Development of a Data Driven and Co-produced Suicide Prevention Strategy

Hollie Hutchinson, Public Health Specialist and Brydon Hurst, Research and Insight Officer

hollie.hutchinson@leics.gov.uk
Brydon.hurst@leics.gov.uk

Further Information

START A CONVERSATION

1. Introduction

- Suicide prevention remains a critical public health challenge, necessitating innovative approaches that integrate real-time data and community engagement.
- Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances.
- The Leicester, Leicestershire and Rutland (LLR) 2020-2023 Suicide Prevention Strategy[1] required refreshing to reflect the new national strategy[2] and new local data.

2. Aim

- Develop a co-produced, data-driven suicide prevention strategy, harnessing both quantitative data and local knowledge to design a strategy which meets local needs.

3. Methods

- Mixed methods utilising a generic qualitative approach and robust quantitative analysis of Real Time Suspected Suicide Surveillance Data (RTSSSD) and Office for National Statistics (ONS) data.
- 7 focus groups with professional stakeholders (n=32) and experts with experience (EwE) (n=23).
- Pragmatic approach to thematic analysis was used.
- Review of the literature and evidence base.
- A partnership approach was adopted, with a steering group overseeing strategy development, comprising of local authorities, VCSE, ICB/NHS, Police and lived experience.

Note on data:

- The ONS suicide data covers confirmed deaths by suicide of persons aged 10 years and above, meaning each death has been subject to a Coroner's Inquest.
- The RTSSSD is provided by Leicestershire Police and details deaths by suspected suicide across LLR, enabling real-time monitoring of suicide. While each death is not a confirmed suicide at the time of receiving the data, the dataset has proven to be robust over time.

References:

1. LLR Suicide Prevention Strategy 2020-2023 https://democracy.leics.gov.uk/documents/s165065/Appendix-%20LLR%20Suicide%20Prevention%20Strategy%202020-23.pdf
2. Department of Health and Social Care, Suicide Prevention Strategy for England: 2023 to 2028 https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

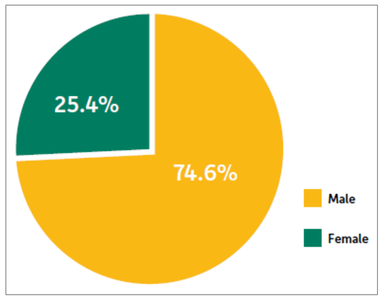
4. Results

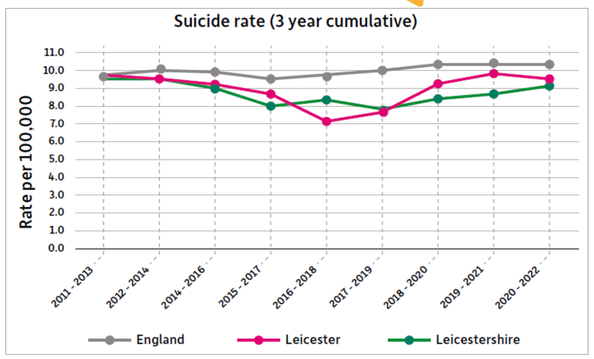
268 suicides across LLR between 2020 and 2022

Office for National Statistics (ONS) Data:

The most recent local suicide rates were **not significantly different** from the England average.

Suicide by Gender, LLR, 2020 - 2022





Real-time Suspected Suicide Surveillance Data (RTSSSD):

2023: **28.6%** of suspected LLR suicides were experiencing **financial difficulty**. The proportion was higher in **Leicester City** residents (**29.7%**) compared to **Leicestershire** residents (**26.7%**).

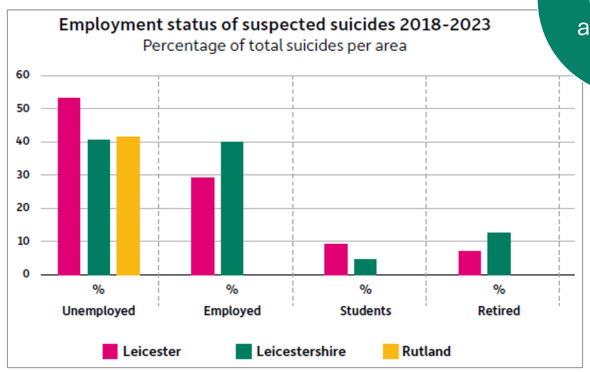
In 2023, 42% of suspected suicides had a history of self-harm & 41% had a history of attempted suicide

2018-2023: **51.6%** of **Leicestershire** deaths, **62.9%** of **Leicester City** deaths and **50.0%** of **Rutland** deaths occurred in **single** people.

Leicestershire saw **43.3%** of residents in contact with mental health services at the time of their suspected suicide (2018-2023). This figure was **46.2%** for **Leicester** residents and **41.7%** for **Rutland** residents.

The **vast majority** of the **unemployed** that died by suspected suicide had been unemployed for **more than 3 years**.

44.6% of suspected suicides occurred in the **unemployed**



Qualitative Engagement via Focus Groups:

- There was generally agreement between professional stakeholders and EwE in terms of what is important to prevent suicide, and what they would like included in the new strategy.
- Addressing stigma and the cultural nuances of mental health and suicide was extremely important.
- Early intervention was also key, particularly concerning children and young people, which didn't feature in the previous strategy.
- It was felt that specific groups were of high importance, such as those who self-harm and those in contact with mental health services, and holistic support and wider influences should be considered.

5. Discussion and Conclusion

- The data, qualitative insights and literature were used to create 5 priorities for the strategy; children and young people, high risk groups and locations, self-harm, bereavement and leadership.
- These are unpinned by 6 guiding principles; co-production, learning from past stories, data driven, normalising conversations, settings-based approaches and trauma informed practice.
- Being data driven in the approach, whilst also engaging and involving lived experience, has allowed a strategy to be developed which is based on evidence whilst also meeting the needs of local communities.

6. Next Steps

- Full public consultation to garner views (QR code above).
- Development of an action plan to provide tangible and measurable actions to ensure successful delivery of the priorities.
- Continued engagement with EwE.
- Further development of RTSSSD analysis.