



Suicide: let's talk about it

Suicide Prevention Plan
2016

Improving lives

oxleas.nhs.uk



Our patient promise

At every interaction we will:

- involve and support families, carers and people important to patients
- include patients and people who are important to them in care planning
- provide patients and carers with information about care and services
- treat patients with dignity and respect

A Our patient promise

B Our ambition

C To achieve our ambition we will

D We all need to talk

E The context

F Risk factors

G Our values

Introduction

Although the number of people taking their own lives has declined in recent years, still 6122 suicides were registered in the UK in 2014.

We know that about a third of people who commit suicide are under mental health services. Another third have had previous contact with mental health services.

Suicide prevention is everyone's business – clinicians, non-clinicians and partner organisations.

Not all suicides are preceded by suicidal behaviour and sometimes suicide can be an impulsive act or occur in a state of panic.

Suicide is a devastating event for families, friends, communities and members of staff. The causes of suicide are often complex, and can involve a number of factors.

We each have a duty to do all we can to prevent suicide. This plan sets out steps we will take to reduce suicides locally.

Underpinning our plan is our belief that we all need to talk more about suicide. Through raising awareness and training, as well as the delivery of safe and effective care, we can reduce the likelihood of suicide.

Dr Ify Okocha
Medical Director

Jane Wells
Director of Nursing

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Our ambition
is for **zero**
suicides

In England:

- there are approximately 12 suicides per 100,000 people
- there is a regional variation: London has a lower rate of 7.9/100,000 population
- the male suicide rate is three times higher than the female rate
- the highest suicide rate is in men aged between 45-59 years
- suicide remains the leading cause of death in men aged between 20 – 34 years (24% of deaths)
- 42% by hanging, strangulation, or suffocation

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Dr Victor Doku
Consultant Psychiatrist



To achieve our ambition we will:

- embed local and national learning to ensure staff are skilled to provide care
- work with partners and the wider community to improve understanding and build resilience
- produce robust risk assessments, care plans, and audits to reduce the risk of suicide
- provide evidence based care that is safe and effective, promotes early detection and rapid access to care
- support and engage staff, families and carers when things go wrong
- give service users a clear and workable crisis plan
- carefully plan with service users being discharged from hospital, to ensure they have the support they need
- restrict access to means of suicide for people in our care (e.g. ligatures and prescribed opioids)

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We all need to talk

Underpinning our plan is the belief that we all need to talk more about suicide.

Jonny Benjamin, a mental health and suicide prevention campaigner, spoke at our ***Suicide: let's talk about it*** event.

Watch our short film to hear Jonny talk about his own 'journey to recovery'.

...is the biggest killer of men under the age of 49.
...rate in males is now at its highest in
...2023]

...person between 10-19 at
...minutes in the UK
...2024]

...harm is now a major concern for pu
...ngst teenagers in the last decade.
...2024]



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Jonny Benjamin

Suicide prevention campaigner

The context

Preventing suicide is a global imperative

- there are 800,000 suicide deaths worldwide
- globally generally there are approximately 11 suicides per 100,000 people
- higher suicide rate in men than women
- suicide is the second leading cause of death in 15-29 year olds globally
- suicide attempts are rising and it is estimated that for every completed suicide there are over 20 attempts

The World Health Organisation 2014



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Dr Israel Adebekun
Consultant Psychiatrist

Risk factors

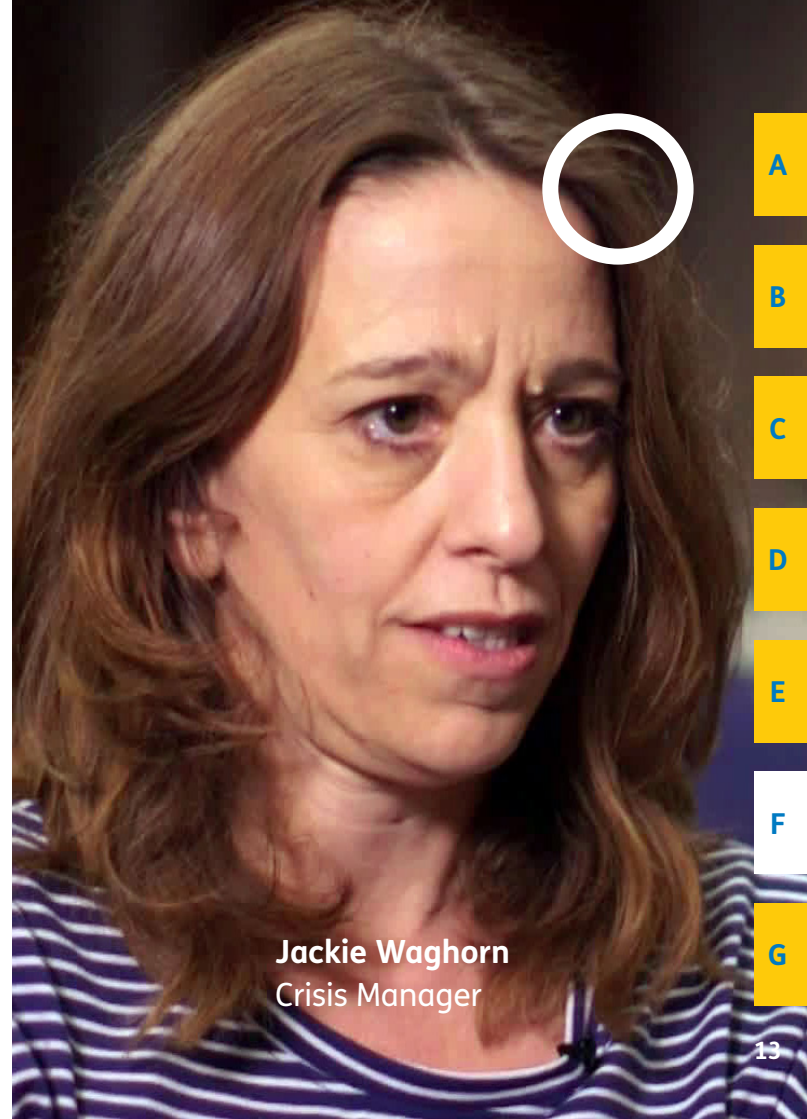
High risk groups of people:

- young and middle aged men
- those in the care of mental health services, including inpatients and those discharged from hospital
- attempted suicide is a strong predictor of suicide and the risk of suicide is 60-100 times greater than in the normal population
- those with physically disabling or painful illnesses including chronic pain
- alcohol and drug users
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers
- students
- gypsies and travellers
- asylum seekers
- children with mental health problems
- bereaved people and people bereaved through suicide
- those in custody

From the Department of Health (2012)
Preventing Suicide in England

Risk factors also include stressful life events such as:

- loss of a job
- debt
- living alone, or becoming socially excluded or isolated
- bereavement
- family breakdown and conflict, including divorce and family mental health problems
- imprisonment



Jackie Waghorn
Crisis Manager

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Dr Geoff Lawrence-Smith
Consultant Psychiatrist

Our values

We put our values into action every day.

User focus

We view things through the eyes of our users and their carers.

Excellence

We are never content with a service that is second best.

Learning

We constantly review and improve how we do things.

Responsive

We avoid unnecessary delays for treatment and care.

Partnership

We work with others to ensure our users get the help they need.

Safety

We seek to protect our users, staff and public from harm.

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Useful contact information

Suicide prevention lead:

Simon Sherring

simon.sherring@oxleas.nhs.uk

The Samaritans

www.samaritans.org

116 123

MIND

www.mind.org.uk

020 8519 2122

RETHINK

www.rethink.org

0121 522 7007

Time to Change

www.time-to-change.org.uk

020 8215 2356

oxleas.nhs.uk

With thanks to:
Jonny Benjamin
guest speaker in our film



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