

Staffordshire Health and Wellbeing Board	
Title	Suicide Prevention
Date	7 th December 2017
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Report type	For debate

Summary

Suicide prevention is a key public health issue with one person dying every two hours as a result of suicide across England. Each death from suicide is an individual tragedy and a loss to society.

The Staffordshire Suicide Prevention Strategy was developed in 2015 and focuses on the following priorities:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved and affected by suicide
5. Support the media in delivering sensitive approaches
6. Support research, data collection and monitoring

A new suicide prevention action plan for Staffordshire & Stoke is currently being developed, following consultation with a variety of stakeholders during a workshop that took place in September 2017.

Recommendations

1. I recommend that the Board:
 - a) Support and endorse the current and planned activity as described within the report
 - b) Suggest any further areas for consideration as part of the action plan
 - c) Champion the importance of suicide prevention and support the 'zero tolerance' approach across Staffordshire

Background / Introduction

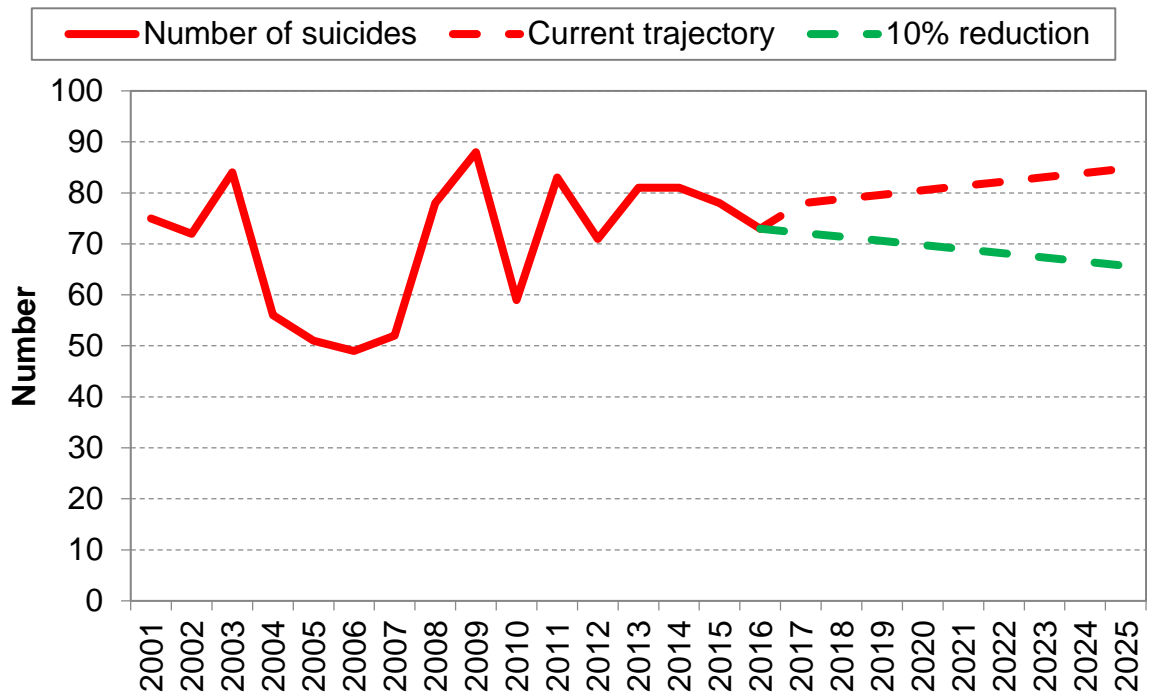
2. In 2015 a new Suicide Prevention strategy for Staffordshire was published, which included local information concerning rates of suicide as well as the most common methods, locations and typical profile. An action plan was also developed which covers both Staffordshire and Stoke on Trent which included both national as well as local priorities. The action plan is currently being reviewed, taking into account progress made to date and new priorities needed moving forward.
3. In order to ensure oversight for the delivery of the strategy and the action plan, a Staffordshire and Stoke on Trent Suicide Prevention Steering Group has

been established which brings together a variety of stakeholders across local authority, Clinical Commissioning groups, primary & secondary care, community organisations and a variety of other public sector representatives.

Suicides in Staffordshire

- In Staffordshire there are about 80 deaths by suicide annually: around 1% of all deaths; they are the second most common cause of death among young people aged 16-24 and also the third most common cause of death in people aged 25-49. In 2016 there were 73¹ incidents of suicide recorded via the coroner's office. This shows a decrease based on the previous year which was 78 incidents. This statistic excludes Stoke on Trent. The number of suicides in Staffordshire fell during 2004 and 2007 but then showed an increase in 2008 and 2009. In recent years with the exception of 2010, the average number of suicides in Staffordshire each year is around 80 (Figure below)

Suicide trends in Staffordshire



- Men have a higher rate of men suicide than women. The majority of suicides in males were in the 25-49 year age group (35% of all suicides) with rates in the age group being 20 per 100,000 population. For women the most common age group in numbers was also 25-49 (10%) although the highest rates are seen in women aged 50-64. Between 2001 and 2015 suicides have fluctuated in both males and females; however suicide remains more common in men throughout this period making up around three-quarters of all suicides in Staffordshire.

¹ Provisional figure pending up to date final data from public health outcomes framework

6. At a district level, Stafford has the highest number of deaths from suicide or undetermined injury for the period of 2013-2015, 51 (21% of all suicides in Staffordshire), followed by Newcastle-under-Lyme, 38 (16%). Due to a recent 'cluster' of incidents, Tamworth train station has been identified as a 'high risk' area and as a result, an escalation group has been formed in order to identify and carry out specific interventions in order to increase levels of safety.
7. The majority of suicidal deaths during 2011-2015 took place at the home address (60%) with approximately 29% occurring elsewhere - possibly another private residence, another building or outside e.g. on a road or near railway lines. About 10% occurred in a hospital with the remaining 1% occurring in prison. The most common method of suicide in Staffordshire for 2011-2015 was 'hanging, strangulation and suffocation' which accounted for 59% of all suicides in all age groups and genders, followed by poisoning (19%).
8. Self-harm as an expression of personal distress appears to be a risk indicator. During 2015/16 there were around 1,730 self-harm admissions in Staffordshire with rates being higher than the England average. Rates in Newcastle, Stafford and East Staffordshire during 2014/15 were higher than average.

Strategic alignment

9. The national suicide prevention strategy (2012) provides a guide for local authorities to develop their own plans. Suicide prevention is part of the NHS Five Year Forward View for Mental Health and a national target has been set by NHS England to reduce the number of people taking their own lives by 10% by 2020/21. In order to ensure a collaborative approach to achieving this ambition, suicide prevention is included within the Mental Health work stream of the Staffordshire and Stoke on Trent Sustainability & Transformation Plan (STP).
10. A mental health programme in Detroit, USA, signed up to a 'zero suicide' commitment and has reported a decline in the number of suicides that have taken place. This 'Zero tolerance' ambition means a change in attitude towards prevention of suicide, recognising that suicide is not inevitable for some people, and a change in culture can make suicide preventable. As a result, the 'zero suicide' ambition has begun to be championed from within central government, including NHS E and Public Health England. In the UK, pioneering health workers in Liverpool, the south-west and in the east of England are already re-thinking how they care for people with mental health conditions to achieve this ambition for 'zero suicides' in their own health service.

Priorities within the new action plan

11. The new Staffordshire & Stoke on Trent Suicide Prevention Action Plan will include the following key actions:
 - Development of a Staffordshire wide suicide prevention campaign which will aim to be launched early in 2018. The aim of the campaign would be to dispel common myths about suicide and self-harm, whilst encouraging

people to talk to each other. Work is underway to better understand the recent campaign held across Stoke on Trent, as well as other examples across the country. An overarching communications plan will also be developed around the campaign.

- Local mental wellbeing awareness raising events in each of the districts across the county. Taking on board the learning from the recent Tamworth event, the plan is to organise a number of other similar events elsewhere, linked with public mental health promotion. Due to a recent number of incidents that have taken place in Stafford, this is the next priority area and ideally we would host an event with partners, in early 2018.
- Suicide prevention training for GPs (coroner data shows that a person will likely visit their GP within 12 months leading up to an incident taking place). Conversations have been taking place with primary care leads across CCGs in order to develop a plan for delivery of the training in a way which is most convenient and accessible. The training will aim to equip GPs and primary care staff with the knowledge and skills necessary to identify suicidal ideation amongst their patients, whilst also being able to manage crisis situations.
- Mental health first aid training to Staffordshire County Council (SCC) Staff before exploring the possibility of providing training to other key groups including universities and colleges. Starting with SCC staff, it has been agreed by the HR team that we support two staff to become trainers, enabling them to then cascade the training to our staff and enable people to become Mental Health Champions. This will then give us a platform to find ways in which we can offer this training to other organisations from a workplace health perspective.
- Due to a recent 'cluster' of suicides at Tamworth railway station, an escalation group was formulated including public health, network rail, British transport police and the Samaritans in order to review the information available and identify ways in which more could be done at this particular location to make it as safe as possible for the public. The development of this group has established relationships which have meant increased levels of communication across organisations. This in turn has enabled more information sharing to take place, and for commissioners to be alerted when a suspected suicide has happened involving the railways.
- More recently, conversations have taken place in order to develop a community arts project in order to display artwork which gives the train station an identity and makes it a more positive and uplifting environment. A public mental wellbeing event is also due to take place in Tamworth on 6th September which aims to make members of the public aware of local support services available. A variety of organisations will be involved in the event including Public Health, Tamworth Samaritans, SSSFT, South Staffs Network for Mental Health, Citizens Advice Bureau, Tamworth Borough Council, and others.

- A specific plan to tackle the issue of self-harm and suicide amongst children and young people (focusing specifically on looked after children and those in the youth justice system). This is an area of work that will require further discussion and development. Conversations have taken place with the SSCB Executive Group as well as local authority colleagues within Childrens & Families, as well as CCG and Local authority CAMHs commissioners. Some data has been provided from the Child Death Overview Panel and there has been some guidance recently published by Department of Health (*Government Response to the Health Select Committee's Inquiry into Suicide Prevention, 2017*) which provides insights into the circumstances concerning premature mortality amongst younger people.

Measuring success

12. Being able to understand whether or not any of our actions have had a positive impact on rates of suicide or self-harm is incredibly challenging, due to the complex nature of this issue and the wide variety of potentially influencing factors. We do know the outcomes that we want to achieve concerning suicide prevention which include people having a greater awareness and understanding of mental health (both professionals and the public), whilst also knowing about the importance of talking to people and seeking help. In terms of the GP training, we want GPs to feel more confident about how to manage situations of crisis when patients present with signs of possible suicidal ideation, and broadly we want to spread the message across society that every suicide is preventable.
13. The ultimate outcome that we want to achieve is a reduced rate of suicide and reduced rates of self harm across Staffordshire and stoke on Trent. In terms of data, we do receive regular updates from the business intelligence team which gives the numbers of occurrences and registrations of deaths by suicide, which helps us to understand how the rates might be changing over time. However, there is a time delay with this data and so we have started to explore possible 'proxy' measures which may give a deeper insight. Access to these local measures relies heavily upon communication and engagement with partner organisations. Some examples include:
 - Real time alerts from Network Rail concerning any suspected suicides which take place on our railways (this is already happening)
 - Data concerning the number of Section 136 detentions made by Police under the Mental Health Act (under progress)
 - Data received by both of the mental health trusts in Staffordshire concerning any known incidents with patients
 - Rates of self harm coded by the acute trusts
 - Numbers of people contacting the mental health helpline provided by Brighter Futures
 - Engagement with local Samaritans in order to understand any changes in activity, as well as engagement with community mental health services including voluntary sector.

- Engagement with primary care in order to evaluate their levels of understand and confidence pre and post any training initiatives.
 - Information provided by the coroner's offices in north and south Staffordshire would also help give an insight into any changes in profile, behaviour or patterns across all cases of suicide.
14. As part of the wider Staffordshire and Stoke on Trent action plan we aim to develop a dashboard of indicators which may help us to try to measure any possible impact and enable us to be better informed about levels of activity associated with suicide and self harm. Being able to evidence and measure the effectiveness of suicide prevention interventions is a national problem but we will use any examples of best practice and research which may be available in order to inform this area of work.