



EAST STAFFORDSHIRE BOROUGH COUNCIL

REPORT COVER SHEET

Title of Report:	Suicide rates in East Staffordshire	To be marked with an 'X' by Democratic Services after report has been presented
Meeting of:	Scrutiny (Health & Well-being) Committee	
	Corporate Management Team	
	Leader and Cabinet Members	
	Cabinet	

Scrutiny Committee Review Final Report

Title: Suicide rates in East Staffordshire

Scrutiny Committee: Scrutiny (Health & Well-being) Committee

Committee Chair: Cllr M Holton

Sub-group Members Leading Review:

- Cllr K Smith
- Cllr L Walker (left sub group August 2024 following move to Cabinet Member role)

Is the Report Confidential? No

If so, please state relevant paragraph from Schedule 12A Local Government Act 1972: N/a

Scope for Suicide rates within East Staffordshire (Health & Well-Being) Committee

Sub Group Membership:

Cllr M Holton (Chair)

Cllr 1- Cllr L Walker

Cllr 2- Cllr K Smith

Background / Context:

Suicide or suicidal thoughts can occur in individuals due to a multitude of complex reasons. The Health & Well-being Committee wishes to understand the current level of suicide rates in East Staffordshire and establish if some factors are more prevalent than others. Furthermore, the group aims to understand what existing support is available for people in East Staffordshire?

What are the core questions (no more than 3) the review is seeking to answer?

What are the current and past suicide rates in East Staffordshire and have any contributory factors been identified- particularly recreational drugs? What are the demographics of those that have committed suicide?

What support services are available for those having suicidal thoughts?

How do ESBC train officers in suicide prevention? What can the Council do to promote positive mental health in East Staffs communities?

What is the purpose of the Review (in one sentence)?

To understand the current level of suicides in East Staffordshire and the services provided.

Scrutiny approach

In scope

What will be included in the review?

Analysis of current suicide rates and service provision

Out of scope

What will not be included?

Due to the sensitive nature of the subject, any examine of individual cases.

What is the timescale?

February 2024

What evidence / data do you need?

Suicide rates

Examination of service provision

Resources

Officer time

Stakeholders to interview

Staffs CC

Voluntary and charities organisations

Everyone Active

Internal Council departments that interact with vulnerable residents- e.g. Housing & Homelessness. Revenues & Benefits, HR.

SECTION 1: COMMITTEE'S REPORT

1. What are the current and past suicide rates in East Staffordshire and have any contributory factors been identified- particularly recreational drugs? What are the demographics of those that have committed suicide?

- 1.1 Data relating to suicide prevalence is available in three yearly cycles, the most recent being 2020-22. Historically East Staffordshire has tracked close to the national average until the last three cycles (18-20, 19-21 and 20-22) when rates exceeded the England figure. Interviews with providers have confirmed that there has been an increase in those presenting in more recent years.

Figure 1- Suicide rates per 100,000 2001-2022



- 1.2 Due to the slowness of data real time statistical analysis can be difficult, the deaths presented in figure 1 illustrate the day of registration rather than the actual date of death. Deaths identified as a possible suicide can take up to 140 days (a typical figure for England) for deaths to register due to the Coroners' Court process. However, Staffordshire Police keep a real-time record of suicide related incidents through the work of their Suicide Surveillance Officer. This information is shared with Staffs CC on a weekly basis to aid monitoring and initiate any local action.
- 1.3 Contributory factors are many and varied. These include unemployment, deprivation, and social isolation/loneliness. Other risk factors are being a perpetrator of domestic abuse and a criminal record (with a history of violence increasing the risk). Recreational drug use was not identified as a factor by the providers nor Staffs CC. Neither have the lasting effects of COVID been attributed to the increased rates- although YESS did attribute COVID as having a negative impact on young peoples' mental health. Another provider highlighted

that furlough had given people opportunity to pause and reflect leading to a decline in mental health. Interestingly, the impact of the cost of living crisis was quoted as a contributory factor but has been overstated in the mainstream media as the factors associated with suicide are often much more multi-faceted and complex. Men aged 35-55 of all socio-economic groups were identified as at the highest risk. However, figures from one third-sector mental health service illustrated that the majority of their clients were female adults (estimated 65/35) and for young people 60/40 towards girls.

2. What support services are available for those having suicidal thoughts?

- 2.1 The sub-group interviewed a variety of services which included Staffordshire County Council's Public Health & Protection department (SCC), Burton MIND, YESS, Tilly's Voice and Harness Coaching. This represents just a small cohort of the public and third-sector organisations operating in this field and provides a snapshot of services. A full review is beyond the scope of the committee.
- 2.2 SCC explained that the team are part of the Staffordshire & Stoke Suicide Prevention Partnership and that a countywide suicide prevention plan is currently being prepared. Since October 2020, SCC have provided free online suicide prevention training and attendance figures are estimated to exceed 2,400 for the county- no breakdown of the East Staffordshire take up is available. This training has been designed to help people spot those that are troubled and build skills and confidence to allow others to unburden. Paragraph 1.2 has previously highlighted the delays in recording of deaths and the close partnership working with Staffordshire Police.
- 2.3 Part of the approach SCC involves the operation of a priority site group which identifies potential higher risk locations- Shobnall footbridge being the main site in East Staffordshire. In collaboration with National Highways the work of this group has led to the installation of temporary fencing. Although there is no set date for the fencing to become permanent, neither Police nor SCC have recorded any incidents since February 2024. Other locations are also being monitored for potential displacement.
- 2.4 In tandem with the fencing works, SCC have partnered with ESBC, Everyone Active and a local men's health group to create a garden of reflection near to the bridge. With benches and a noticeboard, the garden provides anyone with an opportunity for pause for thought and is a recognised example of best practice.
- 2.5 Finally, SCC advised members to promote the five ways to mental well-being as suicide is the extreme outcome when well-being has gone wrong.

Figure 2 The five ways to mental well-being.

- 1. Connect: Build and maintain positive relationships with others.**
- 2. Be active: Regular physical activity can boost mood and reduce stress.**
- 3. Take notice: Be mindful of the present moment and appreciate your surroundings.**
- 4. Keep learning: Engage in new activities and continue learning throughout life.**
- 5. Give: Acts of kindness and helping others can enhance well-being.**

- 2.6 Burton MIND (MIND) launched a new strategy in 2024 to tackle mental well-being. MIND as an organisation deal with a wide spectrum of mental health issues and have a number of counsellors who are fully qualified. MIND also offer activities for those utilising their services. Whereas MIND focus on adults they do collaborate with YESS who centre their services on young people. In tandem with Burton Albion Community Trust and YESS, MIND are commissioned by MPFT (Midlands Partnership Foundation Trust- the commissioning authority) to deliver the Future Focus programme. This programme is for people with long term mental health problems and complex needs.
- 2.7 MIND have been a key partner in helping SCC to strategical map mental health issues and were linked in on the projects connected to Shobnall footbridge. Areas for future development were presented as a more targeted marketing campaign and further consideration of the LGBTQIA+ community, as MIND indicated there is a higher rate of suicide prevalent.
- 2.8 YESS work with ages 4 and over and help with all mental health issues aside from eating disorders, based in both Uttoxeter and Burton they provide a range of therapies. These works also includes those that are considered to be clinically at risk and those who previously attempted suicide. Service waiting lists are up to six weeks and those expressing suicidal thoughts are referred to either a doctor or A&E. YESS estimate that demand for their services is split 35% men- 65% women and for young people 40/60. Young people struggling with their identity and the lingering effects of lockdown were both quoted as two of the main reasons affecting young peoples' mental health.
- 2.9 Although YESS employ 13 therapists (with 5 more placement due to quality), regular and consistent funding and being able to reach people were identified as two significant barriers.
- 2.10 Two other organisations interviewed were Tilly's Voice and Harness Coaching. Certified by the British Horse Society, Harness coaching provide outdoor experiences with horses to help people better deal with stress. Behavioural techniques such as positive thinking are employed. The rural location of the venue was recognised as a potential hurdle for those wishing to access the service, however the leadership team at Harness Coaching were building links with the National Forest and have ambitions to expand their services into local urban areas.
- 2.11 Tilly's Voice adopt of proactive approach and provide one to one support for individuals that experience homelessness or need assistance with benefits- to name but two of their functions. Operating as a Community Interest Company (CIC) they are largely self-funded (with small percentage from the National Lottery) and have had a presence in the area for nearly 3 years and presently have over 30 clients. However, like YESS, funding remains an ongoing concern. Referrals to Tilly's Voice can be made anytime between 8am and 10pm and as part of their expanding offer a crisis café is being opened along with an online support group for men. During discussions Tilly's Voice offered a view that men are increasingly taking their own lives and that families are struggling; this being due to increased life pressures.

3. How do ESBC train officers in suicide prevention? What can the Council do to promote positive mental health in East Staffs communities?

- 3.1 When scoping out this review one key aspect members wanted to understand was the steps taken by ESBC to safeguard the mental health and well-being of staff and the customers/clients they interactive with. Set out below in the following paragraphs is an overview of the Council's approach.
- 3.2 The Council recognises a duty to ensure the mental wellbeing of all employees and takes a multi-faceted approach to ensure it is discharged. Mental Health and Emotional Wellness is one of eight focus components within the ESCB Workplace Health Strategy. Other policies and procedures ensure that staff are supported by managers, in house Mental Health First Aiders and by Human Resources as well as with training, signposting or counselling where necessary.
- 3.3 Employees' mental wellbeing can be affected by factors in their personal as well as work lives. In their personal lives, including but not limited to family, relationship, health and financial factors. At work, interacting with customers, resource levels, the ability to deal with stress and relationships with colleagues, suppliers and partners all affect the mental wellbeing of staff. This being the case, a multi-faceted approach is undertaken to ensure that employees are supported including spotting and acting on the signs and symptoms of a suicidal person.
- 3.4 The approach includes, raising awareness, training, supportive workplace management and professional employee assistance where necessary. Raising awareness of the impact of poor Mental Health is a key feature of the strategy as is training and providing the support of workplace trained, Mental Health First Aiders.
- 3.5 Methods used by EBSC

3.5.1 Raising awareness

- Regular items in the weekly Staff Briefing raise awareness of health issues and are kept on the agenda. This provides easily accessible helpline numbers and links to promoted websites if appropriate.
- Health and Wellbeing newsletter - A programme of promoting wellbeing issues linked to national campaigns like: Suicide Awareness, Mental Health Awareness Week, Drink Aware and Quit Smoking.
- Quarterly Managers' Forums enable opportunities to highlight topical health issues.
- Use of noticeboards and other appropriate places to display relevant posters which highlight issues as well as signpost help.

3.5.2 Training

- Mental Health First Aiders (MHFA), currently the Council have three trained MHFA with a further six to be trained by the end of November. These individuals are available as confidential support buddies for anyone needing to talk or experiencing mental health issues. Their primary purpose is to listen, to signpost and to act on any concerns.
- More recent training has focused on managing difficult customer conversations, to improve the quality of these discussions with an objective to make them more positive

and therefore have a less negative impact on the individuals. Around 40 front line staff took part in workshops which guided them to recognise vulnerable customers who may be suicidal, and what their responsibility is; as well as supporting the staff to safeguard their own mental health in these difficult circumstances.

- 3.6 Key support policies are the Workplace Health Strategy (see above) and the Management of Sickness Absence Policy. Details of this policy are set out below.
- 3.7 The Management of Sickness Absence Policy is key to supporting the Council's employees through illness: mental or physical. Referral to Occupational Health or for counselling support are regular outcomes of welfare meetings between staff and their managers with the support of an HR advisor.
- 3.8 For those suffering with poor mental health, experience has shown that the provision of 4-6 sessions of counselling support (more if required) through the employee assistance programme is highly valued by employees and has proved effective in supporting them to better health, getting them back to work or keeping them at work.
- 3.9 As a first port of call, managers and colleagues can highlight the Mindful Employer Plus service. This is a confidential, 24 hour signposting helpline, which offers advice on all matters from emotional, financial, legal to health and more.
- 3.10 The aim is to grow a supportive management culture that supports employees in ill-health, recognises the signs of poor mental health and actively supports employees to better health.

4. Recommendations

- 4.1 The present spike in local suicide rates continues to raise concerns for members despite the good work that has been identified in preparing this report. Equally, the sub-group was pleased to read and hear about the services and levels of support offered to ESBC staff. Based on the learning presented above the sub-group have the following recommendations.
 - Internally to staff, and externally via the Council's media channels, the five ways to mental well-being are promoted.
 - MPFT are invited to a full committee meeting to present details of their services in East Staffordshire.
 - Consideration be given to greater awareness of LGBTQIA+ groups and representation amongst the support initiatives for ESBC staff.
 - A programme of events is created to mark Mental Health Awareness week in 2025 (May 12th-18th).

SECTION 2: OFFICER CONSIDERATIONS

5. Financial Considerations

*This section has been approved by the following member of the Financial Management Unit:
Daniel Binks*

5.1 There are no direct financial implications relating to this report.

6. Legal Considerations

6.1 *This section has been approved by the following member of the Legal Team: Glen McCusker – Locum Solicitor and Deputy Monitoring Officer.*

6.2 The Council has a duty, both in common law, and under the Health and Safety at Work Act 1974, to take reasonable care of the health and safety of its employees.

7. Risk Assessment and Management

7.1 The main risks arising from this Report and the Council achieving its objectives are as follows:

8.2 **Positive** (Opportunities/Benefits): n/a

8.3 **Negative** (Threats): n/a

8.4 The risks do not need to be entered in the Risk Register.

8.5 Any financial implications to mitigate against these risks are considered above.

9. Equalities and Health

9.1 **Equality Impacts:** The subject of this Report is not a policy, strategy, function or service that is new or being revised. An equality and health impact assessment is not required at this time.

9.2 **Health Impacts:** The outcome of the health screening question does not require a full Health Impact Assessment to be completed. An equality and health impact assessment is not required.

10. Human Rights

10.1 There are no Human Rights issues arising from this Report.

11. Sustainability (including climate change and change adaptation measures)

11.1 Does the proposal result in an overall positive effect in terms of sustainability (including climate change and change adaptation measures)