivered a cost saving of at least A\$800⁵ per person bereaved by suicide in one year alone. Improved levels of work retention, productivity, health and wellbeing and reduced economic burden on health services, employers, communities and society were identified. On this basis, savings were estimated at A\$128 million nationally over five years of the programme running⁶
- 4.4.2 The SafeTalk training costs £50 per person to attend. For 99 councillors, this would amount to £4,950. Although we do not have economic evaluation of the impact on this, it is known to be an effective training course, and will add to the picture of 'active postvention' work, as evidenced above. All Councillors can play a positive role in championing mental health on an individual and strategic basis

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 There are no legal implications. The report is not eligible for Call-In.

4.6 Risk Management

- 4.6.1 'Improving peoples mental health' is one of the four commitments of the Health and Wellbeing Board; therefore it is necessary to build on the current suicide prevention work, Mindful Employer charter, and anti-stigma work. These are excellent examples of early intervention relating to public mental health. If this deputation is not supported, there is a risk that the organisation will not deliver against this commitment.

5 Conclusions

- 5.1 As a Local Authority, Leeds City Council has a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health. Mental health, including suicide prevention is seen and supported as a priority across all the Local Authority's functions, from public health, adult social care and children's services to housing, planning and public realm.
- 5.2 Those bereaved by suicide need early support and interventions to be able to cope with the devastating loss of a loved one. They do not seek support and the gap in provision to support them is beginning to be addressed in Leeds.
- 5.3 This report has set out the Council's strategic approach and the strides that are already being taken with its own programmes to tackle the wider impact of suicide on a family, a community and a city.

6 Recommendations

⁵ A\$ - Australian Dollars

⁶ United Synergies Economic Evaluation of the Standby Response Service Queensland : Griffith University

6.1 The Director of Public Health and Executive Member for Health and Wellbeing are requested to:

(a) Note the contents of the report, and the success of the current suicide prevention work within the context of the suicide prevention plan.

(b) Confirm the Council's support for the Deputation, and endorse the work of the Suicide Prevention Group and in particular the Bereavement by Suicide work by promoting the work to a wider audience across the city. The Director of Public Health and Executive Member are asked to note the Council will carry promotional materials in One Stop Centres, and other identified frontline services (currently stocked in Public Health Resource Centre);

(c) Acknowledge the work to date of the volunteers and their contribution to the postvention work in Leeds. Confirm ongoing support for suicide survivors by keeping suicide prevention messages on the political agenda.

(d) Recommend that all council members are invited to participate the full 3 hours safeTALK training.

(e) Continue to campaign for consistent, thoughtful and sensitive reporting of suicides to reduce stigma and to challenge inappropriate behaviour and sensationalised reporting.

7 Background documents⁷

⁷Eaton, V. Ward C. (2012) Leeds Suicide Audit (2008-2010) Health & Wellbeing and Leeds Adult Social Care

The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.