Tower Hamlets Suicide Prevention Strategy 2017-2020

Draft for consultation

Tower Hamlets Health and Wellbeing Board

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Foreword

Introduction

The Tower Hamlets Suicide Prevention Strategy takes a broad approach to improving the mental health and wellbeing of people living in the borough, and to tackling the social factors that increase suicide risk.

Why do we need a strategy?

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events; however, it is not inevitable. By working together, we can lower the risk of suicide in the borough.

The government recently published their Five Year Forward View for Mental Health. It outlines a number of recommendations which are relevant to suicide prevention, including the development of a local plan. Although there is already work on suicide prevention in Tower Hamlets, we need to formalise this into a strategy.

In writing this strategy, we have taken into consideration national aims, guidelines, and evidence, including those set out in the National Suicide Prevention Strategy.

The national target is a reduction in the suicide rate by 10%, over the period 2016 to 2021. Preventative work in Tower Hamlets will contribute to this goal.

How have we written the strategy?

Experts from across the borough have been working collaboratively to reduce the risk of suicide, including:

- Tower Hamlets Council: public health, adults' and children's social care, safeguarding, housing, and the drugs and alcohol team
- NHS: Tower Hamlets Clinical Commissioning Group, East London NHS Foundation Trust and Barts and the London NHS Trust
- Metropolitan Police and British Transport Police
- Queen Mary University of London
- Transport for London
- the voluntary sector: Mind in Tower Hamlets and Newham, Samaritans, Step Forward, and others
- patient representatives

This strategy answers the following questions:

- Why do we need to address suicide?
- What are our long-term aims?
- Why have we chosen these priorities?
- What is our immediate work?
- How will we know if our work is successful?

Addressing suicide

Suicide is the act of deliberately ending one's own life.
In reality, it is difficult to fully understand a victim's intentions after the event, and we know that the suicide rate cannot reflect the true extent of the issue.

Suicide is the leading cause of death in people aged 20-34 in the UK[1].

There are well-recognised factors that contribute to suicide risk, which are outlined in the National Suicide Prevention Strategy and in guidance from Public Health England[2]. These may be long term circumstances or acute life events. There are also risk factors which are specific to children and young people.

Risk factors – long-term circumstances


Male, young to middle-aged adults


History of drug or alcohol abuse


Chronic mental or physical illness


History of self-harm


Inpatients under the care of mental health services


Access to means of committing suicide

Risk factors – acute life events (stressors)


Bereavement


Relationship breakdown


Debt


Loss of employment


Imprisonment or contact with the criminal justice system


Loss of housing

Risk factors – children and young people


Mental illness, substance misuse and domestic violence in family members


Academic and exam pressures


Physical, emotional or sexual abuse, or neglect


Social isolation or withdrawal


Bereavement in a family member or friend


Physical health conditions that are long-standing or have a social impact


Bullying, either in person or online impact


Excessive alcohol use or illicit drug use


Suicide-related internet use


Mental ill health, suicidal ideation, self-harm

Addressing suicide

Prevention work

National evidence and guidance suggests targeting prevention work around six key areas for action:

Reduce the risk of suicide in key high-risk groups	**Reduce access to the means of suicide**	**Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
Tailor approaches to improve mental health in specific groups	**Provide better information and support to those bereaved or affected by suicide**	**Support research, data collection and monitoring**

We know that preventative measures can work. The national suicide rate had been declining from 1980 onwards thanks to prevention campaigns and a reduction in access to means; however, there has been a worrying increase since 2008.

A review of national evidence[3] indicates that the best interventions are those targeted at specific vulnerable groups. For example, it demonstrates the need to increase the availability of drug and alcohol services, and to take an innovative approach to delivering healthcare services to groups who are typically harder to reach, such as informal settings for men. Children and young people face unique pressures and it is vital that preventative work begins in early years. A 'cumulative effect', where multiple risk factors build up over time, is common in deaths by suicide at this age. We need to address each of these risk factors, and be aware of events which may act as a 'final straw'[4].

We know that a society with the lowest risk of suicide is one with less physical and mental illness, better managed long-term conditions, individuals who are emotionally resilient, and less deprivation.

The local picture

The suicide rate in Tower Hamlets is currently lower than that of England, but higher than the London average.

In the borough, there have been on average 20 deaths by suicide per year over the past decade. Four in five suicide victims are men, and over half of all suicides are men and women aged 20-39. A number of deaths have been in the student population, and a significant number have been people not registered with a GP surgery.

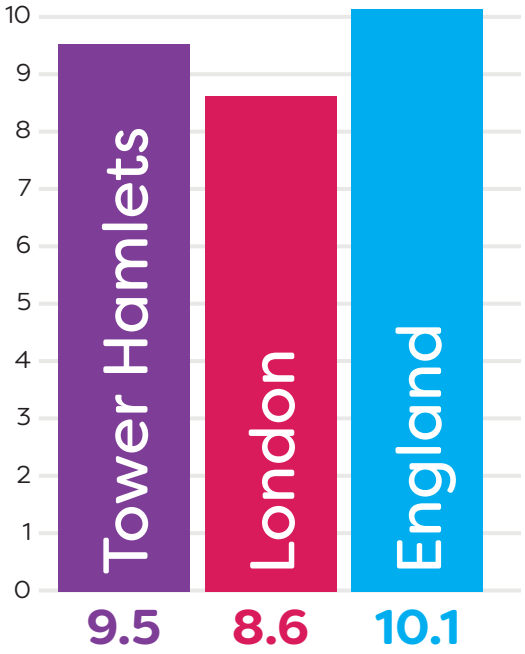
We know that these figures do not tell the complete story. More people attempt suicide than die from it, and some deaths are not classified as suicide but are nonetheless a result of the same risk factors. Further preventative work is vital.

Tower Hamlets is a relatively young borough, with almost a quarter of its residents aged 10-25. We need to ensure our suicide prevention work takes the needs of children and young people into account.

Public Health England has identified a number of indicators to measure suicide risk[5]. Of these, Tower Hamlets has higher estimated drug use, more alcohol-related hospital admissions, more homelessness, more children in the criminal justice system, and higher unemployment than the England average.

Our aim is to prevent people from being exposed to these risk factors where possible, and to provide support to help them cope when they are.

Rates of suicide 2013-2015
per 100,000



Work on suicide prevention is already happening in Tower Hamlets, including:

- specialist services targeting high risk groups provided by the NHS and voluntary sector.
- training delivered by the council.
- preventative work and data collection by the police and transport services.
- counselling services, including for the bereaved.

A local audit of suicide rates including more detailed information on current work is available in the background document.

What we intend to do

Although the number of suicides is small compared to other causes of death, every suicide has a wide-ranging impact on the families, friends, colleagues and healthcare workers associated with the victim. It is both a personal tragedy and a loss for society. Suicide is not inevitable. Over the past 30 years, national measures have dramatically reduced suicide occurences, but more can always be done.

The national target is a reduction in the suicide rate by 10%, over the period 2016 to 2021. Preventative work in Tower Hamlets will contribute to this goal.

Though we may prioritise work around the national six key areas for action in the future, our initial work in Tower Hamlets will be to take stock of our existing suicide prevention work. We also need to carry out scoping activities to better understand the needs of people living in the borough. By working to improve the mental wellbeing and resilience of our population, we can reduce the risk of suicide.

We have identified five priority areas of action to help us to do this:

- **Early intervention and prevention**
- **Improving help for those in crisis**
- **Identifying the needs of vulnerable people**
- **Addressing training needs**
- **Communications and awareness**

For each of these priority areas we describe why it is important, what our long-term aims are, and what our immediate work will be.

Priority 1

Early intervention and prevention

Why is this important?

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events.

Working to prevent people from being exposed to these risk factors, and helping them to cope when they are, is vital in reducing suicide risk.

Nationally, only one in four victims of suicide are known to mental health services prior to their death[6]. It is crucial that more at-risk individuals access these services early. We need to take advantage of the fact that many people are in touch with non-clinical statutory services, as covered in Priority 3.

We know that building resilience into our population from an early age will help them to cope with any stressors they may experience later on.

What are we already doing?

- Plans are being developed by the CCG to improve the early care of specific high-risk groups, such as children and young people, and women during and after pregnancy.
- The Tower Hamlets Early Detection Service provides mental health assessments and helps build emotional resilience in young people.

What will we do in the next year?

- We will work to improve specialist mental health services for targeted groups, in line with the Mental Health Five Year Forward View, with a view to improving mental health and wellbeing in children and young people.
- The signposting of our existing preventative work will also be improved.

What are our long-term aims?

We would like more people in Tower Hamlets to:

- access appropriate services in the early stages of mental illness.
- be assessed for mental illness at the stages of their life when they are most at risk of suicide.
- have the personal tools to help them cope with social stressors and traumatic life events.

How will we know if it's working?

- There will be an increased uptake to the Improving Access to Psychological Therapies (IAPT) service .
- An increased number of children and young people will be diagnosed with a mental health condition and be under the care of mental health services.
- An increased number of perinatal women will receive specialist mental health care.
- The number of suicide attempts will decrease.

Priority 2

Improving help for those in crisis

Why is this important?

Many people experiencing a mental health crisis will seek emergency clinical help.

Service providers have raised concerns that there are too few options for referral in these circumstances. Patients are regularly taken or referred to A&E, a busy environment not well suited to those in distress and which may also make them feel worse.

Nationally, 68% of patients who die by suicide have a history of self-harm[7]. However, only half of patients who attend A&E through self-harm receive a psychosocial assessment[8].

What are we already doing?

- A number of specialist NHS services are looking after people in mental health crisis, from emergency presentation in hospital to follow up care in the community.
- Work is underway to make A&E a more suitable environment for people experiencing mental distress.
- Samaritans are providing a freephone helpline to those in distress and a walk-in branch office in central London.

What will we do in the next year?

- We will examine the specific needs of people attending A&E who have attempted suicide, self-harmed, or who are in mental health crisis.
- We will map the current crisis referral pathway, address any gaps, and make the results available to all relevant bodies.
- We will work with schools to ensure students receive appropriate support following traumatic events.

What are our long-term aims?

We would like more people in Tower Hamlets to:

- feel more in control of their mental health.
- know how to access help when they need it.
- be able to access mental health services in an appropriate setting.

How will we know if it's working?

- There will be improved feedback from those attending A&E in crisis, and fewer patients absconding before assessment.
- More prominent signposting will be provided on a range of services for people in crisis.

Priority 3

Identifying the needs of vulnerable people

Why is this important?

Frontline staff in services such as the housing team and job centres often see service users experiencing multiple social stressors, but may not be trained to recognise or manage signs of mental illness or suicidal behaviour.

There have been issues around reporting or escalating people with suicidal ideas due to a fear of breaching confidentiality.

Children and young people face unique social pressures. In particular, concerns have been raised about the risk of exam stress, and self-harming behaviours promoted via online content.

A number of safeguarding issues have been identified in young adults who have been housed in temporary accommodation. It is not always clear where the health and social care responsibilities lie for people who move across borough boundaries.

What are we already doing?

- The local authority safeguarding team carries out safeguarding assessments and interventions for vulnerable and temporarily vulnerable adults.
- The Child Death Overview Panel investigates all child deaths and makes safeguarding recommendations accordingly.
- Job Centre staff follow a six point plan for managing service users in crisis, and are equipped with a brief guide to available mental health services.

What will we do in the next year?

- Lessons learnt from safeguarding reviews will be collated and widely shared amongst service providers.
- Improve practice in non-clinical statutory services, and provide increased support for frontline staff.
- Improve support for specific vulnerable groups, such as children and young people.

What are our long-term aims?

We would like:

- frontline staff to feel confident in supporting service users and to recognise signs of mental illness.
- frontline staff to have a range of referral options for service users.
- service users who are placed in temporary accommodation to be followed up appropriately.
- responsibility for service users housed outside the borough to be clear amongst statutory service providers.

How will we know if it's working?

- Fewer deaths and self-harm incidents will occur in temporary housing.
- Fewer vulnerable people will be sent to A&E.

Priority 4
Addressing training needs

Why is this important?

Effective training underpins our work in other areas.

Non-clinical frontline staff have felt unequipped to manage service users expressing suicidal ideas.

Many patients leave hospital before being seen by specialist staff, therefore it is vital that all clinical staff are capable of performing mental health assessments.

What are we already doing?

- 200 members of staff have been trained in Mental Health First Aid and a further 12 have been trained to train others.
- Funding has been secured to provide evidence-based suicide prevention training through the ASIST model.
- Informal inter-departmental training and skills-sharing already takes place across statutory and third sector services.
- Making Every Contact Count training is provided to frontline staff.

What will we do in the next year?

- We will provide the first phase of suicide prevention training to frontline staff in the housing office.
- We will address general mental health training needs.

What are our long-term aims?

We will:

- ensure that suicide prevention is embedded in the wider community.
- ensure non-clinical frontline staff who are confident in recognising and assisting those in mental health crisis are retained.
- meet the training needs of clinical staff.

How will we know if it's working?

- We will have a network of staff and residents trained in suicide prevention.
- Staff will be able to recognise people at risk of suicide, and apply the four-step suicide alertness model TALK – tell, ask, listen, keep safe.
- Staff will formulate a suicide prevention plan in collaboration with the at-risk person.

Priority 5
Communications and awareness

Why is this important?

There is evidence that the effective use of media can combat the stigma surrounding suicide and may help prevent 'copycat' behaviour.

Although there are national guidelines for the media on responsible reporting of suicide, a recent study has shown that almost 9 in 10 online news stories relating to suicide fails to meet at least one of these standards[9].

There are services and projects in the borough which could be better publicised to residents.

What are we already doing?

- We are promoting the Five Ways to Wellbeing, a set of simple actions people can take to maintain good wellbeing.
- The Tower Hamlets' website provides information on a wide range of local mental health and wellbeing services.
- The council is signed up to the Local Authority Mental Health Challenge and to the Time to Change pledge.

What will we do in the next year?

- We will identify sites where suicides occur and install Samaritans' signs.
- Social media will be used to foster publicly visible links between statutory and third sector services.
- We will support national and regional suicide prevention campaigns.

What are our long-term aims?

We will:

- put in place a communications strategy that promotes local work and supports relevant national campaigns.
- support responsible reporting of suicide in the media.

How will we know if it's working?

- Local reporting of suicide will be in a sensitive manner and meet national guidelines.
- Local services will be publicised effectively.
- There will be an increase in self-referrals to relevant services.

Implementation and monitoring arrangements

The Tower Hamlets Suicide Prevention Strategy has a three year timeframe.

Actions will be monitored quarterly and priorities reviewed annually by the Suicide Prevention Steering Group, which reports to the Tower Hamlets Health and Wellbeing Board.

References

1. Office for National Statistics. December 2016. Statistical Bulletin: Suicides in the UK: 2015 Registrations.

2. Public Health England. Local Suicide Prevention Planning, a practice resource. 2016

3. Lancet Editorial. 2016. Suicide prevention: creating a safer culture. Lancet 388. 1955

4. Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2016.

5. Public Health England. Public Health Outcome Framework indicators

6. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review. October 2016. University of Manchester.

7. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review. October 2016. University of Manchester.

8. Geulayov G, et al. 2016 Epidemiology and trends in non-fatal self-harm in three centres in England 2000-2012: findings from the Multicentre Study of Self-harm in England. BMJ Open 6.

9. Utterson M, et al. 2017 Online media reporting of suicides: analysis of adherence to existing guidelines. BJPsych 41. 83-86.