

Health, Housing & Adult Social Care Policy & Scrutiny Committee

Report of the Director of Public Health

Suicide Prevention and Self-harm Overview Report

Summary

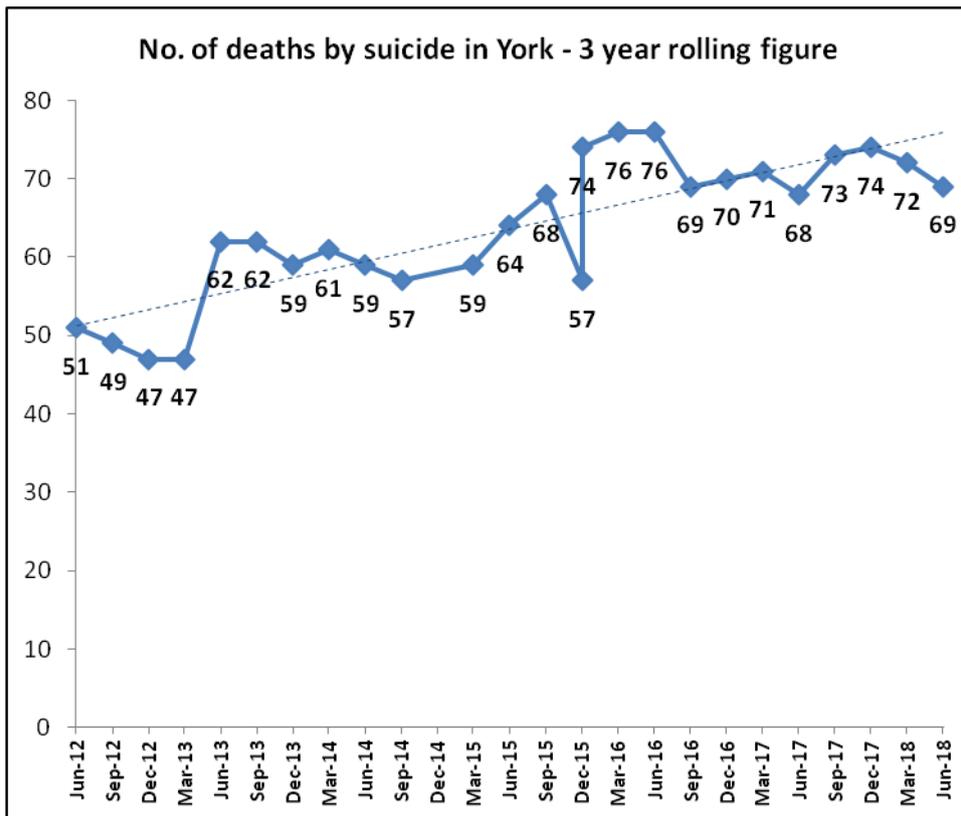
1. The scrutiny committee requested that a report on suicide prevention and self-harm be brought to the November meeting.
- 1.2 This report provides a summary of progress and recent activity in relation to these two areas of focus.
- 1.3 The report also identifies opportunities for further development to strengthen our responses to these issues

Background

2. At recent scrutiny committee meetings, there have been several requests made to understand the local picture around suicide within the City.
- 2.2 Within the local All-age Mental Health Strategy, suicide prevention has been identified as an area of local priority due to the identification of higher rates of suicide reported for York when compared to regional and national rates.

Latest Trends in Death by Suicide

- 2.3 The three year rolling number of deaths by Suicide (including events of undetermined intent) has risen in York over the last 6 years. The peak was 76 deaths in the three year period to June 2016. There has been a slight fall to 69 deaths in the most recent three year period (to June 2018).



Source: Primary Care Mortality Database

Premature deaths among people with severe mental illness

- 2.4 The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness.
- 2.5 The excess mortality rate in adults with serious mental illness in York is slightly lower than regional and national averages however this indicator has not been published since 2014/15.
- 2.6 We know from an audit into deaths by suicide of York residents over a 5 year period that was conducted in 2016, that deaths from suicide represent a significant premature loss of life.
- 2.7 The sixty people included in the audit taken together were deprived of 2,249 ‘years of lost life’, around 37 years per person, as a result of suicide.

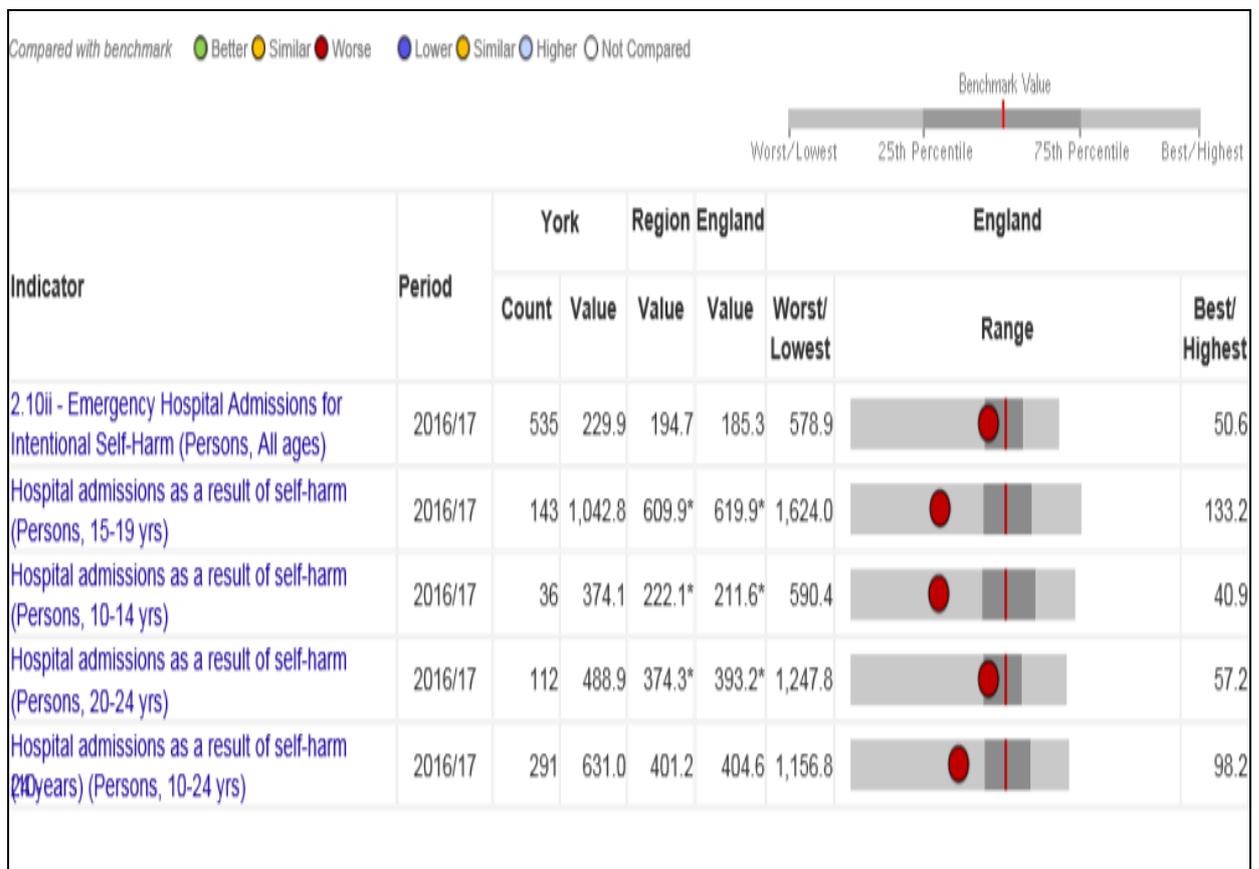
Self-harm

- 2.8 Within a recently developed ‘Suicide Safer Community 2018-2023’ strategy (annex 1), self-harm is identified as a priority area of focus

because of an associated increase in risk of suicidal ideation, suicide attempts, or completion of suicide by those with a history of self-harming behaviour.

2.9 The topic of self-harm has been identified as one of three key priority areas of the Mental Health Partnership as part of its delegated remit to achieve the objectives of the All-age Mental Health Strategy.

2.10 Locally, self-harm rates based on hospital admissions connected to self-harming behaviour within our population are higher than both regional and national levels:



Source: Public Health Outcomes Framework

Consultation

3. A wide range of consultation has been completed concerning the agenda's of suicide prevention and self-harm.

Suicide Prevention

3.1 In developing our recent 'Suicide Safer Community 2018-2023' strategy; consultation was completed in a range of ways which include: at the

2017 Suicide Prevention conference; through targeted engagement by the Suicide Prevention Co-ordinator with key stakeholders; through engagement with members of a North Yorkshire and York Suicide Prevention Task Group; a workshop consultation event funded by York Samaritans held in the summer of 2018; a full public consultation process about the content of the draft strategy; and through consideration of and alignment to key priorities within the National Suicide Prevention Strategy; and through alignment with the framework of the 'Suicide Safer Communities' approach in relation to the 'pillars of action' which outline specific areas of focus that contribute to the creation of a community level response to suicide prevention.

3.2 The achievement of a community that is able to be 'Suicide Safe' is an overarching principle behind the York 'Suicide Safer Community 2018-2023' strategy and our local approach.

3.3 The Suicide Safer Community 2018-2023 Strategy identifies 9 key priority areas:

- Reducing the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups
- Reducing access to means of suicide
- Providing better information and support to those bereaved or affected by suicide
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- Supporting research, data collection and monitoring
- Reducing rates of self-harm
- Training and awareness raising
- Preparedness and post incident management

3.4 These areas of priority were widely consulted on during the development of the strategy. An action plan that provides the detail around how these strategic objectives will be achieved across the City is being developed by a re-shaped York Suicide Safer Community Delivery Group which will report to the York Mental Health Partnership. Membership is being established to ensure it is appropriate.

Self-harm

3.5 In relation to self-harm, a needs assessment and audit through the Child and Adolescent Mental Health Service (CAMHS) which looked into

hospital related self-harm need in young people was completed in 2016 (annex 2). This identified some key areas for action and focus which were informed by wide consultation within the local health and social care system. The creation of a self-harm guide by the Strategic Partnership, Emotional & Mental Health (annex 3) was produced through multi-agency collaboration.

- 3.6 At the most recent Mental Health Partnership meeting, the Joint Strategic Needs Assessment (JSNA) Working Group was tasked with completing a needs assessment into self harm to help further understand the local profile.
- 3.7 At the time of writing this report, recommendations about the method and scope of this approach through the JSNA process have yet to be defined. However, given the content of previous needs assessment content, this piece of work will build on that already completed and will expand this process to include all ages.

Analysis

4. Achievement against the key objectives within the Suicide Safer Community Strategy is reliant upon an engaged and supported multi-agency response.
 - 4.1 For the purpose of this report because reducing rates of self-harm is identified as a defined objective within the Suicide Safer Community 2018-2023 Strategy, this section of the report will consider both topics within the remit of the strategy.
 - 4.2 The creation of a clear reporting and governance structure where the newly forming York Suicide Safer Community Delivery Group will report into The Mental Health Partnership which in turn reports into the York Health and Wellbeing Board provides a multi-agency framework in which the objectives within the Suicide Safer Community 2018-2023 Strategy can be achieved. This will require full and appropriate engagement from the full range of key partner organisations across the city to achieve an effective city-wide, multi-agency response.
 - 4.3 To achieve a true community level response to suicide prevention within our city, we will be required as a community to promote, lead on and support change in a range of ways: changes to culture, challenges to stigmatisation surrounding mental ill health and suicide prevention;

changes to how we assess risk, how able we are to identify early and respond to the signs of mental health distress and suicidal risk; the development of pathways into support that are accessible and responsive to the needs of people who require support; how we are able to support people to develop skills and ability to cope and recover from mental ill health.

4.4 Locally, there are a range of established and developing pieces of work that can and do contribute to the success of the suicide prevention strategy such as the Crisis Care Concordat; the Prevention Concordat; and Time To Change.

4.5 Particular areas of the strategy which might require particular focus in terms of supporting their achievement are identified below:

Training

4.6 The provision of a training programme to support awareness raising and effective responses to suicide risk currently has a capacity to train 300 people in SafeTalk during 2018–2019, and 150 people in ASIST over a two year period (2018–2020).

4.7 The achievement of this training programme is through funding from City of York Council Public Health Department and the Adult Safeguarding Board and is enabled primarily by the time and accredited trainer skills of a CYC employed Suicide Prevention Co-ordinator.

4.8 There are limitations in how much further the scope of this training can be offered as well as concerns about the future sustainability of this training offer post 2019. The provision of these courses is reliant upon partner agencies being able to provide free venues in which to run the training.

4.9 How able to support the achievement of an effective community level response to suicide prevention this relatively small amount of training capacity can achieve is a challenge.

Support for those affected by suicide

4.10 The provision of a service which supports those bereaved and affected by suicide is an objective within the suicide safer strategy.

- 4.11 Existing arrangements within York see the Major Incident Response Team (MIRT) offering support for those people bereaved by suicide. People affected by suicide are identified by colleagues in services such as North Yorkshire Police or the Coroners Office and referred into MIRT to receive support through a network of existing volunteers. The MIRT service has been instrumental in helping to set up a support group which links into a national network of support groups called Survivors of Bereavement by Suicide (SOBS) in York.
- 4.12 The provision of this 'postvention' suicide support by the MIRT team is not funded through commissioned arrangements to provide a dedicated service. This support is provided as a voluntary arrangement by the MIRT resource which we are lucky to benefit from but which carries with it risks of lack of accountability and sustainability that wouldn't be present if this were a formally commissioned service.
- 4.13 Options to consider how a locally relevant service might be funded in a multi-agency way which provides: postvention arrangements; supports broader suicide prevention priority areas; and is accountable and locally relevant is an area for development that carries resource implications beyond the scope of City of York Council.
- 4.14 Possible solutions would require scoping and an assessment of the resource implications upon a range of local stakeholders.

Multi-agency approach

- 4.15 The recent agreement for a reporting and governance structure into the Mental Health Partnership to achieve the Suicide Safer Community 2018-2013 Strategy demonstrates the commitment to and requirement for a multi-agency approach. What this multi-agency approach means in terms of how each agency prioritises this agenda; allocation of resources; and support for the less tangible elements of change that are required in relation to cultural messages around wider concepts of mental health and wellbeing, are particular challenges.
- 4.16 Locally, there are already a range of multi-agency partnerships to support the mental health agenda, which the suicide prevention and self-harm agenda's clearly align to – such as the All-Age Mental Health Strategy and Crisis Care Concordat.

- 4.17 There are more recent programmes of work that may require supportive development to help achieve true multi-agency participation in: such as achievement against the recent Health & Wellbeing Board Commitment to sign up to a Public Health England proposal for a Prevention Concordat of which early identification and support, the removal of barriers to accessing support due to stigma are both key components – both of these areas are particular priorities within our suicide prevention approach and which require whole system change to help achieve.
- 4.18 A locally developing Time To Change hub which contributes to a growing social movement to challenge stigma and discrimination experienced by those with mental ill health is another example of a programme of work that acknowledges the importance of stigma and discrimination as barriers to accessing support and recovering from mental ill health.
- 4.19 Stigma, discrimination and prevention are all key themes within the mental health and wellbeing discussion and also specifically within suicide prevention. Achievement of change in relation to reducing the stigma associated with mental ill health, suicide and self-harm, is perhaps one of the more challenging elements of our strategic objectives.
- 4.20 In order to achieve against this, it requires a shared vision of how to affect change as a whole system and that suicide prevention is everybody's business is taken as a standpoint by all partners.
- 4.21 How services and support arrangements are commissioned, developed and informed; how services operate in effective collaboration with each other; how we engage residents to be able to support the principles of suicide prevention and cultural change in how we view mental health and wellbeing; and how we engage contribution from the full range of local leaders from community, voluntary, education, business, and statutory sectors to support this agenda are all important considerations for the achievement of our ambition.

Options

5. There are no specific options to choose between. A number of recommendations members may wish to give consideration to are detailed in section 9 of this report.

Council Plan

6. The prevention of suicide and the topic of self harm are both clearly identified as priority areas within the All-Age Mental Health Strategy and the work of the Mental Health Partnership.
 - 6.1 Suicide Prevention and self-harm relate to The Council Plan priority of creating a prosperous city for all as we can identify inequalities in relation to increased risk of self-harm and suicide where deprivation exists.
 - 6.2 Suicide prevention and self-harm relate to The Council Plan priority of focussing on frontline services where we can identify priority areas in relation to how effective services are able to respond to suicide risk and presentations of self-harm.
 - 6.3 Suicide prevention and self-harm relate to The Council Plan priority of listening to residents as we can identify ways in which being better able to support community members who experience risk of suicide or who have experienced bereavement by suicide or self-harm is shown to carry stigmatisation.

7. Implications

Financial - There are no direct financial implications noted within this report.

Human Resources (HR) - There are no known Human Resources implications within this report

Equalities - There are no known Equalities implications within this report

Legal - There are no known Legal implications within this report

Crime and Disorder - There are no known Crime and Disorder implications within this report

Information Technology (IT) - There are no known Information Technology implications within this report

Property - There are no known Property implications within this report

Risk Management - There are no known risk implications within this report.

Recommendations

9. A range of recommendations are presented for scrutiny committee members to consider.

9.1 These are not being presented as recommendations that have been assessed based on choices between options but rather as potential ways in which scrutiny members may wish to consider in order to help support the progress of the suicide prevention agenda and the reduction of and response to self-harm within the City:

- Members are asked to consider whether funding into our suicide prevention training resource - which is currently from Public Health and Adult Safeguarding Board - is adequate to help achieve a community level, city-wide change in how we are able to reduce suicide.

Reason: The provision of training at an adequate level to support change at a city-wide level is one which requires greater investment

- Personal attendance at SafeTALK training by committee members

Reason: Attendance at suicide prevention training on how to identify and respond to risk could raise awareness and understanding of the suicide prevention agenda and improve effectiveness as local community leaders.

- A York Suicide Safer Community Delivery Group is currently being re-established. Members are asked to consider how they could help support the achievement of the objectives of this group

Reason: Local involvement and support from members by attending the group could help influence and support community level responses to the prevention of suicide

- Members are asked to consider how they might contribute to a developing communications plan to support the promotion of key suicide prevention messages; the suicide prevention agenda; and the challenge of stigma and discrimination for our residents

Reason: Providing consistent and informed messages about suicide prevention - and more generally mental health - can help to challenge stigma, discrimination and help to support early identification and access to support

- Members are asked to consider how City of York Council can visibly support suicide prevention and lead by example in ways that support the suicide prevention agenda. This might be by developing an organisational suicide prevention and response plan; by signing up to the employers pledge of the national Time To Change programme; or by incorporating a focus on mental health and wellbeing within a workplace wellness approach

Reason: City of York Council should lead by example when it comes to supporting principles by which we ask other organisations to adhere to

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Report Approved

Date 01/11/18

Wards Affected: *List wards or tick box to indicate all*

All

Annexes

Annex 1: York Suicide Safer Community Strategy 2018 November draft

Annex 2: Self-harm-needs-assessment-2016

Annex 3: COY Self Harm and Suicidal Behaviour Oct 17

Abbreviations

ASSIST – Applied Suicide Intervention Skills Training

CAMHS - Adolescent Mental Health Service

CYC- City of York Council

JSNA- Joint Strategic Needs Assessment

MIRT Major Incident Response Team

SOBS - Survivors of Bereavement by Suicide