

Adults Wellbeing and Health Overview and Scrutiny Committee

5th February 2021

Mental Health, Wellbeing and Suicide Prevention Update



Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The Suicide Prevention Alliance has continued to implement its dedicated action plan to reduce the impact of suicide on individuals, families and local communities in County Durham.
- 2 This report builds on An Update Report - Review of Suicide Rates and Mental Health and Wellbeing in County Durham submitted into AHWOSC in October 2019.
- 3 The report provides an update on the eight recommendations made by AHWOSC and highlights mental health and wellbeing and suicide prevention activity delivered in County Durham during the COVID-19 response.

Executive summary

- 4 In October 2019, An Update Report - Review of Suicide Rates and Mental Health and Wellbeing in County Durham was presented to the AWHOSC. The report provided an update on eight recommendations made by the AWHOSC, which were integrated into the County Durham Suicide Prevention Alliance Action Plan (2018-21).
- 5 Recommendations included:
 - (a) **Development of Suicide Prevention Action Plan – now completed. Plan to be refreshed in 2021/22**

- (b) **Development of a Suicide Early Alert System** - now completed and further developed into a Real Time Data Surveillance (RTDS) Dashboard.
- (c) **Implement a multi-agency approach to reducing deaths by suicide** - Multi-Agency Assurance Review (MAAR) system established triggered by criteria set by the RTDS alerts. No MAAR's have been required during the pandemic.
- (d) **Coding and Flagging system established for Self-Harm** - County Durham Self Harm Group established to improve quality of data in GP surgeries, impact of social media and raise awareness of family support services.
- (e) **Review of current process for service user mental health pathways** - now completed and ongoing. The development of the Community Mental Health Framework in 2021/22, led by Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) will provide further development of service pathways for physical activity, transitions, the workforce, ageing, eating disorders and personality disorders
- (f) **Accessibility to out-of-hours mental health crisis** - 24/7 Crisis line established by TEWV to enable triage to services during pandemic.
- (g) **Audit of current health and wellbeing support available in Voluntary Community and social Enterprise (VCSE)** - quality standards for wellbeing integrated into all public health commissions have superseded the need for an audit. Wellbeing approach has been promoted throughout VCSE. Ongoing delivery of Making Every Contact Count (MECC) training delivered by Wellbeing for Life to VCSE
- (h) **Systematic review of the Suicide Prevention activity and report** - completed by the production of this report on 5th Feb 2021.

6 The Mental Health Strategic Partnership (MHSP) continues to provide the strategic framework for mental health and emotional wellbeing across the county.

7 Activity has been accelerated to address the direct and indirect impacts of COVID-19 within the affiliated sub-groups for co-ordinating activity. These workstreams include:

- Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),

- Suicide Prevention Alliance
 - Crisis Care Concordat,
 - Dementia
 - Resilient Communities Group
- 8 The new national COVID-19 lockdown measures continue to be prolonged and the ongoing mental health and wellbeing needs of the population continue to cause concern.
 - 9 For some individuals the impact of COVID-19 may escalate into more severe mental health issues and suicidal ideation.
 - 10 The work of the Suicide Prevention Alliance continues to be a key priority for partners working to reduce risk of suicide and promote better mental health and wellbeing across the life course during this challenging time.
 - 11 The new government guidance on suicide prevention, “Local Suicide Prevention Planning: A Practice Resource” was published in September 2020, provides an opportunity to refresh the Suicide Prevention Alliance Action plan to reflect the new areas of development in 2021/22.
 - 12 The new plan will reflect priority and contributing factors such as finances and debt, social isolation, unemployment, social media and demands on acute mental health care.
 - 13 The Alliance continues to work closely with the Children and Young People Local Transformation Plan for Children and Young People, in relation to the Samaritans and social media work and future research around self-harm.
 - 14 The Time to Change Hub, Stamp It Out continues to be funded by the South Integrated Care Partnership to work within local community settings to reduce the stigma associated with mental health. The small grants funding has provided funding to 21 grassroots projects across County Durham in 2020/21.
 - 15 The Crisis Care Concordat continues to meet and progresses Learning Disabilities Service links into mental health services. This includes working with the police to ensure more comprehensive information is provided on the CID27 forms after a suspected death by suicide.
 - 16 The Resilient Communities Group is working on regional research conducted to consider the links between debt and suicide, with examples of best practice being shared. An updated MECC training offer to include opening conversations relating to mental wellbeing and finances is being discussed.

- 17 TEVV are currently developing a Community Framework for Mental Health and are providing support for front line staff affected by the pandemic via the Moral Injury work stream.
- 18 The RTDS system indicates the number of suspected suicides in 2020 remains comparable to previous years with 59 in 2020, 46 in 2019 and 66 in 2018.

Recommendation(s)

- 19 AWBHOSC is recommended to:
 - (a) Note the contents of the report, including the progress of implementation for the eight previous recommendations made by the AWBHOSC.

Background

- 20 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.
- 21 There were eight recommendation made within the review report. All recommendations have now been completed (and are ongoing) and have been used as a basis to further develop initiatives to reduce the escalation of mental health issues across the county.
 - **Recommendation 1. Development of Suicide Prevention Action Plan** – the Suicide Alliance Action Plan (2018/21) has been developed and will be refreshed in 2021/22 to reflect new government recommendation to include Self-Harm. The plan is reviewed for progress by the Suicide Prevention Alliance every quarter.
 - **Recommendation 2. Development of a Suicide Early Alert System** - now completed. The Real Time Data Surveillance (RTDS) has now been developed to include a RTDS Dashboard.
 - **Recommendation 3. Implement a multi-agency approach to reducing deaths by suicide** – A Multi-Agency Assurance Review (MAAR) meeting process has been established to enable partners to come together to review deaths triggered by criteria

set by the RTDS alerts. No MAAR's have been required during the pandemic.

- **Recommendation 4. Coding and Flagging system established for Self-Harm** - County Durham Self Harm Group, chaired by Dr. Ruth Lister has been established to improve awareness and quality of self-harm data in GP surgeries. The group also considers the impact of social media on children and young people and raises awareness of support services for families.
- **Recommendation 5 Review of current process for service user mental health pathways** – now completed via the Right Care, Right place initiative and is ongoing. The development of the Community Mental Health Framework in 2021/22 will provide the further development of service pathways for physical health, transitions, workforce, ageing, eating disorders and personality disorders.
- **Recommendation 6. Accessibility to out-of-hours mental health crisis** - 24/7 Crisis line established by TEWV to enable triage to services during pandemic.
- **Recommendation 7. Audit of current health and wellbeing support available in Voluntary Community and Social Enterprise (VCSE)** - Quality standards for wellbeing integrated into all public health commissions have superseded the need for an audit. The Approach to Wellbeing Framework has promoted throughout VCSE to provide a standardised approach to working with residents. This approach is currently being evaluated by Teesside University. Ongoing delivery of MECC training delivered by Wellbeing for Life to VCSE has been maintained until December 2020.
- **Recommendation 8. Systematic review of the Suicide Prevention activity and report** - Completed by the production of this report on 5th Feb 2021.

The Impact of COVID-19 on Mental Health

- 22 Factors influencing mental health and emotional wellbeing are directly linked to the wider determinants of health which have been significantly impacted by the COVID-19 pandemic. Studies suggest mental health has worsened as a consequence by up to 8.1% (IFS, 2020).

- 23 It is now well documented that the virus and COVID-19 restrictions will increase inequalities nationally as levels of unemployment, poverty, fear of the virus and social isolation affect the long-term outcomes of vulnerable and disadvantaged groups.
- 24 The increasing financial insecurity, housing insecurity, debt and a new reliance on welfare for those families affected will all elevate stress and anxiety levels. This may result in relationship breakdown, substance misuse, domestic abuse and a rise in safeguarding concerns within the family unit.
- 25 For those working on the front line, mental health and emotional wellbeing has been reported to have had a significant impact on those caring for others. The true degree of moral distress and moral injury within those workers remains unknown.
- 26 For those with existing mental health problems the impacts of the pandemic have been reported to exacerbate their condition and affected their ability to cope.
- 27 For older people being identified as more vulnerable to COVID-19 due to age and underlying long-term conditions can be fear-inducing. Many older people report a reticence in wanting to leave the house.
- 28 Increases in social isolation and loneliness for older people have been strongly associated with other common mental health problems including anxiety, depression, self-harm and in lesser numbers death by suicide.
- 29 Adult carers and young carers have also been identified as high-risk groups, unable to sustain their own resilience to the impact of COVID-19 on their mental wellbeing. Carers report living with the fear of infecting their loved ones, with an inability to access day care or respite support and social isolation.
- 30 A snap-shot review of cases entering mental health services undertaken by TEWV in May-June 2020, indicate 40% of new adult clients had never accessed mental health services prior to the previous COVID-19 lockdown.
- 31 This indicates a potential surge in mental ill health within the general population as the COVID-19 response progresses. This may be set to increase further if the country has a prolonged period of economic instability and lockdown.

County Durham Mental Health Strategic Partnership

- 32 Significant work is currently being undertaken to address the mental health and emotional wellbeing needs of individuals, families and local communities during the pandemic.
- 33 The Mental Health Strategic Partnership (MHSP) continues to provide the strategic framework for the COVID-19 response for mental health and emotional wellbeing across the county. Activity has been accelerated to address the direct and indirect impacts of COVID-19 within the affiliated sub-groups for co-ordinating activity. These workstreams include:
- Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),
 - Suicide Prevention Alliance
 - Crisis Care Concordat,
 - Dementia
 - Resilient Communities Group
- 34 Work of the MHSP is on-going and due for review in 2021. This action will ensure alignment with the new and emerging landscape and maximise further opportunities for integrating mental wellbeing into everybody's business.
- 35 A Health Impact Assessment (HIA) on inequalities undertaken at the beginning of the pandemic has highlighted mental health as one of four key priorities during the recovery phase of the response to COVID-19.
- 36 The HIA reflects the findings of new government guidance on suicide prevention highlighting areas of priority and contributing factors such as finances and debt, social isolation, unemployment, social media and acute mental health care.
- 37 The County Durham Suicide Prevention Alliance has continued to meet during the pandemic, acknowledging the impact of inequalities and wider determinants on the mental wellbeing on individuals, families and communities.

Promoting Mental health and Wellbeing in County Durham

- 38 Promoting mental health and wellbeing across the population of County Durham is pivotal to helping to reduce low level mental health issues escalating into suicidal thoughts and ideation.
- 39 County Durham continues to work as system to help reduce the impact of mental ill health in the population. Highlights of the activity delivered is highlighted in the sections of the report below.

Mental Health@Scale

- 40 A county-wide communications campaign was instigated at the beginning of lockdown to engage children and young people, adults and the workplace (see Appendix 2 and 3). This will be consolidated by a further campaign funded by Mental Health@Scale running in 2020-21 targeting adults of working age.
- 41 World Mental Health Day 2020 took place on Saturday 10th October and this year's theme was set by WHO as, "Mental health for all – greater investment, greater access. Everyone, everywhere".
- 42 The campaign included highlighting the Employee Assistance Programme for employees and workplaces, helping to increase access to services. Information and support for those who may be facing redundancy with emphasis on associated mental health and wellbeing issues has been made available.
- 43 The campaign also provided information specific to the needs of children and young people relating to COVID-19. Also, the inclusion of 'talking heads' to support messages to help destigmatise low mood and mental ill health.
- 44 The Connect 5 Train the Trainer programme is currently being rolled out aimed at non-mental health professionals and is designed to operate alongside, and complement, existing mental health clinical provision.
- 45 A further £30k has been secured to fund three rounds of Connect 5 Train the Trainer events with plans to engage the VCSE community sector to help boost the confidence and capacity of VCSE workforce to engage people in conversation in mental wellbeing.
- 46 County Durham Council have been engaged staff to completed focus groups to further investigate initial findings from the DCC COVID-19 survey relating to mental health.

Suicide Prevention Alliance

- 47 The new “Local Suicide Prevention Planning: A Practice Resource” was published in September 2020. This document increases priority areas for suicide prevention from six to seven, now including self-harm as a priority.
- 48 This new guidance will be reviewed and implemented by the Suicide Prevention Alliance, which has continued to meet throughout the pandemic.
- 49 The Real Time data Surveillance system has been in full operation during COVID-19. the system analyses suspected deaths by suicide and identifies any concerning trends and patterns.
- 50 A new dashboard has developed by Public Health Intelligence team to generate reports and complete end of year analysis. The current real time data surveillance provides a three-year picture for suspected suicides in County Durham
- 51 County Durham is now part of a Regional Real Time Data Surveillance system monitoring the rates and trends across the north east, feeding into a national pilot to keep track of trends and rates during COVID-19.
- 52 Rates of suspected suicide in County Durham have not escalated during the pandemic and there have been no Multi-agency Assurance Reviews (MAAR) – community response conducted since the start of lockdown in March 2020.
- 53 Other work of the Suicide Prevention Alliance has included partnership work with TEWV and the national Samaritan’s media team to develop a suite of bespoke guidance on the safe use of social media and online communication.
- 54 The aims of the project are to develop and test a resource for practitioners providing guidance on talking to young people about their online use relating to self-harm and suicide and to produce a co-produced, online guidance that can be used as a training resource.
- 55 Ongoing project work will include:
 - Awareness raising amongst staff and patients of the impact of social media on behaviour in relation to suicide and self- harm.

- Introducing self-care strategies to ensure the safe use social media and online communication that can be adopted by the patient.
 - Identifying the optimum time to incorporate into practice e.g. initial assessment and comprehensive assessment and care planning procedures and personal safety planning
- 56 County Durham has also been a partner in a Suicide and Debt research project as part of the regional Sector Lead Improvement scheme. This has involved a wide variety of qualitative data being gathered to illustrate the array of complexities involved in examining the links between debt and suicide. County Durham provided a best practice example of the work between Citizens Advice Bureau and mental health services.
- 57 The regional ICP (Durham, Darlington, Tees, Hambleton & Richmondshire) work stream continues to fund the Time to Change Hub in County Durham promoting anti-stigma and discrimination across the county.
- 58 Collaborative work between the Time to Change Hub and the Suicide Prevention Alliance to award the small grants to grassroots projects took place in late summer. This project aims to reducing the stigma and discrimination felt by people living with mental illness and to reduce suicide in high risk groups.
- 59 The funding scheme has proven positive with 36 applications submitted and 21 applications approved 21. Funding totalling £83,704 has been allocated. The impact of these projects will be evaluated in March 2021.
- 60 Reviews of the contract value for the post-vention support provider has been undertaken as part of the first response to COVID-19. If U Care Share (IUCS) have received extra funding to ensure capacity is maintained mitigating against a short fall in funding due to COVID-19 and their ability to income generate.
- 61 Other commissions associated with suicide prevention including Relate for relationship support, Welfare Rights and Cruse bereavement services have also been reviewed to ensure their contacts are able to meet demand.

County Durham Crisis Care Concordat

- 62 The Crisis Concordat continues to oversee the system wide crisis response for children, adults and older people across County Durham.

- 63 North East Ambulance Service (NEAS) NHS Foundation Trust report call transfers are back to pre-COVID levels. NEAS requires further work to refine the recording of response rates for mental health crisis.
- 64 In June 2020, a 6-week pilot between NEAS and TEWV was conducted to assess outcomes for a paramedic and a nursing staff crew providing a rapid response ambulance as part of street triage between 2pm and midnight. During the pilot this offer supported 101 individuals with an average response time of 20 minutes.
- 65 Outcomes for the pilot were positive with 45 people remaining at home following support, 5 being referred to mental health care teams, 7 being referred to crisis, 3 having Mental Health Act assessments. There were 18 requests for ambulance and the remainder were given access to other NHS care.
- 66 The initiative has 4-months funding over winter period. It is expected that with the National Ambulance funding or via the crisis funding. The findings of the pilots will be included in future bids.
- 67 Durham Constabulary have reported that calls with a mental health marker remain unchanged during lockdown; while TEWV, and general calls to NHS services decreased during the first period of lockdown.
- 68 The data requires further analysis to understand the caller's needs, but as a comparison, calls to Durham Constabulary in January 2020 (pre lockdown) were 1118, while in April (mid lockdown) were 1271. This number increase to 1607 in July 2020.
- 69 TEWV developed a new mental health support team (MHST) telephone support offer, referred to as "111". Future proposals will work towards developing the number into a regional 111/2 offer for mental health support.
- 70 The outcome data indicates in the first 4 weeks of September - 727 calls came into the team; it is felt that after further promotion of the service this number will increase.
- 71 The majority of caller's express anxiety or in need of emotional support or information. This suggests support is being given to lower to mid-level mental health needs, not crisis. The majority of these calls are resolved or signposted to appropriate services.
- 72 The Mental Health and Learning Disability Partnership has made further investment into the crisis system within County Durham. Within adult services; older peoples mental health investment to support assessment and home treatment, additional staff resource into adult urgent care and home treatment teams along with funding to Age UK have been agreed.

- 73 Age UK work will support older people living at home who have increase isolation, reduced community involvement and aims to provide lower level MH interventions and rapid identification of people who need further support.
- 74 Within CAMHS, investments have also been made to increase staffing resource into the Single Point of Access (SPA) via increase support during the evening and through the night to enable better triage.
- 75 Rollercoaster a new mental health resource centre will be established in Chester Le Street to support parents, carers and young people in a range of ways; this resource centre is also expected to be used by other services (TEWV) for clinical appointments but primarily is a centre to support families.

Resilient Communities

- 76 The Resilient Communities Group has continued to meet during COVID-19 linking all VCSE partners with the wider work of NHS, local authority and local businesses.
- 77 During the initial response to COVID-19, the development of the council's Community Hub ensured proactive contact with the 25,909 people registered on the shielded list.
- 78 Residents were contacted to assess their needs for essential supplies, medication and social isolation, it became apparent the majority of local residents reported they had used existing family, or community networks to support their needs.
- 79 This indicates there is a positive level of personal and community resilience within local communities and an active use of existing, local assets during the response phase of the pandemic. This learning can be built upon during the future recovery phases of the pandemic.
- 80 Specific pathways for fast track access into mental health support services were developed by TEWV and the Community Hub.
- 81 Whilst volume of demand into the Hub has increased during lockdown restrictions, client vulnerability has become apparent. Clients now engaging with the Hub have multiple and often complex needs linked to social isolation, emotional and mental wellbeing and ability to maintain financial resilience.
- 82 This level of community mobilisation and use of VCSE community assets accelerated by the response to COVID-19 lockdown has helped to accelerate the vision of 'County Durham Together.'

- 83 Volunteering during the first response to the pandemic provided local residents with opportunities to engage with other local residents, improving good neighbour relations, community networks and cohesion.
- 84 A COVID Community Champions programme has been initiated to recruit further volunteers to disseminate information on outbreak control and provide further in reach support to local communities.
- 85 The Approach to Wellbeing framework continues to be implemented to enable both statutory and non- statutory organisations to contribute to the reduction of health inequalities. This approach encourages the use of co-production to influence the decision making-process when designing models of service delivery during the response and recovery process.
- 86 County Durham Together can now be mobilised to address the needs of those most vulnerable, including those with low-level mental health issues as future lockdowns occur.

Demand on TEWV Services

- 87 In modelling undertaken Tees Esk and Wear Valley NHS Hospital Trust (TEWV), estimations on how large the surge of extra “C-19 generated” demand for primary / secondary mental health services has been undertaken.
- 88 Consideration has also been made for segments of the population which maybe more affected. This will be added to an increase trend for demand on services currently being experienced as services return to normal function.
- 89 Modelling has suggested there will be a significant volume of additional needs presenting which will challenge all systems over the next 5 years. These estimates at both a primary and secondary care level with a diagnosable mental health condition who require help will be:
- The equivalent of 52% of children and young people (*some of this estimate is made up of individuals with multiple episodes so the actual percentage of individuals needing intervention is lower*)
 - The equivalent of 23% of working age adults (*as above*)
 - The equivalent of 22% of older people (65+) (*as above*)
- 90 TEWV are currently working on options to working to increase capacity by implementing a Community Mental Health Framework for adults and older people with serious mental illnesses (SMI's). Priority areas for

consideration are physical health, transitions, workforce, ageing, Eating Disorders and Personality Disorders. All areas will be underpinned by recognising the impact of wider determinants.

- 91 TEWV have also developed a support response for those on the front line of both statutory and non-statutory organisations feeling compromised when working during the pandemic. Recommendations to help reduce Moral Injury include encouraging kindness, regular supervisor check-ins, enforcing COVID-19 restrictions fairly and providing clarity on communications and feedback mechanisms.

Conclusion

- 92 Good mental health is fundamental to improving positive physical, social and economic outcomes for individuals and society.
- 93 Factors influencing mental health and emotional wellbeing which when escalated could lead to suicidal ideation are directly linked to the wider determinants of health which have been significantly impacted by the COVID-19 pandemic
- 94 COVID-19 restrictions will increase inequalities nationally as levels of unemployment, poverty, social isolation affect the long-term outcomes of vulnerable and disadvantaged groups.
- 95 Building on the eight original recommendations made by the AWHOSC and government guidance, the suicide prevention agenda continues to be addressed by the work of the Suicide Prevention Alliance.
- 96 Prevention and early intervention initiatives preventing the escalation of poor mental health into suicidal ideation is key to reducing the rates of death by suicide in the population.
- 97 The RTDS system indicates the number of suspected suicides in 2020 remains comparable to previous years with 59 in 2020, 45 in 2019 and 66 in 2018. This rate continues to be monitored as the challenges of the pandemic continue to unfold.

Background papers

- County Durham Health impact Assessment on Inequalities during COVID-19.

Other useful documents

- None

Author(s)

Jane Sunter

Tel: 07825938455

Appendix 1: Implications

Legal Implications

On 4th January 2021, central government initiated a 4- Tier lockdown system for England in a fresh attempt to control the virus. The high status of the restrictions have now been implemented and are on-going.

Finance

Funding to address the mental health and wellbeing needs of County Durham has been maintained during the COVID-19 response. Government have allocated £5 million during COVID-19 to help increase capacity and maximise impact of mental health on local communities.

Consultation

The consultation and engagement with local individuals, families and communities is a core principle for supporting any new system-wide developments, recommended by the County Durham Approach to Wellbeing. The use of co-production is a fundamental to developing any new pathways, or services for mental health support.

Equality and Diversity / Public Sector Equality Duty

The County Durham Health Impact Assessment on Inequalities during COVID-19 highlights the requirement for inclusion to be factored in to all aspects of addressing the pandemic in relation to mental health and wellbeing.

Climate Change

No direct impact.

Human Rights

COVID-19 restrictions are now a legal requirement for all society to adhere to for the greater good of all.

Crime and Disorder

Crime and disorder levels have now resumed to pre-COVID levels. There is potential for these levels to rise when the full financial impact of COVID is realised

Staffing

Staffing levels in primary care, mental health services and VCSE are reported to have been impacted during COVID-19 due to sickness levels, the requirement for self-isolation and the shielding policy.

Accommodation

N/a

Risk

The negative impacts on mental health and wellbeing are expected to rise during the prolonged COVID-19 response.

Procurement

N/A