

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 6 March 2020

Subject: Suicide Prevention Programme update

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Introduction:

This paper provides an update on the suicide prevention programme and includes;

- 1) the latest suicide statistics and commentary
- 2) a discussion on the link between debt and suicide
- 3) a discussion about the link between domestic abuse and suicide
- 4) an update on NHS England funding for suicide prevention in 20/21 and beyond
- 5) a proposal regarding the 2020-2025 Suicide Prevention Strategy

Recommendation(s):

Committee Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

1. Introduction

- 1.1 The Health Reform and Public Health Committee previously received information about the suicide prevention programme in October 2018.
- 1.2 This update provides Committee Members with;
 - 1) the latest suicide statistics and commentary
 - 2) a discussion on the link between debt and suicide
 - 3) a discussion about the link between domestic abuse and suicide
 - 4) an update on NHS England funding for suicide prevention in 20/21 and beyond
 - 5) a proposal regarding the 2020-2025 Suicide Prevention Strategy

2. Latest suicide statistics

- 2.1 In November 2016, the Secretary of State for Health Jeremy Hunt wrote to all local authorities highlighting their role in suicide prevention planning and the national target to reduce the numbers of suicide by 10% by 2020/21. Statistics released in September 2019 indicate that since that point the three-year rolling aggregate rate per 100,000 in Kent continues to fall.

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

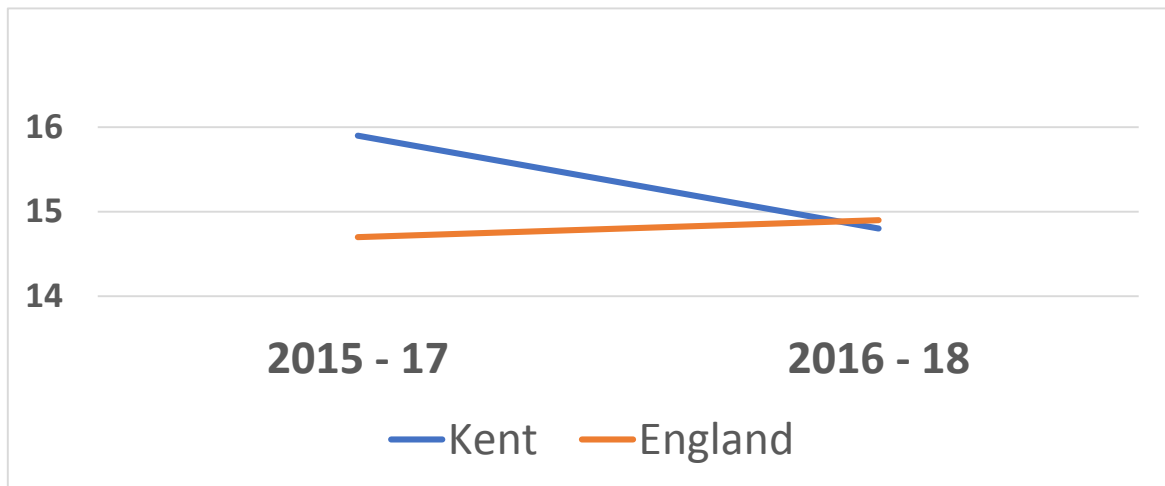
	13-15	14-16	15-17	2016-2018
ENGLAND	10.1	9.9	9.6	9.6
Kent	12.0	11.6	10.5	10.0

Source: ONS

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

- 2.2 For the first time in a number of years, the male suicide rate in Kent is lower than the national average.

Chart 2 3-Year rolling male suicide rate per 100,000



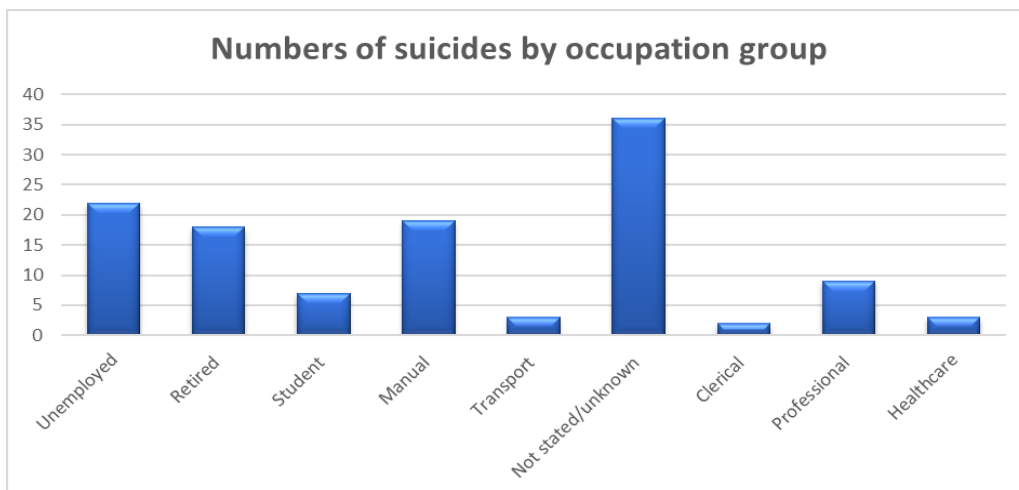
Source – Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000008/ati/102/are/E10000016/iid/41001/age/285/sex/1>

- 2.3 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.
- 2.4 However there was an increase in the number of suicides recorded across England in 2018 (up to 5021 from 4451 in 2017), and early indications for 2019 suggest that the increase has continued. Public Health will continue to monitor all available data to ensure patterns and trends are identified and responded to.

2.5 During 2019 research was conducted with the Coroners Service was to try and 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 ultimate aim of identifying opportunities for possible interventions.

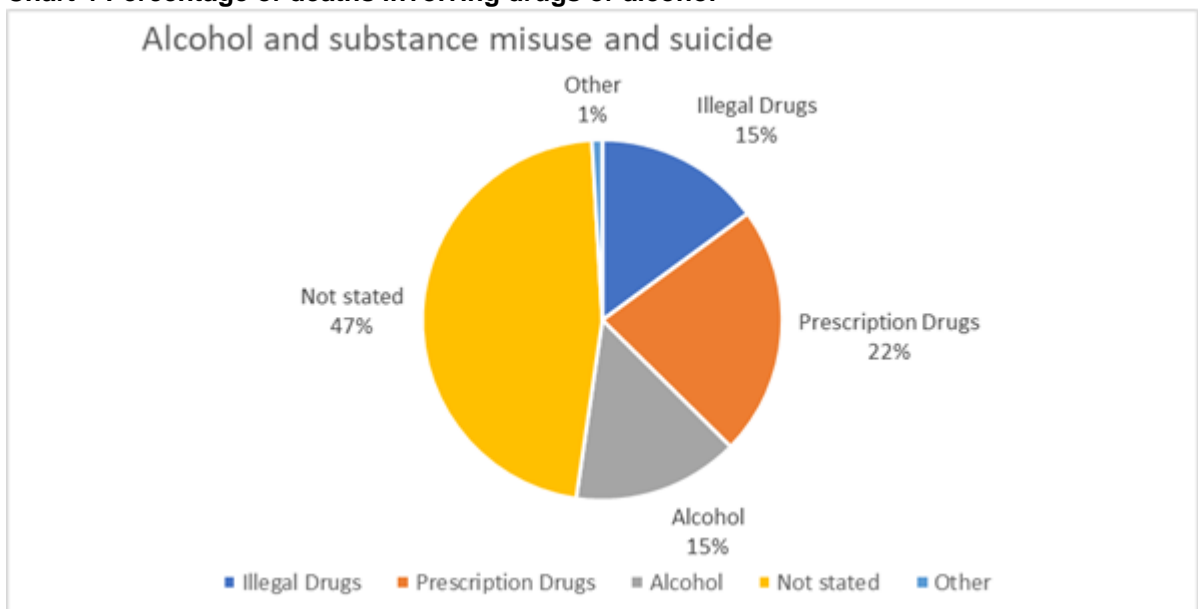
2.6 A sample of 119 inquests were listened to, from a time period ranging from Jan 2017 to June 2018. A number of interesting points were identified.

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



2.7 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.

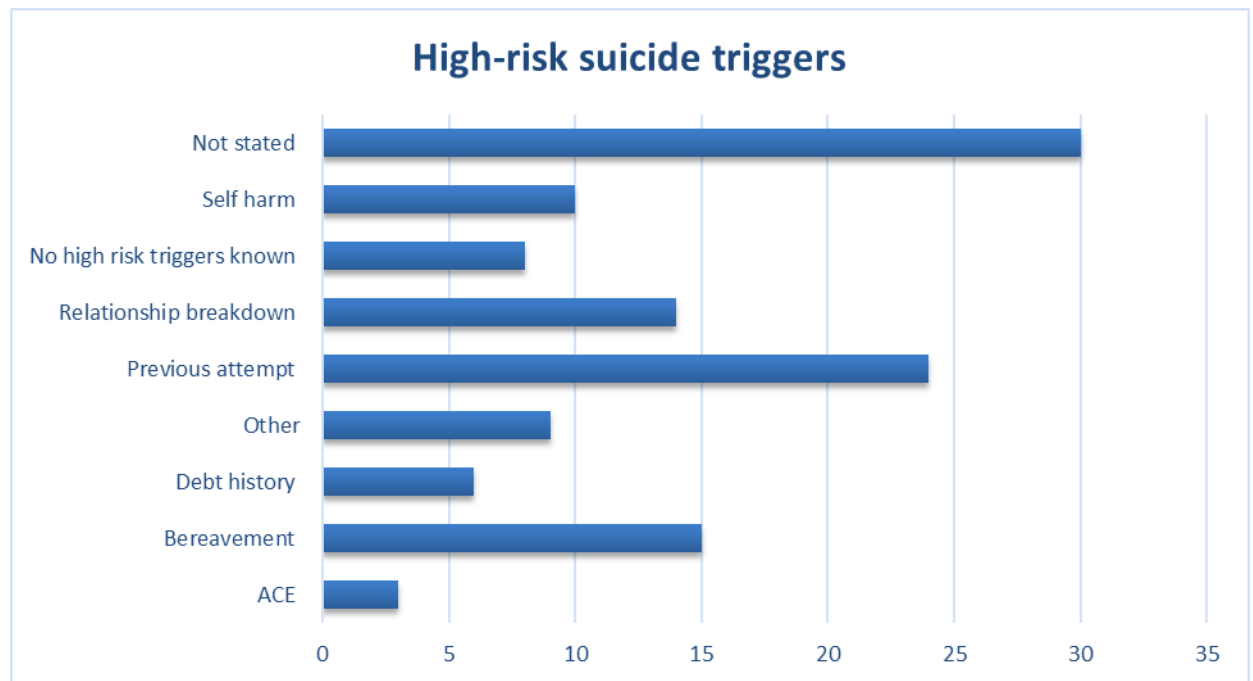
Chart 4 Percentage of deaths involving drugs or alcohol



2.8 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). 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)



2.9 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 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.'

'He had previous suicide ideation, having previous attempts that his family knew of. 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 bankruptcy.'

2.10 Given the links with debt and domestic abuse that came up during the research with the Coroner Service, it was decided that further work was needed in these areas.

3. The link between debt and suicide

3.1 National research from the charity Money and Mental Health Matters also found a link between problem debt and suicide. Their report (A Silent Killer, 2017) found that 13% of people in problem debt thought about suicide. This equates to over 420,000 people in England thinking about suicide with 3% saying that they had attempted suicide. The report highlights that living in persistent poverty or financial insecurity often contributes to feelings of hopelessness and suicidal thoughts.

3.2 These thoughts can be triggered by unexpected income shock, insensitive or aggressive collection practices or the rapid accumulation of fees and charges on existing debt. The report sets out recommendations how organisations can assist people in financial difficulty and help reduce the risk of suicide. For local authorities they suggest;

- i. Local public health teams should recognise financial difficulty as a risk factor for suicide
- ii. Local authorities should improve collections practices.
- iii. Essential services providers should offer suicide prevention training
- iv. Advice providers should offer suicide prevention training, improve referral pathways to support services and review service delivery models to ensure they offer adequate support to the most vulnerable clients.

3.3 Within Kent, we will be recognising financial difficulty in the forthcoming Strategy refresh (See Section 6), and we are recommending to district and borough councils that they should consider adopting the Citizens Advice “Council Tax Protocol” which they have written in partnership with the Samaritans. (<https://www.citizensadvice.org.uk/about-us/our-campaigns/all-our-current-campaigns/council-tax-protocol/>)

3.4 Through the Saving Lives Innovation Fund (part of the suicide prevention programme) we are currently supporting two Citizens Advice pilots. One in Tunbridge Wells where they are providing a money advice service in a mental wellbeing community café, and the other with North and West Kent Citizens Advice branch who are working directly with Tonbridge Jobcentre to provide mental health first aid and practical debt support for at-risk people identified by the Jobcentre.

4. The link between domestic abuse and suicide

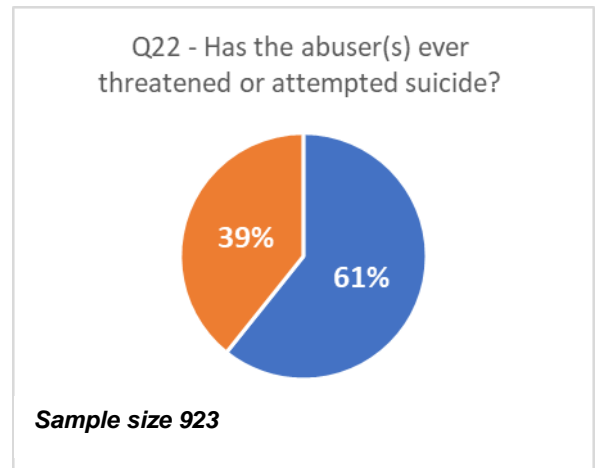
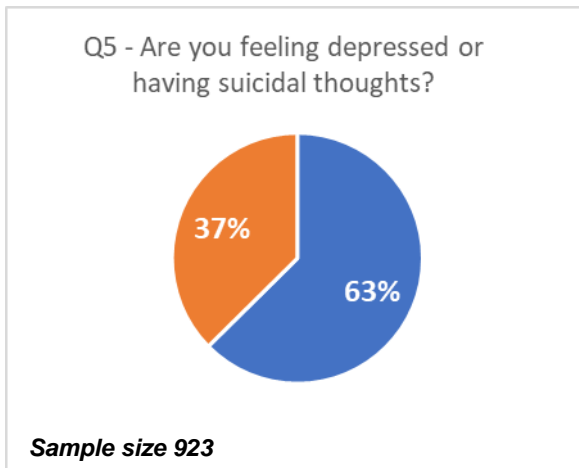
4.1 Discussions with Kent County Council’s Community Safety Team have highlighted that over the last two years they have instigated a number of Domestic Homicide Reviews where the death has been as a result of suicide rather than homicide. While the exact number can’t be recorded here (to preserve anonymity) it is strong evidence of a relationship between domestic abuse and suicide.

4.2 To understand how strong the relationship may be, three commissioned Domestic Abuse support providers in Kent (Clarion, Look Ahead and Oasis) were asked to provide data regarding domestic abuse and mental health/suicidality. Specifically, the providers were asked to provide data on two questions from the DASH risk assessment (that should be used with all suspected victims of domestic abuse).

4.3 Between the three providers there is a total sample size of 923 for the following questions:

- Q5 – *Are you feeling depressed or having suicidal thoughts?*

- Q22 – Has the abuser(s) ever threatened or attempted suicide?



4.4 A working group of domestic abuse charities, the Community Safety team and mental health workers was established to understand what could be done in response. Recommendations from the working group included ensuring mental health teams had domestic abuse training, and domestic abuse staff have mental health training.

4.5 In addition, as part of the Suicide Prevention Programme we have provided funding to Oasis Domestic Abuse charity to pilot a project with a group of women experiencing domestic abuse to understand the impact of trauma on their mental health.


5. NHS England funding for suicide prevention in 20/21 and beyond


5.1 During 2018/19 and 2019/20, the NHS England have provided the Kent and Medway STP with £668,000 per year, ringfenced for programmes to reduce suicide and self-harm. This external source has funded the suicide prevention team (based in Public Health) and the work programme that has delivered the following so far during 2019/20.


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19/20 funded delivery snapshot


- 1) Release the Pressure
Q1-3 stats
11% increase in call numbers;
19,417 calls
14,511 website visits
340 web chats



- 2) Suicide Awareness & Prevention Training
Over 1500 people attending 3 hour training (Apr – Dec)
Over 500 people completed e-learning (Apr – Dec)


- 3) Workplace interventions
High risk industries targeted through tradeshows, exhibitions and support to individual businesses


- 4) Strengthening secondary MH services
Zero suicide Inpatient plan;
A&E self harm follow up;
Training: IAPT;



- 5) Innovation fund
9 of the best Year 1 projects supported to grow further
10 new projects identified to deliver ground-breaking community projects


- 6) Research
Nationally unique research into issues such as debt and domestic abuse that were identified by last year's suicide audit and research with men



System leadership delivery

- Thematic review (and associated conference) into suicides amongst children and young people
- Depression pathway - Multi-agency pathway review and redesign
- System leadership response in Thanet including major conference and development of multi-agency action plan
- Supported a number of academic institutions with postvention
- Design of Multi-disciplinary team approach pilot to tackle complex co-occurring conditions



- 5.2 In January 2020 NHS England announced that they are reducing the funding awarded to Kent and Medway to £356,000 in 2020/21 and then to £0 in 2021/22. Their reasoning is to ensure that all areas of the country can benefit before the funding stream ends.
- 5.3 Given the reduced funding for 2020/21, and confirmation that there will be no national funding available for following years, three principles have been adopted which will guide the programme in Year 3;
- Concentrate on system leadership elements
 - Ensure long-term sustainability of most successful funded elements
 - Deliver maximum impact from the funding that is available

A simple overview of our 2020/21 proposals can be seen below.

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<p><u>2020/21 Proposals</u></p> <p><u>Principles of delivery with reduced budget</u></p> <ol style="list-style-type: none"> 1) Concentrate on system leadership elements 2) Ensure long-term sustainability of most successful funded elements 3) Deliver maximum impact from the funding that is available <p><u>System leadership delivery</u> Continued from 19/20</p> <ul style="list-style-type: none"> • Self-harm (after A&E attendance) • IAPT (and the gap between primary and secondary care) • Primary care long-term follow up after a suicide attempt • Depression pathway • Co-occurring conditions, <p>New for 20/21</p> <ul style="list-style-type: none"> • 2020-2025 Multi-agency Suicide Prevention Strategy • Multi-agency "learning after suicides" structures and events • Peri-natal mental health, • Reducing parental conflict after separation 	<p><u>Funded elements reduced and supported to find sustainable solutions</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><u>Release the Pressure</u></p> </div> <div style="text-align: center;">  <p><u>Release the Pressure</u></p> </div> </div> <p><u>Suicide Prevention Training</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><u>Research</u></p> <ul style="list-style-type: none"> • Masculinity – is it really OK not to be OK? • Domestic abuse, • Teenage self-harm leading to suicide in later life • Debt, • Bereavement after suicide, • Suicide Audit, • Recovery stories, • Older people • Suicidality amongst people known to secondary services (but over a year since last contact) </div> <div style="text-align: center;">  <p><u>Innovation fund's most effective projects from Yr 1&2</u></p> </div> </div> <p><u>Workplace interventions</u></p> <div style="display: flex; justify-content: space-around;">   </div>
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- 5.4 The focus on system leadership will remain in 2020/21 and the Programme will work closely with the emerging CCG & Integrated Care Partnerships, Public Health and KMPT to ensure that work to redesign pathways and strengthen high-risk points continues.
- 5.5 Discussions will take place with all partners to develop a plan for sustaining progress once the national funding expires. Some elements of the programme may be able to be incorporated into business as usual (budgets permitting), but other elements may require additional responsibilities being taken on by local partners. Or it may be that local contributions are found to ensure that the Programme and core team can be kept active in some form.

6. A proposal regarding the 2020-2025 Suicide Prevention Strategy

- 6.1 Whatever happens regarding annual funding decisions, Public Health teams across the country are expected to develop and deliver multi-agency suicide prevention strategies. The current Kent and Medway Suicide Prevention Strategy runs to 2020 and therefore Public Health are currently preparing the draft 2020-2025 Strategy for consultation later in the spring.
- 6.2 The consultation for the new strategy will include a full review of the previous five years, as well as consider changes to national priorities.
- 6.3 Recent updates to national guidance suggest an increased focus on self-harm would be beneficial, as would stronger support for families bereaved by suicide.
- 6.4 Local evidence suggests that links with substance misuse, domestic abuse and suicides amongst teenagers will require additional scrutiny.
- 6.5 Despite these changes in the detail (and others that emerge during consultation), the overarching priorities are likely to remain the same.

	Proposed 2020-2025 Kent and Medway Suicide Prevention Priorities
1	Reduce the risk of suicide and self-harm in high risk groups
2	Tailor approaches to improve mental health and wellbeing in Kent and Medway
3	Reduce access to the means of suicide
4	Provide better information and support to those bereaved by suicide
5	Support the media in delivering sensitive approaches to suicide
6	Support research, data collection and monitoring

- 6.6 Governance arrangements for the new strategy will include regular reporting to KCC and Medway Council Cabinet Committees, as well as to the Kent and Medway Health and Wellbeing Board.
- 6.7 Public Health are working with KCC's Engagement and Consultation Team to design an appropriate consultation schedule. This is likely to start in April and conclude in June 2020.

7. Recommendation(s)

Recommendation(s):

Committee Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

8. Contact details

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