



Public Health Directorate

Responding to Suicide in an Island Community

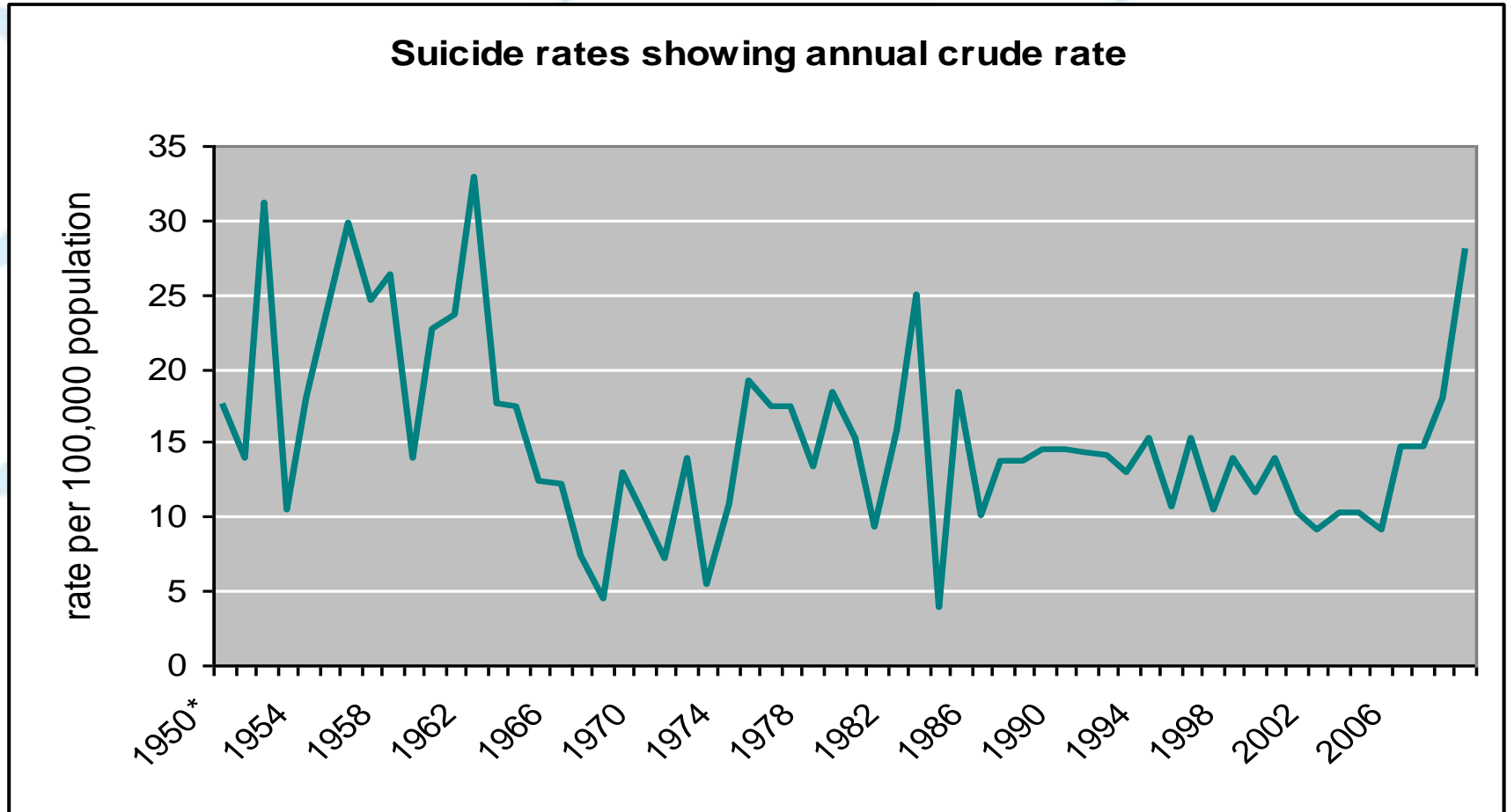
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June 2015

States
of Jersey

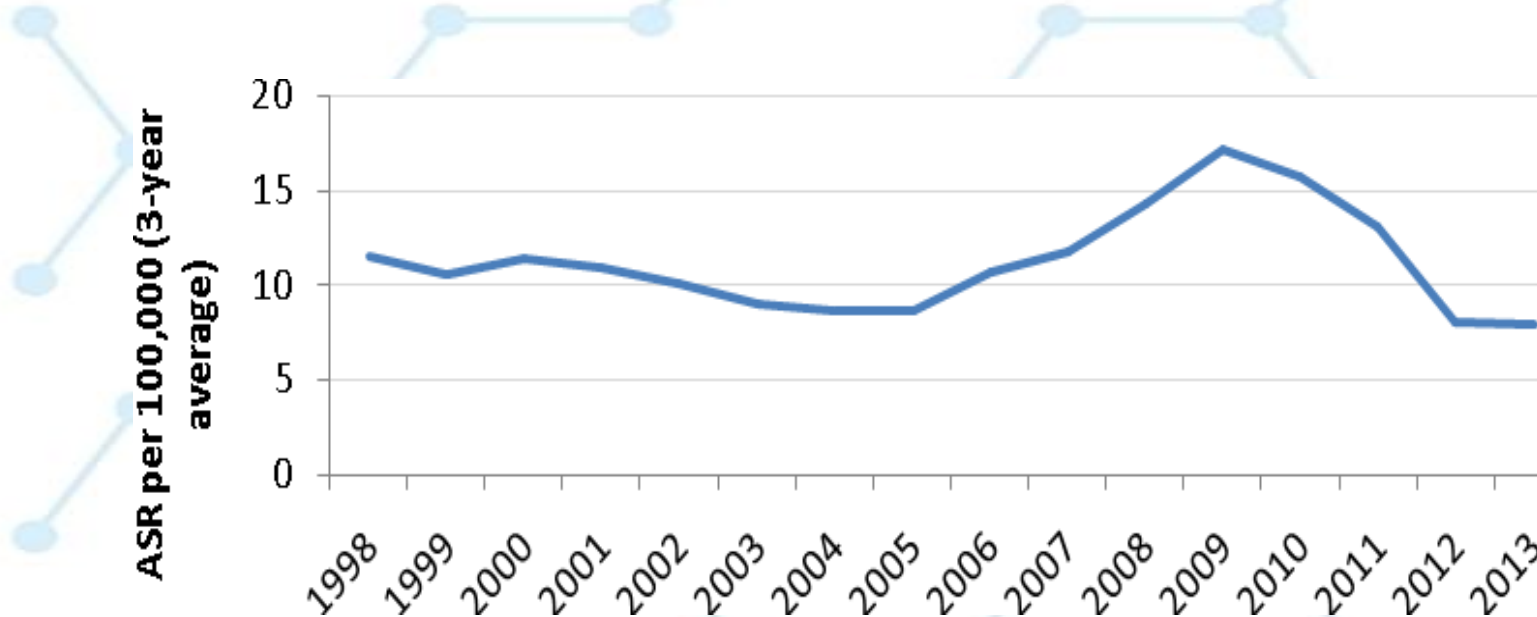
Responding to suicide

- Suicide is a tragic event, which often occurs as a consequence of complex combined multiple factors rather than one single isolated issue
- At a population level suicide can be prevented and is a significant public health issue

Size of the problem?¹



Size of the problem²

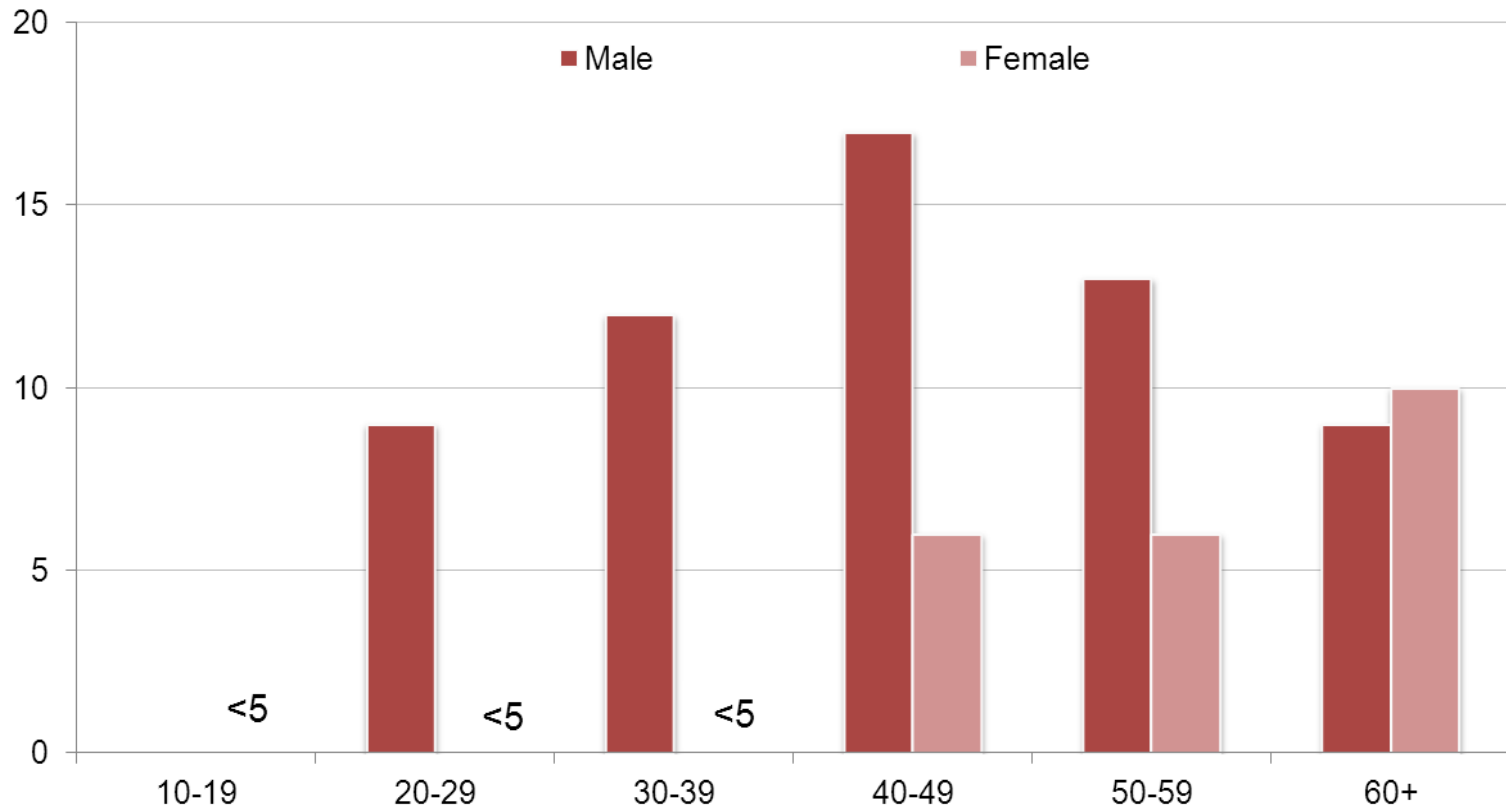


This shows a peak in suicides in 2009 (17 per 100,000), which then reduces between 2010 and 2013 (8 per 100,000).

Size of the problem³

CAUSE OF DEATH	Total YWLL 2010-2012	Average YWLL per death
Accidents	740	28
Suicide and undetermined injury	595	21
Lung cancer	368	8
Chronic liver disease incl. cirrhosis	355	12
Ischaemic heart disease	290	9
Breast cancer	195	11
Colorectal cancer	130	8
Malignant melanoma	100	17
Bronchitis, Emphysema, COPD	80	7
Stroke	60	5
Infectious and parasitic diseases	50	13
Bladder cancer	33	7
Prostate cancer	28	6
Pneumonia	13	4

Size of the problem⁴



Not a mental ill health issue

An absence of mental wellbeing does not equate to a diagnosis of mental illness. One person may have a low level of mental wellbeing, without a diagnosis of mental illness. Another might have a diagnosis of mental illness but have a high level of mental wellbeing.



Key moments in time

- **2001** MOH report Jersey ASR 14.3 / England 9.8⁵
- **2003** A strategy for suicide prevention led by Public Health & Adult Mental Health Services
- **2003 – 2009** A range of actions delivered across four key areas
- **2009** Southampton review of suicides between 2000 -2008 ASR 12.8⁶
- **2009** sees a one year increase of 32 completed suicides
- **2009 – 2013** Actions continue + cut across with wider HSSD re-design
- **2013** Two teenage deaths by suicide – connected to NPS use
- **2013** Respond to NPS risks
- **2014** Public Health charged to revise and up-date Suicide Strategy
- **2014** HSSD commit to developing Mental Health Strategy
- **2014** two further teenage deaths suspected to be suicide

Revising the Strategy

Initial actions

- Carry out an evaluation of the 2003 Suicide Strategy
- Review outstanding actions
- Complete a review of existing international best practice and strategies
- To complete an up-dated strategic document

May 2014 - Revised activity and priority

- To focus on delivering short term actions to address the management of crisis and prevention of suicide in young people
- To convene an early working group to lead on the prevention of suicide in young people

Short term outcomes

Up-dated 'Parents Guide to Drugs'

Training programme in universal settings

Communications to parents and young people linked to the web

Use of parent mail and boosted social media

A Focus on mental and emotional health and wellbeing

Highlighting local support

Key date alerts

Risk assessments and interventions for young people who self harm and have current suicidal ideation

Interim crises response plan



Mental Health Strategy

Importance of investing in mental health and mental health services is recognised

This is important as suicide prevention starts with better mental health for all

Actions are inter related however prevention of suicide requires specific and targeted action for groups of people who have been identified as vulnerable or at high risk.

Re-focus on strategic document

'Prevention of Suicide Framework for Action'

Framework for Action

Vision

Our vision is a Jersey community where people live full and fruitful lives, participate fully in their community and contribute economically to society.

Aim

To reduce suicide in Jersey

Objective 1: Improve mental health and wellbeing in vulnerable groups

Objective 2: Reduce stigma about suicidal feelings

Objective 3: Reduce the risk of suicide in high-risk individuals

Objective 4: Improve information and support to those bereaved or affected by suicide

Further Island context in developing strategic action

Cultural attitudes to alcohol

Island factors in compounding vulnerability

Isolation to support networks

Maintaining personal privacy

Proximity and inability to separate out different aspects of life

Fear of stigmatisation, social standing and career prospects

Escalation of crises and management of media

Access to means

Responding to suicides not linked to services

Opportunity for close government, third sector and community engagement

Capitalise on our unique strengths in building a more resilient community equipped to cope with adversity and change.

References

- 1 States of Jersey (2015) Prevention of Suicide Forum, Health Intelligence Unit, Public Health Directorate
- 2 States of Jersey (2015) Prevention of Suicide a Framework for Action, Public Health Directorate
- 3 States of Jersey (2014) Health Profile for Jersey, Health Intelligence Unit, Public Health Directorate
- 4 States of Jersey (2015) Prevention of Suicide a Framework for Action, Public Health Directorate
- 5 States of Jersey (2001) Report of the Medical Officer of Health, Public Health Directorate
- 6 Baldwin D & Sinclair J (2009) *Suicide in Jersey between 2000 and 2008*, University of Southampton, School of Medicine