

Lambeth's Suicide Prevention Action Plan 2018/19 Progress Update

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Lambeth

Lambeth picture

- On average, 25 people die from suicide in Lambeth each year (2015-17 average)
- Each suicide seriously affects 10 people
- Men are 3 times more likely to die from suicide than women
- Most suicides in Lambeth occur in people aged between 20-50 years.
- For men, the most frequent age band is 30-39 year olds whereas for women, it is 20-29 year olds.
- 59% of suicides in Lambeth occur in residential establishments; majority as a result of hanging, suffocation/strangulation.
- Mostly those who commit suicide are unemployed, students or retired
- Those who self-harm are at increased risk. Highest risk group for self-harm 20 – 29 year old men; 10 – 29 year old girls/women
- Actual suicide rates having been going down in London in recent years, Lambeth is in line with the London rate.
- Note: Nationally 2/3rds of people not in touch with mental health services; 50% who attempt suicide do not seek help.

Lambeth has a higher levels of the following risk factors for suicide

- Substance misuse (both alcohol and opiates and/or crack cocaine use)
- Severe mental illness
- Contact with the criminal justice system (in children/young people aged 10-18)
- Loneliness (as measured by % of households occupied by a single person)
- Children in care/care-leavers

High risk groups for Lambeth

- People who are vulnerable due to economic circumstances
- Children and young people
- People who misuse substances
- People in the care of mental health services
- BME groups, migrants and asylum seekers

Global/national context

- 10% national target for reduction by 2020. This is a global target set by the WHO. Also a sustainable development goal to reduce premature mortality by 2030
- New Minister for suicide & taskforce (10 Oct, 2018)
- Recent audit of all suicide prevention plans for assurance purposes
- Government has provided four years funding for Samaritans helpline
- Government focus on youth:
 - - Commitment to mental health support teams to work with schools
 - - Commitment to making education in mental health part of the curriculum
- Every Mind Matters – PHE mental health awareness campaign (TV, radio & training) being piloted in the West Midlands for roll out in 2019

<https://www.nhs.uk/oneyou/every-mind-matters/>

London suicide prevention – once for London

- Mayor of London ambition to make the capital ‘Zero Suicide’ City, (an approach first adopted in Detroit which led to a 75% drop in suicide in first four years).
- Working through Thrive London ‘Once for London’ model
- Mayor’s target to train 250,000 Londoners in Mental Health First Aid
- Cloud based suicide database linked with Coroner data generating alerts
- Multi-systems approach
- Reducing access to Medication as a means
- Education

Lambeth Suicide Prevention strategy governance

- Lambeth Suicide prevention strategy and 2018/19 action plan agreed June 2018 at the Health and Wellbeing Board with annual update
- Also updates required by the Staying Healthy Board and Lambeth Collaborative
- Beginnings of multi-agency steering group established with quarterly reporting on progress, chaired by David Orekoya, Health improvement commissioner
- First meeting 18 September 2018; 15 Jan 2019
- Proposed stakeholder planning meeting **9.30 – 1pm, 21 March. Keynote Speech by Mayor. Venue: Town Hall Purpose: to identify goals/actions for 2019/20**
- South East London public mental health group (quarterly)

Action plan priorities & progress 18/19

Reducing the risk of suicide in key high risk groups

Current service users/crisis referrals:

- Sanctuary @ Mosaic Club House – considering expansion as working at capacity; Solidarity in Crisis - Certitude reporting 1 suicide attempt per month often overdose - frequent suicidal ideation
- Suicide Prevention Training (STORM 2 day course) for front line mental health staff – eg: Living Well Network Hub staff (Nov & Feb)

People with dual diagnosis

- Dual diagnosis draft action plan being worked up by Luke Micheson (Jan 2019), Consultant Psychologist to identify how integrated support can be provided in line with NICE good practice

Tailoring approaches to improve mental health in specific groups

Children and Young People

- Commissioners are working at a South East London level (STP) to ensure a consistent crisis care offer for children and young people in care of mental health services (eg: place of safety, supported discharge with wrap around crisis care service), 24 hour crisis phone line;
- Mental health school support package now includes online support - Kooth
- Youth Mental Health First Aid – train the trainers programme (small uptake) and SLaM provision of 1 Youth YMFA course per annum
- Papyrus via Thrive London offering suicide prevention training to 30 Lambeth school staff (safety leads) 4pm 12 March 2019, Town Hall
- YOS: Review of current health and CAMHS offer to help prevent suicides in young offenders. Offenders referred to CAMHS can access trauma and resilience training

Adults

- Mental Health First Aid for community members approx. 4 courses per year (4 x 16 participants) – SLaM MH promotion unit

Reducing access to means of suicide

- 'Talk to us' Samaritans signage planned at suicide hotspots being led by Westminster public health with TfL

Providing better information and support to those bereaved

- Working group led by Healthwatch /Public Health devising bereavement resource with input from locally affected people

Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

- No listed actions for this year

Supporting research, data collection and monitoring

- Thrive London setting up a Cloud based suicide database with built in alerts for local authorities
- Identification of Lambeth Bridges as suicide hotspots for non-resident commuters (Metropolitan Police Marine Unit)
- Self harm mapping 2009 – 16 with current qualitative research in North Brixton (Kate Polling, IOP Kings College); mapping shows lower hospital admissions for self-harm in inner city Lambeth
- Data offer on suicide ideation etc. from Simon Darnley SLaM (waiting on spec)

Reducing rates of self-harm as a key indicator of suicide risk

- Self-harm case note review of hospital admissions 12 – 26 year olds (75 cases in Lambeth) 2015/16 for Lambeth and Southwark led by Senior registrar Southwark public health and Dr Ros Ramsay, SLaM looking at triggers and outcomes

Training progress:

- 2019/20: Mental Health Awareness training for 150 council staff in contact with people with mental health issues (eg: customer services, housing, library – including de-escalation techniques)
- 2019/20: 9 x 3 hour suicide prevention training for 2019/20 – targeting to include DWP managers
- 2019/20: 4 x 1 day sudden & traumatic death support training (including suicide) for 2019/20 – targeting to be agreed
- 2019/20 1 x suicide prevention training for GPs in protected learning time (date and trainer to be agreed)
- Online training – Zero suicide alliance - general public and staff
- 2 day STORM training 19/20 (need to identify target group)

Lambeth's challenges

- Until recently, lack of regular steering group meetings, senior steer
- Reducing the risk in men (specific male focused intervention)
- Reducing isolation and loneliness
- Engaging BAME communities
- Engaging young LGBTQ communities – peer MH champions being discussed
- Employment opportunities for people with severe mental illness (Barnet good practice)
- A more strategic/tiered approach to suicide prevention training
- A communication/anti-stigma mental health promotion strategy including digital comms (eg :Time to change?)
- Regular real-time suicide audit data
- Pathways to support - suicide ideation as opposed to suicide planning; what is the offer for people not in secondary services not assessed as requiring urgent support
- Co-produced plan for 2019/20

Good practice: 9 pillars of a model suicide prevention plan

1. Background framework eg: health and wellbeing board priority
2. Leadership/governance: champions and working group
3. Areas of high frequency, individuals at high risk, reducing access to means and promoting support
4. Training
5. Intervention and support (eg: pathways to appropriate support – high risk, managing distressing thoughts, mental health improvement across communities)
6. Suicide bereavement and post-vention
7. Evaluation – local suicide audit/needs assessment
8. Sustainability/capacity building – integrate into existing approaches
9. Suicide prevention, mental health and wellbeing promotion eg: self-help, self-care resources & working with Thrive LDN re. engaging campaigns /flag where support is available.

Over to you...

- Gaps
- Ideas
- Input into planning event on 21st March