

Social Policy in Health and Social Care

BMHP4002

This essay will look at the Suicide Act 1961, there are three areas where the law is relevant to suicide. First, while attempting to commit suicide has not been illegal in the UK until 1961, it is still a criminal offence under the Suicide Act 1961 to assist a person to commit suicide. Second, health professionals who do not take reasonable precautions to safeguard their suicidal patient who goes on to commit suicide may be sued for negligence in the civil courts. Third, people who are felt to be at grave risk of harming themselves can be detained under the Mental Health Act 1983 for their own safety. (Heller, T et al 1996). It will look at the changes to the National Health Service and the extra funding received from the government for mental health issues and the prevention of suicide campaigns for the future.

Suicide was considered a mortal sin for a long time but now it is recognised as the result of mental and social pressures and there is more sympathy and concerns for the victim and their families (Golightley, M 2008). Suicide is one of the major causes in the UK with nearly 6,000 suicides occurred in 2017, this equates to almost one death by suicide every two hours and many more are thought to have attempted suicide. In the last three years statistics show that in the UK the numbers have decreased with 5,965 suicides occurring in 2016 however there was a small increase in 2017 (Office for National Statistics 2017).

Suicide is the leading cause for young persons aged 20-34 with men being considerably higher. Around three times more men are dying from suicide compared to women and is the single biggest killer of men in the UK under the age of 50. Men aged between 40-44 are at highest risk (Office for National Statistics 2017). One of the reasons men are more likely to commit suicide is may be because they are less likely to talk about their feelings and ask for help about feeling low or suicidal more than women would (Wylie, C. et al 2012). It is possible that socio-economic factors such as high unemployment would affect men more than women as they were always known to be the bread winners in most families (Stack, S and Danigelis, N 2009). Statistics show only 27% of people who died from suicide between 2005 to 2015 had been in contact with the mental health service within a year before taking their own lives.

There are certain factors known to be associated with increasing the risk of suicide these can be: drug or alcohol misuse, history of trauma or abuse, unemployment, social isolation, poverty, poor social conditions, imprisonment, violence and a family breakdown. (World Health Organisation 2012). There was a rapid increase of suicide during the Great Depression this was implicated by the economic crisis with a high unemployment level. In this era people committed suicide by means of domestic gas poisoning and self-poisoning, this was the most common cause in male suicide in the 1950s to 1960s (Marks, A. 1977). These methods decreased in the early 1960's when the changes in the domestic gas supply went from coal gas to natural gas. Suicide by means of car exhaust gases become a popular method in the 1970s particularly by men before the introduction of catalytic converters which reduced the access to this suicide method. In the 1990's self-poisoning accounted for around 22% of suicides through antidepressants and pain killers. Poisoning became the most common method in women as this was believed to be less painful and less disfiguring (Lester, D

1988}. Hanging was another source of suicide and is still a common method still used today by males and females (Thomas, K. and Gunnell, D. 2007).

Not all suicides are associated with a mental health disorder although a presence of such increases the risk of suicide and an estimated 90% of people who do commit suicide or attempt to commit suicide have been found to experience some type of a mental disorder. 30% of these expressed

they were intending on taking their own lives and 25% are psychiatric outpatients. (Golightley, M.2008). The highest rates of suicide are associated with depressive disorder and major depression (World Health Organisation 2017).

Suicide is the final act of behaviour that is the result of difficulties and distress in a person's life. Attempting suicide can occur after months of feeling low and having suicidal thoughts (Gviom, Y. and Apter, A. (2012). There are many factors that might predict if a person is feeling suicidal this may include: feeling depressed withdrawn and anxious, lose interest in hobbies, work, socialising or their appearance, express feelings of hopelessness, act in a reckless way and not caring, giving away their possessions or making a will and sorting their affairs and talking about death and wishing to end their lives (National Health Services Choices 2018).

If appropriate timely help and emotional support is offered to people who are experiencing unhappiness and feeling low this could reduce the risk of suicide and suicidal thoughts. Prevention of suicide programmes are occurring in schools to educate children that it is healthy to talk about any problems or if they are feeling low or being bullied, this is proving effective with positive results (Wasserman, D. et al 2015). In 2012 a number of organisations and charities including the Mental Health Foundation came together to produce a video called 'U Can Cope' film to help raise awareness and provide help and support on World Suicide Day. The film was produced to make people aware and spread the word that it is possible to overcome suicidal feelings and thoughts and there are many resources available to help anyone that is struggling to cope (Mental Health Foundation 2018).

The Prime Minister has announced on World Health Day that the health minister Jackie Doyle-Price will become the UK's first Minister for Suicide Prevention. The government also announced that it is to invest £25 million funding for local communities that are highly affected by suicide for them to develop a suicide prevention and reduction scheme to support victims. This will be a three year programme that will in turn reach the whole country by 2021. This is part of the commitment of the government to reduce suicide rates by at least 10% and support the Zero Suicide Alliance for mental health inpatients as announced by Secretary of State Jeremy Hunt.

The funding will be used to ensure people know that there is high-quality and confidential service which is readily available within their community. This will include psychological support for people facing financial difficulties, improved services for those who self-harm and particularly at-risk groups such as men. The funds will also be used to raise awareness, improve quality for safer services and help to drive better surveillance and the collection of data used to record suicides, attempted suicides and self-harming this will all be used to improve suicide prevention. This requires major work between the health services, public health teams and the voluntary sector to work as a close team together. This will involve increasing the workforce providing lots more job opportunities within this sector of the NHS (www.gov.uk).

The Prime Minister has also announced that there will be an extra £2million funding for the Zero Suicide Alliance (ZSA) to help reduce the suicide numbers across the NHS and to aim to achieve a zero inpatient suicide death and improve safety on the wards. They will also be working with mental health trusts to implement this. The funding will be used for the NHS, public and private partners to develop the tools that will focus on training to prevent suicide, improving safety and ensuring learning from the suicides if they occur. It will also explore the use of analytics to predict the risk of suicide. Suicide is a preventable death and there is a lot more that can be done to reduce the number of people lost to it. The new ZSA training and awareness will help the health care professionals recognise the signs and step in before it's too late and reduce the rates of suicide according to Matt Hancock Secretary of State and Social Care (www.gov.uk2018)

It was also announced that the Samaritans will get a £1.8 million funding for their free helpline service from the government (fundraising.co.uk). Samaritans have 20,000 volunteers to answer calls at any time of the day for anyone who is struggling to cope, their vision is to have fewer people die from suicide. To reduce the numbers in suicide they need to reach people who are suffering and at risk of taking their own lives. To achieve this, they need to understand which groups of people are more at risk to having suicidal thoughts and showing suicidal behaviour. Samaritans are the only organisation to collate suicide statistics for the UK and publish an annual suicide report. This report is used to understand and prevent suicide therefore the importance of accurate data is essential. The figures and data are collated from the national statistical agencies who work closely with us to compare and understand the data (samaritans.org).

Suicide rates are increasing among young people, at least 16 children a year take their own lives through being bullied in and out of school, this is now known as bullycide. (shawmindfoundation.org). The NSPCC are calling on the government to invest in early support services for children with emotional and mental health issues. School referrals seeking professional mental health help has risen by over a third in the last 3 years and Childline has seen a 26% increase in the number of counselling sessions. (NSPCC.org)

The government green paper on transforming children and young people's mental health proposes that every school and college will have a mental health lead by 2025. The designated lead will offer advice to staff regarding mental health, assist staff to spot pupils who are showing signs of mental health issues and refer pupils to the specialist service required. There will also be mental health support teams offering individuals and groups showing mild to moderate issues including anxiety and low moods. The team will be the link between schools and the NHS. They will also work alongside school nurses, counsellors, social workers, educational psychologists, community and voluntary organisations. A new national partnership will be set up to improve mental health issues for persons aged 16-25 this focus is looking at student mental health issues (gov.uk/transforming-children). Mental Health services have been underfunded for decades and have offered little or poor support causing many lives to be put on hold, ruined and even causing unnecessary deaths (NHS England).

In conclusion, suicide is the leading cause of death in young people in England and Wales, it kills three times more people than road traffic accidents. Suicide is preventable when society all work together and with the extra government funding and strong effective plans put in place, people who are struggling to cope will be able to have the right support (samaritans.org). At the age of fourteen, half of all mental issues begin and the new focus going forward is to support children and young persons with mental health issues. Education on mental health and resilience will become a compulsory part of the curriculum in schools (gov.uk). People of all walks of life can be affected by mental health illness and the cost to the economy in the UK is estimated at £94billion a year. The

new funding is aimed at lowering this cost by 2022 by providing early intervention, financial support and awareness by implementing the Five Year forward view for Mental Health plan (england.nhs.UK).

References

- Fundraising.co.uk (2018) *Samaritans to £1.8 million funding*. Available at: <https://fundraising.co.uk>news>. [Accessed 30 December 2018]
- Golightley, M. (2008) *Social Work and Mental Health*. Wiltshire: Cromwell Press Ltd
- Gov.uk (2018) *New funding for suicide prevention in England*. Available at: <https://www.gov.uk/government/news/new-funding-for-suicide-prevention-in-england> . [Accessed 30 December 2018]
- Gov.uk (2018) *£2million investment to help NHS achieve zero inpatient suicide ambition*. Available at: <https://www.gov.uk>Health and social care >Public health>Mental health>. [Accessed 30 December 2018]
- Gov.uk (2018) *Transforming children and young people's mental health*. Available at: <https://www.gov.uk/transforming-children..mental-health.../quick-read-transforming>
- Gviom, Y. and Apter, A. (2012) Suicide and Suicidal Behaviour, *Public Health Reviews*. 34 (2), pp 1-20
- Healthcare Quality Improvement Partnership (2017) *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. Available at: <http://documents.manchester.ac.uk> [Accessed 27 December 2018]
- Heller, T. et al (1996) *Mental Health Matters*. Hampshire: Palgrave
- Lester, D. (1988) Why do people choose particular methods for suicide, *Activas Nervosa Superior*. 30, pp 312-314
- Marks, A. (1977) Sex differences and their effect upon cultural evaluations of methods of self-destruction, *Omega*. 8 pp 65-70
- Mental Health Foundation (2018) *Suicide*. Available at: <https://www.mentalhealth.org.uk/a-to-z/s/suicide>. [Accessed 30 December 2018]

- NHS Choices (2018) *Suicide-Warning signs*. Available at: <http://www.nhs.uk/Conditions/Suicide/Pages/warning-signs> [Accessed 27 December 2018]
- NHS England (2018) *Mental Health*. Available at: <https://www.england.nhs.uk> [Accessed 02 January 2019]
- NSPCC (2018) *School referrals for mental health treatment rise by over a third*. Available at: <https://www.nspcc.org.uk/one-third-increase-in-school-referrals-for-mental-health-treatment>. [Accessed 30 December 2018]
- Office for National Statistics (2017) *Suicides in the UK*. Available at <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations> [Accessed 29 December 2018]
- Samaritans.org (2018) *Suicide facts and figures*. Available at <https://www.samaritans.org/about-us/our-research/facts-and-figures-about-suicide>. [Accessed 30 December 2018]
- Shaw Mind Foundation (2018) *Bullying and suicide among children*. Available at: <https://shawmindfoundation.org/bullying-and-suicide-among-children>. [Accessed 30 December 2018]
- Stack, S and Danigelis, N. (2009) Modernization and sex differential in suicide, *Comparative Sociological Research*. 8, pp 203-216
- Thomas, K. And Gunnell, D. (2010) *Suicide in England and Wales 1861-2007: a time trends analysis*. Bristol: Oxford University Press
- Wasserman, D. et al (2015). School based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial. *The Lancet*, 385 (9977) pp 1536-1544
- World Health Organisation (2012). *Public Health Action for the Prevention of Suicide*. Available at: <http://apps.who.int/iris/bitstream/handle/10665/75166> [Accessed 28 December 2018]
- Wylie, C. et al (2012). *Men, Suicide and Society*. London: Samaritans

