ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	**Meeting:**	**Health & Wellbeing Cabinet Member Delegated Powers Meeting**
2.	**Date:**	**10th October 2011**
3.	**Title:**	**Suicide Prevention Strategy**
4.	**Directorate:**	**Public Health, NHSR**

5. **Summary**

To update Cabinet Members on the national and local suicide prevention plans and make recommendations as to how to drive this work forward. Suicide is one of the proposed indicators in the Public Health Indictors framework which is out for consultation.

Suicide is a major issue for the whole of society, affecting not only immediate family and friends but the wider society. Nationally the figure for suicide in 2009, including undetermined intent was 4,399.

The figures for Rotherham are in the table below;

Deaths from Intentional Self Harm and Event of Undetermined Intent* (ICD-10: X60-X84, Y10-Y34 excl Y33.9)
Rotherham Residents by Gender and Year 2005-2010 (Year of Registration)

Gender	2005	2006	2007	2008	2009	2010
Males	23	19	22	21	9	4
Females	3	2	7	3	3	2
Total	**26**	**21**	**29**	**24**	**12**	**6**

Rotherham Residents by Gender and Age Group 2005-2010 combined

Gender	*0-19*	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	*65-74*	*75-84*	*85+*
Males	3	9	9	8	13	14	9	5	10	6	4	3	5
Females	0	1	0	2	3	0	0	7	0	2	2	3	0

Most of the people who die by suicide in Rotherham are men, which is a similar trend found nationally.

Rotherham Residents by Age Group - 2005-2010 combined

Total	0-19	20-29	30-39	40-49	50-59	60-69	70+	Total
Deaths	3	19	26	23	22	10	15	118
Percent	2.5%	16.1%	22.0%	19.5%	18.6%	8.5%	12.7%	100%

In terms of the most common age group in England this is spread across the age groups of 20-64 (peaking at ages 35-49) and similar for Rotherham, although based on small numbers it is difficult to judge as the peak group can vary year to year.

The reduction in suicide since 2008 may be explained by the multi partnership public health work which is about building emotional resilience and supporting vulnerable and at risk people. These public health interventions include:

- Mental Health First Aid Training for Adults and Young People which has targeted a variety of frontline workers including Job Centre Plus, Housing, Health, Social Care, Voluntary sector projects, BME Community Leaders and Projects, Fire Service, Connexions
- Mental Health in the Workplace Project ('Mind Your Own Business') including training for managers to identify and support employees with poor mental health
- Public Health work of the Rotherham Primary Care Mental Health Service- for example Stress Control Classes
- Rotherham Occupational Health Advice Service- retaining people in work, improving employability/rehabilitation, improving health and wellbeing and maximising people's income
- Directory of mental health services
- Domestic Abuse Training for frontline workers to identify high risk victims
- Multi Agency Risk Assessment Conferences for high risk victims of domestic abuse
- Prevention work at Suicide Hotspot

There is strong evidence to support the continuation of this public health work. Suicide prevention is most effective when it is combined as wider work addressing the social and other determinants of poor health and wellbeing.

In addition Rotherham's Mental Health provider RDaSH conducts internal reviews when there is a suicide and the person is in contact with their service and looks at lessons that can be learnt. RDaSH assess their buildings in relation to their clients for the purposes of reducing risk.

GP Practices are informed by NHSR of a suicide and then conduct their own internal review to look at lessons which can be learnt.

Hanging accounted for 9 (89%) of Rotherham suicides in the period from July 2008 - 2009 and 1 (11%) suicide via Suffocation. 50% of the suicides took place in the deceased's own home. The other suicides were predominantly in homes known to

the individual or wooded areas. The majority of people who take their own life are not in contact with mental health services. This is why more is needed than a single approach to suicide prevention.

Responsibility

In the consultation document, *Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health,* it was suggested that suicide prevention public health activities should be the responsibility of Local Authorities working with and being supported by Health and Well-being Boards.

The Department of Health is currently consulting on its new suicide prevention strategy for England to reduce the suicide rate and improve support for those affected by suicide. The document brings together knowledge about groups at higher risk of suicide, effective interventions and resources available. Consultation responses will inform the final strategy due to be published early in 2012. NHSR is keen for there to be a local response to this prevention strategy and has forwarded it to partner organisations

6. Recommendations

These are some of the recommendations for action at a local level:

- **Suicide prevention requires a multi agency approach and the Government has stated that much of the planning and work to prevent suicides will be carried out locally. This could be carried out via a Suicide Prevention Group.**
- **Assessment against and implementation of the National Institute of Health and Clinical Excellence clinical guidelines on the long term management of self harm in the NHS due November 2011.**

7. Proposals and Details

All Primary Care Trusts have a responsibility to carry out suicide audits. In Rotherham there are systems in place so that the Clinical Audit Team within NHS Rotherham is informed of a suspicious death by the Coroner's Office as soon as possible. The Clinical Audit Team then work with the GP Practice Managers to complete a nationally agreed dataset. The dataset is designed to provide background information for district level analysis of suicide trends. NHS Rotherham Clinical Audit staff will also liaise with mental health services in Rotherham to establish whether the person has been accessing services. Rotherham, Doncaster and South Humber Mental Health Trust conduct their own audit.

In light of the consultation about the current HM Government suicide prevention strategy, it is proposed we establish a suicide prevention group. This group would use local data from the suicide audit and from the Office of National Statistics to develop an action plan. Actions would include:

- Local scoping against the national strategy
- Reducing the risk amongst high risk groups
- Reduce access to means of suicide
- Taking action at any hotspots
- Providing better support to people bereaved by suicide
- Equip frontline staff to identify risk and manage risk in people who are suicidal for example Mental Health First Aid Training
- Looking at developing programmes which build the mental health resilience of individuals and communities

It is envisaged that the suicide audit results are discussed and interpreted at the prevention group in order to inform our local suicide prevention strategy.

With the introduction of the suicide prevention group the findings of the audit should be freely available to stakeholders thereby creating a more systematic approach to considering the suicide audit. Responses to the audit findings can then be discussed and actioned by partners.

8. Finance

Suicide is both a tragedy at an individual level but it is also a loss to society. It affects other people either directly or indirectly and can have devastating consequences economically and psychologically for those affected.

Years of life lost (YLL) is a measure of premature mortality. The concept of years of life lost is to estimate the length of time a person would have lived had they not died prematurely. By inherently including the age at which the death occurs, rather than just the fact of its occurrence, the calculation is an attempt to better quantify the burden, or impact, on society from the specified cause of mortality. Suicide represents a significant number of YLL, for example if someone dies at the age of thirty there is a considerable loss in the number of years regarding their economic and social contribution to society.

Suicide has a significant impact on family members and friends who will need to practical and emotional support to promote recovery and prevent long term emotional distress.

9. Risks and Uncertainties

Progress has been made in reducing the number of suicide rates nationally and locally but this is not a time for complacency. At this time of economic pressures on the general population we need to ensure that locally we are monitoring, reviewing and taking action to prevent an increase in suicide.

There is no single approach to suicide what is required is a coordinated approach across many partners organisations and sectors. With any cost analysis at a local level, it is difficult to ascertain the actual impact on resources. However, by promoting actions like supporting vulnerable people, increasing individual and community emotional resilience and equipping frontline workers to identify and

manage risk we can hopefully intervene before people get to a crisis point. There is strong evidence to support the continuation and strengthening of these public health interventions. The cost of interventions to support frontline staff and raise awareness is a relatively low cost.

10. Policy and Performance Agenda Implications

Draft PH Outcomes Paper
NICE Guidelines

11. Background Papers and Consultation

HM (2011) Consultation on preventing suicide in England

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128463.pdf

DH (2011) No Health without Mental Health
http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm

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