A POST CARD FROM UK

Towards developing a local suicide strategy: Evaluation of Suicide Interventions in an English Health District

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Implications for Sudan:

a. To determine the extent of public health problem posed by suicide deaths in the population and their impact on the Sudanese society.
b. To consider evidence of effectiveness of suicide interventions and examples of good practice.
c. To formulate appropriate strategy in light of the above [(1)].

1. Introduction:

1.1 Statement of Problem

Suicide is a major public health problem accounting for 1% of all deaths, more than the number of deaths attributable to road traffic accidents and responsible for 14 deaths every day in England.i In Doncaster, around 30 people die from suicide each year.ii It is one of the Government's health priority areas.1

South Yorkshire Strategic Health Authority (StHA) carried out an assessment of mental health services across South Yorkshire in 2003. iii The assessment identified suicide prevention as one of the areas needing improvement in Doncaster. It was scored red because it did not have a local suicide prevention strategy.

In order to comply with National Service Framework (NSF) for Mental Health Standard 7 and to have a green score, Doncaster needed to develop its local suicide prevention strategy, based on the goals of the National Suicide Prevention Strategy for England (NSPSE).iv In addition, it was required that the strategy be implemented, with good systems for measuring its impact and effectiveness.

1.2 Suicide: definition and history

Suicide has been defined as the termination of an individual's life resulting directly from a

positive or negative act of the victim himself that he knows will produce this fatal result.(v)

In the UK, this requires coroners to determine beyond reasonable doubt whether an individual intended to kill himself or herself before returning a suicide verdict. Where there is any doubt, an open verdict is normally returned. Throughout the history of mankind, society had negative attitude towards suicide.vi In the 16th century England, suicide was considered a crime.vii Victims were tried posthumously and if convicted, all their properties were taken up by the state. It was in 1961, when the United Kingdom Parliament decriminalized suicide.14

1.3 Aims

To evaluate suicide prevention interventions in Doncaster in order to support the development of a local suicide prevention strategy and action plan.

1.4 Objectives

1. To map what is currently in place for suicide prevention in Doncaster.
2. To identify effective suicide interventions from the literature.
3. To evaluate current local suicide interventions against the objectives described in the national suicide prevention strategy for England.
4. To monitor local trends in suicide deaths towards Saving Lives, Our Healthier Nation (SL-OHN) targets by 2010.

2. SUICIDE INTERVENTIONS

2.1 Literature review: effective suicide prevention strategies

A review of the published literature for evidence of effective suicide prevention strategies was undertaken. There were twelve relevant articles identified from the results of electronic search and further scan of references of the articles. Effective suicide prevention strategies described in the literature are summarized in Table 2.1.

2.2 The National Suicide Prevention Strategy for England (NSPSE)

The **NSPSE** was based on some of the evidence shown in *Table 2.1.* It proposed a number of actions that local organizations in England can take in order to reduce suicide. The actions cover the following six main goals:

1. To reduce the risk in key high-risk group;
2. To promote mental well-being in the wider population;
3. To reduce the availability and lethality of suicide methods;
4. To improve the reporting of suicide behavior in the media;
5. To promote research on suicide and suicide prevention;
6. To improve monitoring of progress towards the SL-OHN target for reducing suicide.

Table 2.1: Effective suicide intervention strategies reported in the literature.
1. Suicide prevention in young men (Dorset) based on the following principles: a. A multifaceted initiative and multi-agency b. Assessing the needs of local young men at risk c. Specific services targeted at young men d. Developing and accepting a broad and coherent strategy e. Monitoring and evaluating each component of strategy 2. Education programme aimed at identifying and assessing depression and other risk factors associated with suicide and appropriate psychiatric referral. 3. Education programme targeting young people, which include: peer training and life skill work; and promoting self-esteem. 4. Telephone Counseling and monitoring. Providing “Green Card” to prisoners without history of self-harm so that they can telephone for help (Piloted at HM Prison

Manchester).

5. Reduction in availability of the means of suicide:4, e.g.

a. Detoxification of domestic gas supply in 1960s;
b. Catalytic converters to car exhaust emissions;
c. Reduced availability of firearms;
d. Limitation of over-the-counter paracetamol sales.

6. Prisons Suicide Prevention Programme (USA) – 5-point plan:

a. Initial assessment of inmates;
b. Treatment and housing criteria for suicide inmates;
c. Standardized record keeping;
d. Staff training; and
e. Periodic reviews and audit.

7. Reducing risk in key high risk groups.4

8. Using "Buddy" in prison to provide help and advice for new inmates (Doncaster)

9. Local agreement with the media to reduce the glamorizing of suicide portrayal.

10. Advise on safe levels of alcohol consumption, encouragement of exercise and other methods of stress reductions.

11. Installing safety netting and barriers together with free telephone help lines at suicide hotspots.

12. Campaign to highlight potential sources of help for people with depression.

2.3 Local interventions

Semi-structured interviews were conducted with local stakeholders from local and voluntary agencies. The purposes of the interviews were to determine current services provided in Doncaster and to obtain the views of the stakeholders on possible strategies needed to address gaps in current services provision aimed at suicide prevention. The outcome of the interview was used to identify local interventions for evaluation.

The main services providers in Doncaster in relation to suicide prevention were:

- **Mental Health Service**: This is provided by Doncaster and South Humber NHS Trust.
- **Local Authority:** The Youth Service has anti-bullying policy in place for young people.
- **Primary Care:** GPs plays an important role in the early identification, and referral of those likely to self-harm, especially those with depression. They are also responsible for appropriate prescribing.
- **Prison Service:** Doncaster hosts over 2000 prisoners that are located in four prison locations. It has adopted suicide prevention as its policy and has undertaken actions to implement it. The prison also receives Mental Health In-reach Team service, Counseling, and consultation with psychiatrists. The prison service has an establish "Listener Scheme" provided by trained inmates. The Samaritans provide the training.
- **Accident and Emergency (A&E):** The A&E identify and refer cases of self-harm to appropriate specialist service e.g. Crisis Intervention Team.
- **Police:** The Police are often called in when suicide happen, but they are also involved in situations where members of the public identified certain individuals wanting to attempt suicide. The roles of the police in such cases include referral of the persons to A&E.
- **Voluntary organization:** A number of voluntary organizations play important roles in the prevention of suicide. Locally, they include Campaign against Living Miserably (CALM) and Crisis Resolution Team (CREST).

3.0 METHODS

3.1 Mental Health Service

a) Twelve points to a safer service

A structured interview, based on the "12 points to a safer service", was conducted with Senior Manager of Community Mental Health Service (CMHS), based at Doncaster Royal Infirmary. Relevant documents were inspected and records of cases were checked.

b) Audit of suicide deaths with known mental illness

A retrospective audit was conducted to evaluate the number of suicide cases with known mental illness who were known to mental health service. Suicide deaths occurring in 2003 were chosen. Contact was made with coroner's office in Doncaster and case notes were manually checked to retrieve relevant information.

3.2 Prison suicide prevention

Information was gathered from members of the staff at Doncaster Prison Mental Health In-reach Team on Prison suicide prevention policy and activities. Relevant documents were also reviewed. The evaluation was focused on Moorland Prison, based on established contacts with the prison staff.

3.3 Co-proxamol prescribing

Co-proxamol prescribing policy in Doncaster was obtained through records obtained at the PCT. Mortality from co-proxamol was obtained from PHMF and the suicide audit of 2003.

3.4 Suicide Monitoring

Baseline information, latest mortality figure and trends in suicide deaths were obtained from the Department of Health, Compendium of Clinical and Health Indicators and the PHMF. This was used to determine progress towards SL-OHN targets by 2010.

4.0 RESULTS

4.1 Mental Health Service

a) Twelve points to a safer service

Structure and process

Interview with Senior Manager at CMHT showed that significant achievements have been made towards the "12 points to a safer service". Most of the elements were in place, which were designed to make mental health service an effective local service. These achievements are summarized in Table 4.1

Outcome

Between 01/08/03 and 01/08/04, there were eight suicide deaths among patients looked-after under mental health service. The service cares for around 4,000 patients. The suicide rate in this population was calculated at 2.0 per 1,000.

b) Audit of suicide deaths with known mental illness

A retrospective audit of all suicide deaths in 2003 in Doncaster showed that 54.5% (12/23) of suicide deaths were unknown to mental health service. For 13 suicide deaths with mention of mental illness in the coroner's record, nine (69.2%) were known to mental health service, and the remaining 30.8% (4) were unknown to the service (Figure 4.1).

4.2 Trends and targets to reduce suicide deaths

SL-OHN set the goal of reducing suicide deaths by 20% by 2010, from the baseline of 1995-1997. For Doncaster, this means a reduction from 11.22 per 100,000 in 1995-1997 baseline to 8.98 per 100,000 by 2010. Latest update figures on suicide mortality shows that Doncaster has already met this target (Figure 4.2 and 4.3).

5. 0 Conclusions

There is need for multi-agency and multi-faceted approach to co-ordinate activities on suicide prevention. Focus also needs to be on promoting good mental health in the general population and to supporting individuals with socio-economic problems. The review of some of the key evidence-based approaches to suicide prevention has identified substantial local progress. Future target setting should take into account the effectiveness of other evidence-based approaches when deciding where to target resources.

6.0 RECOMMENDATIONS

The following recommendations are made:

1. Improve the effectiveness of the mental health service by implementing elements of the "12-point to a safer service" that have not been fully achieved.
2. Extend the use of the 'Listeners scheme' throughout the prison estate within Doncaster.

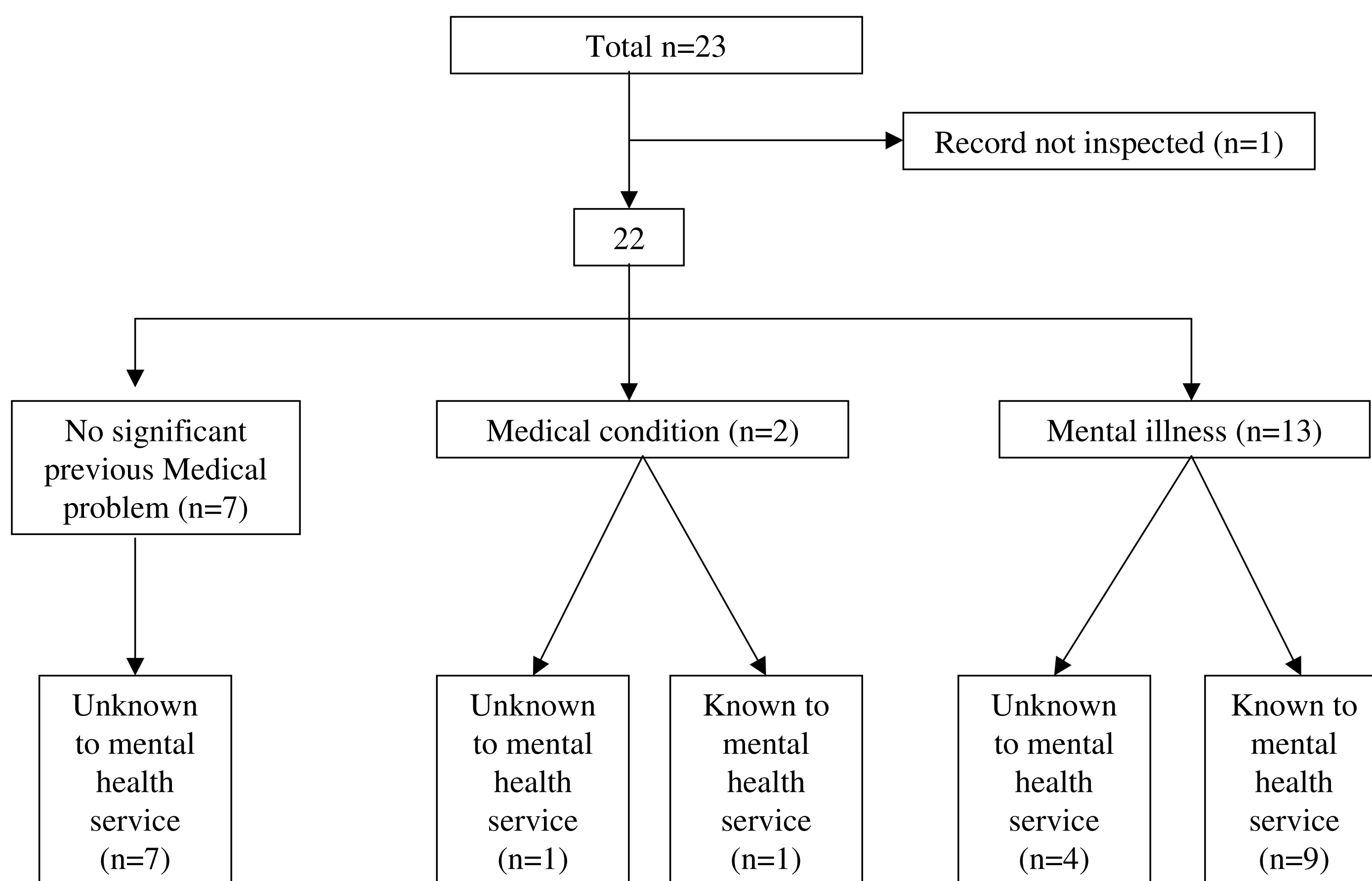

Figure 4.1: Suicide deaths in 2003 that had contact with mental health service

3.

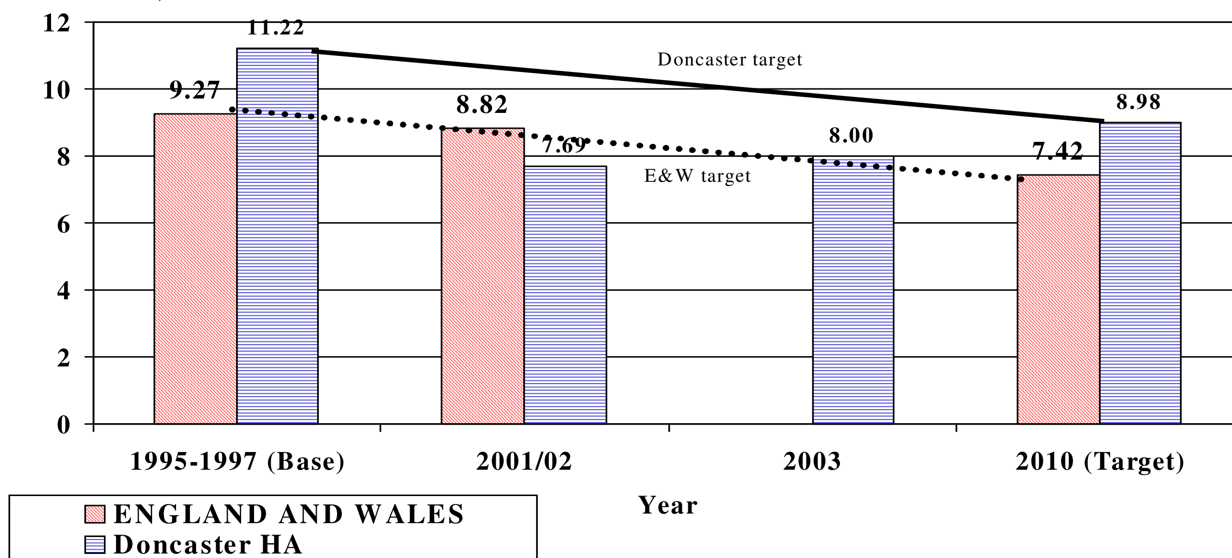

Figure 4.2: Target for mortality from suicide and injuries undetermined (all ages): ***Data source:*** *Department of Health, Compendium of Clinical and Health Indicators 2002*

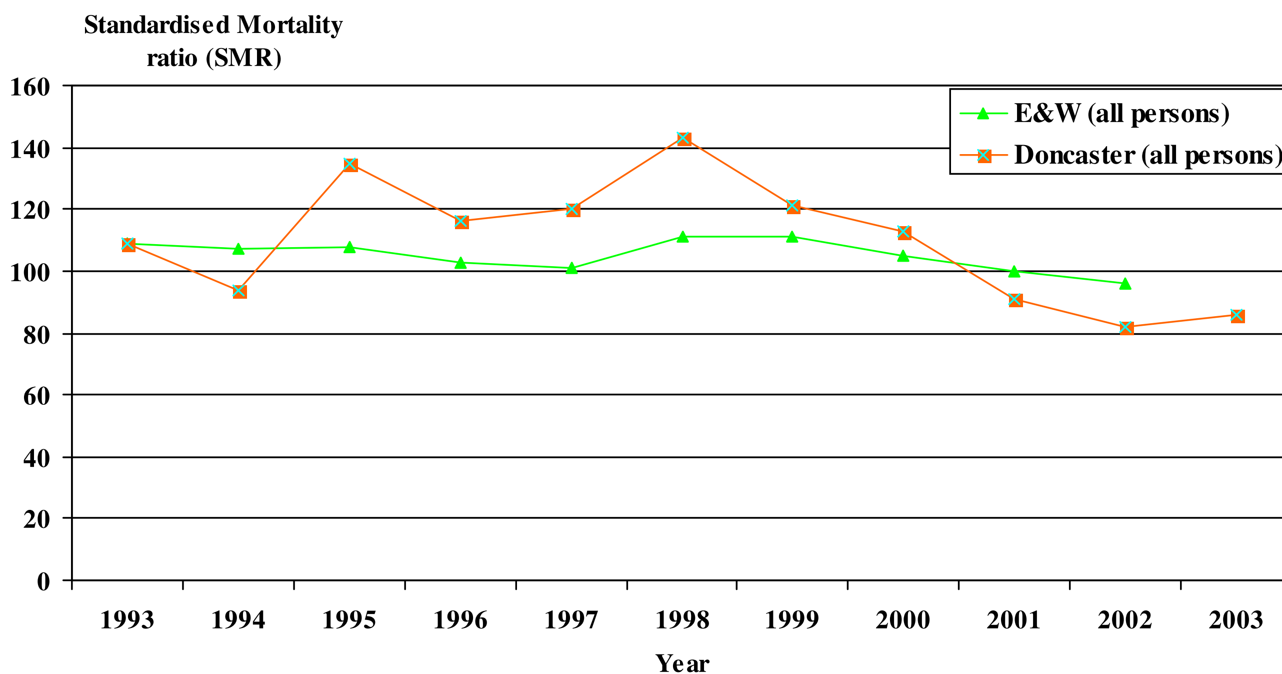

Figure 4.3: Trends in mortality from suicide and injuries undetermined, all ages; (Standard rates are age-specific mortality rates in 2001). ***Data source:*** *Department of Health, Compendium of Clinical and Health Indicators.*

Increase awareness on co-proxamol prescribing policy among GPs in Doncaster.

4. A multi-agency approach is needed to address the underlying health inequalities in Doncaster's deprived localities.
5. Develop clear protocol and referral pathway of individual suspected of having suicidal intents for use by local agencies in Doncaster.
6. Regular audit and monitoring of suicide deaths in Doncaster

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