

Suicide Prevention Programme – Wave 4 Workshop 9

21st September 2022 14:45-16:00

| Details | Link |
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| <p>Welcome and introduction Matthew Milarski, QI coach <i>National Collaborating Centre for Mental Health</i></p> <ul style="list-style-type: none"> • MM opened the meeting and welcomed attendees • The aim of these monthly workshops is to bring a learning community together to support each other, discuss issues and share some of our work around suicide prevention. They provide an opportunity to learn from the community, make connections and share resources. • Housekeeping was covered. • Session is recorded but not going online. • Sessions work best when all engaged. | <p>Please get in touch with NCCMH at Suicide.Prevention@rcpsych.ac.uk if you would like to contact any workshop participants.</p> |
| <p>Topic 1: Name Darrell Gale, Director of Public Health, East Sussex</p> <p>Question Dealing with High Frequency – Clusters and Locations</p> <ul style="list-style-type: none"> • Number of clusters in Sussex over the last few years. 5-6 deaths in West Sussex in summer 2021. • 1 in spring and 1 in summer this year in East Sussex, close friends and had a lot in common with Sussex. • High number of females attending a girls' school experiencing suicide ideation with links to a suicide. | <p>https://first-hand.org.uk/</p> <p>https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/autism-and-autistic-traits-in-those-who-died-by-suicide-in-england/04367C4DD9D8B4B3375A0D25C4764A54</p> |

- High in females and in neurodiversity. Gender changes and different names.
- Contagion in school communities.

Cluster response, multi-agency rapid response:

- New safeguarding procedures tested in East Sussex
- Police had to undergo huge social media investigations
- Online presence deleted prior to their death
- Issue with trying to contain comms. Parents and bereaved friends post things that can sometimes be helpful. E.g. In East Sussex, there was talk of a group of vulnerable youngsters thinking about taking their own lives. Pride organisers were spoken to, to create as much safe space as possible. Shop being a place of safety for individuals was identified. Provided support for the shop owner too
- Managing friendships and families – home and at school differ.

High frequency locations:

- Location in East Sussex 32 deaths there per year
- When do we respond to a perceived change in frequency? Higher number in summer but unpredictable and random – not as clear cut as that
- Figures were reviewed
- Uptick in interventions (numbers dropped after the peak end of June). Weekly meetings were in place, now fortnightly.
- Lockdown years were not typical
- Chaplaincy team have seen 2 lifesaving interventions every day
- Difficult to get full picture because someone may return.
- 50/50 split between genders. Younger age increase in high frequency location
- Vast majority of deaths non-resident
- Frequent attenders, contemplating suicide at high frequency location
- High degree of verbal intent but not making a serious attempt at that time
- 9% of all borough command time is spent on this single location on a single cause – huge pull on police time
- High frequency location incident response team include helicopters, RNLI, Coastguard, SECAMB etc. Huge amount of local time
- Financial implications were raised

Questions:

<https://sussexchildprotection.procedures.org.uk/tkystl/the-child-protection-plan/responding-to-a-potential-cluster-of-suicides-for-children-and-young-people-aged-under-18>

<https://sussexchildprotection.procedures.org.uk/tkysto/the-child-protection-plan/response-to-a-suspected-suicide#bottom>

- Is anyone else seeing a perceived rise in frequency causing concern? (railways have frequency escalation but we don't have the trend data or accuracy or projection for what is normal/abnormal for Sept).
- When do we decide when frequency becomes a concern?
- Is there a danger that real time surveillance leads to us drawing the wrong conclusions?
- What research questions need answering?
- Is there a danger that we draw the wrong conclusion in our desire to respond rapidly?

Discussion:

- High frequency and location, In a rural area, there has been a rise in that community.
- There has been a slight decrease in incidence in the City of London. If the city can help in any way. We might not know causality, but we can query and hypothesise. Suddenly having a lot of preventative activity in one area, can impact other areas.
- No money is an issue.
- Unhelpful media articles may play a part but we will never fully know.
- This year in an area has the same trajectory as 2018 so likely to see another 50 deaths this year. Saving more people but more people coming. Vast majority out of area die.
- Why are people coming from Cambridgeshire and Dorset? Notoriety.
- Have someone employed at Samaritans headquarters =who is going to ramp up online media around high frequency location.
- Trying to put funding together for a PhD to go back in time to see where the notion of the high frequency location, suicide and crisis comes from.. People go there rather than to their own beachside cliffs.
- Tourism people we have worked up images we don't want to see – don't want to share empty spaces with no one there. People think it won't be witnessed but this year, several jumps have been witnessed.

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Topic 2:

Helen Parry

What work are people doing regarding Learning Disabilities/ Autism and Self Harm

Discussion:

- This is a focus in Greater Manchester on autism, as one of the three
- Training is going to be compulsory for health staff to do, to understand more about autism, however suicide risk wasn't mentioned in that training which feels like a missed opportunity.
- NCISH collect and examine suicides that were in community services a year before death. Those with diagnosis of autism had a higher incident of self-harm than others. Series of monthly clinics, Dr Nielson presented on adopting safety plans for autistic adults
- MH in autism group led by associate professor Sarah Cassidy, at University of Nottingham.
- Following a presentation at a regional event we were alerted to autism as a risk factor. In Lincolnshire, ongoing data collection between analysts and coroners. Autism and Learning Difficulties were not one of their data collection fields they have been advised to add this information to the database. It is rarely populated. Running into an issue where some older people might not have had an official diagnosis. If they didn't have diagnosis, it won't appear in data as a tick box. Wary of waiting for local evidence that might not be there. It doesn't prove the problem doesn't exist, more that it was not recorded.

<https://documents.manchester.ac.uk/display.aspx?DocID=37560>

<https://sites.google.com/view/mentalhealthinautism>

<https://sites.manchester.ac.uk/mash-project/support-for-improving-community-based-care-for-self-harm/>

Topic 3:

Name Sam Groves,

An investigation of media reporting of nurse suicides and a study of self-harm ED presentations of nurses in Oxford over an 11 year period

Background highlighted that female nurses are at a higher risk of suicide. This has led to an increase in research. Non-fatal self-harm has not been looked into. Little research on self-harm among nurses. Used data from Oxford Monitoring System for SH. Data gathered included sociodemographic info, clinical characteristics, life problems and aftercare offered.

Student nurses/midwives were not included. First presentation as their index. Across the 11 year period, 81 current or former nurses and midwives presented.

<https://sites.manchester.ac.uk/ncish/suicide-by-female-nurses/>

<https://onlinelibrary.wiley.com/doi/pdf/10.1111/inm.13057>

Patterns identified were:

- No clear pattern other than 2020, there was as large decrease in presentations.
- Small proportion presented multiple times.
- White, female and approx. 40.
- Substantial proportion on sick leave
- Self-poisoning was the most common method used
- Multiple types of drugs in a single episode
- Related cutting of wrist or forearm
- Six hours before – half had consumed alcohol, and quarter had consumed it as part of the SH act
- Excessive consumption was common.

At time of presenting:

- In receipt of day care
- Previous inpatient
- Reported personality disorders
- Known history of SH (almost 70%)
- Fast repetition.

Data:

- Moderate suicide intent
- Life problems – relation difficulties, employment, alcohol, psychiatric disorder, physical health problems
- Multiple health problems in 1 in 10

Aftercare:

- Over half outpatient care offered

Conclusions:

- More likely than general population to use self-poisoning – access to means
- Often common medications that nurses and midwives understand
- Alcohol – work stress, long working hours, sleep aid – frequently referenced in the nursing literature.

Research and practice implications:

- Nature of employment problems
- Case control study
- Aftercare offered – but not analysed whether it was received
- This is a subset of individuals who choose to present. Some may choose not to
- Interventions needed; injury prevention, psych impact of physical health conditions, additional education, CPD opportunities, support for individuals and addressing stigma around accessing support.

Systematic review explored suicide in nurses and midwives, recently published article on media reporting (in collab with Samaritans). Funders were NHSE and DHSC.

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- Was breakdown done of the different branches of nursing? In the context of this project, occupation was extrapolated from what the person reported (retired nurse, MH nurse – varied – not always reported by specialty but important to address).
- Content from training programme in relation to support is another area of research that needs exploring
- Student nurses and midwives to be looked at next. Is the risk there before entering the profession or is it something around training.
- Is there any other substance misuse or is it more alcohol related? Alcohol much more prevalent than substance misuse. Opiate use and cocaine that were most likely to be reported. This was self-reported – what a nurse chose to disclose.

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