Suicide Prevention & Self-Harm – Introduction and Context

Introduction

- Structure of the day
 - What we know so far
 - Group activities
 - What do we want to achieve?
 - Developing key strands of our strategy
- Use of pin boards
 - Who is missing?
 - What data sets can we draw on?
- Future meetings
 - − Finalising the plan − by September 2017
 - Strengthening bereavement support

Task for local areas

- Develop multi-agency suicide prevention plan in 2017
- Plans to cover 2017-2020 period
- Plans to cover 6 national areas for action, alongside local priorities
- Local data groups to establish data collection methods and complete suicide prevention audits

6 areas for action – national strategy

- 1. Reduce the risk of suicide in key high-risk groups
- 2. Tailor approaches to improve mental health in specific groups
- 3. Reduce access to the means of suicide
- 4. Provide better information and support to those bereaved or affected by suicide
- 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- 6. Support research, data collection and monitoring

National Context – things everyone should know

- Suicides take a high toll
- There are specific groups of people at higher risk of suicide
- There are specific factors that increase the risk of suicide
- Preventing suicide is achievable
- Suicide is everybody's business

Key findings – suicide audit 2002-2010

- Male
 - Though women in Croydon are marginally more likely to kill themselves when compared to women across England.
- Age 20-45
 - Likely to be slightly older than national average (under 35)
- Live in more deprived area
- Has or had a diagnosis of mental illness
- May have additional life stressor such as relationship breakdown, financial worries or chronic physical health
- Likely to kill themselves either by hanging or self-poisoning.

Suicide Prevention Profile – Key Messages

Craig Ferguson

June 2017

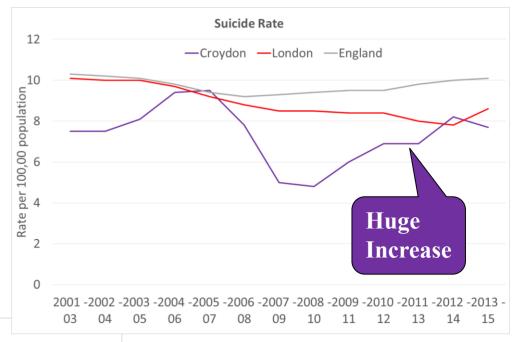


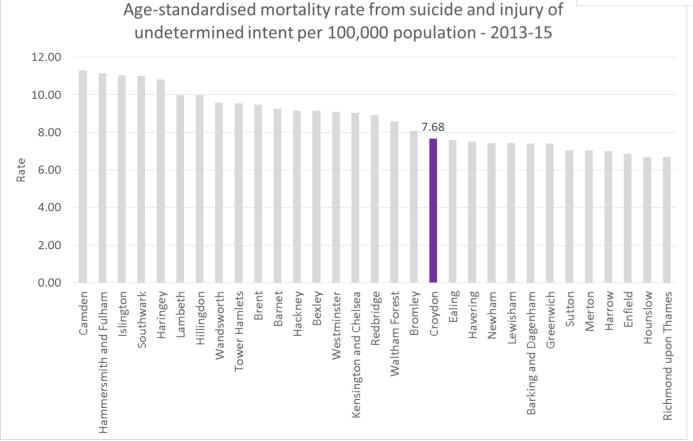
PHE suicide prevention profile

- Suicide Data
- Related Risk Factors
- Related Service Contacts

Croydon Suicide Prevention Profile

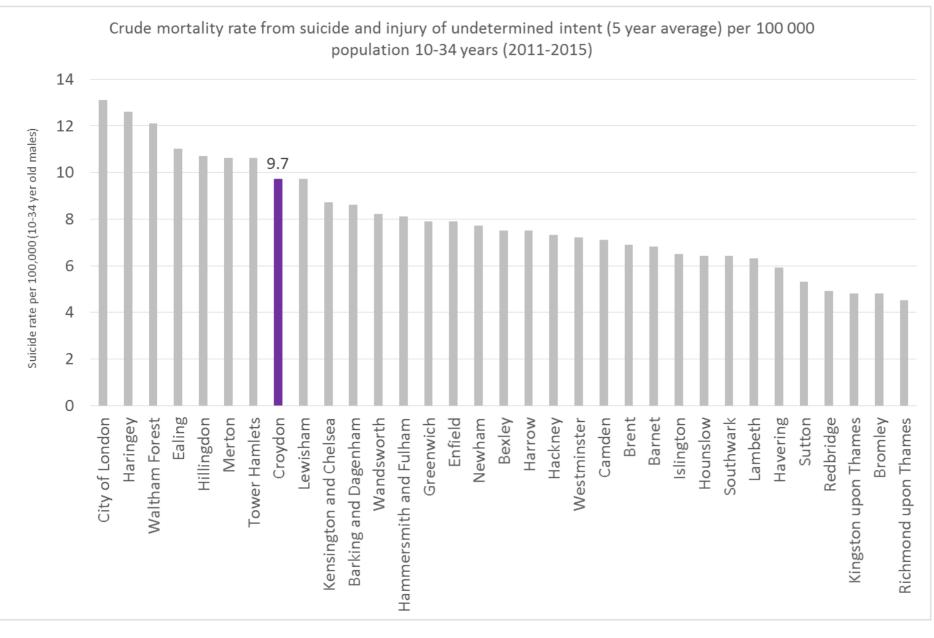
13th lowest Suicide rate - however it has increased since 2008-10





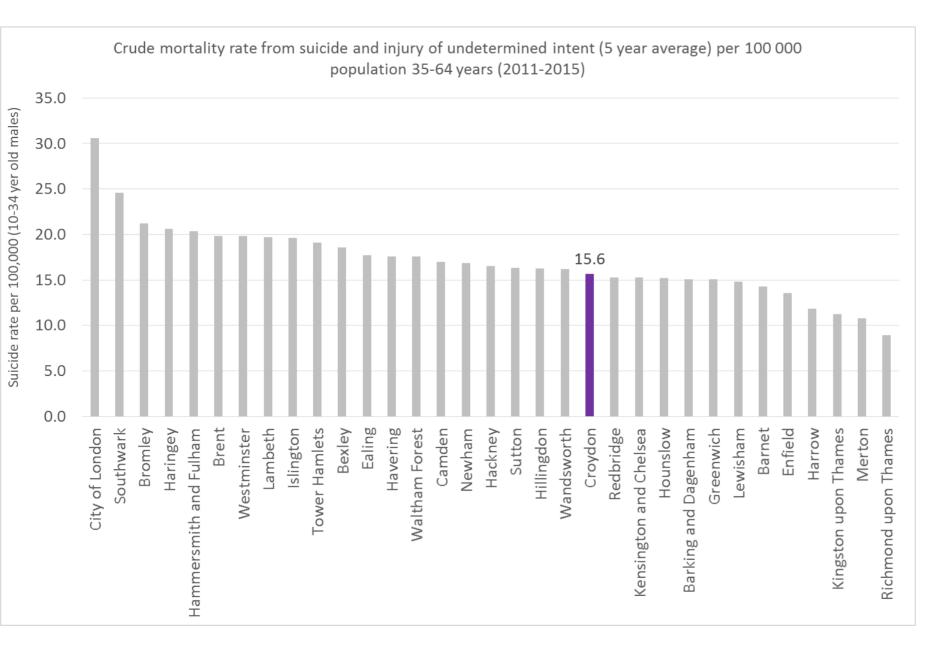
77 suicides in Croydon between 2013-15

8th highest suicide rate for young males



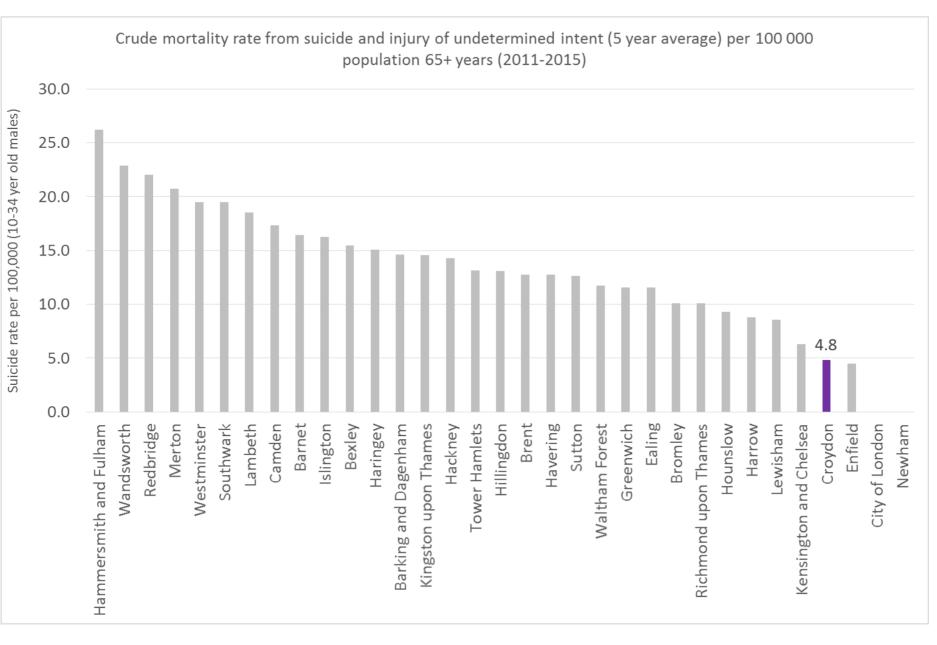
30 male (10-34 year old) suicides in Croydon between 2011-15

13th lowest suicide rate for 35-64 males



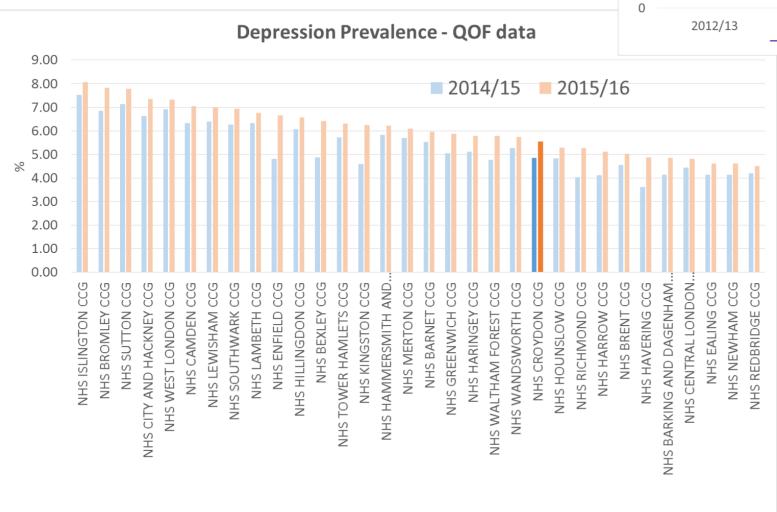
55 male (35-64 year old) suicides in Croydon between 2011-15

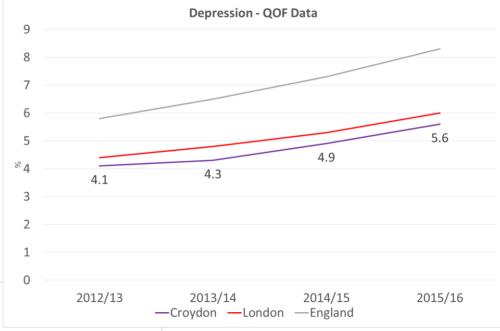
2nd lowest suicide rate for 65+ males



5 male (65+ year old) suicides in Croydon between 2011-15 17,193 people registered with a Croydon GP are diagnosed with Depression (2015/16)

This is 5.6% of the GP register





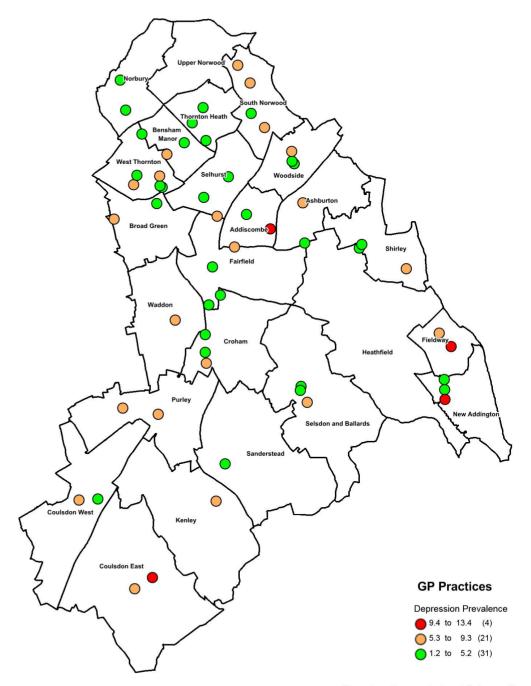
Croydon has the 11th lowest rate in London

The trend increase follows a similar pattern to the London average

The 3 GP practices with the highest rate of diagnosed Depression are:

- Headley Drive Surgery (13.36%)
- Old Coulsdon Medical Practice (11.07%)
- Parkway Health Centre (10.49%)

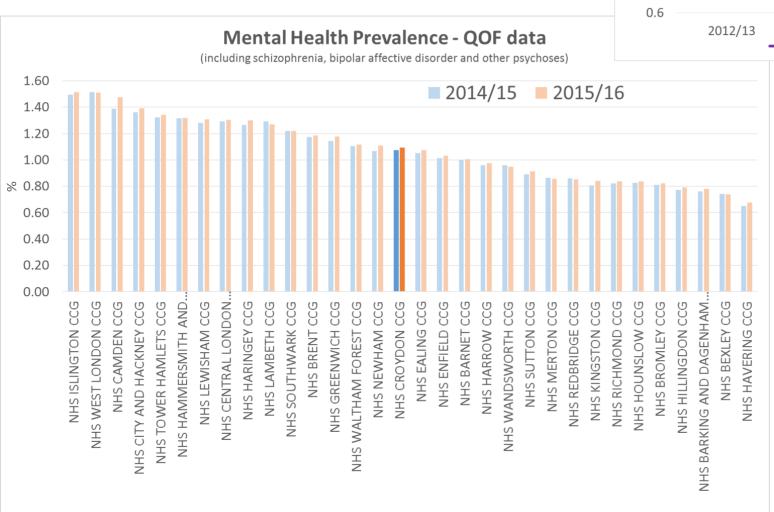
% of QOF recorded cases of people with Depression registered with GP practices (2015/16)

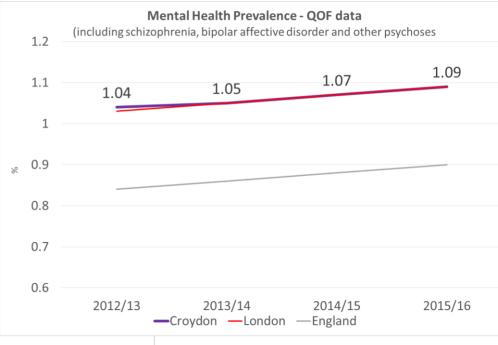


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4,390 people registered with a Croydon GP are diagnosed with Mental Health issues including schizophrenia, bipolar affective disorder and other psychoses (2015/16)

This is 1.09% of the GP register





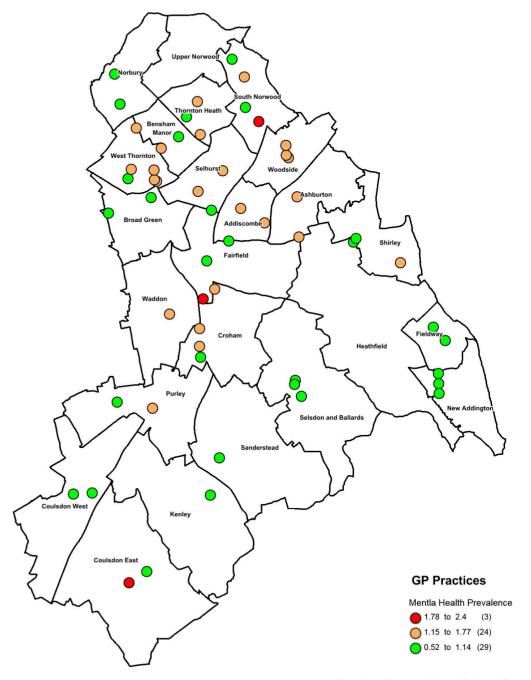
Croydon has the 16th highest rate in London

The Mental Health proportion trend in Croydon is exactly the same as London over the last 3 years

The 3 GP practices with the highest rate of Mental Health issues including schizophrenia, bipolar affective disorder and other psychoses are:

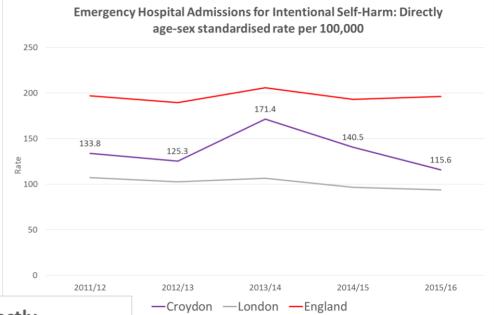
- Heathfield Surgery (2.39%)
- Dr D P K Srivastava and Partners (1.98%)
- Downland Surgery (1.93%)

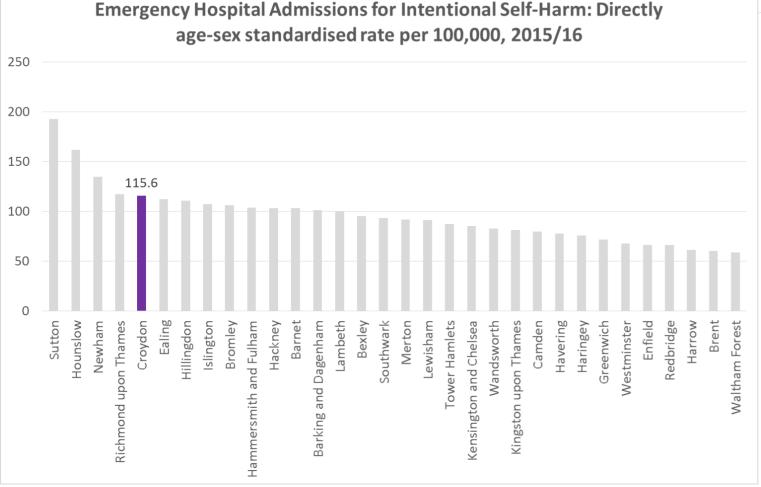
% of QOF recorded cases of people with Mental Health issues including schizophrenia, biopolar affective disorder and other psychoses registered with GP practices (2015/16)



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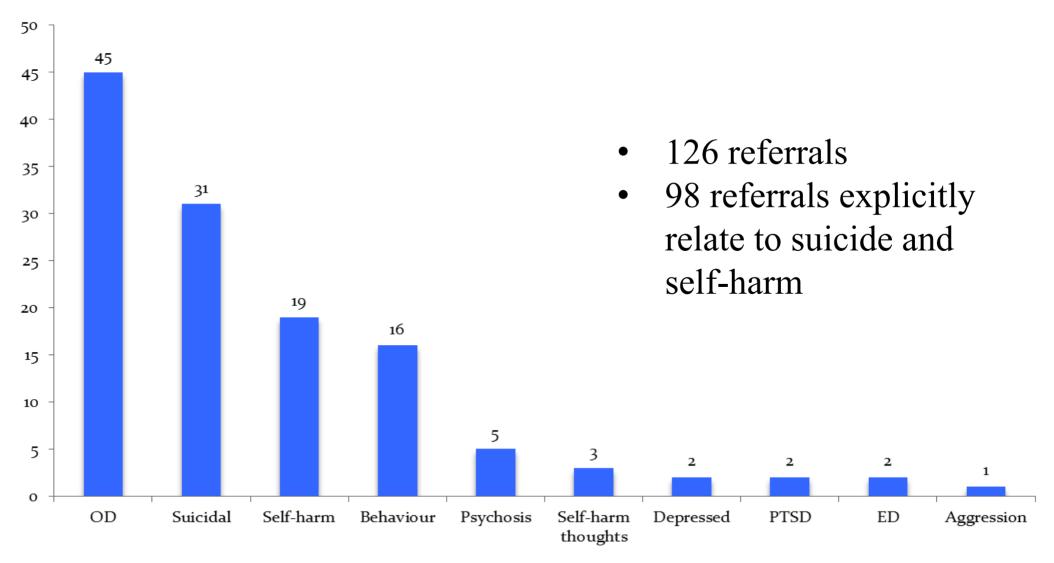
5th highest hospital admission rate for self harm





Referrals to CAMHS Crisis Team (Jan- April 2017)

Reasons for Referral



What works? Case Study Examples

- Kent: targeting middle-aged men with a marketing campaign
- Brighton & Hove: patrolling high-risk areas Warwickshire: training GPs to help prevent suicides
- Leeds: supporting those bereaved by suicide
- Torbay: getting barbers to help young men