INITIAL EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Suicide Prevention Strategy 2019 - 2021

Please Note:-

This document describes an **initial** assessment of equalities impacts in relation to the draft Suicide Prevention Strategy 2019 - 2021.

The council has a statutory duty to consider the impact of its actions in relation to the following protected characteristic groups:-

Age
Disability
Gender Reassignment
Marriage and Civil Partnership
Pregnancy and Maternity
Race
Religion or Belief
Sex
Sexual Orientation

Therefore, the council wishes to hear and proactively consider any comments in relation to how any aspect of the issues presented may impact on any sections of the community as listed above. Any feedback in relation to equalities and any point raised within this document will feed into and inform a full Equality Impact Assessment and Analysis.

You can find out more and tell us your views by completing our survey online at https://consultations.southglos.gov.uk/consult.ti/SP19 or sending your comments to:

Email: consultation@southglos.gov.uk

Write to: South Gloucestershire Council, Corporate Research & Consultation Team, Council offices, Badminton Road, Yate, BRISTOL, BS37 5AF

Phone: 01454 868154

Copies of the consultation are available from your local library or one stop shop.

The consultation on these proposals starts on Friday 9th November 2018 and closes 1st Februrary 2019

Initial Equality Impact Assessment and Analysis - Evaluation Tool

Name of service / function / issue under consideration:	South Gloucestershire Suicide Prevention Strategy (2019-2021)

Date of the last completed EqIAA relating to the service / function / issue under consideration:	None

Context:	This Equalities Impact Assessment relates to the revision of the South Gloucestershire Suicide Prevention Strategy (2019-2021). Every suicide death is a tragedy and impacts on friends, family, support services, health care professionals and society as a whole. However, suicides are not inevitable and there are many ways in which services, communities, individuals and society can prevent suicides. The national suicide prevention strategy for England was published in 2012, with two main objectives of reducing the suicide rate in the general population in England and better supporting those bereaved or affected by suicide. The national strategy identified a number of key high risk groups who are at increased risk of suicide compared to the general population and several groups who warrant specific consideration due to either an increased risk of suicide or due to their particular needs relating to accessing services. The groups are summarised below in relation to the protected characteristics. In this strategy, we aim to share national and local information on deaths by suicide and related policy and guidance, and to outline the approach to suicide prevention in South Gloucestershire. A detailed action plan to address these aims will be developed alongside this strategy, to be overseen by the South Gloucestershire Mental Health Partnership and updated at least every year.

DEMAND	**Is there any indication or evidence (locally or nationally) that different groups will have different needs, experiences, issues or priorities in relation to service / function / issue under consideration?**	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☒	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☒	No ☐	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☐	No ☒	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☐		

OUTCOMES	**Is there any indication or evidence (locally or nationally) that different groups will have participation levels, satisfaction levels or outcomes in relation to service / function / issue under consideration?** *NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.*	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☐	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☒	No ☐	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☐	No ☒	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☐		

Overview

The most recent suicide audit for South Gloucestershire found that in the three years between 2015 and 2017:

- There was a total of 54 deaths from suicide in South Gloucestershire. This equates to an average of 18 deaths from suicide per year.
- The age-standardised suicide rate for South Gloucestershire (7.9 per 100,000) was slightly lower than that seen in England (9.9 per 100,000) or the South West (10.8 per 100,000).
- Based on a three-year rolling average, the suicide rate in South Gloucestershire was higher in 2012-14 compared to that in 2006-08, but has decreased in more recent years.

Groups known to be at increased risk of suicide

Some groups of people are known to be at higher risk of suicide compared with the general population. The national suicide prevention strategy identified several key groups as being at high risk of suicide and therefore key groups for action. Outside of the key risk groups, the national strategy and South Gloucestershire's Adult Mental Health Needs Assessment identified additional groups of people with particular vulnerabilities or problems with access to services who should also be considered when developing action plans for suicide prevention.

Box 1 below provides a summary of the groups considered at increased risk of suicide or who warrant specific consideration. Further information is then provided below in relation to these groups and those with protected characteristics, using local data where available.

Box 1: Groups specified within the National Suicide Prevention Strategy

Key groups for action – at higher risk of suicide than general population

- Men
- People in the care of mental health services including inpatients
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

Other important groups – require special consideration due increased risk or issues relating to access to services

- Children & young people (including looked after children, care leavers and those in Youth Justice System).
- Survivors of abuse or violence, including sexual abuse

- Veterans
- People living with long-term physical health conditions
- People with untreated depression
- People who are especially vulnerable due to social and economic circumstances
- People who misuse drugs or alcohol
- Lesbian, Gay, Bisexual and Transgender people
- Black, Asian and minority ethnic groups and asylum seekers
- Disabled people
- Smokers
- People in the Gypsy, Roma and Traveller communities

Age
The highest number of deaths from suicide in South Gloucestershire were among 45 to 64 year-olds, and 25 to 44 year olds, although rates were similar across all age groups for those aged 45 years and older.

The suicide rate among teenagers is below that in the general population. However, young people are vulnerable to suicidal feelings. The risk is greater when they have mental health problems or behavioural disorders, misuse substances, have experienced family breakdown, abuse, neglect or mental health problems or suicide in the family.

Between 2012 and 2017, there were approximately 2-3 child deaths (in those aged <18 years) by suicide or deliberate self-harm in South Gloucestershire.

Sex
Suicide rates are consistently higher in men than women. Around three-quarters of suicides in South Gloucestershire in the last five years were in men (76%). This is very similar to the national picture.

Data from a national survey of psychiatric illness among adults in the general population shows that, despite men being more likely than women to die by suicide, women were more likely to report having ever had suicidal thoughts (22% versus 19%) or having attempted suicide (5.4% of men, compared with 8.0% of women).

Disability – mental illness
People who experience mental illness are at increased risk of suicide. At a national level, the rate of both patient and in-patient suicides has decreased since 2005, although the rate of decrease in in-patients has slowed in recent years.

Among the deaths by suicide reviewed by the Avon Coroner's Court during 2016, 25% of people overall had been in contact with acute mental health services in the previous year, which is very similar to the national figure (27% of suicides between 2005 and 2015). A further 31% of people had been in contact with some sort of counselling service in the community, meaning that in total 56% of people were engaged in help in relation to their mental health.

National evidence shows that at least half of people who die by suicide have a history of self-harm, and one in four have been treated in hospital for self-harm in the preceding year. Around one in 100 people who self-harm take their own life within the following year. Risk is particularly increased in those repeating self-harm and in those who have used violent or dangerous methods of self-harm.

Disability – physical disability
Some long-term conditions are associated with an increased risk of suicide, e.g. epilepsy. There is also evidence that receiving a diagnosis of cancer, coronary heart disease and chronic

obstructive airways disease is associated with higher suicide risk. For cancer, the risk of suicide increases by more than ten times in the week after diagnosis.

Many people who live with long-term conditions - including physical illness, disability and chronic pain – will, at some time, experience periods of depression that may be undiagnosed and untreated. Disadvantage and barriers in society for disabled people can lead to feelings of hopelessness. People with one long-term condition are two to three times more likely to develop depression than the rest of the general population. People with three or more conditions are seven times more likely to have depression. Many medical treatments for long term physical health conditions (for example, chronic pain medication, insulin treatment) also provide people with ready access to the means of suicide.

Sexual orientation & Gender Reassignment
A review of the research literature suggests that lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, and deliberate self-harm. Lesbian, gay and bisexual people are twice as likely as heterosexual people to self-harm. Gay and bisexual men have a particularly high prevalence of self-harm. One in ten gay and bisexual men aged 16 to 19 have attempted to take their own life in the last year. There are indications that transgender people may have higher rates of mental health problems and higher rates of self-harm.

Race
The evidence on the incidence of mental health problems in Black, Asian and minority ethnic groups is complex. This term covers many different groups with very different cultural backgrounds, socioeconomic status and experiences in wider society. People from Black, Asian and minority ethnic groups often have different presentations of problems and different relationships with health services. Some Black groups have admission rates around three times higher than average, with research showing that some BME groups have high rates of severe mental illness, which may put them at high risk of suicide. The rates of mental health problems in particular migrant groups, and subsequent generations, are also sometimes higher. For example, migrant groups and their children are at two to eight times greater risk of psychosis. More recent arrivals, such as some asylum seekers and refugees, may also require mental health support following their experiences in their home countries.

There is little evidence on suicide risks in Black, Asian and other minority ethnic groups, as information on ethnicity is currently not collected through the death registration and inquest processes. This is a major obstacle to getting reliable and accurate data on suicides and to improving the evidence base and monitoring trends.

It is nationally recognised that more and better information about prevention and risk factors among different ethnic groups is needed.

Pregnancy & maternity
Nationally collated evidence shows that up to one in five women risk having a mental health condition during pregnancy and in the 12 months after childbirth suicide is the second most common cause of death among women during pregnancy and in the post-natal period.

Religion or belief
The relationship between religion and suicide risk is complex and there is mixed evidence on whether people who have a religious affiliation or attend religious services have a different risk of suicide than people who do not have a religious affiliation.
Deaths may be less likely to be reported as suicide where there is particular stigma or taboo attached to suicide due to the socio-cultural or religious norms of the individual, their family or community.

Marriage & civil partnership
Suicide rates vary by marital status, especially among men. The greatest risk is among divorced men, who in 2015 were almost three times more likely to end their lives than men who were married or in a civil partnership.

Impact on Protected Characteristic groups:

Positive:	Low ☐	Moderate ☐	Substantial ☒	
Negative:	Low ☒	Moderate ☐	Substantial ☐	Catastrophic ☐

Impact on Council reputation: Positive ☒ Negative ☐ Neutral ☐

Financial Implications: Small ☒ Medium ☐ High ☐

Explain why the above check boxes have been selected:
This strategy is expected to have a positive effect on suicide risk among groups at risk of suicide, which include several groups with protected characteristics.

The strategy is expected to have small financial implications at this stage as the strategy itself does not necessitate increased spending. Additional resource needs may be identified during the process of developing an action plan, but these will be subject to the appropriate business case planning.

This strategy will enable SGC to prioritise actions. This Initial Equalities Impact Assessment ensures that equalities related issues are considered throughout the process.

List the Sources of evidence you have used: (refer to guidance document for examples)

- Department of Health. Preventing Suicide in England. 2012. https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england
- Office for National Statistics. Suicides in the UK: 2017 Registrations. 2018. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations
- Office for National Statistics. Who is most at risk of suicide? https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whoismostatriskofsuicide/2017-09-07
- Public Health England. Local Suicide Prevention Planning. 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf
- Samaritans. Suicide statistics report 2017. 2017. https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

Considering the evidence and what it tells you about impacts, are there any actions that are currently being taken which mitigate negative impact and/or improve on a positive impact?

A detailed action plan will be developed alongside the strategy, which will include actions taken in relation to suicide prevention among particular population groups, in line with the national suicide prevention strategy. The priority actions will be developed and agreed by the multi-agency South Gloucestershire Mental Health Partnership.

What further actions will be taken?
A consultation will be carried out to inform the next steps.