

**Meeting:** Adult Social Care, Health and Wellbeing Sub-committee

**Date:** 6 July 2017

**Title:** Update on North Tyneside's approach to suicide prevention

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**Directorate:** Health, Education, Care and Safeguarding

**Wards affected:** All

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## **1. Purpose of Report**

To inform the Adult Social Care, Health and Wellbeing Sub-committee of the ongoing work in North Tyneside with regard to Suicide Prevention.

## **2. Recommendations**

The Adult Social Care, Health and Wellbeing Sub-committee is asked to note the progress made by North Tyneside's systematic approach to suicide prevention, in particular:

- Reduced rate of suicide for the population of North Tyneside
- Ongoing multi-agency suicide prevention action plan with agreed priorities

## **3. Details**

### **3.1 Background**

A whole system approach is required to address suicide, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.

### **3.2 National Suicide Prevention Strategy**

- The cross government National Suicide Prevention Strategy was launched in 2012. The Department of Health (DH) provided annual updates on this in 2014 and 2015.
- This strategy was well received, but there has since been criticism by some stakeholders that there were no explicit delivery mechanisms, resources or accountability for delivery.
- The DH strengthened the National Suicide Prevention Strategy through their annual update in 2017, announced by the Prime Minister, as follows:

- ✓ Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan, with agreed priorities and actions;
- ✓ Better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services;
- ✓ Improving data at national and local level and how this data is used to help take action and target efforts more accurately;
- ✓ Improving responses to bereavement by suicide and support services; and
- ✓ Expanding the scope of the National Strategy to include self-harm prevention in its own right.

### **3.3. National Mental Health Taskforce Forward View for Mental Health**

- The national independent Mental Health Taskforce Forward View for Mental Health made recommendations for reducing suicides. These include reducing the national suicide rate by 10% by 2020/21 and ensuring that all local areas have multi-agency action plans in place by 2017 that are reviewed annually.
- Public Health England (PHE) is working with the Department of Health, NHS England and other partners in supporting this work. This includes working collaboratively to agree how the additional investment to the NHS of £25million over 2018 to 2021 will be prioritised in support of suicide prevention actions.
- Public Health England published a practice resource for local authorities on suicide prevention planning. This is an evidence-based clear guide on how to develop local multiagency suicide prevention action plans that respond to local risk factors.

### **3.4. North Tyneside Suicide Prevention Task Group**

Under the leadership of the Director of Public Health a suicide prevention task group was established in 2014 with representation from North Tyneside CCG, Northumbria Healthcare Foundation Trust (Psychiatry of Old Age service, A&E and CAMHs), Northumberland Tyne and Wear Mental Health trust, Northumbria Police, H.M. Coroner, Samaritans, MIND and DWP. The group has overseen an annual multi-agency action plan and meets twice a year. The group is accountable to the Mental Health Integration Partnership Board.

The task and finish group have carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit (2012-2015) utilising coroners files and an audit of current services and gaps in provision. All this work ensures that we understand local suicide rates, groups at greater risk and trends over time. It means that we can respond to any emerging themes and take action in a timely manner.

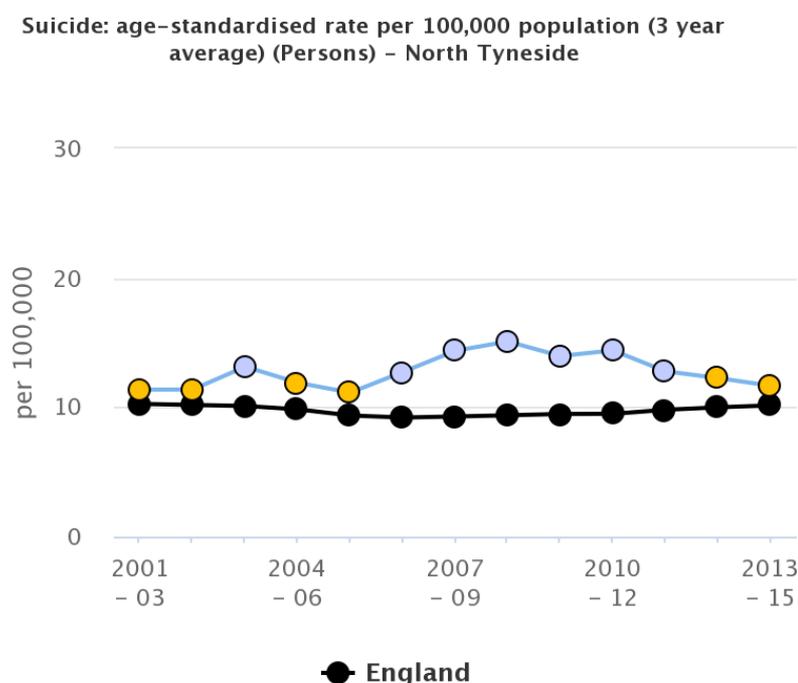
The current focus of the group is to have clear proposals for the additional investment which will come to CCGs for suicide prevention work in 2018 as outlined above (3.3).

### **3.5. Prevalence of suicide in North Tyneside**

Using local and national data it is possible to understand more about suicide at a population level and compare North Tyneside to England averages and local neighbours. In presenting data on suicide three year rolling averages are used to compensate for annual fluctuations due to small numbers.

Statistically, between 2007-12, the North Tyneside rates have been significantly higher than the England rate. However, the latest national data shows that North Tyneside's suicide rate per 100,000 general population has reduced since 2013 (11 suicides per 100,000) and we are now not statistically significantly different to the England rate.

**Figure 1:** Suicide: North Tyneside age-standardised rate per 100,000 population (3 year average)



North Tyneside's age standardised rate for males is 18.7 per 100,000 population, which is not statistically different to the England rate.

A value cannot be calculated for females as the numbers of cases are too small.

### 3.6. North Tyneside Suicide Audit 2012 – 2015

It is important to supplement national data with more local intelligence as timely information is essential to identify trends, clusters or potential high frequency locations. Working with the local coroner an in-depth suicide audit was completed by analysing all 92 cases of suicide in over 18s from 2012-15.

Although the circumstances of every death are unique, there are some common factors across cases. Some key findings from the audit include:

- 75% of suicides were among men. This reflects the national picture of a much higher number of suicides among men than women (a ratio of 3:1).
- The highest number of suicides was observed in males aged between 41-50 years (23%)
- The highest number of female deaths occurred between 41-60 years (52%).
- Usual place of residence was 25% North Shields, 17% Wallsend and 16% Whitley Bay.
- 61% were single, divorced, separated or widowed.

- 51% lived alone
- 41% were unemployed.
- 62% died in their own home, 8% in hospital and 8% by a railway or metro.
- The most common form of suicide for men was suspension (48%) and for women was self-poisoning (39%) and suspension (39%).
- 59% had no previous record of a suicide attempt. However, 25% had made an attempt in the last 12 months.
- A written message of some form was left by 33% of people.
- 40% of cases had consumed some alcohol at the time of their death.
- The top contributing factor reported in 29% of cases was relationship/family problems.

### **3.7. Suicide in under 18s audit**

North of Tyne's Child Death Overview Panel (CDOP) identified suicide in a number of recent annual reports as a cause of deaths of children up to the age of 18 years. The CDOP panel requested that Public Health in North Tyneside lead an audit of all suicides from 2008-2016.

The numbers of young people North of Tyne (Northumberland, Newcastle and North Tyneside) who die by suicide are thankfully small and vary on a yearly basis. 15 cases were identified as suicide or deliberate self harm from 2008 – 2016 in young people under the age of 18 and were examined for the audit.

The under 18s audit describes the circumstances that young people may be facing prior to taking their lives. The key findings were that most of the young people in the audit have experienced longstanding difficult circumstances including parental substance misuse, history of mental illness in the family, abuse or witnessing domestic violence.

In addition, substance misuse and previous self harm were commonly seen in the young person's past history, particularly in females. Self harm is strongly associated with an increased risk of future suicide, therefore access to services for self-harm is crucial to addressing suicide risk.

### **3.8. North Tyneside Suicide Prevention Action plan 2017-18**

The refreshed North Tyneside suicide action plan (see appendix 1) is based on national guidance and covers the six key areas identified in the Governments Strategy for suicide prevention. However, taking into account our local intelligence a whole system approach for short term action is detailed in the action plan for 2017-18 and focuses on:

- Reducing risk in men
- Preventing and responding to self harm
- Improving mental health of children and young people
- Treatment of depression in primary care
- Ensuring safe acute mental health care
- Reducing isolation
- Monitoring locations of suicide
- Providing bereavement support.

All partners are signed up to the refreshed action plan.

Progress on the key actions from the 2015-16 action plan included:

- The public health team commissioned suicide awareness training for 45 frontline staff specifically aimed at services that come into contact with men (the key at risk group). The training was well attended and positively evaluated.
- North Tyneside's Mental Health Crisis Concordant was agreed across a wide range of partners which focused on improving the response to individuals experiencing mental health crisis.
- Street triage pilots were funded locally. These are collaborations between the police and mental health professionals to ensure the police are informed of when somebody is mentally ill and those people receive appropriate care and support. The street triage pilots are being positively evaluated.
- The CCG introduced liaison psychiatry services in North Tyneside, based at A&E and also in the older people's and rehabilitation wards.
- The public health team led an awareness-raising campaign for suicide prevention day (2015 and 2016) by working in partnership with sports and leisure services, licensing and the local Pubwatch scheme. Venues where men are known to frequent were targeted to raise awareness of support available; for example by displaying Samaritan's posters in men's toilet cubicles.
- Council staff and partners were also involved in supporting regional work around suicide prevention. A stakeholder workshop of local experts to explore key themes around suicide risk factors and themes took place in 2016. The regional group continues to meet to identify and share good practice and to identify areas for collaboration.

#### **4. Appendices**

Appendix 1 - North Tyneside's Suicide Prevention Action Plan 2017-2018

#### **5. Background Information**

The following documents have been used in the compilation of this report and are hyperlinked.

HM Government. (2012) [Preventing Suicide in England: A cross-government outcomes strategy to save lives.](#)

HM Government (2015) [Preventing Suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives.](#)

HM Government (2017) [Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives](#)

PHE (2016) [Local Suicide Prevention Planning : A Practical Resource](#)

NHS (2016) [The Independent Mental Health Taskforce 5 Year Forward View for Mental Health](#)