

Tower Hamlets Suicide Prevention Strategy 2018-2021

Draft for consultation

Contents

Foreword	3
Introduction	4
Addressing suicide	5
The local picture	7
What we intend to do	8
Priority 1: Early intervention and prevention	9
Priority 2: Improving help for those in crisis	10
Priority 3: Identifying the needs of vulnerable people	11
Priority 4: Addressing training needs	12
Priority 5: Communication and awareness	13
Implementation and monitoring arrangements	14
References	15

Foreword

I am pleased to introduce this Suicide Prevention Strategy which sets out how we will work together across the Tower Hamlets Partnership to prevent suicides.

Every suicide has a profound and wide-ranging impact; it is a personal tragedy and a loss for family, friends and wider society. We will treat every suicide as a death that could have been prevented; each demanding that we learn lessons and work to implement findings in order to prevent future tragedies.

It is a shocking fact that suicide is the leading cause of death for men and women aged 20-34 across the country. We know that around 20 people die from suicide every year in Tower Hamlets, though the reality is that the number is likely to be higher.

Preventing suicide is a huge task. We have used national and local evidence, as well as a team of experts from across Tower Hamlets, to identify five priority areas of action. These will help us focus our efforts into improving mental wellbeing, ensuring people receive the right help at the right time, and making the borough a supportive place to live. It is important to note that excellent work is already happening across the borough, which is why much of our strategy is about strengthening this work and making sure knowledge of services and best practice is shared.

This strategy will only be successful by working together with residents, communities and partners across education, social care, businesses, and faith communities, along with health and wellbeing providers in Tower Hamlets. By working together we are committed to reducing the risk of suicide, and helping everyone in the borough to enjoy fulfilling lives.

Yours sincerely

Mayor John Biggs



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.

We believe that suicide is preventable and we want Tower Hamlets to be a resilient community where people can access help when they need it.

Why do we need a strategy?

Every death by suicide is a tragic loss. The impact is devastating and widespread. Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events; however, it is not inevitable.

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.

How have we written the strategy?

We have conducted a review of national evidence and local data, which can be found in the Background Document.

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 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 aims?
- Why have we chosen these priorities?
- What is our immediate work?
- How will we know if our work is successful?

Understanding 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 reported suicide numbers cannot reflect the true extent of the issue.

Suicide is the leading cause of death in people aged 20-34 in the UK¹.

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 England². 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 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 people³

 Mental ill health and domestic violence in the family	 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 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

Understanding suicide

Multiple risk factors build up over time. This means that events and circumstances from a young age can affect a person when they are older.

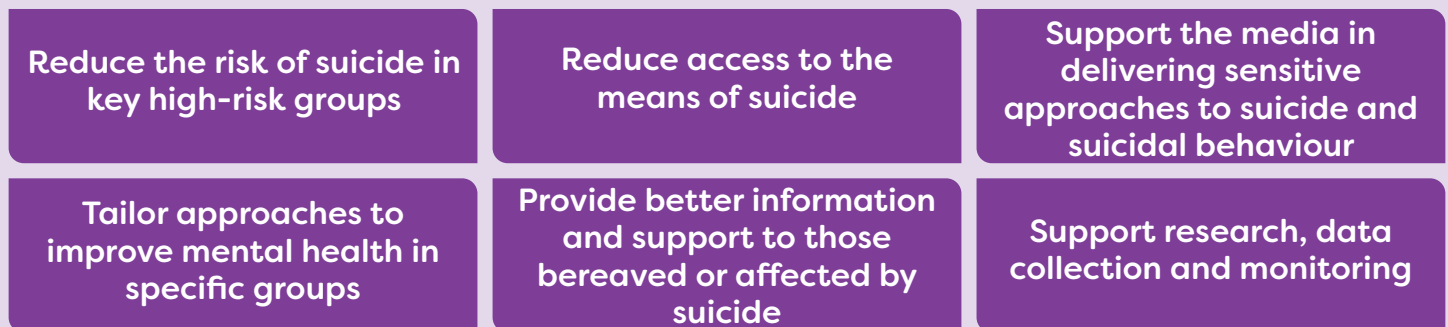
It can also mean that, even if each factor does not seem significant, collectively they can cause someone to feel hugely distressed. This has been shown to be particularly true in children and young people, who may not express ideas of suicide the days and weeks before their death, but often have a history of multiple risk factors. This is known as a cumulative risk:



Preventing suicide

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 methods of suicide. However, there has been a worrying increase since 2008.

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



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

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 in 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.

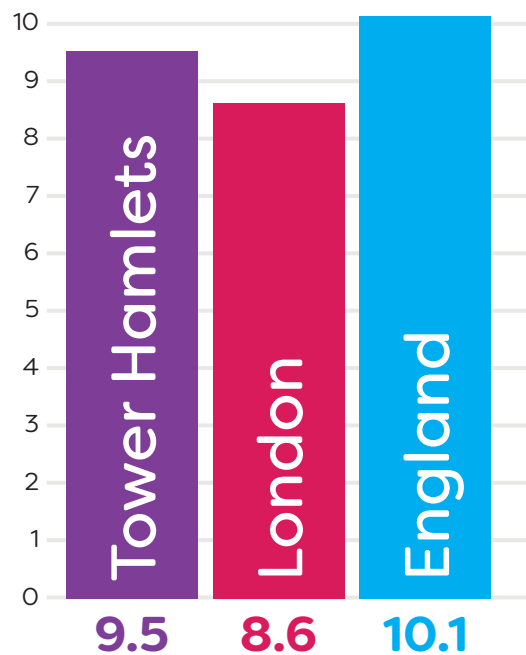
We know that these figures do not tell the complete story. More people attempt suicide than die from it, and some deaths are not classified as suicide but are nonetheless a result of the same risk factors. We consider all these circumstances to be avoidable deaths or injuries, and will work to prevent them.

Tower Hamlets is a relatively young borough; nearly three quarters of our residents are aged under 40. 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 risk⁶. 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.

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 occurrences, but more can always be done.

In Tower Hamlets we are committed to preventing every suicide and suicide attempt.

We have conducted a review of national guidelines and local evidence, which is outlined in the Background Document.

Based on this, the multi-agency steering group has identified five priority areas of action:

- **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 we aim to do, 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 death⁷. 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:

- be aware of and have access to appropriate services in the early stages of mental health need or emotional distress.
- be assessed for mental health at the stages of life when people 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-harm⁸. However, only half of patients who attend A&E through self-harm receive a psychosocial assessment⁹.

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.
- are able to recognise when in need of support and how to access help when they need it.
- be able to access support in a crisis 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 leaving 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.

People who are bereaved through suicide are known to be at a higher risk of suicide themselves. Effective bereavement support is vital following a suicide.

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, so we can improve services.
- Improve practice in non-clinical statutory services, and provide increased support for frontline staff.
- Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough will be clear amongst service providers.

What are our long-term aims?

We would like:

- frontline staff feel confident in recognising signs of emotional distress and are able to provide appropriate support.
- frontline staff to have a range of referral options for residents.
- frontline staff have the right information to make an effective referral.
- Vulnerable groups, such as children and young people, to have support specific to their needs.
- People bereaved through suicide to feel well supported.

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 helps ensure we support staff and provide the best service to residents.

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.
- > ensure that training needs for clinical and non-clinical staff are met
- > ensure that frontline staff have appropriate support in the workplace to protect their personal wellbeing and mental health.

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 around people feeling suicidal 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 standards¹⁰.

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 signs for crisis services.
- 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.
- We will look into working with the police and the fire brigade to respond quickly to suspected suicides or suicide attempts, and if this would help ensure lessons are learnt and victims and the bereaved are better supported.

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.



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