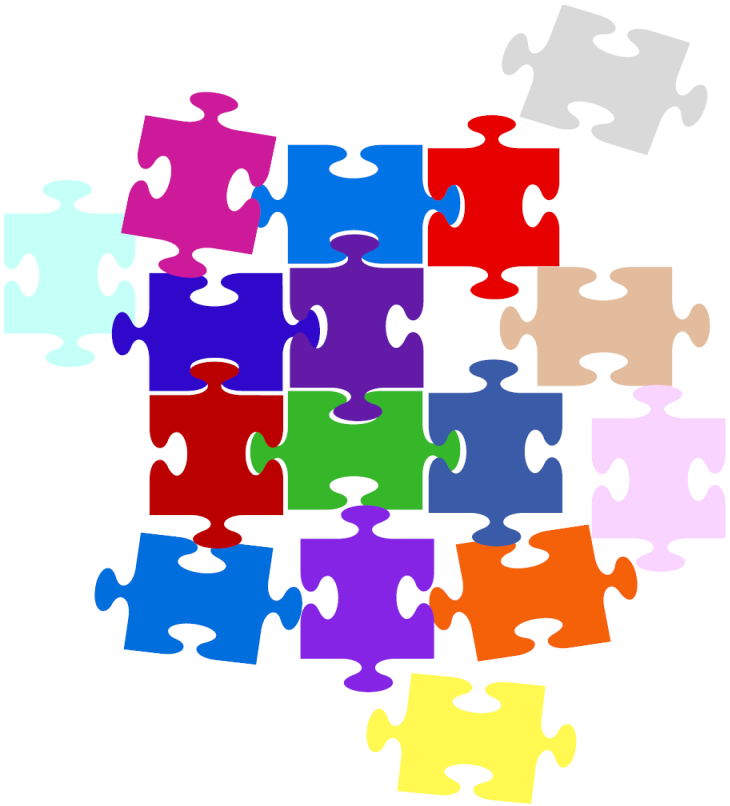
Barking and Dagenham

Havering

Redbridge

Suicide Prevention Strategy

2018-2022



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Havering Making a Greater London

London Borough of Redbridge

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V0.1	1st draft	Sept 17	Suicide Prevention Steering Group
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V1	Final	31 Dec 17	Approved by Havering Health and Wellbeing Board
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Contents

Foreword

Across Barking and Dagenham and Havering, 79 lives were lost to suicide during 2013 to 2015. As elected members we observe first-hand the devastation caused to our communities through such tragic loss of life. The impact of suicide can be overwhelming, and every life lost represents someone's partner, child, friend or colleague. Their deaths will profoundly affect people in their family, workplace, club and residential neighbourhood.

We want suicides to be prevented, and we want people who live, work or study in our boroughs to know where they can get help and support if they are worried about someone that they believe is at risk, or if they become bereaved or affected in any way by a suicide.

We are extremely heartened by the commitment of our partners and of the services in our respective Councils in the development of this strategy, and take this opportunity to thank all who have contributed to its development.

As this strategy describes, everyone can play a part in helping to prevent suicides and so avoiding the resultant heartache caused to families, friends and communities. We jointly urge those organisations and individuals who have been instrumental in developing this strategy and action plan to continue to give this important topic the attention that it deserves for the benefit of our residents.

Councillor Wendy Brice-Thompson
Chairman, Havering Health and Wellbeing Board

Councillor Maureen Worby
Chair, Barking and Dagenham Health and Wellbeing Board

Preface

Together we are committed to providing leadership to deliver this strategy; ensuring that the priority actions identified by our partners, and described below, are taken forward. When we were working on our approach to suicide prevention, we knew that any additional actions would need to be delivered at a time of immense and continuing pressures on finances and resources. Thus, from the outset, we were keen to develop a way of working that avoided unnecessary duplication of effort, and wherever possible, enabled us to share our valuable expertise to make the most impact with the resources we already had available.

Each of us is taking responsibility for leading one or more priority actions, and for ensuring that the good work and engagement that took place through the original steering group(s) continues. We have done this by allocating a lead who will ensure that relevant agencies are fully involved in working up a detailed action plan and performance indicators, and by monitoring delivery. We will ensure that wider stakeholders are kept informed of progress through producing an annual report.

Dr Raj Kumar, Clinical Lead for Mental Health
Barking & Dagenham, Havering, Redbridge Clinical Commissioning Groups
Jacqui Van Rossum, Executive Integrated Care Director (London)
North East London Foundation Trust
Mark Ansell, Director of Public Health
London Borough of Havering
Matthew Cole, Director of Public Health
London Borough of Barking & Dagenham
Gladys Xavier, Interim Director of Public Health
London Borough of Redbridge

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 & Dagenham initiated a joint multi-agency Suicide Prevention Steering Group to oversee development of a common strategy, with contributions from the London Borough of Redbridge Suicide Prevention Strategy Group.

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, 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 they must engage all sections of public life and the wider community to 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.

The Steering Group proposed an ambitious initial target to reduce rates of suicide across the boroughs by a minimum of10% by 2020, and identified the objectives and associated actions that they consider will help to achieve this. The Steering Group also supports the Mayor's ambition with Thrive partners to have in place a long-term vision for London, including Barking & Dagenham, Havering and Redbridge, as a zero-suicide city.

The strategy has been strongly endorsed by the Health and Wellbeing Boards of Havering and Barking & Dagenham. Redbridge Suicide Prevention Steering Group have produced a borough specific Suicide Prevention Strategy that focuses on the needs of Redbridge residents but is in line with the aims and priorities of this three borough strategy.

Aims

The aims of this strategy are:

a) to reduce rates of suicide across the three boroughs by 10% by 2020/21
b) to ensure that people who are affected by suicide in our boroughs receive help and support.

Objectives

The dual aims of the strategy will be achieved through 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. To strengthen mental wellbeing in the wider community
2. To ensure that local residents and people working in the borough are trained to deliver preventative interventions
3. To reduce access to the means of suicide
4. To identify individuals at high risk of suicide and ensure that they receive appropriate information, care and support
5. To support research and data collection, and monitor incidences of local suicide and self-harm to learn lessons for prevention in the future

Theme 2: Support at times of crisis	
6.	To ensure 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.	To identify those bereaved or otherwise affected by suicide and ensure that they receive appropriate information, care and support
8.	To work 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 the three boroughs show that rates of suicide in Barking & Dagenham and Havering are lower (better) than rates for London and England. In Redbridge the rate of suicide is similar to that of England and London.

During the period 2013-15, there were:

32 suicides in Barking & Dagenham
47 suicides in Havering
58 suicides in Redbridge

However, 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.

Quote from a family member affected by suicide

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].

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

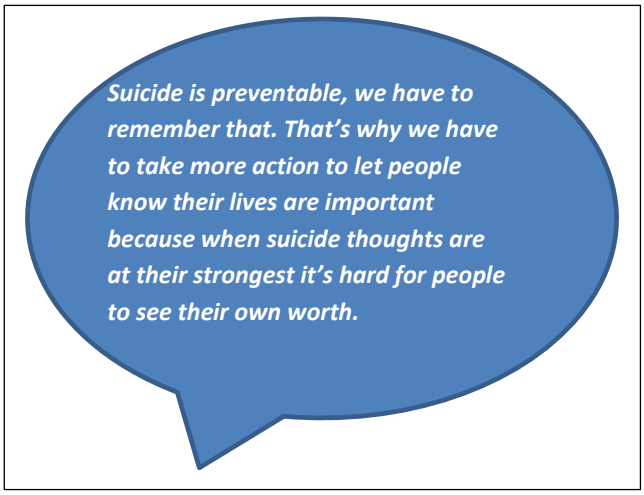
- The strongest predictor of suicide is where there have been previous episodes of self-harm[8]
- Mental ill-health and substance misuse are factors that contribute to many suicides[9]

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]
- 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).

We will initially focus on actions that national and local evidence, local consultation, and stakeholder engagement indicate should be prioritised. These priority actions, as set out below, will be delivered through approaches and systems that the action leads identify as being most effective. In some instances this will be at STP level, in others this will be at a BHR or local authority level. In some cases much work will be happening already but there will be opportunities to strengthen or redesign aspects of delivery. In other cases, there will be very little work that has been done already.
The action leads will devise a delivery plan for the 18 months to mid-2019. The delivery plans will include key milestones, which will be monitored by the steering group.

Our six 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, Metropolitan Police, London Ambulance Service, safeguarding, Child-Death Overview Panel (CDOP) etc is collated and analysed to improve our collective insight about suicide locally. This action will be led by Havering Council Public Health Service. **(Theme 1)**

Action 2: We will work to ensure that the local workforce understands the risks of suicide and their potential contribution regarding prevention. This will include elected members and officers in the local authorities, and staff and management in health organisations, schools, colleges, etc. 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. We will seek to raise awareness of suicide prevention among local employers. This action will be led by Redbridge Council Public Health Service. **(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. This action will be led Barking and Dagenham Council Public Health Service. **(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 effectiveness of the place of safety arrangements, and the ongoing support that is subsequently provided. This action will be jointly led by the Barking & Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) and the North East London Foundation Trust (NELFT). **(Theme 2)**

Action 5: We will review the care of patients that self-harm. This action will be jointly led by the BHR CCGs and NELFT, and will commence once Action 4 is completed/sufficiently progressed. **(Theme 1)**

Action 6: 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. This action will be led by BHR CCGs. **(Theme 1)**

Monitoring and evaluating outcomes

The Steering Group will oversee delivery of the above priority actions.

The Steering Group will also develop a process to monitor the delivery of this strategy. Key actions and outcomes will be monitored using key performance indicators. The Group will report progress on implementation of 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 (2017)

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

Director of Public Health (Chair), London Borough of Havering
Mental Health Lead (Vice Chair), BHR Clinical Commissioning Groups
London Borough of Havering Public Health
London Borough of Barking & Dagenham Public Health
London Borough of Redbridge Public Health
London Borough of Barking & Dagenham Commissioner of drug and alcohol services)
Metropolitan Police Service
Senior Probation Services Lead for Havering and Barking & 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 & Dagenham Children's Care Management Team

Appendix 2: Suicide Prevention Stakeholder Workshop Participants

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. Participants included:

Specialist Psychotherapist, Barking, Havering and Redbridge University Trust

Police Officers, British Transport Police

Executive Director, Carers of Barking & Dagenham

Lead for Mental Health and Dementia, Clinical Commissioning Group, Barking & Dagenham, Havering and Redbridge

Vice Principal, Drapers Academy

Carepoint Manager, Family Mosaic

Manager of Floating Support Service, Family Mosaic

Fundraising, Events and Training Co-ordinator, Havering MIND

Volunteer, Havering MIND

Chair, Havering Safeguarding Adults Board and Havering Safeguarding Children's Board

Volunteer, Havering Women's Aid

Volunteer, Healthwatch, Barking & Dagenham

Executive Director and Company Secretary, Healthwatch, Havering

Disability Employment Advisors, Job Centre, Department of Work and Pensions

Operations Manager, Land Sheriffs, C2C

Land Sherriff, Land Sheriffs, C2C

Paramedics, London Ambulance Service

Health Youth Worker, London Borough of Barking and Dagenham LGBTQIA+ Group

C Card Officer, London Borough of Barking and Dagenham LGBTQIA+ Group

Senior Team Manager, Children's Care and Support, London Borough of Barking & Dagenham

Commissioning Manager, Adults' Care and Support, London Borough of Barking & Dagenham

Senior Commissioning Manager, Adults' Care and Support, London Borough of Barking & Dagenham

Project Leader Mental Health, London Borough of Barking & Dagenham

Public Health Consultant, London Borough of Barking & Dagenham

Public Health Intern, London Borough of Barking & Dagenham

Statistician, London Borough of Barking & Dagenham

Social Worker, London Borough of Barking & Dagenham

Training and Outreach Officer, London Borough of Barking & Dagenham

Senior Commissioner, Substance Misuse & Domestic Abuse, London Borough of Barking & Dagenham

Family Support Worker, Children's Services, London Borough of Havering

Children's Centre Co-ordinator, London Borough of Havering

Community Safety, Substance Misuse, London Borough of Havering

Healthy Schools Officer, London Borough of Havering

External Relations Officer, London Borough of Havering

Acting Director of Public Health, London Borough of Havering

Acting Consultant in Public Health, London Borough of Havering

Public Health Specialist, London Borough of Havering

Director, London Communities Policing Partnership

Patient Representative, Mental Health Sub-group, Barking & Dagenham

Detective Inspector, Custody Manager, Metropolitan Police Service

Associate Director, NELFT

Chief Dietician, District Nurses, NELFT

Mental Health Clinicians, NELFT

Child and Adolescent Mental Health Service, NELFT

Lead Social Worker, NELFT

Route Crime Manager, Network Rail

Assistant Director of Contracts, North East London Commissioning Support Unit

Senior Probation Officer, Probation Services

Suicide Prevention Lead, Public Health England

Public Health Principal, Public Health, London Borough of Redbridge

Transforming Care Project Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Head of Year 10, Redden Court School

Street Pastors, Salvation Army, Romford

Volunteers, Salvation Army, Romford

Volunteer, Solace Women's Aid

Service Development Officer, South Essex Crematorium

Group Leader Facilitator, London Group, Survivors of Bereavement by Suicide (SOBS

Service Manager, Subwize, Barking & Dagenham

Assistant Contracts Manager, The Mercury Mall

Project Support Officer, Thrive LDN

Operations Manager, WDP, 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 identifying high risk groups 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 locations Ensuring safer environments , such as safer cells for prisoners (a higher risk group) 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

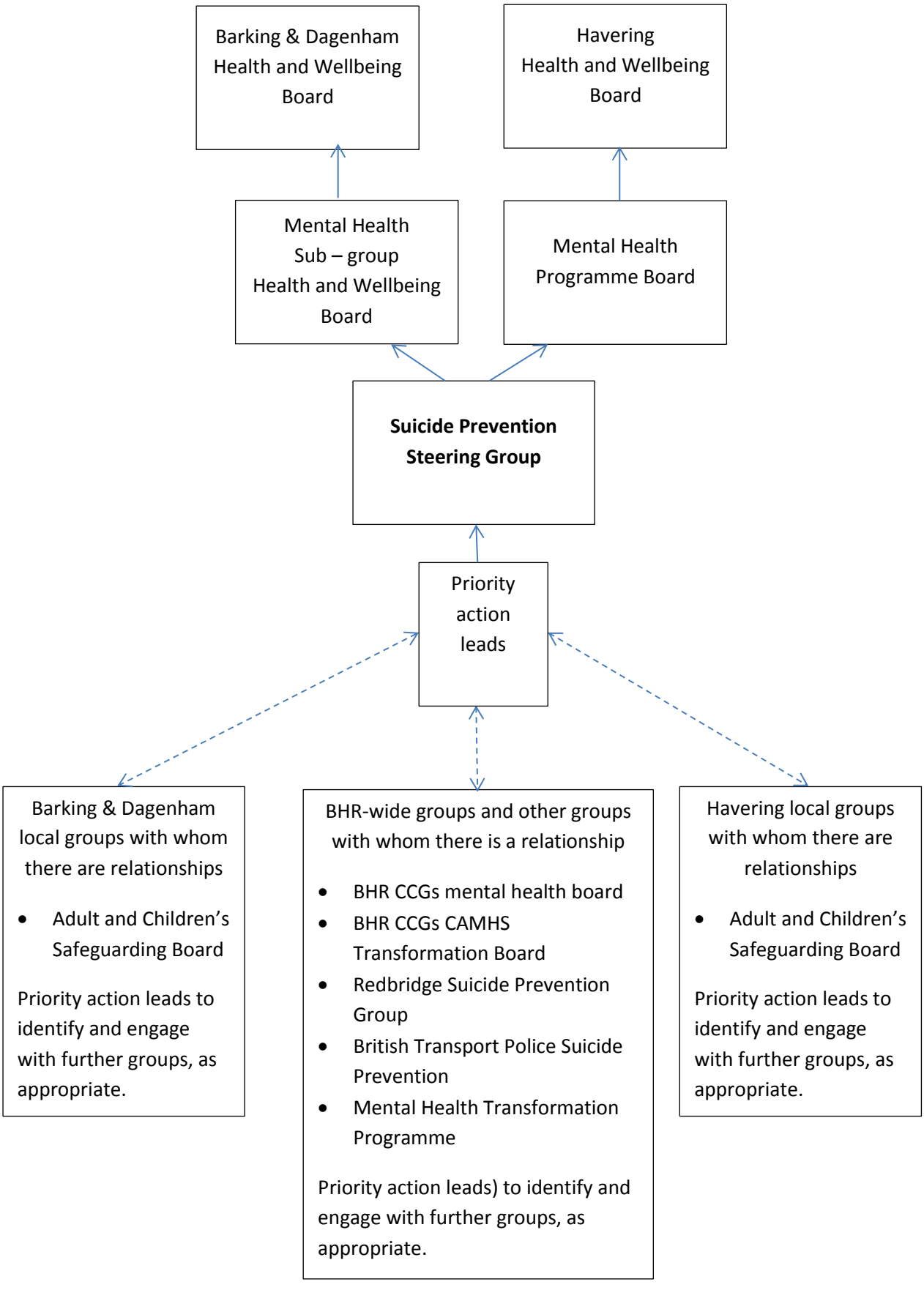
The issue	The facts	Our local focus should be	Relates to strategy objectives
	in the past 12 months Lower patient suicide is associated with specialised community team, lower non-medical staff turnover and implementing NICE guidance on depression For pregnant women and those who have given birth in the 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 using 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 between 2003-13 had a	Ensuring that there are high quality drug and alcohol treatment services in place and that these have 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
	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 320 people were affected in Barking & Dagenham, and 470 people in Havering between 2013-15,.	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
Public awareness of suicide prevention		Amplifying national suicide awareness campaigns at a local level	2. Ensuring local residents and people working in the borough are trained to deliver

The issue	The facts	Our local focus should be	Relates to strategy objectives
		Providing information to residents and people who work and study in the boroughs on where to get help for themselves, and others	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*
Local Government Association (2017) *Suicide Prevention: A guide for local authorities*
Mind (2013) *Building Resilient Communities*
Mind *Suicidal Feelings* (including advice for people who need help in an emergency)
Public Health England *Suicide Prevention Profiles*
Public Health England (2016) *Local suicide prevention planning*

Appendix 6: Acronyms

BHR	Barking Havering and Redbridge
CCG	Clinical Commissioning Group
NELFT	North East London Foundation Trust

References

[1] Public Health England (2016) *Local suicide prevention planning; a practice resource*
[2] Department of Health (2012) *Suicide prevention strategy for England*
[3] Local Government Association (2017) *Suicide prevention: A guide for local authorities*
[4] PHE (2016) *Local suicide prevention planning*
[5] PHE (2016) *Local suicide prevention planning* p9
[6] PHE (2016) *Local suicide prevention planning* p9
[7] PHE (2016) *Local suicide prevention planning* p9
[8] PHE (2016) *Local suicide prevention planning* p9
[9] PHE (2016) *Local suicide prevention planning* p9
[10] PHE (2016) *Local suicide prevention planning* p57
[11] PHE (2016) *Local suicide prevention planning* p57
[12] PHE (2016) *Local suicide prevention planning* p57
[13] PHE (2016) *Support after a suicide: a guide to providing local services*
[14] PHE (2016) *Support after a suicide: a guide to providing local services*