Barking and Dagenham, and Havering

Suicide prevention strategy

2018-2022

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Contents

Introduction

In their role as leaders for public health, local authorities are ideally placed to coordinate work on suicide prevention. Given that many of the relevant partners work across borough boundaries, the London Boroughs of Havering, and Barking and Dagenham, chose to jointly initiate a multi-agency Suicide Prevention Steering Group to oversee development of a common strategy. London Borough of Redbridge has pre-existing arrangements.

The Steering Group (see Appendix 1 for membership) oversaw the development of the strategy, which was informed by Public Health England Guidance[1], the National Suicide Prevention Strategy for England[2] and engagement with a wide range of stakeholders across the two boroughs at a workshop in October 2017 (see Appendix 2 for list of attendees).

From the outset, the Steering Group recognised that every suicide has devastating consequences for individuals, their families, communities, and wider society and in most if not all cases, there are opportunities to intervene that aren't taken. Statutory services have a role to play; but only by engaging all sections of public life and the wider community will we foster individual and community resilience; ensure that vulnerable people at risk of suicide are supported and kept safe from preventable harm; and ensure a quick intervention when someone is in distress or crisis. Only when we are confident every possible step has been taken or better still, we experience 'zero suicides' will we have done enough.

In the meantime, this strategy sets out an ambitious initial target - to reduce rates of suicide by one-third by 2020/21. At the same time, we will improve our understanding of suicide so that through further iterations of this strategy we will work to identify and take every opportunity to prevent suicide with the ultimate aim of achieving 'zero' suicides.

Aims

The aims of this strategy are:

a) to reduce rates of suicide across Barking and Dagenham and Havering by one third by 2020/21
b) to ensure that people who are affected by suicide in our boroughs receive help and support.

[1] Public Health England (2016) *Local suicide prevention planning; a practice resource* avail https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

[2] Department of Health (2012) *Suicide prevention strategy for England*

Objectives

The dual aims of the strategy will be achieved by the following objectives, which are grouped into three themes; prevention, support at times of crisis, and support for those affected by a suicide:

Theme 1: Prevention

1. strengthening mental wellbeing in the wider community
2. ensuring local residents and people working in the borough are trained to deliver preventative interventions
3. reducing access to the means of suicide
4. identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support
5. supporting research and data collection, and monitoring incidences of local suicide and self-harm to learn lessons for prevention in the future

Theme 2: Support at times of crisis

6. ensuring that people in crisis are identified, taken to a place of safety and discharged with robust safety plans

Theme 3: Support for those affected by suicide

7. identifying those bereaved or otherwise affected by suicide and ensuring that they receive appropriate information, care and support
8. working with local media to ensure the delivery of sensitive approaches to suicide and suicidal behaviour

The impact of suicide

The PHE suicide prevention profiles for Barking and Dagenham, and Havering show that rates of suicide in both boroughs are lower (better) than rates for London and England.

Nonetheless during the period 2013-15, there were:

32 suicides in Barking and Dagenham

47 suicides in Havering

Moreover the number of deaths is a poor measure of the long lasting and devastating impact of suicide in economical, psychological and spiritual terms on all those affected.

As well as having a profound and long-lasting effect on families, friends and acquaintances, suicides in public places witnessed by bystanders have an even greater ripple effect. As a result, it has been estimated that for every life lost to suicide between six and sixty people are directly affected[3].

Quote from a family member affected by suicide

As well as the devastating human costs of loss of life to the individual, families and the community, there are enormous financial costs to society. The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.[4]

What we know

There are specific groups of people at higher risk of suicide. Nationally,

- three in four deaths by suicide are by men[5]
- the highest suicide rate in England is among men aged 45-49[6]
- people in the lowest socio-economic group and living in the most deprived areas are more at risk[7]

There are specific factors that increase the risk of suicide

- The strongest predictor of suicide is where there have been previous episodes of self-harm[8]
- Mental ill-health and substance misuse are factors that contribute to many suicides[9]

Risk factors compound one another making some individuals particularly vulnerable:

- 46% of mental health services' patients who died by suicide between 2008-12 were unemployed at the time of death[10]

[3] Local Government Association (2017) *Suicide prevention: A guide for local authorities*. Available at: https://www.local.gov.uk/suicide-prevention-guide-local-authorities
[4] PHE (2016) *Local suicide prevention planning*
[5] PHE (2016) *Local suicide prevention planning* p9
[6] *ibid*
[7] *ibid*
[8] PHE (2016) *Local suicide prevention planning* p9
[9] PHE (2016) *Local suicide prevention planning* p9
[10] PHE (2016) *Local suicide prevention planning* p57

- 18% of mental health service patients who died by suicide between 2012-13 had serious financial difficulties in the previous three months[11]
- In 2008-12, 7% of mental health services patients who died by suicide were in unstable housing (homeless /living in bed and breakfast or a hostel)[12]

We know that suicides are not inevitable, and that many are preventable. We know that concerted action across a broad range of factors must happen in order to make a difference and reduce numbers of suicide.

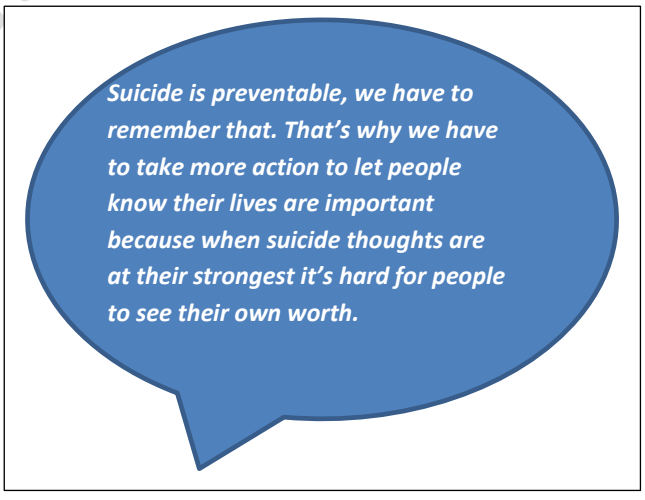
We know from a stakeholder workshop held in October 2017 that there are many individuals, agencies and organisations across our boroughs that see suicide prevention as a high priority and are keen to work together to this end.

We know from national guidance that there are many actions required when planning for suicide prevention. However, in order to make progress, we acknowledge that we must prioritise actions that are the most important locally. The stakeholder workshop helped to identify what our initial priorities should be, and these are described in the following section "What we will do".

What we will do

During the lifetime of this strategy, we will seek to take action on all of the issues that are highlighted in national guidance (as summarised in Appendix 3). However, our immediate priorities will be to focus on those issues that were highlighted during our local stakeholder workshop. As a result, our seven priority actions will be:

Action 1: We will seek to learn lessons from suicides and attempted suicides in our boroughs, and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources e.g. the coroner, reviews conducted by the NHS Serious Incident processes, safeguarding, Child-Death Overview Panel (CDOP) etc is collated and analysed to improve our collective insight about suicide locally. (Theme 1)



[11] PHE (2016) *Local suicide prevention planning* p57
[12] PHE (2016) *Local suicide prevention planning* p57

Action 2: We will work to ensure that frontline staff understand the risks of suicide and their potential contribution regarding prevention. As a first step, working with partners, we will collate information on the training available and seek to embed suicide awareness training in local statutory agencies' staff training programmes. Staff working with residents affected by debt, social isolation, homelessness and unemployment will be prioritised. In addition, we will provide information and education to local residents, so that they know what to do if they are concerned about someone who is at risk. **(Theme 1)**

Action 3: We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. **(Theme 3)**

Action 4: We will strengthen the support that is available to individuals who are in crisis and identified at immediate risk of suicide, including the ongoing support that is subsequently provided. **(Theme 2)**

Action 5: We will apply the learning described in Action 1 above, with the aim of reducing access to means of suicide, particularly suicides in public places. **(Theme 1)**

Action 6: We will review the care of patients that self-harm. **(Theme 1)**

Action 7: We will work to ensure that effective assessment of suicide risk is incorporated into the routine care by GPs of patients known to be at increased risk of suicide e.g. patients with significant long term health problems, depression etc. **(Theme 1)**

Monitoring and evaluating outcomes

The Steering Group will oversee delivery of the above priority actions, and will appoint a lead for each area. The appointed lead will develop a project plan that sets out key milestones over the ensuing eighteen months.

The Steering Group will also develop a process to monitor the delivery of this strategy and key actions including a dashboard of indicators. The Group will report progress on implementation of the strategy's action plan and its impact on suicide rates to the boroughs' respective Health and Wellbeing Boards at least annually. (See Appendix 4 for governance arrangements).

Acknowledgements

The Suicide Prevention Steering thank all who have been involved in the development of this strategy, including those who participated in the workshop, and advised and commented on the versions of the draft content.

Appendix 1: Suicide Prevention Steering Group

The Suicide Prevention Steering Group is jointly led by London Borough of Havering, London Borough of Barking and Dagenham, and Barking Havering and Redbridge CCGs. It is chaired by the Havering Director of Public Health. The Steering Group includes representation from a range of services, and in order to keep the Group to a manageable size, this means that some services are Havering-based, and some services are Barking and Dagenham-based.

Director of Public Health (Chair), London Borough of Havering
Mental Health Lead (Vice Chair), Clinical Commissioning Group
London Borough of Havering (Public Health)
London Borough of Barking and Dagenham (Public Health)
London Borough of Barking & Dagenham (Commissioner of drug and alcohol services)
Metropolitan Police Service
Senior probation services lead for Havering and Barking and Dagenham
Crossrail (Head of security and community engagement)
Network Rail
Barking, Havering and Redbridge University Hospitals NHS Trust (Specialty Lead for Emergency Medicine)
North East London Foundation Trust, including Children and Adults Mental Health Services
London Borough of Havering Adult Social Care
London Borough of Havering Safeguarding Boards Business Manager
London Ambulance Service
British Transport Police
BHR Clinical Commissioning Group (Commissioner for mental health)
Barking and Dagenham Children's care management team

Appendix 2: Participants in Suicide Prevention Stakeholder Workshop

Over 90 people from a range of local and national organisations and disciplines attended a workshop held on 18 October 2017 at the Salvation Army in Romford.

Name	Surname	Job Title	Organisation / Department
Monica	Abdula	Street Pastor	Salvation Army, Romford
Emma	Akazarah		Probation Services
Samantha	Akintola		NELFT
Mark	Ansell	Acting Director of Public Health	London Borough of Havering
Chris	Ayton	Service Manager	Subwize
Lorraine	Baileystar	Mental Health Sub-group,	Barking & Dagenham
Doug	Bannister	Vice Principal	Drapers Academy
Girish	Barber	Disability Employment Advisor	DWP / Job Centre
Richard	Barker	Operations Manager	Land Sherriffs
Nicki	Barrett		Havering Womens Aid
Meryl	Bindon		South Essex Crematorium
Brian	Boxall	Chair Havering HSAB & HSCB	London Borough of Havering
Becky	Bray	Route Crime Manager	Network Rail
Kevin	Browning		Salvation Army, Romford
Ian	Buckmaster	Executive Director and Company Secretary	Healthwatch, Havering
Norma	Busby	Floating / Carepoint Manager	Family Mosaic
Jo	Calcott		Havering Women's Aid
Natasha	Camilleri	Family Support Worker Children's Services	London Borough of Havering
Marilyne	Cane		Salvation Army, Romford
David	Cavanagh	Detective Inspector, Custody Manager	Metropolitan Police
Sonia	Chemal		London Borough of Redbridge
Dave	Chuck		Salvation Army, Romford
Peter	Congdon	Statistician	London Borough of Barking & Dagenham
Jay	Dayal		DWP
Louise	Dibsdall		London Borough of Havering
Bequi	Doku		London Borough of Barking and Dagenham
Lisa	Doody		Havering Womens Aid
Sonia	Drozd	Senior Commissioner, Substance Misuse & Domestic Abuse	London Borough of Barking and Dagenham
Kehinde	Fehintula	Training and Outreach Officer	London Borough of Barking & Dagenham
Michael	Fenn	Senior Commissioning Manager, Adults' Care and Support	London Borough of Barking & Dagenham
Caroline	Fisayo	Business Support	London Borough of Barking & Dagenham
Trisha	Fitzpatrick		Havering Women's Aid
Lorraine	Goldberg	Executive Director	Carers of Barking and Dagenham
Jennie	Green	Administrator	London Borough of Havering
Elaine	Greenway	Acting Consultant in Public Health	London Borough of Havering
Kate	Griffiths		Thrive LDN
Bradley	Halfacre	Assistant Contracts Manager	The Mercury Mall
John	Harrison		London Ambulance Service
Emma	Hilstead	Volunteer	Salvation Army, Romford
Sue	Hitchings		DWP
Paniz	Hosseini	Health Intern	London Borough of Redbridge
Jenny	Houlihan		London Borough of Barking and Dagenham
Nicholas	Hurst	Director	London Communities Policing Partnership

Name	Surname	Job Title	Organisation / Department
Kayley	Johnson	External Relations Officer	London Borough of Havering
Paul	Keating		London Ambulance Service
Peter	Keirle	Assistant Director of Contracts	Commissioning Support Unit, North East London
Imran	Khan	Manager	NELFT
Grace	Kihu		Health Youth Worker, LGBT
Mary	Knower	Public Health	London Borough of Barking & Dagenham
Raj	Kumar	Lead for Mental Health and Dementia	BHR CCG
Susan	Laut	Specialist Psychotherapist	BHRUT
Susan	Lloyd	Public Health Consultant	London Borough of Barking & Dagenham
Emma	MacFarlane		BHRUT
Wellington	Makala		NELFT
Shezana	Malik	Chief Dietician	District Nurses
Adrian	Marshall	Commissioning Manager, Adult Care Support	London Borough of Barking & Dagenham
Heather	McKelvey	Youth Worker, LGBT	
Marie	McLaughlan	Volunteer	Salvation Army, Romford
Chris	Merchant	Project Leader Mental Health	London Borough of Barking & Dagenham
Rachel	Moss		London Ambulance Service
Irvine	Muronzi		NELFT
Jane	Murphy		WDP
Pamela	Nkyi		London Borough of Redbridge
Gloria	Okewale	Administrator	London Borough of Havering
Juliana	Orekan	Senior Team Manager, Children's Care & Support	London Borough of Barking & Dagenham
Nicola	Orriss	Child and Adolescent Mental Health	NELFT
Linda	Parsons	Children's Centre Co-ordinator	London Borough of Havering
Meena	Pawar		Redbridge CCG
Andrea	Pender	Manager of Floating Support Service	Family Mosaic
Yvonne	Powell	Community Safety	London Borough of Havering
Samantha	Ramsay		London Borough of Barking & Dagenham
David	Richards	Retired Civil Servant	GOBG London Group
Ryan	Ricketts	Landsheriffs	C2C - Landsheriffs
David	Shand	Volunteer	Havering Mind
Lindsey	Sills	Public Health	London Borough of Havering
Lee	Simpson	Disability Employment Advisor	DWP
Kevin	Sole	Associate Director	NELFT
Lorna	Spike-Watson	PA to Havering DPH	London Borough of Havering
Nina	Stiffel	Head of Year 10	Redden Court School
David	Tchilingirian	Suicide Prevention Lead	Public Health England
Paul	Thompson		British Transport Police
Emma	Tierney		Solace Women's Aid
Paul	Tinsley		London Borough of Havering
Sira	Toure	Social Worker	London Borough of Barking & Dagenham
Richard	Vann		Healthwatch Barking & Dagenham
Jane	Vervin	Lead Social Worker	NELFT
Ciaran	White	Fundraising, Events & Training	Havering MIND
Cynan	Williams	Intern	London Borough of Barking & Dagenham
Jill	Williams		London Borough of Barking & Dagenham
Deidre	Willsher	Police Officer	British Transport Police
Tracey	Wraight	Healthy Schools Officer, Public Health	London Borough of Havering

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Appendix 3: Suicide Prevention: the issues and what should be done; what national guidance tells us

The issue	The facts	Our local focus should be	Relates to strategy objectives
People who self-harm	c. 50% of people who die by suicide had a history of self-harm the true scale of the problem is not known as many people who self-harm do not attend A&E or seek help from services	Implementing NICE guidelines on self-harm Providing suicide and self-harm awareness training for healthcare staff working in emergency departments, ambulance staff and primary care Suicide prevention training particularly for people working with high risk populations e.g. citizens advice, food banks, housing, criminal justice etc Providing suicide and self-harm awareness training for staff working in schools and colleges, care environments, and criminal and youth justice systems Raising awareness of the help available for those who self-harm, and those who are concerned about someone who self-harms	2. Local residents and people working in the borough are trained to deliver preventative interventions 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support
Treatment of depression	Education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates	Providing education for GPs and other clinicians, including high risk groups, such as men Ensuring effective pharmacological and psychological treatment for depression Ensuring early identification and treatment of depression Ensuring that treatment pathways for long-term	4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

The issue	The facts	Our local focus should be	Relates to strategy objectives
		physical health conditions incorporate self-management strategies and routine assessment for depression	
High frequency locations and reducing access to the means of suicide	Releasing details of location and method increases risk of imitative suicides The control of analgesics has been shown to be effective Structural interventions at high risk locations reduces deaths by suicide (little evidence that this leads to a change of location)	Ensuring that local media follow Samaritans guidelines Council planners considering potential for suicide in application processes Rail network putting into place preventative measures at high risk Ensuring safer environments for at risk prisoners, such as safer cells Establishing a process for monitoring information, trends and hot spots in order to learn from SUIs, inquests, etc. Providing education for those setting up memorial or tribute pages regarding non-release of specific details Encouraging retailers to control the sale of dangerous gases and liquids Promoting safe medicine management to prescribers and pharmacists	3. Reducing access to the means of suicide 8. Working with local media to ensure the delivery of sensitive approaches to suicide and suicidal behaviour 5. Supporting research and data collection, and monitoring incidences of local suicide and self-harm to learn lessons for prevention in the future
Mental health of adults (see also depression above)	30% of all suicides were by people who had contact with mental health services	Ensuring mental health services comply with best practice (eg. National Patient Safety Agency Preventing Suicide: A toolkit for mental health services)	1. Strengthening mental wellbeing in the wider community

The issue	The facts	Our local focus should be	Relates to strategy objectives
	in the past 12 months Lower patient suicide is associated with specialised community team, lower non-medical staff turnover and implementing NICE guidance on depression For pregnant women and those who have given birth in the last year, suicide is the second most common cause of death	Reviewing care pathways between emergency departments, primary and secondary care Undertaking regular assessment of mental health service ward areas to identify and remove potential risks Providing training for frontline staff working with high risk groups Promoting mental health through workplaces Reducing the stigma of mental ill health Informing local populations about how to recognise and respond to warning signs in themselves, including awareness messages specifically aimed at men via traditional male settings (e.g. football, rugby, pubs, music venues) Implementing the *Prevention Concordat Programme for Better Mental Health for All*	2. Ensuring local residents and people working in the borough are trained to deliver preventative interventions 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support 6. Ensuring that people in crisis are identified, taken to a place of safety and discharged with robust safety plans
Mental health of children and young people, including those who are vulnerable such as looked after children, care leavers, and children and young	Suicide is one of the main causes of mortality in young people Looked after children have an increased risk of poor mental health	Helping children to recognise, understand, discuss and seek help for emotional problems, including through PSHE education Promoting training/awareness among staff, pupils and parents to identify high risk signs of behaviours (depression, drugs, self-harm), including awareness of LGBT and patterns of cumulative risk and so-called final	1. Strengthening mental wellbeing in the wider community 4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

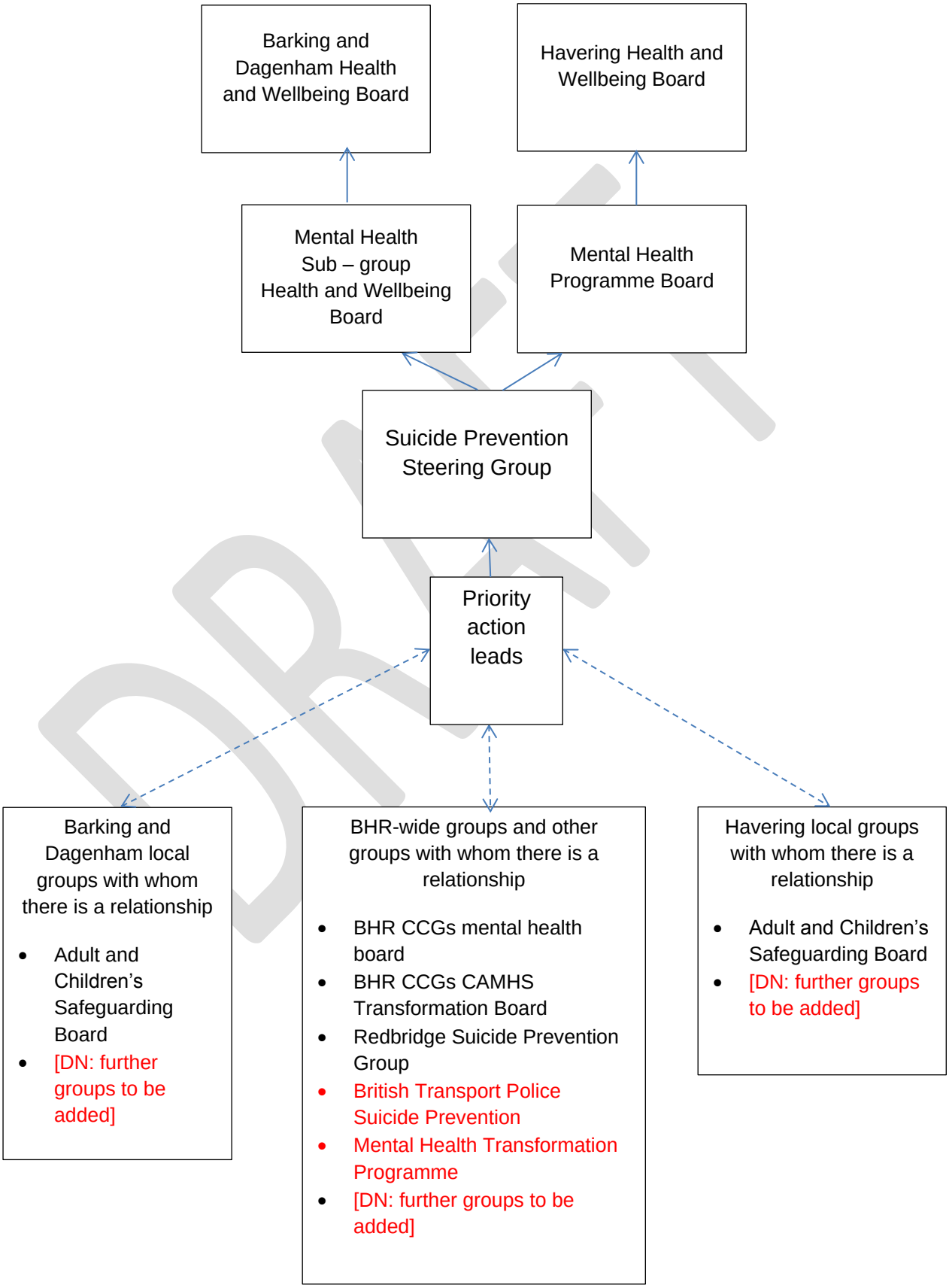
The issue	The facts	Our local focus should be	Relates to strategy objectives
people in the youth justice system		straw stresses (such as exams) Ensuring mental health and other services are acceptable and accessible to young people Implementing NICE guidance to ensure provision of stepped-care approaches for treatment for children and young people with mental health problems Ensuring effective protocols on how to respond to risky behaviours in children and young people, including clear referral routes into specialist services, Delivering bullying prevention initiatives Through the healthy child programme, identifying children at high risk of emotional problems and ensure that they and their families are supported Safeguarding Children Boards taking into account suicide prevention	
People who misuse alcohol and drugs	Misuse of drugs and alcohol is strongly associated with suicide, particularly among men, those who self-harm and those with a mental health diagnosis Around half of mental health patient suicides	Ensuring that there are high quality drug and alcohol treatment services in place, with effective arrangements where mental ill health is also present. This to include working in accordance with national recommendations and guidelines, such as the NHS *Five year forward view for mental health*, and PHE's *Co-existing alcohol and drug misuse with mental health issues: guidance to support local commissioning and delivery of care*	4. Identifying individuals at high risk of suicide and ensuring that they receive appropriate information, care and support

The issue	The facts	Our local focus should be	Relates to strategy objectives
	between 2003-13 had a history of either alcohol or drug misuse (or both)		
Bereavement support, especially for people bereaved by suicide	Suicide bereavement leaves people at a higher risk of suicide themselves. [13] Compared with people who have been bereaved through other causes, individuals who are coping with a loss from suicide are more likely to experience increased risk of psychiatric admission and depression.[14] Between 6 and 60 people are affected by each suicide. A conservative estimate of 10 people directly affected by each death meant that between 2013-15, 320 people were affected in Barking and Dagenham, and 470 people in Havering.	Mapping what support is available for people affected by suicide Ensuring that information about where support can be accessed is made available, including through local funeral directors, the Coroner's office, and voluntary sector organisations Ensuring arrangements are in place for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed Ensuring that all first responders know about what support is available for those bereaved by suicide Encouraging employers to take into account bereavement support as part of workplace health programmes Ensuring that school and colleges have arrangements in place to support pupils, staff and the wider school community in the event of a death affecting the school community	7. Identifying those bereaved or otherwise affected by suicide and ensuring that they receive appropriate information, care and support

[13] PHE (2016) *Support after a suicide: a guide to providing local services*
[14] *Ibid*

The issue	The facts	Our local focus should be	Relates to strategy objectives
Public awareness of suicide prevention		Amplifying national suicide awareness campaigns at a local level Providing information to residents, and people who work and study in the boroughs on where to get help for themselves, and others	2. Ensuring local residents and people working in the borough are trained to deliver preventative interventions
Wider determinants: education, unemployment, debt, housing and homelessness, social isolation		Broader strategies to explicitly outline the part that such strategies play in suicide prevention, and referencing • Health inequalities: the groups at higher risk of suicide (including men) • Suicide awareness training to frontline service provider across education, housing, employment, etc • Training on suicide prevention for frontline staff who are in contact with people who are vulnerable	

Appendix 4: Governance Structure Chart



Appendix 5: Additional Reading and Resources

Department of Health (2012) *Suicide prevention strategy for England*
https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

Local Government Association (2017) *Suicide Prevention: A guide for local authorities*
https://www.local.gov.uk/suicide-prevention-guide-local-authorities

Mind (2013) *Building Resilient Communities*
https://www.mind.org.uk/media/343928/Report_-_Building_resilient_communities.pdf

Mind *Suicidal Feelings* (including advice for people who need help in an emergency)
https://www.mind.org.uk

Public Health England *Suicide Prevention Profiles*
https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

Public Health England (2016) *Local suicide prevention planning*
https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan