

From: **Jess Mookherjee, Public Health Consultant**
To: **Kent Community Safety Partnership (8.10.2019)**
Subject: **Suicide Prevention update**

Introduction:

Every suicide is a tragic event which has a devastating impact on the friends and family of the victim and can be felt across the whole community.

KCC Public Health co-ordinates the multi-agency Kent and Medway Suicide Prevention Steering Group.

This report provides an update on the suicide prevention programme and includes:

- 1) the latest headline statistics and commentary
- 2) updates regarding the quality improvement and system leadership elements of the programme
- 3) details of the recent mental health Summit in Thanet (19th September)
- 4) an update on research with the Coroner's office
- 5) wider programme updates

Recommendation(s):

The KCSP is asked to:

- a) note the progress made in Kent in implementing the Kent and Medway Suicide Prevention Strategy; and
- b) make comments and suggestions to strengthen future delivery.

1. Introduction

1.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the victim and can be felt across the whole community.

1.2 This update provides;

- 1) the latest headline statistics and commentary
- 2) updates regarding the quality improvement and system leadership elements of the programme
- 3) details of a recent mental health Summit in Thanet (19th September)
- 4) an update on research with the Coroner's office
- 5) wider programme updates

2.0 National and local suicide statistics

2.1 Statistics released by ONS (3rd September 2019) have shown a national 13% increase in the number of suicide registrations in 2018 compared to

2017. These are headline statistics only at this stage without male, female or age breakdowns.

- 2.2 There is no conclusive evidence which explains the national increase, however much of the increase is being attributed to a change in the burden of proof that coroners use to determine whether a death was a suicide. Following a high court judgement in 2018, the burden of proof changed from “beyond reasonable doubt” to on the “balance of probabilities”. This makes it more likely that coroners will record deaths as suicide. Therefore, the increase in registrations, does not necessarily mean that there has been an increase in the number of deaths. It does mean however that suicide statistics are likely to be more accurate.
- 2.3 Alongside the change in the coroner’s burden of proof the National Confidential Inquiry (based at the University of Manchester) also believe that suicides amongst young people, people who misuse substances and amongst people in debt have all risen.
- 2.4 Locally, the recently released statistics show that the three-year rolling aggregate rate per 100,000 in Kent continues to fall.

Chart 1: 3 year rolling suicide rates per 100,000

	2016-2018	15-17	14-16	13-15
ENGLAND	9.6	9.6	9.9	10.1
Kent	10.0	10.5	11.6	12.0

Source: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

- 2.5 This 3-year rolling rate is what NHS England use to measure progress against the 10% national reduction target. This is the preferred measure because it is a more reliable statistic than comparing the relatively small numbers of suicides in any one particular year.

Chart 2: 3 year rolling suicide rates per 100,000 by Kent District

	2016-2018	2015-2017	2014-2016
Ashford	8.3	8.3	10.6
Canterbury	12.7	11.7	11.1
Dartford	10.3	10.8	12.0
Dover	10.2	9.6	9.8
Folkestone and Hythe	11.6	12.3	13.6
Gravesham	11.1	10.4	12.1
Maidstone	6.5	7.2	8.8
Sevenoaks	7.4	6.6	9.5

Swale	10.6	12.4	13.0
Thanet	13.8	14.9	16.0
Tonbridge and Malling	8.6	10.2	10.2
Tunbridge Wells	11.0	11.8	13.7

Source: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

- 2.6 As seen by Chart 2 above, Thanet continues to have the highest 3 year rolling suicide rate per 100,000 in Kent.
- 2.7 There has been an increase in the number of suicide registrations in Kent from 128 in 2017 to 137 in 2018 (7% increase compared to the national 13% increase over the same time period).

3.0 Quality Improvement and System Leadership

- 3.1 The suicide prevention programme is leading initiatives to improve the quality of clinical pathways and interventions across the health sector. In particular for people with co-occurring conditions (both mental health and substance misuse), for people with depression, for children and young people who self harm, and within the new integrated care partnerships (ICPs).

Co-occurring conditions

- Public Health facilitated a recent workshop with substance misuse providers, secondary mental health providers and local care partners to design a pilot Multi-Disciplinary Team approach to support individuals with complex co-occurring conditions.
- This pilot will be delivered in West Kent in the coming months and could establish a new way of working with some of the highest risk individuals within the system.

Depression pathway

- Public Health is leading a programme of work to re-design the depression pathway and to ensure clarity of understanding (amongst clinicians and the public) about the support that people with depression can expect.

Children and Young People who self-harm

- Public Health have recently published guidance for front line workers about how to support children and young people who self-harm. (Attached in Section 9 Background Documents).
- Public Health are also working with CCGs and NELFT to examine how to support children and young people who attend A&E after self-harm.
- In partnership with the Kent Safeguarding Children's Board, Public Health hosted a major conference (October 1st) to examine how to prevent suicide and self-harm amongst children and young people

Integrated Care Partnerships

- Following from the public Mental Health needs assessment and recent local suicides; the Thanet Mental Health Summit (see section 4 below) examined how the mental health system can be improved in local communities. Learning will be shared with the emerging Integrated Care Partnerships.

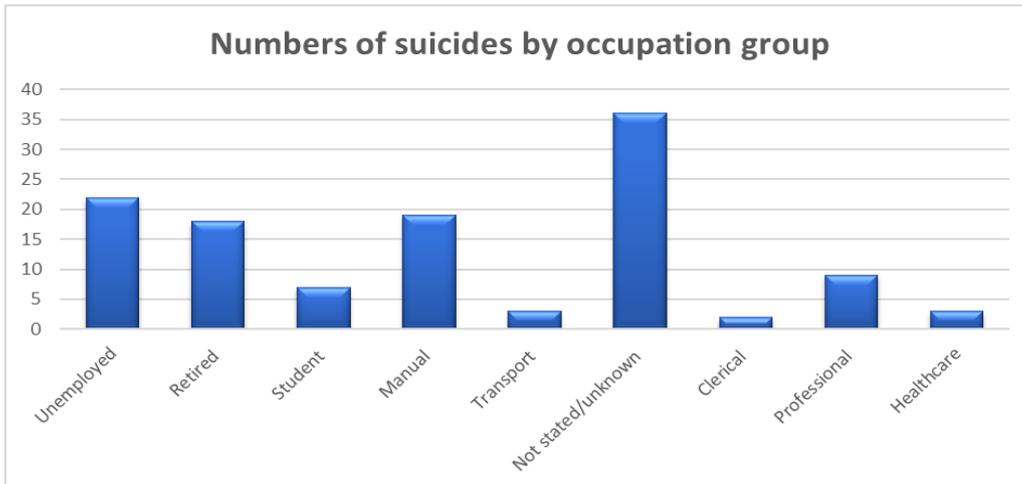
4.0 Thanet Mental Health Summit Sept 19th

- 4.1 Following a new Mental Health Needs Assessment, and the suspected suicides of a number of men in Ramsgate and Margate earlier in 2019, KCC, KMPT and Thanet CCG agreed to hold a Summit to discuss what more can be done by agencies and the community to improve the mental and emotional wellbeing of Thanet residents.
- 4.2 The Summit took place in The Winter Gardens in Margate on Sept 19th and brought together approximately 200 individuals, community groups, charities and agencies. The objective was to try and examine the particular issues which impact mental health in Thanet and to identify positive actions and activity. An action plan is currently in design following the Summit.

5. Coroner's Office research

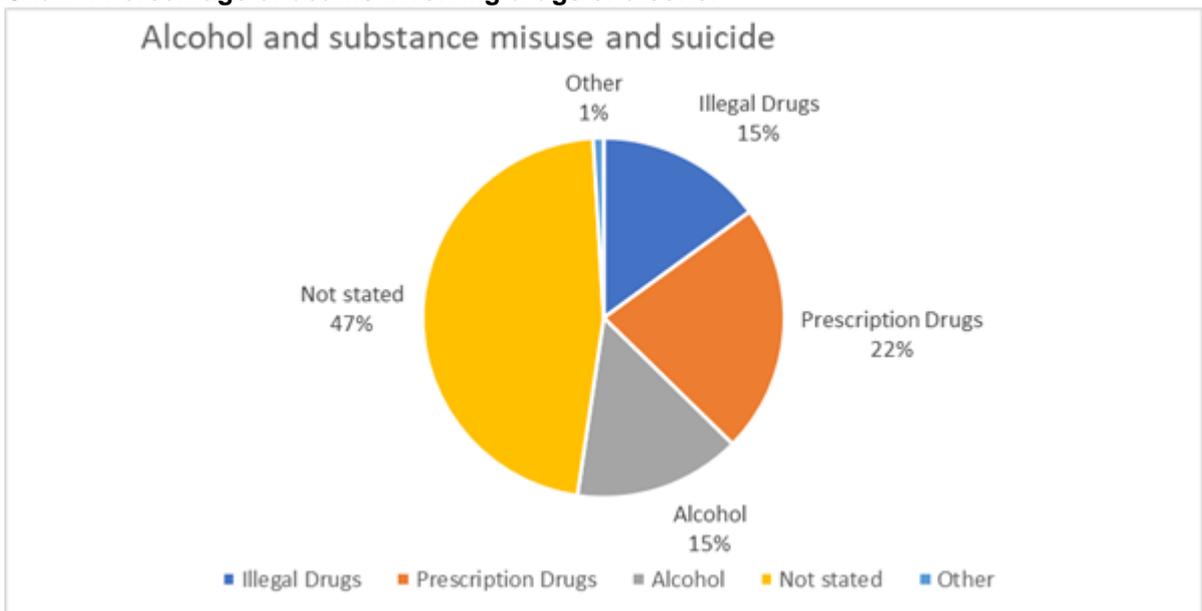
- 5.1 As well as investing in interventions such as Release the Pressure and suicide prevention training, the suicide prevention programme also includes a number of research elements to ensure that we are basing our interventions on the best possible evidence and understanding.
- 5.2 In 2018/19 this research included the team listening to over 200 hours of Coroner's inquests. The objective of the research was to establish what had been going on in the lives of people who died by suicide in the months and years before they died, with the aim of identifying opportunities for possible interventions.
- 5.3 A sample of 119 inquests were listened to, from a time period ranging from Jan 2017 to June 2018. Several interesting points were identified and are outlined below.

Chart 3 Number of suicides by different occupations (sample size 119)



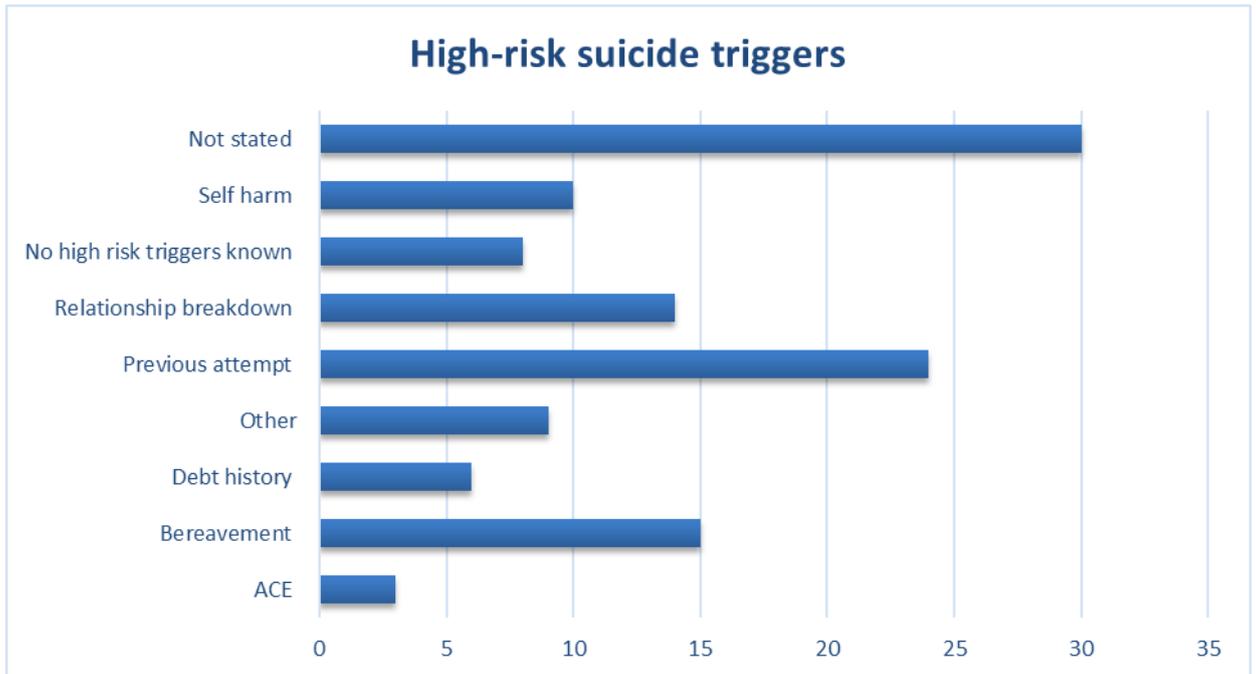
5.4 Of the 119 inquests investigated, the most prevalent occupation status were unemployed, manual workers and people who were retired. Employment status was not known for 30% of cases.

Chart 4 Percentage of deaths involving drugs or alcohol



5.5 From the 119 coroner inquests, 22% had history of prescription drugs, although it is unclear the exact numbers regarding correct medication taking and prescription drug misuse. 15% of individuals had a history of illegal drug use and a further 15% had a history of alcohol use (although it is unclear the severity of this; alcohol dependent/alcoholic). From the information available during the coroner inquests, 47% were 'not stated' as to whether there had been a history of alcohol or substance misuse.

Chart 5 Numbers of deaths which involved suicide triggers (sample size 119)



5.6 During the 119 inquests that were listened to, a number of life events were identified that contributed to the death. Bereavement, relationship breakdown, debt and previous abuse were all stated as contributing factors in cases. The most common factor was previous suicide attempts. Some case studies which illustrate these factors are as follows;

'His relationship broke down with his long-term partner. It was also thought that he was in debt due to bills and letters found.'

'She was in a long-term relationship which recently ended. Her ex-partner started seeing another woman, which resulted in her becoming very distressed.'

'He was studying but left university. There was a previous suicide attempt a few months prior to his death. He did not seek any medical intervention after his previous suicide attempt, as he did not want this to impact his career.'

'He had both self-harmed and previously attempted suicide. He had no contact with his children which triggered his depression. He also disclosed a history of child abuse to mental health services.'

'He had previous suicide ideation, having previous attempts that his family knew of. His brother committed suicide many years ago. He had severe work-related stress.'

'He had a previous history of debt problems. There were numerous suicide notes left for the police saying his reason behind his death was his total bankruptcy.'

5.7 The research element of the suicide prevention programme is continuing with two detailed projects into the impact that both debt and domestic abuse) have on suicide ideation.

6. Wider programme updates

- 6.1 The suicide prevention programme currently receives external funding which allows a number of initiatives to be supported. In Quarter 1 of 2019/20 this has included;
- Release the Pressure contributing to 5943 calls being received by the Mental Health Matters helpline
 - 238 people undertaking suicide prevention training for people working with Children and Young People
 - 509 people took suicide prevention training for people working with adults
- 6.2 On October 7th, Public Health England will launch the national Every Mind Matters campaign – a major programme to encourage the public to take positive action to improve their mental health in the same way they look after their physical health. KCC will integrate Every Mind Matters into all our messaging and programmes going forward.
- 6.3 The 2019/20 Saving Lives Innovation Fund has been launched with over £120k of funding being made available to small community projects. This includes seven projects from Yr. 1's innovation fund being allocated more funding to expand and scale-up their original projects.
- 6.4 National recognition for the Suicide Prevention programme continues to be received. It has been shortlisted for a prestigious HSJ (Health Sector Journal) national award in the "Health and Local Government Partnership of the Year" category. It has also been shortlisted for two awards in the national Best Practice in Mental Health awards run by the Royal College of Psychiatry.
- 6.5 In May 2019, Public Health attended the launch of the Tidal Thames Drowning Prevention Strategy with the then Suicide Prevention Minister Jackie Doyle-Price. This strategy asks local authorities which border the Thames to consider the river in their suicide prevention strategies. Public Health will do so (along with other geographical areas of concern) when it refreshes the 2015-2020 Suicide Prevention strategy next year.

7. Recommendations

Recommendation(s):

Corporate Management Team are asked to:

- a. note the progress made in Kent in implementing the Kent and Medway Suicide Prevention Strategy; and
- b. make comments and suggestions to strengthen future delivery

8. Background Documents

Guidance for front line professionals working with CYP at risk of self harm



Guidance for staff
in Universal Services

9. Contact details

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