

# Suicide Prevention in Oldham

Rebecca Fletcher, Interim DpH

Vicki Gould,

Senior Public Health Strategy and  
Commissioning Manager



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# Why Suicide Prevention?

- Every suicide is a personal tragedy and the impacts are wide reaching
- Some people in our communities are at particularly high risk
- People may become vulnerable at certain times / events
- Suicide among young people often leaves particularly devastating consequences / knock on effects
- Suicide is preventable, not inevitable

# Suicide data

## In England in 2020...

More than 1 in 20 people will attempt suicide at some point in their life

The overall suicide rate in England is **10.0** per 100,000

The suicide rate in the North West is similar to the national rate at **10.1** per 100,000

The overall suicide rate in Oldham (2018-2020) is **7.1** per 100,000

**4912** people died by suicide

This is 404 less than in 2019. Part of this reduction may be due to delays in deaths being registered as a consequence of the pandemic.

This is a 7.4% decrease in rate compared to 2019

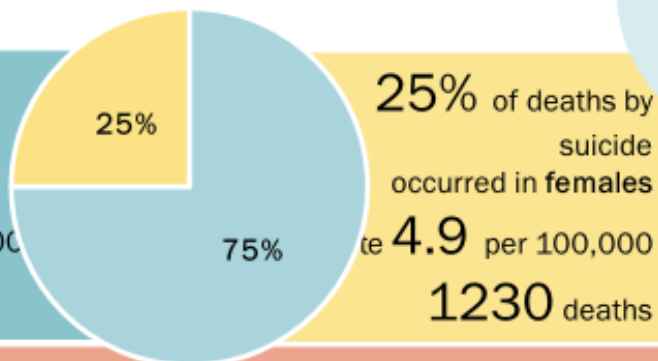


In Greater Manchester, more than **200** people die by suicide each year

For every death by suicide there are many more people who have attempted to end their life, or who are struggling with suicidal thoughts

Every death by suicide is a tragedy which has a profound and devastating effect on many

75% of deaths by suicide occurred in males  
rate **15.3** per 100,000  
**3682** deaths



25% of deaths by suicide occurred in females  
rate **4.9** per 100,000  
**1230** deaths

### Age groups with highest suicide rate



Males aged **45-49** years

**23.8** deaths per 100,000



Females aged **45-54** years

**7.1** deaths per 100,000

Males are **3.1** times more likely to die by suicide in England than females



# Where are we now?

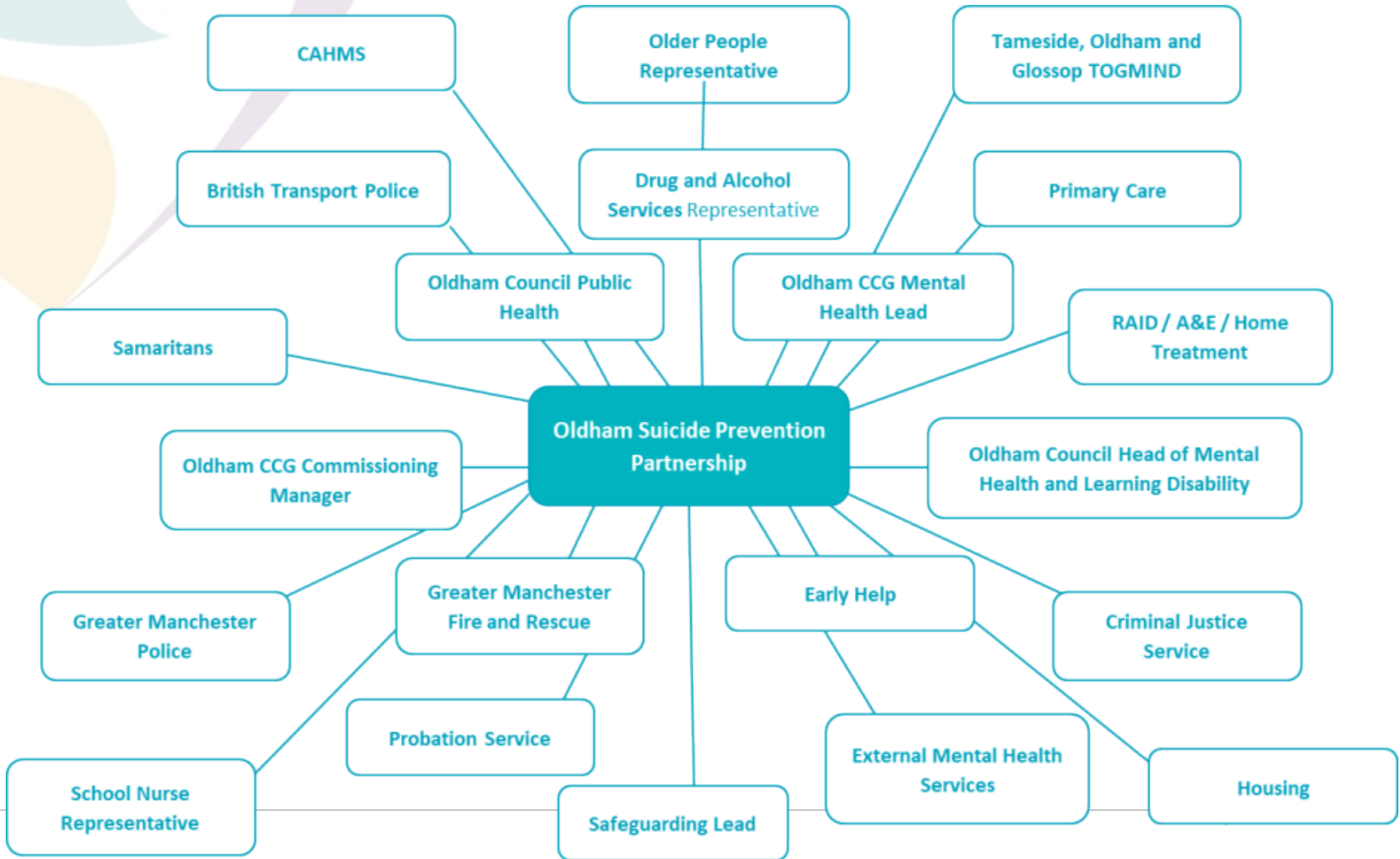


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# Work to date in Oldham

1. First Suicide Prevention Strategy for the borough was launched in 2017
1. Brought together a partnership board for the first time

# Stakeholder map – partnership group as of 2020



# Work to date in Oldham ...

- ✓ First Suicide Prevention Strategy for the borough was launched in 2017
- ✓ Brought together a partnership board for the first time

1. Many successes achieved by that board – i.e. integration into the GM approach, links into the Coroners court, embedded into safeguarding approaches (all ages)
2. Three year strategy. Should have been re-written for 2020...
3. Began work in early 2021 on a new strategy and action plan for the borough

# In June 2021 we agreed...

- ✓ To use the 9 Pillars to structure the suicide prevention strategy
- ✓ To align with Greater Manchester and National Strategy
- ✓ To **use the evidence base to inform the strategy**
- ✓ To choose focus areas to concentrate our attention within the strategy

## The next step was to...

...To choose the strategies focus areas or groups



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# The 9 Pillars of Suicide Prevention

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A **leadership**/steering committee

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A robust **background summary** of the local area to support goal setting

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Suicide Prevention **Awareness raising**

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Mental Health and **Wellness promotion**

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**Training**

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Suicide **intervention** and ongoing **clinical support** services

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Suicide **bereavement** support and resources

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Evaluation measures including data collection and **evaluation** system

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Capacity building/**sustainability** within communities



Oldham Risk Factors (Data)	National Priorities	NICE Quality Standards	NICE recognised risk factors	PHE strategic Recommendations	GM Priorities
<b>Men</b> <b>Middle age</b> <b>Physical Illness</b> <b>Grief</b> <b>Drugs &amp; Alcohol</b> <b>Mental Health services</b> Employment Concerns Financial Concerns Previous Suicide Attempts Relationship Concerns	1. Reduce risk of suicide in high risk groups - <b>Men</b> - <b>mental health services</b> - <b>self harm</b> -criminal justice system -Occupational groups 2. Improve mental health in specific groups 3. <b>Reduce access to means of suicide</b> 4. <b>Bereavement support</b> 5. <b>Media support</b> 6. Research, data collection and monitoring	1. Multi-agency suicide prevention partnership 2. <b>Reducing access to methods of suicide</b> 3. <b>Media Reporting</b> 4. Involving family, carers and friends 5. <b>People bereaved or affected by suspected suicide</b>	<b>1. Men</b> <b>2. Self harm</b> <b>3. Drug &amp; Alcohol</b> <b>Physical illness</b> <b>4. Older adults</b> 5. LGBT Community <b>6. Autism</b> 7. Criminal justice system 8. Specific occupational groups <b>9. Mental health services</b> 10. Bereaved	<b>1. Men</b> <b>2. Self-harm</b> <b>3. Children and young people</b> <b>4. High frequency locations</b> <b>5. Isolation</b> <b>6. Bereaved</b> 7. Treatment of depression in primary care <b>8. Mental Health Services</b>	<b>1. Men</b> <b>2. Self-harm</b> <b>3. Children, young people</b> 4. Women during pregnancy and postnatally <b>5. Tackling high frequency locations</b> <b>6. loneliness</b> <b>7. Bereavement support</b> 8. Treating depression in primary care <b>9. Mental health care setting</b>

...As you can see there were many similarities across the board

# We invited members of the Suicide Prevention Board to share their thoughts...

*“Please complete the questionnaire with you views and the views of your organisation”*

*Questions asked of the board:*

1. Do these areas align with your views? If not, then why not?
2. Which of these areas do you think are the most important?
3. Or are there other areas that you think should be prioritised?
4. Is your organisation already doing work in this area?

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# Areas of Focus that emerged

- Self Harm
- Legal, illegal and prescribed drugs and alcohol use
- Loneliness
- Age Targeted Approach
- Males
- Preventing access to means of suicide and high frequency locations

**Next step was to consult  
more widely on the  
proposed areas of focus ...**

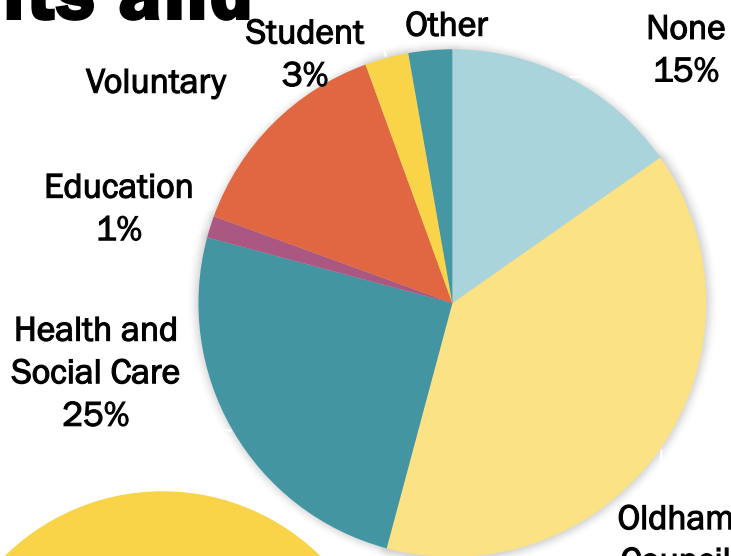


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# Consulting with Oldham residents and employees

(SP Consultation 2022)

The information gathered has been used to inform the suicide prevention work across Oldham



The percentage of participants who agree with the 6 priorities

- **83%** Self-Harm
- **83%** Legal, illegal and prescribed drugs and alcohol misuse
- **90%** Loneliness
- **84%** Age Targeted Approach
- **81%** Males
- **64%** Preventing access to means of suicide and high frequency locations

**47%** of respondents used at least one mental health or wellbeing service including: Healthy Minds, Positive Steps, TOG Mind, Healthy Young Minds, Turning Point

Participants' Employment

A sample of quotes from the survey have been shared throughout the plan



**89%**

Of participants agree that the 9 Pillars of Suicide Prevention are a suitable framework for our plan



**72%** of respondents worked, some or all of the time, with people who at risk of or affected by suicide or self harm

**54%** work with adults

**35%** work with all ages

**11%** work with children and young people

We delivered a concise and time limited piece of engagement work to contribute the voices of Oldham's residents and experts by experience to Oldham's suicide prevention plan. It was important that information was collected in a sensitive and empathetic manner to avoid being triggering or upsetting. We developed a questionnaire, taking into account a range of views including mental health and social care colleagues, research engagement and consultation team and Greater Manchester colleagues. TOG Mind staff sense checked the questionnaire before it was made available on Oldham Council's website site and social media platforms, staff newsletter. All the suicide prevention partnership members were encouraged to share the questionnaire with their staff and clients in a way that was safe and suitable.

**We also conducted insight gathering with children and young people ...**



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# Insight Gathering with Children and Young People

YP Insight Gathering 2022

Suicide and self-harm can affect all ages, but the challenges and experiences of individuals and the help that is required will differ with age. There are unique factors that are often present in the deaths of children and young people including problems at school, bullying, social media and internet use and neurodevelopmental conditions. In the UK suicide rates in children and young people are rising, particularly in girls and young women. Whilst fortunately rates of child suicide are low, one death is one too many, and more could be done to prevent future tragedies.

In writing our strategy it was therefore critical to capture the voices and needs of children and young people in Oldham.

## Gathering Insight

The public health team and youth service worked together to develop a series of conversation prompts to capture information around young peoples experiences, and their thoughts on how things can be improved around suicide and self harm support and prevention. When it was safe to do so, young people who were well known were invited to take part by Youth workers who have the training and expertise to facilitate difficult conversations and were known and trusted by the participants. The exercise was entirely voluntary and each conversation was tailored to the needs of the individual to ensure that each young person was safe and comfortable. This insight gathering was intentionally small scale and focused, recognising the complexity around the subject matter and the intensive approach and support that was required. Five young people shared rich, powerful and invaluable insight with the team, which have helped shape our plan to cater to young peoples' needs, and for which we are very grateful.

## Themes

*Information and support should be available from any trusted adult'*

**Suicide Prevention and Self-harm training is needed for all trusted adults**

**Young people wish to be able to access help and support in a range of ways**

*'make sure that reliable websites to find out more information are widely known to young people and adults'*

**A safe space is discreet, comfortable, colourful, but not overstimulating, clean, and most importantly has friendly and welcoming staff**

*'It should be a comfortable place to talk to someone that is accessible and personalised but not over stimulating but not too bare or stark. If it's a space in school, it should be discreet'*

*'It's the people that counts.'*

**Schools focus more on mental health and less on suicide and self-harm**

**The young people felt confident in accessing help and support**



# Themes YP Insight Gathering 2022

**Toxic Positivity should be avoided**

*'you hear things like you're not depressed it's just a bad day - feels like they don't take is seriously.'*

*'A barrier is also it being too obvious that you are going to a specific place to get help like having to knock on the door or wait outside'*

*'Tic tok especially spreads misinformation. It should be called tic-tocsis'*

**Social media can have both positive and negative content, but tic-toc can be particularly harmful**

*'I think young people are more at ease talking about mental health, but a barrier is the adults aren't - when you speak to some adults they are obviously uncomfortable.'*

**Barriers to accessing help include a lack of discretion, adults who struggle to talk about suicide and self-harm, not knowing where to access support, stigma and stereotypes**

When someone is in distress, saying the right thing can be difficult. Toxic positive comments can be overly positive towards a difficult situation and make the recipient feel that their difficulties have been rejected. These things are often said when people don't know what to say, and can be unintentionally harmful. These theme came up on several occasions during the young persons consultation, explicitly and inexplicitly, but this can occur in all ages particularly older generations. Training is essential to support trusted adults, friends and family to know what to say to when someone is struggling and intergenerational work and learning may support all ages to think and talk differently about suicide and self harm prevention.

*'It's sad to think that the older generations like myself were always fobbed off when younger (S & R Consultation 2022)*



# Oldham's Strategy was launched on World Suicide Prevention Day 2023



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# Developing Oldham's action plan

15<sup>th</sup> June 2023 – Action Planning  
Day



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# What we did on the day...

## *Exercise 1: -*

*Working on tables, we looked at the previous action plan and decided:*

- What had been completed*
- What needed revising and adding to a new action plan*
- What hadn't been started/completed (but is correct in its current format) and needed bringing forward*



What we did on the day continued...

Exercise 2:-

Spent time deciding our objectives  
/actions and ownership



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**ACTION PLAN 2023-25**

**Oldham Suicide Prevention Partnership**

**Core Membership: tbc**

**Chair: tbc**

**Purpose: tbc**

**Format of the plan:**

- 1.The below is a list of the 6 priority areas of focus their overarching objectives
- 2.The tabs represent the 9 pillars of suicide prevention and the strategic framework against which this plan is set
- 3.All of the priority areas have focused actions that aim to support the board in achieving the 9 pillars of suicide prevention
- 4.Each action has timescales, lead officers and progress updates

**Priority areas**

**Self Harm**

**1**

**Legal, illegal and prescribed drugs and alcohol use**

**2**

**Lonliness**

**3**

**Age Targeted Approach**

**4**

**Men**

**5**

**Preventing access to means of suicide and high frequency locations**

**6**

Action Plan - Introduction

Leadership

Summary evidence

Awareness raising

Wellness promotion

Training

Intervention & clinical support

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## Where we are now – current work

- Public Health collated all the information received at the action planning day and begun populating it into the agreed structure
- Ownership of most actions was agreed
- Finalised action plan was signed off in November meeting - this is a two year plan from November 2023 and will sit alongside our strategy
- Action plan is iterative and responsive – it will be reviewed throughout the next 2 year period and adapted / updated as needed
- A new action plan (still sitting within the 2023 strategy) will be written in time and **in line with changing needs and the emerging evidence base**

Any questions?

[vicki.gould@oldham.gov.uk](mailto:vicki.gould@oldham.gov.uk)



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