

Tees Suicide Prevention Implementation Plan 2014 – 2016



Hartlepool



Middlesbrough



Redcar & Cleveland



Stockton

Foreword from the chair of the Tees Suicide Prevention Taskforce

Suicides are not inevitable, in most cases they can be prevented. Suicide and non-fatal self-harm account for more than 4000 deaths and 200,000 hospital presentations every year in England. Local audit across Tees shows that between January 2008 and December 2010, 128 people took their own lives. Of these:

- 20 were from Hartlepool
- 36 were from Stockton-on-Tees
- 35 were from Middlesbrough
- 37 were from Redcar & Cleveland

Further details on the epidemiology of for suicide and self harm across Tees is available through the joint strategic needs assessment (www.teesjsna.org.uk).

Factors that lead to suicide are complex but nonetheless preventable. Preventing suicides requires multi-agency action as well as efforts at an individual, family, community and local authority level. The current economic climate and the welfare reforms present significant challenges for health and well-being in general and more specifically emotional well-being and mental health. The success of suicide prevention depends upon several inter-connected factors; leadership, local champions, identification of suicide prevention as a priority, availability of resources and the long-term survival of suicide prevention groups. This implementation is the local response to the national suicide prevention - *Preventing suicide in England, A cross-government outcomes strategy to save lives* launched in September 2012. This implementation plan brings together, through the Tees suicide prevention taskforce, key partners, local knowledge about groups at higher risk of suicide, applying the evidence of most effective interventions and most importantly highlighting resources needed to implement these plans. The plan will be supported by a work programme which goes into more detail on the key activities and the milestones for the taskforce. The taskforce has already made progress in the following programmes:

- The introduction of an early alert system to ensure the timely identification of trends.
- Middlesbrough Safer Care ensuring all substance misuse staff have ASIST training.
- Development of a Primary Care Suicide Prevention Awareness E-learning platform that will be available across the region.

Suicide and self harm prevention needs to be everyone's business. I look forward to working with you to prevent suicides and self harm across Teesside.

Edward Kunonga
Director of Public Health, Middlesbrough Council
Chair – Tees Suicide Prevention Taskforce

Introduction

Suicide is a major issue for our local population and a leading cause of years of life lost in Teesside. Nationally the number of people who take their own lives has been reducing in recent years. However, the UK rate increased significantly between 2010 and 2011 and in England the rate increased by 6% between 2010 and 2011 from 9.8 to 10.4 deaths per 100,000 population. By 2012 the rate remained at 10.4. In 2011 the suicide rate was highest in the North East at 12.9 deaths per 100,000 population rising from 11.2 deaths per 100,000 population in 2010. (ONS 2013). By 2012 there was a slight drop recorded at 11.9 deaths per 100,000 population with the North West now being the area with the highest rate. The North East however remains the second highest.

The average cost of suicide for those of working age in England is estimated to be around £1.67m per case (at 2009 prices). If this estimate is applied to the North East of England the projected cost to the local economy is £410.8 million for the 246 cases of suicide and undetermined injury recorded in 2012.

Suicide is often the end point of a complex pattern of risk factors and distressing events, and the prevention of suicide has to address this complexity. Suicides are not inevitable; indeed most are preventable (WHO 2004).

There are many things that services, communities, individuals and society as a whole can do to help prevent suicide.

Preventing suicide in England is a cross government outcomes based strategy produced in 2012 to help save lives and build on the work achieved by the last suicide prevention strategy. The local suicide prevention taskforce therefore seeks to drive local implementation of this new strategy and coordinate partnership working in Teesside and ensure that prevention is everyone's business.

From April 2013, local authorities became responsible for leading on local public health and improvement, which includes coordinating and implementing work on suicide prevention. The local suicide prevention taskforce is working on strengthening local partnerships and developing its own action plans focusing on how the national strategy action points are implemented in a way that reflects local population needs.

In Feb 2013, the taskforce held a seminar for service providers across Teesside. The purpose of the seminar was to seek local input into how the national suicide prevention strategy may be implemented. The findings from that event will inform the local strategy and subsequent action plans.

Preventing suicide in England; a *cross government outcomes strategy to save lives*

Preventing suicide in England; a *cross government outcomes strategy to save lives* is a national all age prevention strategy which aims to build on the successes of the earlier strategy published in 2002.

The overall objectives of the National Strategy are:

**A reduction in the suicide rate in the general population in England; and
Better support for those bereaved or affected by suicide.**

The Strategy identifies six key areas for action to support delivery of these objectives:

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 or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Key Area for Action 1: Reduce the risk of suicide in key high-risk groups

Some groups of people are known to be at higher risk of suicide than the general population. The high risk groups that have been identified nationally are:

- Young middle aged men
- People in the care of mental health services including inpatients
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups such as doctors, nurses, veterinary workers and farmers

What's the current picture on Teesside?

Across Teesside the highest number of suicides are among young men (aged 20- 59). Compared to the national average of 1 female death for every 3 male deaths Teesside there is a ratio of 2.8 male deaths for each female death. There are variations by local area which are described in more detail in the JSNA. The other high risk groups across Tees are:

- *People with mental health problems – the local audit identified people who had contact with mental health services within 3 months of dying by suicide*
- *People with previous history of self harm*
- *People in contact with the police and the criminal justice system*
- *People in certain occupations such as the care sector for women and labouring, engineering, construction and drivers for men.*

The local audit of suicides in Tees also identified a higher percentage of suicides involved people who were not in employment and living alone.

There is a disproportionate distribution of suicides across Teesside with more suicides occurring in people living in deprived compared to affluent wards. Further details are available on the JSNA website www.teesjsna.org.uk

What are we going to do in Teesside?

1. Use local suicide audit data and the early alert system to identify local high risk groups and develop intervention strategies.
2. Ensure pathways of care are communicated across all partner agencies.
3. Support the provision of a GP and Primary Care suicide prevention awareness e-learning platform which includes the risk assessment and management of the suicidal patient.
4. Support national, regional and local campaigns to challenge mental health stigma and discrimination.
5. Encourage workplace policies that support mental health.
6. Support self-harm and suicide prevention programmes/activities.

Key Area for action 2: Tailor approaches to improve mental health in specific groups

As well as targeting high-risk groups, another way to reduce suicide is to improve the mental health of the whole population. The approach to improve public mental health needs to be applied across the life course, starting from pre-birth all the way to the older age groups. It should include a blended approach that combines universal with targeted approaches especially for high risk and vulnerable groups. Across Teesside these groups include:

- Children and young people known to mental health services
- Vulnerable children such as: Looked after children, children in need, carers and those in the known to the Youth Justice Services
- Survivors of domestic and sexual abuse or violence
- Veterans and ex-service personnel
- People living with long term conditions
- People with untreated depression and other mental health conditions
- People who are especially vulnerable due to social and economic circumstances – unemployed, homeless
- People who misuse drugs or alcohol
- Lesbian, gay, bisexual and transgender (LGBT)
- Black and Minority Ethnic (BME) groups

- Asylum seekers and refugees
- Older people with social isolation
- People who have recently lost their jobs or businesses
- People recently bereaved – especially those bereaved by losing a family member, friend, relative to suicide.

What are we going to do in Teesside ?

1. GP Practices to complete the GP audit tool to capture data regarding any potential suicide.
2. Monitor the potential impact of the current economic climate and welfare reforms on mental health, self harm and suicide and work with other agencies to ensure appropriate support is available.
3. Ensure all primary, secondary and third sector organisations are aware of local data and regional service developments that support the needs of specific groups.
4. Promote the use of the on line e-learning resource on transgender available free at <http://www.gires.org.uk/localauthorities.php#elearning>

Key Area for action 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. This is because people sometimes attempt suicide on impulse, and if the means are not easily available, or if they attempt suicide and survive, the suicidal impulse may pass. Suicide methods most amenable to intervention include:

- Hanging and strangulation in psychiatric inpatient and CJS settings
- Self-poisoning
- Those at high risk locations
- Those on the rail and underground networks

The media also has an important role in avoiding reporting and portraying new high lethality methods of suicide that may increase the number of fatal attempts

Local Suicide and Undetermined Injury Audit 2009-2012

Local audit shows that the majority of all deaths are by hanging with this method being used in 71% of all male deaths and 39% of all female deaths. Self poisoning was the method of death in 13% of all male deaths and 36% of all female deaths.

Locally only in Middlesbrough between 2009-2012 was there overall more self poisoning than hanging

Local high risk locations:

- Along River Tees including Bridges
- Saltburn Cliffs (including Huntscliff)
- Skinningrove Cliffs
- Redcar Sea Front
- Prison

What are we going to do locally?

1. Use the suicide prevention audit, early alert system and information from partner agencies such as the criminal justice services to identify any local hotspots.
2. Identify responsibilities for the design, development and maintenance of suicide prevention signage.
3. Ensure multiagency awareness of any local hotspots identified including safeguarding leads.
4. Support the ongoing work between the Samaritans, British Transport Police and Network Rail to reduce suicides on the railways.
5. Work with local Heads of Pharmacy to support safe prescribing and encourage the return of unused prescribed medication.
6. Encourage local authority planning departments and developers to include suicide in health and safety considerations when designing structures.

Suicide Prevention - Key Contacts

SAMARITANS:Phone: 08457 90 90 90 (24 hour helpline)

Email: jo@samaritans.org

Write to: Chris, PO Box 9090, Stirling, FK8 2SA

www.samaritans.org.uk

HOPELineUK [PAPYRUS] Young suicide prevention society (under the age of 35)

Phone: 0800 068 4141 (free from landlines Monday-Friday 10am – 5pm and 7pm -10pm, and 2pm – 5 pm on weekends)

www.papyrus-uk.org

Survivors of Bereavement by Suicide (SOBS)

helpline: 0844 561 6855 web: www.uk-sobs.org.uk

Cruse Bereavement Care

tel. 0844 477 4900 web: www.crusebereavementcare.org.uk

Depression Alliance

tel. 0845 123 2320 web: www.depressionalliance.org

Campaign Against Living Miserably [CALM]). A campaign and charity set up to reduce the high suicide rate among young men (under 35).

Helpline: 0800 585858 (free from landlines 5pm – midnight every Sat, Sun, Mon and Tues

www.thecalmzone.net info@the CALMzone.net

Key Area for action 4: Providing better information and support to those bereaved or affected by suicide

Family and friends bereaved by a suicide are at increased risk of mental health and emotional problems and may be at higher risk of suicide themselves. Studies show that in addition to immediate family and friends, many others will be affected in some way. They include neighbours, school friends and work colleagues, but also people whose work brings them into contact with suicide – emergency and rescue workers, healthcare professionals, teachers, the police, faith leaders and witnesses to the incident.

There may be a risk of suicide clusters or ‘copycat suicides’ in a community, particularly among young people, if another young person or a high-profile celebrity dies by suicide.

Local Suicide and Undetermined Injury Audit 2009-2012

Across Tees, bereavement featured as a contributing factor in 11.7 % of suicide cases. Most of these cases had lost family members i.e. partner or parents, siblings or other relative. Half of these cases had been bereaved a year or more prior to death with less than five having been bereaved within the year leading to their death.

There are gaps in the current provision of information and support for individuals bereaved or affected by suicide across Tees. There is need for a full review of the current service provision and ensure there is specialist provision for those individuals, families and communities affected by suicide.

In order to prevent suicide clusters or copycat suicides it is important that real time data is available to monitor local trends and ensure early intervention to prevent further cases. In Tees an early alert system is in place which allows the suicide prevention taskforce to monitor patterns of suicide and instigate prevention and early intervention at the earliest opportunity.

This system which was adopted from the County Durham and Darlington Suicide Prevention Taskforce has proved to be a very useful for surveillance tool and for informing local action.

What are we going to do in Teesside ?

1. Evaluate current service provision for those bereaved or affected by suicide.
2. Identify if there is a need for the development of specialist services for those bereaved or affected by suicide.
3. Provide information about local, regional and national services available for those bereaved or affected by suicide including how to access.
4. Consideration of the establishment the increasing trend/cluster management protocol.

Key Area for action 5: Support the media in delivering sensitive approaches to suicide suicidal behaviour

The media have a significant influence on behaviour and attitudes. There is already compelling evidence that media reporting and portrayals of suicide can lead to copycat behaviour, especially among young people and those already at risk. With the increasing popularity of social media more work needs to be done to make these safer especially for young people who can easily be influenced or affected by information communicated through these channels.

The media can be supported to deliver sensitive approaches to suicide and suicidal behaviour by:

- Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media
- Continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services

The national suicide prevention strategy encourages local services and agencies to work with their respective local and regional newspapers and other media outlets,, to encourage responsible reporting of self harm, suicidal behaviour and suicide cases. This can be achieved by providing information on local sources of support and helplines for mental health, suicide and self harm when reporting incidents.

What are we going to do locally?

1. Promote the use of the Samaritans media guidelines for reporting suicides and self-harm.
2. Develop a communications strategy which;
 - reflects the guidelines,
 - identifies strategies to report unhelpful media stories and
 - promote the use of details of sources of information and advice being given at the end of any relevant media story.
3. Provide positive promotional materials that
 - encourage help seeking behaviour,
 - support understanding and recognition of those at risk, what to do to support someone and where to go to for help.

Key Area for action 6: Support research, data collection and monitoring

Intelligence and surveillance of suicides, self harm and mental health are the foundations of suicide prevention efforts. Further national and local research is required to address gaps in knowledge on self harm, suicidal behaviour and suicides. The national strategy outlines the following areas to support research, data collection and monitoring:

- Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
- Expand and improve the systematic collection of and access to data on suicides
- Monitor progress against the objectives of the national suicide prevention strategy
- Reliable, timely and accurate suicide statistics are the cornerstone of any suicide prevention strategy and of tremendous public importance

What is the situation on Teesside?

The suicide prevention task force produces an annual report on local suicide and undetermined injury deaths across Teesside. These reports are used to inform local suicide prevention strategies and to monitor their effectiveness. In addition there is an early alert system in place which allows the coroners officer to inform the local suicide prevention team of any potential death by suicide and undetermined injury in order that any increasing trends or potential clusters are identified and acted upon in a timely fashion.

More work is required to understand the epidemiology of self harm across Teesside. Whilst there are a number of agencies that collect self harm data, further analysis is required to help inform targeted preventative action.

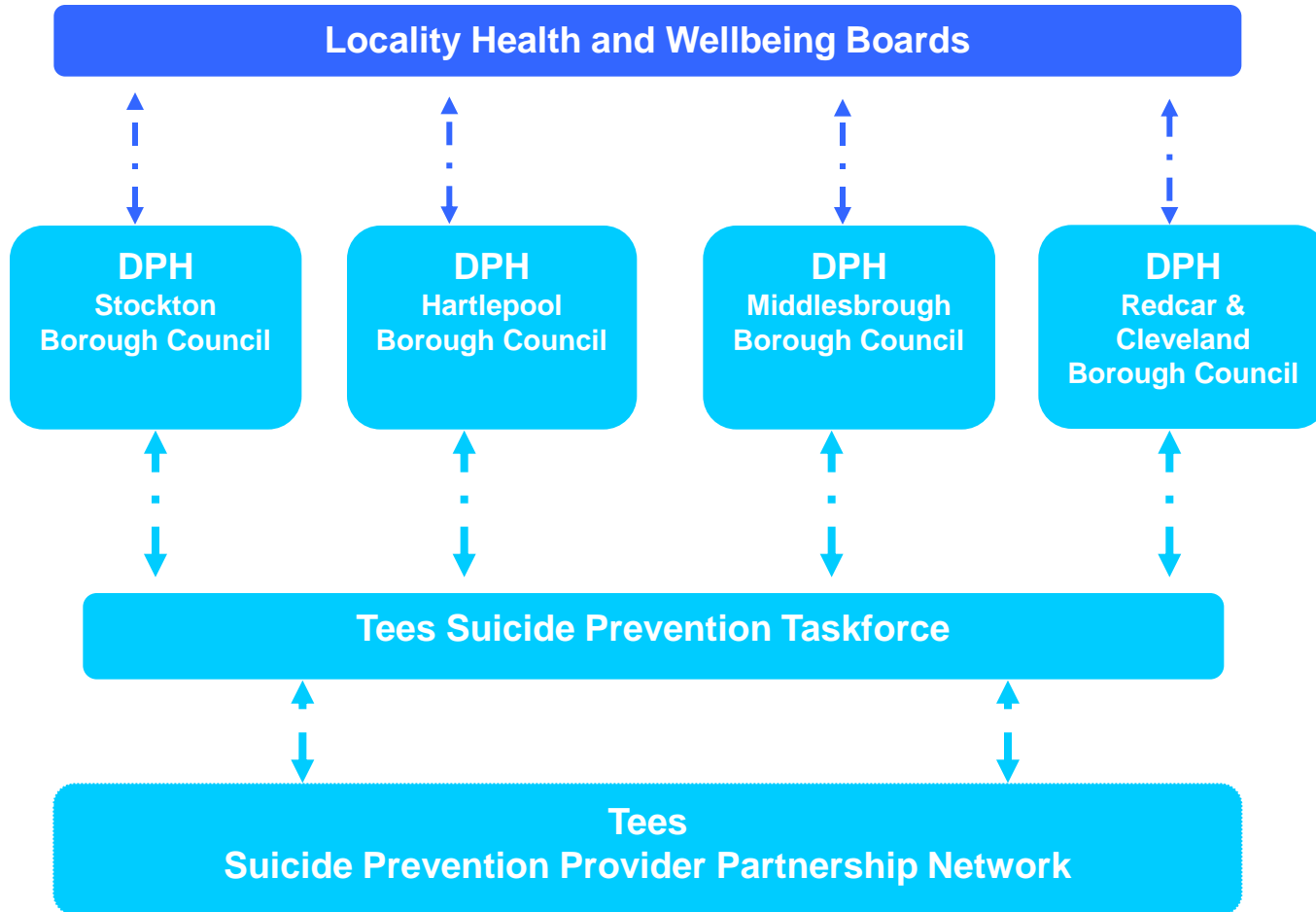
Self harm related admissions in Tees are among some of the highest in England and more work is required to understand the local picture in more detail and interventions put in place to address these issues.

What are we going to do locally?

1. Pilot a 'near miss' review process within a high risk group.
2. Explore opportunities for partner agencies to collect and share data regarding suicide and self harm and link to the public health suicide audit.
3. Provide regular updates to the CCGs and Mental Health and Wellbeing Boards regarding the local audit data and early alert system.

Suicide Prevention governance arrangements across Middlesbrough, Hartlepool, Stockton and Redcar & Cleveland

Tees Suicide Prevention Strategy



Locality Suicide Prevention JSNAs

Suicide Prevention – Local Contacts

- Ring NHS 111 for urgent access to services - 24 hours a day, 365 days a year.
- Contact your general practitioner (GP). If you do not have a GP or do not know your GP's telephone number contact 111 or visit www.nhs.uk
- **Redcar & Cleveland People's Information Network (PIN)**
www.peoplesinfonyet.org.uk
- **South Tees CCG IAPT Information**
<http://www.southteesccg.nhs.uk/about-us/mental-health-services/>