

Health and Wellbeing Board

30 January 2019

Adults Wellbeing and Health OSC – Review of Suicide Rates and Mental Health and Wellbeing in County Durham



Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Councillor John Robinson, Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The report presents the key findings and recommendations of the Adults Wellbeing and Health Overview and Scrutiny Committee's (OSC) Review Group report into suicide rates and mental health and wellbeing in County Durham.

Executive summary

- 2 This review was undertaken between October 2016 and March 2017 following concerns identified by the Adults Wellbeing and Health OSC during consideration of Quarterly Performance Management reports which highlighted that suicide rates for County Durham were above the National and North East average figures. Members examined statistics around suicides and suicide rates during a three year period 2012-14 in more detail rather than wider mental health illness or public mental health statistics. They also assessed the measures that the Council and its partners have put in place to ensure improved mental health and wellbeing and which aim to reduce the incidence of suicides within County Durham.
- 3 Members considered evidence based on 4 key themes of policies, processes and services of Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting suicide prevention and the promotion of mental health and wellbeing.

- 4 For the period 2012-14, County Durham had the second highest suicide rate within the North East local authorities and the highest suicide rate amongst its CIPFA nearest neighbour local authority group. The 2012-14 Suicide Audit for County Durham Suicide rates in Durham (2012-14) were 20.6 per 100k population for males and 6.1 per 100k population for females. National figures are 14.1 and 4.0 per 100k population respectively. Durham and Derwentside are the areas with the greatest numbers of suicides although not statistically significantly higher than the County Durham average. The largest number of deaths by suicide occurred in the 40-49 age group with 33% of suicide victims employed at time of death and 31% unemployed. 34% of suicides cases lived alone.
- 5 In September 2012, the Government published “Preventing suicide in England: A cross-government outcomes strategy to save lives”, a new strategy intended to reduce the suicide rate and improve support for those affected by suicide. It set out overall objectives to achieve a reduction in the suicide rate in the general population in England and provide better support for those bereaved or affected by suicide. A national mental health strategy, entitled “No Health without Mental Health” and its implementation framework set out what local organisations can do to turn the strategy into reality, what national organisations are doing to support this, and how progress will be measured and reported.
- 6 The County Durham Joint Health and Wellbeing Strategy 2016-2019 includes a strategic objective to “Improve the mental and physical wellbeing of the population” as well as a key outcome to reduce self-harm and suicides. Key actions set out within the Strategy include a refresh of the Public Mental Health Strategy for County Durham, including the development of a Suicide Prevention Framework and an associated action plan to improve outcomes for people experiencing mental health crises in the community and in custody.
- 7 The County Durham Public Mental Health Strategy is delivered through a multi-agency partnership involving Durham County Council, NHS Provider and Commissioning bodies, Durham Constabulary, Durham Prisons and a range of Community and Voluntary Organisations which reports to the Health and Wellbeing Board and Children and Families Trust. The County Durham Mental Health Implementation Plan sets out delivery priorities, governance structures and reporting responsibilities.
- 8 Key milestones within the plan include the implementation of Public Mental Health; Children’s Mental Health and Dementia strategies; the delivery of a recovery college (TEWV FT); improved accommodation offers to support inpatient discharge; an improved mental health prevention service and improved crisis response service.

- 9 As part of the refresh of the Public Mental Health Strategy the Council needs to develop and implement a local suicide prevention strategy which delivers against the Government's suicide prevention strategy and includes key actions aimed at reducing suicides, ensuring the mental health support services are available and accessible to those at risk of suicide and promotes effective partnership working which includes the ability to share data and learning across agencies.
- 10 In terms of suicide prevention, the existing suicide early alert service promotes early support and interventions for those affected by suicide but should also be able to flag up those individuals at risk of suicide and which could be used to target preventative mental health services to such individuals. This should be explored as part of the development of the suicide prevention strategy and action plan.
- 11 When examining NHS Policies, processes and services for suicide prevention and the promotion of mental health and wellbeing the working group have received numerous examples of effective partnership working across NHS Organisations including liaison between mental health and acute hospital services, there are improvements that have been identified which could lead to more effective suicide prevention, more timely service provision and interventions for those in crisis and/or at risk of suicide and a clearer crisis pathway and improved accessibility to mental health services.
- 12 The working group have heard that often those at risk of suicide are known to one or more of the emergency services be that the police or health. Difficulties have been reported in terms of organisations ability to share information across partners in respect of those at risk of self-harm or suicide as well as learning from those incidents of suicide. The working group consider that a multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies.
- 13 The working group are concerned that there is no diagnosis flag within the A&E system that could give an indication of attempted suicide for patients who present at A&E but who are not admitted. This presents a risk to such patients in that they may not be offered access to mental health services at an early stage which could improve their chance of recovery and prevent potential for suicide.
- 14 The working group are pleased to note the success of County Durham and Darlington NHS Foundation Trust's work with TEWV NHS FT liaison team in ensuring that those patients who have been admitted and have been identified with an intentional self-harm code are able to access mental health services. However, it is noted that this appears to be more effective from 08.00 a.m. until 10.00 p.m. with a liaison gap

having been identified when the team handover to the crisis team. It is essential that a consistent level of service should be provided 24/7 to mitigate against risks of potential self-harm and suicide during crisis episodes.

- 15 The mapping out of services to support individuals escalating towards clinical crisis and averting the crisis or ensuring the person is helped into the right clinical care has been identified as a much needed improvement in current processes. Often individuals are not aware of the services available to them to support their mental health and wellbeing and avoid crisis episodes. They also need guidance to explain how to access these services and whether they can self-refer into services or whether this needs to involve health professionals.
- 16 The Crisis Care Concordat is a commitment made by all partners to joint working to improve the response to people in mental health crisis across services. Whilst this is to be welcomed, the development of a single point of access to crisis services has been identified as a key gap in current crisis service provision.
- 17 When examining Safe Durham Partnership policies, processes and services for suicide prevention and the promotion of mental health and wellbeing it was noted that the prison service within County Durham has an effective process known as ACCT (Assessment, Care in Custody and Teamwork) which has been assessed as fit for purpose as an effective mechanism to identify, manage and support those at risk of suicide and self-harm with the prison environment. The process has been reviewed and a series of recommendations have been implemented which look to improve communication and awareness amongst staff along with increased training in the process.
- 18 Work is underway to ensure that there is a greater integration between the criminal justice system and health/social care services particularly around multi-agency casework and information sharing regarding mental health amongst offenders.
- 19 A similar process has been examined as part of Durham Constabulary's detention and custody process with risk assessments routinely undertaken across their 4 custody suites. As part of this process routine checks are made across a range of databases and records and the group heard evidence of joint working between the Police and Health services including the new street triage service which aims to ensure that Police Officers have access to mental health professionals when detentions under S136 of the Mental Health Act 1983 are being considered.

- 20 Notwithstanding the above, issues experienced in the past in relation to data sharing between agencies and accessing patients' records/information which may result in delays in accessing treatment need to be addressed by ensuring that a process of case conferencing is in place.
- 21 Community and Voluntary Sector organisations play a significant role in suicide awareness, prevention and support for mental health and wellbeing. The Rapid Response Suicide Prevention project developed by MIND, CDDFT and Durham CCGs offers a rapid response suicide prevention counselling service which significantly reduces PHQ9 depression test scores and improves mental health and wellbeing. None of the 1649 clients referred into the service between 2011 and 2016 took their own life.
- 22 The If U Care Share Foundation offers a support after suicide service for those who have lost someone through suicide as well as a prevention referral service. Key areas of work include awareness raising of suicide within education services; shared lived experience of suicide to support those affected by suicide; advice and guidance to mental health support and crisis services.
- 23 Single Homeless Action Initiative in Durham (SHAID) identifies the wider determinants of health and their impact on mental health and wellbeing. Key groups supported include the homeless, people fleeing domestic violence; ex forces personnel, prison leavers and people with mental health diagnoses.
- 24 Durham Samaritans deliver listening services to those at risk of suicide, those affected by suicides and also work closely with media outlets to allow for sensitive reporting of suicides. Nationally they have developed teaching materials, including Developing Emotional Awareness and Listening (DEAL) which was used by professionals. Work is undertaken with young people in schools, colleges and youth settings to offer advice on looking after emotional health and a national team of specially trained volunteers work with schools and colleges affected by suicide.
- 25 The key issue identified across the Community and Voluntary Sector is the funding available to support projects and ensure their sustainability. It is therefore important that an assessment of the effectiveness of Community and Voluntary Sector services and projects is undertaken to enable resources to be targeted to those which demonstrate the necessary outcomes have been delivered.

Recommendation

26 Members of the Health and Wellbeing Board are recommended to:

(a) Note the recommendations contained within the review report

Recommendation 1

- (i) That a suicide prevention strategy and action plan be developed and implemented as part of the refresh of the Public Mental Health Strategy for County Durham and that progress against the action plan be monitored by the AWHOSC.

Recommendation 2

- (ii) The existing suicide early alert system, whilst providing excellent support and interventions for those affected by suicide after the event, needs to develop appropriate systems to flag up those at risk of suicide and which could be used to target preventative mental health services and support to such individuals.

Recommendation 3

- (iii) A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.

Recommendation 4

- (iv) The introduction of an appropriate coding/flagging system for self-harm/attempted suicide across all A&E department attendees should be promoted which identifies those potentially at risk of suicide and allows for proactive offers of access to mental health services and support.

Recommendation 5

- (v) The current processes for referral into mental health services be reviewed to ensure that there is clarity available to potential service users to help them to identify the range of services available, whether the services allow for self-referral as well as referral by health professionals and the associated target timeframes for accessing services.

Recommendation 6

- (vi) The accessibility of the out-of-hours mental health crisis service be reviewed to ensure that individuals suffering from crisis episodes have timely access to support and interventions.

Recommendation 7

- (vii) An audit of current health and wellbeing support and services within the Community and Voluntary Sector be undertaken to evaluate their effectiveness and enable resources to be targeted at those interventions where demonstrable outcomes for improved mental health and wellbeing and reduced suicide risk are evident.

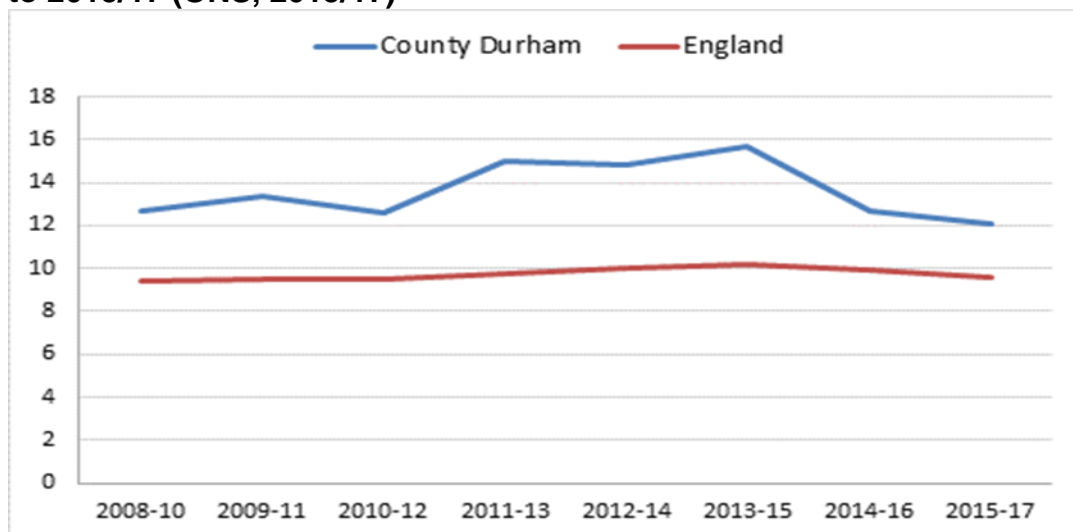
Recommendation 8

- (viii) That a systematic review of the report and progress made against recommendations should be undertaken after consideration of this report, within six months.

Service Grouping Response

- 27 The NE rates for suicide remain significantly higher than the national average. In County Durham, the number of registrations in 2017 (56) was broadly similar to previous years, with the annual average for the previous 10 years being 59.1 registrations.

Table 1: Suicide rates over time, County Durham, 3 years pooled, 2008-10 to 2015/17 (ONS, 2015/17)



- 28 Since the commission of the Adults Wellbeing and Health OSC review, the national Mental Health Forward Plan identified £25 million in funding allocated to NHS England to support the reduction in suicide rates by

2020/2021. The dissemination of this funding is being managed through the NHS England south hub for the County Durham, Darlington, Tees Valley and Hambleton Richmondshire and Whitby Suicide Prevention Group.

- 29 In May 2018, the Local Government Association urged councils to change their focus on mental illness to helping everyone stay mentally well. This included shifting attitudes and approaches to mental health and mental health services, increasing investment in prevention, early intervention and life-time support.
- 30 Durham County Council are working with partners on a Local Government Association pilot focused on Prevention at Scale.
- 31 In Durham this has an emphasis on preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.
- 32 Durham County Council signed the employer pledge for Time to Change on 10th October 2018 as part of World Mental Health day. This committed the council to prioritizing the mental health and wellbeing of the workforce. The pledge is being supported by all partners within the County Durham Partnership.
- 33 The County Durham Mental Health Strategy is currently being refreshed to lead on the development of improved mental health systems and functionality across the county. This includes Suicide Prevention and the integration of the Mental Health Prevention Concordat for Mental Health.
- 34 The Mental Health Crisis Care Concordat are currently reviewing the work of the Crisis Team across County Durham to standardise the process and management of referrals into Intensive Home Treatment for those in crisis.
- 35 The County Durham Suicide Alliance has been initiated to deliver multi agency approach of the actions highlighted in the Suicide Alliance Prevention Action Plan (2018-20). This will include the recommendations from the Adults Wellbeing and Health OSC review report into Suicide Rates and Mental Health and Wellbeing.
- 36 A review of the County Durham Suicide Prevention Early Alert System will be conducted between October 2018 and January 2019. This will ensure systems for real time data source analysis are implemented between partners and post-vention support is targeted at those most in need.

- 37 A Suicide Prevention Coordinator was appointed in July 2018, to support the Suicide Prevention Alliance Action Plan to ensure the delivery of the plan and oversee support for those bereaved or affected by suicides, including families and the wider community.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

The report of the Adults Wellbeing and Health Overview and Scrutiny Committee is presented to the Health and Wellbeing Board in accordance with the decision of Cabinet held on 14 November 2018

Finance

Not applicable

Consultation

Not applicable

Equality and Diversity / Public Sector Equality Duty

An Equality Impact Assessment has been undertaken on the review report and was considered by Cabinet on 14 November 2018

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

Appendix 2: Review Report – Suicide Rates and Mental Health and Wellbeing in County Durham

Attached as a separate document