Somerset Suicide Prevention Scrutiny Report

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1. Summary

1.1. Suicide is a major issue for society and a leading cause of years of life lost. In Somerset, the suicide rate is 10.7 per 100,000 (2014 – 16). This means an average of 50 people have died each year by suicide in Somerset between 2014-2016. Public Health England estimate that the number of years of life lost due to suicide in Somerset was 131 years (or 31.7 years per 10,000 people). https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

1.2. A death by suicide is usually the end point of a complex history of risk factors and distressing events. Action to prevent suicide has to address this complexity. Issues of depression, self-harm and substance misuse are all common factors, with relationship breakdown or loss of employment being common triggers in Somerset, as elsewhere.

1.3. The prevention of suicide is the responsibility of every organisation, and of every function within each organisation. There is also a role for every individual. No one agency or individual can address this issue alone.

1.4. Somerset County Council, through its health and wellbeing duties holds responsibility for ensuring that appropriate and sufficient local arrangements are in place to prevent suicide. This report provides an overview of Suicide Prevention arrangements in Somerset, which are overseen by the Somerset Suicide Prevention Advisory Group.

2. Issues for consideration / Recommendations

2.1. Members are asked to note the Suicide Prevention Strategy and action plan for Somerset; and the need for this to be refreshed during 2018 – 19.

2.2. Members are asked to acknowledge and endorse the role of a multi-agency partnership to reduce the number of suicides and to support people who have been bereaved by suicide.

3. Background

3.1. Statutory Duties and Responsibilities

In the UK, suicide is defined as; *deaths given an underlying cause of intentional self-harm or injury/ poisoning of undetermined intent*. When someone dies it is referred to as ‘completing suicide’ or ‘taking their own life’.

From 2013, with the transfer of public health duties into local authorities, upper tier and unitary authorities assumed additional responsibility for oversight and leadership in relation to suicide prevention working closely with clinical commissioning groups, police, other authorities and the voluntary sector. Part of this responsibility includes collecting and analysing suicide data to inform the development of the suicide prevention strategy and action plans.

The government's national strategy for England, *Preventing suicide in England: a cross-government outcomes strategy to save lives* sets out the recommendation *to* develop a local suicide prevention strategy, and to have in place an action plan with a multi-agency partnership to oversee the delivery of the plan.

This recommendation is further supported by the requirements and ambitions set out in the more recent, *Five year forward view for mental health (NHS England).*

The Public Health Outcomes Framework (PHOF) and NHS Outcomes Frameworks include specific indicators for suicide as well as a range of other indicators that are likely to have an impact on suicide. These indicators should be used to inform action to be taken by local government and health services that have a mandatory duty to report against these indicators.

No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages advocate that suicide prevention starts with better mental health for all and that local prevention strategies should be informed by people who have been affected by suicide. This ambition is reflected in the local *Positive Mental Health for Somerset Strategy (3)*, and will inform Somerset's response to the recently launched *National Prevention Concordat for Better Mental Health.*

3.2. Action to Prevent Suicide in Somerset

Somerset has had a local Suicide Prevention Strategy (see appendix one) , action plan and partnership in place for over ten years. The Somerset Suicide Prevention Strategy, in line with the national strategy, 'Preventing Suicide in England' – a cross-governmental strategy to save lives has two principle objectives:

- To reduce the suicide rate in the general population
- To provide better support for those bereaved or affected by suicide

To support the objectives there are six areas of action, based on recommended best practice for preventing suicides.

Below is a summary of activities against these areas of action in the last year:

1. **Reduce risk of suicide in high risk groups**

The national strategy identifies a number of groups, communities and settings which are known to carry a higher risk of suicide and where focused action is recommended.

People in the care of mental health services, including inpatient clients are one of these higher risk groups. Somerset Partnership NHS Foundation Trust has its own suicide prevention plan which is reviewed and monitored regularly. One

aspect of this work are weekly safety audits within in-patient settings and meeting 48 hour follow up visits after discharge.

In response to findings from the National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness (2016). The CCG is undertaking a full review of the Crisis Response and Home Treatment Team (CRHTT) with Somerset Partnership Trust as part of a wider review of mental health services in the county. This will need to address an assessment of appropriateness of the location of care, criteria for accessing the service, clinical pathway and access onwards to specialist inpatient services. Equally to this, the role of the Community Mental Health Services (CMHS) in respect to the wider health and social care system, will need to be explored, as these patients will more often require multi-agency input into safeguarding and suicide prevention.

To address the higher risk for men a Somerset Men and Boys mental health network has been launched with series of activities and training.

Self-harm can be a risk factor for suicide, and a multi-agency steering group has been established to develop a whole system pathway to reduce self-harm admissions. This will be a particular focus for the Suicide Prevention partnership during 2018.

Farmers and agricultural workers are one of identified high risk occupational groups. Farmers Community Network is a member of the Somerset Advisory Group and is currently working with Somerset Partnership to identify a link worker with a background in farming. Special suicide prevention training sessions have taken place with the Network volunteers and a 'Fit for Farming' briefing written with a local GP.

2. Tailor approaches to mental health support in specific groups

Depression is one of the most important risk factors for suicide. The early identification and prompt, effective treatment of depression has a major role to play in preventing suicide across the whole population.

Primary Care has a key role to play and the CCG has focused on a number of to improve the quality of suicide prevention in primary care, these include:

- Supporting practices to embed the use of the Little Book of Mental Health, the Samaritans leaflets and the Help is at Hand leaflet into practices;

- Somerset GP Education Trust Mental Health Study Day to 80- GPs, including a one hour session to introduce GPs to formalised assessment and safety planning;

- Embedding the Connecting with People Training and Suicide Prevention Assessment Framework SAFETool in all EMIS systems. The SAFETool supports an evidenced based compassionate assessment in healthcare,

including Primary Care. The SafeTool helps identify risk and supports the construction of a SAFETY Plan together with the client. This implementation will fulfil one of the Key recommendations from DHR 013 to be published soon (DHR – Domestic Homicide Review) and will also satisfy a learning point raised by the Coroner around the consistency of documentation in Primary Care;

- The CCG is also investing in a clinical trainer to support the correct use of SAFETool;

An extensive programme of Specialist Suicide Prevention Skills Training is delivered in Somerset, commissioned by Public Health. This is a nationally accredited programme which is highly recommended best practice. The training is multi-disciplinary and post course evaluations have shown examples of interventions that have saved lives. It is particularly targeted at those staff working with high risk groups or vulnerable people such as social workers, police, early help, mental health nurses, housing support, drug and alcohol support workers, probation and One Team members etc...

The Suicide Prevention Advisory Group produced a newsletter to showcase some of the work being carried out to mark Suicide Prevention Day (see appendix two).

Deaths by suicide of children under 15 years old are, fortunately, a rare occurrence however when these do occur they are particularly distressing and can have a huge impact on peers. Post-suicide community-level interventions can help to reduce the impact and prevent further suicides. In Somerset, the Suicide Prevention Advisory Group has worked with Educational Psychologists and Samaritans to revise and improve the Critical Incidence Guidance for schools following a suicide. The Suicide Bereavement Support Service is developing a peer support group for children and young people.

3. Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high-lethality means of suicide. Location and means of suicide are monitored quarterly by the Suicide Audit Group and any necessary preventative action taken.

Revised national guidance on ‘Preventing suicides in public places’ has been circulated.

Samaritans and Network Rail are working together in Somerset with good co-operation around Taunton Station.

A new piece of work has started and focuses on signs at pedestrian railway crossings, and the Environment Agency on waterways access.

4. Provide information and support to individuals bereaved by suicide

Effective and timely emotional and practical support for families bereaved by suicide is essential to help the grieving process and support recovery.

Somerset’s Suicide Bereavement Support Service has been available since 2012 and is delivered by Mind in Taunton and West Somerset, Cruse and the

Samaritans. Last year 40 people wanted individual support and 21 different people attended the peer support group. 30 people were given suicide bereavement support by Cruse. This service was one of the first to be established in the region.

A new focus group for people who have been affected by suicides has been set up to inform the action plan and carry out community awareness activities.

5. Support the media to report appropriately on incidents of suicide

The media have a significant influence on behaviour and attitudes in relation to the reporting of Suicide. Locally the role of the Suicide Prevention Advisory Group is to promote the national media guidelines for suicide reporting and to support the local press and media to understand the important role that they play in preventing suicide.

BBC Somerset have been an active partner in supporting and promoting appropriate reporting and have worked with the Suicide Prevention Advisory Group on a number of programme focussing on suicide and mental health.

On-going monitoring of local media reporting is undertaken. There has been some success in getting inappropriate reporting acknowledge and changed.

A well-attended local workshop focusing on Suicide and Mental Health in the Media was held with national speakers and chaired by Ben McGrail, ITV News West Country.

In 2015 Ben McGrail won a national MIND Media Award in the best radio programme category, for a three hour programme focusing on suicide prevention. Ben continues to be a great champion and advocate for positive mental health and Suicide prevention in Somerset.

6. Implement research, data collection and monitoring

It is important that we monitor trends and variation in suicide rates. This can help early identification of issues in specific areas or unexpected increases. This in turn allows for further, more detailed investigation and facilitates more effective and proactive prevention approaches

Somerset Public Health Department is responsible for undertaking the local suicide audit. The Somerset Suicide Prevention Audit Group meets throughout the year to review available information and initiate action.

Due to the retrospective nature of the official statistics, a local case audit system has been implemented to provide more timely information on deaths across Somerset. The Suicide Audit Group looks at cases prior to the coroner's verdict, which are thought likely to be the consequence of suicide. The case audit seeks further information on the circumstances surrounding each death, from GPs and other agencies and uses this information to inform the local action plan.

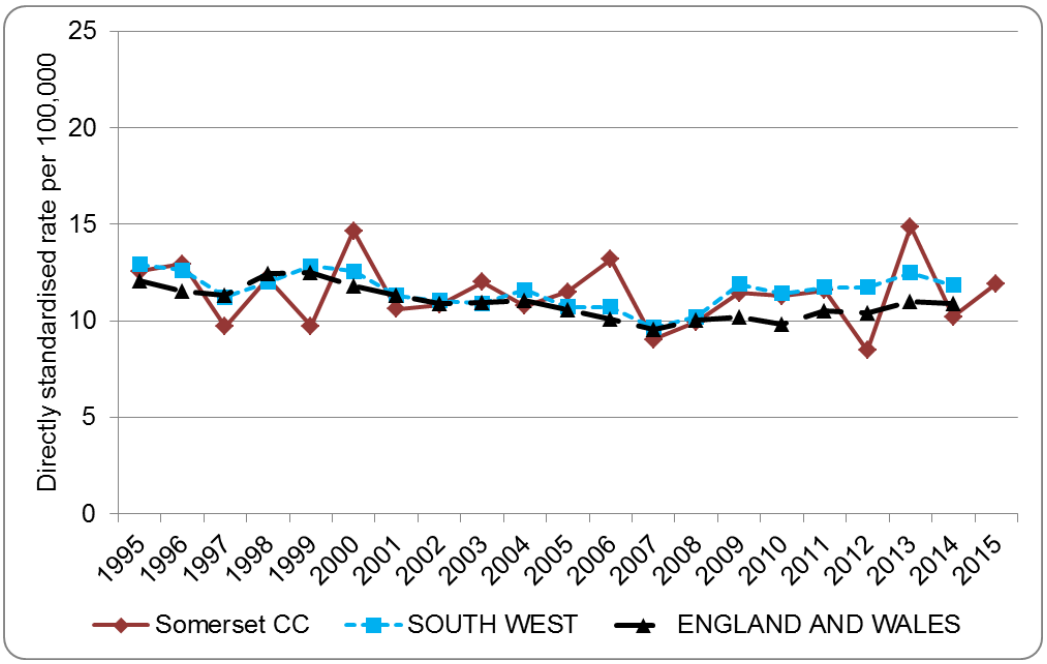
3.3. Suicide statistics for Somerset

Due to fluctuations in the number of suicide deaths, year on year, the suicide rate is calculated as a three year average. Local rates are subject to greater variation than national rates, due to the smaller numbers involved.

The suicide rate in Somerset of 10.7 per 100,000 (2014 – 2016).

The rate for Somerset, although higher, remains statistically similar to the rate for all of England (9.9 per 100,000) and to the rest of the South West (10.8 per 100,000).

The graph below illustrates the annual trends in mortality from suicide and undetermined death in Somerset, the South West and England & Wales, 1995 to 2015. This is for people aged 15 and over, and is the directly standardised rate per 100,000. This shows that although there has been variation within individual years, with some years having a higher number of deaths than other years. Overall, Somerset rates have remained reasonably stable and in line with the national rate.



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This Somerset rate of 10.7 per 100,000 equates to around 50 deaths by suicide each year. In line with the rest of England, around 70% of deaths are male.

The highest rates of suicide in Somerset are currently within the 35 – 64 age groups.

Deaths by suicide of children under 15 years old are, fortunately, a rare occurrence and these, as with all unexpected deaths of children under 18 years, will prompt a multiagency review and response.

The most common method of death is hanging and the most common place of death (over 50%) is at home. This is the same as the national picture.

There is a strong association between suicide rates and levels of deprivation. The rate of suicide and undetermined death for residents living in the 20% most deprived areas in the county is significantly higher than for Somerset as a whole.

There is variation in suicide and undetermined death across Somerset's five district council areas and action is taken accordingly when patterns are observed. However the variation is not statistically significant.

The suicide data is used to inform where any planned or reactive focus of intervention needs to be for Somerset.

3.4. Understanding suicide

Suicide is usually the end point of a complex history of risk factors and distressing events. Action to prevent suicide has to address this complexity. Issues of depression, self-harm and substance misuse are all common factors, with relationship breakdown or loss of employment being common triggers in Somerset, as elsewhere. Action to prevent suicide has to address this complexity and the commonly known factors that can influence a person to have suicidal thoughts and which can lead to attempts and final completion.

The effect of a death resulting from suicide on family and friends is devastating. Others connected to the person through work or education, or who were involved in providing support and care, may also feel the impact profoundly. Suicides are not inevitable. Each suicide is a personal tragedy. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

4. Consultations undertaken

4.1. The Suicide Prevention Advisory Group is made up of over 20 different organisations. The suicide prevention action plan is developed by this multi-agency group, which has carried out informal consultations within their own organisations. This is supported by a Community Forum made up of people with lived experience.

4.2. The Suicide Bereavement Support Service encourages feedback and this is included as part of the grant review process.

5. Implications

5.1. Suicide remains the biggest killer of men aged 49 and under, and the leading cause of death in people aged 15-24(1)

5.2. Suicide is now a leading cause of death directly related to pregnancy in the year after a mother gives birth (2)

5.3. Suicide is a health inequality issue. There are well established links between

suicide and social fragmentation and socio economic circumstances (1).

5.4. Promoting positive mental health and wellbeing and in particular fostering the emotional health and wellbeing of children and young people can help build individual and community resilience and help prevent suicide.

6. Background Papers

6.1. Appendix 1: Somerset Suicide Prevention Strategy
Appendix 2: Suicide Prevention Newsletter for World Suicide Prevention Day on 10 September.

7 References

7.1

1. House of Commons Health Committee, Suicide Prevention Sixth Report of Session 2016-2017
2. Confidential Enquiry into Maternal Deaths, December 2016
3. Somerset Positive Mental Health Strategy