Appendix 1 - Briefing for the Healthy Communities Scrutiny
Update on our suicide work programme

Last updated 31 October 2017

SUMMARY OF POPULATION NEEDS

Suicide in Southwark

In 2014-16 the suicide rate in Southwark was 10.6 per 100,000 persons and remained above both the national and regional level for a second consecutive year. Over that three year period, there were 78 cases in the borough, an average of 26 deaths per year. While local figures fluctuate each year due to the small number of cases, there has been a general increasing trend in the number of suicides in Southwark since 2007-9, reflecting the national picture. Southwark is one of seven London boroughs to report higher suicide rates than the national average in 2014-16 and has the third highest suicide rate of the London boroughs.

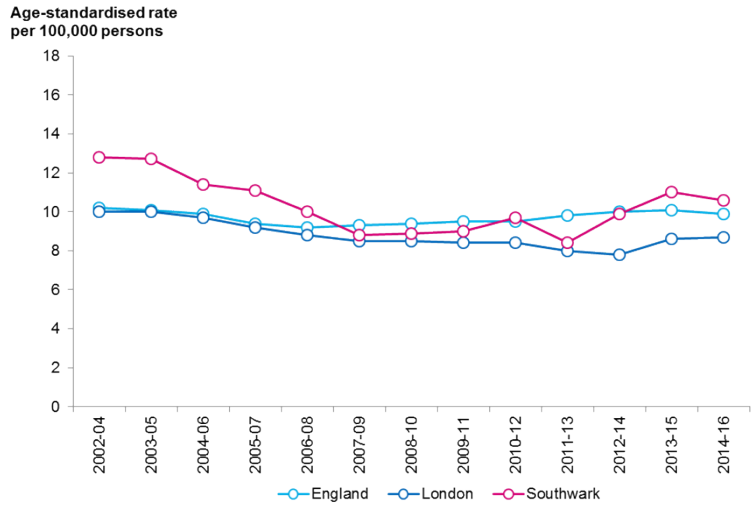

Figure 1: **Age-standardised mortality rates from suicide and undetermined injury in Southwark, London and England**

The majority of suicides in Southwark occur among men, mirroring the national picture. In 2013-15, just over four out of five local suicides were among men. This pattern has remained relatively stable over time. In Southwark the rate of suicide is highest among those in middle age, mirroring the national pattern. Deaths among those aged between 40 and 59 in Southwark account for approximately half of all suicides in the borough.

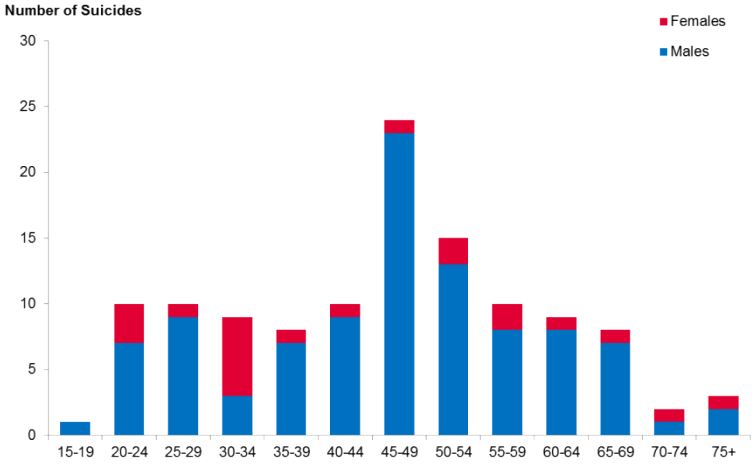

Figure 2: Number of suicides in Southwark by age, 2013-15

Hanging is the most common method of suicide in Southwark, accounting for half of all cases. Poisoning is the second most common method of suicide in the borough, accounting for around one in seven cases.

Self-harm and attempted suicide
In a report produced by the Department of Health in 2017 – reflecting on the National Suicide Strategy - self-harm and attempted suicide was identified as the greatest determinant of future suicide risk. Self-harm is an intentional act of self-poisoning or self-injury without suicidal intent. Attempted suicide is an act of self-poisoning or self-injury with suicidal intent.

It is estimated that up to 1 in 14 adults in London report self-harming at some point in their lives. This equates to approximately 17,000 adults in Southwark. Young people are at greatest risk of self-harm, in particular young women. They are more than twice as likely to report having self-harmed as their male counterparts, with one in five young women (those aged 16 to 24) reporting having self-harmed at some point in their life.

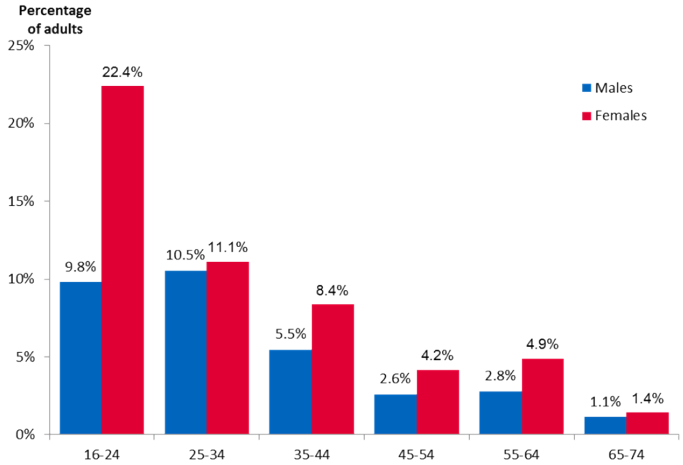

Figure 3: Self-harm and attempted suicide by age group and sex in England, 2014

EVIDENCE OF WHAT WORKS

National strategic guidance
Public Health England and the Independent Mental Health Taskforce have published guidance for local suicide planning and highlighted three main recommendations for local authorities:

- Establish a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations
- Explore opportunities to work with the local coroner court to complete a suicide audit
- Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

Opportunities for suicide prevention
Public Health England have developed a guidance for local suicide prevention planning which includes an overview of the latest evidence of what works, focusing on specific population groups;

- Reduce the risk of suicide in high risk groups
  - **For men:** Deliver information and support through trusted sources e.g. through peers and undertake outreach work in community rather than formal health settings.
  - **For people in the care of mental health services:** Ensuring access to specialist community teams, providing 24 hour crisis care and developing local policies on dual diagnosis patients.
  - **For people in contact with the criminal justice system:** Provide suicide awareness training for those who work in prisons, probation services and the courts and focus interventions on transition times.
  - **For specific occupational groups:** Encourage employers to promote mental health in the workplace and reduce stigma to increase help seeking behaviour. Work with local occupational

health services to strengthen the support available to employees and regularly signpost staff to national and local support services.

- Tailoring approaches to improve mental health across all communities

  - Education of primary care doctors targeting depression recognition and treatment
  - Community based awareness campaigns to reduce stigma and discrimination and increase help seeking behaviour
  - Provide suicide prevention training to specific groups of people who have the greatest opportunity to identify people at risk of suicide e.g. GPs, mental health staff, faith leaders, teachers, community members
  - Provide financial and debt counselling support to vulnerable individuals
  - Develop school based awareness programmes targeted at specific times in the curriculum e.g. exams and transitions

- Prevention of suicide in high risk locations and reducing access to the means of suicide

  - Use local data gathered from suicide audits to identify high risk locations and consider implementing physical barriers, delivering suicide prevention training to staff (if appropriate) and fit Samaritans material such as signs and posters to increase help seeking behaviour

- Providing better information and support to those bereaved or affected by suicide

  - Distribute the *Help is at Hand* booklet to first responders, Coroner's offices, local funeral directors, bereavement support agencies and other voluntary organisations
  - Ensure individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed

- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

  - Ensure local media are aware of Samaritans' guidance on responsible media reporting
  - Encourage local media to provide information about sources of support and contact details of helplines when reporting mental health and suicides

- Reducing rated of self-harm as a key indicator of suicide risk

  - Ensure the implementation of the NICE standards and pathways CG16 and CG133 for managing patients who self-harm

- Supporting research, data collection, monitoring and information sharing

  - National guidance for local suicide prevention planning encourages working with the Coroner's Court to agree a data disclosure protocol and, if possible, carry out a suicide audit.

CHALLENGES

Data

Local public health teams have access to limited data on suicide, self-harm and attempted suicide that provides only a basic level of information to inform local planning. We are therefore exploring other opportunities to access data that can facilitate more informed, targeted suicide prevention work:

- Working with HM Coroner

Southwark Public Health Team is exploring opportunities to work with the local coroner to complete a suicide audit. Access to information from the Coroner's Court would provide a much richer understanding of suicide locally and inform more targeted and effective interventions. For example, we would be able to obtain demographic data such as age, country of birth, ethnicity, gender and sex, as well as information as to the events leading up to a death such as contact with services and other risk factors including substance misuse and employment status.

- Establishing a near-real time monitoring

In England and Wales all suspected suicides are subject to a coroner inquest, which seeks to ascertain the cause of death. The death cannot be registered until the inquest is completed, which can take months and

sometimes years. Further, a coroner records a verdict of suicide when they have decided that there is evidence, beyond reasonable doubt, that the injury was self-inflicted and the deceased intended to take their own life. Open verdicts are given to cases where there is insufficient evidence to conclude that the death was a suicide or an accident. Due to this high burden of proof, deaths that are possibly suicide, but are not coded as such, may represent a significant population of preventable deaths within a local authority

Therefore, we would like to establish a process of the near-real time reporting of all cases of suspected suicide, and where possible, attempted suicide and self-harm. Public health are working with a number of partners from the suicide prevention steering group – British Transport Police, Network Rail, SLAM and Metropolitan Police Service – to develop this process.

WHAT WE'RE DELIVERING

Southwark's suicide prevention steering group

Our Director of Health and Wellbeing and the Public Health Directorate have spent the last year bringing partners together around suicide prevention. A multi-stakeholder Suicide Prevention Steering Group has been established. The group meets bi-annually and consists of the following partners; Public Health, Southwark NHS Clinical Commissioning Group (CCG), London Ambulance Service, Metropolitan Police Service, Network Rail, British Transport Police, South London and Maudsley NHS Foundation Trust (SLAM), primary care, the Samaritans and other local representatives from the voluntary and community sector.

Our prevention strategy and action plan

One of the first activities of the steering group has been the co-production of a new Suicide Prevention Strategy and Action Plan – the previous suicide strategy was released in 2005. The new strategy and action plan will be taken to a public consultation event on Wednesday 1 November 2017 and a final draft is to be taken to the Health and Wellbeing Board towards the end of November.

The strategy vision draws on guidance published in the Five Year Forward View for Mental Health by the independent Mental Health Taskforce which sets a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21. Southwark has therefore set an ambition to reduce the number of suicides across the borough by at least 10% over the five years of the strategy as well as reduce the incidence of self-harm and attempted suicide.

In order to achieve this vision, we have identified seven priority areas for action that have been built around the recommendations outlined in the National Suicide Prevention Strategy and tailored to local needs:

1. Reduce the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health across all communities
3. Prevention of suicide in high risk locations and reducing access to the means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Reducing rated of self-harm as a key indicator of suicide risk
7. Supporting research, data collection, monitoring and information sharing

To inform the strategy Southwark's Public Health Team completed a health needs assessment on suicide and self-harm in Southwark as part of the 2016/17 Joint Strategic Needs Assessment (JSNA).

Working with the coroner

On behalf of the other four boroughs in the Inner East South London coroner patch, Southwark Public Health has led discussions with HM Coroner to agree a data disclosure proposal. HM Coroner has agreed the proposal in principle and a follow up meeting is scheduled to take place later in November.

PRIORITY ACTIONS TO TAKLE THESE AREAS

Southwark's Suicide Prevention Steering Group have committed a number of actions that will contribute towards our local vision of reducing the number of suicides at least 10% as well as reduce the incidence of self-harm and attempted suicide. A number of actions have been proposed under each of the seven priority areas. An example of an action per each priority area is shown in the table below:

Priority area	Example of action
1. **Reduce the risk of suicide in high risk groups**	Provide a training workshop to staff at local bail hostels to increase awareness of suicide and how to identify those who are at risk
2. **Tailoring approaches to improve mental health across all communities**	Improve engagement with local schools and explore opportunities to develop a programme of work around emotional health and wellbeing among young people, recognising that self-harm is prevalent
3. **Prevention of suicide in high risk locations and reducing access to the means of suicide**	Identify and assess risk area locations and consider implementing physical barriers. Increase signposting to help and support services in these locations.
4. **Providing better information and support to those bereaved or affected by suicide**	Improve signposting for patients and families/carers affected by suicide to additional support
5. **Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour**	Ensure local media are aware of , the guidance published by the Samaritans on responsible media reporting of suicide
6. **Reducing rates of self-harm as a key indicator of suicide risk**	Develop an appropriate out of hours pathway for individuals in distress / at crisis point, alternative to A&E
7. **Supporting research, data collection, monitoring and information sharing**	Explore opportunities to work with the HM Coroner to conduct a suicide audit

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