

Mental Health Suicide Report – London Region

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Introduction

Why have we all come here today?

NHS England: The Five Year Forward View for Mental Health (February 2016)

“For far too long, people of all ages with mental health problems have been **stigmatised** and **marginalised**, all too often experiencing an NHS that treats their minds and bodies separately. Mental Health services have been **underfunded** for decades, and too many people have received no help at all, leading to hundreds of thousands of **lives put on hold or ruined, and thousands of tragic and unnecessary deaths**”

NHS England: The Five Year Forward View for Mental Health (February 2016)

Reduce suicides by 10% by 2020/21

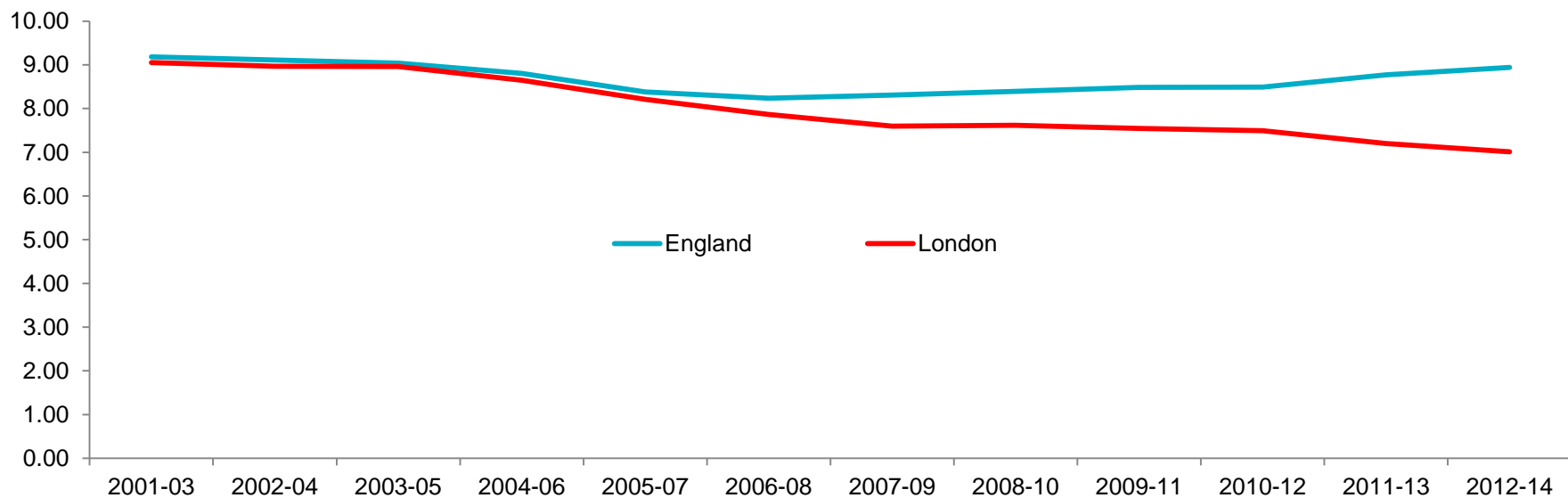
Every area must develop a **multiagency suicide prevention plan** that demonstrates how they will implement interventions targeting **high-risk locations** and supporting **high-risk groups** within their population

National confidential Inquiry into Suicide and Homicide by People with Mental Illness (July 2015) (represents data 2003 to 2013)

- The number of patient suicides has increased since 2009. This may reflect the rise in patient numbers. The increase in the number of suicides among male mental health patients appears to be greater than in the general population, the rise seems to be particularly significant amongst patients aged 45-54
- London had one of the lowest rates of patient suicide nationally
- Suicides by patients under crisis resolution/home treatment teams have increased
- The number of suicides by inpatients and those recently discharged has decreased. However, suicides of patients from out of area placements has increased
- Opiates were found to be the most common substance for overdose
- Deaths by hanging have increased
- Deaths by self-poisoning and drowning have decreased
- Deaths by jumping and multiple injuries have stayed the same
- Socio-economic factors were significant factors

Data collated by Public Health England-Suicide rates in London

Suicide rates in London, compared with England, 2001-03 to 2012-14 (age-standardised rate per 100,000 population)



Data source: PHE Fingertips, 2015

Data collated by Public Health England. Main sources of data; ONS and Mortality Statistics.

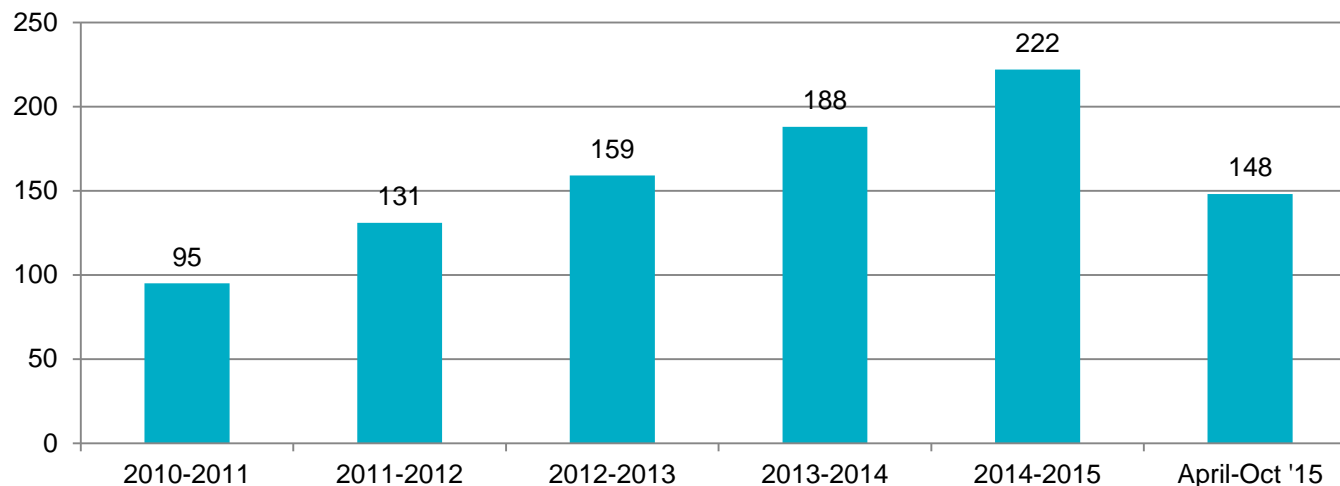
London Serious Incident Reporting

- This presentation highlights incidents reported on the serious incident reporting system; Strategic Executive Information System (StEIS)* from 2010 to October 2015.
- Incident reporting categories included suicides, attempted suicide and suspected suicides of patients receiving secondary mental health services (both inpatients and outpatients)
- All data extracted was accessed from secondary mental health services within the London region
- The purpose of this data is not for benchmarking
- These incidents reflect Trust reportable incidents prior to any inquest.

*StEIS is a tool that captures all serious patient incidents as defined by the Serious Incident Framework 2015.

Strategic Executive Information System (StEIS)

There were a total of **946 reported incidents on StEIS** from 2010 to 19th October 2015. The categories used were suicide, suspected suicide and attempted suicide

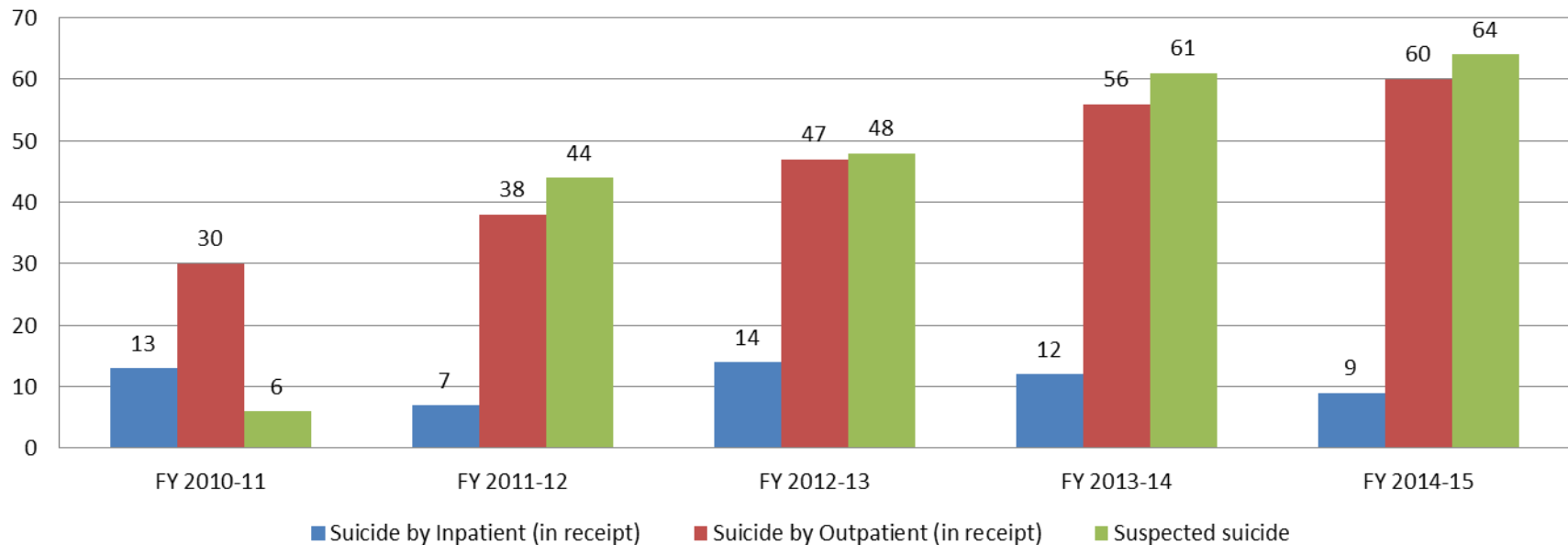


Above shows an increase in reporting of the categories suicide, suspected suicide and attempted suicide since 2010, however Public Health data indicates a decrease in actual suicides.

NHS England have observed that there has been an overall increase in all categories of StEIS reporting since 2010

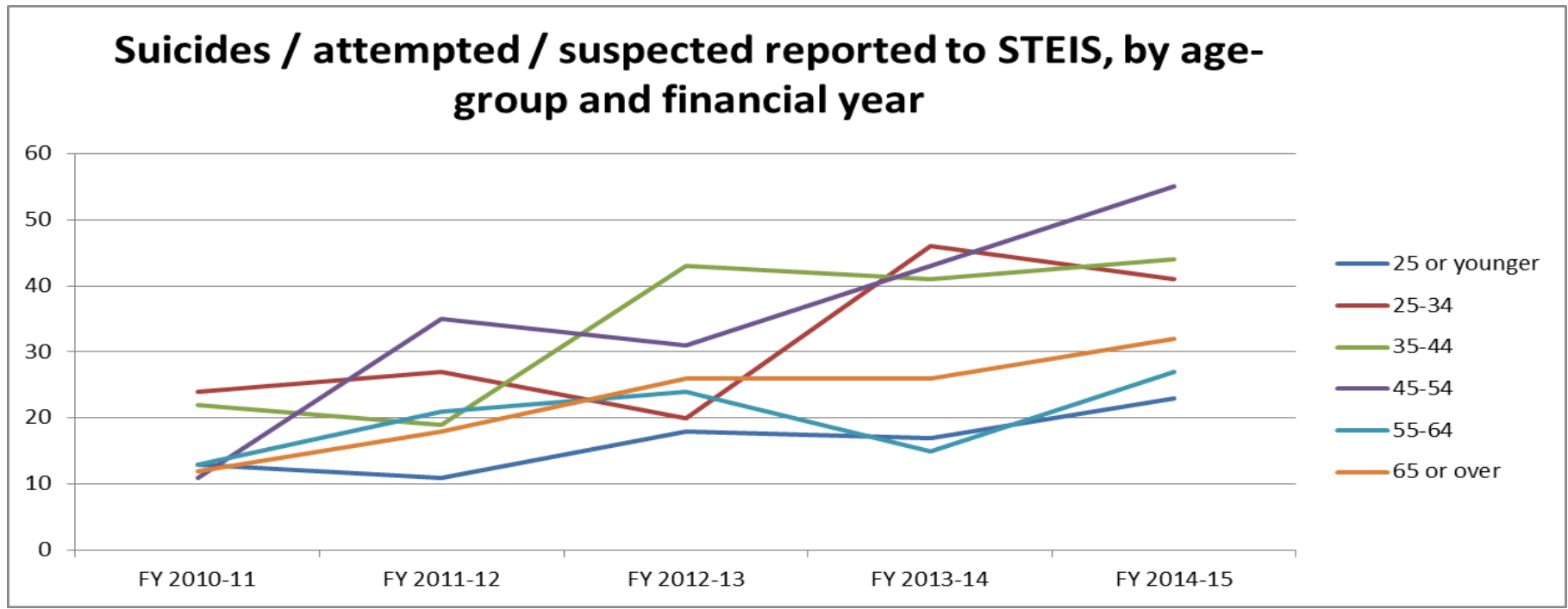
StEIS: Suicide In Receipt and Suspected Suicide – By Financial Year

Suicide In Receipt and Suspected



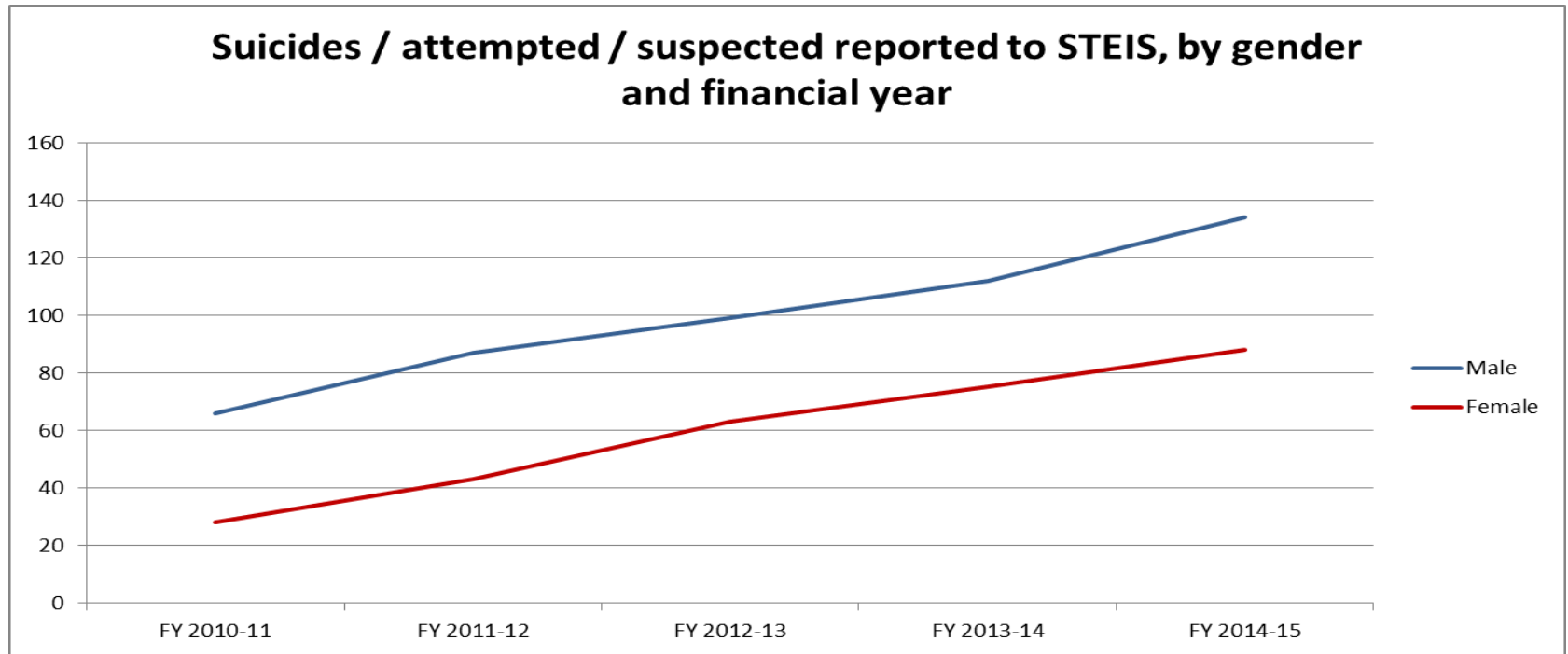
- There is an upward trajectory of StEIS reporting under the category of ‘outpatient suicides’. NCISH (2015) highlighted that the number of suicides of patients under crisis/home treatment teams was three times greater than the those occurring in mental health in-patient settings in England
- The reporting of suspected suicides has also risen
- NCISH (2015), identified London as having one of the lowest suicide rates nationally
- The rise in reporting on StEIS may be an indication of more established reporting practices

STEIS: Suicide and attempted – By Age and Financial Year



- There has been an overall increase in the reporting of suicides on StEIS in all age ranges
- The greatest increase has occurred among the 45-54 age group. This correlates with NCISH (2015) findings where there has been a 73% increase since 2006

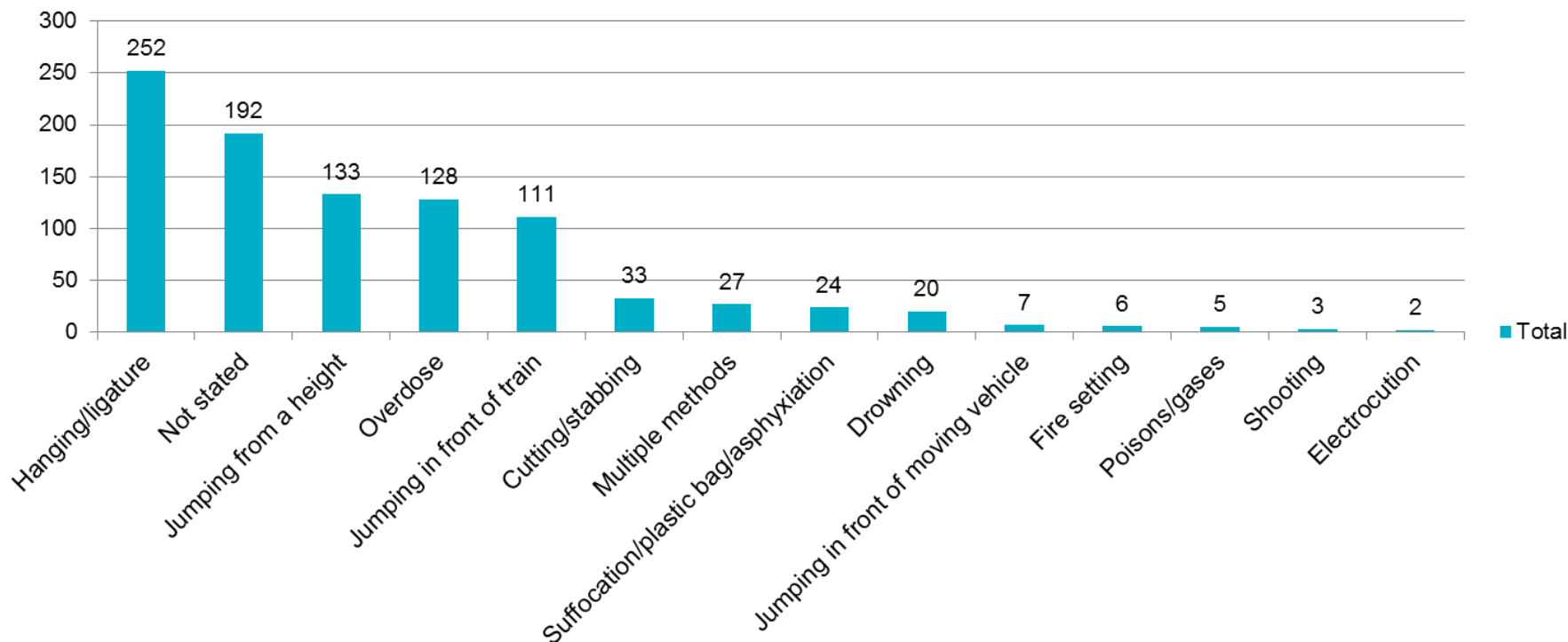
STEIS: Suicide and attempted suicide – Trajectory of reporting by Gender



This highlights the trajectory of reporting of suicide incidents on STEIS.

- There were almost twice as many incidents reported pertaining to men as to women. There were 66 suicide incidents in 2010-11, compared to 134 in 2014-15. NCISH (2015) reported this to be consistent with the national profile, they also highlighted that risk factors such as alcohol and economic pressures may have been contributory factors

Methods of patient suicide, attempted and suspected suicide 2010-2015



Above is the total figures, however, year on year hanging/ligature, jumping from a height, jumping in front of a train and overdose are consistently the highest methods of suicide, attempted and suspected suicide

Summary, London incident reporting

- Public Health data on confirmed suicides highlights a decrease across London and lower than national figures
- Across London there is an upward trajectory in the reporting of the incident categories of suicide, attempted suicide and suspected suicide on StEIS
- The incident reporting of outpatient suicides and suspected suicides has increased
- The incident reporting in London of all age ranges within the above categories has increased, with a notable increase in the age bracket 45-54 (this is in line with NCISH 2015)
- There were almost twice as many incidents reported pertaining to men as to women
- Year on year there are four main methods of suicide, attempted suicide and suspected suicide :
 - Hanging/ligature
 - Jumping from a height
 - Jumping in front of a train
 - Overdose

Next steps

We need to understand the extent to which the increase in reported incidents is as a result of more consistent reporting, or an actual increase in actual incidents or as a result of an increase in the number of patients accessing secondary mental health services:

- Is there a way of collectively getting **timely**, consistent and accurate data for multiagency use?
- How do we collectively reduce suicides by 10% by 2020/21?

Final note

We hope that the outputs from today can be used to inform and support the NHS in London in delivering the ambition of the Five Year Forward View for Mental Health to reduce Suicide by 10%

Questions?

Acknowledgements

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