

## Health and Wellbeing Board

1.	Date:	25 <sup>th</sup> November 2015
2.	Title:	Suicide Prevention and Self-Harm Action Plan Update
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#### 4. Summary

Following on from the special meeting of the Rotherham Health and Wellbeing Board on 18 May 2015 to consider the Independent Review of a series of suicides involving children and young people, this paper will provide a progress report on actions detailed in the Rotherham Suicide Prevention and Self Harm Action Plan.

#### 5. Recommendations

That the Health and Wellbeing Board:

- To accept and endorse the report on actions taken by the Rotherham Suicide Prevention and Self Harm Group.
- To note the Office of National Statistics data on suicides and undetermined deaths from 2009-2014.
- To endorse the recommendations for future activity.

#### 6. Background

6.1 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors within Rotherham. Suicide causes much distress to the families and friends affected and this has to be the prime factor for prevention and intervention work in this area. In addition it is estimated that each suicide in England costs on average £1.7 million.

6.2 The All Party Parliamentary Group (APPG) on Suicide and Self-harm published an "Inquiry into Local Suicide Prevention Plans in England" January 2015. The APPG considered that there were three main elements that are essential to the successful local implementation of the national strategy. All Local Authorities must have in place:

- a) Suicide audit work to in order to understand local suicide risk.
- b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
- c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

6.3 Under the Health and Social Care Act 2012 Public Health transferred into the Local Authority. As suicide prevention is a Public Health Outcome Framework

indicator (PHOF), the Director of Public Health established a Suicide Prevention Group in 2012. This group developed an action plan based on the Government guidance: "Preventing suicide in England A cross-government outcomes strategy to save lives":

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf)

The strategy outlined six areas for action:-

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to 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.

## **7. Progress report**

The Rotherham Suicide Prevention and Self Harm Group are able to report the following actions in the eight areas and show areas of development:

### **7.1 Increase local level of understanding suicide and establish reporting mechanisms to strategic partners**

Actions include:

- The Rotherham Suicide Prevention and Self Harm Group meets bimonthly to review progress on action plan, receive suicide audit data and recommend any necessary response, for example high risk groups.
- The Suicide Audit Group chaired by the Public Health Specialist for Mental Health, meets bimonthly to review suspected suicides and action any public health preventative measures. Suicide data is received in real time and immediate actions, for example support for children and young people has already taken place.
- A Suicide Audit Report looking at the epidemiology of suicides from the period 2009-2014 is being prepared by RMBC, RCCG, SYP and RDaSH. It will be completed by December 2015.

### **7.2 Reduce risk in high risk groups- Children and young people**

Actions include:

- Partner organisations signed up to the LSCB Rotherham Suicide and Self-harm Community Response Plan in September 2015.
- The Rotherham Suicide and Self-harm Community Response has been activated for serious self-harm incidents in Rotherham with good support from all Partner organisations.
- Rotherham Suicide Prevention and Self Harm Group Prevention Group are reviewing the national guidance on suicide clusters and at the next meeting in early 2016 will decide if an adult suicide response plan is needed similar to the one used for children and young people.
- Public Health Specialist for Mental Health and CAMHS Commissioners for RCCG and RMBC have ensured the Child and Adolescent Mental Health (CAMHS) pathways for universal workers (incl self-harm, emotional health

and wellbeing , ASD, ADHD, post abuse) are now on the [www.mymindmatters.org.uk](http://www.mymindmatters.org.uk)

- Rotherham Self-Harm Practice Guidance to be launched by end of November 2015, hard copies will be available funded by Rotherham Public Health.
- Social marketing suicide prevention campaign for men in the early stages of development and draft campaign material to be shared with the Rotherham Suicide Prevention and Self Harm Group in early 2016.
- Social marketing campaign for young people still to be developed.
- GP referral pathway for domestic abuse was updated by Rotherham CCG in November 2015.
- CARE about suicide training run by Public Health Specialist and Human Resource Officer for over 100 workers in Revenues and Benefits, some HR Officers and Trade Union Staff and approximately 40 Housing Officer Staff.
- Rotherham Public Health has funded the reprint of the CARE about suicide resource for Universal workers and the general public. This will be given to Partners to distribute to their staff and general public.

### **7.3 Tailor approaches to improve mental health in specific groups**

Actions include:

- My Mind Matters website for young people, parents/carers and practitioners launched in July 2015.
- The new Rotherham Health and Well Being Strategy incorporate targets and actions to improve the emotional health and well-being of children and young people.
- CAMHS Transformation plan incorporates actions to look at vulnerable and at risk groups, for example Lesbian, Gay, Bisexual and Transgendered young people (LGBT)

### **7.4 Reduce access to means**

Actions include:

- Examples of action include work by Rotherham Trading Standards who investigated Paracetamol sales at sites near to one school in Rotherham where the Rotherham Suicide and Serious Self Harm Response Plan had been activated. Further work has included messages to the general public via the Rotherham Public Health Channel regarding the safe storage of medication and work with GPs to remind patients about safe storage.

### **7.5 Better information and support to those bereaved by suicide**

Actions include:

- The Children and Young People's Bereavement pathway is activated by South Yorkshire police, Children's Social Care when a child is either bereaved by suicide and/or witness to the death.
- Rotherham GPs have been given the link to the national bereavement resource, 'Help is at hand'. This has been circulated to all Partners on the Rotherham Suicide Prevention and Self Harm Group.
- Adult bereavement pathway is in development and it is anticipated that this will be launched early 2016.
- The Rotherham Suicide Prevention and Self Harm Group will be putting together a business case for longer term support for those bereaved by suicide.

## **7.6 Support media in delivering sensitive approaches to suicide and suicidal behaviour**

Actions include:

- Use of Partner organisation's communications to promote messages to the general public; websites, Qmatic screens (RMBC), Rotherham Public Health Channel and twitter feeds from SYP and RMBC to highlight support to people affected by suicide.
- Local media has promoted the CARE about suicide resource and helpful organisations both local and national.
- Media summit to be held.

## **7.7 Data collection and monitoring**

Actions include:

- Rotherham's participation in Public Health England's the real time suicide surveillance pilot from September 2015 and proposal for this to continue as a means to direct suicide prevention actions across the borough.
- Suicide Audit report being produced end of December 2015 which looks at suicides from 2009 to 2014, initial data from the Office of National Statistics can be found in Appendix 1.

## **7.8 Workforce Development**

Actions include:

- 3 courses of Youth Mental Health First Aid funded and delivered by Rotherham Public Health. Funding for manuals and venue hire from Rotherham CCG and LSCB. Three courses held from May to November, 35 people attended this training from Statutory and Voluntary sectors.
- 2 courses of Adult Mental Health First Aid to be delivered by December 2015, Rotherham CCG funded the manuals and the venues and Rotherham Public Health funded the training costs. Fourteen people attended the November course from Statutory and Voluntary sectors.
- Rotherham Public Health and Human Resources (RMBC) delivered suicide prevention training to over 100 frontline RMBC staff between January and November. Post evaluation is currently taking place to measure changes in knowledge and confidence. Evaluation to be completed by December 2015.

## **8. Finance implications**

The report will have financial implications:

**8.1 Workforce Development:** Rotherham Clinical Commissioning Group (CCG) and Rotherham Public Health are funding Mental Health First Aid (MHFA) training for adults and Youth MHFA for 2015/216 with a contribution from the LSCB for the Youth training. There are only 2 Youth MHFA Trainers in the whole of Rotherham and 3 Adult MHFA Trainers. The existing Trainers do not have the capacity to meet the demand for this internationally and nationally recognised qualification for frontline workers. If investment is not made in securing further Trainers in 2016/17 the only contribution will be from Rotherham Public Health. Funding will also be needed for the manuals, venue and catering costs. Workforce development is a priority area for funding as part of the CAMHS Transformation Plan. This will address training for suicide prevention and self-harm where it relates to children and young people.

Option 1 Funding further Instructors would cost £2737.74 per Trainer, plus travel and subsistence costs. Additional costs for course delivery would include; manuals, venue and catering costs, total approximate cost £800.

Option 2 No further Trainers in Rotherham trained and training instead bought in at a cost of £300 per person, with 16 people per course. Additional costs for course delivery would include; manuals, venue and catering costs, total approximate cost £800.

In addition further for suicide prevention courses like Applied Suicide Intervention Skills Training (£3900) and Safe Talk (£1500). Venue costs £460.

**8.2 Bereavement support:** Partner organisations are working on a bereavement pathway for adults. Investment is required to support the long term needs of children and adults bereaved by suicide and the Rotherham Suicide Prevention and Self Harm Group will be looking to put together a business case.

**8.3 Suicide prevention campaign for young people and men:** Work has commenced on the campaign for men. For any campaign to have an impact it needs to evolve throughout the year rather than be a static campaign. It should be relevant to specific times of the year when people may be more vulnerable to suicide ideation and changing risk factors. The campaigns should respond to any new trends emerging from the suicide surveillance information, for example different groups at risk. The campaigns should also respond to national events like men's health week, World Mental Health Day and National Suicide Prevention Day. Approximate costings for this work £5000 per campaign. The two campaigns prioritised for 2015/16 are men and young people.

## **9. Risks and Uncertainties**

**9.1** Research in Scotland (Scottish Public Health Observatory, 2015) indicates that there is a clear linear relationship between deprivation and the overall suicide rate. Whilst our data for Rotherham shows there is a moderate positive relationship between deprivation and suicide, the most deprived wards do have a higher concentration of suicide risk factors, for example, unemployment and mental health problems. Both the suicide audit results and the real time suicide surveillance data indicate that Rotherham suicide numbers continue to increase.

**9.2** Families and communities bereaved by suicide are at higher risk of subsequent suicides than the general population. Postvention work in this area is an important in suicide prevention work.

## **10. Policy and Performance Agenda Implications**

**10.1** The actions within the Rotherham Suicide Prevention and Self-Harm Action plan are reflected in the Crisis Care Concordat and the recommendations made in the Rotherham Independent Review.

**10.2** The APPG considered that there were three main elements that are essential to the successful local implementation of the national strategy. All Local Authorities must have these in place. In the APPG 2015 report Rotherham was one of two boroughs in the Yorkshire and Humber region with all three elements. With continued commitment from partner Organisations Rotherham can continue to meet all three elements.

## 11. Background Papers and Consultation

Appendix 1 Appendix 1 Rotherham Suicides & Undetermined Deaths 2009-2014

Rotherham Suicide Prevention and Self-Harm Action Plan 2015/16

Department of Health, Statistical update on suicide February 2015 (2015),  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/405411/Statistical\\_update\\_on\\_suicide\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405411/Statistical_update_on_suicide_acc.pdf)

HM Government (2015) Crisis Care Concordat:  
<http://www.crisiscareconcordat.org.uk/>

HM Government (2015), Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives

Public Health England (PHE), (2014) Guidance for developing a local suicide prevention action plan: information for public health staff in local authorities,  
<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Public Health England (PHE), (2015), Identifying and responding to suicide clusters and contagion: A practice resource,  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/459303/Identifying\\_and\\_responding\\_to\\_suicide\\_clusters\\_and\\_contagion.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf)

Samaritans (2012) Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide: <http://www.samaritans.org/aboutus/our-research/research-report-men-suicide-and-society>

The National Mental Health Intelligence Network (NMHIN) and Public Mental Health Team launched the Suicide Prevention Profile on the Fingertips website in March 2015. This provides the latest data on suicides for local areas. You can access the tool directly from the link here: <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>.

The Scottish Public Health Observatory, (2015) Suicide and Deprivation:  
<http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/deprivation>

## 12. Contacts

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