ANNEX 11

Devon PCT Board Report Summary

Meeting Date: **Wednesday 22nd July 2009**

Title of Report: **Suicide Prevention Strategy**

Report is from: Dr Virginia Pearson

Report Summary: The Strategy presents a multi-agency approach to the prevention of suicide. It draws on suicide audit data, evidence of best practice and national tool kits. The key objectives set out in the National Suicide Prevention Strategy for England (Department of Health 2002) underpin the strategy.

Recommendations to Board: The Trust Board is requested to endorse the strategy.

PLEASE TICK ALL THAT APPLY BELOW:

Which WCC Outcome measures is this report linked to?

Health Inequalities, Average Index of Multiple Deprivation Score	√
Life expectancy at time of birth, Years	
Mortality rate from causes considered amenable to healthcare Directly age-standardised rates (DSR) per 100,000 European Standard population	
Rate of hospital admissions per 100,000 for alcohol related harm	√
Smoking Quitters Rate per 100,000 population aged 16 and over	
% of live births delivered by Caesarean section	
Teenage conception rate per 1000 females, aged 15-17	
Percentage of stroke admissions given a brain scan within 24 hours	
Percentage of all deaths that occur at home as reported by Primary Care Organisation	
Number of carers receiving a 'carer's break' or other specific carers service, or advice or information, during the year following a carer's assessment or review	

Which WCC Competency is this report linked to?

1. Locally Lead the NHS	
2. Partnership Working	√
3. Public and patient Involvement	
4. Collaborate with Clinicians	√
5. Knowledge Management	
6. Prioritise Investment	
7. Manage the Market	
8. Innovation and Improvement	

9. Procurement
10. Manage the local health system
11. Make sound financial investments

Which WCC Governance area is this report linked to?

Board Strategy	√
Board Governance	
Board Finance	

Which part of the way ahead does this paper connect with?

a. Being Healthy, Staying Healthy	√
b. Birth and Maternity	
c. Children and Young People	
d. Planned Care	
e. Urgent Care	
f. Mental Health and Wellbeing	√
g. Learning Disability	
h. Older People	
i. Long Term Conditions	
j. Carers	
k. End of Life	

Which Domains in Standards for Better Health is this report linked to?

Safety	
Clinical and Cost Effectiveness	
Governance	
Patient Focus	
Accessible and Responsive Care	
Care Environment and Amenities	
Public Health	√

Which Corporate Objectives does this paper link with?

OBJ 1	Improve health and wellbeing of the population and the experience for patients of services by delivering objectives included in the way ahead, Local Area Agreement, SHA strategic framework and Operating Framework as incorporated in the PCT Operational Plan 2009/10	√
OBJ 2	Achieve comprehensive internal and external assurance systems including the delivery of statutory requirements	
OBJ 3	Strengthen the commissioning capabilities of the organisation, become a model employer and develop a positive culture where staff are happy in their work and take pride in what they do	
OBJ 4	Strengthen the NHS reputation (including NHS Devon) and engagement internally and externally	
OBJ 5	Ensure a sustainable NHS financial position in Devon	
OBJ 6	Develop the supporting organisational infrastructure to deliver significant programmes of work	

Have the legal implications of this report been considered?

- Yes

Devon NHS
Primary Care Trust

SUICIDE PREVENTION STRATEGY FOR DEVON

Contents

Foreword

Suicide is a tragedy that affects a small number of people but one that can have lasting consequences for those left behind.

Suicide prevention is not the exclusive responsibility of any one organisation and requires actions and interventions at many levels. The strategy acknowledges the range of influences, events and experiences that shape a person's life at different stages and highlights the need to focus on those priority groups most at risk.

Published research and best practice have been used to develop the strategy wherever possible. It is expected that the strategy will evolve as new priorities and evidence on prevention emerges.

The National Suicide Prevention Strategy (Department for Health 2002) set out six key objectives to support the delivery of the requirements in Saving Lives: Our Healthier Nation. Consequently Primary Care Trusts are required to provide a local action plan for the delivery of interventions towards achieving the national target to reduce suicide rates by 20% by 2010. The action plan will take account of the National Service Framework for Mental Health (Department of Health 1999b) which specifies standards for service delivery covering whole population approaches to mental health promotion through to primary and secondary care provision for high risk mental health patients.

A key element of the prevention and reduction of suicide is the development of local systems for suicide audit to enable learning and drive any necessary action. Suicide audit should therefore be seen as part of an overarching whole systems approach to suicide prevention. The recommendations from the local suicide audit should feed into all relevant organisations and their governance arrangements including the Local Implementation Team, the Stronger and Healthier Communities Implementation Group, the Devon Local Strategic Partnership and Local Area Agreements. Suicide Prevention and Mental Health strategies should reflect the findings of the audit. The strategy sets out our local approach in Devon to reducing deaths from suicide and undetermined injury. It identifies the range of targets, objectives and actions that contribute to a truly multi-agency response. The strategy will help individual organisations and/or partnerships to commission actions that support people in relation to their mental health needs.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON PRIMARY CARE TRUST

1. Aim

1.1 To reduce suicides in Devon by ensuring a co-ordinated approach to mental health promotion, treatment and care services whilst ensuring that services are relevant and appropriate to meet the varying degree of risk people may experience.

1.2 To ensure that suicide prevention is seen as part of the broader public health population approach that spans the wider determinants of health e.g. employment, housing, education and the environment as well as the specific needs of people identified at higher risk of suicide.

2. Targets and Objectives

2.1 The national target is:

*"to reduce the death rate from suicide and undetermined injury in Devon by at least a fifth by 2010 which is a reduction from a rate of **10.24** per 100,000 population per year (1995/97 pooled data) to **8.19** per 100,000 population per year (2008/10 pooled data)"* in Devon this equates to about 10 deaths per year.

2.2 NHS Southwest has now set a further target to "Reduce mortality rates from suicide and undetermined injury to 7 per 100,000 European standardised population by 2013".

2.3 The following objectives will underpin the strategy and are drawn from the National Suicide Prevention Strategy for England (Department of Health 2002):

- reducing the risk in high risk groups
- promoting mental well being in the wider population
- reducing the availability and lethality of suicide methods
- improving the way suicidal behaviour is reported in the media
- promoting research into suicide and suicide prevention
- improving the monitoring of progress towards the "Saving Lives: Our Healthier Nation (Department of Health1999a) target for reducing suicide"

2.4 Whilst high-risk groups are a priority the strategy also reflects the contribution of whole population approaches to mental health promotion, particularly those programmes that tackle deprivation and poverty.

3. Background

3.1 In 2002 "The National Suicide Prevention Strategy for England" (Department of Health 2002) highlighted that:

- on average a person dies every two hours in England as a result of suicide. It is the most common cause of death in men under 35 and the main cause of premature death in people with mental illness
- approximately 5,000 people per year die as a result of suicide or undetermined injury

3.2 Since the implementation of the National Suicide Prevention Strategy the annual reporting process on progress has identified the following national trends in relation to suicide:

- the rate at which suicides are decreasing is slowing down.
- the majority of suicides occur in adult young men (under 40)
- suicide rates among people in contact with services in the year prior to death continue to decrease nationally
- 25% of suicides occur among people who have had contact with secondary care services in last 12 months prior to the event. Many of the other 75% are likely to have had some contact with primary healthcare services
- suicides are more common in areas of deprivation and are associated with social fragmentation (loss of community cohesion and isolated often conflicting groups).
- hanging and suffocation are now by far the most common method of suicide for men, accounting for nearly half of all male suicide deaths
- the relative importance of drug related or other poisoning (including motor gas poisoning) has decreased accordingly. Among women, drug related poisoning is still the most common method of suicide, accounting for nearly 44% of all female suicide deaths, but hanging and suffocation now account for over a quarter of all female suicides and is the second most common method used (Department of Health 2008)

3.3 Analysis of local audits has identified a number of groups that are at a higher risk of suicide. These groups have been identified in the National Strategy for priority action, they include:

- young men
- people who are currently or have recently been in contact with mental health services
- people who have self harmed in the last year
- prisoners
- doctors, nurses, vets, pharmacists and farmers

3.4 The five groups selected all meet the following criteria:

- the group has been shown to have a statistically increased risk of suicide
- actual numbers of suicides in this group are known
- evidence exists on which to base preventative measures

- ways of monitoring the impact of preventative measures exist

3.5 The year on year decrease in suicide levels has coincided with continuous economic growth; however, the recent economic decline may result in an increase in suicides associated with unemployment and financial difficulties.

3.6 Within the general population there are a number of groups that are considered to be more vulnerable to poor mental health. These groups are shown in Appendix 1.

Mental Health and Suicide Risk

3.7 The issues associated with the risk of suicide are complex. Whilst some suicides are impulsive mental health status is a major factor in a number of cases. Whilst whole population approaches to mental health promotion are important a better understanding of the relationship between mental illness and suicide risk presents both a challenge but also an opportunity for early identification and intervention at the various stages of mental health need. The following factors are associated with suicide and are interdependent and co-morbid.

Demographic factors

- male
- increasing age
- low socioeconomic status
- unmarried, separated, widowed
- living alone
- unemployed

Background history

- deliberate self-harm (especially with high suicide intent)
- childhood adversity (e.g. sexual abuse)
- family history of suicide
- family history of mental illness
- history of drug and alcohol misuse

Clinical history

- mental illness diagnosis (e.g. depression, bipolar disorder, schizophrenia)
- personality disorder diagnosis (e.g. borderline personality disorder)
- physical illness, especially chronic conditions and/or those associated with pain and functional impairment (e.g. multiple sclerosis, malignancy, pain)
- recent contact with drug and alcohol services
- recent contact with psychiatric services

- recent discharge from psychiatric in-patient facility

Psychological and psychosocial factors

- hopelessness
- impulsiveness
- low self-esteem
- life event e.g. divorce, bereavement
- relationship instability
- lack of social support

Current 'context'

- suicidal ideation
- suicide plans
- availability of means

(Based on Department of Health 2007)

4. Policy Context

4.1 The issue of preventing and reducing suicides has been documented in a number of significant reports and government White Papers. Key policy documents are:

Saving Lives: Our Healthier Nation (Department of Health 1999a)
This national public health strategy established mental health as a priority for action and also set a target for a reduction in suicide "To reduce the death rate from suicide and undetermined injury by at least a fifth by 2010, saving up to 4,000 lives". This was later subsumed by a Public Service Agreement 18 "Promote Better Health and Wellbeing for All") aiming to reduce the death rate from suicide and undetermined injury by at least 20 per cent by 2010.

National Service Framework for Mental Health (Department of Health 1999b). This framework specifies a range of standards spanning the promotion of mental health and the provision of treatment and care through primary, community and secondary services which all underpin Standard 7 on suicide prevention.

National Suicide Prevention Strategy for England (Department of Health, 2002a). This first national strategy was published in 2002. It aimed to support the achievement of the target set in **Saving Lives: Our Healthier Nation** and set out a programme of activities to reduce suicide based on six goals (see Section 2.3). The strategy acknowledges that there is no single approach to reducing suicides and that a broad strategic inter-agency approach is required.

The National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness (Department of Health 2001)**.** The confidential inquiry has been collecting data systematically since 1996. However, this only

captures information on people who have been in touch with secondary care mental health services in the 12 months prior to the suicide event. It therefore only captures approximately 25% of the suicides that occur.

4.2 There have been a number of follow up documents that have been produced in response to the national strategy, they include:

- "Sensitive Coverage Saves Lives", a report compiled by the Mediawise Trust suggesting the most useful ways to portray suicide in the media
- "What's the Story?" Reporting Mental Health and Suicide, a guide for journalists
- "Best Practice in Managing Risk", detailing best practice in mental health settings and covering self harm and suicide

(Department of Health 2008)

4.3 Annual reports on the impact of the National Suicide Prevention Strategy have shown progress has also been made including:

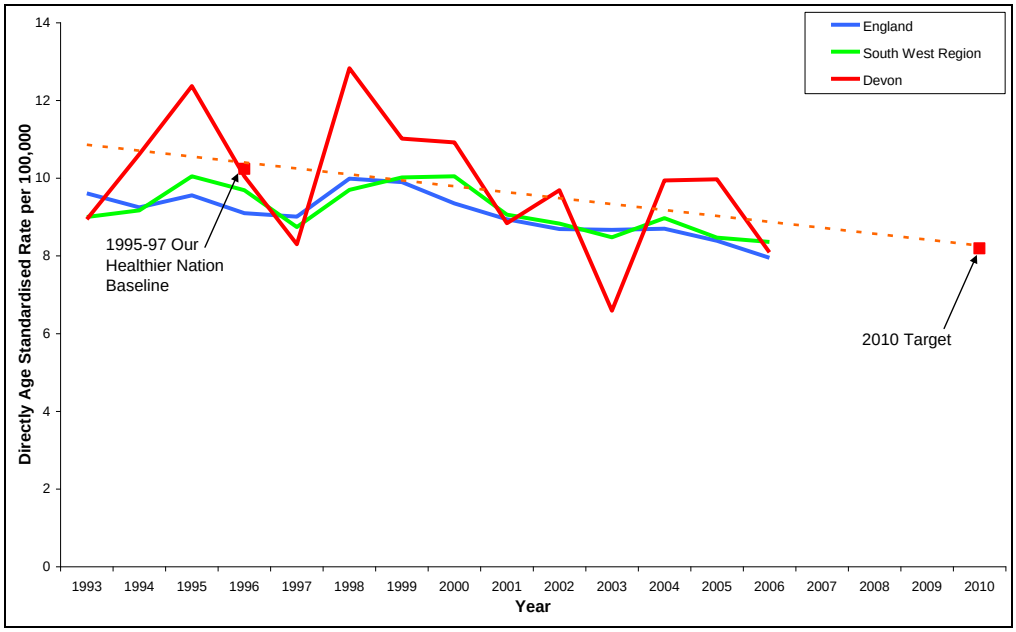
- the commissioning of a tool for acute in-patient staff to help reduce the number of people who go missing, some of whom will be at risk of suicide
- the phased withdrawal of the commonly prescribed painkiller, co-proxamol, its license having been withdrawn in December 2007
- the completion of a systematic review on the risk of suicide amongst lesbian, gay and bisexual groups
- introduction of a revised care planning system for prisoners at risk of suicide (ACCT Assessment, Care in Custody and Teamwork)

(Department of Health 2008)

5. Current Position in Devon

5.1 Between 2003 and 2007 there were a total of 333 suicides in Devon, of which 53 were coded as injury undetermined. Devon has a higher suicide rate than that of the South West and that of England, however, the trend is downwards. The graph below illustrates the expected trajectory towards the 2010 "Saving Lives: Our Healthier Nation" target.

Figure 1: Progress against 2010 target for 20% reduction in suicide and injury undetermined



5.2 The Directly Age Standardised Rate for deaths from suicide or injury undetermined between 2004 and 2006 for each of the 8 Local Authorities which are covered by Devon Primary Care Trust is shown in Table 1. The table shows that there is a higher rate of suicide in West and East Devon, however, further audit work is necessary to identify the reasons for these variations.

Table 1: Devon - Suicide & Injury Undetermined by Local Authority 2004-2006

Area	Deaths	Directly Age Standardised Rate
England	13119	8.25
South West	1397	8.60
East Devon	40	10.31
Exeter	33	9.93
Mid Devon	13	6.22
North Devon	23	7.14
South Hams	35	11.32
Teignbridge	35	8.21
Torridge	23	10.81
West Devon	17	12.42
Devon Total	219	

5.3 Table 2 provides a further breakdown of deaths by age and sex. Over 70% of deaths from suicide or injury undetermined over the past 5 years have been male. For males the greatest number of suicides occur between those aged 35 and 54 whilst for females it occurs in the over 65s. For males the local pattern of suicides is similar to the national picture although for females there are a greater proportion of deaths in older people

Table 2: Devon - Suicide & Injury Undetermined by Age and Sex 2003-2007

Age	Female	Male	Grand Total
0-24	6	25	31
25-34	8	31	39
35-44	11	57	68
45-54	17	44	61
55-64	12	32	44
65-74	20	20	40
75+	21	29	50
Grand Total	95	238	333

5.4 In terms of method of suicide hanging, strangulation and suffocation is the chosen method in over 40% of cases, with poisoning being the method in a further 25% of cases. A breakdown of all the suicide methods is summarised in Table 3.

Table 3: Devon - Suicide & Injury Undetermined by Method and Sex 2003-2007

Method	**Female**	**Male**	**Grand Total**
Poisoning	35	48	83
Hanging, Strangulation, Suffocation	31	106	137
Drowning, Submersion	9	15	24
Firearms	0	19	19
Smoke Fire and Flames	*	6	*
Sharp Object	*	11	*
Jumping from high place	7	9	16
Jumping/Lying before moving object	*	7	*
Other*	10	17	27
Grand Total	95	238	333

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

5.4 Further analysis has been undertaken in a Preliminary Audit of Deaths from Suicide and Undetermined Injury in Devon 2003–2007 and is shown in Appendix 2.

6. Provision in Devon

6.1 A range of interventions are currently in place ranging from whole population mental health promotion interventions through to support for high risk patients. These include: -

Universal Approaches

- regeneration programmes to address social and economic deprivation in disadvantaged communities through the Local Area Agreement process
- draft Perinatal and Infant Mental Health Strategy
- Devon Parenting Strategy and Child Health Promotion Programme
- Healthy Schools Programme

- Social and Emotional Aspects of Learning Programmes in Schools (SEAL)
- workplace health schemes

Targeted Approaches

- Child and Adolescent Mental Health Service strategy
- brief interventions in primary care to address depression and anxiety
- support to drug and alcohol misusers
- Devon Partnership Trust compliance with the "Twelve Points to Safer Practice" for inpatient care
- Care Pathway Approach following discharge from inpatient care
- 7 day post discharge follow up
- serious adverse event reporting in primary and secondary care
- preliminary suicide audit carried out
- research and development work by the Devon Interagency Forum for Suicide and Self-Harm
- Psychiatric Liaison service for A and E dept and acute hospital
- initiatives to prevent suicides by prisoners
- the Black and Minority Ethnic Community Development Team are trained to offer Mental Health First Aid and some members are qualified to offer training to others

6.2 Whist this provides a platform for development, a number of further challenges and opportunities have been identified by partner agencies: -

- the need to carry out a full audit to identify priority groups and/or areas
- the introduction of preventive interventions at known 'hot spots'
- the implementation of recommendations arising from the work of the Devon Interagency Forum for Suicide and Self Harm
- develop the Patient Safety Approach
- the development of crisis intervention and home treatment services
- improvement of the prisoner experience and environment and support for prisoners following discharge
- engagement with young people in the Youth Offending Service
- exploring the relationship between suicide and the fishing industry

7. The Evidence

7.1 The National Suicide Prevention Strategy for England (Department of Health 2002), based on evidence and best practice highlights the need for ongoing research to strengthen the current evidence base and inform future actions.

The Devon Suicide Prevention Strategy will seek to ensure that its actions reflect both the national recommendations and emerging evidence.

7.2 It is important to consider suicide prevention in the wider context of issues relating to the social, economic and environmental influences on people's health and wellbeing as well as mental illness. Research has identified that:

- suicide is strongly associated with social fragmentation, characterised by neighbourhoods with high levels of private renting, single person households, unmarried persons and social mobility
- at a community level, initiatives which aim to tackle inequalities and regenerate deprived communities will benefit from a greater awareness of how a range of factors combine cumulatively to increase suicide risk for individuals living in deprived localities
- at an individual level it is important to understand the risk and protective factors for suicide and how they may vary in different localities and for different cultural groups
- suicide is strongly related to untreated depression and primary care and specialist services can play a positive role in identifying and preventing suicide by older people
- unemployed men are twice as likely to die by suicide as their employed counterparts, with low socio-economic status strongly associated with increased risk. For women, unemployment also increases the risk of suicide with the association strengthening with length of unemployment
- further knowledge is needed about factors that are likely to protect against suicide, such as coping skills and problem-solving capabilities, social support and connectedness
- alcohol and substance misuse are associated with an increased risk of suicide

(Mentality 2004)

7.3 The Public Health Service for Wales has developed a summary of the available evidence and best practice in preventing suicide into four categories in an effort to ensure that a previous focus on suicides by people in contact with mental health services is redressed:

- level 1 applies to evidence that reflects whole population approaches
- level 2 relates to preventing suicides in those people considered at risk
- level 3 applies to people who have previously attempted suicide and
- level 4 applies to work carried out following a suicide

A detailed summary of evidence can be found in Appendix 3.

(Public Health Service for Wales 2008)

8. Recommendations

Based on the National Suicide Prevention Strategy goals the recommendations are:

REDUCING RISK IN HIGH RISK GROUPS

8.1 **Reduce the number of suicides by people who are currently or have recently been in contact with mental health services:**

- ensure monitoring procedures are in place for the implementation of the "Best Practice in Managing Risk" including the "12 points to a safer service"
- provide mental health first aid training for staff external to statutory mental health services including third sector organisations, police, job centre plus etc
- develop joint working between Tier 1 and Tier 2 agencies to increase understanding of the context of each organisation
- ensure a range of supported accommodation is accessible and appropriate to need

8.2 **Reduce the number of suicides in the year following self harm:**

- implement and monitor the National Institute for Clinical Excellence Guidelines "Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care"
- continue to develop the work of Devon Interagency Forum for Suicide and Self-Harm Prevention in raising awareness and understanding of people who self harm amongst a range of organisation including primary and secondary care, education institutes and the third sector

8.3 **Reduce the number of suicides by young men:**

- ensure services that reduce drug and alcohol misuse assess the potential suicide risk for patients
- develop services that enable young men to use services and provide settings where they can broaden their coping strategies and be encouraged to seek help taking into account issues of rurality
- promote the development of services that ensure a smooth transition between adolescent and adult mental health services

8.4 **Reduce the number of suicides in prison:**

- develop and provide training in mental health for prison officers
- develop the mental health support services available in prisons
- ensure that people with identified mental health needs are supported on leaving prisons

- take account of the information available from the Safer Custody initiatives which include prisoners themselves providing listening services

8.5 **Reduce the number of suicides by high risk occupation groups:**

- identify high risk groups through the annual audit process
- implement preventive interventions within communities and through primary and secondary care to target identified groups
- review the findings in the Rapid Health Impact Assessment carried out during the Foot and Mouth disease outbreak and consider their relevance to the fishing industry.

PROMOTING MENTAL HEALTH AND WELL-BEING IN THE WIDER POPULATION

8.6 **Promote the mental health of socially excluded and deprived groups:**

- develop a Mental Health and Emotional Wellbeing Strategy
- support the ongoing development of Extended Schools, Healthy Schools Plus and SEAL programmes
- develop appropriate and accessible services for people who are lesbian, gay, bisexual and transgender
- develop health promotion initiatives for homeless/transient communities
- develop mental health services for Black and Minority Ethnic groups utilising the Community Development Workers
- implement the Alcohol Strategy: Reducing Harm, Empowering Change 2008–2011
- develop meaningful activity and employment opportunities for people misusing alcohol and drugs
- develop a Women's Mental Health Strategy
- develop a Men's Mental Health Strategy
- support the implementation of the Devon Against Domestic Violence and Abuse Strategy 2008–2011
- develop awareness of the variety of cultural attitudes towards suicide particularly amongst healthcare, social and voluntary sector workers
- raise awareness of the availability of interpreting services

8.7 **Promote mental health among children and young people (Under 18):**

- encourage work with schools and learning partnerships to promote the emotional health and wellbeing of the school community through Healthy Schools Plus
- develop peer support programmes for high risk adolescents/young people
- implement multi-agency mental health awareness training for professionals working directly with young people

- implement the national guidance ‘Support Families of Adopted Children’
- encourage the development of support projects for Young Carers
- support the implementation of the ‘Parenting Matters in Devon’ Strategy
- implement the recommendations in the ‘Young People’s Alcohol Strategy’
- ensure action is taken to reduce substance misuse by children and young people as per the Harm Reduction Strategy”
- implement the recommendations in National Institute for Health and Clinical Excellence 2005 ‘Depression in children and young people: Identification and management in primary, community and secondary care’
- work with the Youth Offending Service to promote the mental health of young offenders
- offer training opportunities in mental health awareness such as Mental Health First Aid/ASSIST to third sector organisations working with vulnerable young people.

8.8 **Promote mental health among women during and after pregnancy:**

Further develop the recommendations of the Confidential Enquiries into Maternal Deaths in the United Kingdom by:

- ensuring adequate treatment and care for women requiring psychiatric admission following birth
- ensuring that women with a history of serious psychiatric disorder are assessed in the antenatal period
- ensuring that front line staff are aware of the impact of pregnancy on incidents of domestic abuse
- ensuring the early identification of vulnerable individuals
- ensure that there is an integrated managed care pathway with supporting guidelines
- implement the recommendations in the Draft Perinatal/Infant Mental Health Strategy 2008–2011

8.9 **Promote mental health among older people:**

- assess the availability of pre-retirement support opportunities across Devon
- ensure opportunities are available for older people to engage in learning, employment and volunteering and social networking
- develop initiatives that enhance the assessment and clinical management of depression in older people, especially those suffering from physical illness
- evaluate existing mental health community provision for older people, including voluntary groups and social enterprises.
- target support at more vulnerable groups such as carers and people who have recently become bereaved

8.10 **Promote mental health of those bereaved by suicide:**

- Work with local communities organisations to develop services that support peers and family members to cope effectively with the feelings of loss following a suicide
- Work with industries and services involved with suicide occurrences to ensure there are opportunities for debrief and support (Rail Industries, National Parks, etc)

REDUCING THE AVAILABILITY AND LETHALITY OF SUICIDE METHODS

8.11 **Reduce the number of suicides as a result of hanging and strangulation:**

- ensure that all likely ligature points have been removed from all inpatient units
- implement care standards training

8.12 **Reduce the number of suicides as a result of self poisoning:**

- encourage safer prescribing of antidepressants, analgesics and methadone
- promote the safe disposal of unwanted medicines by the public and recall of unused prescribed antidepressants by clinicians
- promote awareness of the danger of paracetomol in an overdose
- develop awareness about self poisoning amongst staff working with young people
- implement the recommendations in the Drugs and Alcohol Service's Harm Reduction Strategy

8.13 **Reducing other types of suicide:**

- develop interventions based on the findings of the annual suicide audit process in relation to methods of suicide and hot spots
- reduce the number of suicides at railway sites
- engage with the National Trust to prevent suicides on their property

IMPROVE THE WAY SUICIDE BEHAVIOUR IS REPORTED IN THE MEDIA

8.14 Develop a communication strategy to promote responsible representation of suicidal behaviour in the media

PROMOTING RESEARCH ON SUICIDE PREVENTION

8.15 Support the development of local research by local agencies including the Devon Partnership Trust and Peninsula Medical School

- ensure research work is promoted and co-ordinated across Devon
- encourage the dissemination of findings at an early stage

IMPROVING MONITORING OF PROGRESS TOWARDS THE "SAVING LIVES: OUR HEALTHIER NATION" TARGET TO REDUCE SUICIDES

8.16 The following actions will support work in this area:

- carry out an annual suicide audit for the Devon Primary Care Trust area
- ensure links are established with the Peninsula Child Death Overview Panel and the Devon Local Safeguarding Children's Board to gain feedback on suicides in children and young people.
- ensure that governance and implementation procedures are in place

9. Governance and Implementation

Governance

9.1 A Devon Suicide Prevention and Audit Group working to the Devon Mental Health Local Implementation Team and the Stronger Communities and Health Improvement Group is being established. This group will be responsible for facilitating collaborative working for strategic planning to inform commissioning and for the delivery of changes in operational practice in relation to suicide prevention.

9.2 The Devon Suicide Prevention and Audit Group will work closely with the Devon Partnership Trust Suicide Prevention Task Group and the Devon Self Harm Forum to ensure a coherent and co-ordinated approach to the operational delivery of services.

9.3 The membership of the Devon Suicide Prevention and Audit Group will include: -

- Devon Primary Care Trust Public Health lead – Chair
- Devon Partnership Trust Clinical Lead
- Devon Primary Care Trust/Devon County Council Mental Health Commissioning Lead
- Devon Professional Executive Committee Mental Health Champion
- Devon Coroner Service
- Devon and Cornwall Constabulary
- Prisons Service representative
- Probation Service representative
- Drug and Alcohol Action Team
- Devon Primary Care Trust Public Health Intelligence lead
- The Samaritans
- Devon Children's Trust
- Black Minority Ethnic organisations/Community Development Workers
- Maternity Services

- Network Rail
- Southwest Ambulance Service Trust

9.4 The Terms of Reference are to:

- agree the most appropriate methodology for audit (taking into account the data set out in the NIMHE National Primary Care Suicide Audit Toolkit)
- receive an annual audit report showing local trends and progress against targets
- identify priorities and make recommendations for actions through the 'Operating Plan' and 'Local Area Agreement' frameworks
- agree the annual work programme for the Suicide Prevention and Audit Group and the Devon Interagency Forum for Self Harm and receive monitoring reports
- quality assure suicide prevention workforce training schemes
- produce an annual report on the nature and extent of work taking place in Devon
- 'The Devon Suicide Prevention and Audit Group' will be convened in February 2009. The group will meet three times a year and have the right to co-opt other members as appropriate
- Promote research into preventing suicide and share best practice

Implementation

9.5 A detailed implementation plan will be produced for the recommendations setting out actions, indicators, leads, timescales and milestones. The implementation plan will be central to the performance management of the strategy.

10. References

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NHS South West (2008) *The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11.* Taunton NHS South West

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APPENDIX 1

High-risk groups associated with suicide:

- males (especially young men under the age of 35 years)
- people who have been discharged from inpatient psychiatric services within past 4 weeks
- people with a history of self-harm
- people with alcohol and/or drug problems
- people with a family history of suicide
- sentenced and remand prisoners and ex-prisoners recently released into the community
- people with serious physical illnesses
- certain occupational groups – unskilled occupations, doctors, nurses, vets, farmers
- people from ethnic groups – women born in Sri Lanka, India and the East African commonwealth are approximately 50% more likely to die by suicide than the general population as a whole
- divorced people
- women before and after childbirth
- older people
- people with mental health problems, especially depression, schizophrenia and personality disorders (many may not be in contact with secondary mental health services, especially people with depression)
- people recently bereaved

(National Institute for Mental Health in England 2008)

APPENDIX 2

Further Data from Preliminary Audit of Deaths from Suicide and Undetermined Injury 2003–2007

Table 1: Devon - Suicide or Injury Undetermined by Year					
Suicide or IU	**2003**	**2004**	**2005**	**2006**	**2007**
Injury Undetermined	9	15	13	11	5
Suicide	48	64	64	52	52

Table 2: Devon - Suicide & Injury Undetermined by LA 2004-2006				
Area	**Deaths**	**Directly Age Standardised Rate**	**Lower Limit**	**Upper Limit**
England	13119	8.25	8.11	8.40
South West	1397	8.60	8.13	9.06
East Devon CD	40	10.31	6.74	13.89
Exeter CD	33	9.93	6.50	13.35
Mid Devon CD	13	6.22	2.78	9.67
North Devon CD	23	7.14	3.97	10.31
South Hams CD	35	11.32	7.24	15.39
Teignbridge CD	35	8.21	5.30	11.12
Torridge CD	23	10.81	6.11	15.51
West Devon CD	17	12.42	6.08	18.75

Table 3: Devon - Suicide & Injury Undetermined by LA and Sex 2003-2007		
District	**Female**	**Male**
East Devon	22	39
Exeter	13	35
Mid Devon	*	*
North Devon	9	28
South Hams	14	40
Teignbridge	17	35
Torridge	10	20
West Devon	6	20

***** numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 4: Devon - Suicide & Injury Undetermined by Method 2003-2007		
Grouping Cause of Death	**Injury Undetermined**	**Suicide**
Hanging, Strangulation, Suffocation	*	*
Poisoning	20	63
Drowning, Submersion	17	7
Firearms	*	*
Smoke, Fire, Flames	0	6
Sharp Object	0	12
Jumping from high place	*	*
Jumping/Lying before moving object	*	*
Other	7	20

***** numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 5: Devon - Suicide & Injury Undetermined by LA 2003-2007								
	District							
Grouping Cause of Death	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon
Hanging, Strangulation, Suffocation	16	25	13	18	22	19	12	12
Poisoning	21	11	5	7	10	13	8	8
Drowning, Submersion	*	*	*	*	9	6	*	*
Firearms	*	*	*	*	6	*	*	*
Smoke, Fire, Flames	*	*	*	*	*	*	*	*
Sharp Object	*	*	*	*	*	*	*	*
Jumping from high place	*	*	*	*	*	7	*	*
Jumping/Lying before moving object	*	*	*	*	*	*	*	*
Other	9	*	*	*	*	*	*	*

***** numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 6: Devon - Suicide & Injury Undetermined by Age 2003-2007							
	Age						
Grouping Cause of Death	0-24	25-34	35-44	45-54	55-64	65-74	75+
Hanging, Strangulation, Suffocation	17	20	28	25	15	14	18
Poisoning	5	9	18	18	12	9	12
Drowning, Submersion	*	*	*	*	5	5	9
Firearms	*	*	5	*	*	*	*
Smoke, Fire, Flames	*	*	*	*	*	*	*
Sharp Object	*	*	*	*	*	*	*
Jumping from high place	*	*	*	*	*	*	*
Jumping/Lying before moving object	*	*	*	*	*	*	*
Other	*	*	5	*	*	5	7

***** numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 7: Devon - Suicide & Injury Undetermined in public places by Distance from Home 2003-2007	
Distance	Number
01 to 04 km	54
05 to 09 km	23
10 to 14 km	24
15 to 19 km	9
20 to 24 km	15
25 to 49 km	11
50 km plus	15

Table 8: Devon - Suicide & Injury Undetermined by Place of Death 2003-2007	
Place of Death	**Number**
Hospital/Communal Establishment	46
Elsewhere (Public Place)	108
Home	179

Table 9: Devon - Suicide & Injury Undetermined by Known to Mental Health Services 2003-2007	
Place of Death	**Number**
Yes	119
No	198
TBC	16

Table 10: Devon - Suicide & Injury Undetermined by Contact with Mental Health Services and Sex/Age 2003-2007		
Grouping Cause of Death	**Yes**	**No**
Female	41	49
Male	78	149
0-24	11	19
25-34	17	20
35-44	26	40
45-54	28	32
55-64	18	21
65-74	11	26
75+	8	40

Table 11: Devon - Suicide & Injury Undetermined by Contact with Mental Health Services and District 2003-2007		
Grouping Cause of Death	**Yes**	**No**
East Devon	33	25
Exeter	22	24
Mid Devon	12	11
North Devon	12	23
South Hams	8	44
Teignbridge	9	40
Torridge	14	15
West Devon	9	16

APPENDIX 3

Summary of Evidence of Effectiveness of Interventions

This is drawn from the National Public Health Service for Wales (2007) *Suicide prevention: Summary of the evidence*. More detail is available on www.nphs.nhs.uk

- level 1 applies to evidence that reflects whole population approaches
- level 2 relates to preventing suicides in those people considered at risk
- level 3 applies to people who have previously attempted suicide and
- level 4 applies to work carried out following a suicide

Level 1: Universal interventions
The origins of many mental health problems may lie in infancy and childhood. There is evidence that maternal psychological health may have a significant impact on the mother-infant relationship and this may have consequences for the long and short-term psychological health of the child.
Patterns of emotional, cognitive and social functioning established early in a child's life will influence their later development and in particular their mental health. Parenting programmes may have a role to play in improving the emotional and behavioural adjustment of children.
Many factors in the workplace can affect the mental health of employees. Understanding and addressing these factors is complex but may have a range of benefits.
Amongst young people there is some limited evidence that family based interventions that reduce conflict and improve relationships and school based programmes promoting coping strategies and behaviour change are effective.
Level 2: Preventing suicides in those people considered at risk
Interventions that aim to change social norms about seeking help and incorporate training in suicide prevention may promote mental health and reduce risk of suicide.
Alcohol dependence is recognised as a risk factor for suicide and there is some evidence that early drinking experiences are linked to later alcohol dependence. Primary prevention of alcohol misuse in young people may reduce suicide risk in later life.
There is a recognised link between depression and suicide. Depression is common and has a significant impact on the functioning of young people who develop it. There is some evidence that psychological depression prevention programmes are effective in preventing depression in young people.
Alcohol dependence is recognised as a risk factor for suicide. Interventions that are effective in reducing alcohol misuse may be effective in preventing suicide.

Drug misuse is a recognised risk factor for suicide. Prevention of drug use in young people may be effective in reducing suicide.
There is evidence to support the effectiveness of providing safety barriers to prevent suicide by jumping, for example, from bridges.
There is evidence that suggests reducing pack sizes of paracetamol and aspirin sold over the counter may reduce suicide deaths by poisoning.
Using blister packs rather than a loose preparation may reduce suicide from self poisoning.
Education should improve the ability of primary care practitioners to identify and manage depression; however the evidence for this is equivocal.
Interventions to improve mental health may have a role in preventing problems such as depression, anxiety, substance misuse and suicidal behaviour.
Interventions that reduce suicidal thoughts may help to reduce the risk of an individual self harming or dying from suicide.
Suicidal intent at the time of self harm is associated with risk of future suicide but currently there is no method identifying the individuals who self harm and are at greatest risk of completing suicide.
Short term management of self harm includes treatment of self-poisoning and self injury, and psychosocial and risk assessment.
Psychosocial and psychiatric assessment of people who self harm may help to reduce the likelihood of repetition.
Psychosocial interventions may be useful in reducing repletion of self harm in children, adolescents and young people. Psychosocial interventions may be useful in reducing repletion of self harm in children, adolescents and young people.
Psychosocial interventions may be useful in preventing repetition of self harm.
Implementation of intensive in-patient followed by a community intervention programme for all those who self harm is not justified by the available evidence.
Crisis cards are unlikely to be effective in preventing recurrence of self harm.
Inviting people who have self harmed to consult their GP does not appear to be effective in preventing repetition of self harm.
It may be possible to improve compliance with referral to after care in people who have self harmed.
Pharmacological interventions may be of benefit in preventing repetition of self harm.
Major depression may be inadequately treated both before and after episodes of self harm.

Level 3: People who have previously attempted suicide
Those whose index episode of self harm uses a method of high lethality and those who have an escalating severity of self poisoning are at greater risk of death from suicide. Enhanced treatment and monitoring of those who repeat self harm, use more lethal methods or escalate severity of self poisoning may reduce the risk of subsequent suicide.
Whether or not reporting and portrayal of suicide in the media lead to imitation by vulnerable individuals has long been debated. The current consensus is that there is evidence of such an effect.
Suicidal intent at the time of self harm is associated with risk of future suicide but currently there is no method identifying the individuals who self harm and are at greatest risk of completing suicide.
Clinical databases of hospital attendances for self harm have proved useful in identifying trends in self harm.
Level 4: Work carried out following a suicide
Suicide by service users may have a significant emotional and professional impact on staff. Training and support for staff may help to reduce this impact.
Reviewing Complete Suicides: Reviewing suicide of people known to mental health services and those in the community who have not been in contact with mental health services may enable lessons to be learned that could contribute to suicide prevention.
The National Confidential Inquiry into Suicide and Homicide by people with Mental Illness reviews suicides of people in contact with mental health services and makes recommendations for service practice and development that can be used to inform local suicide prevention strategies.
Recent studies suggest that bereavement after suicide is not necessarily more severe than bereavement following other types of death but that it gives rise to certain issues that make coping with a loss from suicide particularly difficult.