

Suicide Real Time Surveillance

Association of the Directors of Public Health
Yorkshire and the Humber
2018 Sector-led improvement conference

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Real Time Surveillance

- “Real-time suicide surveillance is a system that enables consideration of interventions required after a death has occurred where the circumstances suggest suicide in advance of the coroners conclusion.” *(PHE 2016)*



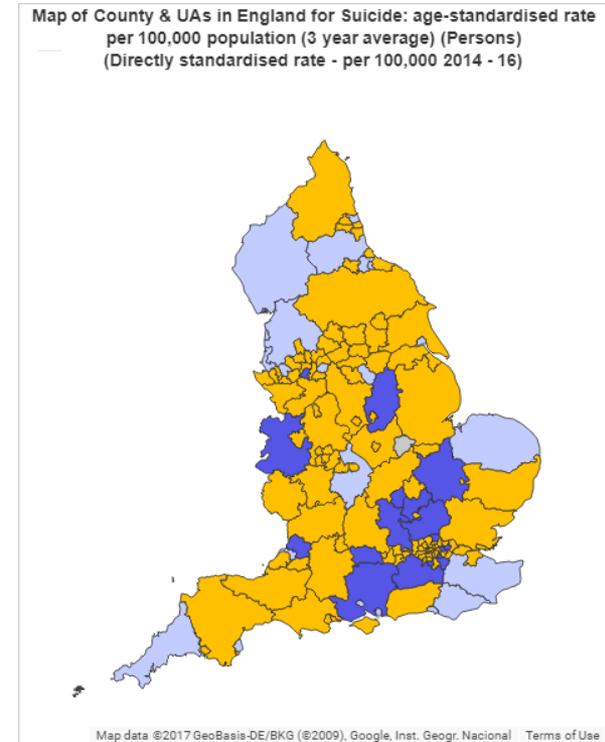
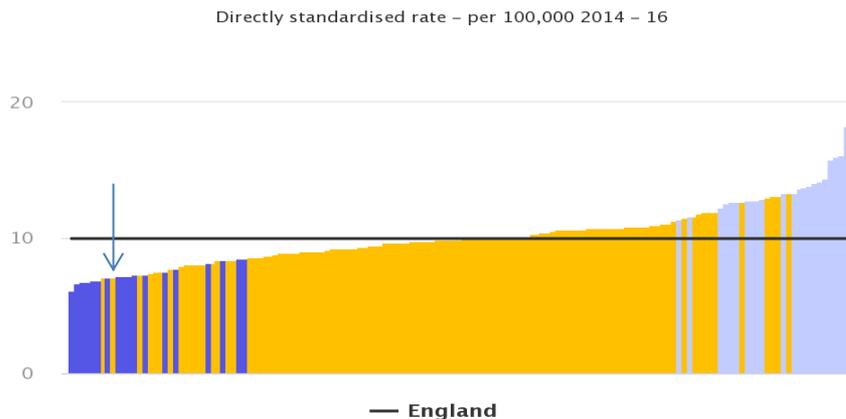
Real Time Surveillance

Why ?

- 1 in 6 adults have had a mental problem in the last week
- 1 in 5 people have considered suicide at some time in their life
- It is estimated that for every suicide, up to 60 people will be affected, 6 of them severely
- Coroners reports can be longer than a year after the suicide.

Suicide rates vary across the country

- N Lincs in bottom national quartile
- Below national average
- Significant cause of potentially preventable deaths
- Especially amongst men



In 2014-16 NL had lowest rate in the region

Area	Value	Lower CI	Upper CI
England	9.9	9.8	10.1
Yorkshire and the Humber region	10.4	9.9	10.9
Barnsley	10.8	8.4	13.6
Bradford	9.2	7.6	11.0
Calderdale	11.3	8.7	14.5
Doncaster	10.1	8.0	12.6
East Riding of Yorkshir...	9.2	7.3	11.5
Kingston upon Hull	13.3	10.7	16.4
Kirklees	10.0	8.2	12.0
Leeds	10.9	9.5	12.5
North East Lincolnshire	9.9	7.1	13.5
North Lincolnshire	7.5	5.2	10.6
North Yorkshire	10.1	8.6	11.8
Rotherham	13.9	11.2	17.1
Sheffield	9.0	7.5	10.7
Wakefield	10.4	8.4	12.8
York	12.7	9.8	16.1

Source: Public Health England (based on ONS source data)

Five year suicide audit trends (2011-15 and 2012-16)

The gender, age and means of death are consistent with national and previous local audit trends:

- 3 out of 4 were men, the most common ages being 25-34 years and 45-54 years.
- The majority of deaths occurred at home
- Risk factors and vulnerabilities:

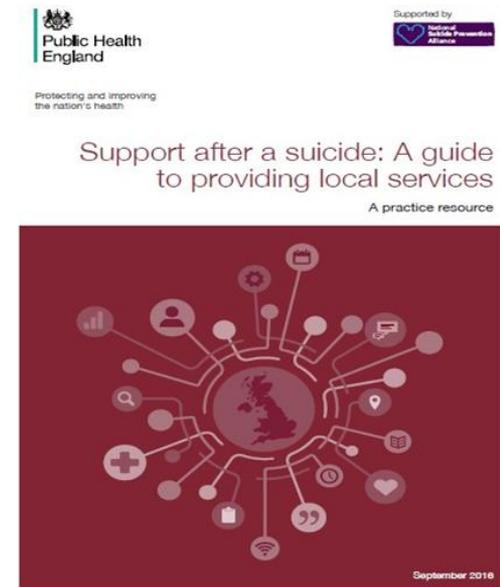
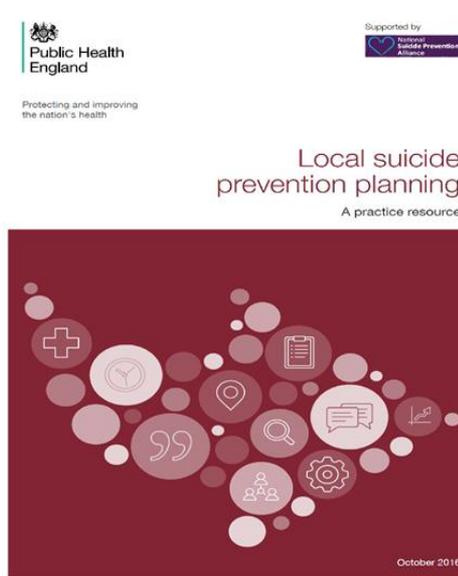
living alone, social isolation, recent relationship breakdown, bereavement, loss of employment or home, long term unemployment, diagnosed long term mental illness, and/or previous or current mental health service involvement

Locally other emerging vulnerabilities

- Living with a long term illness, chronic pain or life threatening/terminal condition, Opiate drug/crack use higher than national rate
- Recent migrants to North Lincolnshire and UK also appear to be a high risk group

North Lincolnshire - Multi- agency Key Strategies & Plans

- Suicide Prevention Strategy
- Emotional Health and Wellbeing Vision and Action Plan :
Create the Change – Transforming Public Mental Health
- Suicide Overview & Audit Panel (SOAP)
- Suicide Real Time Surveillance (RTS)



Real Time Surveillance Purpose & Process

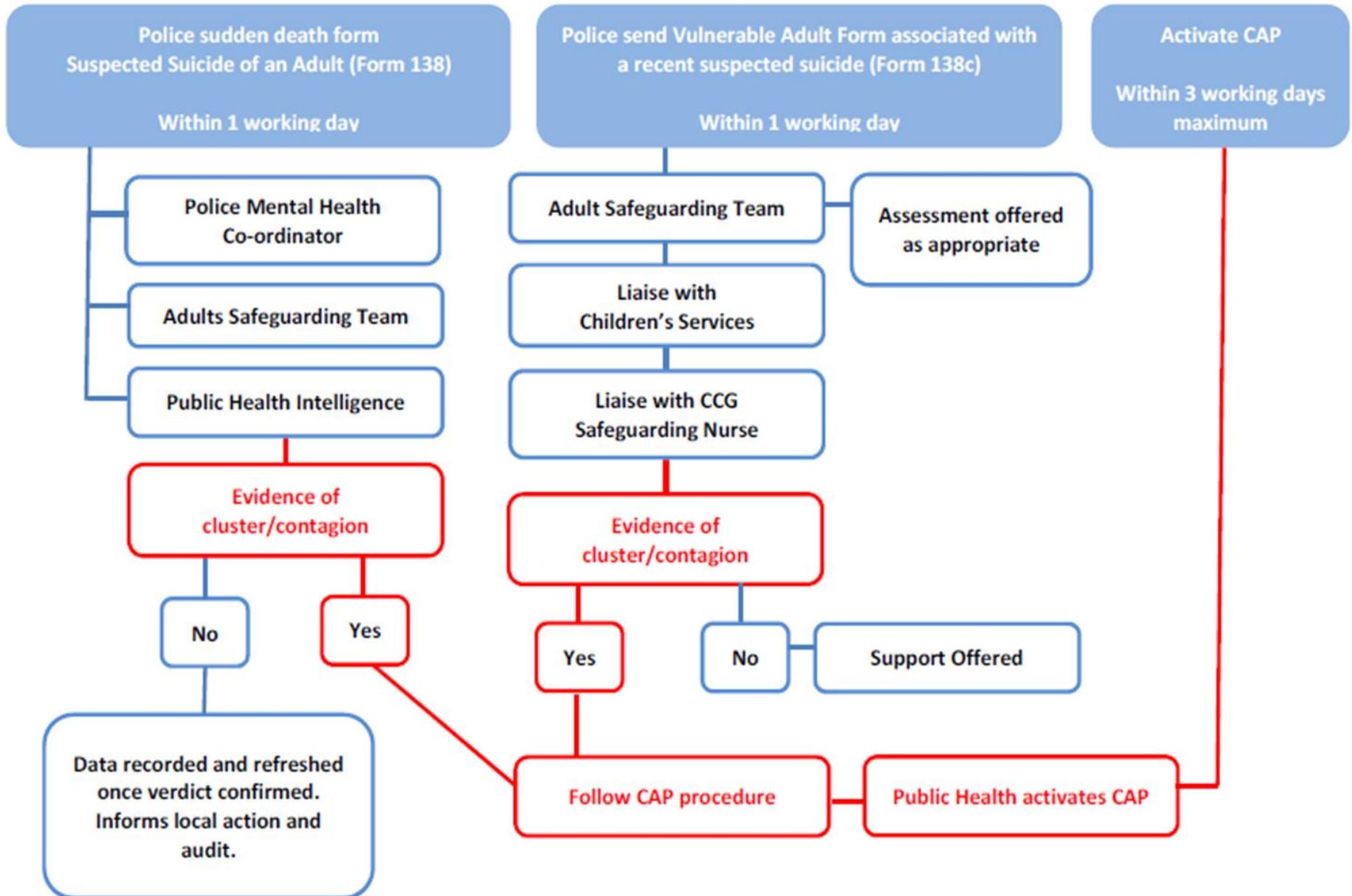
- On December 1st 2016 North Lincolnshire Council and partners launched a Real Time Surveillance (RTS) pilot in order to:
 - share information in a timely manner
 - implement an early alert system
 - be responsive to a potential suicide or contagion
 - enable those affected and bereaved by suicide to receive support in a timely manner
- RTS Process

Police triage sudden deaths to determine if the cause is potential suicide and notify Public Health and also the Adult Protection (AP) Team within the Council. Coroner supports the role of the police



Initial RTS Pathway

FIG 3 – Real Time Surveillance Process



Real Time Surveillance

- Between 1 Dec 2016 – 30 November 2017 a total of 26 suspected suicides have been identified through the RTS process.
- To date, only 6 of these deaths have been considered at inquest. Of these 6 all but 1, returned a verdict of suicide or undetermined intent.
- There have been three occasions since the start of RTS in North Lincolnshire when the number of monthly deaths was 4 or more
- On two occasions this prompted a multi agency strategy meeting to discuss possible cluster or contagion. A further 'strategy' meeting took place in January 2017, following an incident of serious self harm
- None of these meetings resulted in clear evidence of cluster or contagion
- Each meeting resulted in additional 'support' for families and/or improvements to existing pathways.



Emerging Findings from evaluation of the pilot

- High level multi-agency commitment and effective partnership work including work with police, Samaritans and Humber Bridge partnership
- Universal services have increased understanding about the effects and aftermath of suicide
- Early identification and removal of inappropriate reporting of means /method of suicide on social media
- Local media coverage has improved and is currently more appropriate
- GP's good practice provision of support for patients
- Key agencies Samaritans and Educational Psychology have provided additional support and training including in workplaces

Proposed changes to the model

- Initial support offered to bereaved family and friends to be reviewed & further developed
- Mapping of wider current support is required
- Currently the initial notification goes from Police to Adult Safeguarding, this may need revising & require an information sharing protocol

Learning from Real Time Surveillance Pilot

- **Importance of :**
 - shared understanding of purpose, roles & responsibilities of agencies involved and roles of strategic safeguarding boards which focus on individual cases and investigations
 - Clear and transparent governance and information sharing arrangements are required
 - Keeping coroner and partners engaged and informed of benefits of the process without over burdening with detail
 - Knowing when to act and who to involve
- **Limitations**
 - Our police force only inform us about those deaths which occur in our area. Where deaths of local residents occur outside our area we may not be informed through this process.
 - The coroner makes the ultimate decision re evidence of intent. So a % of these suspected suicides may result in an open, accidental verdict or one of misadventure.

Recommendations from evaluation of the Pilot

- The RTS pilot should continue for a further 6 months, to evaluate changes made to the initial model, with a view to this becoming mainstream activity
- Map and assess current support offered and utilise the evidence from other suicide bereavement support services in the region



Questions and Discussion