Health and Wellbeing Board
North Yorkshire

**Mental Health Strategy: Suicide Audit**

**Health and Wellbeing Board 14th September 2016**

**Presented by: Clare Beard**

---

**PLEASE NOTE: THE SUICIDE AUDIT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

**Summary:**

The North Yorkshire suicide audit 2010-2014 was the first to take place in the county. The audit will be used to better inform all stakeholders of suicide trends, common causes and demographic characteristics of people who died. Access to case files of deaths determined as suicide at inquest was granted by North Yorkshire coroners.

Individual suicide case files were reviewed systematically by five members of the Public Health team. In total 227 files were examined and used to populate electronic templates with demographic information, circumstance of individual deaths and where available details of the deceased's contact with medical, statutory or voluntary services prior to their deaths.

Information from the audit was collated and analysed by a member of the Public Health Intelligence Team. This analysis which forms the basis of the suicide audit report was used to identify key issues in respect of individuals most at risk and common circumstances and factors which contributed to their deaths. Examples of activity informed by the audit are contained in the table at Appendix 1.

Based on the analysis of the data and key trends the suicide audit report identifies five broad recommendations.

A North Yorkshire Suicide Prevention Implementation Plan has been produced. The refresh for 2016/2018 is enclosed at Appendix 2.

**Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?**

- Connected Communities
- Live well
- Age well

---

**How does this paper fit with <u>other</u> strategies and plans in place in North Yorkshire?**

- North Yorkshire Mental Health Strategy
- National Crisis Care Concordat
- North Yorkshire Joint Alcohol Strategy

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

<u>Key issues for Health and Wellbeing Board</u>

- note the contents of the report and the current position on suicides within North Yorkshire
- agree the recommendations set out in the report
- agree how the HWBB can support the implementation of the report
- agree that the responsibility for the audit and management of the suicide surveillance and alert system is held by Public Health Intelligence
- consider how the HWBB can ensure that underlying work to improve mental health and emotional wellbeing is recognised as fundamental in tackling suicide and self-harm, especially considering how stigma of mental illness and suicide can be reduced?
- identify how there can be wider engagement across North Yorkshire in the mindful employer programme? Currently only NYCC and TEWV are signed up to this.
- note that the accountability of suicide prevention and suicide response will be reported to the HWBB

**APPENDIX 1**

**Examples of activity informed by the North Yorkshire suicide audit**

| Recommendation | Activities |
|---|---|
| 1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups | • Stronger Communities promoting volunteering and targeted initiatives such as Men's Sheds, work to tackle social isolation and loneliness;<br>• Recent developments of Street Triage, Mental Health (MH) support line, and work is beginning around the piloting of safe haven in North Yorkshire;<br>• TEVW/PCU working on streamlining the Crisis care pathway that will enable people to access support before, during and after crisis;<br>• Links to Frailty services across North Yorkshire flagging up potential risk;<br>• Potential development of social marketing campaigns targeting recently bereaved and men. |
| 2. Recognising that 'multiple stresses multiply risk': enhance service provision in relation to common stressors | • Mental Health Strategy Action Plan- including recent re-commissioning of housing related support contracts, HAS commissioners planning a MH community support review that will enable us to strengthen our social care offer in MH;<br>• Living Well service providing support and signposting;<br>• NYCC Income Maximisation team contributing to this work. |
| 3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death | • Public Health allocated 50k to bereavement services in 2016/17. We are currently working to agree how this will be utilised as part of the Innovation Fund.<br>• Public Health have contributed 2.7k to the coroner's office in order for them to support individuals through the coroner's process. |
| 4. Further develop data collection and monitoring | Surveillance group established working with City of York and Police to detect initial trends and provide earlier alerts of any emerging patterns. |
| 5. Training and awareness | Mental Health First Aid and Applied Suicide Intervention Skills Training (ASSIST) instructor training and associated courses funded by Public Health and now taking place across whole of North Yorkshire: Scarborough Survivors, York Mind, Y&H Ambulance Service. |

In addition a "pink book" has been developed to provide guidance for staff working with children and young people in North Yorkshire and York under the age of 18 (under 25 for those with disabilities or for care leavers) who self-harm or feel suicidal. It is targeted at people working in schools, and with youth or community groups.

**APPENDIX 2**

# North Yorkshire Suicide Prevention Implementation Plan (SPIP) Refresh 2016 - 2018

## 1. Introduction

In response to the government's Preventing suicide in England a cross-government outcomes strategy to save lives (2012) and the subsequent Preventing suicide in England: one year on first annual report on the cross-government outcomes strategy to save lives (2014) a task group in North Yorkshire (and York) has been established to oversee the implementation and development of a suicide prevention plan.

### Nationally (ONS data)

- There were 6,122 suicides of people aged 10 and over registered in the UK in 2014, 120 fewer than in 2013 (a 2% decrease).
- The UK suicide rate was 10.8 deaths per 100,000 population in 2014. The male suicide rate was more than 3 times higher than the female rate, with 16.8 male deaths per 100,000 compared with 5.2 female deaths.
- The male suicide rate in the UK decreased in 2014 from 17.8 to 16.8 deaths per 100,000 population; while the female suicide rate increased from 4.8 to 5.2 deaths per 100,000 population.
- The highest suicide rate in the UK in 2014 was among men aged 45 to 59, at 23.9 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the highest rate among women, at 7.3 deaths per 100,000 population
- The most common suicide method in the UK in 2014 was hanging, which accounted for 55% of male suicides and 42% of female suicides.
- The suicide rate in England increased in 2014 (10.3 deaths per 100,000). The increase was driven by a rise in female suicides.
- The highest suicide rate in England was in the North East at 13.2 deaths per 100,000 population; London had the lowest at 7.8 per 100,000.

### Local data

Summary of the North Yorkshire Suicide Audit 2010 -2014:

- There were a total of 227 verdicts of suicide recorded by North Yorkshire coroners in adults
- 188 males (82%)
- 39 females (18%)
- Of males 25% were in the 40 to 49 age group
- 45% were employed at the time of their death
- 60% were single (including individuals who were widowed divorced or separated)

Place:

- The majority of incidents occur at the home postcode (131 out of 200 incidents which could be mapped, 65.5% of incidents)

Figures for risk factors are:

- 53% identified mental health issues as a contributory factor
- 41% were recorded as suffering with a chronic, long term illness or medical condition. In those aged 70 the proportion rose to almost 80%. This was typified by a growing despondency about the future and reduction in quality of life.
- 40% of cases identified emotional loss as a contributing factor
- 36% of all cases had a history of self-harm and was more common in females than males
- 33% had alcohol present at time of death
- 19% had relationship problems
- 15% had expressed suicidal ideation which was documented by their General Practitioner (GP)

Method:

- 56% died by hanging/strangulation
- 11% died by self-poisoning

Contact with services:

- 51% had contact with their GP in the four weeks leading up to death
- 48% cited mental health issues as a reason for contact
- Of the 49 individuals with information on accident and emergency attendance, 23 individuals had made contact in the four weeks leading up to death and 19 of these related to mental health issues

**Implementing the suicide prevention plan**

The North Yorkshire Suicide Audit identified five recommendations which are used to inform the suicide implementation plan:

1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups
2. Recognising that ‘multiple stresses multiply risk’: enhance service provision in relation to common stressors
3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death.
4. Further develop data collection and monitoring
5. Training and Awareness

## Key area for action 1: Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups

- Raise awareness of suicide and those at highest risk as identified from the audit and those other communities considered by national research to be at greater risk.
- Promote help seeking and engagement with services amongst high risk groups.
- Tailor approaches to improve mental health in specific communities.
- Explore innovative, non-traditional ways to engage the seldom-seen, seldom heard.
- Highlight the concept that 'past behaviour in an indicator of future behaviour' in raising awareness of risk to those who have previously attempted suicide or seriously self-harmed.
- Explore the support available to those with increased frailty and long term health issues. Working with CCGs and social care to identify those at risk and for staff to be aware of the options available to support those with increased frailty.

| **Key area for action 1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups**<br><br>**How will we know? Establishment of a suicide prevention task group for the coordination of a 5 year suicide audit** | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Actions** | **Timeframe** | **Performance RAG**<br>**R** **A** **G** | **Update** | **Lead** |
| Identify those high risk groups in North Yorkshire and York | Develop a suicide prevention group to lead the development of suicide prevention in North Yorkshire and York | 2014 | | Group established and ToR signed off 2014. | Claire Robinson (CR) PH Suicide Lead |

| | | | | | |
|---|---|---|---|---|---|
| | Establish information sharing protocol (ISP) with the coroner's office, police, NYCC and health. | 2014/2015 | | ISP agreed and data transfer in place for completion of audit and ongoing surveillance and early alert process. | Police – Allan Harder (AH) |
| Identify and clarify the link between suicide prevention activities and intervention and their impact on incidence of suicidal behaviours | Conduct a 5 year suicide audit 2009 - 2013<br><br>Produce a report from the audit to include the following:<br><br>• Identify trends and hot spots<br>• Demographics; age, employment, housing status, etc.<br>• Whether individuals were in contact with GP<br>• Contact with services and type e.g. criminal justice, social care, MH services<br>• Reports of previous self-harm<br>• Reports of substance misuse<br>• Means of | 2015/16 | | North Yorkshire Audit completed December 2015. Report finalised February 2016.<br><br>York Audit on going due to be completed April 2016, report to follow. | Claire Robinson (CR) PH Suicide Lead |

| | | | | | |
|---|---|---|---|---|---|
| | suicides/hot spots<br>• Identify high risk groups, including children and young people<br>• Identify training gaps for professionals working across children and adult services<br>• Identify service change and inform commissioning intentions with CCG's | | | | |
| Consider the influence and impact on suicide of technologies/multimedia (e.g. face book, instant messaging) | To provide the SPTG with evidence to inform approaches and education in relation to the influence of social media on suicides<br><br>To provide CDOP with the same information. | 2016/17 | | | PH suicide lead |
| Further analysis of self - harm data required | To understand the links between self-harm and suicide further analysis will be required including:<br>• Understanding how self-harm is recorded in secondary care<br>• Learning from | 2016/17 | | | PH suicide lead |

| | | | | | |
|---|---|---|---|---|---|
| | experiences of families and survivors of suicides | | | | |
| Influence commissioners to adopt the recommendations within the suicide audit | Identify commissioners responsible for those areas commissioned for High Risk Groups e.g. drug/alcohol services, MH services, GP's, secondary care.<br><br>Look at opportunities for additional training for key staff<br><br>Ensure that protocols are in place to protect and support those identified as 'at risk'. | 2016/17 | | | PCU/CCG's/PH |
| To influence the Crisis Care Concordat (CCC) to ensure availability and timely access to responsive and appropriate support in crisis | Ensure CCC action plans take consideration of those risk factors identified in the audit reports | 2016 | | | PCU |
| NHS Health Checks to include signposting to MH services | Potential to identify suitable resources and work with the PH commissioner to ensure MH advice is available within NHS Health Checks | 2016 | | | PH |

| | | | | | |
|---|---|---|---|---|---|
| | Look at opportunities to audit MH advice/information during annual Health Check audit and improve access | | | | |
| How to identify those with increased frailty and who have suffered a bereavement | Look at opportunities for HAS staff to identify and support those who are experiencing increasing frailty or have had a bereavement. Including training for staff to start having conversations.<br><br>Look at opportunities to influence the frailty work in CCG's | | | | HAS/CCG's |

## Key area for action 2: Recognising that 'multiple stresses multiply risk': enhance service provision in relation to common stressors

Key services include: debt counselling (including gambling), bereavement support, relationship counselling, advice and support in relation to alcohol and drug use to highlight the suicide risk amongst binge drinkers and those close to a dependency threshold.

Target and develop 'talking therapy' and 'peer advocacy schemes' to provide support to the socially isolated or specific occupation groups.

| **Key area for action 2: Recognising that 'multiple stresses multiply risk': enhance service provision in relation to common stressors**<br><br>**How will we know? Development of a mental health strategy and implementation of preventative approaches** | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Actions** | **Timeframe** | **Performance RAG**<br>**R** **A** **G** | **Update** | **Lead** |
| To ensure a coordinated response to mental health in North Yorkshire and York | NYCC and Health to develop a joint mental health strategy for North Yorkshire that includes resilience and approaches to prevent future suicides. | 2015 | | NYCC/Health MH strategy launched January 2016. To work with NYCC commissioners to ensure the recommendations from the audit influence the implementation of the strategy. | NYCC/PCU |
| | Look at opportunities to broaden the support for bereavement services across North Yorkshire. Link this to the MH strategy and the Crisis Care Concordat implementation. | | | | NYCC/PCU |

| | | | | | |
|---|---|---|---|---|---|
| | To identify opportunities to enhance talking therapies and peer support models with colleagues in Stronger and the development of the MH strategy | 2016/17 | | | HAS commissioning team/PCU/Stronger Communities |
| | Ensure there is a robust evaluation and monitoring framework in place for the North Yorkshire MH strategy | 2016/17 | | | HAS commissioning team/PCU |
| To ensure a coordinated approach to alcohol and drug use in North Yorkshire | Ensure the Alcohol Strategy reflects the recommendations in the report and all contracted providers of drug and alcohol services are aware of the 'risk groups' and have protocols to support those identified at risk. | 2016/17 | | | PH |
| To ensure adequate support services for staff within NYCC | Identify opportunities to support employees who are at risk due to changes or circumstances relating to work | 2016/17 | | | HR-NYCC |
| | To maximise the impact of campaigns related to workforce/workplace health and Mindful Employer. | 2016/17 | | | Workforce Group NYCC |

| | | | | | |
|---|---|---|---|---|---|
| To ensure all staff have access to information and advice | To identify key training opportunities for staff groups in housing, district councils, CAB | 2016/17 | | | All |

## Key area for action 3 Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death

- Consider experiences and views, where possible of people bereaved or otherwise affected by suicide in activity planning and awareness raising.
- Improve advice and support available to those concerned about suicidal ideation of family members, friends or colleagues including children and young people.
- Consider the importance and recommendations of Future in Mind.

| **Key area for action 3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death**<br><br>**How will we know?** Reduction in suicides in those affected by suicides | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Actions** | **Timeframe** | **Performance RAG**<br>**R** **A** **G** | **Update** | **Lead** |
| To ensure access to early information to allow for early identification of suicides | Development of hotspots and cluster/contagion plans for North Yorkshire and York. To use PH frameworks. | 2016/17 | | Local work re: contagion and clusters currently being under taken in York with PH and York University. | PH intelligence /police |

| | | | | | |
|---|---|---|---|---|---|
| | Development of early alert systems and process for the monitoring of suicides. | 2016/17 | | Local work with police no clear process in place | PH intelligence/police |
| Identify services that support people who are bereaved | • Establish current provision of services to support individuals and those affected my suicide or bereavement<br>• Provide information to commissioners to inform gaps in provision.<br>• Produce and provide information for individuals and organisations to raise awareness of current services available | 2016 | | Mapping of provision completed.<br><br>There is a requirement to review current provision with 2 main providers and review evidence base for effectiveness.<br><br>Need to work with commissioners, 2020 and MH strategy to identify opportunities to develop further bereavement services.<br><br>Development of the Pink Book (aid for professionals working with Young people) with CYPS in on-going. Final version to print. | Stronger Communities, HAS commissioners/CCG's |
| Develop and promote universal services that build life skills and enhance individual and community resilience | Work collaboratively with Stronger Communities to promote and implement capacity building activities | 2016/17 | | | Stronger Communities |

| | | | | | |
|---|---|---|---|---|---|
| | Connect to existing community networks and particularly those that provide support for mental health<br><br>Continue to develop services that build healthy and resilient communities and reduce social isolation and low level mental health | | | | |
| Look at opportunities to support individuals through the coronial process following a death | Commission Coroners Court Support Service (CCSS) to support individuals through the coronial process | 2016 | | Public Health have commissioned 1 years support from CCSS.<br><br>Service to be evaluated re: effectiveness. | PH and Registration, Archives & Coroners, Library and Community Services (CSD) |

## Key area for action 4: Further develop data collection and monitoring

- Ensure national guidelines assimilated into NY policies.
- Maintain up-to-date suicide prevention strategy.
- Repeat suicide audit bi-annually.
- Encourage on-going relationship with coroner, police to support improved data collection.
- Consider expanding the scope of future audits to include likely suicides amongst deaths by accident/poisoning of undetermined intent, and the availability of partner agency information in relation to suicide attempts and serious self-harm incidents including children and young people.
- Report to and/or attend the York and North Yorkshire Safeguarding Adults Boards as required to update the boards periodically and to raise any emerging concerns connected to the adult safeguarding agenda.

| **Key are for action 4: Further develop data collection and monitoring**<br><br>**How will we know?** Public Health suicide rate indicator | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Actions** | **Timeframe** | **RAG**<br>**R** **A** **G** | **Update** | **Lead** |
| Collect baseline data on suicide and suicide prevention | Complete Suicide audit | 2015/16 | | North Yorkshire Suicide Audit complete December 2016.<br><br>Report completed February 2016.<br><br>York due for completion April 2016. | Suicide Lead Claire Robinson (PH) |
| Ensure timely collection of suicide data<br><br>Improve collection of suicide data | Development of early alert system | 2015/16 | | Surveillance group established | PH intelligence |

| | | | | | |
|---|---|---|---|---|---|
| Promote the role of evaluation and research in expanding the evidence base of suicide prevention | Regularly review activities under the Suicide Prevention Implementation Plan.<br><br>• PH intelligence to provide quarterly reports and a final annual report to the SPTG to annually review suicide rates and trends. | 2015/16 | | Audit completed and SPC updated SPTG. | PH |
| Improve the evidence base for the early identification and management of people at high risk of suicide. | Annually review data on suicide rates. | As required | | Evidence search included within the suicide audit.<br><br>Further in-depth analysis required | PH |
| Develop a better understanding of positive and negative impacts of economic, social and environmental influences on suicides. | Annual review of data. | As required | | Further analysis required from future audits and real time surveillance | PH |
| Ensure services and the SPIP is informed by evidence. | Identify current evidence to inform delivery of local services to prevent suicides in North Yorkshire<br>• Provide evidence based examples to the SPTG<br>• Share learning from other areas work on suicide prevention | As required | | | Claire Robinson |

| | | | | | |
|---|---|---|---|---|---|
| | • Attend regular regional events in relation to suicides and mental health | | | | |

## Key area for action 5 Training and Awareness

- Promote the delivery of suicide prevention training to professionals in regular contact with people most at risk of suicide. Consider bespoke on-going training for primary care and other clinically trained staff who are most likely to routinely encounter individuals with suicidal ideation.
- Support the delivery of recognised suicide prevention and mental health awareness courses.
- Consider adopting a target of 1% of the County population to be trained e.g. ASIST, Mental Health First Aid or Safe Talk by 2020 in accordance with 'No Health without Mental Health' and 'Parity of Esteem.'

| **Key area for action 5: Training and Awareness raising**<br><br>**How will we know?** Reduction in stigma associated with suicide and increase in people accessing supportive services and increase in staff knowledge | | | | | |
|---|---|---|---|---|---|
| **Objective** | **Actions** | **Timeframe** | **RAG**<br>**R** **A** **G** | **Update** | **Lead** |
| Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media; | Working with the media to ensure messages are promoted responsibly<br><br>Establish key communication messages | 2015/16 | | | NYCC/CCG's |
| | Develop a communication plan<br>Provide media with information including;<br>https://www.nuj.org.uk/news/guidelines-on-reporting-on-mental-health-suicide/ and http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide | 2015/16 | | A communication Plan has been developed for the dissemination of the suicide audit report.<br><br>A wider communication still needs developing to look at other opportunities for effective | NYCC |

| | | | | | |
|---|---|---|---|---|---|
| | | | | communication. The communication plan needs to link to any communication plan for the wider MH strategy. | |
| Look at opportunities to target information campaigns to those at risk target groups | Look for opportunities for a joint approach with the MH strategy, workforce and crisis carer concordat to enhance mental health information | 2016/17 | | | NYCC/PH/PCU |
| Reduce the reporting of high lethality methods of suicide | Working with the media to ensure messages are promoted responsibly<br><br>Establish key communication messages | 2015/16 | | | PH/NYCC |
| Identify training needs of front line staff | Define frontline staff<br><br>Map current level of training available to staff in North Yorkshire and York including Foster Carers | 2016/17 | | Worked with HAS to identify targeted MHFA training for staff (internally). ASIST to be reviewed at later date | PH |

| | | | | | |
|---|---|---|---|---|---|
| To develop a range of training options for internal/external staff | Develop a training programme for 'front line' staff/volunteers/Foster Carers. | 2015/16 | | Training and learning will deliver MHFA training in-house to targeted staff in both HAS and CYPS<br>Key frontline staff has been identified.<br><br>Further work is underway to develop a 'train the trainer' model for external organisations | PH |

| | |
|---|---|
| NYCC | North Yorkshire County Council |
| PHE | Public Health England |
| PH | Public Health |
| SPC | Suicide Prevention Coordinator |
| SPTG | Suicide Prevention Task Group |
| PCU | Partnership Commissioning Unit |