

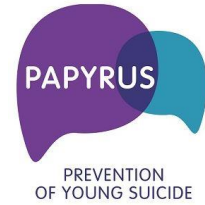
Groups at higher risk of suicide

Jacqui Morrissey, Assistant Director
Samaritans and Co-Chair NSPA

SAMARITANS



Some of NSPA's 1400+ members



NSPA's Lived Experience Network

- ♡ **Online Lived Experience panel** – over 300 members. Many voices and experiences informing strategic conversations and/or areas of work
- ♡ **Lived Experience Influencers** – 34 people. Recruited, trained and supported (both as a group and individually) to influence suicide prevention work through a variety of roles and opportunities
- ♡ Supporting and encouraging good practice

Ensure that purpose, roles and expectations are clearly thought through.
Moving beyond story sharing...

To find out more about how we can support you

www.nspa.org.uk/home/lived-experience-network/

Email: livedexperience@nspa.org.uk



National
Suicide Prevention
Alliance

Samaritans' service at a glance

Every
10 seconds
Samaritans responds to a
call for help*

Samaritans has
more than
200
branches
and
locations

There are around
22,000
Samaritans
volunteers

It is
free to
call us on
116 123

People who use
Samaritans' helpline report
**a significant
reduction in distress****

We are open
24 365
hours a day days a year

Our volunteers spend over
1 million
hours a year responding
to calls for help



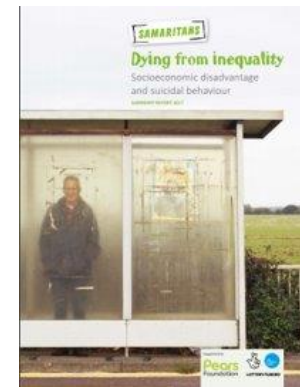
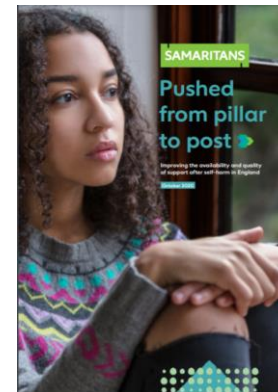
* A 'call for help' is any contact method made to Samaritans for support, for example by phone, email or face to face in branch. This figure is based on the 2021 calendar year.

** Markham, T., Forshaw, A. and Sutcliffe, R. (2020). Samaritans Caller Outcomes Study. Birmingham: MEL Research Ltd.

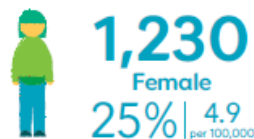
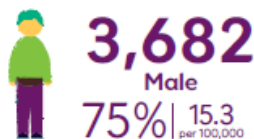


What we do

- We're available round the clock, every single day of the year
- We reach out to people in their own communities
- We work in partnerships
- We influence others to take action



Suicides in England

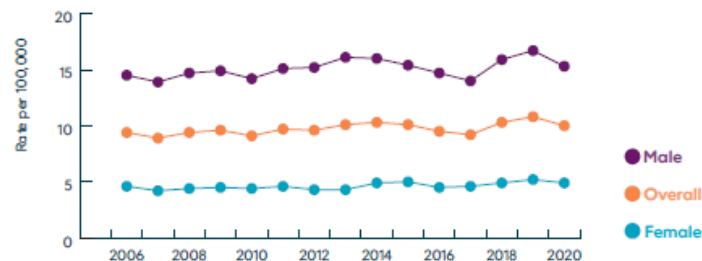


Age groups with highest suicide rate per 100,000



The suicide rate among people aged 35-39 (13.1 per 100,000) has increased 3.1% compared to 2019 (12.7 per 100,000)

Suicide rate per 100,000 in England 2006-2020



Overall, the **suicide rate in England** has decreased by **7.4%** compared to 2019.

The **male suicide rate** has decreased by **8.4%** compared to 2019.

The **female suicide rate** has decreased by **5.8%** compared to 2019.

Males are **3.1x** more likely to die by suicide in England than females.

Notes about data: Data source – Office for National Statistics (ONS). Suicide refers to deaths where the underlying cause is **intentional self-harm** and **events of undetermined intent**. Data represents suicide registrations. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for male, female and all persons are age standardised. Rates broken down by age group are crude.



Why think about groups at higher risk?



Indicated

Intervention targeted to individuals at higher risk



Selective

Prevention measures directed to a population subgroup



Universal

Prevention measures or intervention designed for everyone

"Population health approaches must consider the potential impact on both the whole population and also on those with different levels of risk for disease within a population, including those in under-represented or under-served groups."

- Platt et al., 2016



Risk factors



Most people who die by suicide have experienced **mental health problems**¹.



LGBTQ+



In the UK **two in three** (72%) of people who die by suicide are not in contact with mental health services **in the year before** they die³.



23% of people who attempted suicide in the past year were in **problem debt**^{5*}.



Prisoners

Occupation



Middle-aged men living in the most **deprived areas** face **even higher risk of suicide**. In the least deprived areas, rates among middle-aged men are similar to other ages².



Ethnicity



Unemployed people are 2.5 times more likely to die by suicide than employed people⁶.



A third (37%) of people who have self-harmed in the past year have also **attempted suicide** in that time³.



Veterans

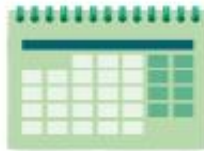
Bereaved by suicide

And more....



Risk factor: Middle-aged men

For decades, middle-aged men in their 40s and 50s have had the **highest suicide rates** of any age or gender¹.



Research suggests 'Generation X' (people born in the 1960s and 70s) have carried a **higher suicide risk throughout their adult lives**³.

Middle-aged men living in the most **deprived areas** face **even higher risk of suicide**. In the least deprived areas, rates among middle-aged men are similar to other ages².



1. ONS (2020) 2. ONS (2020) 3. ONS (2019) 4. Samaritans (2012, 2020); Wylie et al. (2012)

All statistics refer to the UK



Risk factor: Deprivation & inequality

People among the **most deprived 10%** of society are more than **twice as likely** to die from suicide than the least deprived 10% of society¹.



People experiencing **poor quality housing**, inaccessible local services or a lack of jobs have an **increased suicide risk**².



13% of deaths among **homeless people** are suicides³.



In England, there were an estimated **1,000 excess deaths** by suicide during the **2008–2010 recession**⁴.



23% of people who attempted suicide in the past year were in **problem debt**^{5*}.



Unemployed people are **2.5 times** more likely to die by suicide than employed people⁶.



* Problem debt refers to being seriously behind on payments for bills/credit agreements, or being disconnected by a utility's provider in the past year.

1. ONS (2017) 2. Platt et al. (2017) 3. ONS (2018) 4. Barr et al. (2012)
5. Bond & Holkar (2018) 6. Milner et al. (2013)

All statistics refer to the UK unless otherwise specified

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A registered charity



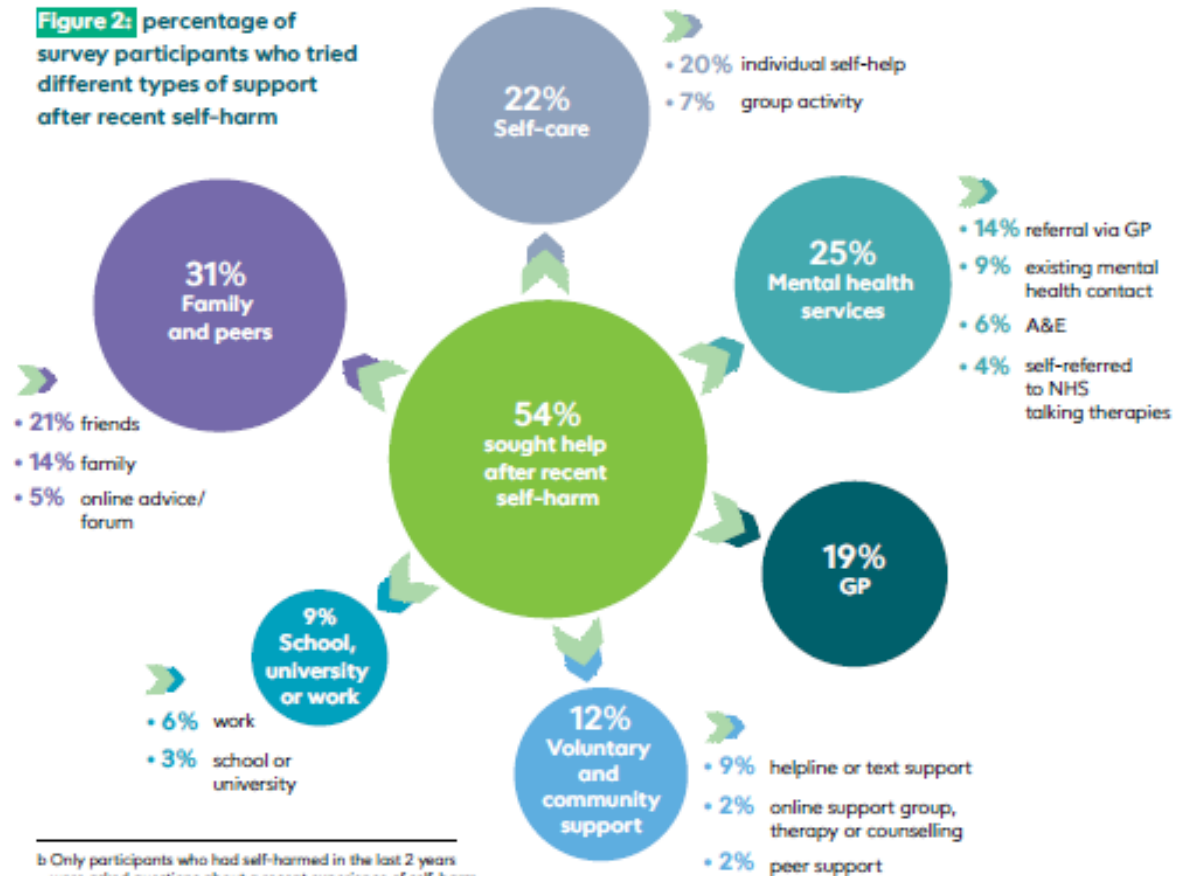
Self-harm

- The needs of people who have self-harmed are not being met.
- The whole spectrum of support urgently needs improvement.
- Support is lacking both in **availability** and **suitability**

From speaking to people with lived experience of self-harm, we identified four key support needs for self-harm, which are essential to providing effective care:

- Distraction from immediate self-harm urges.
- Emotional relief in times of stress.
- Developing alternative coping strategies.
- Addressing the underlying reasons for self-harm.

Figure 2: percentage of survey participants who tried different types of support after recent self-harm



^b Only participants who had self-harmed in the last 2 years were asked questions about a recent experience of self-harm, in order to ensure relevance for the current policy environment and that participants could adequately recall the experience.

LGBTQ+ people and suicide

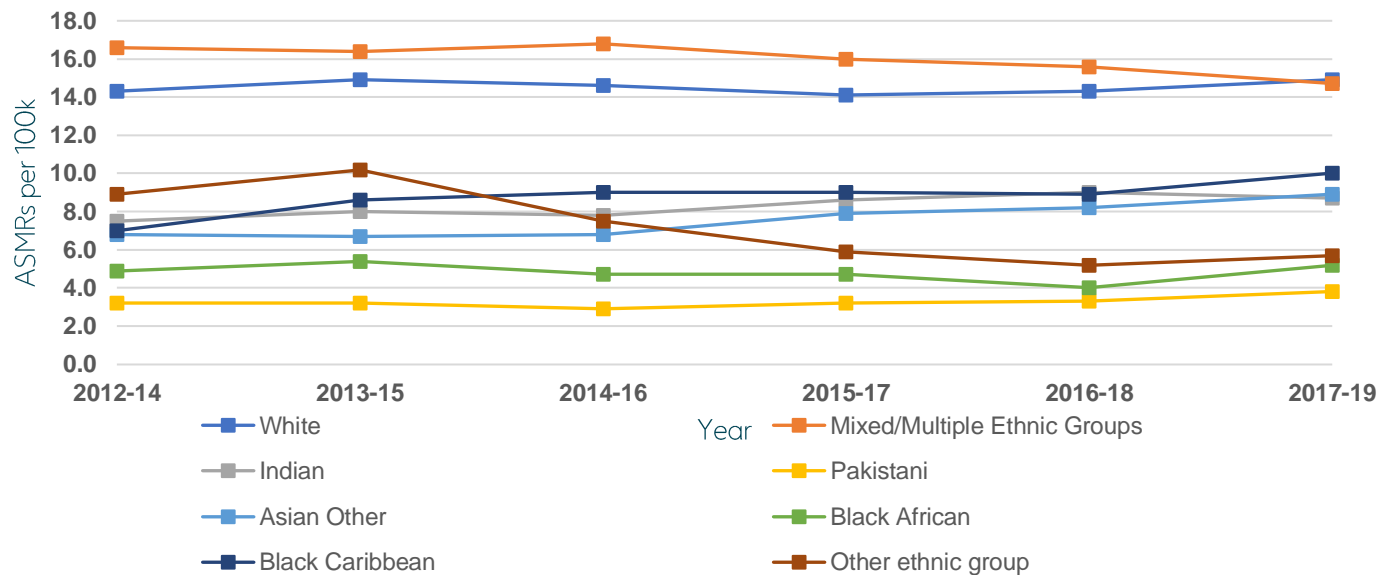
- Very few reliable data sources exist – stats aren't routinely collected but individual research studies show high risk
 - LGB people twice as likely to die by suicide than heterosexual people. Gay and bisexual men 4 times more likely | (King et al., 2008)
 - 2% of LGB people and 12% of trans people reported attempting suicide in last year (Backmann & Gooch, 2018)
 - Trans people have significantly higher rates of self-harm and suicide than cisgender people – 4 out of 5 experienced suicidal thoughts, 48% attempted suicide (Bailey et al, 2014)
- Experience same risk factors as heterosexual and cisgender people but face additional stressors
 - Poor mental health
 - Discrimination, hate crime
 - Social support
 - Victimization/bullying



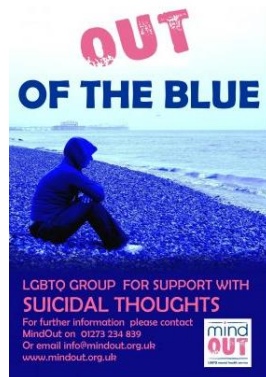
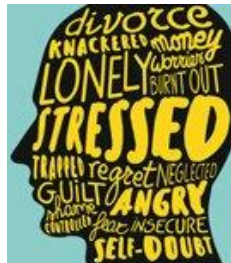
Suicide and ethnicity

- Rates of suicide vary between different ethnic groups, and drivers of suicide may be different too
- Limitations in the data, generational differences
- Inequalities in access to services, unequal treatment
- What does it mean for suicide prevention interventions?

Suicide rate by ethnicity (males). [Source: ONS]



Don't reinvent, go beyond..



Leeds GATE Don't Be Beat Project Evaluation and Learning

Self-harm Management Toolkit for Educational Settings

www.nspa.org.uk

Case studies

This report summarises the findings of Don't Be Beat, a project aimed to increase support networks available to Gypsies and Travellers in West Yorkshire experiencing mental distress and suicidal ideation.

This toolkit from Essex, Southend on Sea and Thurrock councils in collaboration with the NHS is to support those working with school-age children and young people under 18 in educational settings



So...

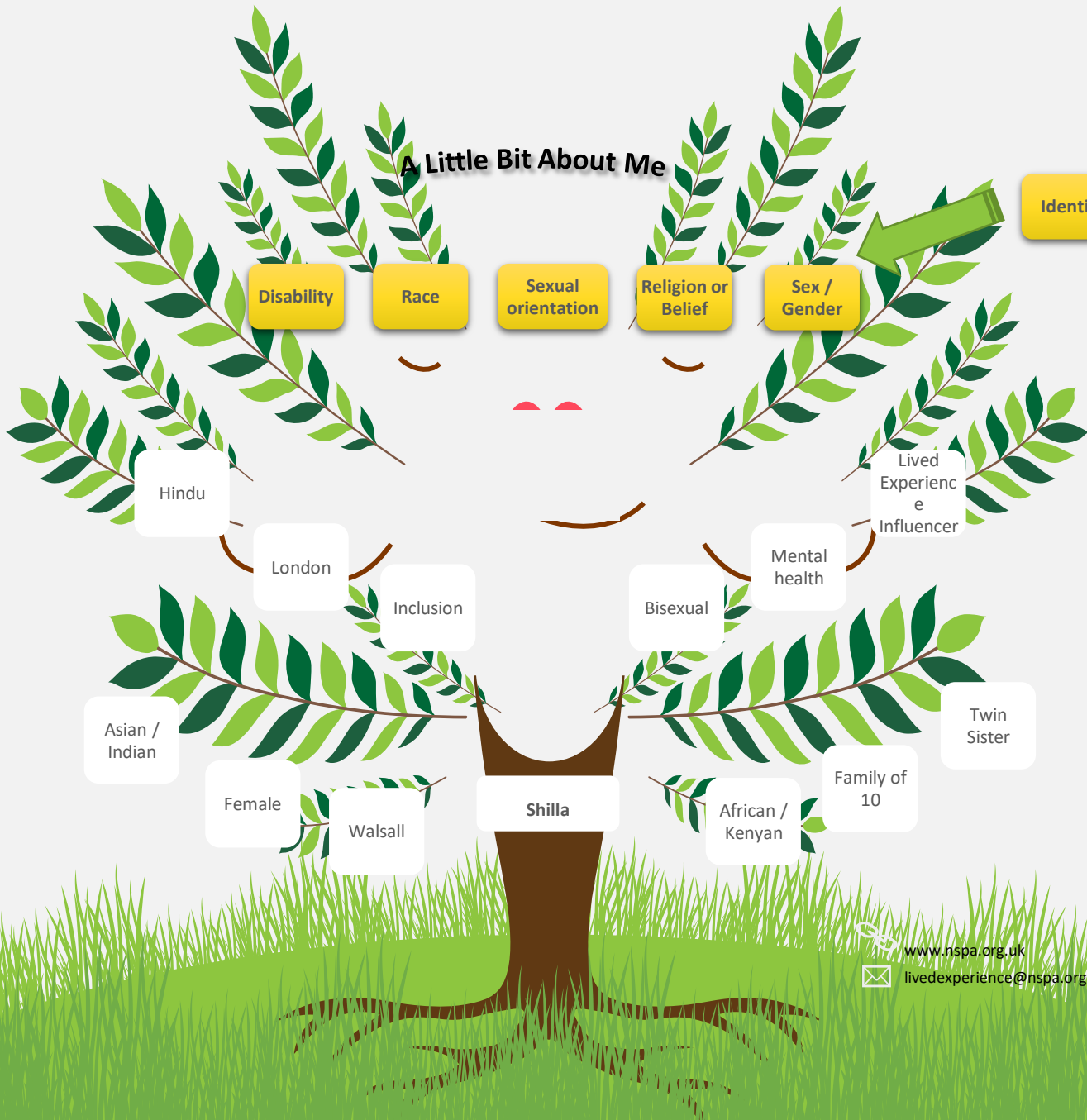
- Understand your local population
- Engage with people with lived experience
- Work together with trusted leaders / groups
- Don't reinvent the wheel!
- Check out how NSPA can support you....

And over to Shilla.....

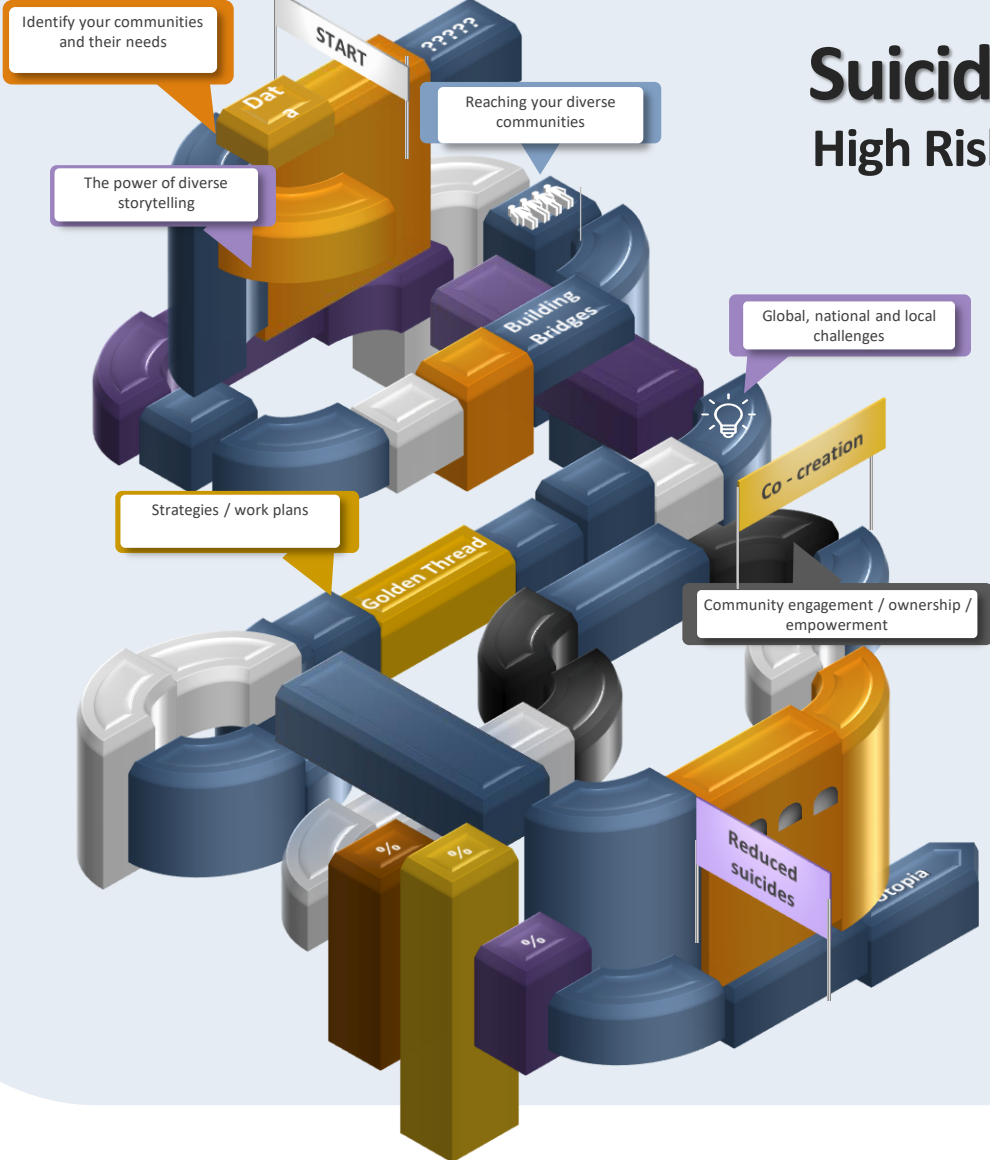




A Little Bit About Me

Identifiable High-Risk Groups



Suicide Prevention High Risk Groups

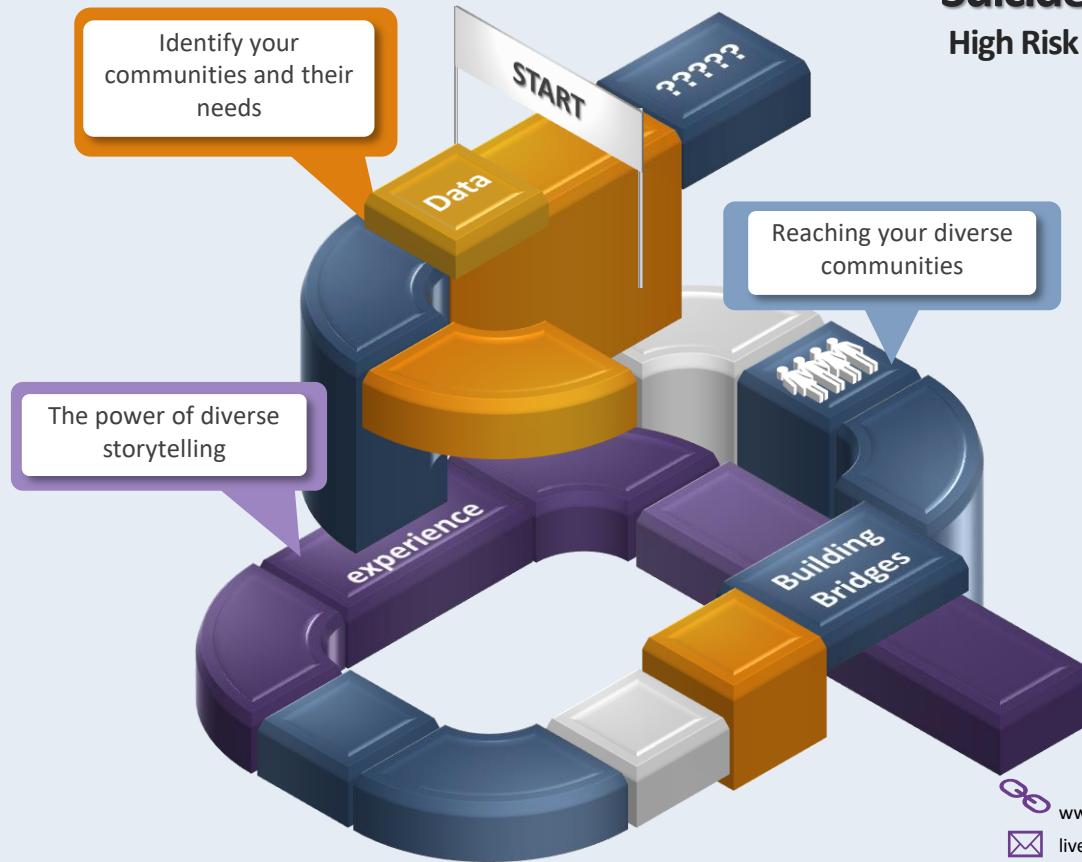


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Suicide Prevention

High Risk Groups



Considerations:

- ✓ Why is D and I important?
- ✓ Where are you now?
- ✓ Where would you like to be?



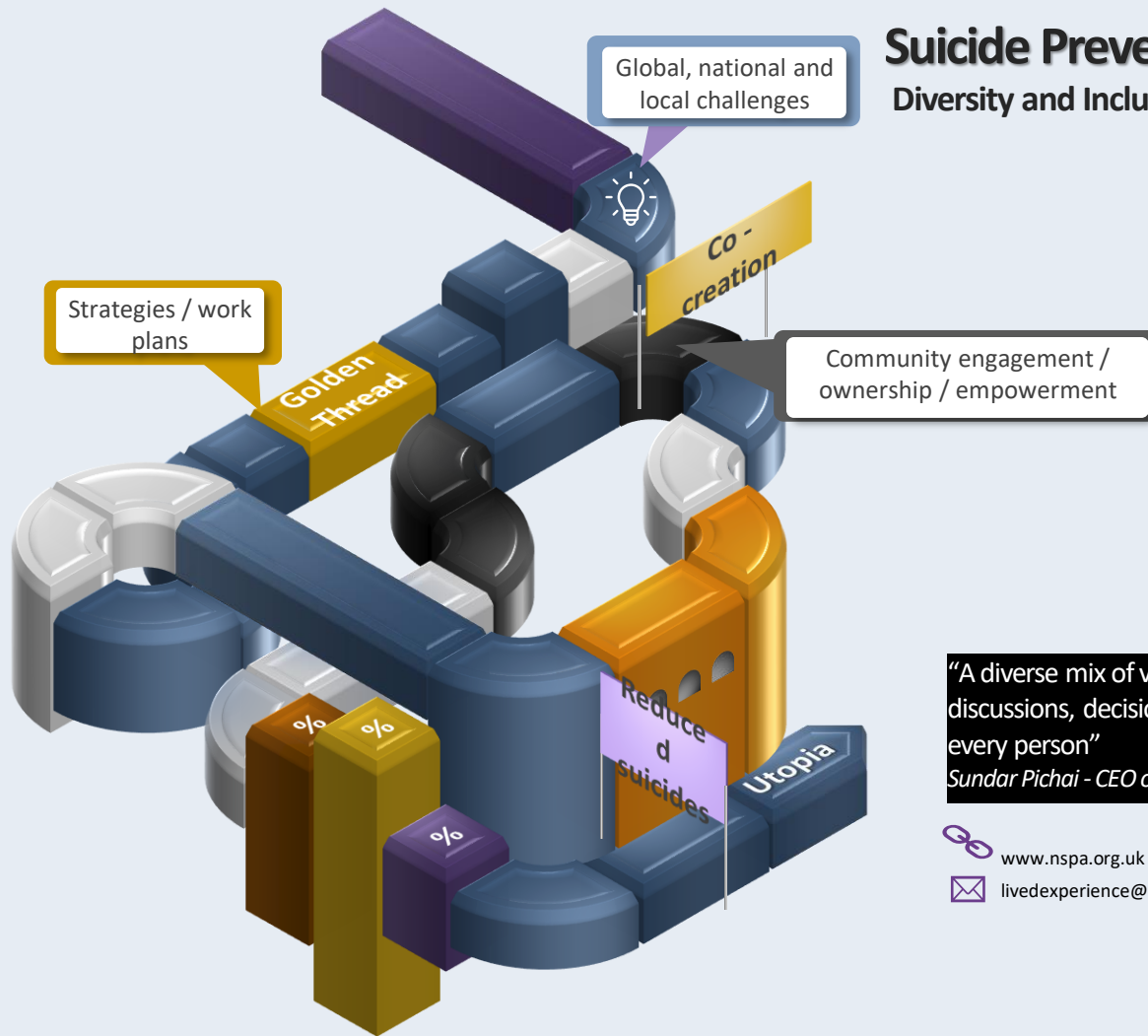
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Suicide Prevention Diversity and Inclusion



"A diverse mix of voices leads to better discussions, decisions and outcomes for every person"
Sundar Pichai - CEO of Google and Alphabet



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Call for Change

True and valid data

Break the stigma / silence

Awareness of cultural differences

Utilise those with lived experience

Organisational strategies / training



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**'When the masks come off'
poem**

As someone suffering from ill mental health, I wear many masks,
It makes it easier to do the 'impossible' tasks,
When I'm not really me, it's easy to survive,
The many masks enable me to exist, and contrive,
I find it easy to wear the mask of pretence,
It enables me to build a hidden, strong defence.

I wear a mask of happiness, which sometimes is not very true,
I constantly try to piece my shattered parts with super glue,
I wear a cloak of stealth and invisibility,
Providing an illusion of strength and perfectibility,
People find it difficult to see the real me,
All I want, is to be happy and continuously free.

I have become the expert of deceit,
But my true identity and self is incomplete,
The challenge is keeping these masks fully worn,
I wore no masks when I was born,
The more I dig deep, look within, reflect, and shine,
I come to an enlightened decision these masks are not of my design.



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**'When the masks come off'
poem**

It's time to show the authentic, and real me,
Be part of the branches and acorns of the strong oak tree,
I have begun to remove the deceitful faces,
In all parts of life, and many different spaces,
I realise with truth, I don't need these false guises,
My true me, now steadily uprises.

I am now not ashamed of my ups and lows,
People now begin to see me, they are now part of what truly grows,
To anyone wearing a mask, it's okay not to be okay,
The day has come to destroy the masks of decay,
I should be able to walk through the door, and be simply me,
Valued for who I am, inclusion and diversity are the key.

It has taken many years to come to this reality,
This has become my motto and conceptuality,
Let's move forward and be us for real,
There's no more worth, on holding onto the surreal,
By living this way, people around you will support,
And all the masks of deceit will disintegrate and steadily abort.



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Thank you!

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