

## **HEALTH AND WELBEING BOARD**

**2 JULY 2019**

### **SUICIDE PREVENTION UPDATE**

Report from: James Williams, Director of Public Health

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#### **Summary**

This report updates Members of Health and Wellbeing Board on the suicide prevention programme.

In Medway, the Public Health team provide strategic leadership for suicide prevention, including the Suicide Prevention Strategy and Steering Group.

In 2018, new funding of £667,978 was secured from NHS England for suicide prevention work across the Kent and Medway Sustainability and Transformation Partnership (STP) area in 2018/19. STPs bring together a range of stakeholders including the NHS and local government. Kent and Medway was one of eight areas nationally to receive funding.

This report provides an overview of suicide prevention work that has taken place during 2018/19 and plans for 2019/20. The programme was agreed by the multi-agency Suicide Prevention Steering Group that supports this work in Kent and Medway. The proposed interventions are based on the best evidence available to inform suicide prevention.

This report was considered by the Health and Adult and Social Care Overview and Scrutiny Committee on 18 June 2019 and the comments of this Committee are set out in section 5 of the report. Board Members are asked to note the progress to date and future plans for the suicide prevention programme.

#### **1. Budget and Policy Framework**

- 1.1 In Medway, the Public Health team provide strategic leadership for suicide prevention. Public Health also take the lead for the Council in specific forums such as the Kent and Medway Suicide Prevention Steering Group. In addition, Public Health ensure Medway issues are raised and managed via the Kent and Medway Suicide Prevention Strategy.
- 1.2 Many partners have a role in suicide prevention. The Suicide Prevention Steering Group comprises a range of over 130 stakeholders including: Clinical Commissioning Groups, mental health service providers, transport providers, universities and the voluntary sector.

- 1.3 The 2018/19 suicide prevention funding (secured for Kent and Medway) is being held, administered and evaluated by the Kent and Medway STP.

## 2. Background

### Suicides in Medway

- 2.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the individual, and the community as a whole.
- 2.2 Suicide rates for males and females in Medway are shown in Table 1 below. There is a rate of 9.7 suicides per 100,000 population in Medway. This is similar (not significantly different) to the England rate of 9.6 (per 100,000 population). Both nationally and in Medway, rates of suicide among men are much higher than among women.

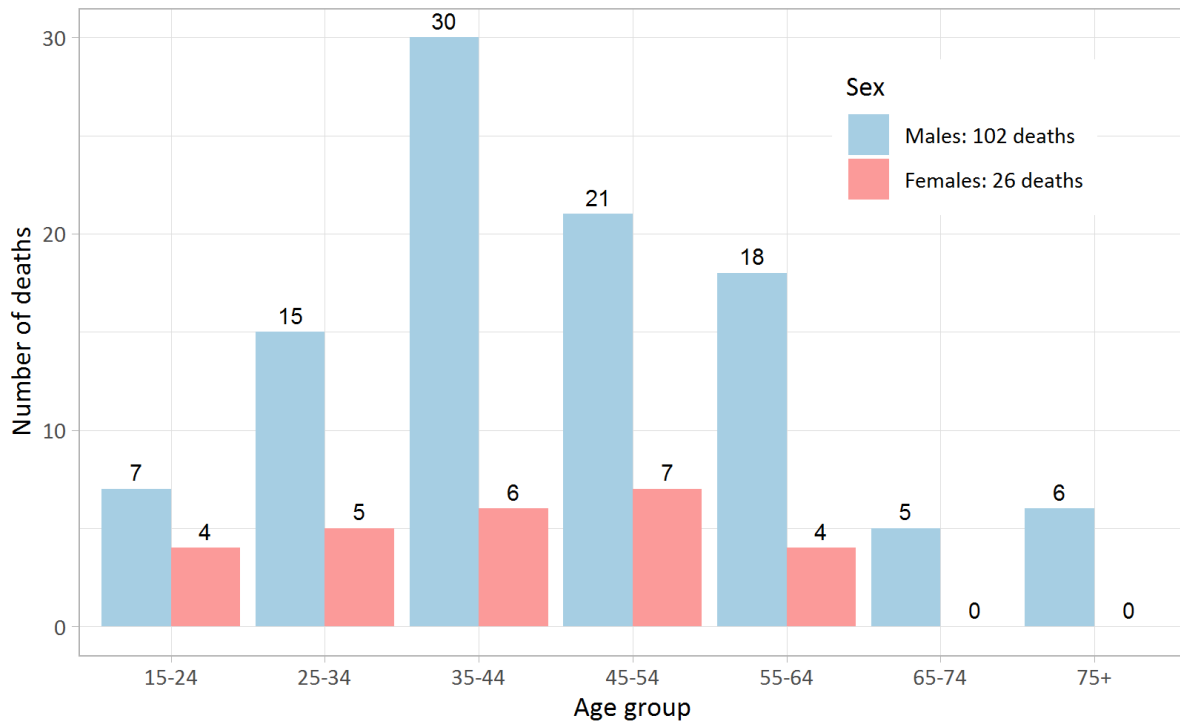
Table 1 – Suicide rates in Medway compared with national and regional rates

Indicator	Period	Medway	England	South East
Suicide: age standardised rate per 100,000 population (3 year average) (Persons)	2015-17	9.7	9.6	9.4
Suicide: age standardised rate per 100,000 population (3 year average) (Male)	2015-17	16.9	14.7	14.3
Suicide: age standardised rate per 100,000 population (3 year average) (Female)	2015-17	3.0	4.7	4.8

Data shows suicide rate 2015-17. Source: Public Health England, Fingertips, accessed May 2019: <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0>

- 2.3 In Medway, the rate of suicides (males and females) reduced from 11.2 in 2014-16 to 9.7 in 2015-17. However, it is too early to see if this reduction is part of a longer term reducing trend, particularly as due to the small numbers of suicides, rates can fluctuate between years.
- 2.4 Figure 1 below shows suicides by age and sex in Medway between 2013 and 2017. It can be seen that 80% of the individuals who died by suicide in Medway were male. Males have a higher number of deaths from suicide compared to females across all age groups, with middle aged men at particular risk of suicide.

**Figure 1:** Number of deaths from suicide and events of undetermined intent, by age group and sex, Medway residents, 2013-2017 registrations.



Source: Public Health Intelligence Team, Medway Council. (2018). Primary Care Mortality Database.

2.5 The National Confidential Inquiry into Suicide and Safety in Mental Health Services (the University of Manchester, 2017) found that in the year before someone dies by suicide:

- Around a third of people have contact with secondary mental health services (specialist mental health services for those with severe mental health problems).
- An additional third have contact with their GP / primary care only.
- Around a third have no contact with the NHS.

### 3. Suicide prevention programme in 2018/19

3.1 Stakeholders came together to develop a multi-level, multi-faceted suicide prevention programme, utilising the new funding, with co-production and evaluation built in. It was designed following a stakeholder workshop to identify key aims and objectives of the programme, key groups to target and which evidence based projects would help to achieve these aims.

3.2 The high level aims and objectives of the programme are:

- to reduce suicides, with an aspiration that everyone should feel able to ask for, and receive support, should they need it. Progress towards this aim is monitored against a reduction in suicide rates against the baseline, whilst aspiring to continually reduce the amount of suicides.

3.3 2018/19 high level objectives included:

- Key high-risk groups (particularly middle-aged men) given extra support.
- At least 1000 individuals trained in suicide prevention and mental health.
- Greater public awareness of suicide warning signs and how to respond.
- Greater understanding across the health and care system about individuals who die by suicide, and what can be done to support them and prevent suicides.

3.4 Table 2 below sets out the nine programme areas that made up the 2018/19 suicide prevention programme. The table includes the rationale for each project area, as well as the progress and outcomes achieved in 2018/19.

3.5 Each of the nine areas has outcome measures attached, and an external evaluation of the programme has been commissioned by NHS England nationally and is underway.

3.6 In addition to the outcomes outlined in table 2 below, qualitative feedback indicates that the programme is already having an impact. For example, an individual who attended the training stated that “The training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {take his own life}”. A partner who received innovation funding stated that “This funding has allowed me to complete the {project} and over 25 men have already told me they are seeking help because of it”. The outcomes data and qualitative feedback indicate the programme is already making a difference at both an individual and a population level.

3.7 Positive feedback from national suicide prevention leads has included: “Kent and Medway are right at the vanguard of progress in relation to the eight areas which received suicide prevention funding”.

**Table 2: Suicide Prevention Programme in 2018/19**

Project	Rationale	Progress and outcomes in 2018/19
1. Release the Pressure social marketing campaign	Given that approximately two thirds of people who die by suicide are not known to secondary mental health services, social marketing campaigns are an effective way of raising awareness of available support and encouraging people at risk to seek help. The campaign promotes a 24 hour helpline staffed by trained counsellors.	<ul style="list-style-type: none"> <li>• The Release the Pressure campaign has been extended and promoted further across Medway (and Kent).</li> <li>• This has resulted in over 4,500 calls from Medway residents to the helpline in 2018/19 (in total there were 21,956 calls across Kent and Medway) and over 1000 webchats. There were also 25,339 visits to the Release the Pressure webpage.</li> <li>• A new “Stay Alive” app has been commissioned and can be downloaded for free. It supports people to create a safety plan to help them stay safe if they are having thoughts of suicide or are concerned about someone who is.</li> </ul>

<p>2. Training</p>	<p>NICE (National Institute of Clinical Excellence) guidance recommends that health professionals as well as members of the public are trained to recognise suicide warning signs and to learn how to respond when risk is identified.</p>	<ul style="list-style-type: none"> <li>• Adult suicide prevention and awareness training commissioned, and over 100 people in Medway were trained.</li> <li>• Course evaluation demonstrates that participants feel more confident supporting someone at risk of suicide after training (on average, confidence in supporting someone increases from 5 out of 10 before training to 8 out of 10 after training).</li> <li>• Qualitative feedback shows the training is being used in real situations to support those at risk.</li> <li>• Children and young people suicide prevention and awareness training was commissioned and 560 people trained.</li> <li>• Average confidence to support someone at risk of suicide increased from an average of 4 out of 10 before training to 7 out of 10 after training.</li> <li>• Suicide prevention e-learning for both children and young people and adults was commissioned and was available from May 2019.</li> </ul>
<p>3. Workplace interventions</p>	<p>Workplaces offer a huge opportunity to identify people at risk and highlighting the support mechanisms that are available.</p>	<ul style="list-style-type: none"> <li>• A new programme of support to workplaces was funded, delivered by Medway Public Health team.</li> <li>• The programme delivers Connect 5 mental health training to workplaces, and supports workplaces to develop suicide prevention policies. It is targeted at workplaces where occupations are at higher risk of suicide.</li> <li>• The programme has trained over 200 individuals from more than 50 organisations to date. Training evaluation and case study feedback shows the training is improving the skills and confidence of workplaces to address issues relating to poor mental health and suicide in the workplace.</li> </ul>

<p>4. Innovation fund</p>	<p>Given that nationally there is a lack of evidence about exactly what works within community settings, this fund will allow for innovative ideas to be tested. It is anticipated that effective projects will provide case studies and models of practice for other areas to follow.</p>	<ul style="list-style-type: none"> <li>• The innovation fund gave grants to 29 community projects which were delivered in 2018/19.</li> <li>• Over 1000 people have been reached, over 400 of whom weren't previously known to organisations.</li> <li>• Examples of projects included providing mentoring to Dads going through family breakdown, development and delivery of armed forces suicide prevention courses, production and screenings of a documentary exploring why men are at risk of suicide and how to get help, as well as supporting established charities such as the Samaritans, Citizens Advice and SOBS (survivors of bereavement by suicide).</li> <li>• Samaritans signage has been updated at key locations to support people get help.</li> <li>• An evaluation report is underway for the innovation fund.</li> </ul>
<p>5. Suicide Safer Universities</p>	<p>University communities have been identified as a high-risk group within the Suicide Prevention Strategy.</p> <p>The three Kent and Medway Universities and one Further Education College (with a combined population of over 50,000 students and more than 6,000 staff) have come together as part of a Suicide Safer Universities project.</p>	<ul style="list-style-type: none"> <li>• Suicide Safer University projects implemented with a focus on men and help-seeking.</li> <li>• Social marketing campaigns developed and rolled out to students promoting sources of support; suicide prevention training to university staff, support sessions for students.</li> </ul>
<p>6. Bereavement Support</p>	<p>Improving support for families bereaved by suicide has been identified as a priority in the Suicide Prevention Strategy.</p>	<ul style="list-style-type: none"> <li>• Workshops held to map current service provision against national guidance and recommendations developed to be taken forwards.</li> </ul>

<p>7. Research</p>	<p>Current data sets can provide good quantitative and demographic evidence regarding people who die by suicide. However, they don't provide the detail about why they died. By uncovering more regarding the motivations of people who die, future interventions can be designed more effectively.</p>	<ul style="list-style-type: none"> <li>• A co-production service improvement project was completed, including:</li> <li>• An audit of coroner confirmed suicide cases and interviews with men to explore the help seeking behaviours of men in the year before suicide/suicide attempt and to understand any barriers to help seeking.</li> <li>• Co-design workshops held to identify opportunities and recommendations to improve services to support men to seek help when they need it.</li> </ul>
<p>8. Enhanced support to those in contact with secondary mental health services</p>	<p>National guidance highlights opportunities for reducing suicides among those in contact with services, including secondary mental health services.</p>	<ul style="list-style-type: none"> <li>• Kent and Medway Partnership Trust (KMPT) is delivering the following projects within the Trust: <ul style="list-style-type: none"> <li>• Enhanced seven day follow up support to those discharged from secondary mental health services.</li> <li>• Zero suicide plan developed.</li> <li>• Mandatory suicide prevention training introduced for all staff.</li> <li>• Liaison Psychiatry A&amp;E Self-Harm project: Exploration of opportunities to provide an enhanced offer to patients presenting at A&amp;E with self-harm.</li> <li>• Post-discharge planning: Working with partners in the third sector and primary care to review and provide enhanced discharge and safety planning.</li> </ul> </li> </ul>
<p>9. Children and Young People</p>	<p>Improving the mental health of children and young people, is an important part of reducing deaths by suicide.</p>	<ul style="list-style-type: none"> <li>• Young person specific suicide prevention training and e-learning commissioned (see above).</li> <li>• Self harm task and finish group (young people) established in Medway and undertaking pilot with Self Harm UK to support schools and young people to access self harm counselling support service.</li> <li>• Innovation fund included specific funding for community projects with young people.</li> </ul>

#### 4. Suicide prevention programme in 2019/20

- 4.1 NHS England funding has been secured to continue the suicide prevention programme during 2019/20.
- 4.2 Table 3 below outlines the plans for the 2019/20 programme, which build on the successes and lessons learned during 2018/19. A new project area on “systems leadership” will be implemented during 2019/20, focusing on reviewing care pathways e.g. for self harm and depression. This work will help ensure that improvements made are sustained beyond 2019/20, alongside actions such as introducing e-learning which will allow training to take place on an ongoing basis.
- 4.3 During 2019/20, the wider Kent and Medway Suicide Prevention Strategy will also be reviewed and refreshed, and will outline longer term plans for suicide prevention, beyond the funded 2019/20 programme.

**Table 3: Suicide Prevention Programme Plans - 2018/19**

Project	Plans for 2019/20
1. Release the Pressure social marketing campaign	<ul style="list-style-type: none"> <li>Further roll out of campaign with new high profile partnerships helping to reach target audiences.</li> </ul>
2. Training	<ul style="list-style-type: none"> <li>Continued roll out to the public, voluntary sector, health and social care organisations.</li> </ul>
3. Workplace interventions	<ul style="list-style-type: none"> <li>High risk industries continue to be targeted through support to individual businesses.</li> </ul>
4. Innovation fund	<ul style="list-style-type: none"> <li>An enhanced Innovation Fund to continue unearthing evidence about effective community support interventions.</li> </ul>
5. Suicide Safer Universities	<ul style="list-style-type: none"> <li>Continue to deliver suicide safer project, building on what worked in 18/19.</li> </ul>
6. Bereavement Support	<ul style="list-style-type: none"> <li>Options appraisal for bereavement support.</li> </ul>
7. Research	<ul style="list-style-type: none"> <li>Further research into issues such as debt, domestic abuse, help seeking behaviour, children and young people, high risk occupations.</li> </ul>
8. Enhanced support to those in contact with secondary mental health services	<ul style="list-style-type: none"> <li>KMPT continued to further strengthen delivery based on national evidence.</li> </ul>



9. Children and Young People	<ul style="list-style-type: none"> <li>• Young person specific suicide prevention training to continue.</li> <li>• Continue to progress Medway self harm task and finish group and pilot (see details in table 2 above).</li> <li>• Enhanced innovation fund to consider how to continue to include children and young people in the criteria for projects.</li> </ul>
10. Systems leadership	<ul style="list-style-type: none"> <li>• Multi-agency pathway review and redesign work to be undertaken (depression, self-harm, crisis care and co-occurring conditions).</li> <li>• Primary and Local Care Quality Hub to be held – ensuring high risk individuals are identified and supported in primary care.</li> </ul>

## 5. Health and Adult Social Care Overview and Scrutiny Committee – 18 June 2019

5.1 This report was considered by the Health and Adult and Social Care Overview and Scrutiny Committee on 18 June 2019 and the discussion was as follows:

5.2 It was recognised that suicide was a tragic event that could have a devastating impact for family and friends of the person and on the community as whole. In Medway, as nationally, men, particularly middle aged men, were at greater risk of suicide than women. In the year before a suicide, a third of people had contact with secondary mental health services, a third had contact with their GP and a third had no contact with health services. This suggested that there was a need to look at community interventions as well interventions relating directly to health services. Work had taken place with partners through the sustainability and transformation partnership to secure funding from the NHS for work on a suicide prevention programme. Kent and Medway was one of eight areas nationally to have been awarded additional funding for an intensive programme.

5.3 The Kent and Medway Suicide Prevention Partnership and its steering group included a wide range of partners, including transport and education providers and voluntary sector representation. The focus of work was on the groups most at risk of suicide. The programme delivered over the last year had consisted of nine strands. Some examples of this included the 'Release the Pressure' social media campaign. The campaign targeted middle aged men currently not in contact with any services, signposting them to a 24 hour helpline. This had been promoted widely across a number of places in Medway. 4,500 calls from Medway residents had been made to the helpline during the previous year. Other examples included the launch of the Saving Lives Innovation Fund. This provided grants to community organisations to undertake suicide prevention projects. 29 such projects had been undertaken in the year, with over 1,000 people benefitting from these. A range of suicide prevention awareness training was available to both adults and young people.

- 5.4 Each suicide prevention workstream was assessed and externally evaluated to determine its impact and qualitative feedback collected. Feedback from the national team responsible for funding the programme suggested that work in Medway was more advanced than in the other seven areas to have been awarded funding.
- 5.5 Funding had been secured for the next year to enable the local programme to continue. The aim would be to build upon lessons learnt from the previous year, to introduce additional work around systems leadership and to look at pathways in relation to depression. Medway's Suicide Prevention Strategy was also due to be refreshed with the Suicide Prevention Partnership being responsible for monitoring the Strategy's action plan.
- 5.6 A Committee Member said there was a need to undertake awareness raising of suicide prevention with universities. There were legal challenges as universities were usually unable to make families aware of concerns without the consent of the individual. It was suggested that the development of a protocol with universities be investigated to enable the disclosure of certain information about students to the families where there was a history of depression or other mental health disorder. The Member, while pleased that improved support was available for bereaved families, said that colleagues also needed support to be available. The Public Health Consultant acknowledged the importance of raising awareness of suicide prevention and the provision of support in the workplace. Work was being undertaken to develop specific training to support workplaces to develop policies around suicide prevention and support following a suicide. This would be piloted over the coming months. Engagement was taking place with local employers. The Director of People, Children and Adults said that universities had to be very cautious about breaching the individual right to privacy and confidentiality but this was an area that could be explored further with local universities.
- 5.7 A Member asked whether a demographic breakdown was available of the 4,500 calls made by Medway residents to the Suicide Prevention helpline. Noting that black men were three times more likely not to seek help until their mental health had reached crisis point, the Member asked what work had been done specifically in relation to BAME and faith groups. The Public Health Consultant advised that the aim was to make all programmes as inclusive as possible. The Innovation Fund has also funded one project specifically relating to faith groups and one specifically related to BAME groups. A breakdown of the demographic breakdown of callers to the Suicide Prevention helpline would be provided following the meeting.
- 5.8 In response to a Member question that asked whether there was data available to show suicide locations and methods, the Public Health Consultant said that data was available. This showed a correlation between suicide rates and levels of deprivation. A protocol was in place with partners to take action in locations where clusters of suicides were identified. The Director of Public Health added that work was undertaken with rail firms, Highways England and other sites identified as having a high suicide risk.
- 5.9 The Committee:
- i) Noted and commented on the update on the suicide prevention programme.

- ii) Requested that a demographic breakdown of the calls made by Medway residents to the Suicide Prevention Helpline be circulated to the Committee.
- iii) Requested that officers engage with universities to consider the scope for informing family members where serious concerns for a student's welfare had been identified.

## **6. Risk management**

- 6.1 Overall risk management of this project is undertaken by the Kent and Medway STP.

## **7. Consultation**

- 7.1 This programme is being co-designed and overseen by the Kent and Medway Suicide Prevention Steering Group. This Group comprises representatives from a range of agencies and charities, as well as families who have experience of suicide.

## **8. Financial implications**

- 8.1 There are no direct financial implications for Medway Council arising from this report. During 2018/19 and 2019/20 this programme of work is being supported by external funding from NHS England.

## **9. Legal implications**

- 9.1 There are no direct legal implications for Medway Council arising from this report.

## **10. Recommendations**

- 10.1 The Health and Wellbeing Board is asked to:
  - 10.1.1 note the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 5 of the report; and
  - 10.1.2 note and comment on the update on the suicide prevention programme.

### **Lead officer contact**

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### **Appendices**

None

### **Background papers**

None