Haringey Suicide Prevention Plan 2017 – 2020*

*Subject to approval by Haringey's Suicide Prevention Group on 23rd February 2017

Acknowledgement

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Introduction

Suicide is one of the top twenty leading causes of death for all ages worldwide with more than one million deaths per year globally (ONS, 2016). In England, there has been an overall decline in the numbers of suicides with 4,820 registered suicides in 2015, 82 fewer than in 2014. However, the rate of suicides continues to increase with a rate of 10.1 deaths per 100,000 in 2015. This increase was driven by a rise in female suicides which increased from 4.9 per 100,000 in 2014 to 5.0 per 100,000 in 2015. Despite a recent increase in female suicide rates, approximately 75% of all deaths by suicide are committed by men. Suicide is now the leading cause of death for men aged 15–49. The highest suicide rate in England in 2015 was 45-49 year olds, at 22.4 deaths per 100,000. This age group also had the highest rate among women, at 6.9 deaths per 100,000.

London's suicide rate has increased from 7.8 per 100,000 in 2014, to 10.4 per 100,000 in 2015. Haringey has the 5th highest 3-year average suicide rate in London at 10.8 per 100,000 between 2013-2015 (ONS, 2015). The 2016 Haringey Suicide Audit also revealed an average of 21 registered suicides between 2013-2015. This Haringey Suicide Prevention Plan (HSPP) aims to consolidate the interventions of key local stakeholders to form a coherent overall plan, using resources and good practice examples in order to reduce the number of local suicides.

Suicide prevention work is cost effective when conducted in accordance with evidence and by working in partnership. The financial cost of a death by suicide estimated at £1.67 million (2009 prices) in terms of care and lost productivity. This means that the 73 suicides registered in Haringey between 2013 and 2015 cost £116.85 million, and a 10% reduction in suicides saves £5 million. Alternatively put, for every year of life that an individual suicide is prevented, costs of £66,797 may be averted (Bolton SPSF, 2013).

Interventions aim to prevent individual tragedies with life-altering consequences for those bereaved or affected by suicide. Each death from suicide seriously affects at least 10 people. Local government, statutory services, the third sector, local communities and families each have a role to play.

National Context

In 2012, the coalition Government published a new national strategy 'Preventing Suicide in England'[1]. The strategy focuses on two leading objectives:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

There are also six key areas for action to achieve the objectives:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

In 2016, PHE published local authority suicide prevention planning guidelines. This guidance aims to support the commitment and capability that exists in public health, local government, health services, primary care and the voluntary sector to:

- develop a multi-agency suicide prevention partnership
- make sense of local and national data
- develop a suicide prevention strategy and action plan

PHE identified some risk groups emerging as a national trend and areas of focus for population approach (e.g. men, children and young people and those with undiagnosed depression) however it has been recognised that there is a great variation between localities.

PHE therefore recommended undertaking local suicide audits to inform action planning.

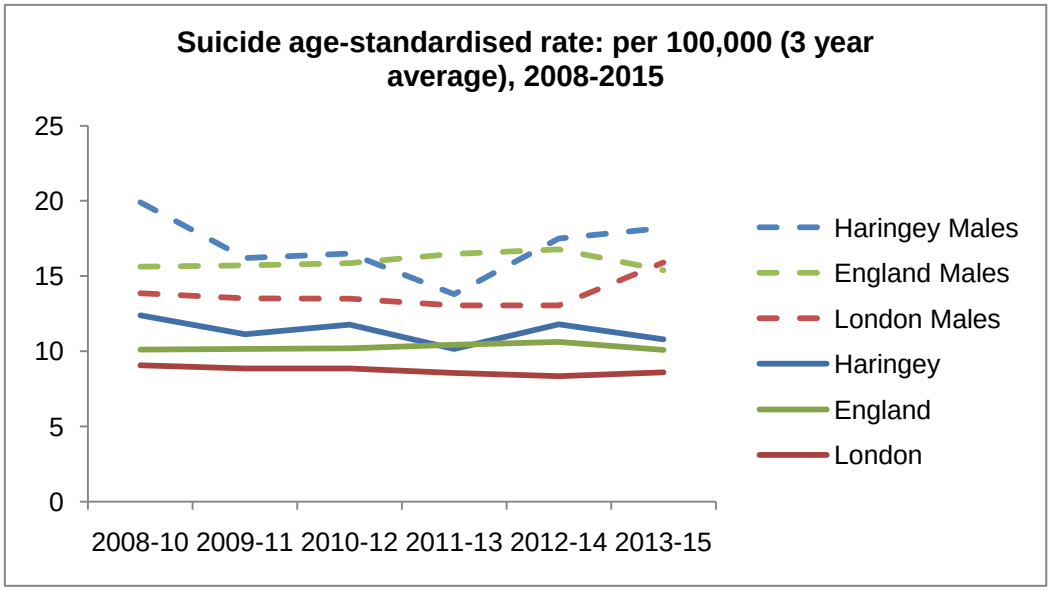
Suicide in Haringey

In 2012-2014, Haringey had the highest 3-year average suicide rate in London at 11.8 per 100,000 (ONS, 2015). However, recently published data suggest decreasing trend with a rate of 10.8 per 100, 000 for 2013-2015 (sixth highest in London after Camden, Islington, Hammersmith and Fulham and Southwark). There are, on average, 24 people a year who complete suicide in Haringey.

Since 2008-2010 (12.4 per 100,000) there have been year to year fluctuations in suicide rates in Haringey, with the current age-standardised suicide rate standing at 10.8 per 100,000 for 2013-2015. This is currently the 5th highest suicide rate in London. In relation to Haringey's comparator boroughs in 2013-15, Hackney's 3-year suicide rate is 9.2, Lambeth's is 10.0, Lewisham's is 7.0 and Southwark's is 11.0. Figure below highlights an increase in suicide rates from 2011-2013 which triggered repeat of suicide audit in 2016. Haringey's overall suicide rate decreased slightly in 2013-15 but remains higher than both London and England, whilst the male suicide rate continues to increase.

[1]

Figure 1 - Age-standardised suicide rate 2008-2015 (ONS, 2016):



Haringey Public Health intelligence team has recently carried out a 2016 Suicide Audit, using coroner's reports and data to identify recent patterns and explain trends in suicide in the local area and inform local prevention planning. This audit included in-depth information review of each suicide case over the last ten years or so. The audit found several salient features of deaths by suicide including:

- 75% of deaths were men, the highest rate being among men aged 25-44;
- Only half of those who died by suicide had a record of employment. Of those, 35% were amongst those in "higher managerial, admin and professional occupations". e.g. financial advisor or head-teacher, followed by 24% in routine and manual;
- Following 18% of people completing suicide were retired and further 12% were students;
- 66% of suicides took place in the east of the borough;
- The main method of suicide was hanging and main places were homes followed by train stations.

Those particularly at risk in Haringey include young and middle aged men in employment, those experiencing various forms of crisis (e.g. financial, relationship, housing or health problems), those with mental health conditions and those with limited or late access to health services. Haringey Public Health has met with both Enfield and Barnet, who have replicated Haringey's audit as best practice, with the aim of compiling findings for a more accurate picture of suicide across North London. However, there have been several limitations to the collection of coroner's data, including the incompleteness of coroner's reports on suicide verdicts. There is an underlying need for detailed and regular reviews of coroner case files, which is currently being undertaken in Haringey.

Additional information on the broader public health context of suicide risk in the borough can be gained from national data on suicide-related factors. In particular, the Public Health England Suicide Prevention Profile provides Haringey-specific data related to general risk

factors including mental health conditions and service contacts.[2] As well as high levels of poverty, [3] Haringey has high rates of long-term unemployment (7.6 per 1,000) and homelessness (657 people, or 6/1000, are statutory homeless, and 2,997 households, or 27.5 per 1000, are in temporary accommodation).[4] Homelessness, which is an outcome of poverty, relationship breakdown and cause and consequence of mental health problems, represents extreme vulnerability. Rates of severe mental illness (at 1.27%) in Haringey are well above the England benchmark (0.88%). The lower levels of diagnosis of depression (5.1% of GP lists vs 6.6% for England) might indicate poor help-seeking given that the estimated level of common mental disorders in the population (16-74 yrs) at 17.57% is above the England benchmark (15.62%), although a *comparatively* high proportion (17.8%) of those estimated with anxiety and depression do enter IAPT services (15.1% in all-England). In a 3-month period, Haringey (along with Islington and Camden) has a significantly higher than benchmark proportion of mental health service users with crisis plans in place (35.5%) (England 13.3%, London 19.4%), and there are very low rates of attendances at A&E for a psychiatric disorder (44/100,000, England 243.5/100,000, London 215.8). Haringey is higher than the benchmark for alcohol-related hospital admissions (1,353 per 100,000, England 1,258, especially men [1,890 vs England 1,717]), but has relatively low rates of hospital admission for intentional self harm (94.1 per 100,000 compared to England benchmark of 191.4).

Developing the Haringey Suicide Prevention Plan (HSPP)

The national strategy is implemented locally by three key means:

- a **local suicide audit** to reveal the pattern of suicides, groups at risk and factors relevant to suicide prevention planning;

- a **multi-agency suicide prevention group** bringing together statutory and voluntary organisation necessary to support the development and implementation of suicide prevention interventions;

- a **suicide prevention strategy and/or action plan** based on the national strategy and local intelligence on suicide risk (the present document).

The HSPP is framed with reference to national policy frameworks and guidelines, especially the National Suicide Prevention Strategy (2012)[5] and recently published Public Health

[2] . http://fingertips.phe.org.uk/search/suicide#pat/6/ati/101/par/E12000007

[3] 24.8% children living in households with incomes less than 60% of the median income; 11.9% in 'fuel poverty'. England long-term unemployment rate is 4.6%.

[4] These data from PHE derive from a snapshot (31 March) give levels of homelessness only exceeded by Newham in London (England benchmark for the temporarily accommodated homeless is 2.8/1000).

[5] The suicide prevention plan will help report on the quality and success of initiatives against indicators on suicide, self-harm and excess mortality in the Public Health Outcomes Framework (2013-2016). Other relevant **national policy frameworks** and guidelines are: the NHS Outcomes Framework (2015-16); No Health Without Mental Health (2011); the Five Year Forward View for Mental Health (2016); Children and Young People's Mental Health Taskforce report (2015); the Mental Health Crisis Care Concordat; Sustainability and Transformation Plans; Local Transformation Plans for Children and Young People's Mental Health and Wellbeing; the All Party Parliamentary Group on Suicide and Self-Harm Prevention. Important guidelines: Public Health England's Local

England's guidelines. It identifies recommendations and actions for key stakeholders, includes ongoing implementation of stakeholders own local plans and it also identifies further areas of action across the partnership (Appendix I).

Development and implementation of HSPP is overseen by Haringey Suicide Prevention Group (HSPG). The Group is facilitated by Mind in Haringey and led by a suicide prevention champion from the community, aims to raise awareness of the issue of suicide, steer the suicide prevention strategy for Haringey and coordinate local action planning to reduce the death rate from suicide in all age groups in Haringey. It has agreed Terms of Reference and a Declaration.

The group has broad membership from statutory and non-statutory organisations involved in suicide prevention including: Haringey Public Health, the CCG, BEH-MHT, GPs, Haringey Council, Young Adults Service YAS- CYPS (Children & Young People's Service), Homes for Haringey- Supported Housing, Public Health England, the Metropolitan Police Central Mental Health Team, Haringey Police, British Transport Police, the Coroner's office, local charities (including North London Samaritans, Maytree, Mind, HAIL, Open Door, Grassroots, North London YMCA, First Step, Citizen's Advice Bureau, Tottenham Job Centre Plus, as well as Haringey MPs David Lammy (Tottenham) and Catherine West (Wood Green and Hornsey). Appendix II

The suicide prevention strategy and plan aims to map into the broader health and wellbeing agenda in Haringey. The Health and Wellbeing Board, as well as the wider Council Corporate Plan which aims to 'enable all adults to live healthy, long and fulfilling lives', will offer broader strategic oversight and guidance. More detailed operational guidance will come from a range of existing wider partnerships including the Crisis Care Concordat, the Enablement programme and the Safeguarding Adult board.

How will we gauge success?

HSPG partners are encouraged to develop outcome measures for SP interventions, to ensure monitoring and impact evaluation. The plan will be monitored via the following indicators:

Indicators for success
Outcomes indicators
- 10% annual reduction in the overall suicide rate - At least 10% reduction in male suicide rate - Reduction in recorded attempted suicides - Reduction in self-harm (A&E attendances and hospital admissions)
Process indicators:
- Resources identified for delivery and oversight of Haringey's Suicide Prevention Plan by March 2017 - Project manager recruited by MIND to monitor and support implementation of an action plan by June 2017 - Action plan agreed and signed off by HSPG and Haringey's HWB Board by March

Suicide Prevention Planning (due 2016), and the NICE Guidelines on Preventing Suicide in the Community (due 2018).

2017

It is envisaged to develop a local Suicide prevention database in line with the national guidelines described in Appendix III.

Appendix I – Haringey's Suicide Prevention Action Plan

Action plan contains actions already in place (marked in green) and actions to be implemented over the next three years.

Action 1: Reduce the risk of suicide in key high-risk groups:

Specific services and training for those working with the following vulnerable groups/individuals that have been identified as high-risk groups within Haringey:

- People who have attempted suicide
- Those bereaved by suicide
- Care leavers
- Those in police custody

Area for Action	Key issue/target group	Intervention description	Lead	Delivery timeframe
1.1	**Suicide attempt survivors**	Review and strengthen pathway for people attending A&E departments following suicide attempt	CCG and Psych Liaison services	By Dec 17
		Identify gaps in NHS primary care relating to self harm	Public Health/Acute Trusts Audit	By Dec17
		Provide suicide prevention respite retreat	Maytree	In place
		Open Door piloting a home-based intervention with a digital component to engage depressed young people 'stuck at home'	Open Door	In place
		Ensure GPs are contacted with details of suicidal/vulnerable person so that appropriate help and support can be offered e.g. Public Protection Unit/Liaison Team	British Transport Police	By Apr 17

		Continue to promote: • Talking therapies • Big White Wall • Ensure NICE guidelines on self-harm and depression are followed Improve support to patients after a suicide attempt	All BEH	In place and ongoing By Sep 17
1.3	**Those bereaved by suicide**	Provide information to those bereaved through 'help is at hand' leaflet as well signposting to Samaritans/other charities Survivors of Bereavement by Suicide (SOBS) peer support group	British Transport Police, Met Police and Coroners Court Mind in Haringey	In place In place
1.4	**Care leavers**	Strengthen pathways and support for care leavers mental health and wellbeing placed in and out of borough Stand alone awareness and communication package relating to suicide prevention/intervention to be developed for care leavers	Haringey Youth Adults Service (16-25 years old) BTP/Met Police	By Sep 17 By Sep 17
1.5	**Those in police custody**	Provide information/signposting for those in police custody or charged with crimes that are likely to cause significant distress. Continue to share intelligence relating to suicidal individuals to build a 'trace'	British Transport Police/ Met Police	In place By Sep 17

Action 2: Tailor approaches to improve mental health in specific population groups:

The Haringey Health and Wellbeing Strategy (HWBS) and Joint Mental Health and Wellbeing Framework place a direct emphasis on building individual and community resilience and promoting mental health and wellbeing in the borough and across the whole population. Taking a broader population approach in improving mental health and wellbeing of Haringey's residents will contribute to suicide prevention, especially if interventions are tailored for specific groups more at risk of developing mental ill health and not seeking help. The 2016 Suicide Audit identified the following population groups where tailored interventions are needed:

- Children and Young people
- People who are socially isolated
- Survivors of abuse or violence, including sexual abuse
- People living with a mental health condition and long-term physical health conditions
- Eastern European migrants
- Those with sexuality issues
- Middle-aged men facing life crisis due to failure of relationships, health, housing, finance

HWB Strategy and the Framework focus on a range of interventions aimed at defined population groups identified above, Table below specifies some further actions that may strengthen the overall approach to mental health and wellbeing improvement with a specific reference to suicide prevention:

Area for Action	Intervention description	Lead	Status
2.1	**Children and Young People**		
a	Identify children at high risk of emotional problems and signpost to services e.g. First Steps organisation for 9-18 year olds	Healthy Schools	By Dec 17
b	Ensure Child Overview Death Panel reviews findings and lessons learnt for cases due to suicide are regularly feedback to the Haringey Suicide Prevention Group	Open Door	By Apr 17
2.2	**Socially isolated**		

a	A number of interventions are being delivered through HWB Strategy and the Council's corporate plan	Partnership	In place
2.3	**Survivors of abuse**		
a	Develop the TRiM (trauma risk management) model for MPS staff through pilot project on Westminster Borough	Metropolitan Police	By Dec 17
2.4	**Those with a mental health condition**		
a	See Mental Health and Wellbeing Framework and HWB Strategy	Partnership (BEH MHT, CCG, Haringey Council)	Ongoing
2.5	**Those with a physical health condition**		
c	Ensure the routine assessment for depression as part of personalised care planning Increase uptake of IAPT services for people with physical disabilities and long term health conditions	CCG, BEH MHT and Primary Care Whittington	By Dec 17 By Dec 17
2.6	**Eastern European migrants**		
a	Mental health awareness raising in non-clinical setting including churches, shops, hairdressing salons and retail shops	Open Door, Voluntary and Community Sector	By Dec 17
b	Suicide prevention training of staff and recognition of signs and symptoms of depression within specific ethnic minority groups	Public Health and Samaritians	By Dec 17
2.7	**Those with sexuality issues**		
a	Ensure existing/planned training of frontline staff is LGBT aware	Public Health and CCG	By Sep 17
2.8	**General population (including middle age men facing crisis)**		
	Improve capacity of key people to recognise and respond to signs of distress and crisis (information, skills) Deliver suicide/self harm training for GPs; develop materials in line with NICE guidelines on self-harm Further dissemination of 'It's Safe to Talk About Suicide';	Samaritans/BEH MHT Public Health/Primary Care Tbc	By Sep 17 By Sep 17 By Dec 17

	Programme of training for those in contact with high-risk individuals including 'SafeTalk'	All	By Dec 17

Action 3: Reduce access to the means of suicide:

According to 2016 Suicide Audit, the most common suicide method was hanging in the home. As a means of suicide, this is best targeted through other means of prevention. However, there was a high number of suicides taking place in the following locations:

- Suicides as a result of hanging in the home
- Hanging in public parks and spaces
- Train stations and bridges
- High-rise buildings

The leading NSPS recommendation for reducing the number of suicides as a result of self-poisoning is for further consideration of the prescribing and sale of particularly toxic drugs.

Area for Action	Area for Action	Lead	Status
3.1	**Reducing the number of suicides as a result of hanging**		
a	Ensure safer environment for at risk patients	BEHMHT	In place
b	All contracts for commissioned services, including mental health trusts, to include a standard of compliance with best practice on suicide prevention, including safe clinical areas	CCG	By Mar 19
3.2	**Reduce hanging in public parks and public spaces**		
a **b**	Train staff in public parks on Mental health first aid Review need for more lighting in parks	Mind Haringey Council	By Apr 17 By Apr 17
3.3	**Reduce the number of suicides at train stations and bridges**		
a	Signage detailing support services on bridges, flyovers, train and bus	Samaritans and Haringey	By Mar 17

	stations and train local businesses on suicide prevention	Council	
b	Install physical barrier at Archway Bridge	TfL	By Jun 17
c	Train rail staff on identifying and engaging people who may be considering suicide	British Transport Police	Ongoing
3.4	**Reduce number of suicides from high-rise buildings**		
a	Continue to put in measures to secure roofs and reduce access to windows through restrictors in all medium and high rise blocks Work with shopping malls to monitor danger spots	Homes for Haringey	Ongoing By Apr 17
b	Promote suicide risk prevention via Haringey's Development Vehicle (e.g. when designing high structures such as multi-storey car parks, bridges and high-rise buildings, structures close to facilities for particularly vulnerable people)	Public Health and HDV	By Mar 18

Action 4: Provide better information and support to those bereaved or affected by suicide:

Post-suicide interventions at family and community level are essential to deal with the effects of suicide, the risk of contagion and cluster suicides and the ongoing impact on the mental health of the bereaved.

Haringey currently does not have a coherent approach to suicide bereavement, family liaison, and community response to suicide (i.e. a comprehensive postvention element in the SP strategy and plan. This is an important area for development.

There is a key role here for the police and the Coroner's office in offering immediate help to bereaved families in access to information and to find support from local and national organisations. There are also possibilities for developing real-time local intelligence gathering systems, involving the Coroner, to identify and respond to local suicide trends (as in Durham).

Area for Action	Intervention Description	Lead	Status

4.1	**Provide effective and timely support for families bereaved or affected by suicide**		
a	Tri borough project around leaflet to be handed out by police attending suspected suicides to relatives. Would contain information on what happens next and support groups *'Help is at Hand'* booklet Immediate outreach after suspected suicide through a liaison role (with a named individual who is responsible for suicide bereavement support) Training for police/other first responders in response to suicide; also funeral directors; coroner staff; faith group leaders	Metropolitan Police/Coroner's Office	In place By Dec 17 By Dec 17
b	Work with coroner to obtain 'real-time' data on possible suicides. Learn from Durham 'real-time' Suspected Suicide Early Alert System to ensure proactive contact with families in cases of suspected suicide by GPs and referral to services (SOBS, Inquest etc.) Coroner to use contacts with GPs to signpost for support services for bereaved/affected people	HSPG Coroner's Office	Ongoing By Mar 18
c	Establish local branch of Survivors of Bereavement by Suicide (SOBS) – volunteer-run self-help group hosted by Mind in Haringey	MIND in Haringey	Ongoing
d	GPs to provide bereaved families with explanation of policies on investigation of patient suicides Respond effectively to suicide in schools and colleges e.g. Step by Step	CCG Samaritans	Not yet in place Ongoing
4.2	**Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide**		
a	Ensure clear contact details are provided by mental health, primary care and social services by: • Distributing leaflets aimed at family/friends to primary care and support services in Haringey • Provide training on suicide awareness, recognising and responding to warning signs	All Open Door Local Authority	Not yet in place By Dec 17

	for suicide in self or others delivered in a variety of settings and targeted to where people are more likely to encounter those who are at risk (e.g. staff in job centres, the police and emergency departments)		
b	Develop protocol for meeting with families and other relatives	BEHMHT	In place

Action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour:

The NSPS suggests two key aspects to supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:

1. Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media

2. Continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services

Area for Action	Intervention description	Lead	Status
5.1	**Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media**		
a	Encourage responsible reporting by ensuring that local/regional newspapers by: • Provide information about sources of support and helplines when reporting suicide and suicidal behaviour • Avoid insensitive and inappropriate graphic illustrations accompanying media reports of suicide • Avoid use of photographs taken from social networking sites without relatives' consent • Avoid the re-publication of photographs of people who have died by suicide when reporting other suicide deaths • Implement Samaritans guidance for the media on the reporting of suicide: www.samaritans.org/media_centre/media_guidelines.aspx • Evidence that media reporting can influence copycat suicides espeically in	All	In place

	young and those already at risk. Develop an “agreement” with local media		
c	Set up a working group to liaise with the media and indentify ‘responsible reporting’	Haringey Council Communications department	By Sep 17
5.2	**Continue to support the removal of content that encourages suicide and provide ready access to suicide prevention services**		
a	Raise awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS)	Healthy Schools	Not yet in place

Action 6: Support research, data collection and monitoring

Reliable, timely and accurate suicide statistics are the cornerstone of any suicide prevention strategy and are of tremendous Public Health importance. Analysis of the circumstances surrounding suicides in an area can inform strategies and interventions, highlight trends and changes in patterns, identify key factors in suicide risk and enhance our understanding of high risk groups, evaluate and develop interventions to reflect changing needs and priorities, and develop the evidence base on what works in suicide prevention.

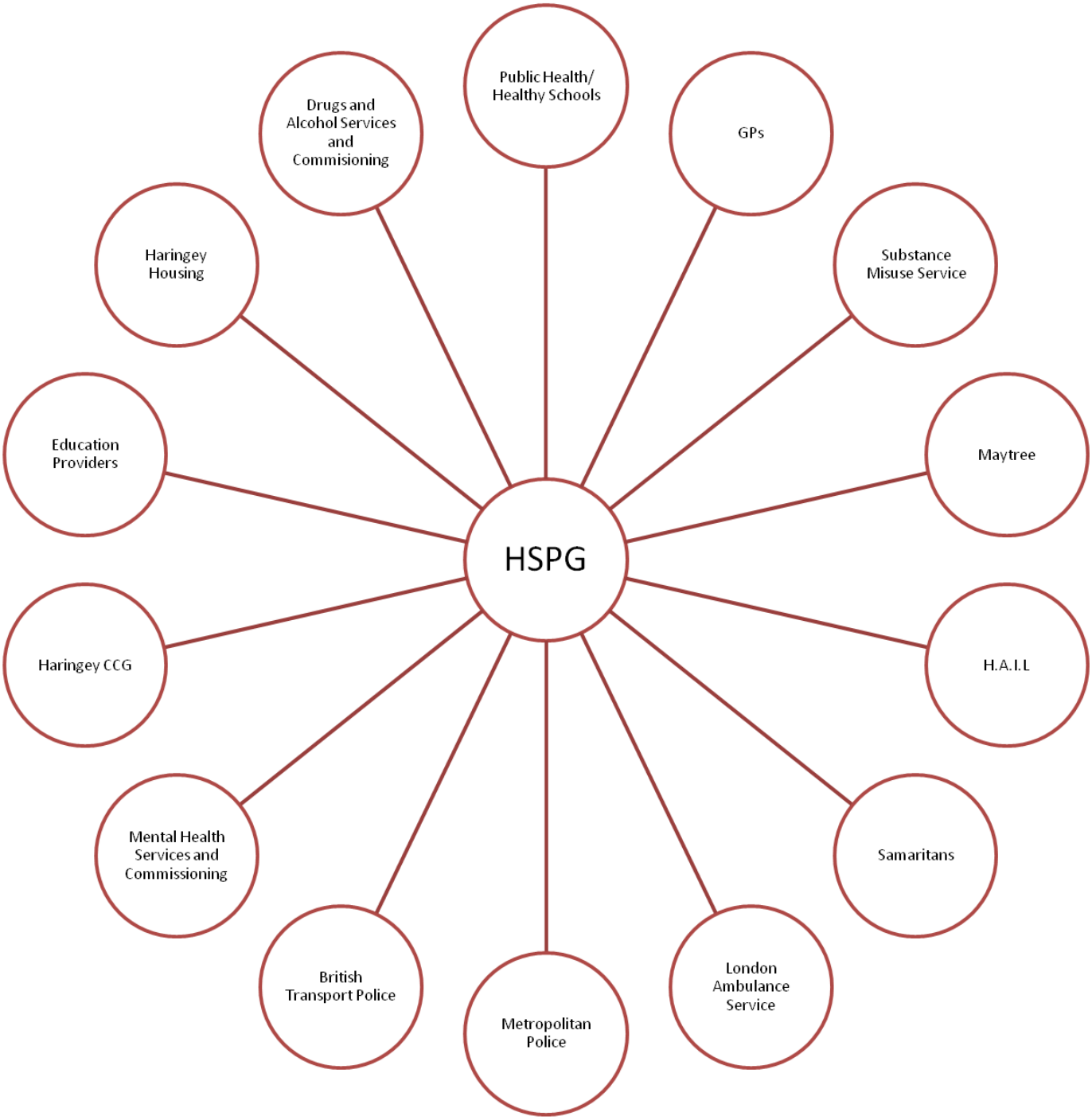
The NSPS has two recommendations to support research, data collection and monitoring:

- Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
- Expand and improve the systematic collection of and access to data on suicides

Area of Action	Intervention description	Lead	Status
6.1	**Build on the existing research evidence and other relevant sources of data on suicide prevention**		
a	Complete annual Haringey Suicide Audits and review schedules of data	Public Health/HSPG	Ongoing

	collection relating to suicides with the coroner's office Routine review of coroner files to gather data relevant for suicide prevention planing		
b	Create a 'suicide prevention database' and dashboard with ongoing data collection from stakeholder, national and local data sources (Appendix II)	All	By Dec 17
c	Alert local services to inquest evidence that suggests areas for service development to prevent future suicides	Coroner's office	Ongoing
6.2	**Expand and improve the systematic collection and access to data on suicides**		
b	Establish protocol regarding sharing information and data on suicide with next of kin Monitoring interventions; impact evaluation; HSPG as key source of information on suicide prevention needs as well as feedback for monitoring.	HSPG HSPG	By Mar 18 By Mar 18

Appendix II – Haringey's Suicide Prevention Group



Appendix III - Building a suicide prevention database

Building a suicide prevention database is essential to the processes of suicide prevention. By continually processing and building data from national, local and coroner's records, the HSPG can create a long-term view of patterns in Haringey, rather than a one-off data collection activity.