Public Document Pack

# Health Overview and Scrutiny Panel

# ADDITIONAL INFORMATION AND PRESENTATIONS

Thursday, 5th December, 2019
at 6.00 pm

ADDITIONAL INFORMATION RELATED TO THE LISTED REPORTS

# ADDITIONAL INFORMATION AND PRESENTATIONS

Item 8 – Presentation
Wednesday, 27 November 2019

DIRECTOR, LEGAL AND GOVERNANCE

# Health Overview and Scrutiny Panel

# Suicide Prevention

Amy McCullough, Consultant in Public Health
Chris Watts, STP Suicide Prevention Programme Manager
Sabina Stanescu, Public Health Practitioner

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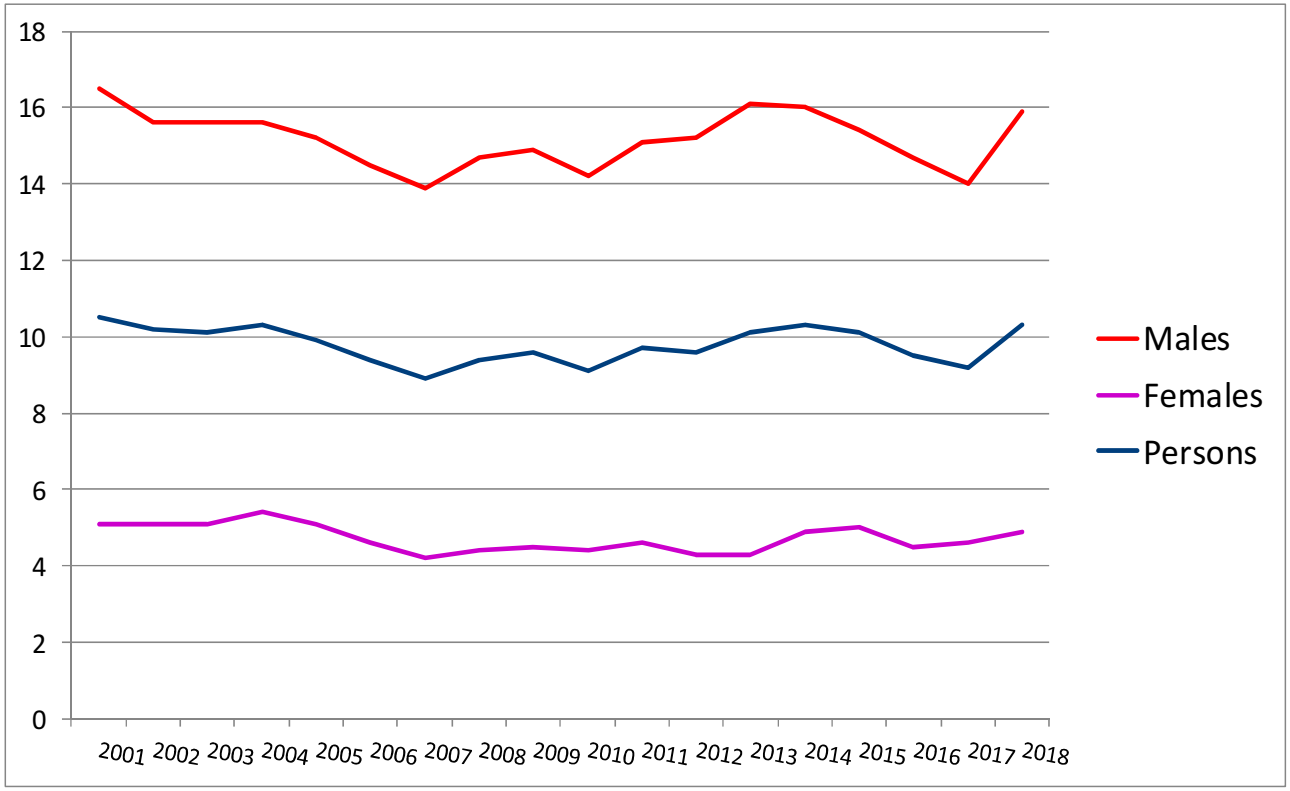
SOUTHAMPTON CITY COUNCIL

# The national and local picture

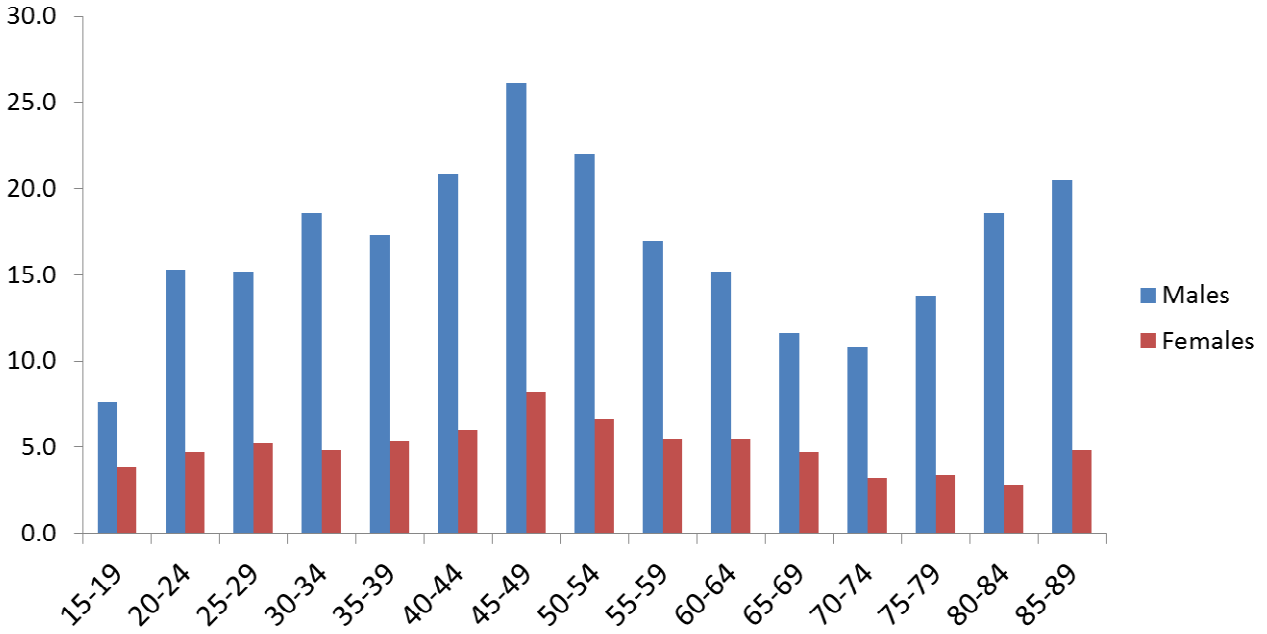
# Age-standardised suicide rates (2001-2018), England and Wales




Source: ONS

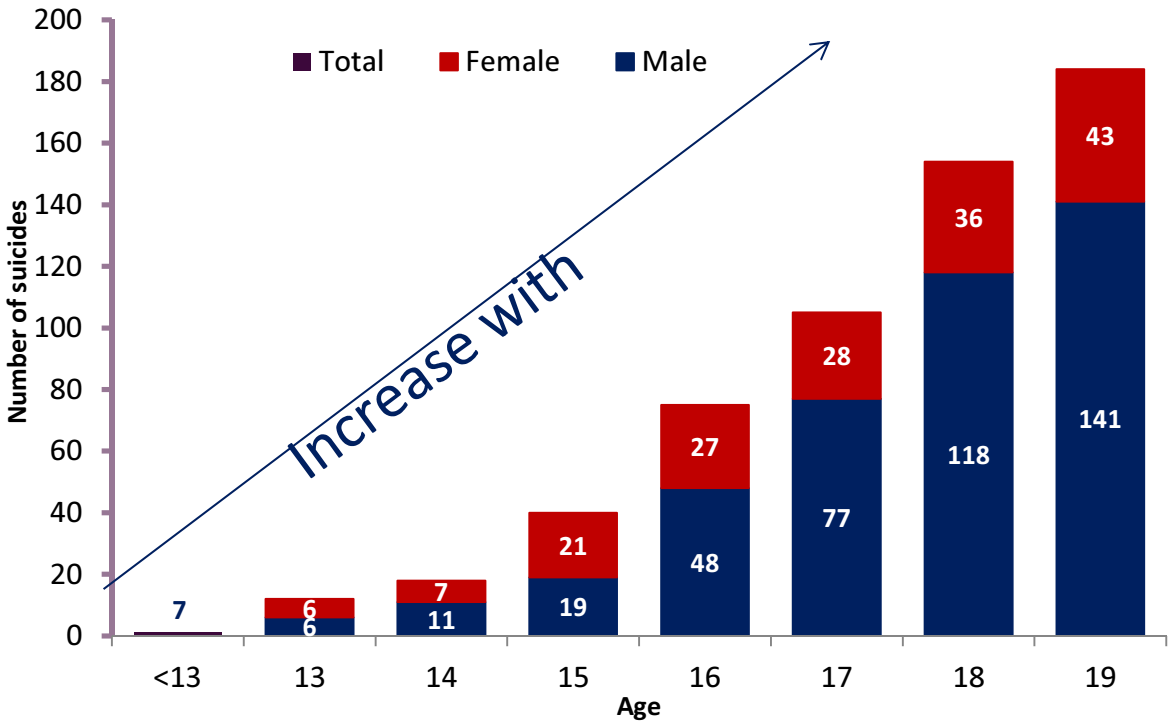
# Age and gender profile, England

## Age-specific suicide rate, 2018, England




Source: ONS

# Suicide in people aged <20 years



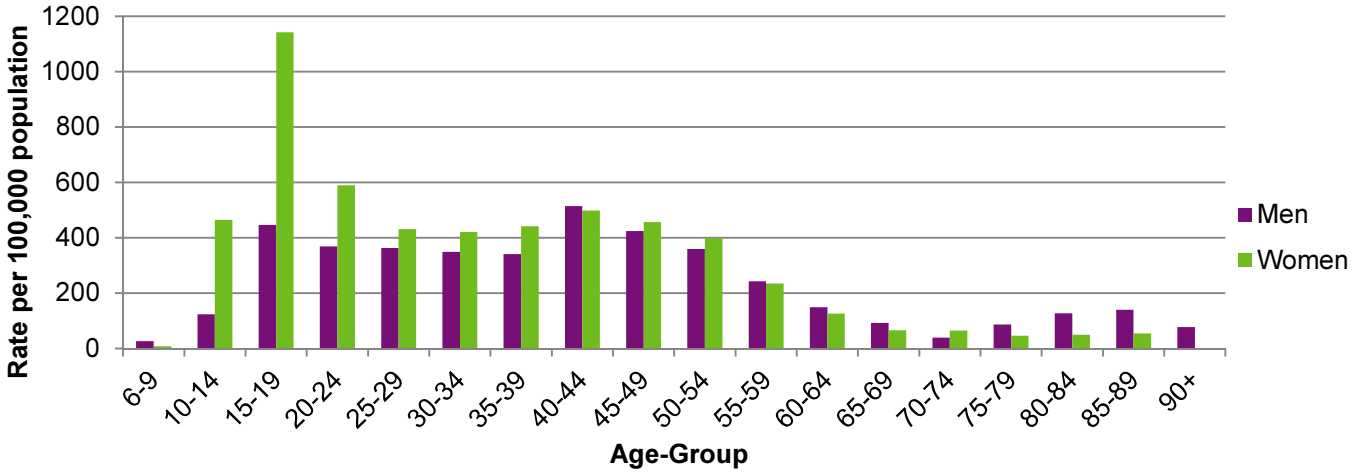

Themes of bereavement, bullying, physical health, self-harm

¼ suicide-related internet use

40% no service contact

PEOPLE YOUNGER THAN 20 (2006-2016)

# Self-harm and suicide

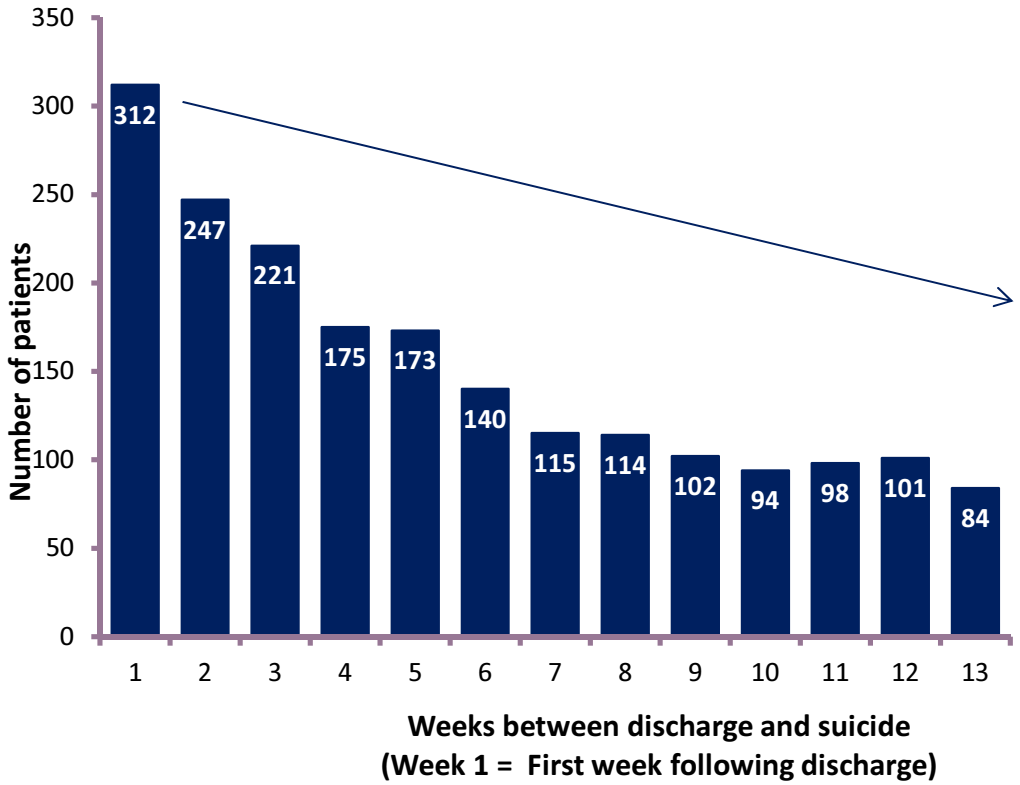



Source: MASH project

50% of people who die by suicide have history of self-harm

Risk of suicide increased up to 50-fold in year after self-harm

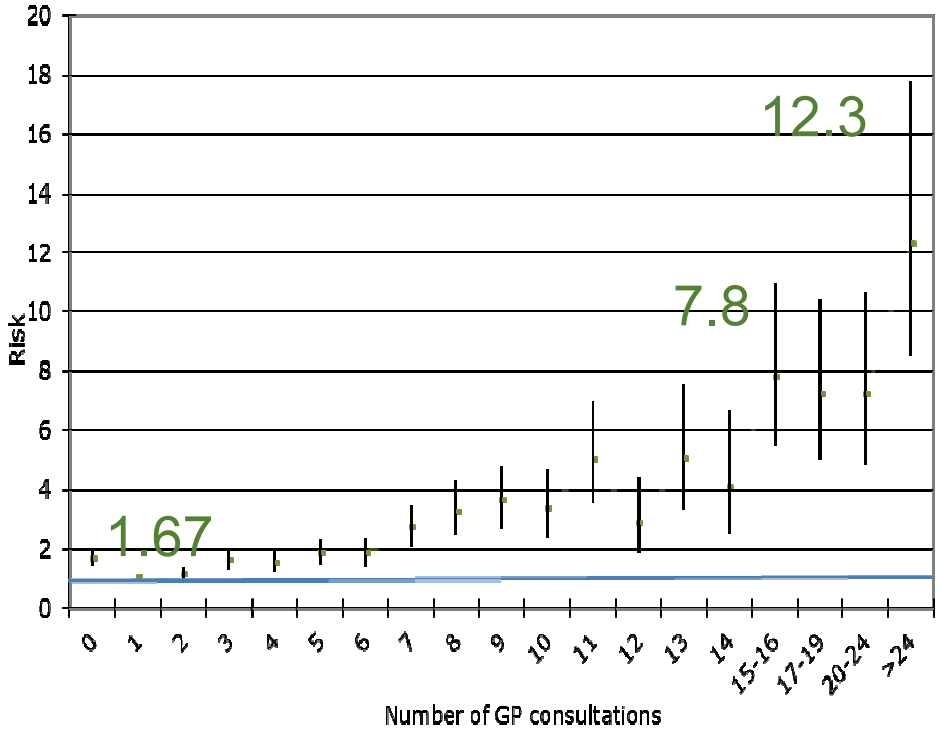
# Suicides per week after discharge, England




Highest risk on day 3

ENGLAND_SUICIDE (2006-2016)

# Link between suicide risk and number of GP consultations in previous 12 months, England



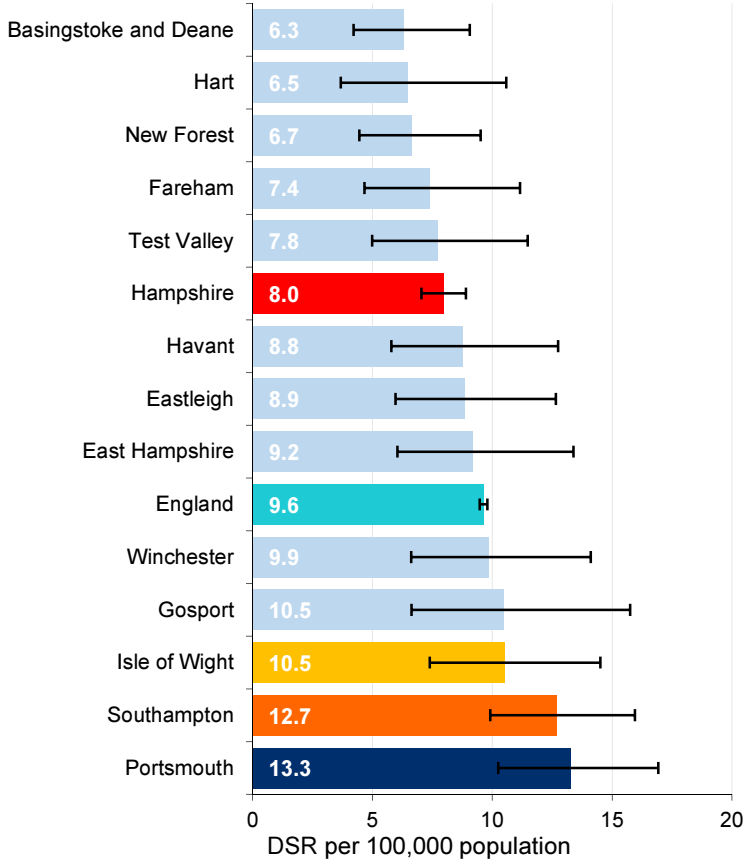

- Suicide linked to frequent GP consultation
- 12-fold increase with attendance x 2 per month

## Southampton:

- 31 % saw their GP within 4 weeks (2017 and 2018).
- Risk also high in non-attenders

# Local picture – suicide rate per 100,000

**Mortality from suicide and injury undetermined (persons) DSR per 100k HIOW STP Districts: 2016-18**




| Area | Recent Trend | Neighbour Rank | Count | Value | 95% Lower CI Lower CI | 95% Upper CI Upper CI |
|---|---|---|---|---|---|---|
| **England** | – | - | 14,047 | 9.6 | 9.5 | 9.8 |
| Neighbours average | – | - | - | - | - | - |
| Brighton and Hove | – | 5 | 105 | 14.4 | 11.5 | 17.2 |
| Portsmouth | – | 1 | 68 | 13.3 | 10.2 | 16.9 |
| Southampton | – | - | 78 | 12.7 | 9.9 | 15.9 |
| North Tyneside | – | 12 | 70 | 12.6 | 9.8 | 15.9 |
| Tameside | – | 15 | 68 | 11.6 | 9.0 | 14.7 |
| Bristol | – | 2 | 125 | 11.0 | 9.0 | 13.0 |
| Salford | – | 8 | 70 | 10.7 | 8.3 | 13.5 |
| Newcastle upon Tyne | – | 4 | 78 | 10.6 | 8.3 | 13.4 |
| Nottingham | – | 3 | 76 | 9.9 | 7.7 | 12.5 |
| Plymouth | – | 9 | 68 | 9.6 | 7.4 | 12.2 |
| Liverpool | – | 11 | 122 | 9.5 | 7.8 | 11.3 |
| Coventry | – | 7 | 78 | 8.6 | 6.8 | 10.9 |
| Sheffield | – | 10 | 120 | 8.1 | 6.6 | 9.6 |
| Derby | – | 13 | 51 | 7.7 | 5.7 | 10.2 |
| Leicester | – | 14 | 65 | 7.3 | 5.6 | 9.5 |
| Bournemouth | – | 6 | - | - | - | - |

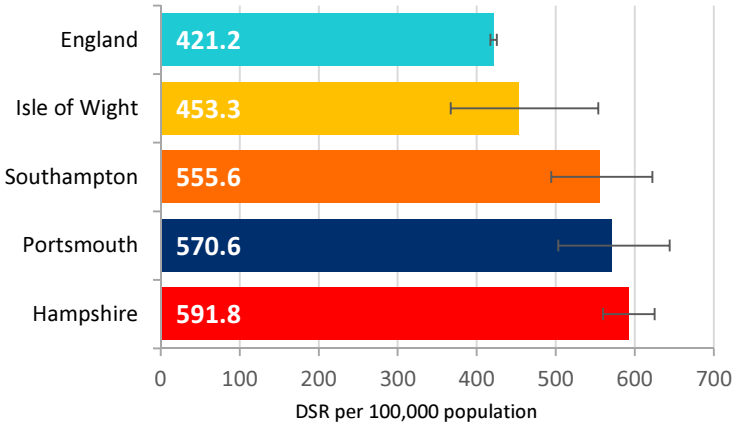
**Mortality from suicide and injury undetermined (persons) DSR per 100k CIPFA nearest neighbours: 2016-18**

Sources: Public Health England

# Local picture - Self-harm admissions (10 -24 year olds)

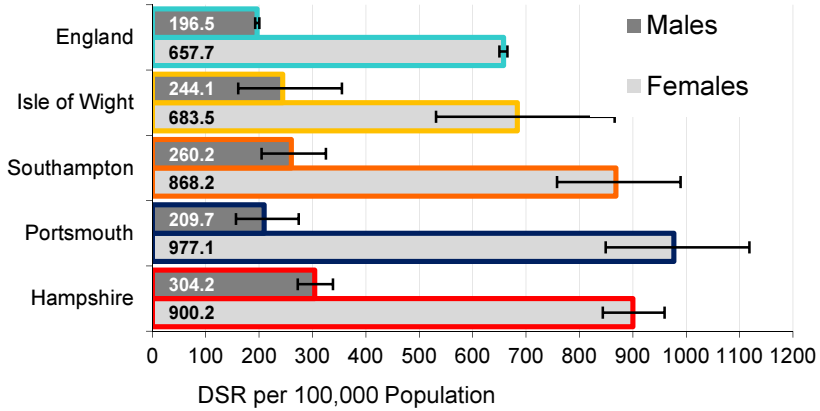
- Southampton has significantly higher rates of self-harm for 10-24 year olds than England average.
- Females have higher rates than males.

**Hospital admissions as a result of self-harm (10-24 years)- Persons DSR per 100k - HIOW STP Local Authorities: 2017/18:**




Source: Public Health England

**Hospital admissions as a result of self-harm (10-24 years)- By gender DSR per 100k - HIOW STP Local Authorities: 2017/18:**




Source: Public Health England

# Southampton Suicide audit: Key findings

Of the 38 deaths by suicide in 2017 and 2018:

- **71% (27)** were **male**, and **28% (11) female.**
- The highest proportion of deaths took place in **men** aged **51-60 years**.
- **90%** were **White British** (for 5% ethnicity is unknown).
- **52%** were known to **mental health services** (48% were not), and **31%** had been **in contact with their GP** in the **4 weeks** prior to taking their life.
- **47%** were known to have **previously attempted** to take their life by suicide, and **23%** were known to have a **history of self-harm**.
- **Hanging** was the most frequent method of suicide (**55%**), with most people taking their own life **at home**.
- **42%** of those that died were **employed**, **29% unemployed**, **13% retired**, **13%** had a **long-term disability** which meant they could not work, and 2% "other".
- **Mental health problems** (65%), **relationship problems** such as separation (52%), **physical health** problems (52%), **job** problems (28%), history of contact with the **criminal justice system** (28%), **financial issues** (26%), **adverse childhood experiences** (26%), and being a **victim of abuse** (21%) were the most common recorded **"life event"** risk factors.

# Key developments and achievements

# STP Suicide Prevention Programme

- Hampshire & IoW STP (Southampton, Portsmouth, Hampshire and Isle of White) received “wave 2” suicide prevention funding (around £468k) from NHS England for 2019/20.

- Indicative budget allocations for a further two years (£468k for 2020-21 and at a reduced rate for 2021-22).

- STP Suicide Prevention Programme Manager in place (learning from wave 1 areas).

- Hampshire-wide steering group reporting to the STP, which will make decisions on how funding best spent to the benefit of the whole system, linking with existing Suicide Prevention Partnerships in each area.

# NHS England areas of focus for STP Suicide Prevention

- Three areas of focus for the programme, based on evidence provided by NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health):
  - Men (particularly those aged 35-54) – they have the highest incidence of deaths by suicide
  - People who use mental health services – around one third of people who die by suicide are in contact with services
  - People who have self-harmed – they are at increased risk of death by suicide.

- NHS England have set the following criteria for delivery:
  - Prevention beyond secondary services: place-based community prevention work…
    - middle-aged men;
    - self-harm;
    - primary care support
  - Reduction within services via quality improvement: self-harm care including within acute hospitals and/or generally within mental health services.

# Hampshire and IoW STP Priority areas:

## Primary care

**Evidence example:** A Samaritans and Centre for Mental Health research paper highlights key areas in need of improvement, including education, supporting and training for GPs, the importance of therapeutic relationships, and effective care pathways and referrals (both for clinical and social support).

**Solutions:** Training (suicide prevention, self-harm and bereavement support), availability of resources and information on local services, data quality and communications.

## Self-harm

**Evidence examples:** Up to 170 times greater risk of suicide (than general population) in the month after attending A&E with self-harm injury; nationally only c.60% of A&E self-harm attendees receive a psychosocial assessment; approximately two thirds of self-harm injuries don't end up in A&E/Hospital.

**Solutions:** Review existing self-harm data, gaps and data requirements, working with partners to address gaps in data and understanding of self-harm; support best practice interventions at and post A&E (i.e. therapeutic support); support earlier intervention in key settings such as schools (i.e. through Mental Health Support Teams) and work with parents/carers.

# Hampshire and IoW STP Priority areas continued:

## Bereavement support:

**Evidence example:** Around 800,000 people a year are affected by suicide. People bereaved by suicide are at 65% higher risk of attempting to take their lives, and around 9% of those bereaved make a suicide attempt.

**Solutions:** Develop and implement a timely STP-wide real-time surveillance and notification system; ensure consistent, well communicated pathways and resources for different people/needs; map and link existing provision of bereavement support, improving capacity and capability across needs.

## Workplace and debt/financial stress:

**Evidence example:** Low-skilled male labourers are three times more likely to take their own lives than the national average. Other groups with an increased risk are nursing staff, primary teachers and agricultural workers. Workplace stress, job insecurity, zero-hour contracts and workplace downsizing are important risk factors.

**Solutions:** Identify levers across the system to help engage target audiences; research best-practice employers and approaches to high-risk groups (e.g. middle-aged men) and industries; work with key stakeholders e.g. Citizens Advice Bureau, MIND etc. to improve access to financial advice for key target groups.

## Mental health anti-stigma

- Joint-city Time to Change Hub
  - Anti-stigma events
  - Work with schools and colleges
  - Champions Fund
  - Time to Change Employer Pledge
- Southampton City Council Time to Change Pledge – aligned with SCC Wellbeing at Work programme
- Southampton Anti-Stigma Partnership:
  - Joint communications
  - Campaigns and events

## Children and young people's mental health:

- Needs assessment on the mental health and wellbeing needs of children and young people in the schools setting in (2018)

- Informed the 2018 Southampton's Children and Young People's Local Transformation Plan (led by Southampton CCG).
  - New governance with a specific focus on CYP MH;
  - Greater focus on promoting resilience, prevention and early intervention across the system i.e.
    - Membership of the PSHE Association for all schools and colleges in Southampton;
    - Mapping and articulating pathways for different mental health conditions, and the services and resources available, for use by young people, parents/carers and professionals;
    - Developing a Resilience and Wellbeing Model for schools in Southampton, with examples of good practice.

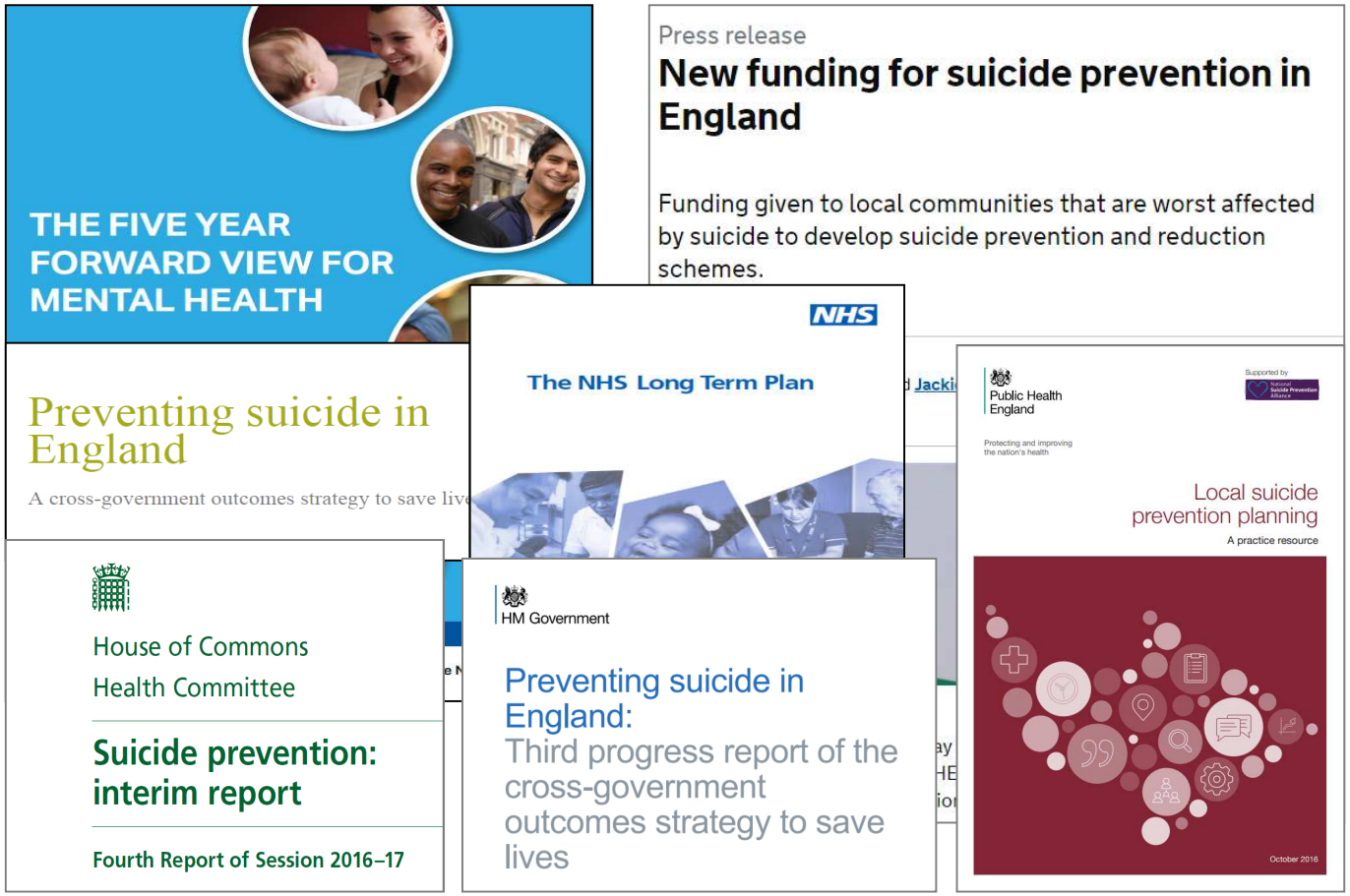
## Itchen Bridge

- Public Health, Transport (SCC), Balfour Beatty and the Samaritans have worked in partnership to install new signage at the Itchen Bridge to better signpost people with suicidal thoughts to help.

- Public Health is currently reviewing the evidence base on suicide prevention measures on bridges, and the data on attempted and completed suicides from the Itchen bridge, to inform discussion on suicide prevention measures.

# Southampton Suicide Prevention Plan (2020-23)

# Policy context



# Southampton Suicide Prevention Plan, 2020-23 (Draft)

- **Aim:** To reduce the number of suicides in Southampton, and ensure provision of support to those bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life.

- **Priority areas:** In line with the priorities as stated by national strategy 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives' (2012)…
  - Reduce the risk of suicide in key high-risk groups.
  - Tailor approaches to improve mental health in specific groups.
  - Reduce access to means of suicide.
  - Provide better information and support to those bereaved by suicide.
  - Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
  - Support research, data collection and monitoring.

# Southampton Suicide Prevention Partnership Group

- Multi-sector partnership approach
- Learning and action across the system
- Need to address risk factors and build the protective factors
- Across the pathway; primary as well as secondary prevention

# Process for engagement and agreement

- Southampton Suicide Prevention Partnership
- People with lived experience (through Solent Mind)
- One to one discussions to secure sign-up to actions (December and January 2019)
- Forums:
  - Alcohol Strategy Implementation Group (January 2020);
  - Drug Strategy Implementation Group (virtually, January 2020);
  - CYP Emotional and Mental Health Partnership (January 2020);
  - Better Care Vulnerable Adults sub-group; (date TBC);
  - Local Safeguarding Children's Partnership (date TBC);
  - Southampton Safeguarding Adults Board (date TBC)
- Agreement by Southampton Health and Wellbeing Board (March 2020)

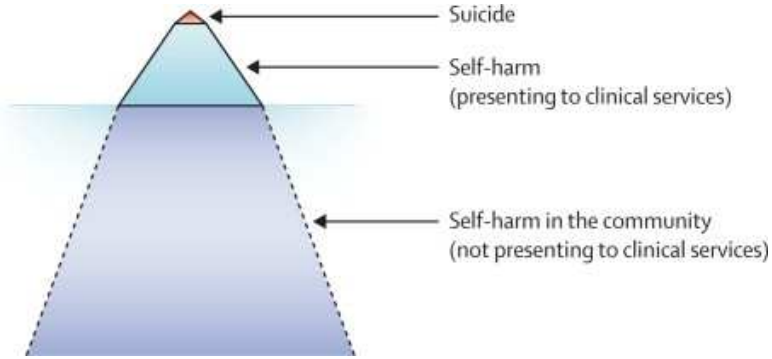
# Additional slides if needed

# Self harm: Definition

**“Self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect.”**

Many people who self-harm do not present in A&E and many more to any health care service. The way heath services define self-harm may not include self-harm through some aggressive behaviours or substance use

## The Self-harm Iceberg




Hawton K, Saunders KE, O'Connor RC. Self-harm and suicide in adolescents. Lancet. 2012;379(9834):2373-82.

# Self harm: Why, what and link with suicide

## Generally;

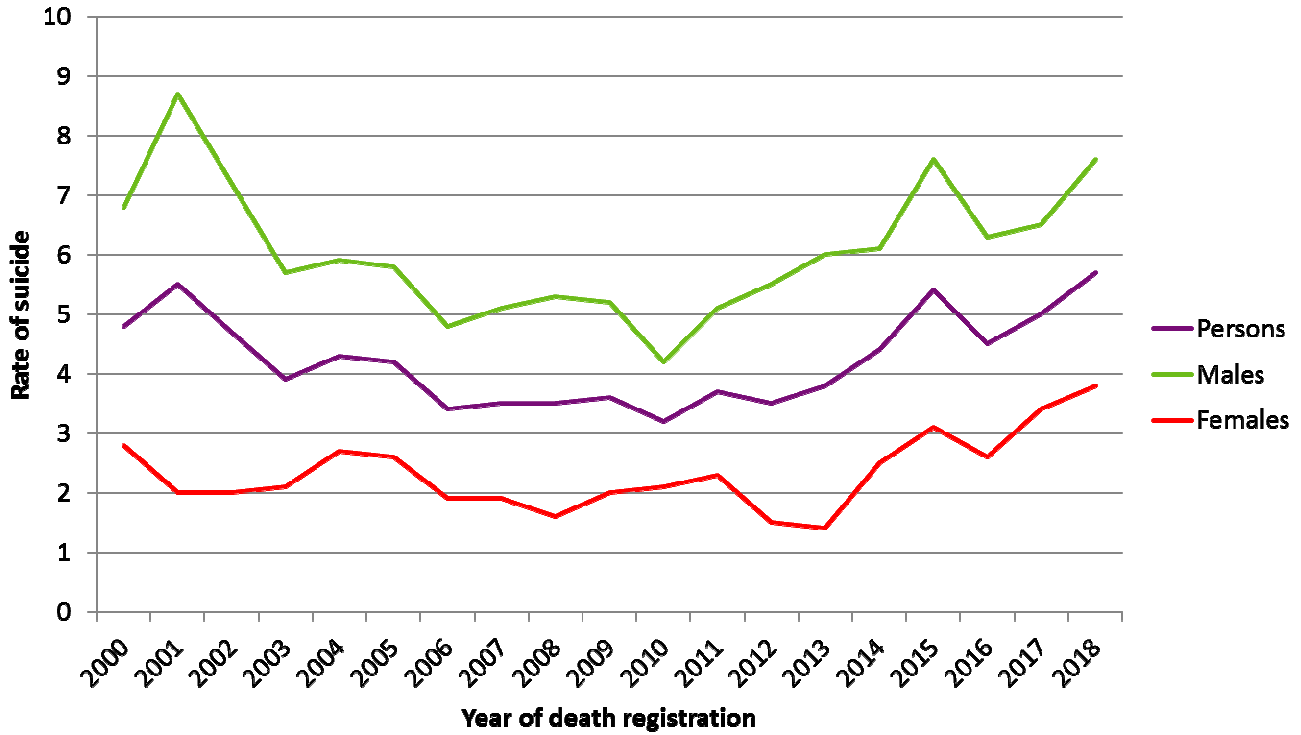
**Self-harm is generally seen as a coping mechanism by professionals and young people**

*"Coping mechanism for mental pain"*

The most common method of self-harm in the community tends to be cutting, whereas overdoses are the most common method among those who present to hospital

Self-harm was reported in many suicides involving children and young people - **under 20s (52%)** and **20-24 year olds (41%)**

# Suicide rates in England in 15-19 year olds (2000-2018)




Source: ONS data for England

## 2018 Real-time Surveillance

Total no: 31 suicides, (Nov 2017-Dec 2018)

Average age: 43

11 females (35%)
20 males (65%)

Nationally, the highest suicide rate was in men aged 45-49 (according to data from ONS)

Ethnicity: 28 White (90%), 2 Asian (7%), 1 Black (3%)

Married 11 (35%)
separated or widowed 5 (16%%)
Of which recently 2 (40%)
Single 15 (48%)

Employed 12 (39%),
unknown or other 6 (19%%),
Unemployed 9 (29%),
Retired 4 (13%)

**Methods:**
Hanging 19 (61%)
Jumping from bridge: 2 (6%)
Cutting: 1 (3%)
Shooting: 1 (3%)
Poisoning (inc. drug overdose) 4 (13%)
Suffocation 3 (9%)
Jumping on tracks 1 (3%)

**Location:**
Not at home: 9 (29%)

These trends are in line with national trends. The rate of suicide in Southampton is 12.7 per 100,000 (this is significantly worse than England)

## 2019 Real-time Surveillance

Total no: 20 suicides, 3 attempts

Average age: 41

6 females (26%)
17 males (74%)

Nationally, the highest suicide rate was in men aged 45-49 (according to 2019 data from ONS)

Ethnicity: 22 White (96%), 1 Asian (4%)

Married 5 (21%)
separated or widowed 18 (78%)
Of which recently separated or widowed 8 (34%)

Employed 8 (34%), unknown 9 (39%),
Unemployed 1 (4%), student 1 (4%),
Inpatient 1 (4%)

**Methods:**
Hanging 9 (39%)
Jumping from bridge: 4 (17%)
Jumping from height: 1 (4%)
Poisoning (inc. drug overdose) 4 (17%)
Suffocation 4 (17%)
Jumping on tracks 1 (4%)

**Location:**
Not at home: 10 (41%)

These trends are in line with national trends. The rate of suicide in Southampton is 12.7 per 100,000 (this is significantly worse than England)

# Groups at higher risk of suicide

- **Men, particularly middle-aged men** and young men aged 18-19 years.
- **People with a mental health diagnosis, especially depression** – both those in the care of MH services and those not in current treatment. For those in treatment high risk periods include the first 3 months (and especially first 2 weeks) post-discharge from acute MH services (i.e. hospital).
- People experiencing:
  - **Chronic pain, disability or other physical health status**
  - **Relationship difficulties** (particularly for men)
  - **Unemployment and/or financial difficulties**
  - **Housing difficulties and/or social isolation** i.e. homelessness/living in a hostel/living alone
  - **Bereavement**
- People with a history of **self-harm** or of attempting to die by suicide
- People that have been a former **prisoner**/convicted of crime
- People with a history of **alcohol and/or substance misuse** (and including those with dual alcohol/substance misuse and mental health illness).
- People that have **experienced adverse childhood experiences (ACEs)**
- People that have **experienced violence and/or abuse.**

Groups identified in national guidance as needing a *tailored approach* to both improve their mental health and reduce their suicide risk, are as follows: Looked after children and/or care leavers; military veterans; people who are lesbian, gay, bisexual (LGB) or gender reassigned; black and Minority Ethnic (BME) groups and asylum seekers.

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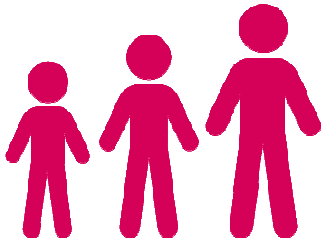
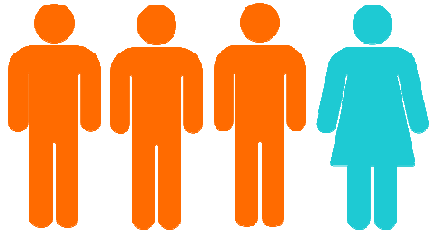
# Headlines – 2018 registration (England)

(UK/England ONS 2018 Suicides)



Males and females **aged 45 to 49 years** have the **highest** age-specific suicide rate

**75%** (UK) and **76%** (England) suicides are **male**

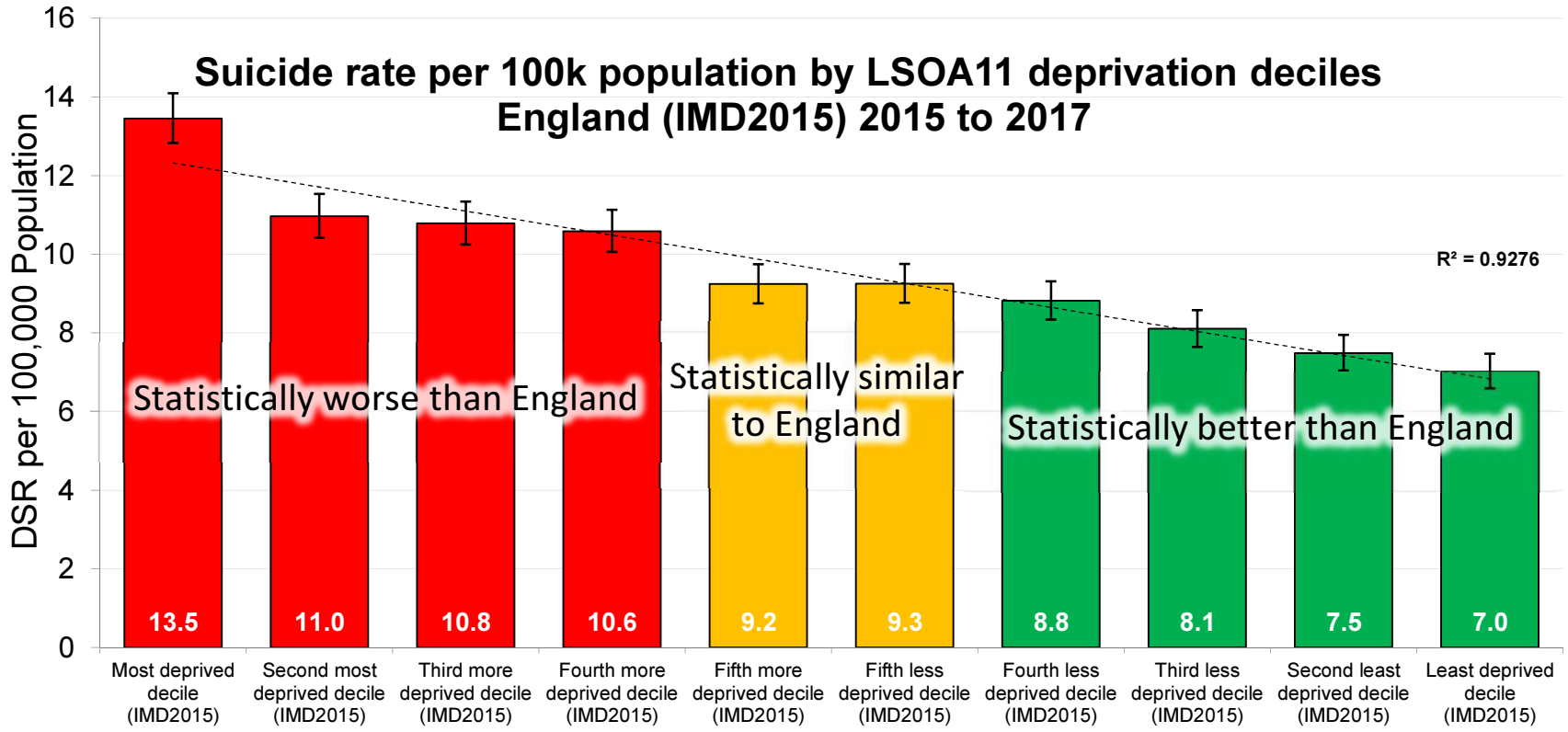


Hanging, strangulation and suffocation was the most common method for **males (59%)** and **females (45%)**

**Poisoning** as a the 2nd most common suicide method for **males (18%)** and **females (36%)**

# Headlines – 2015 to 2017 registration (England)

(PHE ONS Mortality extract)




Source: Public Health Enlgand

# Itchen Bridge

**Deaths by suicide**

- 2018 – 2 deaths, out of 193 recorded across Hampshire (RTS)
- 2019, up to and including September – 5 deaths, out of 147 recorded across Hampshire (RTS)
- Not all Southampton residents

**Emergency services call outs**

- Calls to the Police about an incident on the bridge where a person's welfare was of concern have increased between 2015 and 2017 (131 calls in 2015; 180 in 2016; 236 in 2017).
- Calls to the Royal National Lifeboat Institute (RNLI) reflect when a crisis situation has been reached i.e. a person is contemplating jumping or has jumped from the bridge. Calls to the RNLI at either the Itchen, Northam or from Mayflower park locations (plus Redbridge causeway for 2017) have increased between 2015 and 2018.
    - 17 calls in 2015, 22 calls in 2016, 31 calls in 2017, and 44 calls in 2018. – the latter two including Redbridge Causeway. All resulting in lifeboat launches.

- **Impact on the bereaved, local residents and businesses.**

# Suicide prevention at bridges and the evidence base

**Published literature (database search and review)**

Deaths by suicide at specific location: Decreases (“buys time” to intervene)

Overall suicide rate: Decreases

Evidence if displacement: Some, though net overall benefit (important to consider other sites that people jump from at the same time)

**Grey literature**

Report by Hampshire Constabulary

# Range of interventions (PHE Guidance, 2015)

1. **Restrict access to the site and the means of suicide i.e.** Closing all or part of the site; Installing physical barriers to prevent jumping; Introducing other deterrents, for example, boundary markings or lighting.

2. **Increase opportunity and capacity for human intervention i.e.** Improving surveillance using CCTV, thermal imaging and other technologies; increasing staffing or foot patrols; providing suicide awareness/intervention training for staff working at or near the site; increasing whole-community awareness and preparedness to intervene.

3. **Increase opportunities for help seeking by the suicidal individual i.e.** Providing Samaritans signs and/or free emergency telephones; providing a staffed sanctuary or signposting people to a nearby one.

4. **Change the public image of the site; dispel its reputation as a 'suicide site' i.e.** Ensuring media reporting of suicidal acts is in line with Samaritans guidelines; discouraging personal memorials and floral tributes at the site; introducing new amenities or activities; re-naming and re-marketing the location.

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