MIDDLESBROUGH COUNCIL

Agenda Item 7

OVERVIEW AND SCRUTINY BOARD

21 OCTOBER 2014

TEES SUICIDE PREVENTION IMPLEMENTATION PLAN

PURPOSE OF THE REPORT

1. To provide members of the Overview & Scrutiny Board with an update on the findings of the Health Scrutiny Panel, following their meeting regarding the Tees Suicide Prevention Implementation Plan.

BACKGROUND INFORMATION

2. At a panel meeting in July, Members received a presentation from the Director of Public Health. In discussing the levels of deprivation across Middlesbrough, Members were particularly interested in whether or not there was a link between the pattern of deprivation across the town and levels of suicide.

3. Members heard that there was a Tees Suicide Prevention Implementation Plan which had been developed to address these issues and Members were keen to receive further information.

THE PANEL'S FINDINGS

4. The panel met on 15 September to receive information about the plan and discuss its content. During that meeting the panel heard that suicides are not inevitable and in most cases they can be prevented. Preventing suicides does however require a multi-agency approach as well as efforts at an individual, family, community and local authority level. It was also noted that the current economic climate and the welfare reforms are presenting significant challenges for people's health and well-being in general and more specifically people's emotional well-being and mental health.

Suicide Audit

5. The panel were advised that the Trust had undertaken a suicide audit in the four areas of Teesside and Darlington and the information had been fed in to the Tees Suicide Prevention Taskforce. Between 1997 and 2013, 289 suicides had taken place in Middlesbrough, which was the second highest number in the Tees area (behind Stockton with 293). Whilst the number of suicides had fluctuated over a 17 year period there had been a decreasing trend in numbers.

6. In terms of age range and gender, it was reported that males accounted for 76% of suicides, which as in line with the national picture. The key trend was

predominantly males aged 35-49 (43%) and 25-34 (23%) with the highest number in females aged 35-45 (over 50%).

7. The panel heard that data was not captured or analysed in relation to attempted suicides, despite the fact that it was believed that around half of those who committed suicide would have made previous attempts.

8. Statistically, the most frequent month for suicides was January, followed by May and October. Research had indicated that a trend had developed for suicides occurring in Spring time, this coincided with changes in daylight and it was assumed that people were more motivated to act.

9. Other factors that impacted on deaths by suicide were

Marital and living status. 47% of suicides were carried out by single people, followed by 22% that were divorced/separated and 21% were married. From the data, it was noted that 56% (9 people) were widowed and aged 75 or over at the time of death, 62% (29 people) of those that were married at the time of death were aged 35-49 and 58% (51 people) of those that were single were aged 20-34. 45% (122 people) were living alone at the time of suicide with 79% of those being male.

Employment and housing. 52% of those that had committed suicide were either unemployed or not in paid work and 13% were retired. In relation to housing, it was highlighted that data was often missed around property ownership, but figures showed that around 43% owned their own property with a further 30% in rented accommodation.

Types of Suicide

10. The Panel was advised that the most frequent method was hanging/strangulation at 45%, followed by self-poisoning at 32%. This presented a clear difference in gender with 52% of males using hanging/strangulation compared to 24% for females, whilst 57% of females used self-poisoning compared to 23% for males.

11. Jumping from a height was the third most frequent method of suicide in Teesside and it was noted that there were many high points in this area. No information was available about the numbers of people who had been talked down from such structures. However it was thought that, in order to help people in those circumstances, it would be helpful if better signage was available which could provide details of useful support services such as the Samaritans.

12. Looking at the themes in the reasons why people commit suicide, the panel found that a diagnosis with health issues, particularly multiple diagnoses, was the most common with 23%, followed by relationship problems with 13% and mental health diagnoses with 10%. Depression and anxiety or relationship and family problems contributed to multiple factors and this was the picture both nationally and locally.

Location

13. A Map of Middlesbrough was shown to the Panel which provided a breakdown of deaths by suicide by Ward. Middlehaven and Gresham Wards had the highest numbers of suicide and this mirrored the highest levels of deprivation in north/central Middlesbrough.

14. Members queried whether historical information was available in relation to suicide numbers and whether there had been any change. Members were informed that it was difficult to map the information prior to 1997 but there had been a target to reduce suicide by 20% and that the recorded reduction for that period was 18%, however, it was noted that since the recession the rate had begun to increase.

Preventing the means to suicide

15. Research showed that if access to the means of suicide was reduced, then naturally suicides committed by that method also reduced as people did not seek to find an alternative method. It was highlighted that research had showed that a substitute affect tended not to occur, for example, the introduction of North Sea gas and catalytic converters in cars had resulted in a significant reduction in the overall numbers of suicides. In some cases, individuals who would have planned to commit death by suicide and would go to a certain point to do so, however, if that was interrupted, for whatever reason, they would not then go and find an alternative means. Therefore part of the strategy involved the consideration of how to prevent the means of suicide and in particular access to bridges and other high points. Adaptations such as building netting around bridges could be considered but it was noted that this could be a costly option.

16. The Panel considered that reducing means was a key part of the strategy and suggested that physical suicide prevention measures, such as safety fencing/netting and signage, should be incorporated into new developments at the planning application stage. The Panel agreed to make a recommendation to the Planning Authority in relation to this.

17. It was highlighted that the Council's highways department had advised of incidents that had occurred at the Zetland Multi Storey Car Park and it was proposed that the top floors of the car park would be netted and there were plans to provide signage there for people who felt suicidal which would give details of where to access help and support.

The Tees Suicide Prevention Implementation Plan

18. Joe Chidanyika, Health Improvement Specialist and Public Mental Health Lead with Middlesbrough Council was also in attendance at the meeting to guide Members through the Tees Suicide Prevention Implementation Plan 2014-2016, which mirrored the national Suicide Prevention Strategy.

19. Preventing suicide in England: a cross Government outcomes strategy to save lives, was a national prevention strategy aiming to build on the successes of the earlier strategy published in 2002. The overall objectives of the National Strategy were to reduce suicide rates in the general population in England and to better support those bereaved or affected by suicide.

20. The Strategy identified six key areas for action to support the delivery of the following objectives -

- Reduce the risk of suicide in key high risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.

21. The Tees Suicide Prevention Implementation Plan represented the four boroughs in the Tees area and the document was currently out for consultation. It was acknowledged the factors leading to suicide were very complex and suicide prevention required multi-agency action. The Tees Suicide Prevention Taskforce fed into the Plan along with other key partners and highlighted the resources need to implement the Plan. The taskforce had already made progress in the following areas:-

- 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 would be available across the region.

22. The Panel was informed that, nationally, the current rate of deaths by suicide was 8.5 deaths per 100,000 of the population. This figure was slightly higher in the North East. The current figure for Middlesbrough was 10.8 per 100,000. There was an estimated that the cost of suicide to the local economy in the North East was approximately £410.8 million for the 246 recorded cases (in 2012) of suicide and undetermined injury.

23. The panel enquired as to whether information was available in relation to those admitted to hospital for attempted suicide or self-harming. The Panel was advised that information was available but a detailed analysis had not yet been carried out in terms of self-harm data. There were also cases where an individual might have self-harmed but was not severe enough to present to the health services.

24. Members were concerned that substance misuse was not identified within the Key Area for Action 1. Members were informed that substance misuse formed part of the key high risk groups, and in response to concerns regarding the apparent disjointed work in Middlesbrough in relation to substance misuse, it was reported that the Middlesbrough Partnership would commence a pilot project in the near future around women's substance misuse.

25. Members were interested as to whether suicide rates within the BME community were comparable, Members were advised that the Coroner did not

record ethnicity, however, research indicated that this was a high risk group, together with refugees/asylum seekers.

26. One of the key areas for action was about identifying high risk groups, one of which was people with mental health problems. The local audit had identified people who had contact with mental health services within three months of dying by suicide. It was queried how well GPs were identifying people with mental health issues who might be at risk. The Senior Practitioner stated that it appeared to depend on where the individual lived and that many GPs did not have a focus on mental health. It was noted that mental health was currently not a compulsory element of a GP's training but this was to be changed.

27. Reference was made to the region having the highest prescription rates of anti-depressants in the country and it was queried whether Clinical Commissioning Groups were commissioning an alternative such as social prescribing, which considers more creative solutions to get to the root of problems. Members were advised that the CCG was working towards that, in conjunction with Public Health but that there was still a long way to go. The MVDA had now been commissioned to lead on social prescribing.

28. A Communication Strategy would be developed as part of the action plan that would, amongst other things, promote the use of detailed sources of information and advice given at the end of any relevant media stories and it would also identify strategies to report unhelpful media stories. It was noted that the media would be encouraged to promote the use of the Samaritans and there would be media guidelines for reporting suicides and self-harm. In addition, the Panel was advised of the 'Stay Alive' app which had been signed up to by Public Health England that provided details in relation to sources of help available.

29. It was considered that ensuring emotional well-being was a key factor in suicide prevention and that everyone needed to be made aware of the signs people, who may have emotional wellbeing problems, might display. Councillors deal with a wide variety of people on a regular basis and it was thought that the training that had been commissioned in Teesside would be beneficial to them in their role.

30. Mental health first aid training and ASIST training (Applied Suicide Intervention Skills Training) were being offered by MIND. The training gave a practical outline of the types of questions to ask and how to help develop a safe plan for the individual concerned. The panel agreed that it would be useful to share this information with all Middlesbrough's Councillors.

CONCLUSIONS

31. The panel made a number of conclusions which are as follows

a) The panel were supportive of the work of the public health team in their preparation and delivery of the plan.
b) The panel were keen to assist the team in publicising the plan and strengthen the team's work in preventing the means of suicide by make a recommendation to the planning authority.

c) The panel wanted to be kept up to date with the developments in this area and the general implementation of the strategy.

RECOMMENDATIONS

32. The panel make the following recommendations

a) That a recommendation be made to the Planning Authority in relation to the Tees Suicide Prevention Implementation Plan, asking that the Planning Authority should receive the details of the action developers will take in terms of suicide prevention e.g. safety fencing
b) That other scrutiny panels across the Tees area be asked to explore the same issues with a view to making a similar recommendation.
c) That a copy of the Tees Suicide Prevention Implementation Plan be circulated to all Members of the Council.
d) Those Councillors are made aware of the mental health first aid training, ASIST Training and on-line training.
e) That the Public Health Team be invited back to the panel in 6 months' time, along with representatives of MVDA in order for the panel to consider the progress with social prescribing.

ACKNOWLEDGEMENTS

33. The panel would like to thank the following people for their attendance at the meeting

- Joe Chidanyika, Health Improvement Specialist – Public Health, Middlesbrough Council
- D Colmer , Senior Practitioner, Suicide Prevention – Tees, Esk and Wear Valley NHS Foundation Trust

BACKGROUND PAPERS

34. Minutes of the Health Scrutiny Panel 15 September 2014.

Contact Officer:
Elise Pout
Scrutiny Support Officer
Telephone: 01642 728302(direct line)
e mail: elise_pout@middlesbrough.gov.uk