

Health and Adult Social Care Scrutiny Committee

11 March 2020

Self-harm and West Sussex Suicide Prevention Strategy priorities

Report by Director of Public Health

Summary

Over the five year period from 2014-15 to 2018-19, emergency admission rates for self-harm in West Sussex have been consistently higher than for England. Females aged between 15 and 29 are those most likely to be admitted. Reducing emergency admissions for self-harm is a corporate priority in the West Sussex Plan and also a priority area for action in the West Sussex Suicide Prevention Plan 2017-20.

West Sussex County Council Public Health presented on the West Sussex Suicide Prevention Plan 2017-20 at the Health & Adult Social Care Select Committee (HASC) meeting on 26 September 2019. Subsequent to the meeting both HASC and the West Sussex Suicide Prevention Steering Group have made recommendations as to additional priority areas to be addressed in the updated strategy.

Focus for scrutiny

The Health and Adult Social Care Scrutiny Committee (HASC) is asked to consider current activity to address self-harm in the county, taking into consideration the key areas of focus for scrutiny, as outlined in section 4 of the report. The Committee is also asked to consider additions to the strategic priorities of the West Sussex Suicide Prevention Strategy 2017-20 and whether these accurately reflect the views expressed by the HASC.

The Chairman will summarise the output of the debate for consideration by the Committee.

Proposal

1. Background and Context

Self-harm

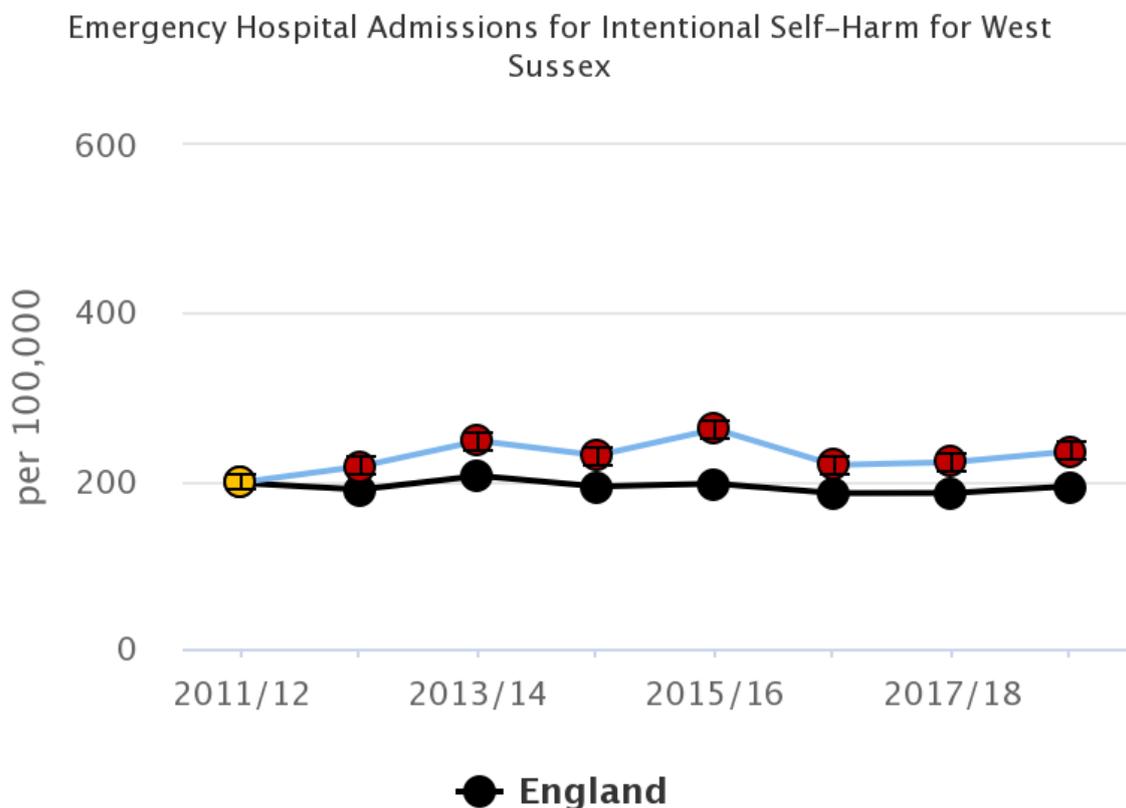
1.1 Self-harm can be defined as the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and / or self-neglect.

1.2 National Adult Psychiatric Morbidity Survey (APMS) data collected between 2000 and 2014 shows a significant increase in the prevalence of self-harm. This increase has been particularly large amongst women aged 16-24 with 1 in 5 reporting lifetime self-harm in 2014 compared to 1 in 14 in 2000. There has also

been an increase amongst males, particularly those aged 25-34, but this has been much smaller.

1.3 The reasons for this increase are unclear. It is likely that both professionals and the public have become increasingly aware and that people are more willing to report that they have self-harmed. Around 7% of female respondents to the APMS survey stated that they self-harm to cope with feelings, up from 2% in 2000. A review of research on the relationship between use of the internet and self-harm found that while online behaviour could potentially result in self-harm, there were also numerous positive aspects to internet use, including sense of community, crisis support, delivery of therapy and outreach.

1.4 In 2018-19 there were 1,845 emergency admissions for self-harm in West Sussex, a rate of 235 per 100,000 population. Females (all ages) are more likely than males (all ages) to be admitted for self-harm – 68.5% compared to 31.5% in 2017-18. The majority of female admissions were for those aged between 15 and 29. However given the levels of population prevalence detailed above, incidents of self-harm requiring an emergency admission should be considered the 'tip of the iceberg'. Also, the cohort requiring emergency admission differ from those self-harming in the community in terms of the method of self-harm; most admissions are due to self-poisoning whereas the most common method of self-harm in the community is cutting.



1.5 In terms of trends, over the five year period from 2014-15 to 2018-19 emergency admission rates in the county have been consistently higher than for England. They have not shown a significant increase or decrease. The rate of admissions for the period 2016-17 to 2018-19 has not significantly increased in

statistical terms, but there has been a numerical increase of admissions from 1,714 to 1,815.

1.6 A high rate of emergency admissions does suggest a correspondingly high prevalence in the community. However there are other factors that could impact on admissions including inappropriate referrals (e.g. educational institutions not having the necessary skills to respond to less serious incidents), a lack of access to suitable services in the community or specific drivers in the cohort for which self-poisoning is a method.

1.7 Emergency hospital admissions for intentional self-harm is a key indicator for the Strong Safe and Sustainable component of the West Sussex Plan, with a reduction in activity of 176 admissions per 100,000 population set for March 2022. Given that it significantly increases the risk of suicide, self-harm is also a priority area for action in both the West Sussex Suicide Prevention Strategy 2017-20 and the Sussex Health and Care Partnership (STP) suicide prevention workstreams. Within West Sussex County Council both the Suicide Prevention Steering Group and the LTP Emotional Wellbeing and MH Programme Board provide oversight of self-harm prevention activity.

1.8. Activity to tackle self-harm in West Sussex is taking place at a number of levels. West Sussex County Council Public Health produced a needs assessment in 2019 detailing what it knows about self-harm in the county. Subsequent to this it recruited a self-harm in educational settings lead with a focus on training. The lead has carried out a survey of educational professionals and is creating a set of sustainable resources for schools including a train the trainer video, online workbooks and information on quality approved digital resources. This is part of County Council's wider programme of support around mental and emotional wellbeing in schools.

1.9 West Sussex Public Health team is convening a task and finish group to make recommendations on reducing access to medicines associated with self-poisoning and is working with stakeholders to agree a pathway to ensure appropriate support is in place for those experiencing bereavement. The team is assessing potential resource to support LGBT+ people's mental health and wellbeing.

1.9 West Sussex County Council Council and NHS partners continue to commission services at all tiers of Child and Adolescent Mental Health Services (CAMHS). There are a number of services promoting children and young people's emotional and mental health and wellbeing including Mind The Gap, Youth Emotional Support, YMCA Downslink and Find It Out Centres.

1.10 At a Sussex Health and Care Partnership (STP) level additional resource is going to be provided to support learning across the footprint including parents and to strengthen the response to people self-harming who attend A+E, but do not require specialist services. A number of priority areas have been proposed to improve crisis response for children and young people in 2020/21 as part of the STP mental health workstreams including resourcing a Crisis Home Treatment Team and delivering training to provide 111 call advisors with the skills to provide advice and guidance to young people and their families.

Suicide Prevention Strategy

1.11 At the meeting of the HASC on 26 September 2019, the Council's Public Health team presented the West Sussex Suicide Prevention Strategy 2017-20, which is due to be updated, for scrutiny. The priority areas for action in the strategy are:

- Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation
- Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care
- Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis
- Focus on reducing self-harm, particularly in young people
- Focus on preventing suicide in people with long-term conditions or requiring end of life care, and their carers
- Improve support for people bereaved or affected by suicide
- Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support
- Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places
- Monitor suicide patterns and trends in West Sussex

1.12 Subsequent to the meeting, both HASC and the West Sussex Suicide Prevention Steering Group have made a number of recommendations on additional priority areas to be included in the updated strategy (all linked to SMART objectives). These are:

- People living with a dual diagnosis
- Children and young people including Children Looked After and those making a transition between Children's and Adults' Services
- Specific focus on and reference to armed forces veterans
- Increased focus on training including educational establishments, the workplace and increased community awareness of how the public can react and respond to a person who may be thinking of suicide

2. Proposal

2.1 The HASC is asked to consider current activity to address self-harm in the county to ensure that it is effectively addressing this area. The HASC is also asked to approve the additional proposed strategic priorities to be included in the updated West Sussex Suicide Prevention Strategy.

3. Resources

3.1. This paper has no additional resource implications for the Council.

Factors taken into account

4. Issues for consideration by the Select Committee

4.1 The Committee is asked to, based on the background detail of the self-harm needs assessment (Appendix A), to consider the current activity outlined in the report to address self-harm in the county. Key areas for scrutiny include:

- Based on 'what can be done' as detailed in the needs assessment, are resources focussed at the right level in terms relation to individuals, within communities and at population level;
- Work being carried out in educational settings throughout the county and planned long-term objectives;
- Potential outputs of the task and finish group considering access to medicines to reduce self poisoning;
- Short and long term work planning with partners;
- Performance monitoring i.e. West Sussex Plan indicators;
- The outcomes for West Sussex residents of work planned at Sussex-wide level.

4.2 At the meeting of the Committee on 26 September 2019, the West Sussex Suicide Prevention Strategy 2017-20, which is due to be updated, was presented for scrutiny. Subsequent to the meeting, both HASC and the West Sussex Suicide Prevention Steering Group have made a number of recommendations on additional priority areas to be included in the updated strategy, as detailed in 1.13. Members of the committee are asked to consider whether these additions to the strategic priorities accurately reflect the views expressed by the HASC.

5. Consultation

5.1 To support the activity of Self-harm in Educational Settings lead, an online survey of educational professionals has been carried out. The purpose of the survey was to assess:

- Current levels of skills and knowledge around responding to self-harm
- Additional support that could be provided to to improve the response to self-harm

6. Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
Programme of activity is not effective in addressing self-harm resulting in both safety and reputational risk	Oversight of activity maintained by West Sussex Suicide Prevention Steering Group and LTP Emotional Wellbeing and MH Programme Board
Strategic priorities in updated strategy are not effectively addressed resulting in both safety and reputational risk	Oversight of strategy development and delivery maintained by West Sussex Suicide Prevention Steering Group

7. Other Options Considered

7.1 Not applicable for this report.

8. Equality Duty

8.1 Self-harm and the West Sussex Suicide Prevention Strategy impacts on people and groups with protected characteristics in several areas:

- Age and sex: Females (all ages) are more likely than males (all ages) to be admitted for self-harm. Suicide is the biggest killer of men aged 49 and under, and the leading cause of death in all people aged 20–34 years in the UK
- Sexuality: LGBT+ people are at increased risk of both self-harm and suicide
- Marital status: The process of becoming widowed (bereavement) increases the risk of self-harm and suicide.

9. Social Value

9.1 Not applicable for this report.

10. Crime and Disorder Implications

10.1 Not applicable for this report.

11. Human Rights Implications

11.1 Not applicable for this report.

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Appendices:

Appendix A: West Sussex Self-harm Needs Assessment

Appendix A: West Sussex Suicide Prevention Strategy 2017-20

Priority areas and overview of key activity

Priority Area 1: Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation

- There is a comprehensive range of support for mental health and wellbeing at all tiers in the county, including:
 - The Pathfinder consortium (10 voluntary sector organisations and Sussex Partnership NHS Foundation Trust) provides non-clinical support, advice and signposting, engaging with 4,119 individuals in 2018/19.
 - Sussex Community NHS Foundation Trust's 'Time to Talk' service provides Cognitive Behavioural Therapy for people suffering from anxiety and depression as part of the national Improving Access to Psychological Therapies programme (IAPT). In Coastal West Sussex CCG and Horsham and Mid-Sussex CCG around 20% of people suffering from anxiety and depression are entering therapy which is in line with the England rate. For Crawley CCG this increases to 25% which is greater than the England rate.
 - Over the next 12 months there will be a major expansion of NHS mental health crisis services in West Sussex
- The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide over the phone, in person, or via email or letter. They also provide a targeted programme of support for workplaces, schools, prisons and the military. Published national data shows that in 2018, Samaritans volunteers responded to over 3.6m calls for help by telephone, 675,757 calls for help by SMS – 17% more than in the previous year – as well as 332,411 calls for help by email, an increase of 15%. Samaritans volunteers responded to around 1,200 calls for help by letter and provided face to face support on over 30,000 occasions.
- Citizens Advice Bureau (CAB) provides advice to those experiencing financial difficulties. Social prescribing programmes providing non-clinical referral in primary care are being rolled out across the county and provide support and signposting for those experiencing financial difficulties. 51,940 cases of client assistance took place across all channels in 2017-18.
- West Sussex County Council commissions a wide range of services tackling social isolation for older people. 3,200 older people attended day activities on 65,800 occasions in 2018-19 and 4,615 received befriending support. West Sussex adult social care also focusses on tackling social isolation as part of preventative social care.
- There are a very large number of voluntary sector activities taking place in West Sussex that bring people together. The Men in Sheds project aims to encourage social connections, friendship building and skill sharing amongst men.

Priority Area 2: Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care

- Suicide prevention is a key strategic priority for Sussex Partnership NHS Foundation Trust, the county's mental health trust as detailed in its Towards

Zero Suicide strategy, currently in draft form. The Trust provides follow-up activity to psychiatric patients discharged from acute hospitals within 72 hours.

Priority Area 3: Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis

- Public Health commissions Change Grow Live to provide drug and alcohol treatment services in the county; there were more than 1,500 users of the service in 2018/19. The service specification explicitly states that the provider will work with other services in contact with individuals with a dual diagnosis to provide more integrated and effective care packages to achieve mutual outcomes. There are a number of homeless support services to improve access and care for homeless individuals, a group with high rates of dual diagnosis.

Priority Area 4: Focus on reducing self-harm, particularly in young people

- West Sussex Public Health Team self-harm rapid needs assessment was signed-off in August 2019. This provides a detailed analysis of activity in the county and identifies key areas for action.
- The Council has commissioned an emotional wellbeing service for schools and a self-harm lead focussing on preventing self-harm in educational settings came into post in August 2019.
- The Council and the NHS continue to commission services at all tiers of Child and Adolescent Mental Health Services (CAMHS). There are a number of services promoting children and young people's emotional and mental health and wellbeing including Mind The Gap, Youth Emotional Support, YMCA Downslink and Find It Out Centres.

Priority Area 5: Focus on preventing suicide in people with long term conditions or requiring end of life care, and their carers

- Sussex Community NHS Foundation Trust's Time to Talk Health service focusses specifically on people living with long-term conditions. The service offers phone consultations, one-to-one sessions and group work with others who experience the same symptoms. 1,170 patients have completed treatment since the services launch in May 2017.
- Promoting Compassionate Communities supporting improved end of life care is one of the four strategic priorities in the West Sussex Joint Health and Wellbeing Strategy 2019-24. West Sussex Public Health has convened a county-wide multi-agency working group to drive improvements in this area which will hold its first meeting in September 2019.
- West Sussex County Council commissions a programme of Carers'; Support. This includes the following:
 - Advice, information and support service - 60 carer support groups running each month
 - Carers assessments
 - Carer Learning and Wellbeing Programme (Modula training, 12 topics)
 - Emotional support and counselling
 - Emergency planning and support - Carers Alert Card

- Carer short break respite services (planned & emergency)
- Health and wellbeing payments
- Assistive technology/equipment for independence offer
- Specialist carer bereavement support
- Return to work/training support
- Carers Health Team

Priority Area 6: Improve support for people bereaved or affected by suicide

- Sussex Community NHS Foundation Trust Child Death Service is for families who have experienced the death of a child from age 0 up to their 18th birthday. A home visit is made initially to make an assessment of the needs of those in the family with ongoing visits from a keyworker.
- There is a range of voluntary and community sector bereavement support including: Winston's Wish offers bereavement services to families with children under 18 who have experienced a traumatic bereavement; Cruse offers support, advice and information to children, young people and adults when someone dies; Survivors of Bereavement through Suicide offers peer support throughout the county.
- West Sussex County Council Public Health Team is leading on developing an agreed bereavement pathway for the county including sudden and unexpected deaths to improve coordination of support.

Priority Area 7: Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support

- Coastal West Sussex Mind provides mental health awareness training to the wider workforce and staff within primary care.
- Grassroots is a Brighton based suicide prevention charity which delivers a number of training courses and also provides resources and information
- Sussex Partnership NHS Foundation Trust has a requirement for all staff to undertake suicide awareness / prevention training
- West Sussex County Council continues to provide mental health training to employees and Private, Voluntary and Independent (PVI) service providers
- Sussex Armed Forces Network website provides online training in mental health issues affecting the armed forces and suicide prevention

Priority Area 8: Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places

- Network Rail and British Transport Police continue to review incidents and make environmental modifications where necessary. For example, there have been extensive modifications at Durrington Station at which there were a number of fatalities.

Priority Area 9: Monitor suicide patterns and trends in West Sussex

- In addition to monitoring national data, there have been a number of detailed analyses of local patterns and trends. These include:
 - West Sussex Suicides Audit 2013-15

- West Sussex Drug Deaths Audit 2015-17 (forthcoming)
- Self-harm in West Sussex: a rapid needs analysis (2019)
- Sussex Health and Care Partnership is currently reviewing optimum way of monitoring suicide in order to identify trends and potential contagion.