

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

25<sup>TH</sup> OCTOBER, 2011

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**SUICIDE PREVENTION TASK AND FINISH REVIEW GROUP –  
FINAL REPORT**

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**SUMMARY REPORT****Purpose of the Report**

1. To report the Suicide Prevention Task and Finish Review Group response to the recent Department of Health consultation.

**Summary**

2. In response to a consultation launched by the Department of Health on preventing suicide in England the former Health and Well Being Scrutiny Committee, at its meeting held on 30th August, 2011, agreed to establish a Task and Finish Review, consisting of all its Members to respond.
3. The consultation was launched on 8<sup>th</sup> August, 2011, for a 12 week period, which closed on 11th October, 2011.
4. There is no single approach to suicide prevention. It necessitates a broad co-ordinated system-wide approach that requires input from a wide range of partner agencies, organisations and sectors. People who have been directly affected by the suicide of a family member or friend, the voluntary, statutory and private sectors, academic researchers and Government Departments had the opportunity to contribute to a sustained reduction in suicides in England.
5. All Members of the Committee were invited to attend a workshop on 28<sup>th</sup> September, 2011, to discuss the consultation which was facilitated by NHS County Durham and Darlington.
6. After that event, a meeting of the Suicide Prevention Task and Finish Review Group was arranged and Members who attended that event met to discuss and formulate a response, a copy of which is attached as **Appendix 1**.
7. Following agreement of the Task and Finish Review Group the response was sent to the Department of Health, ahead of the closing date.

**Recommendations**

8. It is recommended that the Health and Partnership Scrutiny Committee note the response and give retrospective approval to the response appended to the report.

**Paul Wildsmith,  
Director of Resources**

## Background Papers

Department of Health – Consultation on Suicide Prevention in England

Abbie Metcalfe: Ex2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Carbon Impact	There are no issues relating to carbon impact which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report does not impact on a particular Group, but Darlington residents as a whole.
Budget and Policy Framework	This report does not recommend a change to the Council's Budget or Policy Framework.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	This links to the Theme 3 "Healthy Darlington". Specifically addressing health inequalities to narrow the gaps in health and well-being and life expectancy.
Efficiency	This report does not identify specific efficiency savings.

## Consultation on Preventing Suicide in England: A cross-government outcomes strategy to save lives

### Consultation reply form

Please reply to as many of these questions as possible. We encourage responses from anyone interested in the issues raised in this document.

We would find it particularly helpful for you to refer to any research or evaluation evidence that supports your views. We would also like to hear more about proven measures in place in your local area which bring measurable benefits to your own community.

If you need more room to answer any of the following questions, please continue on a separate sheet, clearly marking the question number.

#### Area for action 1: Reduce the risk of suicide in key high-risk groups

1. In your view, are there any additional measures or approaches to reduce suicide in the high-risk groups that should be considered for inclusion? What evidence can you offer for their effectiveness?

**Darlington Borough Council's Health and Partnerships Scrutiny Committee welcomes the consultation.**  
**Good collaboration of all agencies including voluntary sector.**  
**Accessibility in the broadest sense for all.**  
**Work to destigmatise getting help.**  
**Greater awareness raising is required.**

2. In your view, are there any other specific occupational groups that should be included in this section? If so, what are the reasons for inclusion?

**It can happen to any unlikely candidate.**

#### Area for action 2: Tailor approaches to improve mental health in specific groups

3. In your view, are the most appropriate groups considered, including any groups where there are issues relating to equality?

**We welcome the inclusion of veterans and the recognition that incidents of PTSD will increase in the future.**  
**Additional concerns:- Dual diagnosis – people with drugs and alcohol problems appear to be 'falling through the net' (get clean before get help).**  
**Elderly linked with Alzheimer's.**  
**Untreated depression – unwilling to get help/denial.**  
**Suddenly unemployed with assets but no cash.**

4. In your view, are there additional measures or approaches to reduce suicide in the identified groups that should be considered for inclusion? What evidence can you offer for their effectiveness?

**Health Needs Assessment for local Travelling Community – detailed issues relating to emotional well-being.  
Evidence of copycat suicide incidents – community intervention and support required (specifically young people).  
Follow up post discharge from secondary care should take place.**

**Area for action 3: Reduce access to the means of suicide**

5. In your view, are there any additional means of suicide that should be considered?

**No local evidence**

6. What additional actions would you like to see taken to reduce people's access to the means of suicide? What evidence can you offer for their effectiveness?

**Lots of work going on in Schools promoting the dangers of railway deaths.  
Health and Safety issues should be considered as part of the planning process in respect of high buildings, bridges and car parks  
Additional comment:- More explicit information of what happens and the consequences following suicide.**

**Area for action 4: Provide better information and support to those bereaved or affected by a suicide**

7. What additional measures would you like to see to support those bereaved or affected by suicide? Please comment on how this help could be provided effectively, and appropriately funded.

**Government funding for organisations such as CRUISE and Samaritans.  
Specialist Groups such as MIND and Drug and Alcohol Action Teams.**

8. What additional information or approaches would you like to see provided to support families, friends and colleagues who are concerned about someone who may be at risk of suicide? Please comment on how this help could be provided effectively, and appropriately funded.

**Access to information.  
Awareness training for GPs/HR/Nurses/Health Visitors/Social Workers, etc.  
Better signposting.  
Campaigns and promotion of contact details to be public responsibility and funded.**

**Area for action 5: Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour**

9. In your view, are there any additional measures or approaches that could promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media?

**Work with the media to promote helplines and available support when reporting a suicide.**

10. In your view, are there additional approaches that could be considered for the internet industry in England to maximise the positive potential of the internet to reach out to vulnerable individuals?

**Information available to signpost people to appropriate advice and support in areas such as debt advice, relationships and bereavement online.  
More could be done to utilise social networks.**

#### **Area for action 6: Support research, data collection and monitoring**

11. Is there additional information available that could be collected at a national and local level to support the suicide prevention strategy?

**Monitoring of self-harm incidents.  
Collating levels of depression from information provided by relevant groups.  
Identify emerging patterns and clusters of incidents of suicide.**

12. In your view, where are the gaps in current knowledge of the most effective ways of preventing suicide?

**Lack of information sharing and joint collaboration between agencies and organisations.**

#### **Making it happen locally and nationally**

13. Are there examples of local good practice that could be disseminated to other areas?

**Darlington CAB – outreach male debt advice sessions.  
Local Samaritans service.  
Partnerships being forged locally.  
Awareness of elected Members of the suicide prevention agenda.**

14. What other local and national approaches could be developed to ensure the implementation of the strategy?

**Routine screening for long term depression to identify those at risk and other alternative therapies.  
Follow up post discharge from secondary care by a variety of means.  
Local partnerships with Police to provide suitable accommodation and support in custody suites.  
Media awareness both locally and nationally.**

15. What issues should the Department of Health be considering as we develop any potential indicators in the Public Health Outcomes Framework relevant to suicide prevention?

### **Impact assessment**

The following questions relate to the consultation impact assessment published alongside the draft strategy.

16. What approaches would you suggest to measure progress against the objective to provide better support for those bereaved or affected by suicide?

**Primary research in a qualitative manner speaking to the bereaved, providing an initial baseline point to undertake further research in the future.**

17. Do you have any comments and evidence on the costs and benefits of targeting suicide prevention training at groups other than GPs?

**The introduction of CAB debt advice recently should impact on improving the health and well-being of those at risk of suicide. This should be cost effective as it's funded by a small grant and welfare benefit advice brings additional money to clients and the community.**

18. Are you able to offer any evidence on the number of public sites in England frequently used as locations for suicide?

**Railway lines are regularly used for suicides.**

### **Any other comments**

19. Is there any other information or comment you wish to add?

**We need to emphasise the need for a cohesive coordinated approach to suicide prevention. Highlighting awareness and the help and support available is essential.**

You do not have to complete the sections about your personal background if you prefer not to. However the information is confidential and will only be used to assess whether the responses we receive represent a balanced cross-section of views from across society.

Name:

HEALTH AND PARTNERHIPS SCRUTINY COMMITTEE

If you are responding on behalf of an organisation or interest group, please indicate the name of the organisation:

DARLINGTON BOROUGH COUNCIL

Your role within the organisation or group:

DEMOCRATIC OFFICER

Gender

Female  Male  Transgendered  Rather not say

How old are you?

Under 18  18-24  25-34  35-54  
 Over 55  Rather not say

Ethnicity:

<input checked="" type="checkbox"/> White - British	<input type="checkbox"/> Asian/Asian British - Pakistani
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Asian/Asian British – Bangladeshi
<input type="checkbox"/> White – Other	<input type="checkbox"/> Asian/Asian British – Other
<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Black/Black British – Caribbean
<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Black/Black British – African
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Black/Black British – Other
<input type="checkbox"/> Mixed – Other	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian/Asian British - Indian	<input type="checkbox"/> Other

Other: please specify below

Do you consider yourself as a person with a disability?

Yes  No

If yes, please specify

Would you say that you have experienced mental health problems, either recently or in the past?

Yes  No