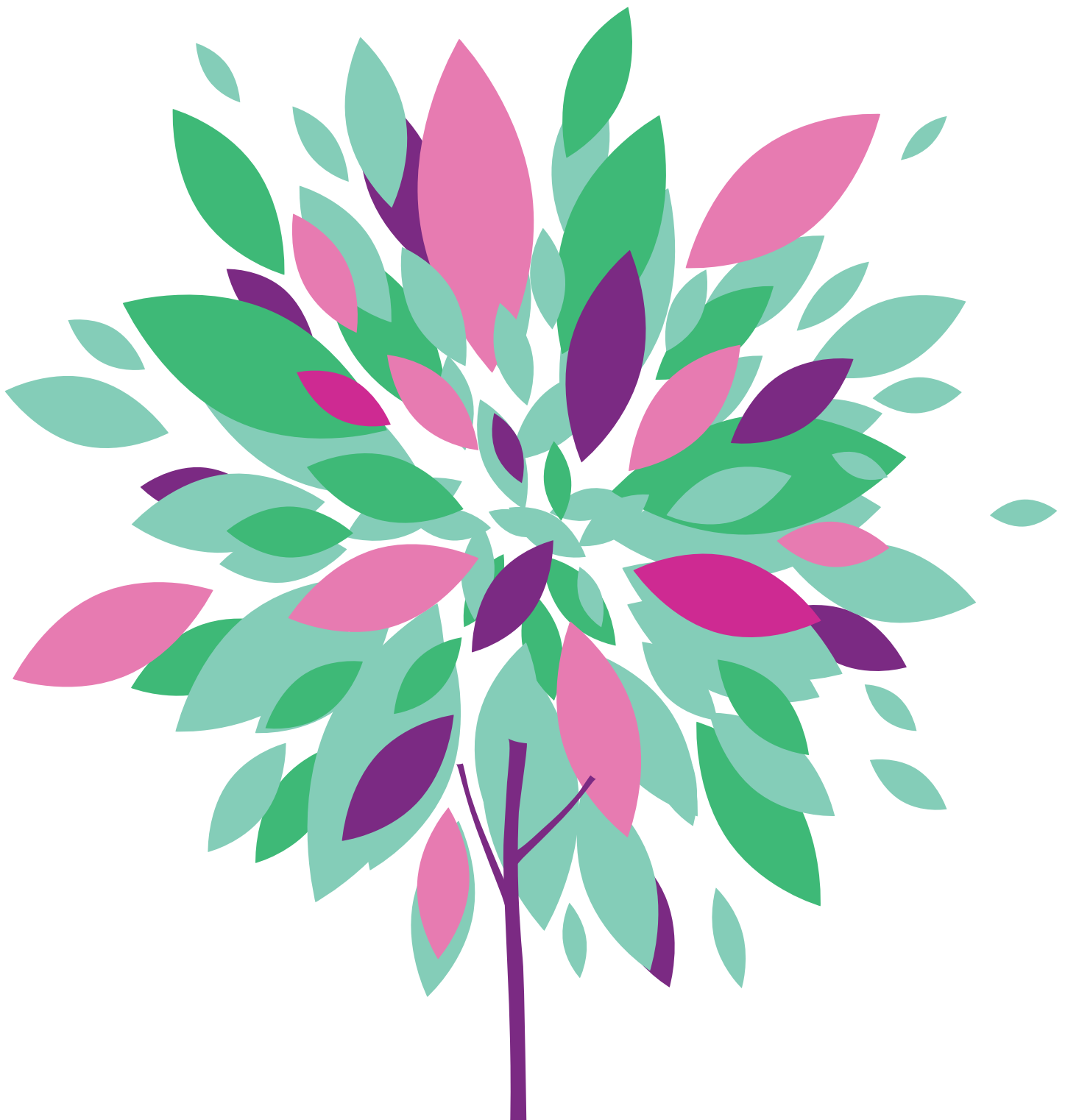




London Borough
of Hounslow

Preventing suicide in Hounslow: a strategy to save lives

2019-2022



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Foreword

Hounslow is home to a diverse community – our aim is for all communities to be healthy, prosperous and happy. Our communities and services are assets that support both the health and wellbeing of our residents. However, there are factors such as social isolation, loneliness, financial stress, fear of losing safe accommodation, bullying, family separation and physical and mental illness that can make some of our residents vulnerable. This may lead them to self-harm and/or the attempt to end their own lives.

Every year around 14 people die by suicide in Hounslow.

Suicide is the biggest killer of men under 50 as well as a leading cause of death in young people and new mothers.

Every suicide is a loss of life that is preventable. It leaves a lasting impact on the health and wellbeing of family and friends as well as on wider society.

In 2017, Hounslow Council and its partners formed a multi-stakeholder advisory group (MSAG) which was tasked with developing an action plan. Our aims were to increase the resiliency of the general population and improve support for those who may become vulnerable.

In developing this plan, we:

- analysed available data on the local population, including the wider social and economic factors which impact the residents
- worked with the Coroner's Office to gain insights into the data collected on those who die by suicide and the potential factors which may have caused them to become vulnerable
- engaged a large number of the stakeholders who provide local services
- we interviewed experts to help us develop a suicide prevention strategy
- looked at regional and national guidance and policies to ensure that our strategy is developed within the larger context^{1,2}.

This strategy aims to coordinate the efforts of the stakeholders in Hounslow to prevent suicide by residents in the borough. It is a holistic strategy with 7 key priorities which require the collaboration with the Metropolitan Police, education sector, fire services, Department for

Work and Pensions, health services as well as the internal departments of the council, namely housing, social care, regeneration and economic development.

At a national level, this strategy meets the requirements for a multiagency suicide prevention plan as set out by the 5 Year Forward View for Mental Health (2016)³. It sets out targeted actions in line with the National Suicide Prevention Strategy.

At a local level, the strategy gives effect to the priorities identified in the Joint Health and Wellbeing Strategy which is currently being revised in light of the new Joint Strategic Needs Assessment (JSNA). It also helps to realise the Joint Children and Young People Strategy and the Joint Adult Prevention Strategy especially with regard to the priorities around mental health.

Together these strategies help to realise a vision to promote and protect the health and wellbeing of residents in Hounslow as articulated in the Local Authorities Corporate Plan and the Hounslow Together long term partnership strategy, the Future Borough Strategy.

Due to the cross-sector nature of this strategy, it is owned and championed by the Health and Wellbeing Board (HWB). A subgroup of this board shall develop an action plan to lead and monitor this work, reporting to the HWB every six months.

Executive summary

Hounslow Council and its partners are committed to suicide prevention. We will continue to work to improve the resilience of all our communities by making Hounslow a happier and healthier place.

We have engaged extensively with local stakeholders and used the evidence from local, regional and national sources to formulate a prevention strategy and action plan that aims to save lives by early identification and support of residents who become vulnerable.

We can only achieve this by working with communities, schools, employers and service providers in the borough. Therefore, we will build and continue to strengthen the multi-stakeholder oversight group to ensure joint working between all partners, such as the police, fire services, voluntary services and Department for Work and Pensions, to improve the resilience of all our residents, in particular those who are most at risk. Furthermore, we will maintain an ambition to involve service users and carers in future planning, learning and service development, including the aim to adopt co-production models wherever possible.

Extensive work has already been undertaken by the council and its partners to improve and promote the health and wellbeing of residents – this strategy builds on that work and addresses areas which need to be improved.

We will also work with other boroughs and the Mayor of London on issues that are London-wide in support of the Zero-suicide ambition for London.

Furthermore, we will ensure our work complements and is aligned to key national strategies including the NHS Long Term Plan (2019).

This strategy focuses on seven key areas which are identified as both local and national priorities:



To help us deliver our three year strategy, we will be establishing a suicide prevention group which will oversee the implementation of the strategy and ensure each action needed is taken.

Introduction to Hounslow – who we are, our lives and people who die by suicide

As the sociologist, Emil Durkheim, noted ‘while individual cases of suicide have individual psychological causal factors, suicide rates of groups of people have social situation causes’.

Suicide prevention strategies, therefore, require action at all levels and across all sectors – from schools and employers to health and care services and from voluntary sector to family and friends – we all need to be involved in making Hounslow a happier and healthier place to live.

Evidence from national suicide data indicates that demographic and socio-economic factors are associated with the risk of suicide such as gender, social isolation and financial challenges. This information is summarised below. Further detailed information at ward level is provided in the Appendices as well as in other documents such as the JSNA.

Population

The Hounslow population steadily increased from just under 255,500 in 2011 to approximately 274,300 at present and is projected to increase to about 285,000 in 2022. The male population is predicted to increase more quickly than the female population.

Various electoral ward populations are projected to increase at different rates. For example, Hounslow Central and Brentford, the two most populous wards in 2017, are expected to increase the most, whereas

Hounslow South and Chiswick Homefields will have lower rates of increase.

Appendix A provides more detailed information on population breakdowns

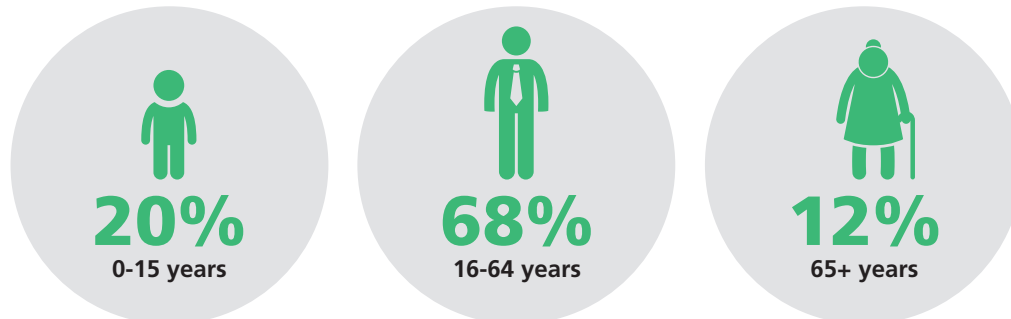
GENDER

The population in Hounslow is comprised of 51% male and 49% female. However, this varies across the borough with some areas, such as Hounslow Central and Hounslow West, having a higher ratio of men (54%) to women (46%).



AGE

There are 184,000 residents of a working age, and 59,000 aged between 0-15.



Appendix B provides more detailed information on age breakdowns.

INCOME

In general, electoral wards with greater deprivation are likely to have a greater suicide risk than the least deprived. For example, the Hounslow wards with the greatest household income such as Chiswick and Turnham Green have a lower suicide risk than those with the lowest income such as Hanworth, Cranford and Heston West.

Another indicator of risk is the housing benefit claimant rate given it is associated with deprivation, stress and possible economic insecurity. In 2015, Hanworth, Isleworth, Brentford and Heston West had the highest rates, with a more or less steady gradient from highest to lowest. This may be a more sensitive indicator of risk than household income as 7 out of the 20 wards in Hounslow had household incomes around £40,000 or less and half lower than £45,000.

See Appendix C for more detailed information on income and rates of housing benefit claimants.



Suicide thoughts and attempts

The national Adult Psychiatric Morbidity Survey (APMS) collects data on self-reported suicidal thoughts, attempts and self-harming without suicidal intent which are deemed to cause great distress to both those who are experiencing it as well as people around them. Thoughts and/or attempts of suicide are strongly associated with mental illness. This data can help to identify those who are most at risk of taking their own life.

Approximately 6.4% and 5.4% of the UK population have reported self-harm and suicidal attempts respectively. Some groups were more likely than others to report these thoughts and behaviours, such as those who lived alone or were out of work (either unemployed or economically inactive). Benefit status also identified people at high risk – two-thirds of Employment and Support Allowance (ESA) recipients have had suicidal thoughts and almost half have made a suicide attempt in the past.

From a prevention approach, half of those who have attempted suicide sought help after the most recent attempt – about a quarter sought help from their GP; a quarter from a hospital or mental health service; and one-fifth from friends and/or family. Men and women were equally as likely to seek help.

Applying the age specific data on self-harm and suicide attempts to the local population, there may be around 15,800 adults that have had suicidal thoughts in Hounslow over their lifetime. More detailed figures by gender and ward are given in Appendix D.

How many lives are lost by suicide in Hounslow

About 14 lives are lost through suicide in Hounslow every year.

Trends in standardised mortality ratios (SMR)ⁱⁱ are given in Appendix E. From 1999 until around 2010, rates of suicide in Hounslow for persons (males and females together) were not much different from the London and England averages, although with a possible upward trend, whereas the London and England rates showed a gradual reduction from around 1998 to 2010. From about 2008-09, London and Hounslow had on average decreasing suicide rates up to 2014, whereas the England suicide rate began to increase from around 2007-08.

In 2014, Hounslow had overall a lower rate of suicide (an SMR of 25.15) compared with London (72.25) and England (100), however suicide numbers as well as rates have been increasing ever sinceⁱⁱⁱ.

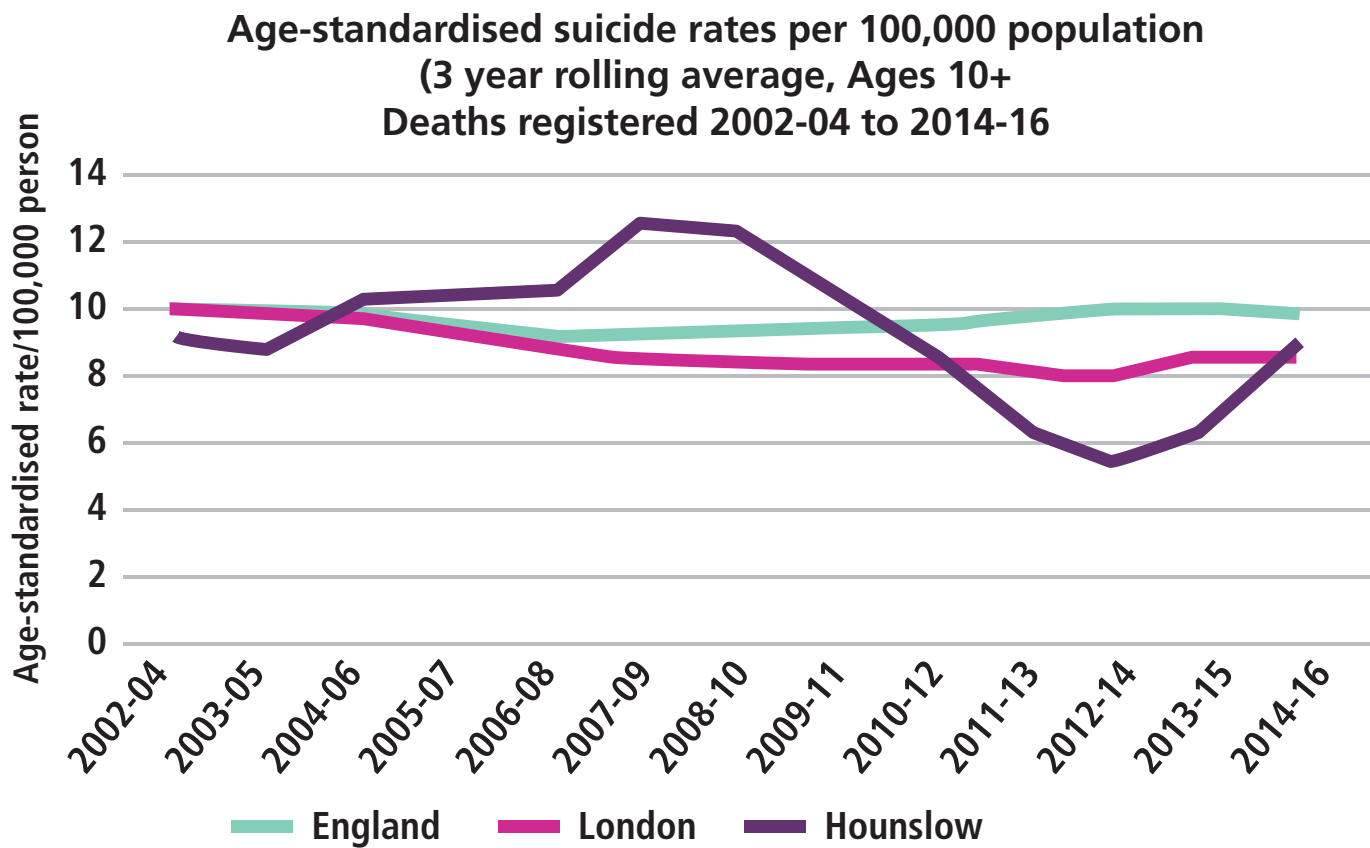
The trends for males are very similar to the rates for persons, probably because most suicides are in the male population. However, the trend for females and the relative rate compared to London and England is somewhat different from that of males. From around 1999 to 2008, the rates are close to those in London and both are close to the England average. As for males, there is evidence of a possible reduction in rates in Hounslow from about 2009-10, but the data show that small numbers produce widely fluctuating rates therefore the data for females must be treated with caution. See Appendix E for more detailed information.

Figure 1 shows the trends for each year the average of 3-years' suicide rates data (called a '3-year rolling average') for Hounslow compared with London and England.

ii Standardised Mortality Ratios (SMR) are age adjusted ratios of deaths that allow comparison between different populations. The SMR for England is set to 100. An SMR above 100 indicates that the death rates in the local area are higher than expected.

iii These results must be treated with caution for London given the ONS population estimates for the years post-2000 (and possibly before) have been shown to be problematic for certain London boroughs (even GLA population estimates were not very accurate). The most accurate population estimates for London were those based on the use of administrative data from local sources, especially local authorities and the NHS (compare these rates with the actual numbers of suicide shown in Table 1).

Figure 1 Age-standardised suicide rates, rolling three year average, deaths registered 2002 to 2016



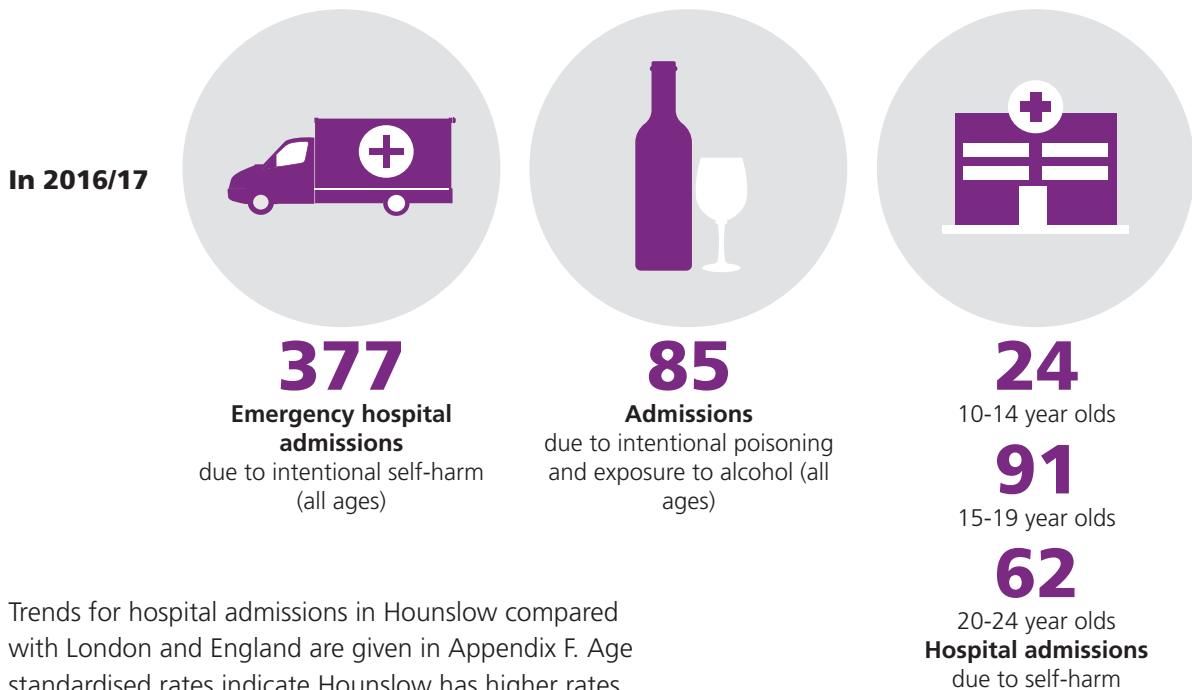
Source: PHE Suicide Prevention Profile

For this strategy, it is important to know the actual number of suicides in Hounslow. The most up-to-date figures are those using trends in 3-year averages of registered suicides and are shown in Appendix E.

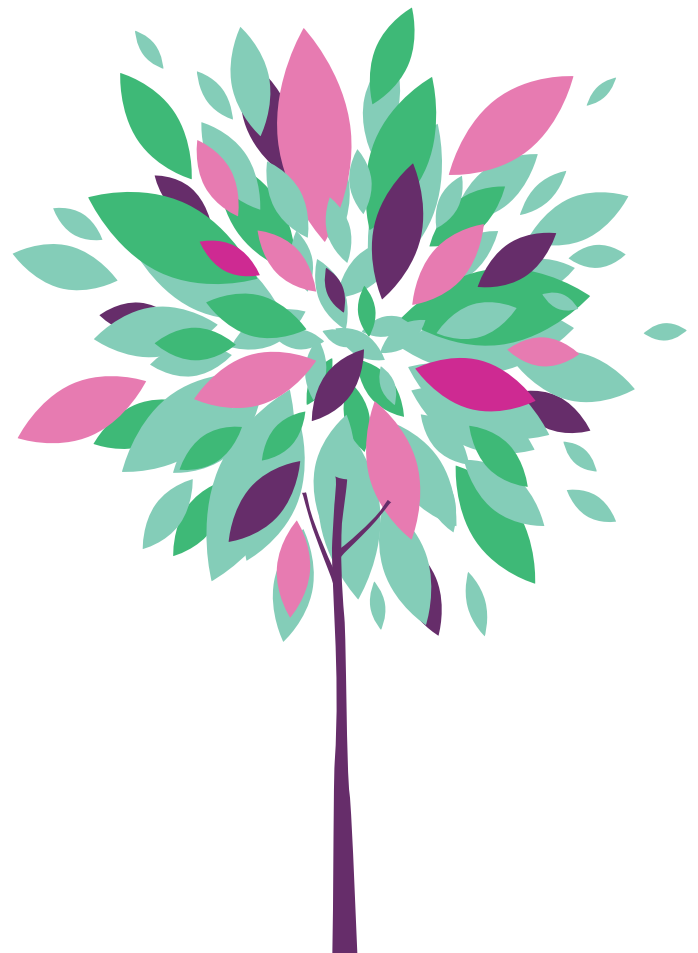
While the 3-year average of numbers of suicides fell between 2007-09 and 2012-14, the last 3-year average for 2013-2015 shows a possible change towards an upward trend. However, this trend change might be a random variation. Suicide data should be closely monitored over the next few years to evaluate the extent to which the actions from this strategy are effective.

Hospital admissions for self-harm

The incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people at least, is said to be among the highest in Europe. Admissions due to self-harm are only the tip of the iceberg for self-harm as they are the more severe self-harm cases.



Trends for hospital admissions in Hounslow compared with London and England are given in Appendix F. Age standardised rates indicate Hounslow has higher rates than London.



People who die by suicide in Hounslow

From our work with the Coroner's Office on suicide records for the period January 2015 to August 2017, we understand more about the lives of people who die by suicide. Many of the stresses experienced by local people who die by suicide are similar to those experienced across England. These include:



Most people who died by suicide experienced several of these stresses in the period before they died.



What our stakeholders tell us about suicide prevention

The key messages from the stakeholder event held on 4 October 2017 are presented in this section.

Two key messages for suicide prevention

Hounslow Together

Suicide prevention is everyone's business – services to employers and from schools and colleges to local communities, families and friends.



Key principle

We should prevent suicides by creating a caring, supportive, embracing society in Hounslow.



Three key areas for action



Stakeholders views on where the suicide prevention strategy should focus within the three key areas

1. Communication

- Better communication about services that already exist both among residents and among services so that people can be signposted appropriately
- Better communication between services – connecting and networking with Hounslow community (health, social care, education and voluntary sector).

2. Early intervention

What is working well?

- 24 hour access to emergency services and helpline
- Primary care mental health services
- Community support projects
- IAPT services (improving access to psychological therapies)

What needs improvement?

- Better integration of services
- Better integration and communication between substance misuse and mental health services
- Early identification and ability to signpost users appropriately and in a timely fashion to preventative services
- Support for those bereaved by suicide. Better use of support groups and materials (e.g. Z-cards when suicide is suspected)
- Recovery services
- Safe houses for homeless and rough sleepers

What are the gaps?

- Services for 18-25 year age group
- Services between low level mental health and specialist services – primary care services are already not always easily accessible
- Dual diagnosis services
- Transition from children services to adult services

Hounslow suicide prevention action areas

Action area 1

Tailoring our approaches to improve the mental health in specific vulnerable groups

Both local and national data suggest the following to be at higher risk of suicide:



Young and middle-aged men

We will work with men's groups in Hounslow to increase awareness of factors that lead to vulnerability and the support and services available when they feel vulnerable. We will work with services and employers to raise their knowledge and skills in identifying and signposting men who are at risk of becoming vulnerable due to social, economical or health reasons. We will work with diverse communities, including recent migrant communities, to understand cultural specific issues.

■ People with mental health problems

There is work already done on the ground with a mental health services directory, Northwest London CCG children and young people's mental health and wellbeing services system review; Northwest London Child and adolescent mental needs assessment (CAMHS) and a list of useful numbers of the different mental health services for general practices.

■ Reduce social isolation and loneliness

A review was undertaken to understand the quantity and range of interventions in place in Hounslow and to determine if there were any significant gaps when compared against a framework of evidence based interventions. The review concluded that better coordination was needed to ensure that there is a clear pathway through which a lonely individual should be guided to support, and there is no ongoing service for one to one support such as befriending. National issues also site transportation as a barrier to social connection, and the use of technology could be better employed.

■ Improve financial resilience

Hounslow council already provides skills and career services.

Action area 2

Reducing access to the means of suicide



- **Reducing access**

Reducing access to means of suicide has been shown to reduce deaths by suicide. For example, there have been reductions in suicides using pain relief medication such as paracetamol and aspirin following legislative changes to the size of packets and best practice guidance on the quantity of pain relief medication that can be sold in a single transaction.



- **Monitor trends**

Both nationally and locally, there is a need to continue to monitor suicide trends and the means of suicide. This should include newer areas of influence including trends in different forms of social media. Lessons must be learnt through a continuous process of reviewing both local and national data, reports and recommendations. Partnership working needs to include coroners who determine cause of death during their inquiry process.



- **Monitoring places**

Occasionally, suicide happens in particular places. Again, through monitoring processes, places with higher incidence of suicide can be identified and interventions put in place to reduce the risk of people dying by suicide in these places.

Action area 3

Providing better information and support to those bereaved or affected by suicide

- **Better support**

Providing better support to those bereaved by suicide as one of the central aims of the National Suicide Prevention Strategy. Many people bereaved by suicide say they do not always receive the support and help they need.

- **Guidance**

'Help is at Hand', a support document available online provides valuable and compassionate guidance and advice to people bereaved by suicide. Nationally, the Samaritans and Cruse Bereavement Care work in partnership to increase the support available for people bereaved by suicide. Locally, many bereavement support groups also support people bereaved by suicide.

- **Economic impact**

From an economic perspective, it is estimated that each suicide costs the economy in England around £1.67 million. It is known that people bereaved by suicide are more likely to experience mental health problems such as depression and anxiety and we also know that people bereaved by suicide are at a higher risk of suicide themselves.

Action area 4

Working with our local media to deliver sensitive approaches to suicide and suicidal behaviour

Nationally, research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour². We are also aware that inappropriate reporting of suicide may add distress to families and friends who are coming to terms with the death of a loved one.

In Hounslow, we will concentrate on four key areas:

- Proactively engaging with local and social media regarding the reporting of suicide and self-harm.
- Adherence to national standards for reporting of suicide.
- Working with local media when suicide events occur.
- Actively promoting mental wellbeing wherever possible.



Action area 5

Supporting data collection and monitoring of suicide to help us take action and target our interventions

To understand and address suicide prevention, we will remain in touch with national data and information regarding suicide, self-harm and their prevention. We will also consider our local and London-wide data and evidence to support us to take action. Wherever possible, qualitative information will be reviewed as well as quantitative data. There will be a particular focus on:

- monitoring of deaths by suicide in Hounslow.
- responding to specific knowledge gained from data (evaluating the likely effectiveness of the suicide prevention strategy actions).
- targeting interventions.

Action area 6

Targeting of suicide prevention and mental health promotion in high risk groups

The National Suicide Prevention Strategy highlights the importance of implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may make them more at risk for suicide. This Action Area, links explicitly to Action Area 1, where broader groups known to be vulnerable have been cited as requiring a focus, including young and middle aged males. The specific high risk groups for this Action Area include:



Children and young people



Lesbian, gay, bisexual and transgender community



People from Black and minority ethnic groups



People who use drugs and alcohol



Perinatal mental health

■ **Children and young people**

Studies of children and younger people have found that academic pressures, bereavement, bullying, alcohol or drug misuse and childhood abuse greatly increase the risk of developing mental health problems¹⁰. Nationally, professionals who work with children and young people are becoming increasingly concerned about mental health issues, including self-harm. Again at a national level, proposals have been made for increasing the focus on the mental health of children and young people, focusing on strengthening the mental resilience of younger people, preventing mental health problems and improving services available.

■ **Lesbian, gay, bisexual and transgender community and people from Black and Minority Ethnic groups**

Across the nation, progress is being made to improve mental health services for many of these groups. Best practice commissioning guidance, toolkits on preventing suicide and guidance for professionals are available to help improve standards of mental healthcare and suicide prevention for these groups of people.

■ **People who use drugs and alcohol**

Drug and/or alcohol use are major risk factors for both suicide and self-harm, and having both a mental health and substance misuse problem increases risk even further. Nationally, 80% of those in treatment for alcohol misuse and nearly 70% of people in drug treatment are thought to have co-existing mental health problems. Guidelines for treating substance misuse, and substance misuse co-existing with mental health problems, are in place. These confirm the need to have an evidence-based approach to both mental health problems and substance misuse, and very importantly ensure that people can access services that offer support for both the mental health problem and substance misuse in an integrated straight-forward way.

■ Perinatal mental health

Suicide is now one of the leading causes of death in pregnant women and new mothers. Nationally, almost a quarter of women (23%) who died between six weeks and one year after pregnancy died from mental-health related causes, and one in seven women died by suicide¹¹. Nationally, NHS England is aiming to improve access to high quality, timely, evidence- based care for women experiencing mental ill health during the perinatal period. This is to be delivered through specialist support in the community and through mother and baby units for inpatient care. This overall aim is to improve outcomes for women and families, with a focus on prevention and early recognition, integrated, joined-up care for women and their families.

Action area 7

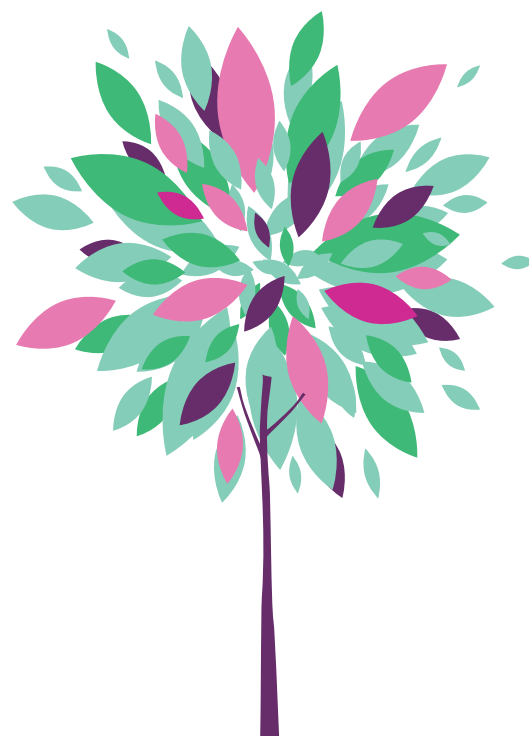
The prevention of self-harm

A report from the Children and Young People's Mental Health Taskforce, 'Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015)¹⁰ highlights the interventions needed to improve the mental health of children and young people. Many of these interventions overlap with self-harm and suicide prevention.

Key themes for children and young people emerged from this work:

- Promoting resilience, prevention and early intervention
- Improving access to effective support, a system that is joined-up
- Care for the most vulnerable
- Supporting front-line staff

In Hounslow, we want to work closely with schools and colleges, make sure information and support are available for people who self-harm and their families and provide training and support all front line workers regarding self-harm.



Making it happen in Hounslow: our plan for action

Suicide and self-harm prevention requires a dedicated focus nationally and locally, but we also need to make sure that our efforts to prevent suicide and self-harm are part of Hounslow's wider work to promote the wellbeing of people in our borough. The implementation of this strategy will include improved service user and carer involvement in the resulting actions and ultimately a co-production approach will be taken to service development wherever possible.

Three key areas

We will address both suicide and self-harm prevention across three key areas, ensuring physical health and mental wellbeing are seen:

- 1 Universal interventions:** to build mental strength and resilience, and wellbeing for all people, young and old, promoting the link between mental wellbeing and physical health
- 2 Targeted interventions:** targeted prevention and early intervention for people at risk of self-harm and suicide
- 3 Vulnerable groups:** early, joined-up interventions for people with mental health problems

What can be improved

When talking with people who work in Hounslow regarding mental health and suicide prevention, a number of themes were consistently raised as being important for suicide prevention and the mental health of people in our borough. Many people talked about several existing partnerships which were working well and effective interventions. Many also talked about areas which could be improved further. These were:

Develop and promote community-based support for those under stress due to poverty, unemployment, housing problems and social isolation



Increase awareness of both voluntary and statutory mental health services in the borough



Clarify and address gaps in support services available during evenings, overnight and weekends



Enhance partnership working for those with mental health problems, particularly at times of crisis



Ensure information is shared between agencies and with families and carers



Increase support for vulnerable people during transitioning between services



Improve and raise awareness of support for those who are bereaved by suicide



Increase training for staff around suicide and self-harm prevention



Increase integration of plans and strategies for mental health and suicide prevention



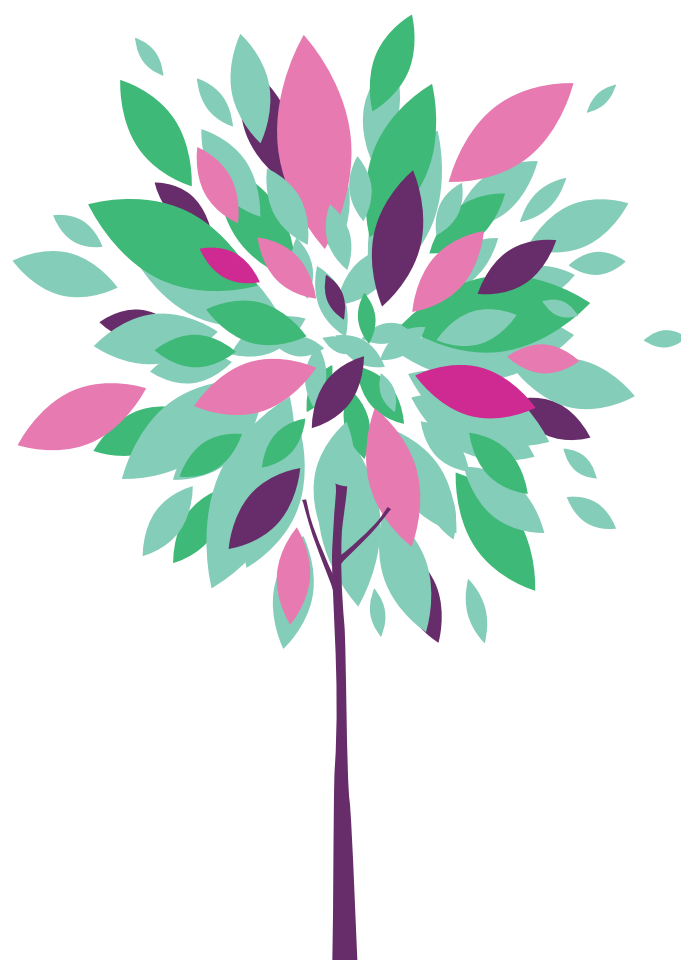
Action plan

ACTION AREA	ACTION
1. Tailoring approaches to improve mental health in specific groups	<ul style="list-style-type: none"> ■ We will develop and promote local, community based support for individuals and families under stress due to poverty, unemployment, housing problems and social isolation. ■ We will raise awareness of mental health support available for individuals and families under stress due to poverty, unemployment, housing problems and social isolation. ■ We will communicate with and engage men, especially young and middle-aged, to raise the profile of mental health and address the barriers that stop them from seeking help. ■ We will promote early intervention so people of all ages with mental health problems have timely access to evidence-based services as close to home as possible. ■ We will work with partners to bring about enhanced integration of care for people when they enter, spend time in and leave places of custody and detention, including police custody suites and Feltham Young Offenders Centre. We will also concentrate on people returning to Hounslow from prisons outside the borough. ■ We will set out effective pathways for self-harm, highlighting the importance of undertaking psychosocial assessments for people who present at emergency departments who have self-harmed.
2. Reducing access to the means of suicide	<ul style="list-style-type: none"> ■ We will continue to monitor suicide trends and the means of suicide, both nationally and locally. We will ensure we adopt a process of continuous learning from both local data and information and from national reports and recommendations. Newer areas of influence and information will be included such as social media platforms. ■ Through our monitoring processes, we will identify places with higher incidence of suicide if they occur and intervene to reduce the risk of people dying by suicide in these places.
3. Providing better information and support to those bereaved or affected by suicide	<ul style="list-style-type: none"> ■ We will ensure 'Help is at Hand', is available to people bereaved by suicide through our partnership working with key agencies who have contact with families and friends following deaths that may be by suicide. ■ We will ensure information is available regarding local and national support for people of all ages bereaved by suicide. ■ We will engage with the voluntary group who support families prior to attending Coroner's Court.

<p>4. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour</p>	<ul style="list-style-type: none"> ■ We will engage with local and social media regarding the promotion of mental wellbeing in Hounslow. ■ We will also engage with local media regarding the reporting of both self-harm and suicide in Hounslow.
<p>5. Supporting data collection and monitoring</p>	<ul style="list-style-type: none"> ■ We will continue to remain in touch with national data and information regarding suicide, self-harm and their prevention. ■ We will utilise qualitative information as well as quantitative data wherever it is available. ■ We will also consider our local and London-wide data and evidence to support us in taking action, with a particular focus on: <ul style="list-style-type: none"> • Monitoring of deaths by suicide in Hounslow • Responding to specific knowledge gained from data ■ We will consider 'real-time-reporting' of suspected deaths by suicide in Hounslow
<p>6. Better targeting of suicide prevention and help seeking in high risk groups</p>	<ul style="list-style-type: none"> ■ We will focus on strengthening the mental resilience of younger people, preventing mental health problems and improving services available. ■ For people from Black and Minority Ethnic groups, lesbian, gay, bisexual and transgender communities, we will work to improve communication with these groups and improve access to good quality mental health, suicide and self-harm prevention services. ■ We will ensure there is an evidence-based approach to both mental health problems and substance misuse, and ensure that people can access services that can offer support for both the mental health problem and substance misuse in an integrated way. ■ We will improve access to high quality, timely, evidence-based care for women experiencing mental ill health during the perinatal period. This will be addressed through working with all women during the perinatal period, supporting their mental wellbeing in the community and through access to high quality specialist support when needed.
<p>7. Self-harm prevention</p>	<ul style="list-style-type: none"> ■ We will promote mental health resilience, prevention of mental ill-health and early intervention through working closely with our schools and colleges. ■ We will improve access to effective information for children and young people who self-harm, their families, teaching staff and others who directly support children and young people. ■ We will support the integration of self-harm information into local training for key organisations and ensure it features within schools mental health work.

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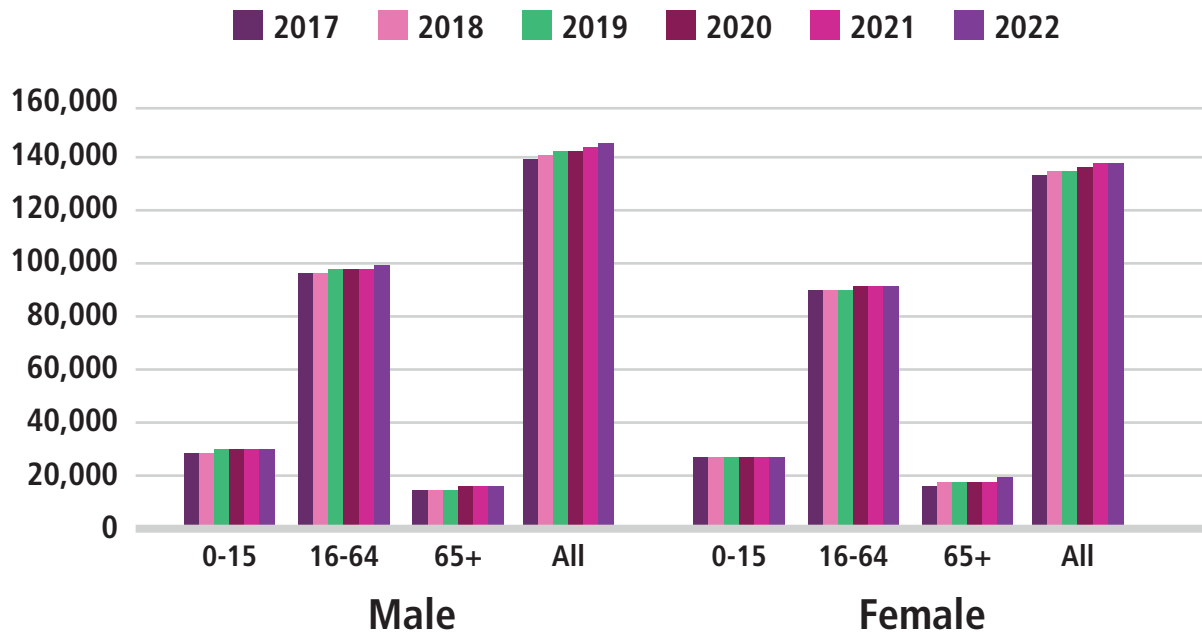
Appendix A – Population

Estimated population of Hounslow electoral wards from 2017

ELECTORAL WARD	MALES	FEMALES	PERSONS
Bedfont	6,888	6,806	13,694
Brentford	8,607	8,563	17,170
Chiswick Homefields	6,207	6,032	12,239
Chiswick Riverside	6,207	6,032	12,239
Cranford	6,885	6,643	13,528
Feltham North	6,015	5,947	11,962
Feltham West	8,253	7,882	16,135
Hanworth	6,230	6,202	12,432
Hanworth Park	6,196	6,066	12,262
Heston Central	6,687	6,423	13,110
Heston East	6,573	6,332	12,905
Heston West	6,671	6,520	13,191
Hounslow Central	9,515	7,968	17,483
Hounslow Heath	8,137	7,814	15,951
Hounslow South	6,173	6,018	12,191
Hounslow West	7,835	6,593	14,428
Isleworth	6,200	6,306	12,506
Osterley and Spring Grove	7,248	6,843	14,091
Syon	7,459	7,444	14,903
Turnham Green	6,088	6,047	12,135
TOTAL	139,846	134,442	274,288

Source GLA ward population estimates and projections 2015

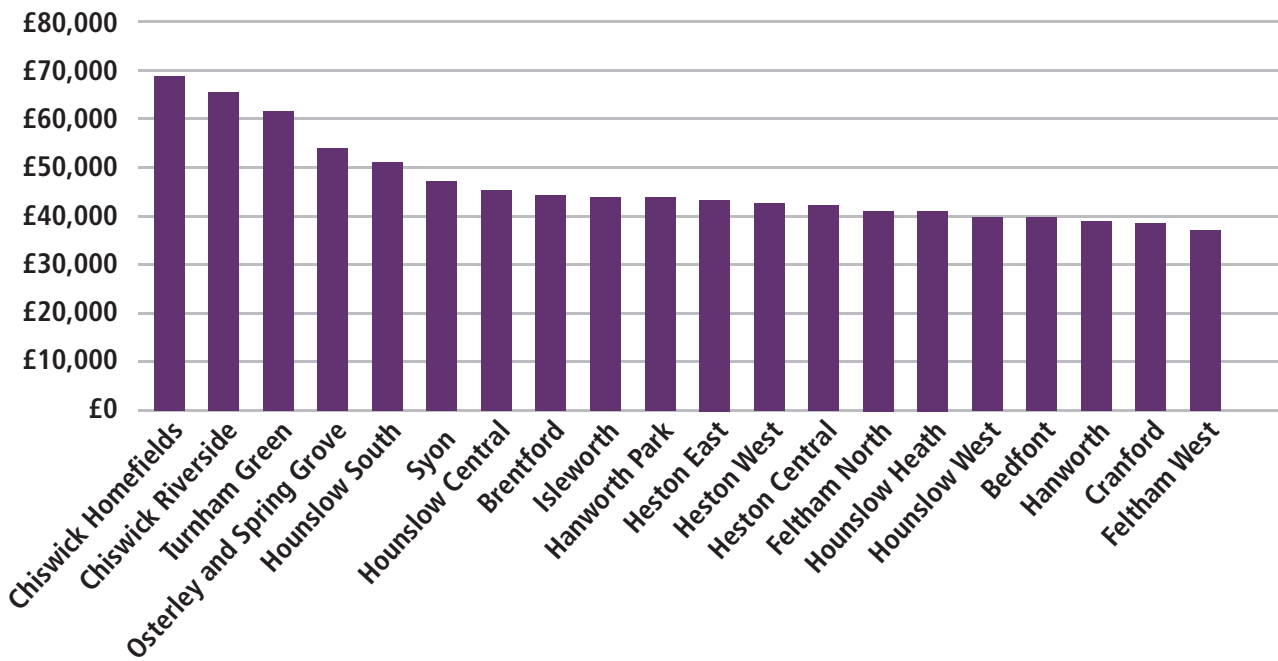
Appendix B – Age



Appendix C – Income

Mean annual household income for Hounslow electoral wards 2012-13

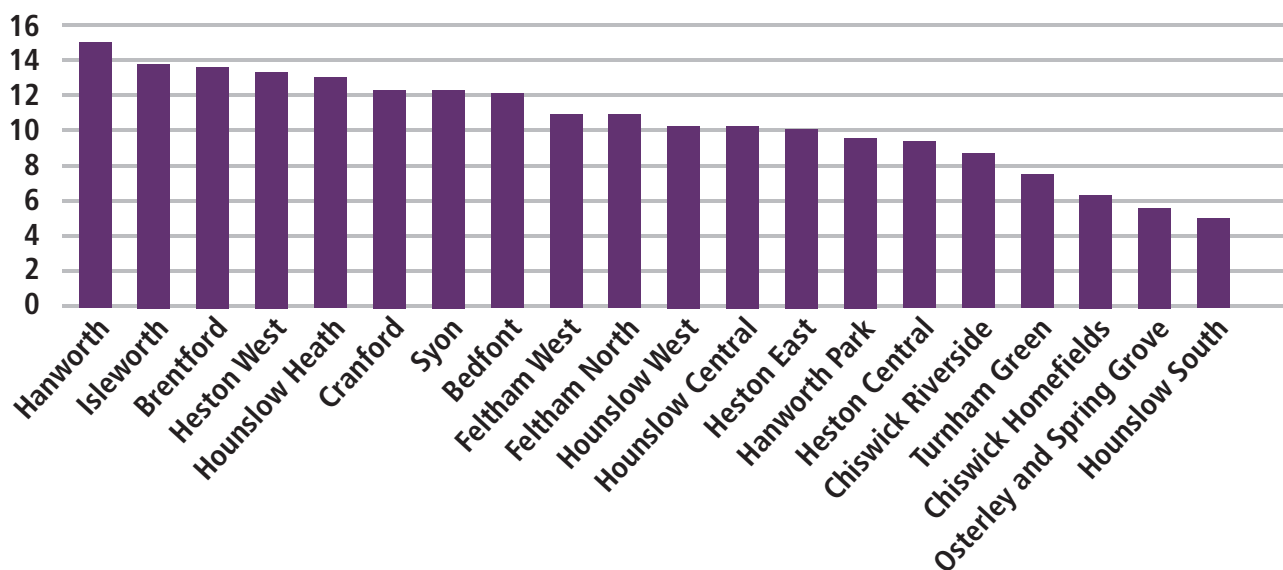
Mean annual household income for Hounslow electoral wards 2012-13



Source: London datastore ward profiles

Mean annual household income for Hounslow electoral wards 2012-13

Claimant rate of Housing Benefit (2015)



Source: London datastore ward profiles

Appendix D – Suicidal thoughts and attempts

The tables below show numbers of males and females respectively in by ward who are estimated, from a statistical model, as likely to have suicidal thoughts and to attempt suicide. This model multiplies together rates of suicidal thoughts and suicidal attempts (from a national community survey) and projected population data.

Modelled prevalence and recency of lifetime suicidal thoughts, suicide attempts by wards in Hounslow (males aged 16+ years)

ELECTORAL WARD	ESTIMATE: SUICIDE THOUGHTS				ESTIMATE: SUICIDE ATTEMPTS			
	2017	2018	2019	2020	2017	2018	2019	2020
Bedfont	1,000	1,020	1,020	1,030	304	304	294	314
Brentford	1,370	1,400	1,440	1,490	433	433	444	454
Chiswick Homefields	940	930	950	940	273	273	283	283
Chiswick Riverside	940	960	950	960	283	284	284	284
Cranford	1,020	1,040	1,040	1,040	313	303	303	304
Feltham North	940	960	960	950	273	283	283	293
Feltham West	1,230	1,230	1,230	1,240	372	362	362	363
Hanworth	920	920	920	910	273	273	273	283
Hanworth Park	930	920	920	920	273	263	273	273
Heston Central	1,030	1,050	1,060	1,060	303	303	313	323
Heston East	1,030	1,030	1,030	1,050	313	313	313	313
Heston West	990	990	990	1,000	283	283	283	283
Hounslow Central	1,530	1,580	1,620	1,660	484	484	504	524
Hounslow Heath	1,230	1,240	1,270	1,270	403	393	393	393
Hounslow South	920	940	930	930	274	274	274	264
Hounslow West	1,290	1,270	1,290	1,290	403	403	413	403
Isleworth	950	950	940	950	273	263	263	273
Osterley and Spring Grove	1,130	1,160	1,160	1,160	334	354	354	354
Syon	1,180	1,200	1,220	1,230	352	362	383	383
Turnham Green	1,000	1,000	1,010	1,010	304	304	304	304
TOTAL	21,570	21,790	21,950	22,090	6,520	6,510	6,600	6,670

Source of data for modelling: Suicide APMS 2014 chr 12, table 12.1 p 23 and GLA Ward round population projections 2015

Modelled prevalence and recency of lifetime suicidal thoughts, suicide attempts by wards in Hounslow (females aged 16+ years)

ELECTORAL WARD	ESTIMATE: SUICIDE THOUGHTS				ESTIMATE: SUICIDE ATTEMPTS			
	2017	2018	2019	2020	2017	2018	2019	2020
Bedfont	1,230	1,220	1,210	1,210	450	440	440	450
Brentford	1,730	1,750	1,800	1,830	630	660	670	680
Chiswick Homefields	1,110	1,110	1,110	1,090	410	410	400	400
Chiswick Riverside	1,100	1,100	1,090	1,110	410	410	400	400
Cranford	1,240	1,230	1,220	1,210	450	450	450	440
Feltham North	1,150	1,150	1,160	1,150	420	420	410	420
Feltham West	1,450	1,430	1,420	1,420	530	530	520	530
Hanworth	1,140	1,140	1,130	1,120	420	420	410	410
Hanworth Park	1,100	1,100	1,100	1,100	400	400	400	400
Heston Central	1,210	1,230	1,240	1,250	460	460	460	460
Heston East	1,210	1,210	1,210	1,210	460	460	460	450
Heston West	1,190	1,180	1,190	1,190	430	440	450	440
Hounslow Central	1,470	1,480	1,530	1,550	550	560	560	570
Hounslow Heath	1,450	1,470	1,480	1,480	550	550	550	550
Hounslow South	1,100	1,100	1,090	1,080	410	390	390	390
Hounslow West	1,230	1,210	1,220	1,210	440	440	450	450
Isleworth	1,160	1,180	1,160	1,160	430	420	430	430
Osterley and Spring Grove	1,290	1,300	1,300	1,310	460	480	470	480
Syon	1,410	1,420	1,450	1,450	520	530	520	520
Turnham Green	1,160	1,160	1,170	1,160	420	420	430	430
TOTAL	25,130	25,170	25,270	25,290	9,250	9,290	9,270	9,300

Source of data for modelling: Suicide APMS 2014 chr 12, table 12.1 p 23 and GLA Ward round population projections 2015

Appendix E – SMR rates

Source: ONS suicide mortality statistics

SMR rates for suicide – PERSONS. England 2014 rate = 100

**Suicide: Standardised Mortality Rates – England
2014 = 100 Persons**



SMR rates for suicide – MALES. England 2014 rate = 100

**Suicide: Standardised Mortality Rates – England
2014 = 100 Males**



SMR rates for suicide – FEMALES. England 2014 rate = 100

**Suicide: Standardised Mortality Rates – England
2014 = 100 Females**

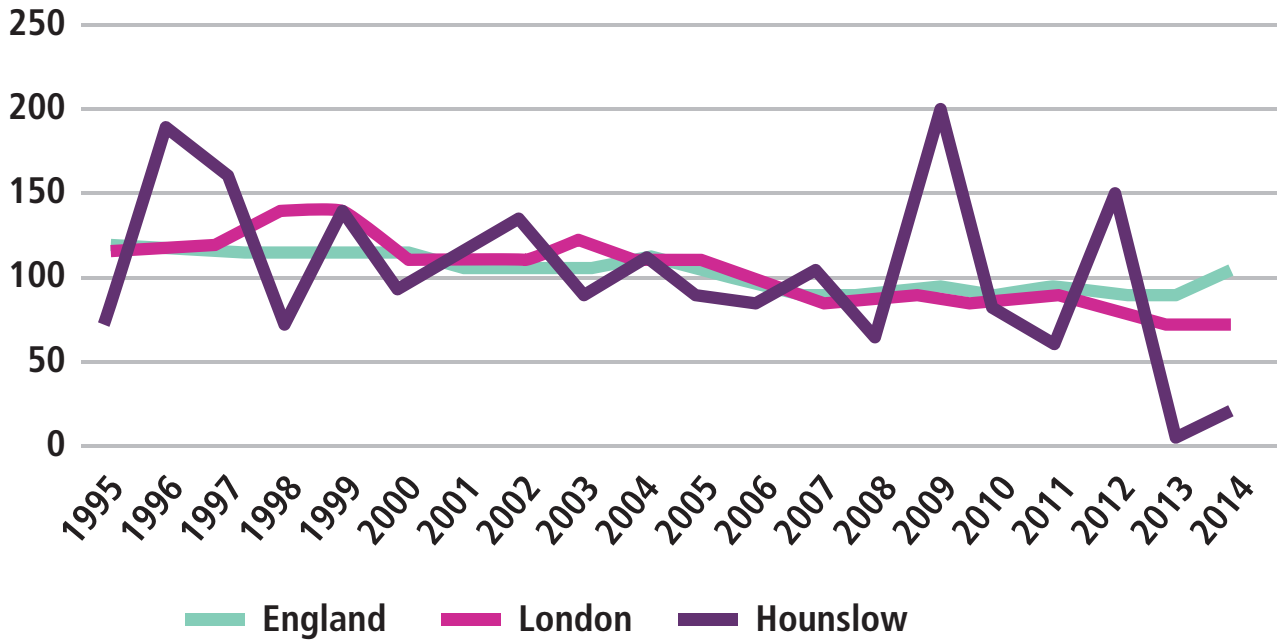


Table 1 Numbers of suicides registered in Hounslow: 3-year rolling average persons aged 10+ years

YEARS	NUMBER OF SUICIDES
2001-03	48
2002-04	54
2003-05	50
2004-06	59
2005-07	58
2006-08	62
2007-09	70
2008-10	69
2009-11	60
2010-12	56
2011-13	44
2012-14	37
2013-15	43

Source: Office of National Statistics suicide statistics

Parts of the borough run alongside the River Thames, which can increase the likelihood of suicides by drowning. The Royal National Lifeboat Institution has data which show increased numbers of launches for suspected self-harm and fatalities (see Table 2).

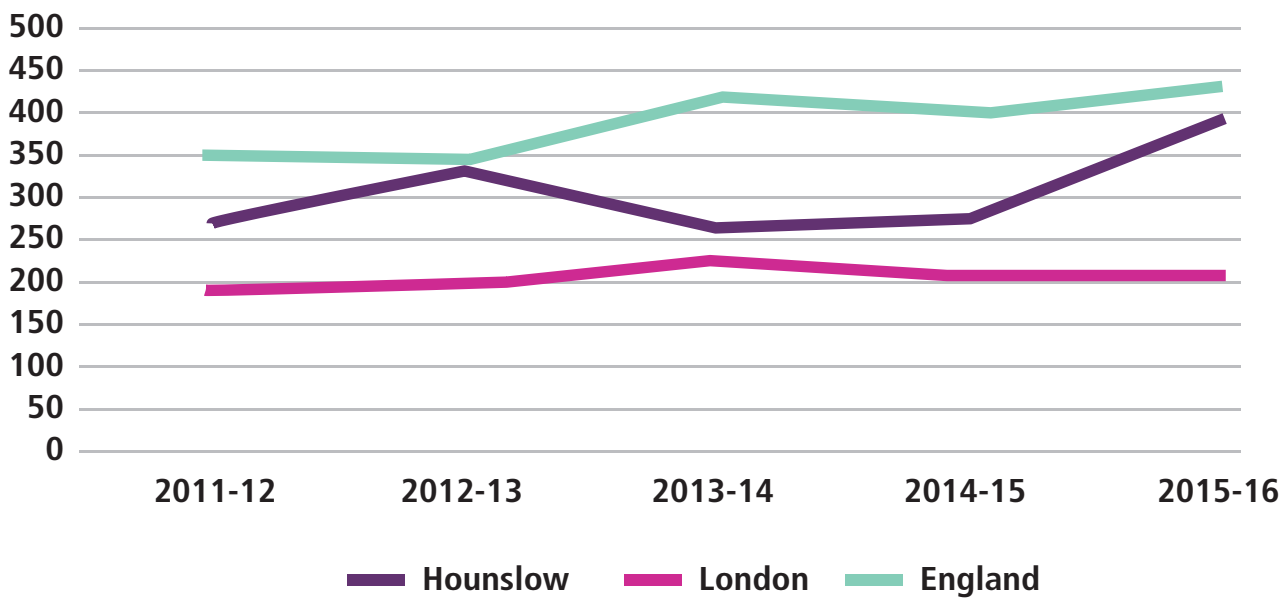
Table 2 RNLI Launches to suspected self-harm – River Thames stations

YEAR	LAUNCHES	LAUNCHES AS % OF ALL RNLI LAUNCHES	LIVES SAVED	RESCUED	FATALITY
2010	783	9%	37	71	48
2011	818	9%	44	76	41
2012	723	9%	18	60	14
2013	755	9%	21	70	80
2014	1,078	13%	48	127	84
TOTAL	4,157	10%	168	404	267

Source: Water-related suicide RNLI Report, June 2017

Appendix F – Hospital admissions for self-harm

**Hospital admissions as a result of harm (10-24 year persons)
Directly age standardised per 100,000**



Source: PHE profiles

Admission episodes for international self-poisoning by and exposure to alcohol condition (Narrow)

Persons – all ages directly standardised rates/100



Source: PHE profiles

