

# Local Government Association Briefing

## Debate on male suicide

### House of Commons

Wednesday 13 December 2017



#### Key messages

- Suicide prevention is a priority for local government. On average 13 people in England take their lives every day, with three quarters of these suicide victims being male. Suicide is the biggest killer of men under 50 as well as the leading cause of death in young people<sup>i</sup>.
- The impact of suicide on local communities is significant. We estimate that for every person who dies, between six and 60 people are directly affected<sup>ii</sup>. For every suicide nearly £1.7 million is lost in things like productivity and caring for those left behind<sup>iii</sup>.
- Councils are actively improving suicide prevention services. In 2012 councils were given responsibility for developing local suicide action plans through their work with Health and Wellbeing Boards by the end of this year. As at the end of 2016 95 per cent of local authorities had these plans in place<sup>iv</sup>. Public Health England is in the process of conducting a survey of local authorities regarding their plans.
- Many councils have formed multi-agency suicide prevention partnerships, incorporating public health, Clinical Commissioning Groups (CCGs), primary and secondary care, the voluntary sector, criminal justice system and those affected by suicide.
- Suicide prevention should be viewed in the broader context of mental health and mental wellbeing. The LGA supports the investment of £1 billion by 2020 in the NHS to address mental health announced in the Spring Budget 2017. There also needs to be a similar investment in local government to help address mental health and suicide.
- Good mental health is essential for a healthy and prosperous society. Councils have a range of statutory duties and non-statutory functions related to mental health and supporting mental wellness. From housing to public health, social care, culture and leisure services, councils lead local services that help prevent mental ill health, support early intervention and provide ongoing support.

#### Background

##### Tackling male suicide – best practice case studies

###### *Cree - The County Durham Sheds Programme*

Men's Sheds is a community-based, not for profit organisation which offers men a safe and friendly environment to work on meaningful projects, with the objective of advancing the well-being and health of their members. Following a suicide audit in 2010, the County Durham's suicide rate was higher than the England Average. Durham County Council Public Health commissioned the Cree programme, which began as an initial pilot in 2011, became county wide in 2012 and has grown to nearly 40 groups across the county. The programme offers activities ranging from archery and paintballing, arts, crafts and woodwork.

# Briefing

## *Kent: Targeting middle-aged men with a marketing campaign*

In Kent and Medway, three times as many men as women take their own lives, with 60 per cent of deaths in the 35-65 year old age range. Research carried out by the suicide prevention steering group found that many of these people had no contact with traditional mental health services. The steering group sought to design a campaign that would help broach these issues in a way that would appeal to middle-aged men. In March 2016, Release the Pressure was launched. It was a social marketing campaign designed to make men aware of a 24/7 charity helpline. There was a 30 per cent increase in the number of calls to the charity helpline, seven months after the campaign went live.

### **Role of councils in delivering suicide prevention services**

Local authorities do a vast amount of positive grassroots work including tackling obesity, tackling loneliness and isolation, helping people to get active, stop smoking and cut down on drinking. Every Health and Wellbeing Strategy has identified mental health as a key priority for their council. As at the end of 2016 95 per cent of local authorities had these plans in place. Public Health England is in the process of conducting a survey of local authorities regarding their plans. We are also encouraging the adoption of suicide prevention plans in schools, hospitals, police stations, and businesses.

Our physical and mental health are inextricably linked and we shouldn't look at mental health funding in isolation. We need to consider the range of other services councils provide that directly impact on people with mental health issues. This includes services like leisure services, open spaces, advice services, housing, bereavement support and employment support.

Suicide is everybody's business. A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.

The LGA has published a Suicide Prevention Guide for local authorities, which includes case studies of best practice in the country and a list of questions that councillors can ask about local services to promote suicide prevention. We want councillors to have these difficult conversations, and tackle this issue head on. We can all learn from what is working well in other areas – and how councils can bring multiple partners together to improve suicide rates.

The transfer of public health responsibilities to local authorities in 2013 has brought with it teams of public health experts, working with elected members, keen to raise awareness of issues surrounding suicide prevention. School nurses, health visitors, and health advisers commissioned by local authorities all play a crucial role.

### **Role of councils in tackling mental health**

Good mental health is essential for a healthy and prosperous society. Unfortunately, it is easier to focus on what happens when a person becomes mentally ill, and how the health service intervenes, rather than how to keep our communities mentally well in the first place, preventing mental health issues arising, intervening early if problems do start surfacing, and helping people manage their lives going forward.

For many people, mental health may be the cause or effect of a wider set of issues within their lives. This could include relationship break-downs, domestic violence, homelessness or housing difficulties, missed education opportunities, unemployment, financial difficulties, debt, ill health, substance misuse and interaction with the criminal justice system. For a lot of people it will be a combination and complex interaction of all

of or some of the issues listed. Councils have a unique role in making the links between these sets of issues and can tackle the underlying causes, rather than waiting to deal with an individual crisis.

Local government needs the right funding and the right levers to use their position as local leaders, place-shapers, commissioners and deliverers of services across all these areas to really improve the mental health and wellbeing of our community and stop people falling into a mental health crisis.

### **Funding for local councils**

English local authorities will have seen reductions of £16 billion to core central government funding during the course of this decade. By 2019/20, more than half of all English councils, including three quarters of district councils, will no longer receive the revenue support grant. In order to continue to meet their range of statutory duties and non-statutory duties related to the provision of mental health services and ensuring mental wellness for the communities, councils have clearly prioritised social care and support services.

Data from our State of the Nation report shows that prioritising mental health and social care services has inevitably and unavoidably been achieved to the detriment of other local services. Every council will have made their own decisions in this process but it is safe to assume that the services that had to deal with deeper reductions to funding would have included things like libraries, leisure, and bus services. This is clearly a false economy given these universal neighbourhood services are preventative in the widest sense and contribute to community wellbeing.

Earlier this year, the LGA wrote to the Department of Health calling for Health and Wellbeing Boards to be included in the allocation of funding to CCGs and the delivery of Local Transformation Plans. Councils were not informed that funding for mental health services had been released to CCGs. As system leaders of local health, care and wellbeing systems, Health and Wellbeing Boards should play a key role in local transformation plans and funding for services.

### **Working with the voluntary and community sector**

The voluntary and community sector (VCS) are key partners in helping our communities keep mentally well, and in supporting people when they become mentally ill. Locally based voluntary groups that provide specialised support, and are based on the uniqueness of local circumstances, are invaluable partners in providing targeted support in the mental health system, including for BAME groups.

In our recent publication on the role of local government in mental health and wellbeing, 'Being mindful of mental health', we provide a number of examples of the work the VCS are undertaking to improve mental health and mental wellness across the country.

### **LGA reports**

[LGA Suicide Prevention Guide for local authorities 2017](#)

[LGA 'Being mindful of mental health' 2017](#)

[LGA State of the Nation report 2017](#)

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<sup>i</sup> For further information please see - [LGA Suicide Prevention Guide for local authorities 2017](#)

<sup>ii</sup> For further information please see – [LGA Suicide Prevention Guide for local authorities 2017](#)

<sup>iii</sup> For further information please see - [LGA Suicide Prevention Guide for local authorities 2017](#)

<sup>iv</sup> For further information please see – [LGA Suicide Prevention Guide for local authorities 2017](#)