Preventing suicide in England: One year on

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Summary

• In 2012 the Government published Preventing Suicide in England: A cross-Government strategy to save lives.

• This month the Department of Health published Preventing Suicide in England One Year On, the first annual report on the cross government strategy to save lives.

• Preventing Suicide in England One Year On outlines the latest trends in Suicides in England. It summarises the findings of recent research into suicide prevention and suggests measures that local areas can take to prevent suicides and support those affected.

• It identifies particular groups at high risk of suicide; middle aged men, those affected by the economic crisis and people in contact with the Criminal Justice System and children and young people and sets out what needs to be done to meet their needs.

• Preventing Suicide in England supports No Health Without Mental Health: the cross-Government strategy dealing with all aspects of mental health published in 2011.

• Last week the Department of Health published Closing the Gap - priorities for essential change in mental health setting out Government priorities for improving mental health in the next two to three years. This briefing draws on this document where appropriate.

• This briefing will be of particular interest to Councillors, managers and staff with direct interest in mental health service provision, members of Health and Wellbeing Boards and those involved in services with regular contact with people at risk of mental distress, such as benefits, money advice and community safety.
Preventing Suicide in England is a ten year strategy published in September 2012. It drew on the rich experience gained from the first suicide prevention strategy of a decade earlier.

The strategy aims to reduce the suicide rate in England and better support those bereaved or affected. It identified six key areas for action:

1. Reduce the risk of suicide in key high-risk groups, such as young and middle aged men, people who receive mental health services, those with a history of self-harm, people in contact with the Criminal Justice System and those in specific occupational groups such as doctors; nurses; veterinary; and agricultural workers.

2: Tailor approaches to improve mental health in specific groups

3: Reduce access to the means of suicide

4: Provide better information and support to those bereaved or affected by suicide

5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

6: Support research, data collection and monitoring.

Current trends in suicide

Preventing Suicide in England One Year On gives the latest data on suicides. Its key findings are:

- **Long-term trends:** By 2007, suicides in England had fallen to their lowest rate in 150 years. There had been a marked fall in suicide in young men. Suicide in mental health inpatients had almost halved since 1997 and deaths had also fallen among prisoners.

- **Medium-term trends:** The suicide rate in England has risen since 2007 as it has in many countries due to the onset of the economic recession.

- **Latest annual figures:** The number of suicides in England in 2012 was 4,524, around the same as in 2011 when there were 4,418 suicides. The suicide rate in 2010-12 was 8.0 per 1,000 population.

- **Long-term comparison:** Although suicide rates have increased over the last four years, the rate in 2010-12 is still 17 per cent lower than it was in 1998-2000.
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- **Gender:** Suicide rates are three times higher for men (12.4 per 1,000 population), than for women, 3.7 per 1,000 population, in 2010-12.

- **Age:** Suicide rates are highest for men aged 35-54 years and women aged 40-59.

- **Method:** Hanging, strangulation and suffocation account for 60 per cent of male suicides. In females, nearly 40 per cent of suicides are by hanging and drug related poisoning. There was a rapid rise in the number of deaths from helium poisoning in 2012.

- **Mental health patients:** The number of suicides amongst patients receiving treatment for mental health conditions rose in 2012-13, especially those receiving home treatment and crisis resolution. Suicides among inpatients continued to fall.

- **People in contact with the Criminal Justice System:** The number of people believed to have committed suicide within two days of being released from police custody in 2012-13 was 59, the highest for nine years. Almost two-thirds had a history of mental health concerns.

- There are currently around 60 deaths each year among prisoners, a rate of 0.7 per 1,000 individuals in custody. Suicides in women prisoners are now very few.

New messages from research

*Preventing Suicide in England One Year On* outlines the findings of recent research on suicide.

- **The effects of unemployment on suicide rates:** Recent studies reveal areas of England with high unemployment tend to have increased suicide rates. This is also borne out in international studies. Those in employment have also been affected by poor health as a result of the recession.

- **What works in suicide prevention:** One study found the implementation of 24 hour crisis care, improved support for those with dual diagnosis and multi agency reviews after suicides brought about the largest falls in suicide rates between 1997 and 2006. Another found that improved discharge planning for mental health inpatients including follow-up with seven days led to a drop in repeat self-harm.

- Another found that rates of repeat self harm reduced if a patient received a psychosocial assessment – only half of patients receive such assessments at present. A further study suggests treatments like Cognitive and Dialectical Behavioural therapies help prevent repeat self-harm. The Government plans to increase the number of people who access psychological therapies from 600,000 to 900,000 a year.
People with physical conditions were found to be at higher risk of clinical depression, leading to higher suicide risk among this group.

- Lithium was found to be an effective treatment for people with mood disorders; and

- There has been an increase in the number of suicides recorded as accidental deaths or death by misadventure, especially where the death involved poisoning.

What needs to happen now?

Suicide Prevention in England One Year On highlights a range of practical measures that local areas can take to address the main causes of suicide.

Self harm

Half of those who commit suicide have a history of self-harm, so effective health promotion in the community and timely intervention at Accident and Emergency Departments are seen as key to suicide prevention.

Local areas are encouraged to follow a new quality standard for the care and support to people who self harm published by the National Institute for Clinical Excellence (NICE).

In its Spending Review the Government committed to ensuring mental health professionals are available in Emergency Departments at all times. The Care Quality Commission is carrying out a review of emergency mental healthcare including after self harm.

The new Public Health outcomes Framework includes an indicator on self harm which will help track the number of self harm incidents at Accident and Emergency departments and the proportion receiving a psychosocial assessment. Local areas are encouraged to use this data to inform commissioning and service provision.

Good practice

The report highlights two examples of good practice:

1. Rapid Assessment Interface and Discharge (RAID) provides comprehensive mental health support to all adults attending Emergency Departments with substance misuse or self harm problems throughout Birmingham and Solihull.

2. In Derby a Community Mental Health Liaison service, based at the Royal Derby Hospital, provides rapid support and discharge planning to all children who present with self harm, suicide or acute mental health concerns. The service works closely with a Safeguarding Nurse to ensure effective joint working between acute, community and safeguarding services.

Mental health in a financial crisis
POLICY BRIEFING

The economy is now growing, but people facing unemployment, debt or homelessness may still be at risk of suicide. The report stresses the need to build strong, inclusive communities which are supportive to people who are unemployed or facing debt.

The Department for Work and Pensions provides guidance for staff working with vulnerable clients. It is also working with the Department of Health to see how mental health and employment support service can be better co-ordinated.

A number of street triage services have been established to enable police and frontline mental health workers to intervene more rapidly. The police, NHS Confederation, Home Office and others are developing a Crisis Mental Healthcare Concordat to ensure that offenders with mental health problems receive effective treatment and early intervention. The Government is also considering piloting Health and Criminal Justice Liaison and Diversion Services in 20 areas, to ensure that vulnerable offenders are placed appropriately and receive the right support.

Good practice

1. The Newcastle Financial Inclusion Partnership brings together 47 services and have developed integrated money advice services that enable people to maximise their income, budget and save.

2. Grassroots Suicide Prevention is helping Brighton and Hove become a designated suicide safer city.

Helping those affected or bereaved

Friends and relatives are often the first to spot that something is wrong. They may be reluctant to approach professionals for fear of damaging their relationship or making things worse.

Professionals are sometimes confused about what information they can share with relatives for fear of breaching confidentiality rules. The Department of Health has agreed a consensus statement with royal colleges to improve information sharing.

Families who lose a relative to suicide often find it hard to access the support they need. The report urges local areas circulate Help is at Hand, a resource for those bereaved by traumatic and sudden death, to relatives. New resources will be available in 2014-15.

Good practice

1. Leeds Bereavement forum has produced a booklet outlining national and local sources of help.

2. Outlook South West runs a service to support those bereaved through suicide.

Middle aged men
Men aged 35-54 have the highest suicide rate. They may be affected by drug or alcohol misuse, relationship breakdown, unemployment or social isolation. Many of the measures outlined above will help men. However, community outreach programmes in traditionally male environments and greater awareness among GPs to effectively deal with early signs of depression can be particularly effective.

Good practice

State of Mind aims to improve the mental health of players and spectators of rugby league. Super League players act as ambassadors and healthy messages are pushed out to fans through social media.

Children and young people

Schools and colleges have a key role to play in mental health promotion. A consortium of voluntary organisations is piloting new ways of providing mental health services in schools. Mental health will form part of the new Special Educational Needs Code of Practice to be published in September 2014. This should enable children to access support more quickly.

The internet can present risks to young people at risk of mental illness. All internet providers are providing free, easy to use filters.

Good practice

Resilience and Results is a guide to help schools support children and young people’s mental health.

Working with coroners

All cases of suspected suicide are reported to the Coroner. The Coroner Reforms set national standards aimed at delivering effective investigation and support to bereaved relatives.

In order for a verdict of suicide to be entered the Coroner or jury must apply the ‘criminal’ standard of proof – beyond reasonable doubt. Coroners, the Department of Health and Justice Ministry are discussing whether the ‘civil’ standard – balance of probabilities, should apply.

The increased use of narrative verdicts was making it more difficult for the Office for National Statistics to code and monitor the number of suicide cases, leading to concerns that this could affect the reliability of the data. Although the number of ‘hard to code’ deaths has fallen in recent years, the Chief Coroner will be issuing guidance to improve practice further.

Preventing Suicide in England One Year On urges closer working between Coroners and public health teams to improve evidence and help identify concerns, such as clusters or locations used for suicides.

National plans to support implementation
The National Suicide Prevention Alliance is a network of 50 national organisations led by the Samaritans, set up to support implementation. It will develop good practice for local authorities, identify and reduce access to harmful websites, advise on and develop better support for people bereaved by suicide and evaluate suicide prevention training.

The National Suicide Prevention Strategy Advisory Group will continue to support the Department of Health, Public Health England, NHS England and the National Suicide Prevention Alliance to find the most effective interventions.

What local areas can consider

Now that Clinical Commissioning Groups, Public Health Teams, Health and Wellbeing Boards and the National Public Health Outcomes Framework are in place there is an expectation that much of the planning and work on suicide prevention will take place at local level.

A report by the All Party Group on Suicide and Self-Harm Prevention in 2013 found that over a quarter of authorities had no suicide prevention plan in place.

Recommendations

Preventing Suicide in England One Year On recommends local areas:

- Develop local suicide prevention strategies – if not in place
- Track and monitor suicide trends
- Engage with local media regarding suicide reporting
- Work with partners like transport to identify suicide hotspots
- Work to improve mental health generally.

Good practice

Bolton’s Suicide Prevention Partnership is in its sixth year. It has a Suicide Prevention Strategic Framework with measures to lower suicide risk in the general population and high-risk groups. The suicide rate in Bolton fell from 12.9 in 2008-10 to 12.0 in 2009-11.

Comment

The Government wants the Preventing Suicide in England strategy to be a dynamic document, responding to new innovations in research and service provision.
Preventing Suicide in England: One Year On, the first annual report on the delivery of the strategy, provides a relatively concise summary of current research and good practice in suicide prevention. The research findings will be of particular interest to non-clinical professionals who may not have ready access to medical journals.

As an estimated one in four people in the UK can expect to face some form of mental health difficulties sometime in their lives, suicide prevention is one part of a very large and complex continuum of mental health treatment and prevention activity.

The mechanisms in place to support improved mental health in England reflect this, with the national mental health strategy No Health Without Mental Health and its implementation frameworks, the Public Health Outcomes Framework and a planned Five Year Plan to Reduce Avoidable Deaths in Mental Health it can be difficult to understand how all these strategies and the initiatives which support them fit together.

While Preventing Suicide in England One Year On contains a wealth of practical suggestions to improve services for those most at risk, local authorities and their partners, faced with staff cuts and reduced resources, may struggle to set up separate suicide prevention partnerships and strategies.

Some local areas may feel that incorporating suicide prevention in wider mental health, public health and community planning processes might be a better way to ensure people most at risk get the services they need and that everyone acts to prevent suicides.

For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk