

29 January 2020



**An Update Report – Review of Suicide Rates and Mental Health and Wellbeing in County Durham**

**Report of Amanda Healy, Director of Public Health, Durham County Council**

**Purpose of the Report**

- 1 To provide members of the Health and Wellbeing Board with an update on the recommendations made in the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) report undertaken in October 2018.
- 2 To highlight work completed towards the County Durham's Suicide Prevention Action Plan (2018 – 2021).

**Executive summary**

- 3 Between October 2016-March 2017, a review conducted by the AWHOSC examined suicide rates in County Durham. The rates had raised concerns by being above the national and North East average figures.
- 4 Members examined statistics around suicides and suicide rates during a three-year pooled data period 2012-14. They also assessed the measures that the Council and its partners had put in place to improve mental health and wellbeing across our local communities. The review report on suicide prevention went to Cabinet in November 2018.
- 5 The AWHOSC report made eight recommendations. This report provides an update on each of the individual recommendations which have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21).
- 6 In County Durham, the number of deaths by suicide in 2018 (69) registered by the Coroner was broadly similar to that of previous years<sup>1</sup>, with the annual average for the previous 10 years being 60.7 registrations.

<sup>1</sup> Suicides in England and Wales by local authority, 2002 to 2018, ONS. September 2018.

- 7 The latest 3-year pooled national suicide data (2016-2018<sup>2</sup>) shows that:
- (a) In County Durham deaths by suicide are significantly higher for men than women, a trend reflected regionally and in England;
  - (b) Male deaths by suicide in County Durham are similar to the regional rate but statistically significantly higher than the rate seen in England;
  - (c) Female deaths by suicide in County Durham are similar to the rates seen regionally and in England;
  - (d) The rate of deaths by suicide for all persons (male & female) in County Durham are not statistically different from other North East Local Authorities.
- 8 Suicide is a complex issue, with individuals being ten times more likely to die by suicide in the lowest socio-economic areas compared to the highest (Public Health England (PHE), (Local Suicide Prevention Planning, 2016). Effective suicide prevention requires a whole system approach to reducing incidence.
- 9 Durham County Council, County Durham and Darlington Foundation Trust (CDDFT), primary care, Tees Esk and Wear Valley NHS Trust (TEWV), Durham Constabulary and regional policing partners, Area Action Partnerships (AAP's), wider community and voluntary organisations and local people affected by suicide can all contribute to suicide prevention work.
- 10 The Suicide Prevention Alliance was refreshed in May 2018 and the appointment of a Suicide Prevention Coordinator has been made to facilitate the delivery of the County Durham Suicide Prevention Action Plan (2018-2021).
- 11 An extensive review of the Public Health Early Alert System has been completed and Standard Operating Procedures are in development.
- 12 A suicide audit of Her Majesties Coroner's Office files has begun. The Audit findings will underpin the continued work of the Suicide Prevention Alliance.
- 13 Adult mental health services including Improving Access to Psychological Treatment (IAPT) pathways have a self-referral process in place.
- 14 The Liaison Service is a 24-hour service and a merger between Durham and Darlington Crisis Team will create a more centralised hub and spoke team.

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<sup>2</sup> Suicide Prevention Profile, PHE Fingertips.

- 15 Early work has begun in developing a specification for a safe space, particularly out of hours and an application for further funding to support this has been submitted to the Crisis Care Transformation Funding.

**Recommendation(s)**

- 16 Members of the Health and Wellbeing Board are recommended to note this report and the updates provided.

## Background

- 17 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken on suicide prevention within Durham County Council; NHS partners and Safe Durham Partnership together with how the community and voluntary sector is involved in supporting the promotion of mental health and wellbeing.
- 18 Suicide is a significant cause of death in young adults, men between 35-49 and an indicator of underlying mental ill-health in all age groups. Suicide is often the end point of a complex history of risk factors which requires a multi-agency approach implement prevention and early intervention to reduce suicide ideation.
- 19 In May 2018, the Local Government Association urged councils to change their focus on mental illness to helping everyone stay mentally well. This included overhauling attitudes and approaches to mental health and mental health services, increasing investment in prevention, early intervention and lifetime support.
- 20 Durham County Council continue to work with partners on a Local Government Association pilot focused on Prevention at Scale. This work provides a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.
- 21 Durham County Council signed the employer pledge for Time to Change on 10th October 2018 as part of World Mental Health day. The council continues to prioritise mental health and wellbeing of the workforce. All partners within the County Durham Partnership are supporting the pledge.
- 22 The County Durham Suicide Alliance has been refreshed to deliver a multi-agency approach of the actions highlighted in the Suicide Alliance Prevention Action Plan (2018-21) This will include the recommendations from the AWHOSC review report into Suicide Rates and Mental Health and Wellbeing.
- 23 Two thirds of all people who die by suicide are not in contact with mental health services, therefore key areas for action relating to the Suicide Prevention Alliance include:
  - (a) Reduce the risk of suicide in key high-risk groups;
  - (b) Tailor approaches to improve mental health in specific groups;
  - (c) Reduce access to the means of suicide;
  - (d) Improve responses and provide better information and support to those bereaved or affected by suicide;

- (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
  - (f) Support research, data collection and monitoring.
- 24 A Suicide Prevention Coordinator was appointed in July 2018, to support the Suicide Prevention Alliance Action Plan to support the delivery of the plan and oversee referral for those bereaved or affected by suicides, including families and the wider community.
- 25 The national Mental Health Forward Plan has 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 and is integrated into the development work of the County Durham Suicide Prevention Alliance Action Plan.
- 26 In September 2018, a review of all current commissioned services relating to suicide prevention has been undertaken by commissioning and public health to ensure all services remain effective in targeting appropriate communities and value for money is assured. These include If U Care Share, Wellbeing for Life, Welfare Rights, Relate, Cruse, Cree's and Papyrus.

### **The 2018 change in the standard of proof used by Coroners in England and Wales**

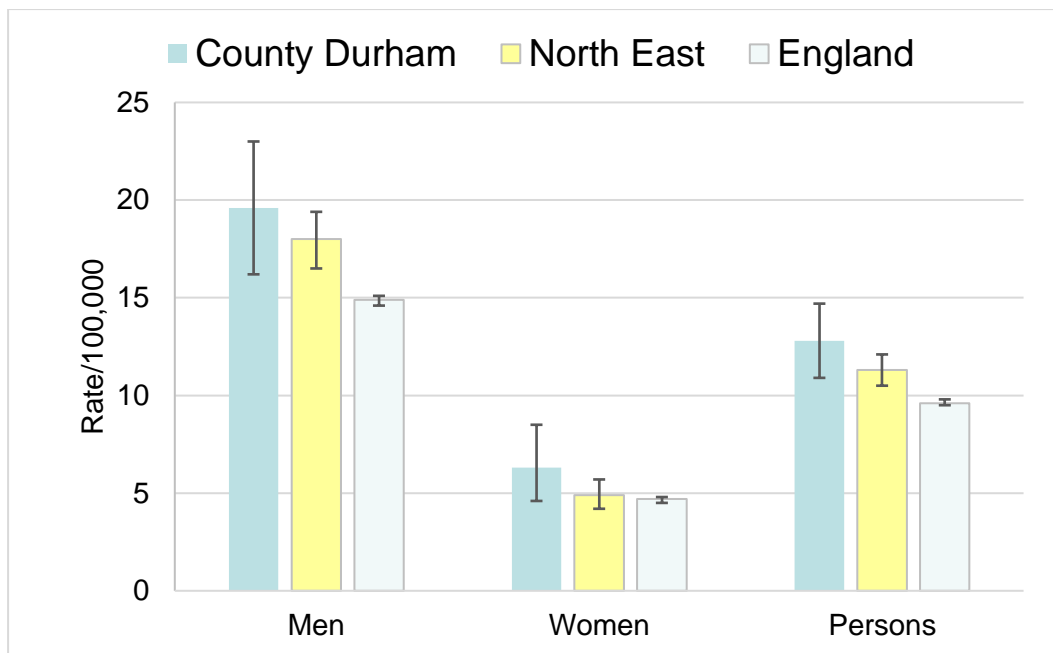
- 27 In England and Wales, all deaths by suicide are certified by a Coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the "civil standard" from the "criminal standard". Meaning a Coroner can now return a verdict of suicide based on the balance of probabilities rather than beyond all reasonable doubt.
- 28 It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide, possibly creating a discontinuity in the ONS time series.
- 29 The ONS report 'Suicides in the UK: 2018 registrations' suggests that it is not possible to establish whether the higher number of recorded suicide deaths are a result of this change however, they will monitor and report the effect of this change when more evidence is available.
- 30 In 2018 there were 6,507 suicides registered in the UK, an age-standardised rate of 11.2 deaths per 100,000 population; the latest rate is higher than that in 2017. Within the UK suicide rates for 2018 are higher in Scotland (24.5 per 100,000) than Wales (19.1 per 100,000) and England (1.9 per 100,000). This has been consistent over time.

- 31 Males continue to account for three-quarters of suicide deaths in the UK 2018 (4,903 male deaths compared with 1,604 female deaths). The latest increase in the overall UK rate appears to be largely driven by males: in 2018, the rate was 17.2 deaths per 100,000 males, up significantly from the lowest observed rate in the previous year (15.5 deaths per 100,000). Despite being higher, the latest rate among females in 2018 (5.4 deaths per 100,000 females) was not found to be statistically different to that observed in the previous year (4.9 deaths per 100,000).
- 32 There has been little change in suicide rates per 100,000 over time in England. For the period 2001-03 the rate was 10.3 per 100,000 and for 2016-18 it was 9.6 per 100,000. However, numerically the number of annual suicide registrations in England has increased by almost 20%, from 4,202 in 2010 to 5,021 in 2018.

### **Suicide in County Durham**

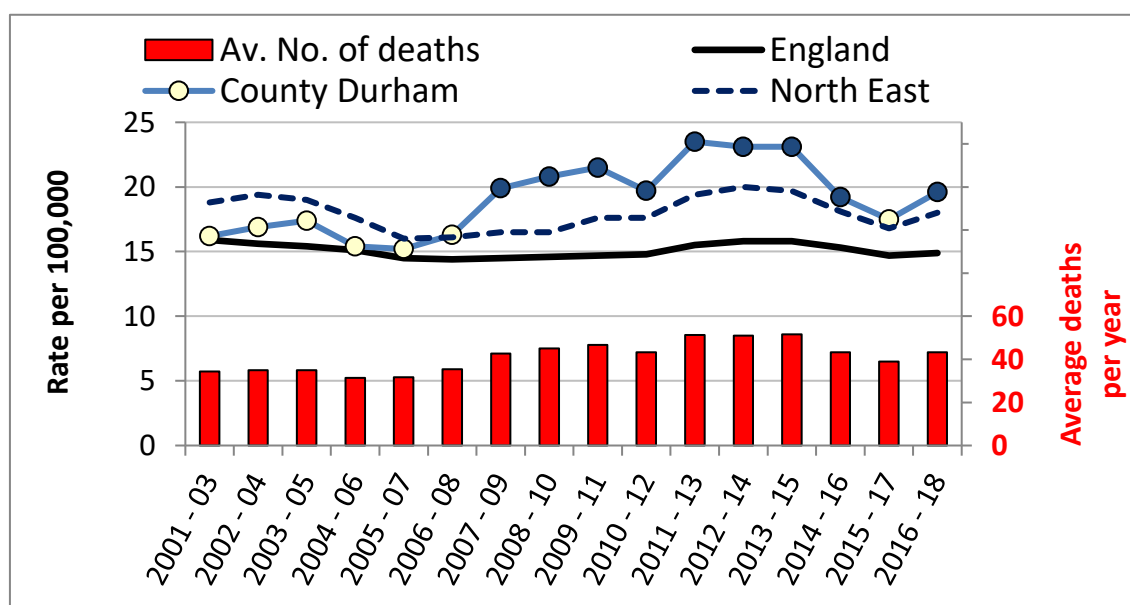
- 33 Rates of suicide in County Durham (2016-18) were statistically significantly higher for men (19.6 per 100,000) than women (6.3 per 100,000). This is the case both nationally and in the North East (figure 1).
- 34 The suicide rate for men in County Durham for 2016-18 (19.6 per 100,000) is statistically significantly higher than England (1.9 per 100,000) but not significantly different to the North East (18 per 100,000). For women the rate locally (6.3 per 100,000) is not statistically significantly different to England (4.7 per 100,000) or the North East (4.9 per 100,000).

**Figure 1.** Suicide and injury undetermined age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, women and persons, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



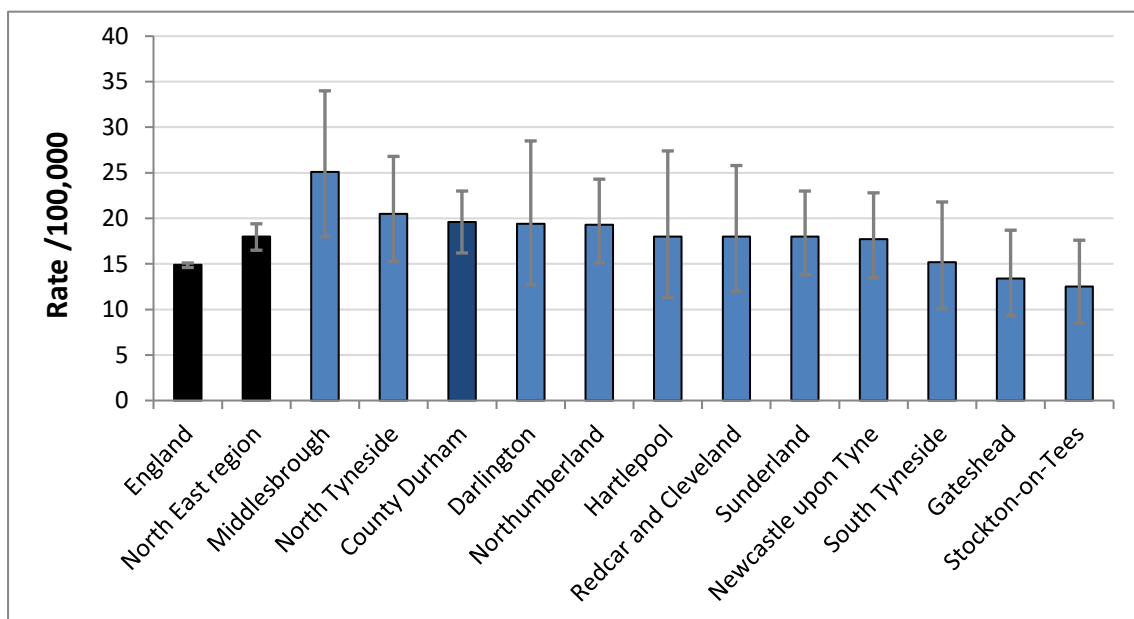
35 Male suicide rates in County Durham have been increasing over time (figure 2) and have shown significant variation over time, from a low of 15.2/100,000 (2005-07) to a high of 23.5/100,000 (2011-13). In comparison male rates nationally have experienced little change over time while rates for the North East have also shown significant variation over the same period.

**Figure 2.** Suicide age-standardised rate per 100,000 (3 years pooled) and average deaths per year, men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips.



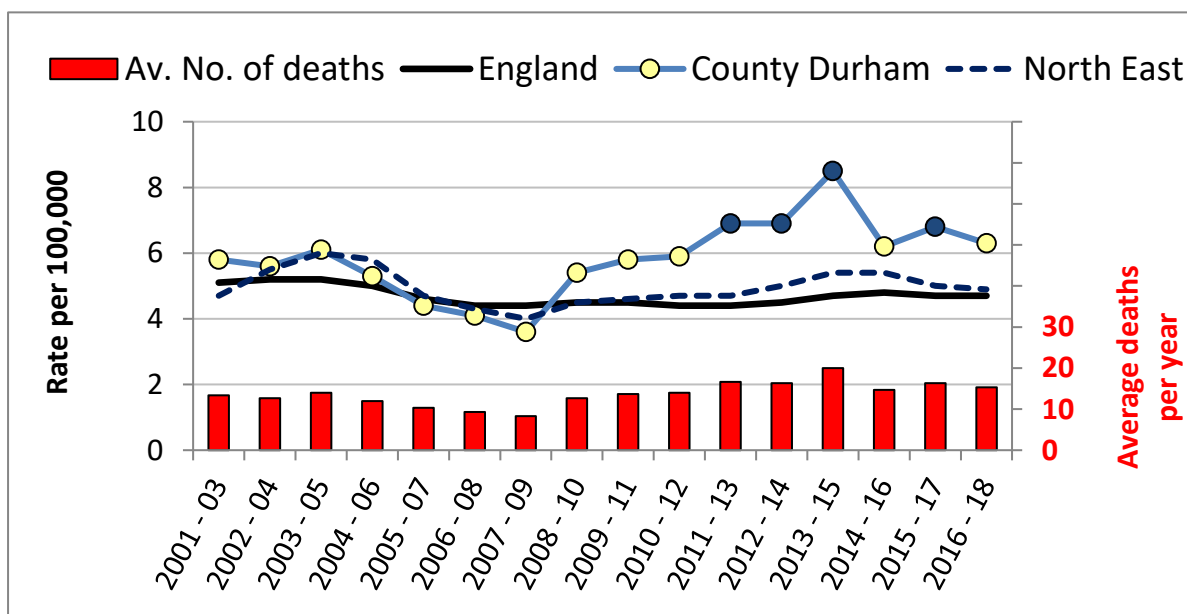
36 There is no statistically significant variation in male suicide rates across the North East (figure 3).

**Figure 3.** Suicide age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



37 Female suicide rates in County Durham have shown significant variation over time (figure 4), from a low of 3.6/100,000 (2005-07) to a high of 8.5/100,000 (2013-15). In comparison female rates nationally or regionally have experienced little change over time.

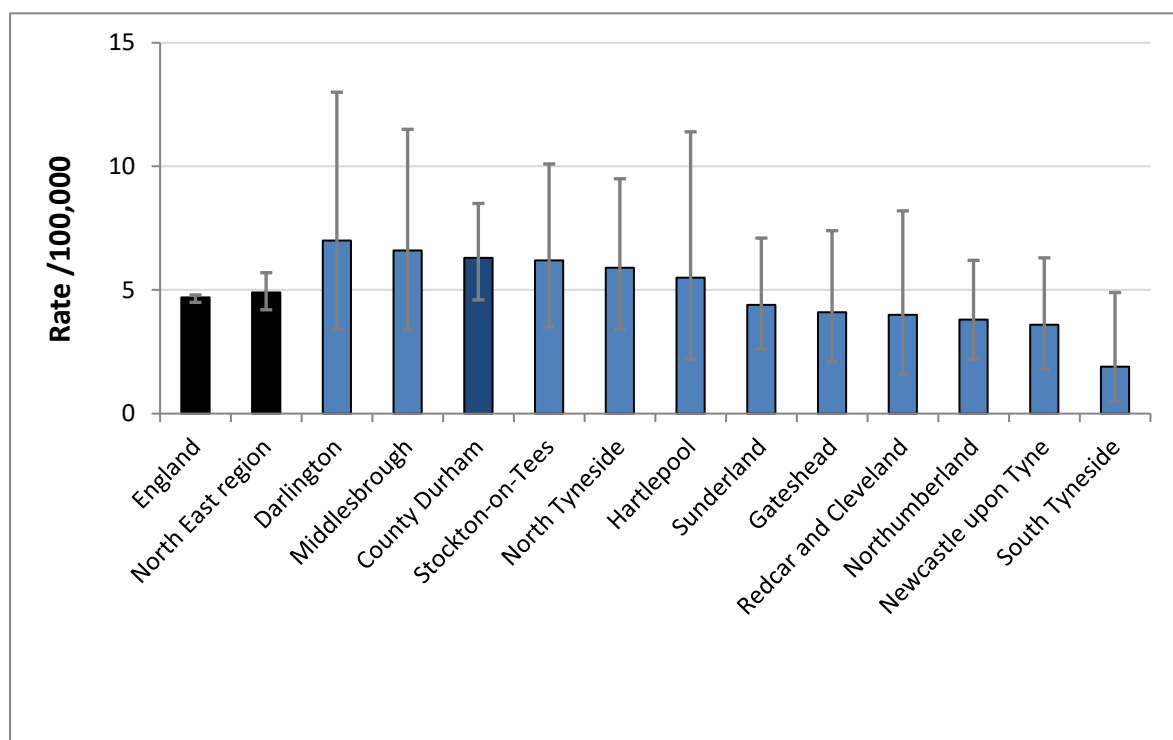
**Figure 4.** Suicide age-standardised rate per 100,000 (3 years pooled), men, County Durham, North East and England, 2001-03 to 2016-18. Source. Suicide Prevention Profile, PHE Fingertips





38 There is no statistically significant variation in female suicide rates across the North East (figure 3).

**Figure 5.** Suicide age-standardised rate per 100,000 (3 years pooled), with 95% confidence intervals, men, County Durham, North East and England, 2016-18. Source. Suicide Prevention Profile, PHE Fingertips



## Recommendations updates from the AWHOSC Review 2018 Report

- 39 The original AWHOSC review for suicide prevention was undertaken between October 2016 and March 2017. The review considered evidence for work being undertaken based on 4 key themes of service strategies, policies and plans 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.
- 40 There were eight recommendation made within the review report. This section provides an update on the progress made on those recommendations as of September 2019.

### **Recommendation 1**

- 41 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 AHWOSC.
- 42 A Suicide Prevention Coordinator was appointed in July 2018 to support the work of the Suicide Prevention Alliance and ensure the delivery of the Suicide Prevention Action Plan outcomes. The role also provides assurance for post-vention support referral made for those bereaved or

affected by suicides. The post is funded by North Durham and DDES CCG the post holder sits within the County Durham Public Health Team.

- 43 Since the commission of the AHWOSC report, the Suicide Prevention Alliance has been refreshed, bringing together a partnership of providers including Durham Constabulary, the NHS, DCC services, community sector and voluntary sector organisation all committed to reducing the rate of suicide across County Durham.
- 44 The County Durham Suicide Prevention Alliance oversees the work of a multi-faceted approach to suicide prevention. Meeting quarterly the Suicide Prevention Alliance delivers outcomes against the Suicide Prevention Action Plan that works across the life course to address the needs of children, young people, adults' families and the wider community.
- (a) Reduce the risk of suicide in key high-risk groups;
  - (b) Tailor approaches to improve mental health in specific groups;
  - (c) Reduce access to the means of suicide;
  - (d) Improve responses and provide better information and support to those bereaved or affected by suicide;
  - (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
  - (f) Support research, data collection and monitoring.
- 45 The current Suicide Prevention Action Plan has 20 completed actions, now archived and 11 ongoing actions.
- 46 Progress is also reported to Public Health Senior Management Team, Adults and Health Management Team and on a quarterly to the Strategic Mental Health Partnership Board.

## ***Recommendation 2***

- 47 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.
- 48 An extensive review of the current Durham Early Alert System was undertaken in December 2018 – April 2019. This review conducted with partners, now provides quality assurance for the County Durham's system in line with best practice; local infrastructure requirements; and information governance responsibilities.

- 49 Key recommendations from the review included actions for post-vention pathways, workforce development, protocols, surveillance, community response and communications.
- 50 The Early Alert Review concluded that the new operational system will be called the Real Time Data Surveillance System and become Coroner led. This will provide a standardised and more robust process for data surveillance undertaken by the Public Health Intelligence team and speed up the process for post-vention referral.
- 51 The new Real Time Data Surveillance System and associated Standard Operating Procedures have been successfully implemented and has been highlighted as an example of best practice across the region.
- 52 TEWV have undertaken a review into self-harm and their current consultation on access to Right Care, Right Place is engaging wider partners, including Primary Care Networks on the interface between GP practices, mental health services and an asset-based approach for CVS involvement in pathways for wellbeing.

### ***Recommendation 3***

- 53 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.
- 54 Findings from Coroners data indicate that about two-thirds of people who take their own lives are not in contact with mental health services in the year before they die (NCISH, 2018). However, a high percentage of people who die by suicide are in contact with their GP in the months before they die, with estimates ranging from 32-66%, in the month leading up to their death and 75% in the 6 months before (Leavey et al, 2017).
- 55 TEWV currently undertake a Serious Untoward Incident (SUI) for all deaths occurring within mental health services, including suicide. This process works in partnership with all services, including GP's to enhance learning and service improvement.
- 56 Work is on-going via the Mental Health Strategic Partnership to train NHS staff to increase awareness of suicide prevention within primary care. This is being delivered by the Wellbeing for Life Service commencing in September 2019.
- 57 Public Health are currently conducting a suicide audit of HM Coroner's files relating to deaths by suicide and undetermined injury. The Audit findings will underpin the continued work of the Suicide Prevention Alliance and provide the evidence base for local need, key trends, high

risk locations. This information will be shared with all partners to encourage learning and service improvement.

- 58 With an emphasis on the preventing the escalation to suicide ideation, the Durham Crisis Concordat High Intensity Users (HIU) programme of work coordinated by TEWV, receives referrals from the Police, the voluntary sector, CDDFT and TEWV aiming to support individuals who are high intensity users.
- 59 This HIU work in partnership with multiple agencies to support those creating the greatest demand on crisis and emergency services. This coordinated approach works to find alternative interventions to address needs and behaviours. The work is governed and monitored via the Crisis Care Concordat.
- 60 The Crisis Care Concordat has made an application for Crisis Care Transformation Funding to allow the further development of the HIU scheme.

#### ***Recommendation 4***

- 61 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.
- 62 This work is an ongoing requirement. The appointment of a Consultant in Public Health for TEWV and County Durham and Darlington NHS Trust along with other priorities can be used to review A&E data on self-harm and make future recommendations to progress this area of work.
- 63 In its infancy stage there is a joint self-harm task and finish group between the Suicide Prevention Alliance and the LTP. This work is being led by the new Public Health GP.

#### ***Recommendation 5***

- 64 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.
- 65 Adult mental health services including the IAPT pathway have a self-referral processes in place. TEWV have set their target for first appointments at 4 weeks from the date of referral, which is shorter than the national targets in place but reflects the Trust's ambitions around delivery of care.

The TEWV programme of Right Care, Right Place has been through a full consultation process and work to implement a system wide to improve outcomes, experience and well-being for those experiencing mental health difficulties and continues to be progressed. As part of this a workshop was

held on 15 January to help partners identify how we can measure the impact of these changes

### ***Recommendation 6***

- 66 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.
- 67 The Liaison service is now a 24-hour service meaning there is no longer the need to handover to the crisis team. This streamlines the referral process and ensures support and interventions are maintained without interruption.
- 68 There is a planned alignment for the County Durham and Darlington crisis teams. Work for this is already ongoing, Auckland Park has been identified as a new hub and developments are being overseen by a TEWV service manager.
- 69 There is development work of a 111 option 2 (111/2) service for mental health currently being undertaken by the Durham and Darlington Crisis Concordat. Developing a 111/2 service for mental health with TEWV would ensure a single point of access is achieved and is consistent with the NHS long term plan (DOH 2019), highlighting the need for people to be “Provided with the right response when in a crisis”.
- 70 The Crisis Care Concordat have submitted a Community Crisis Care Transformation Funding bid application to further support the development of a 111/2 service for mental health.
- 71 The provision of an ‘option 2’ for callers contacting 111 will result in immediate access to trained workers offering support and triage for patients in mental health distress or crisis. Signposting to appropriate support will also be available. This puts the patient in control, reduces the steps required and is more ‘hand offs’ when accessing mental health support.

### ***Recommendation 7***

- 72 An audit of current health and wellbeing support and services within the CVS 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.
- 73 Whilst this recommendation has not fully completed work has been ongoing to provide quality assurance within current commissions.
- 74 In September 2018, a review was undertaken by commissioning and Public Health to ensure all services affiliated to suicide prevention remain effective in targeting appropriate communities and that value for

money is assured. These included If U Care Share, Wellbeing for Life, Welfare Rights, Relate, Cruse, the Cree's and Papyrus.

- 75 Working in partnership with the NHS and VCSE Durham County Council are proposing a new approach to wellbeing, past of the mental health at scale work. The Wellbeing approach builds on the County Durham Partnership Event in 2018/19, which focused on mental health, highlighting the importance of greater engagement with communities.
- 76 The development of this approach is also intended to underpin the delivery of two key strategic developments across County Durham; the County Durham Vision, (Durham 2035 – a vision for our future) and the emerging Joint Health and Wellbeing Strategy.
- 77 Consultations with the Resilient Communities Group delivered as part of the Mental Health Strategic Partnership provided positive insight into the views of the community and voluntary sector to adopt and align the wellbeing approach within their everyday service delivery.
- 78 This approach will be an opportunity for a shared vision for the CVS workforce, including volunteers and paid staff to engage in their local assets to promote mental health and wellbeing. links are also being made with PCN's link workers, funded as part of the NHS Plan.
- 79 Adding in to this new approach, TEWV and the councils commissioning team have undertaken an engagement event regarding crisis provision and alternatives to hospital admissions. This identified that access to a safe space particularly out of hours is needed and valued.
- 80 Early work to develop a specification for a safe space has commenced and additional funding from Crisis Care Transformation Funding has been applied for. This funding would be utilised to complete this work and reach a position where the Commissioners could agree the next steps.
- 81 County Durham was one of 14 areas nationally taking part in the "Prevention at Scale" pilot. Durham's approach was a focus on mental health, suicide prevention and stigma and discrimination.
- 82 The prevention at scale work incorporated joint working from Children and Young People's workstreams, the Suicide Prevention Alliance, the Crisis Care Concordat, Dementia and the Resilient Communities' Group.
- 83 The pilot worked with students aged 14-19 and men aged 40-49 to gather perspectives and opinions. The learning highlighted the stigma that exists and how collective efforts to promote and protect mental health and improve wellbeing needs a concerted effort to actively challenge stigma itself, to begin to make a difference.
- 84 Time to Talk day, in February 2019, was celebrated across County Durham. Time to Talk aims to encourage people to talk about mental

health and opening up about their experiences, helping to diminish some of the stigma around mental health. A range of campaigns were run across County Durham in workplaces and community centres, which encouraged people to look after their own mental wellbeing and to talk about mental health.

- 85 Ongoing work and all recommendations from the original pilot is being imbedded into to existing County Council practices via the Resilient Communities group.

### ***Recommendation 8***

- 86 That a systematic review of the report and progress made against recommendations should be undertaken after consideration of this report, within six months.
- 87 This report provides a systematic report of the AWHOSC report and highlights process made on each recommendation.

### **An update on the wider work of the Suicide Prevention Alliance**

- 88 The work of the Suicide Prevention Alliance is represented in a multi-agency plan. The plan follows the six key priority areas for suicide prevention as detailed by central Government and Public Health England. The following paragraphs give updates against each of the priority areas.

### ***Reduce the risk of suicide in key high-risk areas***

- 89 People bereaved by suicide re a high-risk group. Recent bereavement through suicide is also more likely to result in a suicide attempt. People who have been bereaved by suicide report that the trauma they experienced affected their ability to cope with everyday activities such as work, relationships and maintaining friendships.
- 90 Continued work with the commissioned postvention provider; If U Care Share and with wider partners including DDES CCG, TEWV and Humankind has explored the suicide bereaved as a high-risk group and has written in measures to reduce this risk within the overall new Real Time Data Surveillance System.
- 91 Reducing the risk of suicide in children is always a priority. Children are not a high-risk group for suicide but building resilience in young people and safeguarding their mental health acts as a protective factor in adolescence and adulthood.
- 92 The Children and Young People's Mental Health, emotional wellbeing and Resilience Local Transformation Plan (CYP MH LTP) for County Durham sets out the strategic vision and key deliverable actions and includes a range of interventions to support and build mental health including:

- (a) Youth Aware of Mental Health in County Durham (YAM) a universal programme offered to Year 9 students across County Durham;
  - (b) Durham Resilience Project - A universal offer to all schools to support them to understand the relationship between resilience, well-being and achievement and help them to implement a local response within their community;
  - (c) Commissioning of relevant support services, including Papyrus providing telephone advice service for children, young people and their families.
- 93 The suicide bereaved as an at-risk group face more profound challenges if the deceased is a child. Any unexpected death of a child triggers an immediate rapid response meeting to determine how to support the immediate family and understand the circumstances of the death.
- 94 County Durham implement the Child Death Review process which is overseen by the Child Death Overview Panel (CDOP). The role of CDOP is to consider how future deaths can be avoided ensuring that the whole-system learns together.

### ***Tailor approaches to improve mental health in specific groups***

- 95 The Prevention at Scale continues to provide a backdrop for preventing suicides by promoting positive mental health across the workforce and tackling stigma and discrimination via Time to Change.
- 96 The employer pledge for Time to Change signed on 10th October 2018 as part of World Mental Health day, highlights the council's prioritisation of mental health and wellbeing within the workforce. All partners within the Durham County Partnership are supporting the pledge.
- 97 The current Samaritans project "Think Samaritans" funded in part by the Department for Health, focuses on making the Samaritans service more accessible to people in contact with the NHS by working in partnership with NHS organisations.
- 98 Durham Samaritans and Tees Esk and Wear Valley NHS Trusts North Durham Mental Health Liaison Service based at University Hospital North Durham have agreed a working in partnership for people who Attend A & E in distress. The partnership commenced in July 2018. There had been 48 referrals initially and now an evaluation by an independent organisation is being undertaken.



## ***Reduce access to the means of suicide***

- 99 The identification of local areas requiring bespoke signage for suicide prevention was completed. Three sites in County Durham received refreshed signage in February 2019.
- 100 Signage in one area of the county was further developed, reacting to the local needs of the community and a feasibility study for further developments at this site has been completed during the summer.
- 101 Set up in February 2019 a multi-agency task and finish group including Public Health (SPC), the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP rep and TEWV staff are continually working to keep people in mental health distress safe from harm at County Durham stations and railways.
- 102 A station adoption scheme and a bespoke community action group has been set up in Chester-Le-Street in response to suicides in recent years. The Samaritans “Small Talk Saves Lives” and the Northern Rail “All Right?” campaign have been widely promoted in the town including an event by Northern Rail at the train station on Wednesday 3rd July for the England vs New Zealand during the ICC Cricket world cup.

## ***Improve responses and provide better information and support to those bereaved or affected by suicide***

- 103 Recent economic analysis by HM Government, 2017 estimates that each suicide costs the economy around £1.67 million, although these costs cannot be fully quantified it is estimated that the around 60% of the cost for each suicide is attributed to the impact on 13 lives of those bereaved by Suicide. (Preventing suicide in community and custodial settings: Postvention Evidence review for interventions to support people bereaved by suicides. NICE February 2018).
- 104 The newly proposed RTDS proposed enables Public Health to deliver a more robust and equitable surveillance system and post-vention support. Access to the commissioned postvention support, provided by the If U Care Share Foundation enables preventative work with those most at risk.
- 105 Additional work undertaken on the RTDS has included a Standard Operating Procedure. This has included the redesign of the signposting letter and support literature. The postvention pathways have been refreshed, new training is being developed for partners, and new models for exploring how best to support the at-risk individuals following a death by suicide will be imbedded in these processes.

## ***Support the media in delivering sensitive approaches to suicide and suicidal behaviour***

- 106 Irresponsible media reporting of suicide should always be challenged. There are established links between media coverage and an increase in suicidal behaviour. The Samaritans media guidance has been shared with many local media teams and are broadly used by all national press organisations.
- 107 The Suicide prevention Alliance and partners have been developing a bespoke County Durham Press protocol document to ensure the safe reporting of Suicide locally.
- 108 Reactive preventative work has been prepared for in the event of a high profile or celebrity death, especially a death of a young person in popular culture.
- 109 The Suicide Prevention Coordinator and Chair of the Suicide Prevention Alliance prepare press statements for every new ONS data release enabling a balanced view of the complexities of mental health and the Suicide Prevention agenda is given.
- 110 Partners of the Suicide Prevention Alliance are knowledgeable and up to date on the do's and don'ts of media reporting and are vigilant for reporting practices out with the scope of the Samaritans media guidelines.

## ***Support research, data collection and monitoring***

- 111 Now, every region in the United Kingdom has a suicide prevention strategy and most local authorities in England have a local Suicide Prevention Action Plan.
- 112 The Samaritans campaigned for all local authorities to have local suicide prevention plans. A review of these plans and what they included took place. The completed report "Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University" was published in June 2019.
- 113 The County Durham Suicide Prevention Alliance along with its intelligence led approach were highlighted as examples of best practice within the report.
- 114 The revised RTDS process and affiliated Standard Operating Procedure have been submitted into a PHE commissioned review of all regional processes. each will be independently assessed by Teesside University.

## Conclusions

- 115 There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual's level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour"<sup>3</sup> .
- 116 Suicide has a devastating impact on communities, and the economic costs are also high.
- 117 Suicide prevention measures require a whole system approach to reducing incidence. To provide information and assurance on this agenda, AWHOSC conducted a review in to suicide rates in County Durham between October 2016-March 2017.
- 118 The AWHOSC report made eight recommendations. The recommendations have been integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21). Of the 37 actions:
- 23 are complete
  - 11 are ongoing within timescale and remain current and ongoing
  - 1 is ongoing but out of the original timescale (audit)
  - 1 is outstanding (comms plan)
  - 1 is on hold until the new financial year (death by suicide review group)

## Background papers

- Adults Wellbeing and Health Overview and Scrutiny Committee, Suicide Rates and Mental Health and Wellbeing in County Durham: Review Report [September 2018].
- Report of Lorraine O'Donnell, Director of Transformations and Partnerships for Cabinet 14 November 2018 - Adults Wellbeing and Health Overview and Scrutiny Committee. Suicide Rates and Mental Health and Wellbeing in County Durham: Cover Report [14 November 2018].

## Other useful documents

- Suicide Early Alert System Review by Lorna Smith, Specialty Registrar, Durham County Council Durham Public Health Team, March 2019.
- Local suicide prevention planning: A practice resource (PHE) October 2016.
- Guidance for developing a local suicide prevention action plan (2014) PHE.
- Support after a suicide: A guide to providing local services (PHE) October 2016.
- Identifying and responding to suicide clusters and contagion: A practice resources (PHE) September 2015.

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<sup>3</sup> Socioeconomic disadvantage and suicidal behaviour, Samaritan, 2017.

- Preventing suicides in public places A practice resource (PHE) November 2015.
- Help is at Hand (DH) 2012 edition.
- Information sharing and suicide prevention (DH) January 2014.
- ONS Suicide Statistics 2006-2017.
- PHE Fingertips Suicide Prevention profile.
- National Confidential Inquiry into suicide and safety in Mental Health annual report (2018).
- Samaritans media guidelines for reporting suicide (Sep 2013).
- Local Suicide Prevention Planning in England - An Independent progress report by the Samaritans and Exeter University (2019).

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## **Appendix 1: Implications**

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*This report is an update back to OSC on work completed following their original recommendations. As such, no new identified implications were identified.*

### **Legal Implications**

None.

### **Finance**

Cost incurred in the update period have been minimal and from existing Public Health Budget.

### **Consultation**

There have not been any projects requiring consultation.

### **Equality and Diversity / Public Sector Equality Duty**

The equity and diversity is built into PH work and not an implication for this report.

### **Human Rights**

Human right considerations will be made within the legal framework.

### **Crime and Disorder**

There are no crime and disorder implications.

### **Staffing**

Staffing has been provided within the review period from existing staffing resources.

### **Accommodation**

No implications.

### **Risk**

No implications.

### **Procurement**

None.