

# Bath and North East Somerset Suicide prevention strategy - 2024 to 2028

## Introduction

Suicide prevention is a critical public health issue that incorporates a variety of strategies aimed at reducing the risk and incidence of suicide. Strategies are implemented at local, regional, and national levels to address factors that contribute to suicides. Effective suicide prevention requires a multifaceted approach, including early identification and treatment of mental health conditions, reducing access to means of suicide, destigmatising mental health issues to encourage individuals to seek help and wider contributory factors like debt. Education and awareness programs are essential in teaching people to recognise warning signs and how to respond appropriately.

The importance of preventing suicides cannot be overstated; it not only saves lives but also prevents the profound impact on families, friends, and communities left behind. It is important that we approach this topic with sensitivity and care, and support is available for all those in need.

## The National Vision

The National Suicide Prevention Strategy in England for 2023-2028 is a comprehensive strategy focusing on reducing suicide rates and enhancing support for individuals affected by self-harm and suicide. The strategy prioritises prevention, early intervention and the development of a robust crisis support infrastructure. The strategy targets higher-risk groups and factors contributing to suicide, advocating for specialised support, and co-ordinated efforts among local authorities, healthcare services, and suicide prevention groups. The priority groups and risk factors are:

Groups:	Risk factors:
<ul style="list-style-type: none"><li>• children and young people</li><li>• middle-aged men</li><li>• people who have self-harmed</li><li>• people in contact with mental health services</li><li>• people in contact with the justice system</li><li>• autistic people</li><li>• pregnant women and new mothers</li></ul>	<ul style="list-style-type: none"><li>• physical illness</li><li>• financial difficulty and economic adversity</li><li>• harmful gambling</li><li>• substance misuse</li><li>• domestic abuse</li><li>• social isolation and loneliness</li></ul>

The updated national strategy acknowledges the progress made since 2012 but recognises that suicide rates have not decreased. The strategy sets about emphasising the need for us all to do what we can to prevent more suicides, save more lives and reduce suicide rates through ambitions to:

- Reduce the suicide rate over the next 5 years – with initial reductions within half this time or sooner.
- Continue to improve support for people who self-harm.
- Continue to improve support for people bereaved by suicide.

In addition to the ambitions made, the national strategy outlines actions needed to make progress over the next 5 years. These actions are detailed in an online policy paper<sup>1</sup>, where the main priorities to be addressed are:

<sup>1</sup> <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-strategy-action-plan>

1. Improving data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

## Our vision

Bath and North East Somerset (B&NES) has developed a comprehensive approach to suicide prevention, which is a public health priority.

The vision is to reduce suicide and self-harm, ensuring that no resident feels that suicide is their only option. This involves tackling the stigma associated with suicide and fostering community conversations about it.

Our strategy aims to build community resilience and provide support to those affected by suicide. A multiagency action plan has been developed, including facilitating access to suicide prevention and bereavement resources, support, and training.

## Partners and partnerships

Preventing suicides in B&NES demands a collective commitment and contribution from key stakeholders and partners within statutory, third sector and corporate organisations. Suicide prevention is everyone's business.

*Partners and partnerships essential for delivery of this plan include within others:*

B&NES Public Health and other directorates	Bath Mind
Avon coroner	St Mungos
Second Step- Beside bereavement service	Oxford Health
Citizen's advice	Avon Wiltshire partnership (AWP)
Job centre plus	Network rail
School improvement	Samaritans
Education psychology service	Avon and Somerset Police
EYFS	Bath Survivors Of Bereavement through Suicide
Thrive at west of England partnership	Highways England
Higher education- Bath College, Norland College, University of Bath and Bath Spa University.	British transport police

## Monitoring and evaluation

Understanding the demographics, circumstances, and locations of suicide incidents is essential for prevention efforts and for supporting the bereaved. This knowledge is key to spotting trends, assessing changes, and focusing efforts in a bid to reduce suicides.

### *Real time surveillance*

Deaths reported through the B&NES RTSS either occurred within B&NES or are of B&NES residents. Locally reported suicides are notified via the Avon Real Time Surveillance System (RTSS) and monitored by Public Health. Data for B&NES, Bristol, North Somerset and South Gloucestershire (BNSSG) is overseen by the Avon RTSS Coordinator to identify potential cross border clusters. Summary level data is shared with public health leads from Swindon, and Wiltshire (BSW) and

### *Oversight*

Identified actions and outcomes will be presented annually at the BSW suicide prevention group with an aim to collaborate and share learning. Information will also be used for action in a more timely fashion when appropriate, for example in the event of a death through a novel method, or among a vulnerable peer group.

### *National and local position*

In 2023, England and Wales experienced a 7.6% rise in suicide registrations from the previous year, totalling 6,069 registered deaths. This equates to a rate of 11.4 suicides per 100,000 people, marking the highest rate since 1999. Males continued to account for around three quarters of suicides registered in 2023 and the rate among males increased from 16.4 to 17.4 per 100,000. For females, it rose from 5.4 to 5.7. These figures represent the highest suicide rates for both genders since the 1990s, with the most affected age groups being men between 45-49 and women between 50-54<sup>2</sup>.

Between 2022 and 2023, there was a rise in suicide rate amongst all ages, with the largest increase observed in individuals aged 45 to 64, and a notable upward trend in males since 2010. Whilst the 10-24 age group maintained the lowest suicide rate, a gradual increase has been noted among females in this group since 2012.

The most common method of suicide in England and Wales in 2023 continued to be hanging, strangulation and suffocation (58.8%) the second most common method continued to be poisoning (19.8%). Reports from 2019 and 2020 provide a further breakdown of gender or age and method of suicide over time. The 2019 registrations bulletin identifies that hanging, strangulation and suffocation continued to be the common method across both genders<sup>3</sup>. Between 2018 and 2020, hanging was the method in 77.8% of suicide cases among individuals aged 10 to 14. This percentage decreased progressively with the rise in age. On the other hand, poisoning represented 5.6% of suicides within the same age group, with its prevalence increasing as age advanced<sup>4</sup>.

Bath and North East Somerset rate of suicide reduced between 2018-2020 and 2020-2022 from 11.1 per 100,000 to 8.8 per 100,000<sup>5</sup>. For the reporting period of 2021-2023 there was slight increase in rate to 8.9 per 100,000. The rate of suicide in B&NES has been below the England rate since 2019-2021. This is a different picture to that of the south west region where the rate of suicide per 100,000 has remained above the England rate since 2001-2003. In 2021-2023 a suicide rate of 12.2 per 100,000 was recorded for the south west and this remains “significantly worse” than the England rate of 10.7 per 100,000.

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<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2023#:~:text=There%20were%206%2C069%20suicides%20registered,highest%20rate%20seen%20since%201999.>

<sup>3</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations#suicide-methods>

<sup>4</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations#suicide-methods>

<sup>5</sup> <https://fingertips.phe.org.uk/search/suicide#page/4/gid/1938132828/pat/15/par/E92000001/ati/502/are/E06000022/lid/41001/age/285/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-1>

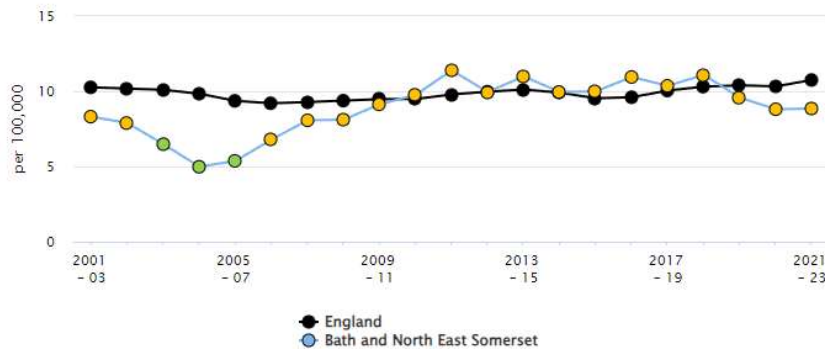


Figure 1 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population

### Key points for B&NES

- Overall B&NES suicide rate has improved and is lower than the England average (2020-2022) with a slight upturn between 2021-2023
- B&NES male suicide rate remains higher than female and rates of male suicide (per 100,000) have increased disproportionately in 2021-2023 compared with south west and England.
- B&NES Female suicide rate (4.2 per 100,000) has reduced in the recent reporting period and below the national average (5.4 per 100,000)
- Years of life lost to suicide in B&NES (defined as the years of life lost as an estimate length would the person not have died prematurely) in 2020-2022 was reported as 29.5 years, this is lower than the England (34.1) and south west (39.6)
- Emergency hospital admissions for intentional self-harm in B&NES are significantly worse (236.5 per 100,000) than England average (126.3 per 100,000) and whereas the England rate is reducing this is not reflected locally.
- Self-harm hospital admissions in B&NES for 10-24 year olds are significantly worse (515.1 per 100,000) than England rate (319.0 per 100,000) with elevated levels of admissions for 10-14 year olds and 15-19 year olds.
- Self-harm Hospital admissions among adults aged 25+ and young people under 25 have shown an annual increase from the period of 2021/2022. Provisional data up to July 2024 indicates that the number of admissions for the year 2024/2025 is higher than the numbers recorded at the same point in previous years.

As agreed at a Bath Swindon Wiltshire (BSW) level and whilst acknowledging that the constituent localities of BSW are different, with varied populations and needs, it is important that B&NES considers local priorities and creates a bespoke action plan that addresses the specific needs of the community. The action plan should complement the overarching system recommendations established for BSW.

### The three priorities identified for BSW are:

- **Training and awareness raising:** awareness and training to be implemented locally, bespoke to the needs of each locality with a strategic focus on frontline workers<sup>6</sup>
- **Data and intelligence:** Introduction of standardised reporting and a standardised reporting framework for real time suicide surveillance, to report high-quality locality data at the BSW Suicide Prevention Working Group and continued engagement with national initiatives, feeding back learning and priorities from the localities<sup>7</sup>.

<sup>6</sup> BSW Suicide Prevention Strategy (2024-2029)

<sup>7</sup> BSW Suicide Prevention Strategy (2024-2029)

- **Postvention support:** assess and evaluate if it is possible to continue to develop processes whereby real-time suicide surveillance services are in dialogue with bereavement support services<sup>8</sup>

B&NES priorities are created to emphasise prevention and early intervention, especially among high-risk demographics, whilst identifying a priority 'at risk' group within the young person population.

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<sup>8</sup> BSW Suicide Prevention Strategy (2024-2029)