

**TITLE OF REPORT: Suicide; Every Life Matters.**

**REPORT OF: Iain Miller, Programme Lead**

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### **Summary**

Following consultation with Councilors, the Care Health and Wellbeing Overview and Scrutiny Committee (OSC) agreed its annual work programme for 2019/2020. As part of this programme it was agreed that a review of suicide in Gateshead would take place. This scoping report describes the process for taking the proposed review forward and the evidence that will be considered. It seeks the support of the OSC committee over the coming year to consider the context of suicide from a local, regional and national perspective and to agree a local way forward for Gateshead. To support their scrutiny of the topic the committee will hear from those working to address suicide in Gateshead and further afield, sharing their experience and knowledge on the issue.

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### **Background**

1. Suicide prevention policy in the UK has, in recent decades, developed and expanded considerably as concerns around suicide rates have intensified. In 2012 the Government launched their integrated Government strategy “Preventing Suicide in England: a cross-government outcomes strategy to save lives”.<sup>1</sup> Since 2017 it has included a commitment to reduce the rate of suicides by 10% in 2020/21 nationally, as compared to 2016/17 levels.<sup>2</sup>
2. Since 2012-2014 suicide rates per 100,000 of the population nationally have been showing a downward trend. In 2015-2017 the rate for all persons in England was 14.7 deaths per 100,000 population, which is one of the lowest rates observed since the suicide data series began in 1981. However emerging findings for 2018 identify a slight increase.
3. In Gateshead, the suicide rate for all persons increased from 2010-2012, when it stood at a lowest recorded level of 6.2 per 100,000, to 9.6 per 100,000 in 2014/16 with no change, 9.6 per 100,000, for 2015/17 (the latest recording period). Underlying this have been increases in both male and female rates.

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<sup>1</sup> Preventing Suicide in England: a cross-government outcomes strategy to save lives.

<sup>2</sup> Briefing Paper Number CBP 08221: Suicide Prevention: Policy and Strategy: House of Commons Library: 10 September 2018

4. During the same period, male suicide rates have increased from 10.6 per 100,000 to 15.1 per 100,000.
5. Female suicide has increased from a total of five episodes in 2010-2012 (rate suppressed due to low numbers) to a rate of 4.2 per 100,000 (11 people) in 2015 – 2017, a slight reduction from 4.5 per 100,000 (12 people) in 2014-16.<sup>3</sup>
6. Since 1984 it has been consistently held in England that the standard of proof in suicide cases should be the same as in criminal prosecutions, beyond reasonable doubt,... although there is no crime involved and an inquest is not a criminal trial. The comparative difficulty in obtaining a conclusion of suicide may well mean that official statistics significantly underestimate the occurrence of suicide. However, a recent judgment in the Court of Appeal in the case of *Maughan -v- HM Senior Coroner for Oxfordshire (Maughan)* [2019] EWCA Civ 809 has confirmed that the standard of proof required for a jury to return a conclusion of suicide is the civil standard, i.e. the balance of probabilities. This applies whether it is a short form or narrative conclusion. This is likely to lead to an increase in the numbers of Suicide across the country, including Gateshead.<sup>4</sup>
7. Recent Audits of Suicide and unintentional deaths in Gateshead have identified the impact this could have with around a third of the files reviewed by Council employees showing a verdict of Suicide, the others include; Open Verdicts, Accidental/Misadventure and Narrative verdicts.

### **Scope of the review**

8. The review will explore these trends further through local, regional and national data to provide context for the current situation for suicide in Gateshead. An overview of key risk factors and current practice will be presented, and the evidence base of what works in suicide prevention and intervention will be explored.
9. *Trends* The Suicide rates in Gateshead had been increasing each reporting period since 2010 – 2012 for all three categories; All Persons, Male and Female, up to 2015 – 2017 when rates for All persons plateaued and Females decreased slightly as highlighted by Public Health England in their Fingertips Profile.<sup>3</sup> This is against the national trend which has seen rates falling in All persons in recent years.

Despite the local rate increases over time, Gateshead still compares favourably with national and regional figures, lower than Region and similar to National for All Persons, Lower than Region but higher than national for Men and lower than Regional and National levels for Females.

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<sup>3</sup> Public Health England Fingertips Profiles (February 2019)

<sup>4</sup> [Standard-proof-suicide-verdicts-inquest-criminal-or-civil](#)

Table 1: Suicide rates per 100,000 population 2015 - 2017

	Gateshead	NE Region	England
Persons (All)	9.6	10.8	9.6
Male	15.1	16.8	14.7
Female	4.2	5.0	4.7

10. *Key risk factors* The key Risk Factors identified by Public Health England (PHE) Fingertips can be found at the following link [Risk Factors identified by PHE Fingertips](#) They include factors such as; relationship difficulties, divorce/separation, recent bereavement, depression, reports of self-reported wellbeing, social isolation and poverty.

Those people with long term health conditions, those in contact with the criminal justice service and those who have seriously self-harmed and previously attempted suicide are more at risk.

The most recent Audit of Suicide and undetermined deaths of Gateshead residents highlighted:

48% were unemployed or on long term sick leave.

48% had relationship problems.

62% were single, divorced or separated.

52% were known to have either a drug or alcohol problem or both.

24% had previously attempted suicide

## 11. *Current practice*

11.1 Work is being carried out at three different geographical levels:

- Local – Gateshead suicide prevention focus is facilitated through the multi-agency Mental Health and Wellbeing Partnership which is developing a strategic approach to public mental health.
- Sub Regional - Funding has recently been secured for partnership working at this level, covering the 6 local authority areas of Gateshead, Northumberland, Newcastle, North Tyneside, Sunderland and South Tyneside.
- Regional – Linking into the regional work that is emerging as part of the Integrated Care System (ICS) mental health workstream.

11.2 Suicide prevention work sits as part of the Public Mental Health agenda and a wide range of Public Mental Health Interventions are being delivered and developed in Gateshead by the Gateshead Mental Health and Wellbeing Partnership members. At a Population level there is a focus

on encouraging organisational sign up to Time to Change, the anti-stigma campaign, and focussed work into local communities with The Five Ways to Wellbeing. There is also support of World Mental Health Day each October with a strong presence from Statutory and Voluntary Community Sector organisations supporting people with Mental Health related issues and the partnership will be focussing on PHE's One You, Every Mind Matters campaign when it launches in the Autumn. The Partnership has also developed a local Suicide Prevention Action Plan.

11.3 Gateshead Public Mental Health strategy has adopted a life course focus and the Gateshead Suicide Prevention Action Plan is part of this. As part of the life course approach this strategy is also looking at:

- Interventions focussed on Children and Young People.
- Community based interventions targeted on Males in the 40 – 55 years age group with a particular focus on suicide prevention.
- Tackling social isolation in older people, using the results from research conducted by Newcastle and Northumbria Universities of 18 projects in Gateshead to guide a way forward.

11.4 Gateshead Council has signed the Time to Change pledge and has made a commitment to change how we think and act about mental health in the workplace. An action plan is in place aiming to tackle the stigma of mental health in the workplace with all actions developed to improve people's mental health and wellbeing.

Gateshead Council also holds the Continuing Excellence level of the Regional Better Health at Work Award which also has improving the mental health of the workforce as one of the key criteria for award holders.

## *12. Current evidence base*

*12.1 Professor Louise Appleby, lead for the National Suicide Prevention Strategy and is Professor of Psychiatry at the University of Manchester and Director of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, has identified key areas for action including:*

- Reducing risk in men, especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use
- Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
- Addressing Mental health of children and young people, with joint working between health & social care, schools & youth justice, and

plans to address the drastic increase in suicide risk between 15 to 19 year olds

- Treatment of depression in primary care, with safe prescribing of painkillers & antidepressants
- Acute mental health care, with safer wards & safer hospital discharge, adequate bed numbers & no out of area admissions
- Tackling high frequency locations, including working with local media to prevent imitative suicides
- Reducing isolation, for example through community-based supports, transport links and working with third sector
- Bereavement support, especially for people bereaved by suicide

12.2 Over the long term, local areas should aim to tackle all six areas of the national strategy. Addressing self-harm was added in 2017 as part of the Third Progress report of the National Strategy resulting in the seven areas shown below:

- Reducing the risk of suicide in high risk groups;
- Tailoring approaches to improve mental health in specific groups;
- Reducing access to means of suicide;
- Providing better information and support to those bereaved or affected by suicide;
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
- Supporting research, data collection and monitoring; and
- Reducing rates of self-harm as a key indicator of suicide risk.

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## **The Process**

13. The process and timescale for the review in this paragraph is set out in Appendix 1. It is proposed that the review will take place over a ten-month period from 25 June 2019 to 21 April 2020. It will involve the presentation of expert evidence, research and Experts by Experience.

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<sup>5</sup> [Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives](#)

14. While the Review is led by the Council, partner organisations will be involved to ensure an approach that reflects the complexity, prevalence and extent of the response.
15. It is proposed that the first evidence gathering session will provide a detailed overview of suicide from a legal/Coroners perspective and also the impact of suicide from someone with lived experience, enabling factual information to be presented to provide members with insight into the key factors involved and the impact of suicide on a community. Subsequent evidence gathering sessions will include presentations from;
  - 15.1. Members of the Public Health Team describing the process and findings of local Audits of Gateshead data on Suicide and undetermined injury.
  - 15.2. Regional leaders and our partners from Newcastle Gateshead Clinical Commissioning Group and on the work at Integrated Care System (ICS) level and sub regional sub groups.
  - 15.3. Representatives from the Criminal Justice system and Voluntary Community Sector (VCS) identifying high risk groups and what can be done to minimise risk.
16. Evidence will be sought from key data sources such as Public Health England, Gateshead Mental Health and Wellbeing Partnership members, the Newcastle and Gateshead Clinical Commissioning Group, Gateshead Hospitals NHS Foundation Trust, Northumbria Tyne and Wear NHS Foundation Trust and leading academics and clinicians.

### **Recommendations**

17. Overview and Scrutiny Committee is recommended to agree the scope, process and timescale as set out in this report.

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## **Appendix 1**

### **Progress of the Review**

This appendix sets out the standard framework for Overview and Scrutiny Committees to agree and conduct policy reviews and includes proposals specific for this review.

#### **Stage 1**

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

##### *Proposal*

- 25<sup>th</sup> June 2019: Scoping report to Scrutiny Committee

#### **Stage 2**

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by the Overview and Scrutiny Committee will be written up by officers.

##### *Proposal*

- 10<sup>th</sup> September 2019, 29<sup>th</sup> October 2019, 10<sup>th</sup> December 2019 and 28<sup>th</sup> January 2020 - To have evidence-gathering events that will involve research, presentations by relevant officers, outside organisations and site visits if appropriate (details to be confirmed).

#### **Stage 3**

The Overview and Scrutiny Committee will then meet (as many times as is necessary) to analyse the information gathered and prepare its conclusions.

##### *Proposal*

- 3<sup>rd</sup> March 2020 - Committees to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

#### **Stage 4**

Officers will then prepare a report on the issue based on the views of the Overview and Scrutiny Committee. Officers will submit this report to the next practicable meeting of the Overview and Scrutiny Committee to secure

agreement that the report is a fair, accurate and complete reflection of the Overview and Scrutiny Committee's conclusions.

*Proposal*

- 21<sup>st</sup> April 2020 - Draft final report to be considered by the Committee.

**Stage 5**

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.