

Suicide prevention in Nottingham City

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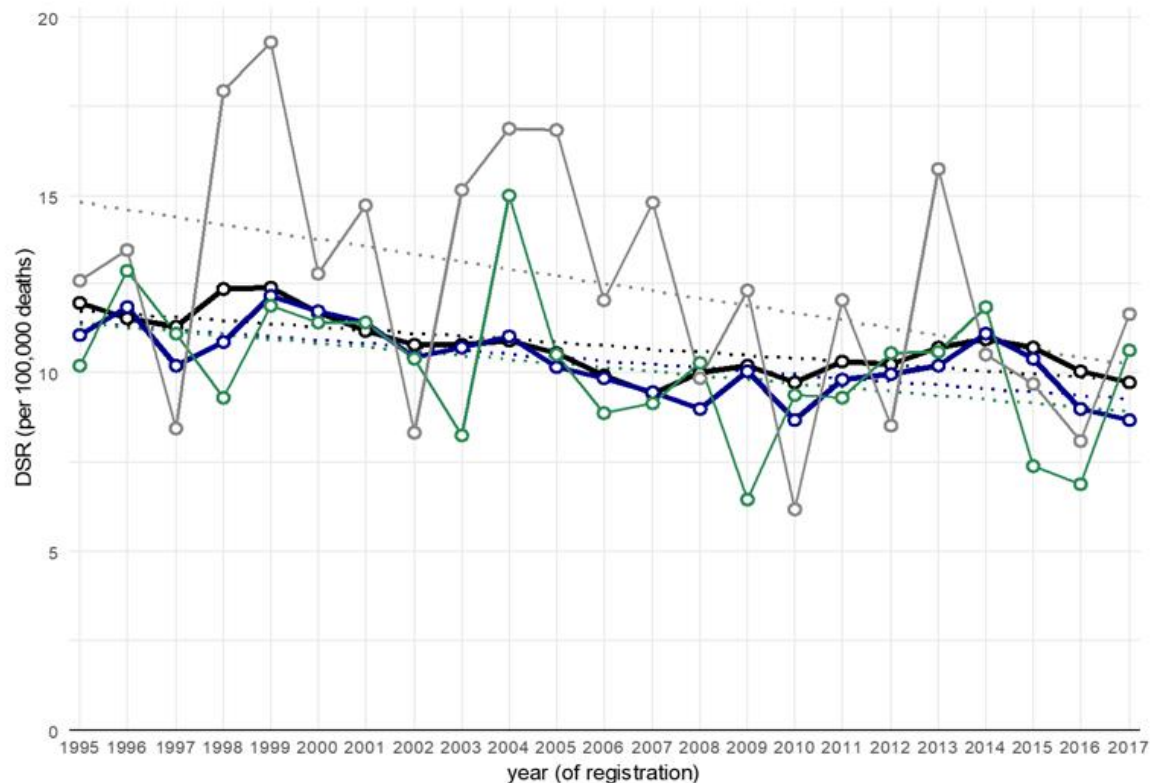
Introduction to suicide prevention

- Suicide is an important public health issue
- Suicide has a significant, lasting and devastating impact on individuals, families, communities and the wider society
- In England, approximately one person dies every two hours as a result of suicide



Deaths by suicide: national to local

- Suicide rates tend to vary over time
- Nottingham City has had a higher rate of suicide than the England average
- In recent years the rates in Nottingham City and Nottinghamshire have both lowered, there is significant fluctuation, and the most recent figures available from NHS Digital are again above the national average rate



Organisation

- England
- East Midlands
- Nottinghamshire
- Nottingham City

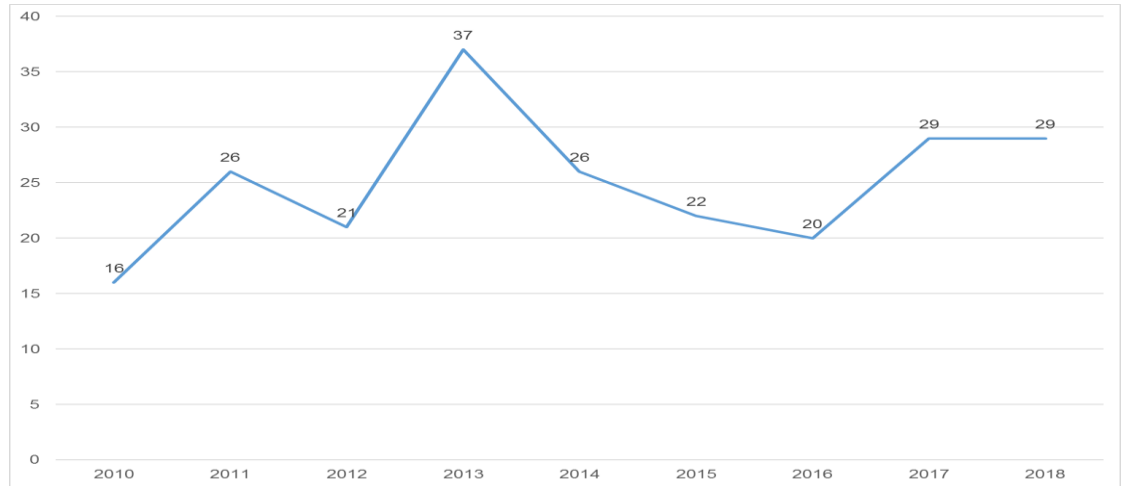


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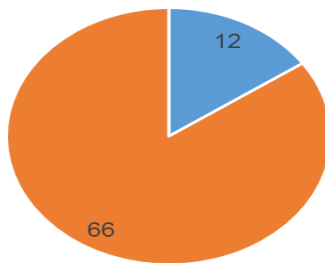
Deaths by suicide in Nottingham City

- Suicide rates vary over time, 29 were recorded in 2018
- Over the last three years:
 - 85% of deaths occurred in males
 - 65% of deaths occurred in people aged 20-49
 - The fewest deaths occurred in people from the least deprived (most affluent) quintile
 - Numbers too low to assess statistical significance



Age group	Count	%
0-19 yrs	2	3%
20-49 yrs	51	65%
40-69 yrs	20	26%
70+ yrs	5	6%
Total	78	100%

Quintiles	Count	%
1 (most deprived)	13	17%
2	15	19%
3	21	27%
4	19	24%
5 (least deprived)	10	13%
Total	78	100%



■ Female ■ Male



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The Suicide Prevention Strategy 2019-2023

- Joint City and County strategic approach
- Refreshed strategy of the Nottinghamshire Suicide Prevention Framework for Action 2015-2018 and the Nottingham City Suicide Prevention Strategy 2015-2018
- Jointly developed by the Nottinghamshire Suicide Prevention Steering Group
- Endorsed by the Nottingham City Health and Wellbeing Board in September 2019



The Suicide Prevention Strategy 2019-2023

1) At-risk groups

- Early identification of those at risk of suicide, ensuring they have access to evidence-based interventions, paying particular attention to:
 - Men, including men in contact with or transitioning through the criminal justice system
 - Children and young people, including university students
 - Self-harm as a risk factor

2) Use of data

- Collect and review suicide and self-harm data in a timely manner, using it to inform local practice, particularly via real-time surveillance

3) Bereavement support

- Ensure the availability of prompt bereavement support for those affected by suicide

4) Staff training

- Provide effective training for frontline staff to recognise and respond to suicide risks, integrating current research into practice

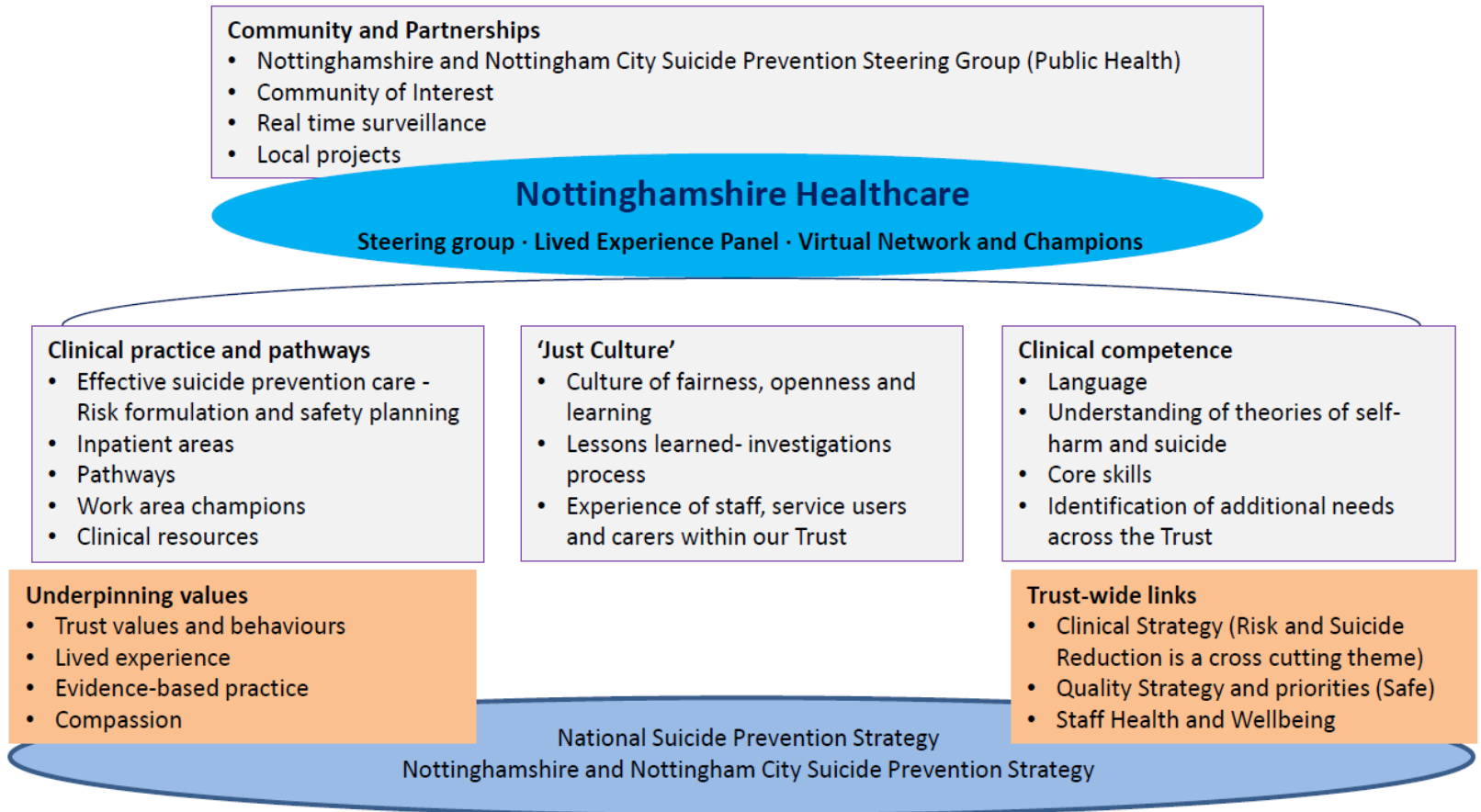
5) Media

Foster close engagement with media personnel to ensure that suicide and suicidal behaviour are reported with sensible, sensitive approaches.



The Notts Healthcare approach

The TowardsZeroSuicide Framework



The Notts Healthcare approach

		Local priorities				
		Priority 1: At-risk groups	Priority 2: Use of data	Priority 3: Bereavement support	Priority 4: Staff training	Priority 5: Media
Trust priorities	1.Promote networks, both internal and external to the Trust, and evidence this through involvement with local, regional and national groups and initiatives					
	2.Monitor self-harm and suicide data, particularly through the Trust's incident reporting, mortality surveillance, and real-time surveillance of suspected suicides in partnership with Public Health					
	3.Promote good practice relating to suicide prevention, particularly that involving risk assessment, effective care and safety planning, through Quality Improvement (QI) activity and staff engagement					
	4.Implement a strategic approach to suicide prevention in inpatient areas					
	5.Develop resources and communication tools to share knowledge, understanding and lived experience Trust-wide					
	6.Embed the principles of restorative practice to enable learning from incidents, promote a culture of safety and enabling staff to speak up					
	7.Review suicide prevention and self-harm training within the Trust, and implement a new training model in collaboration with people who have lived experience					
	8.Promote staff support and recognition of needs relating to suicide prevention to promote a skilled compassionate workforce and access to specialist support and advice					

The Harmless approach

Suicide bereavement pathway

- Quick response to referrals after a suspected death by suicide (3 working days)
- Emotional and practical support tailored for suicide bereavement, e.g. inquest support, bill/finance support, support with questions people have following suicide, having a named 1-1 worker
- Ongoing support for as long as is needed – no upper time limit of support



The Harmless approach

Suicide crisis pathway

- Quick response to self and professional referrals (1 working day)
- Emotional and practical support for crisis – e.g. safety planning, having a named worker, liaising with other professionals involved in care
- Designed as a primary care, short-term crisis management support pathway
- Distress **and** risk management approach taken



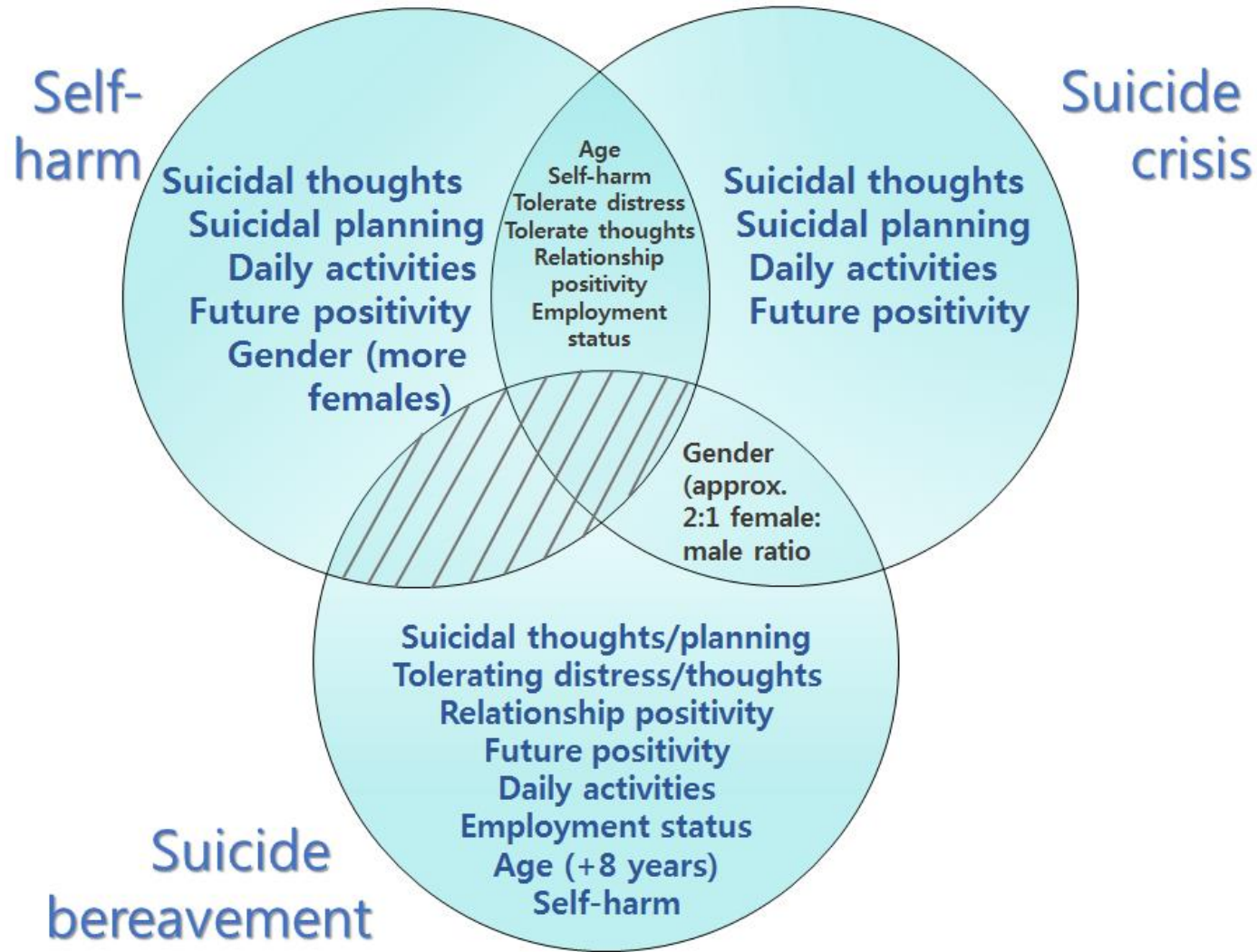
The Harmless approach

Self-harm pathway

- Emotional/practical support, or therapy offered
- Person-centered therapy up to 2 years – focus is not on diagnosis but rather distress and moving towards self-defined recovery
- Practical support akin to the crisis pathway – e.g. Harmless workbook, safety planning where necessary, housing/debt/employment support

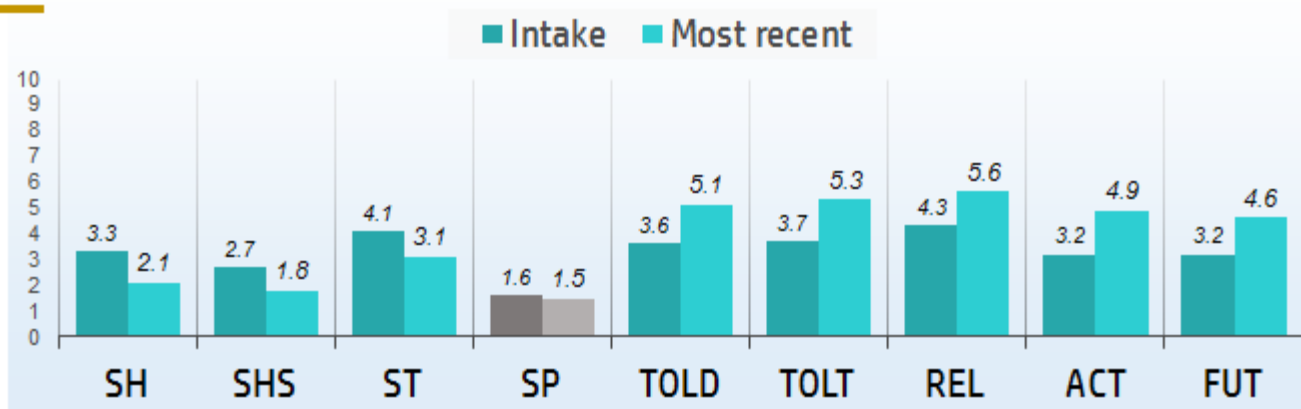


The Harmless approach

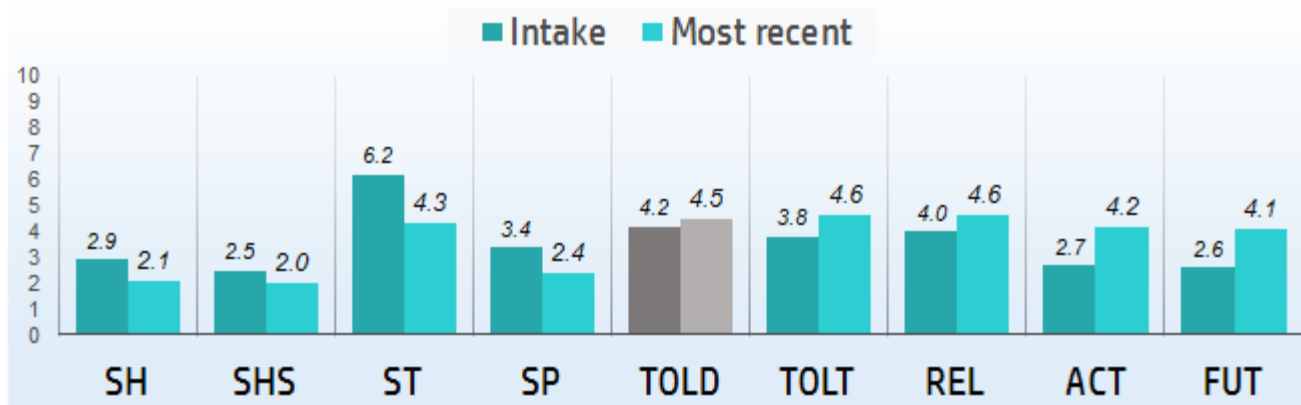


The Harmless approach

SELF-HARM



SUICIDE CRISIS



The Notts Police approach

Suicide Bereavement Pathway:

- Working alongside Tomorrow Project to provide Specialist Support
- Non bureaucratic “Click to refer” with consent of Next of Kin
- Reminders for Officers in attendance- and addressing their welfare
- Yearly feature each WSPD on Notts Police intranet.

Policy for Suicide Risk of suspects

- Addresses all scenarios for suspects whether in Custody or Voluntary attendance for interview.
- Specialist Welfare assessment to identify any imminent risk.
- Signposting booklet for support services.
- Provision for “trigger” incidents such as suspect being charged.

Signage at Suicide “Hot spots”

- Working in conjunction with Government Guide for suicide in Public Places and the Tomorrow Project.
- Collaborative approach with Highways, Trent Bridge Committee, Nottingham City and County councils.
- Cocooning with Harmless around local businesses – offer of training.

Provision of Real Time Surveillance

- Research data to deliver relevant information to Analyst.
- Provided on a monthly basis in order to remain current.



Commissioning and the NHS Long Term Plan

Suicide Reduction and Bereavement Support:

- Suicide prevention programme
- Suicide bereavement support services providing timely and appropriate support to families and staff in place

Other improvements to MH services in LTP:

- 24/7 crisis care for all ages available via 111
- Integrated community models for SMI, including meeting needs of those who self-harm and those with co-morbid substance use

Improving therapeutic environment in inpatient settings

