

Report for: Adults and Health Scrutiny Panel, 1st November 2018

Title: Haringey Suicide Prevention Action Plan Update

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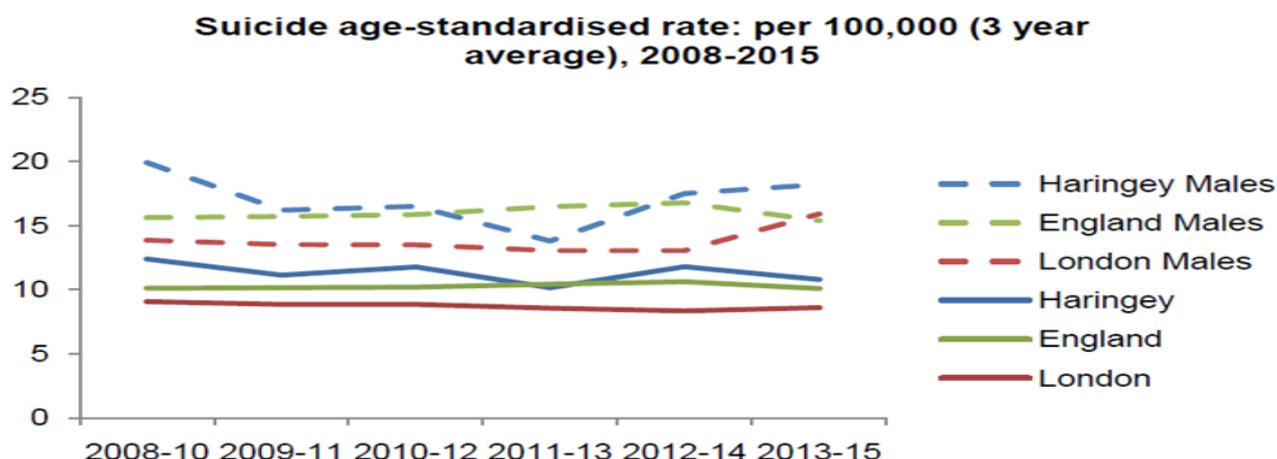
Ward(s) affected: All

Report for Key / Non Key Decision: Non Key Decision

1. Describe the issue under consideration

- 1.1 The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost. Each death from suicide seriously affects at least 10 people.
- 1.2 In 2014-2016, 55 people died by suicide in Haringey. The age-standardised suicide rate in Haringey was 10.3 per 100,000 people. This was the fifth highest in London, and higher than the England rate of 9.9 per 100,000. For Haringey's comparator boroughs in 2014-2016, the age-standardised suicide rate per 100,000 in Hackney was 8.1, Lambeth 10.2, Lewisham 7.2 and Southwark 10.6.
- 1.3 Figure 1 highlights the trend in age-standardised suicide rates from 2008-2015. In 2013-15 the Haringey rate was higher than both London and England. The male suicide rate in Haringey is also higher than in both London and England.

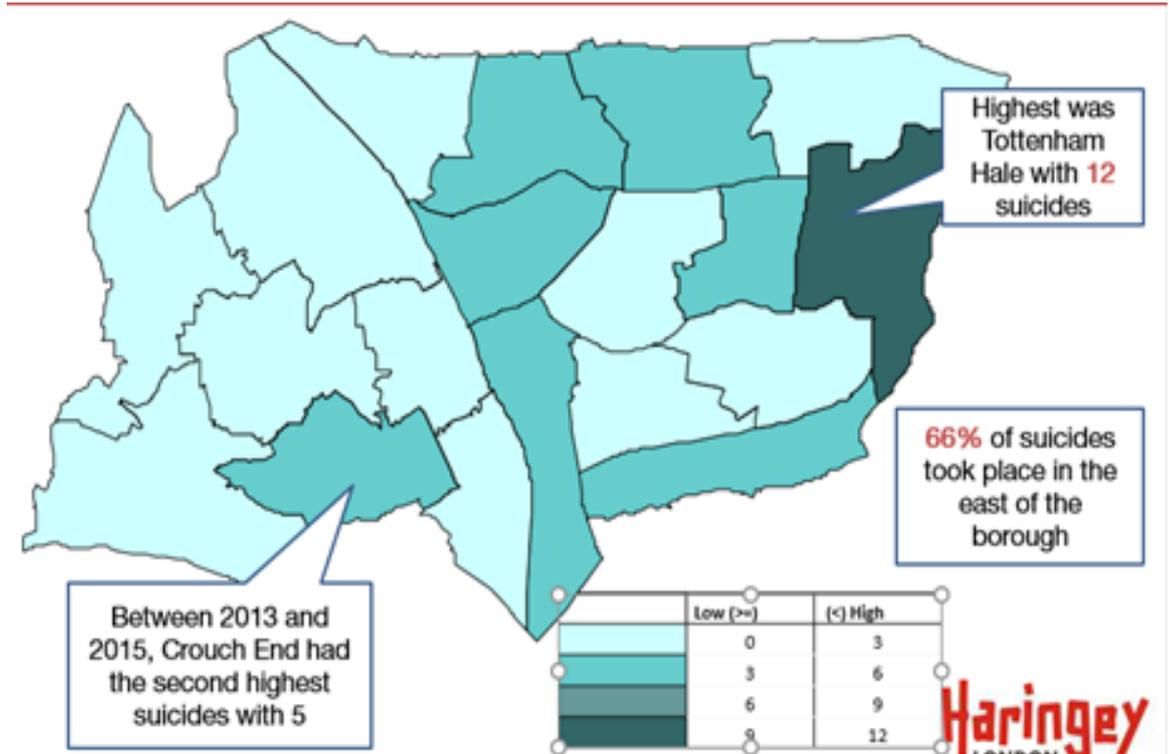
Figure 1: Age- standardised suicide rate 2008-2015 (ONS, 2016)



1.4 The Haringey 2016 suicide audit found several salient features of deaths by suicide including:

- 75% of deaths were men, the highest rate being among men aged 25-44 years
- Only half of those who died by suicide had a record of employment. Of those, 35% were amongst those in “higher managerial, administrator and professional occupations” e.g. financial advisor or head-teacher, followed by 24% in routine and manual employment
- 18% of people completing suicide were retired and a further 12% were students
- 66% of suicides in 2013-15 took place in the east of the Borough (Figure 2)
- The main method of suicide was hanging. The main places where people died from suicide were homes, followed by train stations
- Between 2013 and 2015, 36% of people who died from suicide were born abroad. Recording of ethnicity and nationality was very limited and not consistent. Despite this there was a noticeable prevalence of Eastern European migrants, Black African and Black Caribbean in the coroner’s data.

Figure 2: Suicide rate 2013-15 by ward



1.5 Risk factors for suicide include previous suicide attempt(s), mental health problems and disorders (diagnosed or undiagnosed), problematic substance use, loss (relationship breakdown, job or financial loss, debt, housing), trauma or abuse, and

chronic pain or illness. Mental ill health is one of the most important risk factors for suicide. The early identification and prompt, effective treatment of mental ill health has a major role to play in preventing suicide across the whole population.

- 1.6 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.
- 1.7 The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Organisations and communities can reduce risk and reinforce protective factors by providing social support to vulnerable individuals, engaging in follow-up care, raising awareness, fighting stigma and supporting those bereaved by suicide.
- 1.8 The Haringey Suicide Prevention Group (HSPG) is an inter-agency partnership that has been established to guide the Borough's suicide prevention strategy. It aims to shape and strengthen community-based suicide prevention planning and implementation. The Group, which is chaired by Mind in Haringey, meets on a quarterly basis and has broad membership from statutory and non-statutory organisations including: Haringey Public Health, the Clinical Commissioning Group, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities. Networks and partnerships contribute to building and strengthening the commitment to work together to address suicide. The chair of the Group is a Mind trustee, who is a national figure in suicide prevention and brings huge expertise and commitment to the group and its work.
- 1.9 The HSPG is coordinating local action planning to reduce deaths from suicide and supporting those affected by suicide, as well as ensuring that data and intelligence on suicide is collected and shared across agencies.

- 1.10 The HSPG annually reviews the Haringey Suicide Prevention Action Plan and identifies areas on which to focus, using the Preventing Suicide in England, Public Health England and National Institute for Health and Care Excellence guidelines as frameworks for best practice. The Plan identifies targeted actions of specific agencies to deliver priority areas of intervention, which are:
- Reduce the risk of suicide in key high-risk groups
 - Tailor approaches to improve mental health in specific population groups
 - Reduce access to the means of suicide
 - Expand and improve the systematic collection of and access to data and research on suicide

Broader goals include:

- Preventing deaths by suicide and suicide attempts
- Increase awareness of the problem of suicide e.g. being able to talk about suicide
- Knowing where to seek help and assisting others in seeking help
- Establishing self-help groups or helping others who have lost someone or who are affected
- Promoting mental health and wellbeing
- Educating about early identification and support for those experiencing suicidal thoughts and vulnerable to acting on those thoughts

2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes progress on the Suicide Prevention Action Plan and in particular, the ongoing progress made through multiagency working led by Mind in Haringey.

3. Reasons for decision

- 3.1 The Panel asked for a progress update in November 2018.

4. Alternative options considered

N/A

5. Background information

- 5.1 Introduction to suicide

There are indications that for each adult who dies from suicide there may be more than 20 others attempting suicide. The impact on families, friends and communities is devastating and far-reaching, long after persons dear to them have taken their own lives. Suicide bereavement is a significant risk factor for suicide. One in ten people so bereaved will make a suicide attempt.

Social, economic, psychological, cultural and other factors can interact to lead a person to suicidal behaviour and the stigma attached to suicide means that many people, especially men who are at greater risk of suicide, feel unable to seek help.

Organisations and communities can play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide. They can help to give individuals a sense of belonging and a feeling of connectedness by being part of a community.

5.2 Why is it important to prevent suicide?

In 2013, the Mental Health Action Plan 2013-2020 was adopted by the World Health Assembly (WHO, 2013). This action plan outlines suicide prevention as a priority, with the global target of reducing the rate of suicide in countries by 10% by 2020.

In the Sustainable Development Goals (SDGs) for 2030, suicide is a proposed indicator for the health target 3.4, which is to reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and to promote mental health and wellbeing.

The Preventing Suicide in England Strategy (2012) highlighted improving the mental health of the population as a whole as an important way to reduce suicide. It also advised implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may expose them to more risk factors for suicide. These include children and young people, those with long-term physical health conditions and people with untreated depression.

The prevention of suicide is not only important for individuals and families but also benefits the wellbeing of communities, the health-care system and society at large. Community-level approaches should be employed as part of an effective strategy.

Preventing suicide can have a positive impact on communities by:

- Promoting health and wellbeing of community members
- Empowering communities to identify and facilitate interventions
- Building capacity of local health-care providers and other gatekeepers
- Prevention and early intervention of morbidity from developing mental illness

5.3 Key successes for suicide prevention over the past 6 months

Partnership working across organisations and with communities plays an essential role in suicide prevention when they provide bridges between community needs, national policies and evidence-based interventions that are adapted to local circumstances. The HSPG serves to co-ordinate diverse suicide prevention activities across the borough.

The Preventing Suicide in England Strategy (2012) committed to tackling suicide in six key areas for action. These are:

1. Reducing the risk of suicide in high risk groups

2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring

The work of the HSPG aligns to these areas of action and reflects the direction of the national strategy. Table 1 summarises Haringey's Suicide Prevention Action Plan and progress on the 6 areas for action to date. The HSPG has actively contributed to existing work streams and implemented actions that correspond to pertinent issues that need to be tackled.

Key successes of the HSPG to date include:

- Increased uptake of training around suicide awareness and prevention in key partner areas, for example supported housing services
- Developed a business case for a new service for people bereaved by suicide under the North Central London Sustainability and Transformation Programme
- Ongoing analysis of data on suicides in the area to inform interventions, and contribution to developing a London-wide and real-time data system (with Thrive London)
- Supporting the process of securing planning approval for safety features on the Archway Bridge
- Rolling out pop-up reminders to GP computer systems to alert and prompt doctors if a patient has previously self-harmed or attempted suicide, so they can improve their care and consider current risk issues

In the next 12 months the HSPG will continue its vital role as a forum for sharing experience and knowledge on suicide prevention. It will broaden participation, especially to representatives of different communities in the borough, as well as to relevant agencies not currently involved. HSPG will work to increase awareness of the issue of suicide locally, and actively seek to contribute to initiatives to improve mental health and wellbeing in the general population and within high risk groups.

Table 1. Haringey's Suicide Prevention Action Plan - Progress on 6 Areas for Action

Area for action	Description
Action 1: Reduce risk of suicide in key high risk groups	
Suicide prevention respite retreat	This is currently being provided by Maytree which is a registered charity supporting people in suicidal crisis in a non-medical setting. Individuals are offered a free 4-night/5-day stay, and the opportunity to be befriended and heard in complete confidence, without judgement and with compassion.
People with mental health crisis	<p>The Psychiatric Liaison service in A&E North Middlesex University Hospital, has introduced peer workers to support those in crisis, and reduce levels of absconding from A&E. The aim is also to support a group known to be at the highest risk of suicide – survivors of suicide attempts. The experience of this reported to HSPG by some of the peer workers is positive.</p> <p>The HSPG Chair has joined the BEH-MHT Serious Incident Review Group to ensure that lessons are learned in cases which involve suicidal behaviour.</p> <p>The BEH Trust (Crisis Team and Locality teams) are trialling a new approach to mental health crisis, Peer-supported Open Dialogue (POD) which promises a more effective approach to reducing risk through early response, continuity of contact, involvement of family and the social network. This aims to address transitions into and out of in-patient care, and early days under Home Treatment known to be moments of high risk of suicide. POD is subject to a large RCT study.</p> <p>Many in suicidal crisis are not treated in IAPT and do not get picked up by secondary care. HSPG has encouraged promotion of specialist services such as The Listening Place http://listeningplace.org.uk as a non-clinical context for people to talk about their wish to die and to find a way to a different perspective on problems that overwhelm.</p>
People bereaved or exposed to death by suicide	See postvention below

Area for action	Description
Action 2: Tailor approaches to improve mental health in specific population groups	
Training for frontline workers in how to talk about suicide and how to intervene to support someone at risk	Mind in Haringey delivers mental health first aid training once month to front line workers and residents of Haringey free of charge. Over the past year training has been delivered to over 200 attendees, representing a cross section of Haringey’s diverse organisations and population. Each attendee receives a mental health first aid certificate and an evidence based ‘It’s Safe to Talk’ leaflet. The Samaritans ‘Managing Suicidal Conversations’ has also been commissioned and is available to service providers across the borough.
Eastern European migrants	The Connected Communities project has been set up to help migrants to settle into Haringey and navigate through public services. This is a 2 year programme. A launch event took place in September 2018. The programme is estimated to benefit 1000 people.
People who are unemployed, have disabilities and health conditions	<p>The Work and Health Programme is providing employment support for long term unemployed, people with disabilities and those with long term health conditions to seek employment. Participants can obtain support for work focused activities: e.g. how to build a curriculum vitae, interview skills, budgeting in work. They can gain access to vacancies and partnership work with employers to enhance disability awareness and job adjustments.</p> <p>The programme is being delivered by Ingeus. It includes: regular (minimum fortnightly) appointments with a designated caseworker, face-to-face access to personalised support team, including hub guides, health team, employer services team, and specialist caseworkers. It also includes 24/7 access to online information and services through a personalised ingeushub app account including digital literacy support, access to online cognitive behavioural therapy as required, enhanced job search tool and a personalised better off calculator. People can access both face-to-face training and an online library of training courses, activities and interventions. There is also a directory of local services. The programme is expected to benefit 1848 people from 2018-2023.</p>
Area For Action	Description

Children and young people	The Anchor Project supports school staff to work with parents/carers so that communication with their children and young people becomes stronger and parent/carer confidence is increased. The work also supports parents and carers to manage behaviour and promote the emotional growth needs of their children and young people. The project is being delivered by Public Health. A 'How to Be' home tool has been created. It informs and increases confidence to manage behaviour, helping children to regulate their emotions and to have a common language to speak confidently with education, health and social care staff. To date representatives from 50 schools have been trained and 15 schools are in the process of embedding the programme.
Child and adolescent mental health services (CAMHS) trailblazer bid	Haringey CCG and partners have expressed interest in being selected to be a trailblazer site to deliver a Mental Health Support Team (MHST). If successful, the MHSTs will be based in secondary schools in the most deprived areas and will include experienced CAMHS staff, a family support worker with therapeutic training, therapy trainees, psychology, speech and language therapists, Health Education England trainees, and an administrator.
Depressed young people	Open Door is a voluntary sector counselling and psychotherapy service provided for young people aged 12-24 years. The service is piloting a home based intervention with a digital component to engage depressed young people who are 'stuck' at home.

Area for action	Description
Mental Health and Employment	<p>As part of the Mental Health and Employment Devolution Project, Haringey Council have submitted a bid to the challenge fund to develop a whole systems approach in North Central London (NCL) to support people with mental health issues in employment. The bid proposes a range of interventions including support for small and medium sized employers to retain employees and a range of resources to help employees including a Digital App to manage mental health.</p> <p>Good partnerships have been established across the NCL area as part of this project. The outcome of this proposal will be known by November 2018.</p>
Those with serious mental health conditions	<p>Interventions to improve physical health and wellbeing of those diagnosed with serious mental health issues are being planned. An evidence review conducted by public health was discussed at the Mental Health Executive in September 2018. The group agreed to develop a model.</p>
Integrating mental health support services	<p>The Haringey Wellbeing Network has been set up and will provide an integrated mental health support service offering prevention and recovery services, acting as the front door/gateway for clients to access a range of wellbeing activities and services within the voluntary sector. These include:</p> <ul style="list-style-type: none"> • Social prescribing and brief support – will be led by Mind in Haringey • Wellbeing activities - led by Mind in Haringey and delivered in venues across the Borough • Peer support delivered by Mind in Haringey and Key Ring, which includes resilience building • Mental Health First Aid – for Haringey frontline staff led by Mind in Haringey • Community Asset Development – led by Bridge renewal trust working with organisations including faith groups and housing provisions. • Community Co-production & Reach – led by Spice Innovation

Area for action	Description
Developing and using personal and local networks	<p>Two Local Area Co-ordinators based in Northumberland Park/White Hart Lane and Hornsey, work alongside individuals and families of all ages including those with disabilities, mental health needs, older people and carers, to help create a vision for the future and build a good life. The programme helps to empower individuals, build trust and access relevant information and advice at the right time.</p> <p>The aim of this approach is to use the existing community assets to prevent people from getting into crisis (by building their resilience using their immediate support network), and increase health and wellbeing in order to reduce demand on services. It also has a focus on reducing inequalities by targeting the hard to reach-to- reach communities. Support is free, there are no referral criteria and no time limits. Over 220 introductions (including self-referrals) have been made since the project initiation in Nov 2017.</p>
Action 3: Reduce access to means of suicide	
Archway bridge	<p>HSPG has been liaising with Haringey and Islington Councils. Planning committees of both councils have recently been given approval and Transport for London will implement the suicide prevention fencing. There is good evidence of effectiveness for this type of intervention in reducing deaths by suicide. The timetable for implementation is to be established.</p>
Action 4: Provide better information and support to those bereaved or affected by suicide	
Suicide liaison service	<p>A business plan for a 5-borough Suicide Liaison Service was submitted to the NCL STP and was endorsed by the board on 25 July 2018. The service will make available immediate practical and emotional support to families/social networks affected by the approximately 100 suicides each year in this part of North London. The chair has referred the proposal to the Executive Committee and is writing to the directors of Public Health to agree a funding instrument.</p>
People bereaved by suicide	<p>Police and the Coroners Court are encouraged to provide information to those bereaved through the 'Help is at Hand' booklet as well as signposting to a range of charities including Samaritans.</p>

Area for action	Description
Self-help group	Mind in Haringey is hosting a local branch of Survivors of Bereavement by Suicide (SOBS). This is a volunteer run peer-support group.
Postvention in schools	Samaritan's Step-by-Step programme of postvention support is drawn on in schools and other institutions exposed to a death by suicide in the borough. This is important given the vulnerability of young people especially after a suicide in their community.
Action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour	
Raising awareness about suicide	Mind in Haringey have worked with film maker Matt Harmer to create a beautifully shot and compelling short documentary 'Take a Minute' highlighting the issues around male suicide and isolation. The film is based on male suicide and its impact on loved ones, work colleagues and our community; it raises awareness on how to identify the signs of somebody in distress and how to respond appropriately. Tottenham Hotspur Foundation hosted a screening of the film, followed by Q&A and networking sessions on 12th September. Mind hosted 3 Q&A panels at the Park Theatre during their September run of 'Distance' a play of one man's mental health journey.
World suicide prevention day	As part of World Suicide Prevention Day, which is held on 10 th September each year. Mind hosted a screening of 'Take a Minute' followed by a Q&A session at Macfarlanes (City Law Firm) the event was chaired by Catherine West MP. The panel included Professor Stephen Platt, Natalie Howarth, Director of the Maytree, Lynette Charles, CEO Mind in Haringey and Professor David Mosse. The event was attended by 60 people who were a mixture of professionals, those bereaved by suicide and other interested parties.
Action 6: Support research, data collection and monitoring	
Real time data collection	The HSPG is involved with Thrive London and neighbouring boroughs ongoing development of data sharing with the Metropolitan Police, British Transport Police, and Coroners' Courts. The Working Group (HSPG and Thrive London) is pulling together a more reliable system of data collection, sharing and reporting.

Area for action	Description
Suicide audit and data analysis	The HSPG coordinated and led the updated suicide audit in 2016 and has undertaken in-depth qualitative analysis of one year's Coroner Court records (Nov 2015-March 2017) to inform the suicide prevention planning (led by expert Dr Rachel Gibbons).
Young people at risk of violence	A comprehensive needs assessment of young people at risk of violence which adopts a public health approach has been shared with HSPG and is being used to inform Haringey's Young People at Risk Strategy. The document describes vulnerable groups and high risk children including those involved in gangs and part of the youth justice system.
Joint strategic needs assessment	The mental health chapter for Haringey's Joint Strategic Needs Assessment will include data on Suicide. This is due to be completed by December 2018.
School health profile	Haringey Council and Whittington Health have sent out a questionnaire to all schools as part of the 5-19 year old Healthy Child Programme. The outcome will be a profile of each school which includes information about the number of pupils with mental or emotional ill health and the number of emotional wellbeing co-ordinators. The information collected will be used to inform planning of services and interventions.

6. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 – 2018.

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

7.1 Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

7.2 Legal

This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

7.3 Equality

The Haringey Suicide Prevention Action Plan uses a multi stranded, multi-sectorial approach and will allow inequalities and isolation issues related to protected characteristics to be addressed. The implementation of the Action Plan will have a prevention-based approach to proactively identify high risk and hard-to-reach communities, in particular older people, those living with disabilities and people with long-term health conditions. A range of activities are occurring across the borough and in areas with high deprivation, health inequality and poor life expectancy.

8. Use of Appendices

N/A

9. Local Government (Access to Information) Act 1985

N/A