HEALTH AND WELLBEING BOARD

10th March 2020

Title:	**Tri-Borough (BHR) Suicide Prevention Strategy UPDATE- Prevention of Future Deaths**

Report of Health and Wellbeing Board	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: No**
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Summary:
The recent tragic death by suicide of a young woman from Dagenham prompted a Regulation 28 Report from the coroner (Prevention of Future Deaths). Suicide prevention must be embedded across commissioning, service delivery and workplaces to prevent future deaths. While Barking and Dagenham has a lower rate of suicide then other parts of London one death by suicide is one too many. The Barking, Havering and Redbridge (BHR) Suicide Prevention Strategy (2018-22) coordinates effort across BHR to reduce suicide rates by 10% by 2021. The realisability of this target needs to be considered against the national backdrop of an increase in suicide rate in 2018 and the change of evidential standard for classifying suicide. This Strategy now sits within the context of both the Sustainability and Transformation Partnership (STP) and BHR Mental Health Transformation Boards and focuses on a place-based approach to suicide prevention. Nationally, more men than women die by suicide. The peak age for suicide is the middle years, although increasing age is associated with greater risk of suicide. More recently, there has been a marked increase in suicide for young girls and women between the ages of 10-24 years.

Recommendations
The Health and Wellbeing Board is asked to:

1. Consider how to develop a suicide prevention culture and how to raise awareness of the issue
2. Consider how to roll out appropriate training to frontline staff
3. Consider a place-based approach to prevention on how commissioners and other partners can work together to support suicide prevention
4. Explore working with LDN Thrive, LB Havering, LB Redbridge and NELFT in relation to having a real time suspected suicide surveillance system.

1. Introduction

1.1 Health and Wellbeing Board Members will be aware of the tragic death of Karis Braithwaite, aged 24 years, who died by suicide on 24 September 2018. The Inquest concluded on 17 September 2019 saying:

> *Karis Braithwaite took her own life, in part because of the risk of her doing so was not adequately assessed and appropriate precautions were not taken to prevent her from doing so*

1.2 The circumstances of Karis's death prompted the coroner to issue a Regulation 28 Report. As you know a Regulation 28 Report is issued where the coroner believes that action should be taken to prevent further deaths. This was responded by NELFT who instigated a number of changes in relation to admission and assessment processes, an important review which aligns with the BHR Strategy. The death of Karis highlights the tragedy of suicide in relation to the loss of life and the devastating impact of suicide on families and friends of the deceased.

1.3 Preventing suicide requires not just a coordinated approach across agencies but the willingness to view it within the wider context of individual and community health and wellbeing. The purpose of this report therefore is to update the Health and Wellbeing Board on the progress made against the aims and objectives and 6 priority actions of the BHR Suicide Prevention Strategy 2018-22 to date with reference to Barking and Dagenham. This update report was commissioned to provide update information to the Adult Safeguarding Board and the Health and Wellbeing Board. The report was presented at the LBBD Adults and Disabilities Improvement Board in December 2019.

2. What do we know about suicide?

Data

2.1 Suicide prevention is linked to the wider agenda of promoting mental health and wellbeing. The World Health Organisation (WHO) defines mental health as "*not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."*[1] Suicide is preventable.

2.2 Barking and Dagenham has the lowest rates of suicide in London at 5.1 deaths per 100,000[2], (Havering and Redbridge' have 7.8 and 7.1 deaths/ 100,000 respectively)

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[1] Cited by Mind at https://www.mind.org.uk/information-support/your-stories/what-is-mental-health-and-mental-wellbeing/#.XiCFRvZ2u1N accessed on 16/01/20

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority accessed on 15/01/20

2.3 It is estimated that in Barking and Dagenham 1-10 children (5-16 years) experience mental health disorders while for adults, estimates suggest 1 in 6 patients registered with a local GP experience mental health problems.[3]

2.4 The latest available figures (2017/18) show that Barking and Dagenham had 143 emergency hospital admissions for intentional self-harm, a decrease from the previous year.[4] These admissions do not tell us about the individuals who self-harm, nor do they necessarily represent an attempted suicide however a history of self-harm is associated with suicide especially in young people.[5] Prevalence of self-harm in the community is likely to be higher than represented by admissions.

2.5 National data shows that in 2018[6]

- Overall, London has the lowest rate of suicide in the UK with an overall rate of 4.1 deaths per 100,000.
- There were 6,507 suicides registered in the UK, around 11.2 deaths per 100,000 (the first increase seen since 2013)
- Males account for three quarters of registered suicides in the UK. The male suicide rate of 17.2 deaths per 100,000 has increased from 2017, while the female rate of 5.4 deaths per 100,000 is consistent with rates over the past ten years
- The suicide rates for people under 25 is generally low but has increased in recent years, particularly in females aged 10-24 years old where the rate has increased significantly to 3.3 deaths per 100,000 females in 2018 (the highest recorded level since 1981). Historically, males between 10-24 years had the lowest suicide rate in the male cohort but this increased to 9.0 deaths per 100,000 males in 2018.
- Risk of suicide increases with age peaking with both male and female at 45-49 years (27.1 and 9.2 deaths per 100,000 respectively). Historically, males aged 75 years had the highest age-specific suicide rate which fell to its lowest point in 2017 in the UK (12.1 deaths per 100,000 males). However, 2018 saw a significant increase in the suicide rate in this group (16.0 deaths) when compared to all other age groups.
- The most common method of suicide for both male and females was hanging accounting for 59.4% of all male suicides and 45% of all female suicides
- Self-harm is a common antecedent of suicide in people with a mental health condition. More than half of young people who die by suicide have a history of self-harm.[7]
- Two thirds of people dying by suicide are not in contact with mental health services. Around half of those attempting suicide do not seek specialist support.[8]

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[3] Barking and Dagenham JSNA 2018 p. 47

[4] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/3/gid/1938132834/pat/6/par/E12000007/ati/102/are/E09000002/iid/21001/age/1/sex/4 accessed on 15/01/20

[5] https://www.thriveldn.co.uk/core-activities/suicide-prevention/ accessed on 23/10/19

[6] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations accessed on 15/11/19

[7] https://www.thriveldn.co.uk/core-activities/suicide-prevention/ accessed on 23/10/19

Risk Factors

2.6 While data are important, they do not tell the whole story. There is no single explanation of why people die by suicide, a phenomenon found in both high- and low-income countries.[9] Suicide is thought to involve a mix of social, psychological and cultural factors that lead a person to suicidal thoughts or behaviour.[10] Even how suicide is reported - for example in a sensationalist manner or where the method is described - can have an adverse impact on vulnerable groups.[11]

2.7 WHO reports that while the link between suicide and mental health issues such as depression and alcohol use is established it may also occur impulsively to crisis events such as financial problems or relationship breakdown. It is also associated with abuse, loss and isolation. Groups that experience discrimination such as LBGT+ are also vulnerable in relation to suicide.[12] The very elderly show a higher propensity for suicide, a phenomenon found globally and thought to be associated with chronic illness and social disconnectedness. By far the strongest risk factor for suicide, however, is a previous suicide attempt.

2.8 Public Health England regard suicide as an inequality issue: "*it has been known for some time … disadvantage, vulnerability, including losing your job, being in debt and having insecure housing, makes a person more likely to die by suicide.*"[13] Barking and Dagenham is an area of multiple deprivation.[14] The role of social prescribers attached to the PCNs offers a tangible way to reduce inequalities, including the mental distress that may make someone vulnerable to suicide. An approach which is in line with Barking and Dagenham's Joint Health and Wellbeing Strategy[15] and Hilary Cottam's approach[16] to community engagement.

Prevention

2.9 The importance of suicide and its prevention is recognised at a wider policy level. The prevention of suicide is a key policy element across the board. The Mayor of London's Suicide Prevention strategy aims for London to be a 'Zero-Suicide city'.[17] This is based on the view that suicide is preventable which is recognised in the BHR Strategy. The 10% reduction in suicide by 2021 in relation to the BHR Strategy is in line with the national target specified by the NHS Five-Year Forward view.

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[8] Ibid
[9] WHO at https://www.who.int/news-room/fact-sheets/detail/suicide accessed 14/01/20
[10] https://www.mentalhealth.org.uk/a-to-z/s/suicide accessed on 14/01/20
[11] https://www.samaritans.org/about-samaritans/media-guidelines/ accessed on 08/01/20
[12] WHO at https://www.who.int/news-room/fact-sheets/detail/suicide accessed 14/01/20
[13] https://www.nspa.org.uk/wp-content/uploads/2017/10/NSPA_InfoSheet_SocioeconomicDeprivationSuicidalBehaviour_v1.pdf Accessed on 24/10/19
[14] https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e09000002.html?area-name=barking%20and%20dagenham accessed on 16/20/20
[15] https://www.lbbd.gov.uk/health-and-wellbeing-strategy accessed 08/01/20
[16] https://www.hilarycottam.com/ accessed 08/01/20
[17] https://www.nspa.org.uk/members/thrive-ldn/ accessed on 23/10/19

2.10 NICE guidance[18] recommends a coordinated approach to developing a multi-agency strategy with clear leadership for implementation, mapping of existing services, health needs assessment and considering meaningful preventive activities. The guidance further recommends a deeply embedded approach including how services are commissioned.

3. BHR Suicide Prevention Strategy

3.1 Since the Strategy was drafted some changes have taken place in the wider structure. The STP now has a suicide prevention steering group which is likely to focus on self-harm and bereavement, while the Mental Health Transformation Board is likely to review progress in relation to NHS mental health care. While the arrangement of workstreams has yet to be formalised it is likely the BHR Strategy Group will continue to meet and to focus on training, awareness of suicide and place-based interventions.

Aims

3.2 The BHR Strategy has two aims agreed by all partners:

1. To reduce rates of suicide across BHR by 10% by 2021 and,
2. To ensure that people who are affected by suicide receive timely help and support.

3.3 It is too soon to report on the Strategy's primary aim of reducing the BHR rates of suicide by 10% as data has yet to come through. LDN Thrive is establishing a suspected suicide surveillance system and has invited LBBD, LBH, LBR, the CCG and NELFT to join. This is still in its early stages and a meeting to discuss the system is being arranged. The system will not include self-harm.

3.4 Nationally, the rates of suicide are increasing, this together with the changes in evidential standard may spike rates going forward. Since May 2019[19] suicide is now concluded on the civil standard of evidence i.e. on the balance of probabilities as opposed to the higher criminal standard of beyond reasonable doubt, which is expected to lead to an increase in deaths recorded as suicide.

Objectives

3.5 The objectives of the Strategy are grouped into three themes

- Prevention
- Support at times of crisis
- Support and help for those affected by suicide

Priority Actions

3.6 The Objectives are grouped into six priority actions.

1. Learning from deaths by suicide and attempted suicides in BHR to allow improved measures to be put in place to reduce risks.

[18] Preventing suicide in community and custodial settings NICE guideline [NG105] Published date: September 2018

[19] *R (on the application of Maughan) v Her Majesty's Senior Coroner for Oxfordshire (Chief Coroner of England and Wales intervening) [2019] EWCA Civ 809 [2019] (D) 46 (May)*

2. Raising awareness of suicide across local workforce,

3. Developing a central resource for people affected by suicide

4. Strengthening crisis support for those individuals identified at immediate risk of suicide.

5. Reviewing the care of people that self-harm, and

6. Assessment of suicide risk by GPs is incorporated into routine care of patients known to be at an increased risk of death by suicide.

Progress- to- date

3.7 Progress against the six priority actions has been achieved although with some gaps.

- **Priority Action 1** – *Learning lessons* – there is multiple borough attendance at twice yearly meetings with the Coroner to discuss suicides that have occurred in Walthamstow Coroner's footprint (Walthamstow, B&D, Havering, Redbridge, Newham and Tower Hamlets). There is a Public Health representation from boroughs along with Consultant Psychiatrist from NELFT and from LDN Thrive (a pan London organisation working to reduce London's suicide rate). Consideration is being given in relation to the surveillance scheme mentioned in section 2.3 of this report.
- **Priority Action 2** - *Raising awareness* – Training has been promoted by BHR with some funding available from Health Education and NHSE. ComSol works with people in distress (debt, homelessness and unemployment) has delivered Mental Health First Aid training to its staff, however, there appears to be less training with a specific focus on suicide prevention. The focus on suicide prevention was the theme for last year's World Mental Health Day in October, a variety of campaign materials were used in Barking and Dagenham to mark this important awareness raising event.
- **Priority Action 3** - *Developing an online central resource* – LBBD compiled an online directory[20] of support for people bereaved by suicide, this has been shared with Havering and Redbridge and available on their websites.
- **Priority Action 4** - *Strengthening crisis support* -London arrangements for health-based place of safety have been revised. These are being monitored by NELFT to ensure the new arrangements meet the need. NELFT is conducting an audit of care plans following discharge from hospital to mental health care. Progressing work with the NHS is likely to be taken up by the Mental Health Transformation Board
- **Priority Action 5** – *Reviewing care of people who self-harm* - Action has not yet commenced. It is likely that this work will be tackled at the STP level
- **Priority Action 6** – *Assessment of risk* – A pilot in LBH is looking to increase referrals among people with long term conditions (diabetes and COPD) to Talking Therapy services to improve their mental health and wellbeing. Assessment of

[20] https://www.lbbd.gov.uk/support-for-people-bereaved-or-affected-by-someones-suicide

suicide risk is a potential area where more work could be done in the community to help identify the high-risk cohorts and provide them with timely help and support. The role of the social prescribers in Barking and Dagenham offers a potential for working closely with the communities and identifying suicide risks earlier and signposting them to the appropriate services.

4. Conclusion

4.1 Despite deprivation and the relatively high prevalence of mental health issues, Barking and Dagenham's suicide rate is low. Barking and Dagenham has a diverse population and different communities may have a stronger bias against suicide than others. However, suicide can and should be prevented. It does not exist in a vacuum; the prevention of suicide is linked to a wider agenda of promoting mental health and wellbeing for individuals, families and communities. The main priorities in relation to the Strategy going forward locally is to develop a suicide prevention culture within the Council, services and our partners and to consider how best to implement interventions at a place-based level to support prevention.

4.2 The Board is asked to consider:

- How does suicide prevention fit within the Council's wider vision set out in the Borough Manifesto and the Health and Wellbeing Strategy?
- How can we effectively embed a suicide approach and culture and raise awareness across Barking and Dagenham?
- What is the role of various partners in implementing the key actions within the Strategy?

Appendix – Power point presentation