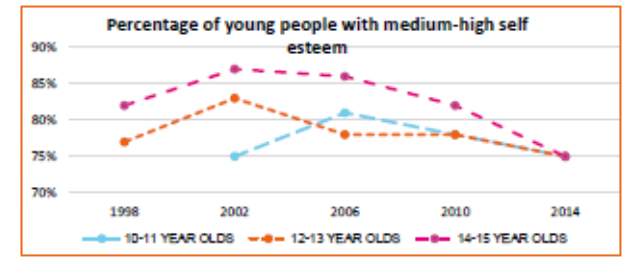
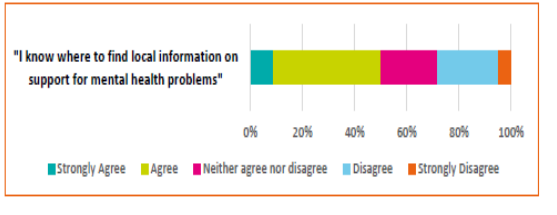
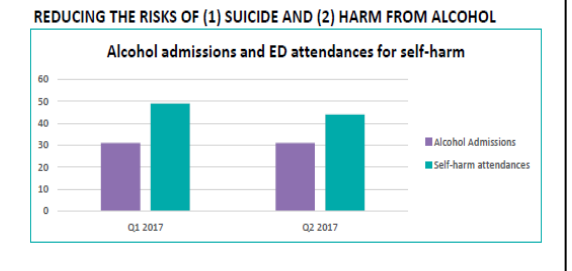
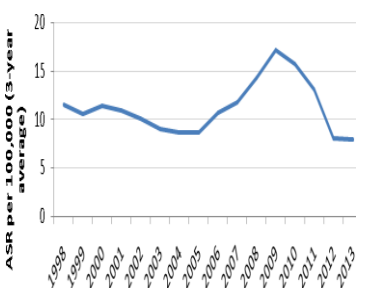


Prevention of Suicide Framework for Action Outcome: A suicide safer island community

Population: Those identified as high risk for taking their own lives; young people who self harm, men aged between 30-50 with known risk factors, adults over 60 with depression or a life limiting condition, those bereaved by suicide

- Headline indicators:**
1. Island suicide rate
 2. % of young people reporting low self esteem in Healthy Lifestyle Survey
 3. % of people reporting they know how to get local information on support
 4. % of those who know where to find local information on support for mental health problems
 5. % of presentation to Emergency Department for self harm

- Data development agenda:**
- Psychological autopsy following completed suicide to identify local factors
 - Data on 'near misses' for learning opportunities



Story behind the baseline:
 The most recent rate for suicide in Jersey is 8 per 100,000. This is lower than the most recent available European rate which was 12.3 per 100,000 in 2010. Despite low numbers, the loss of life through suicide resonates within a community. Suicide affects the lives of many other people and has specific harmful effects including an increased risk of suicide completion on those closest to those who have died.
 The factors that can ultimately lead to suicide are complex. No single organisation, acting alone, can prevent suicide. To ensure suicide in Jersey is reduced, government needs to work collaboratively across agencies and across the wider community hand in hand with the voluntary sector to address the wide range of factors that we know lead to increased suicide risk.
 Jersey has a unique opportunity in the identification of suicide risk in individuals and in working toward a reduction and de-escalation of suicide risk amongst individuals with known high risk factors. Now that the emotional wellbeing aspect of the plan has been integrated within the Mental Health Strategy, the plan for the next two years can focus on reducing the risk in specific groups.
 Local research has demonstrated that a majority of those who 19% being in the last month, and 6% in the final week who have died by suicide were in contact with local services in the year before their death. 77% of individuals were seen in primary care settings in the year before death, with 40% of the total being seen in the last month, and 21% in the last week. Additionally, around half (51%) of individuals had presented to local emergency services in year before dying.
 Jersey's island life also has its own challenges with the University of Southampton research indicating factors that can act to compound other vulnerabilities. For example the research highlighted issues around personal privacy and difficulties in maintaining this within the confines of a small island where people live and work in close proximity.

- Partners who can help us:**
- Primary Care
 - Emergency Services (Police, Paramedics, ED)
 - Mental Health Services
 - Social Services
 - Citizens Panel
 - Community Bereavement Service
 - Viscount's Office
 - Jersey Talking Therapies
 - Alcohol and Drug Services and partners (Silkworth)
 - Prison
 - Probation
 - Education
 - Youth Service
 - Voluntary sector (Samaritans, Mind, Womens Refuge)
 - Community Partners (Clergy, Shelter Trust, Barnardos, library, Recovery College)
 - Politicians
 - Social Security
 - Vulnerable Housing Team