

# **Scrutiny Board (Health and Wellbeing and Adult Social Care)**

## **26<sup>th</sup> September 2012**

### **Paper title: Leeds Suicide Audit (2008-2010)**

**Authors:** Victoria Eaton, Consultant in Public Health, NHS Airedale, Bradford and Leeds  
Catherine Ward, Emotional Health and Wellbeing Lead, NHS Airedale, Bradford and Leeds

## **1 Background**

- 1.1 The Leeds Mental Health and Wellbeing Needs Assessment (2011) (MHWNA), which is linked into the Joint Strategic Needs Assessment, identified the need to undertake a suicide audit for Leeds to provide more up to date intelligence on the factors affecting suicide across the City.
- 1.2 Some of the key findings/ recommendations arising from the MHWNA related to the completion of a suicide audit and associated suicide prevention action plan, as detailed below:
  - (a) A suicide audit for Leeds should be undertaken to provide more up to date intelligence on the factors affecting suicide in Leeds since last carried out in 2006.
  - (b) The suicide prevention action plan should reflect the contribution of all key partners. It should include a focus on depression and financial exclusion as a major risk factor and address issues around the needs of older people.
- 1.3 Nationally, the consultation on the cross-government suicide prevention strategy for England (2011) highlighted six key areas for action. The last citywide audit in Leeds had been carried out in 2006, therefore the national work on a suicide prevention strategy for England, together with the MHWHA, provided the impetus for the suicide audit.
- 1.4 The purpose of this paper is to present the details of the suicide audit and associated work.

## **2 Audit of Suicides and Undetermined Deaths in Leeds 2008-10**

- 2.1 The purpose of the Audit of Suicides and Undetermined Deaths in Leeds 2008-2010 is to increase understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention. The detailed audit report is attached as Appendix 1.
- 2.2 The audit was completed in May 2012 and reviewed 3 years of data from 2008 up to and including 2010. The last citywide audit was carried out in 2006. The report has identified figures in line with those of the Office of National Statistics but in addition provides greater depth of understanding of themes around suicide locally. The total rates for Leeds was the same as for Yorkshire and the Humber region, but slightly higher than the rate for England.

2.3 The key findings and recommendations of the Leeds Suicide Audit (2008-10) are summarised below:

#### Summary of Findings

2.4 Audit derived rates for suicide for the Leeds population:

- Identified **179** suicides and undetermined deaths in Leeds for the period 2008-2010.
- Are similar to those calculated by the Office of National Statistics
- Do not appear to be changing over time

2.5 Of those taking their own life in Leeds:

- 79% (**141**) were male
- 61% (**109**) were from a white British background
- 57% (**103**) were born in Leeds
- 47% (**85**) were In the 30-50 age group

2.6 Time and place:

- The highest number of recorded deaths was in the LS12 postcode, followed by LS11, LS14, LS15, LS8 and LS9 postcodes
- More suicides occur towards the end of the week

2.7 Figures for risk factors are:

- 42% (**77**) were unemployed or on long term sick leave / disabled
- 40% (**72**) had relationship problems
- 76% (**130**) were single, divorced or separated
- 37% (**68**) were known to have either a drug or alcohol problem or both
- 43% (**78**) had previously attempted suicide and 30% (**56**) had self harmed

2.8 Methods

- 60% (**108**) died by hanging /strangulation
- 25% (**44**) died by poisoning (with no one agent predominating)
- 75% (**133**) died in their own home, with the next most common location of death being in a park or woodland

2.9 Contact with services:

- 60 % (**106**) had contact with primary care in the three months prior to death
- 31% (**56**) made their last contact with primary care for a mental health problem
- 17% (**30**) had made contact with accident and emergency
- 37% (**67**) were known to be in contact or previously had contact with mental health services

2.10 This audit aims to increase our understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention.

2.11 The recommendations for Leeds have been set out to mirror the consultation on a national suicide prevention strategy (Dept of Health 2011) and work was undertaken to consult citywide partners at the suicide audit workshop in July

2012. This work is being developed alongside the reducing self-harm programme for Leeds.

- 2.12 The audit identified figures in line with those of the Office of National Statistics but in addition provided greater depth of understanding of themes around suicide locally. Those individuals taking their own life tend to be locally born white men between the ages of 30-50 years, with higher rates within specific areas of Leeds.
- 2.13 While the audit is limited to some extent by source records, it provides a current picture of suicide in Leeds. Overall figures have not changed greatly compared to previous audits which emphasises the need for further work to address entrenched patterns.

### Recommendations

- 2.14 In 2011, the Government published "No Health Without Mental Health" which includes new measures to develop individual resilience from birth through the life course, and build population resilience and social connectedness within communities.
- 2.15 These are powerful suicide prevention measures, however to ensure this approach is effective, there has to be equal commitment and responsibility for suicide prevention from key organisations across the City.
- 2.16 Evidence shows that there is no "one" single approach to local suicide prevention work, therefore we need a broad and coordinated system working with a wide range of partners, organisations and sectors including people who have been affected by the suicide of a close family member.
- 2.17 A series of recommendations are presented at Appendix 2. These are based on findings from the audit and the review of the evidence base for suicide prevention strategies, and are listed within the framework of the key recommendations of the National Prevention Strategy

### Actions following the audit

- 2.18 A city-wide workshop was held in July 2012 to disseminate findings of the audit, consult on the six recommendations and inform the content of a suicide prevention plan.
- 2.19 Forty delegates attended from a wide range of organisations across the city, and engaged in workshops specifically looking at the recommendations for Leeds. Information on the suicide audit workshop can be found in Appendix 3.
- 2.20 Following the workshop, work has begun on reviewing the suicide prevention plan for Leeds to reflect local need, evidence of effectiveness and national strategy.
- 2.21 A refreshed membership for the suicide prevention group is being established, which will focus on developing and implementing this agenda across the city. We

are developing work with key partners at a local level where there is evidence of high suicide rates, for example local work with voluntary and community sector organisations to address men's mental health & wellbeing in Inner West Leeds.

### **3 Recommendations**

- 3.1 That the Scrutiny Board notes the details of the audit and associated work.
- 3.2 That the Scrutiny Board identifies any further or specific areas to be considered at a future meeting.

### **References**

1. No Health Without Mental Health: Delivering Better Mental Health Outcomes, Department of Health 2011
2. Mental Health and Wellbeing in Leeds: An Assessment of need in the Adult Population, NHS Airedale, Bradford & Leeds/Leeds City Council, May 2011
3. Consultation on Preventing Suicide in England: A Cross-governmental Outcomes Strategy to Save Lives, Department of Health 2011
4. Audit of Suicides & Undetermined Deaths in Leeds 2008-10, NHS Airedale, Bradford & Leeds/Leeds City Council, May 2012

### **1) Reduce the risk of suicide in key high-risk groups**

- By working with the men of working age identified as high risk in Leeds, particularly those :
  - Living alone
  - With relationship difficulties
  - With alcohol/substance abuse
  - With a history of self-harm and suicide attempts

A potential intervention for which there is good evidence from observational studies is the use of peer support workers/community mental health educators (gatekeeper)

### **2) Tailor approaches to improve mental health in specific communities**

- Continue risk minimisation processes in the mental health services
- Developing resilience in children and young people
- Improving mental health in offenders
- Strategies to reduce alcohol and drug use in the local population
- Improving mental health in the workplace
- Developing neighbourhood networks

Potential approaches are detailed in No Health Without Mental Health: Delivering better mental health outcomes<sup>i</sup>, Making Children's Mental Health Everyone's Responsibility<sup>ii</sup>, Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug-free life<sup>iii</sup>

### **3) Reduce access to the means of suicide**

- Continue to ensure absence of potential ligature points in mental health hospitals and prisons

As death by hanging in private homes is the most common method in Leeds, and no individual medication or poison predominated in cases of self poisoning, there is no specific intervention that can address the methods used by the majority people in Leeds. However it is advised that approaches include those addressed in 5) around preventing dramatisation of any particular method in the media.

### **4) Provide better information and support to those bereaved or affected by a suicide**

- Working in partnership with the Coroner's Office and the Police, there will be access to information for bereaved families and friends of those statutory and voluntary agencies in Leeds who are able to provide support and advice

Both health professional and voluntary sector led group therapy for adults and psychologist led group therapy for children have been shown to reduce the level of maladaptive grief reactions. A number of key partners in the public and voluntary sectors are listed in the National Prevention Strategy.

**5) Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour**

- By working with Yorkshire Evening Post to
  - Prevent dramatisation of any particular method in the media and graphic description of reported suicide cases
  - Highlight where individuals at risk of suicide can access support from the professional or voluntary sector
  - Dispel myths and reduce stigma

This is in line with the Press Complaints Commission Code of Practice<sup>iv</sup>

**6) Support research, data collection and monitoring**

- Through a quarterly audit process
- To enable shared learning to take place between providers of secondary care mental health services, the police, the coroner and the auditors agreement regarding the sharing of information will be sought

- i. No Health Without Mental Health: Delivering better mental health outcomes, Department of Health 2011
- ii. Making Children's Mental Health Everyone's Responsibility, Report of the National Advisory Council for Children's Mental Health and Psychological Wellbeing 2011
- iii. Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug-free life, Home Office Drug Strategy, 2010
- iv. Press Complaints Commission Code of Practice, <http://www.pcc.org.uk/cop/practice.html>



## **Suicide Audit Workshop Agenda**

3<sup>rd</sup> July 2012  
9 – 1.30pm  
The Northern Ballet School

- 9.00 Registration and networking
- 9.30 Welcome & purpose of the workshop
- 9.45 Setting the scene for Leeds
- 10.00 David Hinchliff; A Coroner's Perspective
- 10.20 Findings and plenary
- 11.10 Break
- 11.25 Facilitated Workshop
  - focussing on recommendations
  - how do we take this forward in Leeds?
- 12.30 Summary with next steps
- 12.45 Lunch

## List of attendees

<b>Name</b>	<b>Organisation</b>
John Anderson	Community Links
Katie Baldwin	Yorkshire Evening Post
Caroline Bamford	Leeds and York Partnerships NHS Foundation Trust (LYPFT)
Victoria Betton	LYPFT
Bernie Bell	Leeds Community Healthcare
Guy Brookes	LYPFT
Charlotte Brooks	NHS Airedale, Bradford & Leeds
Mike Bush	Advisor
Charlotte Coles	NHS Airedale, Bradford & Leeds
Jaime Delgadillo	Leeds Community Healthcare
Justin Drake	Head of Residence - HMP Leeds
Tessa Denham	Women's Counselling and Therapy Service
Victoria Eaton	NHS Airedale, Bradford & Leeds
Brenda Fullard	NHS Airedale, Bradford & Leeds
Mark Firth	HMPS
Richard Gibson	NHS Airedale, Bradford & Leeds
Pip Goff	Volition
David Hinchliff	Coroner's Office
Charlotte Hanson	NHS Airedale, Bradford & Leeds
Fran Hewitt	NHS Airedale, Bradford & Leeds
Lisa Hollingworth	NHS Airedale, Bradford & Leeds
Kat Humphries	HMP Wealstun
Claire Humphries	NHS Airedale, Bradford & Leeds
Janet Johnson	LYPFT
Kathryn Ingold	NHS Airedale, Bradford & Leeds
Jeanette Lawson	LYPFT
Joanne Leach	NHS Airedale, Bradford & Leeds
Nick Leigh-Hunt	NHS Airedale, Bradford & Leeds
Joanne Loft	NHS Airedale, Bradford & Leeds
Alison Lowe	Councillor
Norman McCelland	LYPFT
Shaid Mahmood	Leeds City Council
Paul R Mason	Leeds City Council
Rachel McCluskey	NHS Airedale, Bradford & Leeds
Sarah Milligan	GP
Tracey McCaffrey	Leeds Community Healthcare



<b>Name</b>	<b>Organisation</b>
Kwai Mo	Leeds City Council
Lisa Mulherin	Councillor
Janette Munton	NHS Airedale, Bradford & Leeds
Bernadette Murphy	NHS Airedale, Bradford & Leeds
Maxine Naismith	Leeds City Council
Paul Nyakupinda	LYPFT
Tim O'Shea	Leeds City Council
Lynne Parkinson	LYPFT
Kevin Reynard	Leeds Teaching Hospital Trust
Geraldine Ryan	Leeds Irish Health & Homes
Irene Stockwell	NHS Airedale, Bradford & Leeds
Clare Snodgrass	CAMHS Wetherby YO1
Jo Thorpe	Healthy Living Network Leeds
Tim Taylor	Leeds City Council
Fiona Venner	Leeds Survivor Led Crisis Service
Catherine Ward	NHS Airedale, Bradford & Leeds
Jane Williams	NHS Airedale, Bradford & Leeds
Richard Wall	NHS Airedale, Bradford & Leeds
Sue Watts	Leeds Bereavement Forum
Gemma Wharton	LYPFT
Joanne White	HMP Leeds
James Womack	NHS Airedale, Bradford & Leeds

## **Groupwork**

Table discussion focussed on each recommendation from Leeds Suicide Audit

### **Reduce the risk of suicide in key high-risk groups**

1. Fiona Venner - LSCS
2. Bernie Bell - IAPT
3. David Hinchcliff - Coroner
4. Sarah Milligan - GP
5. Tim O'Shea - ASC
6. Kevin Reynard - LTHT
7. Tim Taylor - LCC
8. Richard Wall – NHS Leeds
9. Lisa Mulherin - Councillor

### **Reduce the risk of suicide in key high-risk groups**

1. Jane Williams – NHS Leeds
2. Shaid Mahmood - LCC
3. Bernadette Murphy – NHS Leeds
4. Maxine Naismith - LCC
5. Victoria Eaton – NHS Leeds
6. Lynne Parkinson - LYPFT
7. Richard Bell – Volition director
8. Karen Newshall – Volition director

### **Tailor approaches to improve mental health in specific communities**

- Continue risk minimisation processes in the mental health services
- Improving mental health in offenders
- Strategies to reduce alcohol and drug use in the local population

1. Lisa Hollingworth – NHS Leeds
2. Guy Brookes - LYPFT
3. Charlotte Coles – NHS Leeds
4. Jeanette Lawson - LYPFT
5. Justin Drake – HMP Leeds
6. Kat Humphries – HMP Wealstun
7. Joanne White – HMP Leeds
8. Paul Mason - ASC

### **Tailor approaches to improve mental health in specific communities**

- Developing resilience in children and young people
- Improving mental health in the workplace
- Developing neighbourhood networks

1. Catherine Ward – NHS Leeds
2. Claire Humphries – NHS Leeds
3. Janet Johnson - LYPFT
4. Janette Munton – NHS Leeds
5. Clare Snodgrass – Wetherby YO1
6. John Anderson – Community Links
7. Paul Nyakupinda - LYPFT
8. Mark Firth - HMPS

**Provide better information and support to those bereaved or affected by a suicide**

1. Charlotte Hanson – NHS Leeds
2. Brenda Fullard – NHS Leeds
3. Alison Lowe - Councillor
4. Rachel McCluskey – NHS Leeds
5. Jo Thorpe – Healthy Living Network
6. Tracey McCaffrey - CAMHS
7. Sue Watts – Leeds Bereavement Forum
8. Irene Stockwell – NHS Leeds
9. Tessa Denham –Women Counselling and therapy
10. Joanne Loft – NHS Leeds

**Support the media in delivering sensible and sensitive**

1. Fran Hewitt – NHS Leeds
2. Victoria Betton - LYPFT
3. Gemma Wharton - LYPFT
4. Charlotte Brooks – NHS Leeds
5. Mike Bush - Advisor
6. Joanne Leach – NHS Leeds
7. Pip Goff – Volition
8. Sandip Deshpande – LYPFT
9. Kathryn Ingold NHS Leeds

**Support research, data collection and monitoring**

1. Nicholas Leigh-Hunt – NHS Leeds
2. Jaime Delgadillo – Primary Care Mental Health Service
3. Richard Gibson - NHS Leeds
4. Norman McClland- NHS Leeds
5. Kwai Mo – Leeds City Council
6. James Womack NHS Leeds
7. Caroline Bamford - LYPFT
8. Geraldine Ryan – Leeds Irish Health and Homes
9. Charlotte Smith (TBC) – Coroner’s Office

## **Evaluation of workshop**

**40+ people attended (40 signed in) – 31 people filled in the evaluation**

	<b>Not at all</b>	<b>Somewhat</b>	<b>Quite</b>	<b>Very</b>
1. How informative did you find the event?		2	5	24
2. Will you use this to inform your work, i.e. targeting specific communities?		1	6	22
3. How satisfied were you with the venue?			5	26

## **Do you feel if there were any gaps in the Suicide Audit? If so, what?**

- Ethnicity/ sexuality was highlighted by 14 people as a gap; however this issue has since been clarified to all attendees of the workshop and is no longer an issue.
- 4 people stated they would like more detail about the data and/or comparisons with national data
- 2 people highlighted that their needs to be more work about how people use services
- Other issues raised include; understanding why certain groups have a higher risk; links to community wellbeing and what interventions can make a difference.

## **What could your organisation take forward in relation to suicide prevention?**

- 9 people highlighted their plans to work in a more targeted way with high risk groups.
- 11 people mentioned the role of partnership working and ensuring this issue is built into strategic plans
- 4 people plan to focus more on marketing their service
- Other issues raised were; considering the broader risk factors for suicide, gaps in services and commissioning of prevention campaigns

## **Any other comments?**

- There were many positive comments about the event and the quality of the audit.

## **Suggestions for future work:**

- Feel commissioners need to analyse their services commissioned in relation to figures e.g. there are no specific services aim/targeted at men, the men's shelter network is not funded, yet there are a number of women specific services funded through statutory services.
- Is it in the Health & Wellbeing strategy? What does LCC think about this?
- Various work streams across the city – Crisis work, self-harm, suicide prevention – require co-ordinated approach to wider awareness around the city. To develop wider inter agency sharing or info.

- A very good and well organised event, though a shame there was not a longer workshop time to get down to some more specific actions re way forward. Maybe it would be useful to send an e-mail reminder to participants at intervals in the next year to encourage them to progress their agenda in their own sphere of influence. I would like to be reminded and invited, as the suicide prevention strategy moves forward to see how I can champion and integrate it. We need to ensure this agenda is included in relevant emerging strategies e.g. Joint Health & Wellbeing strategy/children's plan etc
- Should the emphasis be moved away from MH to Public Health – MH services over-represented.
- Mental Health and alcohol education in schools.
- Feel motivated to campaign! Enjoyed the event, want to be involved in future suicide prevention work related to my role. Joined the media table – nation work need to inform, educate & signpost esp. Social Media. Work needed in Primary Care esp. as half are there before they commit suicide.
- Please forgive my ignorance if some of these are already in place. Considering the main demographic identified by the audit then copying some of the strategies used for other Men's Health issues e.g. testicular cancer, prostate etc should be considered. So linking work around:
  - Sporting events
  - Music events
  - Alcohol usage

As a way of getting messages to people

Would love to see some targeted locality work e.g. in Armley to look at a focused group as suggested. Would also really like a presentation for the voluntary sector to discuss contributions to this & unpick some of the info & very happy to organise this.

- As above, I have contributed to the Leeds City Suicide Prevention Group for many years now and look forward to doing so in a strengthened group.

Catherine Ward July 2012

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