



Somerset Council
Adults and Health Scrutiny Committee
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Draft Suicide Prevention Strategy Consultation
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1. Summary

- 1.1. Suicide is a major issue for society and a leading cause of years of life lost. In Somerset, the suicide rate is 12.7 per 100,000 (2020 – 22). This means there is currently an average of between 60 and 65 suicides each year in Somerset. The Office for Health Improvement and Disparities estimate that for this period, the number of years of life lost due to suicide in Somerset was 172 years (or 41.1 years per 100,000 people)¹.
- 1.2. The circumstances leading to someone taking their own life are often complex and it is rare that one single cause can be identified. There is evidence that links suicide and mental disorders (in particular depression and alcohol use disorders) and self-harm or a previous suicide attempt however, many suicides happen impulsively in moments of crisis where an individual experiences a lack of resources to deal with biopsychosocial stresses. Evidence suggests that two thirds of people who died by suicide were not in contact with mental health services in the year leading up to their death.
- 1.3. Suicide is not inevitable and can often be prevented. Just as the circumstances that lead to suicide are complex, the measures to prevent suicide must be equally multifaceted. For this reason, action to prevent suicide is broad and can encompass projects that promote emotional wellbeing, early intervention for mental illness, socioeconomic support, mental health crisis care and support for those bereaved by suicide. Suicide prevention requires a multi-agency approach which engages local and national organisations, communities and individuals.
- 1.4. Somerset Council, through its health and wellbeing duties holds responsibility for ensuring that appropriate and sufficient local arrangements are in place to prevent suicide, this work is coordinated with partners through the multi-agency Suicide Prevention Partnership Forum.
- 1.5. The partnership last attended Scrutiny in January 2023, at which point we were awaiting the release of the new national suicide prevention strategy. This was published in September 2023 and since then we have been working to create a new local strategy based on the 8 strategic priorities detailed within the [national strategy](#)².

2. Issues for consideration / Recommendations

- 2.1. Members are asked to consider the consultation questions which can be responded to in writing and consider any specific questions which can be addressed during the meeting.

3. Background

- 3.1. In the UK, suicide is defined as; a death with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 years and over). When someone dies it is referred to as 'dying by suicide' or 'taking their own life', the terminology 'committed suicide' is no longer used³.
- 3.2. Suicide remains the biggest killer of men aged 49 and under, and the leading cause of death in people aged 20 to 34. Suicide is also the leading cause of direct deaths 6 weeks to a year after the end of pregnancy⁴. Suicide is a health inequality issue. There are well established links between suicide and social fragmentation and socioeconomic circumstances.
- 3.3. From 2013, with the transfer of public health duties into local authorities, upper tier and unitary authorities assumed additional responsibility for oversight in relation to suicide prevention, working alongside the Integrated Care Board, Police, other authorities and the voluntary sector. Part of this responsibility includes collecting and analysing suicide data to inform the development of the suicide prevention strategy and action plans.
- 3.4. The government's national suicide prevention strategy for England, sets out the recommendation to develop a local suicide prevention strategy, and to have in place an action plan with a multi-agency partnership to oversee the delivery of the plan.
- 3.5. The new Somerset Suicide Prevention Strategy is a cross-sector strategy based upon the 8 priorities detailed in the national suicide prevention strategy.

4. Consultations undertaken

- 4.1. There is a consultation open on the Citizens Space consultation platform. There are two options available for individual responses or responses on behalf of an organisation. The communications team will be promoting the consultation on Council social media platforms and through previously used consultation networks. Paper copies will be available in libraries.

5. Implications

- 5.1. This joint strategy is imperative in bringing together partner agencies from across the system in a united and coordinated approach to suicide prevention. The aims and objectives within the strategy identify key areas of focus where action can be taken to reduce the number of lives lost to suicide in Somerset, nobody should feel like suicide is their only option.

- 5.2.** Promoting positive mental health and wellbeing across the Somerset population and addressing risk factors associated with suicide is crucial. The strategy is a key vehicle for engaging with communities, businesses and individuals in the County with the message that ‘together we can make a difference’. We must work together to build individual and community resilience to help prevent suicide.

6. Background papers

- 6.1.** Appendix 1: DRAFT Somerset Suicide Prevention Strategy 2024-2029
Appendix 2: Suicide Prevention Strategy Supplementary Information
Appendix 3: Consultation questions

7. References

1. [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
2. [Suicide prevention in England: 5-year cross-sector strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
3. [Suicide rates in the UK QMI - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
4. [Leading causes of death, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Note For sight of individual background papers please contact the report author.