**1. Introduction**

1.1 This paper is one of a suite of documents used as part of our Community Integrated Risk Management planning process. A number of groups have been identified as potentially being at greater risk of fire or are potentially not accessing services such as Safe and Well visits. There are a range of equal access cases presented which require focus and additional resources to evaluate further whether this is the case. In the public consultation we will ask people in our communities to work with us to understand further any issues from their perspectives. We also want to work in partnership to re-design services or access pathways where needed.

**2. Further understanding of Equal Access**

2.1 As a public service focused on excellent service to our customers, we need to ensure equality of access to our services for every person and those in temporary residence or transit through the County.

2.2 We know through our fire investigation and Operational Assurance processes that some people are more likely to have a fire and they include those who are living with dementia, mobility issues, and mental health issues.

2.3 There are, however, other communities/people who aren’t necessarily categorised as being at higher risk of a fire, but they may not be accessing our services, such as safe and well visits, or reporting fires because of other barriers which may be language, perceived prejudice and other societal factors/historical discrimination.

2.4 Equality of access means actively seeking to engage people who may be unaware or choosing not to access services from us and other public sector providers.

2.5 We need to work to reduce both fire risk and other risks across all people and we recognise that this will need different approaches. Within our equality of access approach, we also need to:

* 2.6 Identify all the communities and customers that make up the Fire Rescue Service (FRS) area.
* 2.7 Consider how we improve the provision of FRS services as well as access to employment opportunities with FRS to include and represent all our communities across a range of variables including ethnicity, disability, gender, sexual orientation, religion or belief and age.
* 2.8 Learn from and enhance good practice identified through equality monitoring.
* 2.9 Use the results of equality monitoring to mitigate any adverse impact of our services and employment processes on groups within our diverse communities.
* 2.10 Eliminate any unlawful discrimination identified through equality monitoring.
* 2.11 Promote good community relations.
* 2.12 Use appropriate engagement techniques including social marketing to inform and focus on behaviours to help customers adopt safer ways of living.

2.13 Data, academic evidence and case studies have informed our people impact assessments, these now need refining by contributions and insights from people living with suicidal ideation, support groups and communities e.g. charities and grass roots engagement.

**3. Contextual Background**

3.1 A number of FRS have signed the government’s Prevention Concordat for Better Mental Health with a commitment to lead with a prevention-focused approach. One signatory is the National Fire Chief’s Council (NFCC), adding weight towards the commitment from the Sector. Signing the concordat is a direct statement of commitment to improving the public’s access to mental health support, which will improve the mental wellbeing and reduce the number of suicides in members of our community. As part of our commitment, we aim to directly reduce the number of suicides by fire and ensure that anyone we come into contact with is given the support and resources required to ensure they can live an independent and fulfilled life.

3.2 Directors of Public Health are explicit in their expectations following the COVID-19 pandemic regarding the increase of those accessing Mental Health Services. Accessing these services is a solid precursor for an uptick in suicide rates.

3.3 Data from FRS fire death reports show an increase in suicide by fire. This will inextricably be linked with increases in suicide more broadly, although there’s little information surrounding why this method of suicide is becoming increasingly common. As this is something we know to be unacceptable, our aim is to reduce this number to 0 whilst ensuring members of the community, as well as our internal workforce, are receiving the most appropriate education and support.

3.4 Mind define suicidal feelings as having thoughts about ending your life or feeling that people would be better off without you. It can also mean thinking about methods of suicide or making clear plans to take your own life.

3.5 A survey of psychiatric symptoms and disorders in England in 2014 found that 1 in 5 people have had suicidal thoughts at some point in their life, and 1 in 15 people had attempted suicide.

3.6 The causes of suicidal thoughts can vary from person to person. Although the causes of suicide are often extremely complex, and not necessarily linked to a single issue, it is important to recognise factors that can contribute to suicidal feelings. These include, but are not limited to:

* Pre-existing mental health diagnoses
* Trauma (including abuse, bereavement, and adverse childhood experiences)
* Physical illness or pain
* Isolation or loneliness
* Financial or housing problems
* Addiction

3.7 Those experiencing suicidal thoughts may experience different emotions or feelings, which can vary from person to person, but may include feelings of hopelessness, feeling overwhelmed, and feeling lonely (even in cases where the individual has a support network). The intensity of thoughts can increase over time, resulting in a person feeling unable to cope, which can have further negative impacts and may contribute to a suicide attempt.

3.7 There were 5,224 recorded suicides in England and Wales in 2020, which is a significant decrease from the previous two years, reports showed 5,691 suicides in 2019 and 6,507 registered suicides in 2018. The decline in 2020 is thought to partly be a result of a delay in death registrations due to the coronavirus pandemic.

3.8 There is no one specific treatment for suicidal feelings, however there are a number of sources of support available, including peer support and helplines. Depending on individual needs, other treatments that can help may include talking therapies, medication and input from specialist terms and services.

3.9 Of the 5,224 recorded suicides in 2020, 75.1% of these were men, similar data has been reported in historic years with men accounting for three quarters of suicides on average in England and Wales.

3.10 In 2020, men and women aged between 45-49 accounted for the highest suicide death rates in England and Wales.

3.11 As a result of the concerning data and continuous suicide deaths in the UK, the mental health task force within the NHS outlined their [suicide prevention strategy](https://www.england.nhs.uk/mental-health/taskforce/) within their 5 year forward plan where they set to reduce suicide by 10% nationally by 2020/21, compared to 2016/17.

**Why should we be concerned about equal access for those living with suicidal thoughts and feelings in an FRS context?**

This is not just an issue to be considered in relation to the services FRS’ provide, but also the partners and agencies we work alongside, as well as the sector workforce, many of whom will fall within the vulnerable profiled groups.

One life lost is one too many, be it by fire or another method. Every suicide is a tragedy that can have devastating effects on families and wider communities.

We know that suicides can be preventable, and it is our duty to ensure the safety of our communities, in whatever way possible. With suicide being an ongoing concern in the UK and fire becoming an emerging risk in terms of methodology, we want to work with our staff, our communities and partner agencies to ensure we not only understand how and why this method of suicide is becoming increasingly common, but also how we can reduce these numbers going forward.

People from diverse backgrounds often have less contact with agencies and for this reason may be unaware of the services provided by their local FRS, therefore it is our aim to prevent further harm by increasing awareness of our services such as Safe and Well visits and to ensure the community are aware that these services are available to all.

Traditionally, the sector is strong in terms of its brand, both with individual members of the community and more broadly with partner organisations. The reputation of the Fire and Rescue Sector enables deeper levels of engagement with our communities where other agencies (such as health or education) may be challenged to a greater degree. With the sector making approximately 580,000 engagements with the public annually, each one represents an opportunity to make an intervention, make a difference and potentially save a life.

As the risk of suicide by fire is an emerging risk, there is not yet enough information and data to provide clear evidence on those who may be most at risk of suicide by fire. Therefore, for the purpose of this paper we will be referring to groups who have been identified as being more likely to die by suicide by any method.

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| **Specific Issues** | |
| **LGBTQ+ Communities**  It’s widely recognised that members of the LGBTQ+ community are at a higher risk of experiencing suicidal thoughts and attempting to or taking their lives than the non-LGBTQ+ population.  There are a number of often complex, contributing factors that are suspected to have an impact on suicidal thoughts and actions in relation to the LGBTQ+ community, these include but are not limited to:     * Discrimination in workplaces, schools, and day-to-day life. * Stigma surrounding sexuality and identity. * Challenges expressing sexuality and identity. * Experiences of bullying and harassment. * Experiences of hate crime.   Relationship breakdowns are also reported to be a contributing factor, with some people reporting hostility from their close networks including family, friends, colleagues, and faith groups which can also have a direct impact on self-esteem and may trigger symptoms that contribute to suicidal ideation including loneliness.  From February to April 2017 Stonewall (the largest LGBTQ+ rights organisation in Europe) commissioned YouGov to survey 5,375 LGBT people across England, Scotland and Wales, asking questions about the individual’s lives. This survey highlighted some significant findings relating to suicidal thoughts and experiences within the LGBTQ+ community.  The following percentage of communities surveyed disclosed having made an attempt on their life in the year prior to being surveyed:   * 13% of LGBTQ+ people. * 12% of Transgender people. * 11% of Non-Binary people. * 8% of Black, Asian and Minority ethnic LGBTQ+ people. * 8% of LGBTQ+ disabled people. * 7% of LGBTQ+ people in the three lower social and economic groups.   The following percentage of the LGBTQ+ communities who were surveyed reported that they’d experienced thoughts of suicide in the year prior to being surveyed:   * 52% of LGBTQ+ people aged between 18-24. * 50% of Non-Binary people. * 46% of Transgender people. * 31% of LGBTQ+ people who aren’t Transgender. * Bisexual people were reportedly more likely to have thoughts about suicide than lesbian and gay people, 41% compared to 28%.   The comparative data from NHS Digital showed that in the same year 1 in 20 adults had considered taking their life with fewer than 1% saying they’d made an attempt to take their own life. | |
| **Actions:**  To work closely with LGBTQ+ communities and organisations to ensure we’re reaching this group of people and raising awareness around the services FRSs can offer. We will continue to educate ourselves and ensure that the services we offer are inclusive of all and have a continued presence in community engagement activities, working alongside our LGBTQ+ communities. We will ensure that all FRS employees are aware of what support can be offered in relation to suicidal ideation, and we will introduce direct referral pathways into organisations who can offer support for suicidal ideation specifically in the LGBTQ+ community for all FRSs. | |
| **Men and suicidal Ideation:**  Suicide in England and Wales is three times more common in men, with men accounting for three quarters of reported suicides on average each year. This is an ongoing concern, with men accounting for a higher number of suicides than women since the mid-1990s.  Between 2011-2015, suicide, injury or poisoning was reported to be leading cause of death for men aged 35-49 and it continues to be the leading cause of death for men between 20-34 years old. In 2020, the highest rates of suicide were seen in men aged 45-49 in England and Wales.  According to the government’s national wellbeing survey, men have reported lower levels of life satisfaction. However, only 36% of talking therapy referrals through the NHS are for men, signifying that although men are at a higher risk of suicide, they are less likely to access support for their mental health, creating barriers for prevention.  Studies have determined factors which may contribute to male suicides include, but are not limited to:   * Experiences of bullying in adolescence or adulthood. * Relationship breakdowns including divorce. * History of abuse including physical, sexual, and psychological. * Involvement in the criminal justice system. * Trauma, including bereavement. * History of mental illnesses including anxiety and depression. * Substance misuse * Physical health conditions or disabilities. * Social isolation and/or loneliness. * Employment issues. * Financial problems.   Men working in particular occupations have also be linked with increased suicidal tendencies. Men working in 'elementary occupations' which can include agricultural occupations, forestry and fishery labourers, cleaners and helpers, food preparation assistants, construction workers, manufacturing and transport and refuse worker, had the highest risk of suicide (44% higher than the national average), with men in these occupations accounting for 17% of suicides between 2011 and 2015.  Men in skilled trade occupations i.e., carpentry, plumbing, painting etc. had the second-highest risk among the more common occupational groups and accounted for 29% of all male suicides during this time period.  With men in the UK accounting for 75% of suicides on average, higher rates can be found amongst minority groups of men including those on lower incomes, men who are part of the LGBTQ+ community, and ex-armed forces personnel. | |
| **Actions:** | We will continue to raise awareness around this issue and increase our understanding around barriers to disclosure and stigma within this population group. We will aim to increase our awareness of warning signs and streamline our response once these warning signs are identified. We will ensure that all FRS employees are aware of what support can be offered in relation to suicidal ideation and we will strengthen our links with partner services to stay informed of emerging risks and create direct referral pathways for support. |
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| **Young people and Suicide:**  In the UK, suicide is one of the leading causes of death in young people, defined as those aged between 15 and 24 for the purposes of this statement.  In 2018, the suicide rate increased overall for young people. Suicides in men aged 20-24 saw a significant increase of 31% compared to the previous year. Overall, 759 suicides were recorded for young people in 2018.  Risk factors affecting young people have been reported to include, but are not limited to:   * Abuse * Academic stresses * Adverse Childhood Experiences * Bullying * Ill health (mental or physical) * Loneliness * Neglect   Academic pressures and bullying were recorded prior to suicides in young people under 20, whereas work, housing, and financial problems were m common in those aged between 20-24. Suicide related internet use was found in 26% of suicides for under 20s and 13% of suicides for 20–24 year-olds.  Loneliness is also another important factor to consider, and it is becoming increasingly common in young people. The world’s largest loneliness study from 2018 reports that young people experience feelings of loneliness more than any other age group.  Samaritans interviewed 15 young people, most of which said loneliness played a significant role in their suicidal thoughts.  The relation between self-harm and suicide is complex, and the reasons for self-harm may be individual to each person. However, overall, self-harm is associated with an increased risk of suicide. Between 2000-2014, there was an increase in self-harm among all groups of young people (categorised as aged10-24), and the highest increase was seen in young women. | |
| **Actions:** | We will link in with children and young people (CYP) organisations, as well as bullying, loneliness and other specialist charities that we can partner with to better inform our understanding of suicide in young people. We will work with parents, guardians and educational settings to help raise awareness of the services offered by FRS. We will ensure that all FRS employees are aware of what support can be offered in relation to suicidal ideation. |
| **Alcohol Use and Suicidal Ideation:**  It is estimated that there are currently 589,000 people who are dependent on alcohol in the UK alone, and evidence suggests that people in contact with specialist mental health services, who also have a history of alcohol problems, can be at elevated risk of death by suicide. Between 2007 and 2017 there were 5,963 suicides in mental health patients with a history of alcohol misuse, an average of 542 deaths by suicide per year, accounting for about 10% of all deaths by suicide in England.  Alcohol misuse is associated with an increased risk of suicide. Samaritans reports that the risk of suicide can be up to eight times higher when an individual is misusing alcohol and that men are more likely to depend on alcohol when experiencing feelings of distress than women.  Factors which may contribute to alcohol misuse include but are not limited to:   * Tring to suppress other symptoms of existing mental health conditions. * Experiencing high levels of stress. * Trauma, including bereavement, abuse, and adverse childhood experiences. * Peer pressure as a young person or young adult. * Being surrounded by alcohol and alcohol users on a regular basis. * Having a family history of addiction. * Experiencing feelings of low self-worth. | |
| **Actions:**  We will work with drug and alcohol services to better understand the impact that alcohol has on suicidal thoughts and feelings. We will develop a workforce able to understand the barriers to mental health support when using alcohol and what alternative services may be available for referral. We will improve our referral pathways for safe and well visits for people who are alcohol dependent. We will ensure that all FRS employees are aware of what support can be offered in relation to suicidal ideation. | |

Of note:

* Due to the coronavirus pandemic, looking at the 2018-2019 Office of National Statistics (ONS) data surrounding suicide as the 2020-2021 data reports suspected abnormalities as a result of the delay in coroner’s rulings.
* There is very limited reliable data when it comes to at risk groups of suicide in the UK. It should be noted that that smaller studies show other at-risk groups include those diagnosed with pre-existing mental health conditions, people suffering with physical health conditions and more.
* Due to the lack of suicide data in the UK, the statistics references are accessed from various data sources and so cover a number of years ranging from 2000-2020.
* Some data may be country specific as UK wide data was unavailable from all sources.

**References**

* <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>
* <https://www.statista.com/statistics/282203/suicide-rate-in-the-united-kingdom-uk-since-2000-by-gender/>
* <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>
* <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2014registrations>
* <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registration>
* <https://www.england.nhs.uk/blog/tackling-the-root-causes-of-suicide/>
* <https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf>
* <https://media.samaritans.org/documents/loneliness-suicide-young-people-jan-2019.pdf>
* <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredinenglandandwalesseriesdrreferencetables>
* <https://documents.manchester.ac.uk/display.aspx?DocID=37560>
* <https://ukhsa.blog.gov.uk/2020/11/17/alcohol-dependence-and-mental-health/>
* <https://media.samaritans.org/documents/Alcohol_Misuse_-_Samaritans_Policy_Briefing.pdf>
* <https://www.biologicalpsychiatryjournal.com/article/S0006-3223%2814%2900015-8/fulltext>
* <https://www.cipd.co.uk/Images/responding-to-suicide-risk-in-the-workplace-manager-guide-June2021_tcm18-96240.pdf>