



DRBAY SUICIDE AUDIT, SUICIDE PREVENTION PLAN & MENTAL HEALTH & SUICIDE PREVENTION ALLIANCE

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18/03/

SUICIDE AUDIT METHODOLOGY

- In September 2019 Torbay and Devon Public Health teams completed a coroner file suicide audit in the Plymouth and Exeter Coroners Offices
- Calendar year 2017, 2018 and the early months of 2019 were included (2016 archived)
- Based on registered death to match national statistics, e.g. date of death may have occurred in the previous year/s
- Deaths of residents, whether they died locally or not, are included in national data; coroners files only cover deaths of residents who have died locally
- An online data entry form was developed and used by both Public Health Teams to create a standardised set of data which could be analysed with more robustness
- In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of

QUALITATIVE ANALYSIS (N~300)

The following themes were mentioned in over 20% of comments:

Relationships (breakdown, difficulties, access to children)

Loneliness (little social contact or no close friends)

Housing (sofa surfing, living with family and friends, fear of eviction)

Finances (linked to housing and employment, low wages, debt)

Employment (lack of or insecure employment, frequent job changes, signed off work due to ill health)

Healthcare services (not attending appointments, lack of coordination between services [social services, health – primary and secondary care), not meeting thresholds, time between referral and assessments and waiting lists (mainly mental health but some physical health services)

QUALITATIVE ANALYSIS

CONTINUED

The following themes were mentioned in around 10% of comments:

End of life – mentions of euthanasia, do not resuscitate requests, advanced directives, DNR, and asking others for help for those with terminal/permanent or deteriorating health where life perceived to no longer be worth living CJ10

Use of social media and internet – researching methods, accessing pro-suicide websites and ordering products on line which were used in the suicide. Mentions of using social media to discuss suicide intent with both positive and negative experiences

Previous attempt/acknowledgement – documented or reported to others that they had thought of or were planning to take their own lives

Uncharacteristic behaviour – friends, families, neighbours, work colleagues and carers report about uncharacteristic behaviour and that they seemed depressed

Slide 4

CJ10

I picked up loss as in carers / widow/ers taking their life after losing their partner - could be under loneliness?

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KEY RISK FACTORS (QUANTITATIVE DATA)

- Having a mental health diagnosis
- Having a previous bereavement
- Being involved with criminal justice (perpetrator or victim)
- Having a range of adverse childhood experiences (ACEs)

KEY DEMOGRAPHICS (PCMD)^{CJ8}

2017–2019

- Count – 64 (~21 deaths per year)
- Rate – 19.0 per 100,000
- Sex – 3 in 5 male*
- Age – ~4 in 5 suicides aged 20–69yrs
- Deprivation – Highest rates in Q1 & Q2
- Place of death – 45% at home, 16% in hospital, 39% elsewhere
- Time of year – Aug and Dec but no clear pattern

2018–2020*

- Count – 61 (~20 deaths per year)
- Rate – 18.7 per 100,000
- Sex – 3 in 4 male
- Age – ~4 in 5 suicides aged 20–59yrs
- Deprivation – Highest rates in Q1 & Q2
- Place of death – 48% at home^{CJ1}, 18% in hospital, 34% elsewhere (25% public)
- Time of year – No clear pattern

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CJ1

Do we note somewhere that altho males are much higher, we are an outlier because of our remale rate?

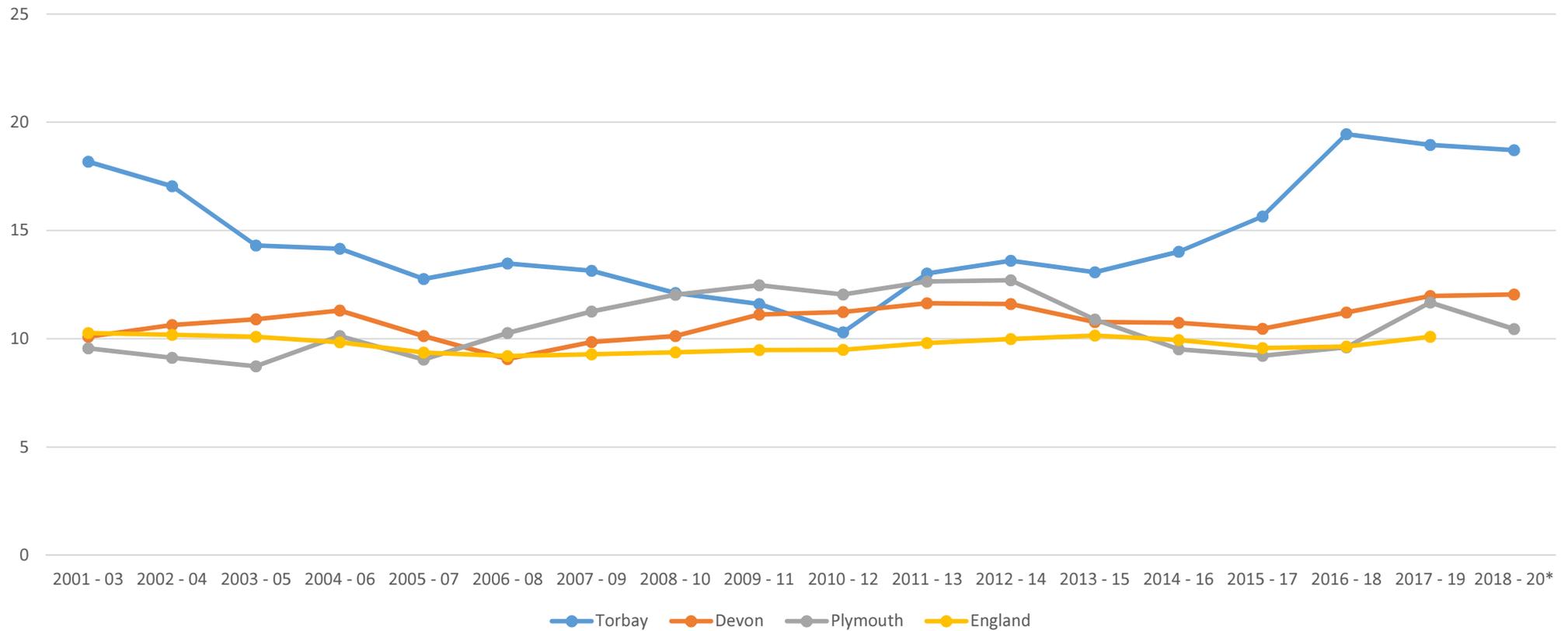
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CJ8

?put or footnote

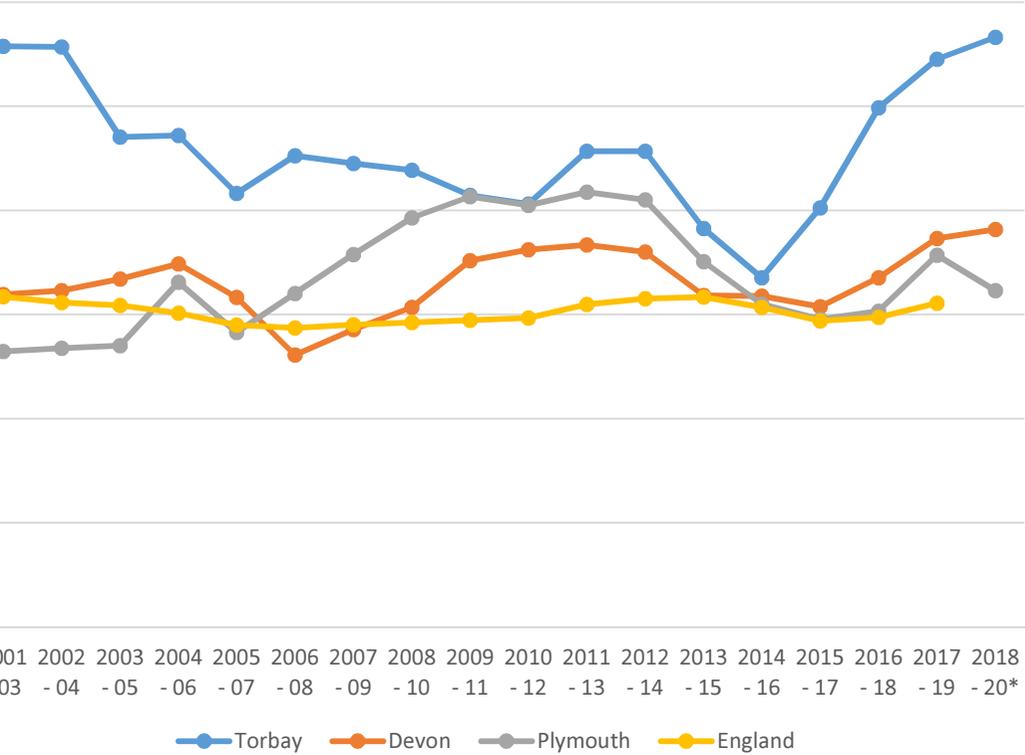
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SUICIDE RATE (DSR) PER 100,000 – PERSONS

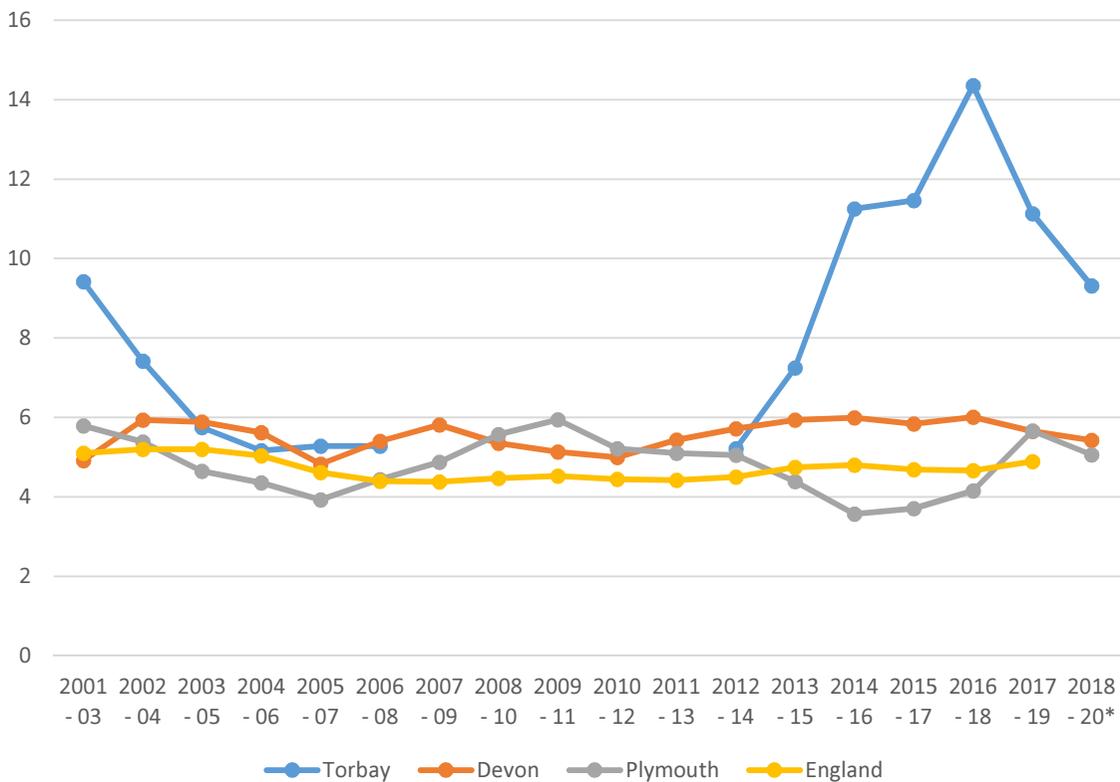


SEX-SPECIFIC SUICIDE RATE (DSR) PER 100,000

Males (2018–20*)

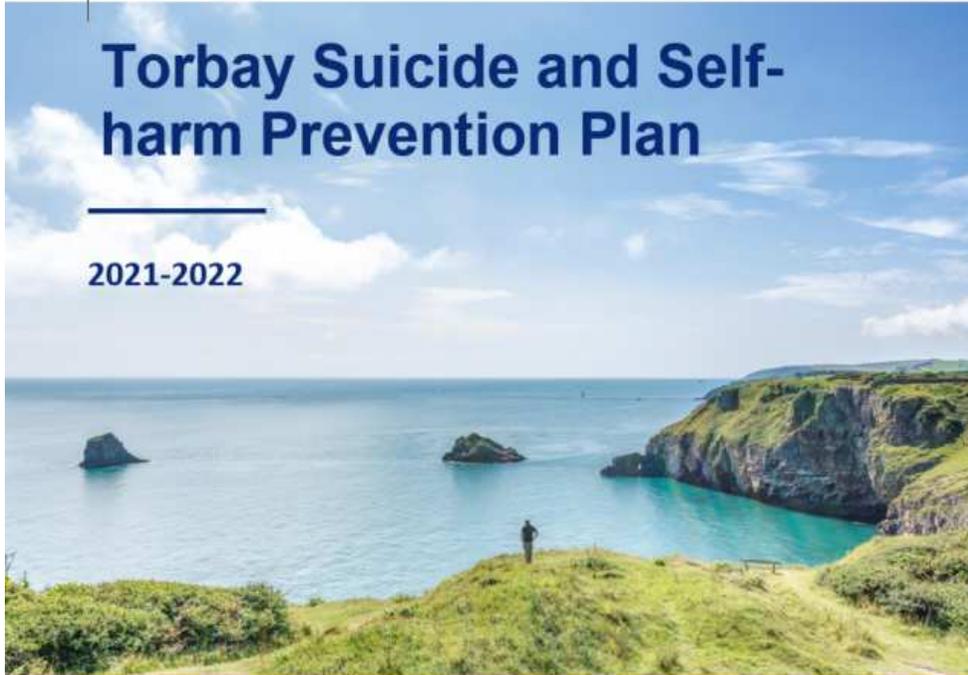


Females (2018–20*)



Torbay Suicide and Self-harm Prevention Plan

2021-2022



MARCH 10 2021

Torbay Mental Health and Suicide Prevention Alliance
 Authored by: Rachel Bell



Torbay Priorities						
Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
4. Better understand Torbay's high suicide and self-harm rate						
Aligns to the following national priorities: Government Strategy p2, p6, p7, Prof Louis Appleby p2, p3						
4.1	Commission qualitative research to explore the drivers for Torbay's high suicide and self-harm rates. Particularly exploring the higher female suicide rate compared to other areas.	TBC based on funding	TBC	NHS 3 rd Wave funding secured. Awaiting release of funding. Mental Health Practitioner post recruited and awaiting start date.	Torbay Council	Academic Institution
5. Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)						
Aligns to the following national priorities: Government Strategy p2, p8, p7, Prof Louis Appleby p2, p3						
5.1	Commission a secondary school and family-based self-harm prevention intervention	April 2020-22	Service in place. Contract monitoring measures	NHS 2 nd Wave funding secured. Procurement complete and awarded to Checkpoint. Summary of current status required from CCG with Torbay Council to support contract monitoring and evaluation.	Devon CCG	Torbay Council, Checkpoint Spire Academy
Devon-wide priorities						
Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
8. Devon-wide postvention suicide bereavement support service						
Aligns to the following national priorities: Government Strategy p4; Prof Louis Appleby p8, Samaritans & Exeter University p1						
8.1	Commission a postvention bereavement support service in Torbay and Plymouth to complement current provision in Devon	April 2021	Service in place Contact monitoring measures	Procurement process almost complete. Devon CCG to finalise.	Devon Council & Devon CCG	Torbay Council, Plymouth Council
9. Devon-wide real-time suicide surveillance						
Aligns to the following national priorities: Government Strategy p4, 6, Prof Louis Appleby p8, Samaritans & Exeter University p1						
9.1	Co-design a real-time suicide surveillance system to help identify the following: suicide clusters, support for those bereaved by suicide and timely preventative intervention if possible	Oct 2020 Ongoing	System in place Action based on system	Data analyst recruited. Regular data flow from police and monthly meetings to review data in place, 6-month review planned. DSA being scoped.	Devon Council & Pete's Dragons	Torbay Council, Plymouth Council, DPT, Safeguarding teams

SUICIDE PREVENTION PLAN – STAKEHOLDER ENGAGEMENT

Statutory duty – to coordinate local suicide prevention activity via a transparent local plan which is shaped by evidence of need (e.g. suicide audit, real-time surveillance, anecdotal evidence)

History – Devon and Torbay Suicide Prevention Strategic Group

Future direction – Torbay Mental Health and Suicide Prevention Alliance

Suicide Prevention Plan Task & Finish Group

Current members of T&F: Torbay Council Public Health, Torbay & Southern Devon NHS Foundation Trust (TSDFT – (Adult Social Care & MHSP Training, Devon Partnership Trust (DPT), Samaritans, Torbay Age UK, Action to Prevent Suicide CIC

Two scoping meetings to collectively agree local principles and priorities

Main principles: doing a few things well in a truly collaborative way, playing to our strengths (support and partnerships) and working with other local authorities where we can

PRIORITIES (TORBAY)

1. Reduce social isolation and loneliness
2. Promote a 'culture of curiosity' both publically and professionally
3. Build upon and grow peer-support within the mental health system
4. Better understand Torbay's high suicide and self-harm rates
5. Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)
6. Address system gaps for people with severe mental illness (in partnership with Community Mental Health Framework redesign)
7. Tackle high frequency locations

PRIORITIES (DEVON-WIDE)

- Postvention suicide bereavement support service
- Real-time suicide surveillance
- Suicide prevention training (public, professionals and primary care)
- Men's mental health promotion campaign
- Media and communications programme
- Devon & Torbay – Embedding NCISH '10 ways to improve patient safety' in acute and community mental health provision
- Devon & Torbay suicide prevention for people with a history of domestic abuse and sexual violence

CJ3

AIM, IMPLEMENTATION AND MONITORING

- Aims for no increase in the suicide rate from its current position, however, it aspires for a consistent downward trajectory which will bring it closer to the average rate of its nearest statistical neighbours (CIPFA).
- Suicide Prevention Plan T&F will continue to meet regularly to implement and monitor the plan, calling upon the Torbay Mental Health and Suicide Prevention (MHSP) Alliance members for additional support where needed. CJ4
- T&F will report back to the Torbay MHSP Alliance on a monthly basis and feedback CJ5 will contribute to a quarterly HWBB report.
- T&F will respond to local emerging needs as and when required (e.g. via Real-Time Suicide Surveillance or MHSP Alliance

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CJ4

list name in full?

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CJ5

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TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

- Builds upon the success of the Covid-19 Mental Health Cell which was first established during lock-down March / April 2020
- Multi-agency alliance (in principle) bringing together partners across the life-course and the mental health continuum
- Current membership: Torbay Council, Devon Partnership Trust (DPT), Devon Clinical Commissioning Group (CCG), Brixham & Paignton Primary Care Network (PCN), Torbay & Southern Devon NHS Foundation Trust (TSDFT), Torbay Community Development Trust (CDT), Torbay Healthwatch, Torbay Age UK, Action to Prevent Suicide CIC, Step One CIC
- Meets monthly with T&F groups following their own schedules

TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

- Key aims:

1. Enable early identification and rapid response where there is evidence of escalating levels of distress, deteriorating mental health, self-harm or suicidal intent
2. Seek to identify gaps in provision to meet need which will help inform commissioning and local development
3. Promote clear pathways of support across the continuum of mental health
4. Ensure a trained, supported and informed workforce
5. To share resources and promote community collaboration

TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

Key actions:

- Formalise the MHSP Alliance
- Build upon and grow local CVSE mental health networks
- Lead local system change for suicide prevention and evaluate impact
- Develop, formalise and promote local support pathways across the continuum of mental health for all ages
- Identify and implement local system training requirements
- Establish and formalise links with other groups and any key local, regional and national developments

HWBB ASK

- Hold the Torbay MHSP Alliance to account for updates and assurance
- Be the multi-agency group of senior leaders who can use your levers – when necessary – to help progress actions and contribute towards improvements in mental wellbeing, mental health and a reduction in suicides
- This might be through:
 - Truly being part of a collective mental health system that addresses local needs
 - Ensuring alignment with your organisation's work-streams (working together)
 - Using your organisation's voice (as well) to champion a cause
 - Releasing capacity from your organisation
 - Contributing resource from your organisation

BE THE CHANGE
THAT YOU
WISH TO SEE
IN THE WORLD.

~ Mahatma Gandhi

