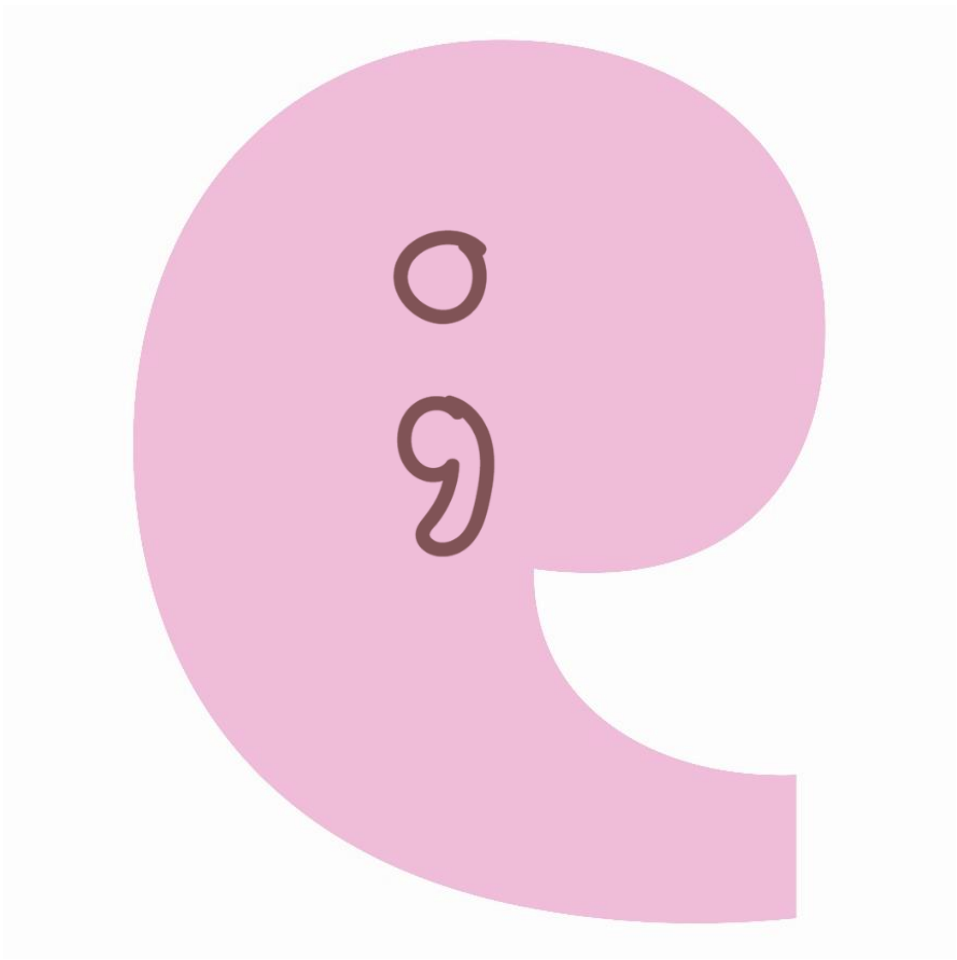
healthwatch
Isle of Wight



SUICIDE PREVENTION AND RELATED MENTAL HEALTH PROVISION ON THE ISLE OF WIGHT

December 2020

‘I’m drowning,
and you’re standing three feet away
screaming “learn how to swim.”’

C.J.

Please note that the research was undertaken before the COVID-19 pandemic and as such, offerings and opinions may have changed.

HOW TO CONTACT US

Visit us in person at the IsleHelp Advice Centre:

High Street
NEWPORT, I.W.
PO30 1UD

or online - www.healthwatchisleofwight.co.uk

Phone us - 01983 608608

Write to us - FREEPOST RTGR-BKRU-KUEL
Healthwatch Isle of Wight
Riverside Centre, the Quay
NEWPORT, I.W.
PO30 2QR

E-mail us - enquiries@healthwatchisleofwight.co.uk

Facebook - www.facebook.com/HealthwatchIOW

Twitter - @HealthwatchIW

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MENTAL HEALTH SUPPORT SERVICES

- Saneline Tel: 0300 304 7000 (365 days a year, 4.30pm-10.30pm)- emotional support for people affected by mental health illness, their families or carers
- Mind Tel: 0300 123 3393 (Mon-Fri 9am-6pm) providing advice and support to anyone experiencing a mental health problem
- You can also contact the IW Mental Health Safe Haven on 01983 520168 where trained professionals can discuss your mental health concerns and provide you with some help. This service operates Monday to Friday between 5pm-10pm and 10am-10pm (weekends and bank holidays). You can also email: safehaven@twosaints.org.uk if you prefer.
- If you are struggling and need support you can also call the Samaritans free anytime from any phone on 116 123 or email them at jo@samaritans.org

For more information and support, please visit the Isle of Wight online Community Mental Health Support Hub:
https://www.iwmentalhealth.co.uk/

INTRODUCTION

In 2019, a number of people who had been affected by suicide, contacted Healthwatch Isle of Wight. We spoke to people who had attempted to take their own life and their families and we also spoke to the families of people who had taken their own life. They shared their experiences and feelings of helplessness and frustration and their predominant driver was the need to ensure that services are improved to ensure that no one else has to go through a similar experience.

A significant number of people felt that they were sent from 'pillar to post' and they did not know who they could turn to for immediate, practical support.

As a result of the themes arising from this feedback, we decided to send a survey to GP's on the Island to ascertain their views on mental health provision on the Island and to establish their understanding of the IOW suicide pathway. This survey was sent to GP's at the beginning of 2020 prior to the covid pandemic. GP's are often the gateway to other services and are pivotal to ensuring that people's health needs are coordinated and appropriate.

Much of the feedback we received reported good feedback relating to individual members of staff, but problems arose with the systems and processes involved with the access and coordination of services.

This report was developed to reflect the views and feelings of those people who have been affected by suicide. We have used direct quotes from people who have been affected and although some of the language used in the quotes, is not that which is widely used now, we felt it was important not to change the wording or meaning of their expression.

BACKGROUND

In 2019 in England, 5316 people took their own life. According to the Office of National Statistics, this is the highest rate since 2000.

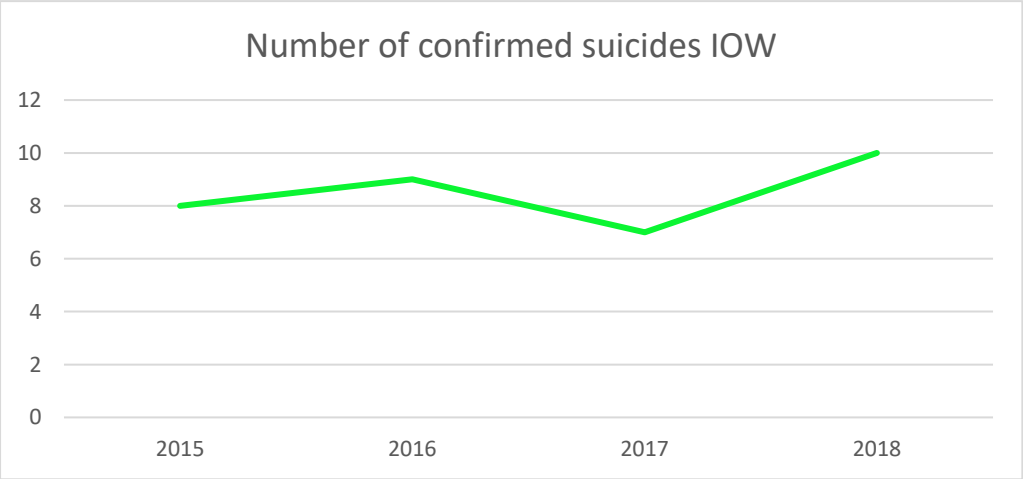
Nationally, there has been an increase over the last few years of suicide in young people and since 2016, the rate among females aged between 10 – 23 has increased significantly. Men are still 3 times more likely to die by suicide than women, with middle-aged men being the most at risk.

What about the Isle of Wight?

In 2015, the Island saw 8 suicides, 9 in 2016 and a further 7 in 2017. That number rose to 10 in 2018. At the time of writing this report, figures for 2019 had not yet been released. Because of the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered.

Confirmed suicides rose by 42% between 2017 – 2018; the same year in which the number of people who had been discharged from A & E with self-harming injuries without follow up, increased by 17%.

In May 2019, the High Court ruled that Coroners were able to change the benchmark for the ruling of suicide from 'sure' to 'more probable than not'. Figures for confirmed suicides for 2019 are therefore expected to be higher still.



Mental Health has been confirmed as one of the most pervasive contextual factors for suicidal thoughts, suicide attempts and non-suicidal self-harm.[1]

As such, it is vital to understand the background of current mental health service offerings when looking at suicide prevention.

Mental health services are always a high priority for many people on the Isle of Wight and they generally feature in the five most common services that people get in touch with us about. Historically, local mental health services have been disorganised and disjointed, leading to many adults and children not receiving the help they need, when they need it.

People have told us that they have not always received the help they need when they are experiencing a crisis in their mental wellbeing and some people have not been able to access the mental health support they need when they need it.

To address these longstanding issues, in October 2019, the IOW NHS Trust partnered with Solent NHS Trust to provide local mental health services.

The flagship partnership aimed to see Solent and IOW Trusts working together to help positively transform the services available across the island. A joint transformation team is set to lead the partnership, which is seen as a way for the two NHS trusts to share ideas and support.

The IOW Clinical Commissioning Group also set up an online mental health hub in May 2020. This has been described on the CCG website as: 'A website that brings together a wide range of local and national resources to help Islanders manage mental health issues'. This includes a range of support from local voluntary sector organisations.

Isle of Wight NHS Trust mental health services serve the local community to provide assessment and a range of treatments and services to children and adults of all ages with mental health problems, some with complex needs. Referrals can be a mixture of self-referral, by your GP or by another professional. Methods of accessing these can also differ between in-person, over the

telephone or via an online service.

The current offerings for community mental health include:

- Primary Care Mental Health Team (IAPT – Improving Access to Psychological Therapies), based in GP surgeries and referrals by GPs.
- Child & Adolescent Mental Health (CAMHS), professional referral, adolescents can self-refer.
- Community Mental Health Services (CMHS) – mental health support for adults 18+. Caters for those with severe and enduring mental disorders. Referrals only from the Trust's Single Point of Access Service, and the Trust's inpatient mental health wards.
- Single Point of Access (Mental Health Crisis Advice) – assessment team to triage patient to either CMHS or IAPT. Can be referred by GPs or can self-refer.
- NHS Mental health telephone triage service, available 24/7 via the NHS 111 helpline.
- Community Safe Haven – drop in centre for adults 18+
- Other online, statutory and voluntary sector services are also available via the online IOW Community Mental Health Support Hub

Isle of Wight Positive Minds is also available. This is an online platform to provide guidance, support and help with a range of wellbeing issues, such as mindfulness, anxiety, stress management and self-esteem.

The IOW NHS Trust recently unveiled their new approach to mental health and learning disability services which will mean that there is no 'wrong door' when people need support.

The new model for local mental health and learning disability services will deliver an island-wide network of services made up of three elements:

Local NETWORK
Low complexity services will be based and delivered locally alongside GPs and NHS community services

Island HUB
Services of moderate to high complexity will be coordinated centrally but delivered locally or as an island-wide service

ACUTE Centre
The most complex services and inpatient care will be delivered through a central acute service

The principle of 'No Wrong Door' is key – it requires mental health services in the trust, primary care, local authority and voluntary and charitable organisations to work together to meet the needs of individuals.

The mental health rehab pathway is also changing, following extensive consultation and engagement with people who have used mental health services. The emphasis will be on reablement and recovery and will start with the de-registering of Woodlands, which is currently a residential, inpatient rehabilitation unit. This will be transformed into a supported living, community service, with people being able to have their own front door key. Support will be provided to enable people to manage their tenancy, finances, travel and other essential life skills.

The Isle of Wight Mental Health Blueprint 2017 -2022, drawn up by the IW Council, IOW Clinical Commissioning Group and IOW NHS Trust, proposed to give particular focus to 3 main areas for the prevention of mental ill health. These were:

- Self-care, mental health promotion and prevention
- Enabling communities to be mentally healthy and have their say
- Reducing suicide

It was stated the existing suicide prevention strategy would be reviewed, in an effort to ultimately achieve a zero-suicide rate. It was recognised that this was a long-term goal, and so a reduction in the number of suicides became a short term one, by focusing on those who are already known to mental health services.

SUICIDE PREVENTION

Isle of Wight Public Health head up the Suicide Prevention Partnership which is a collective of organisations, dedicated to reduce suicide rates across the island. This partnership includes the Samaritans, Hampshire Constabulary, Ambulance service, Isle of Wight CCG, the NHS Trust, Healthwatch Isle of Wight, Citizens Advice, along with other organisations who have first-hand experience of dealing with those struggling with suicidal thoughts.

This current group is a reincarnation of previous ones that have reconfigured, and as such is still in its infancy. The Island has not seen a reduction in suicide rates in recent years.

The Coroner provides a Prevention of Future Death Notice in the event of a suicide, where factors that led to that outcome could be improved. This has led to the re-instating of the Samaritan signs across the Island[2]

A sign used at an IOW location, January 2020

Public Health regularly audit the confirmed suicides to look at the circumstances in which that person died. Taking into account their age, sex, socio-economic situation, they are able to piece together who they believe are the most at risk. Once they have those audits, they can then look at the areas in which they need to focus on, in terms of suicide prevention.

Through Public Health's auditing of confirmed suicides (and in line with national data), it is believed that those who are most at risk are males aged between 40 and 60; those experiencing mental and emotional health problems, job loss, relationship breakups, bereavement; people who are socially isolated; people with long term and chronic health conditions; people who misuse alcohol and other substances and people who self-harm, in particular young people who have experienced a traumatic childhood.

As those are the most 'at risk' demographics, suicide prevention should ultimately be focused on those particular areas.

However, there is an argument to be had that due to the timescales for confirming suicides, the auditing is almost too far after the fact to be useful. A more reactive approach with real-time suspected suicide figures from Hampshire Constabulary may prove far more useful.

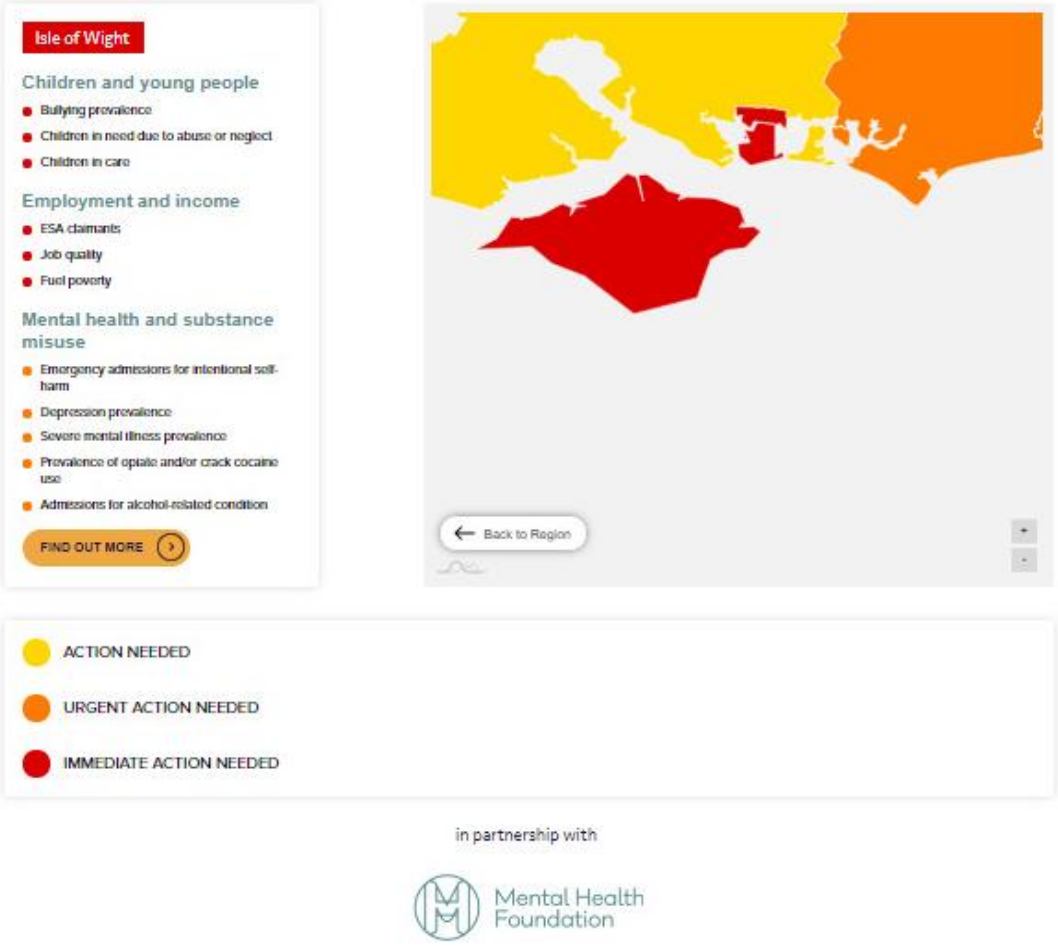
General factors known to increase the risk of suicide include those already highlighted in addition to prior suicide attempts, access to lethal means and **knowing someone who died by suicide, particularly a family member.**

Suicide prevention training is provided by the Samaritans to organisations and schools across the country. In terms of the 'at risk' demographics, it would be helpful to understand the training that has been given to those who come into contact with the higher risk groups, such as the job centre, social workers, voluntary sectors such as Jigsaw; Barnardo's, schools and any other relevant organisations.

"My daughter tried to commit suicide* about 5 years ago….. She had been going to CAMHS before this who, quite frankly, promised her so much and delivered on nothing."

*** (die by suicide)**

Zero Suicide Alliance developed a social risk factor map in partnership with the Mental Health Alliance. This looked at social risk factors related to suicide risk in each area within England. This identified that the target areas for immediate action in suicide prevention on the Isle of Wight were children in care, children in need due to abuse or neglect and those who have been bullied. They also identified those who were in receipt of benefits or in fuel poverty were also in need of immediate attention.



This interactive tool also, highlighted for urgent attention, those people experiencing mental health problems and substance misuse.

SUICIDE STRATEGY

The Director of Public Health has the lead for suicide prevention on the Isle of Wight and is ultimately responsible for local authority suicide prevention action plans.

The Suicide Prevention Plan for 2018 – 2021, set out to goal to reduce the numbers of suicides by 10%. This is to be achieved by the end of 2021.

The Strategy has identified 4 main themes for improvement:

1) **Improving knowledge and understanding of suicide risk.**
   a) Working to promote positive mental wellbeing with the voluntary and public sector and local businesses.
   b) Promoting key, targeted messages around mental wellbeing.
   c) Continue to work with media to ensure they report suicide in line with the Samaritans' guidance.
2) **Training people to deal with suicide.**
   a) Increase training opportunities for suicide prevention.
   b) Work collaboratively on the 'zero approach'.
3) **Postvention and bereavement support.**
   a) Expand the availability of the 'Help is at Hand' booklet.
   b) Work with organisations that offer support post-suicide to develop an offer for the whole of the Isle of Wight.
   c) Develop a postvention protocol for schools and workplaces.
   d) Support real time surveillance programme to understand suicide and enhance postvention.
4) **Improve knowledge at a local level.**
   a) Put in place a system that supports collection and sharing of data from a variety of sources that will strengthen the evidence base to enable informed action.

This strategy came under scrutiny in 2019 after it was branded 'unfit for purpose' by a local councillor, who was concerned that community groups had not been approached when developing the document.

SELF-HARM Vs SUICIDE

NHS England defines self-harm as *'when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.'*

Self-harm is prudent to discuss when looking at suicide prevention, as although those that self-harm do not necessarily have the intention to end their own lives, a significant number of those who die by suicide have a history of self-harm.

Self-harm can include cutting, burning, poisoning or intentionally hurting oneself by any other means. It can be met with some derision by some who believe that it is the remit of teenage girls who are going through 'a phase', a sentiment expressed whilst researching this paper. This derogatory approach is neither helpful nor fair.

On the island, the rate of self-harm by males is on the increase and self-harm between the ages of 31-45 is still significant. By trivialising self-harm as an adolescent pass-time, a view which can be held by public and professionals alike, there is a risk that appropriate care is compromised? Do those who self-harm get the same level of support and attention as they would with any other mental health issue or physical ailment?

Although it is important to stress that many of those who self-harm do not do so with the intention of ending their lives, the risk of suicide increases up to 50-fold in the year after self-harming.[3]

According to 2018-2019 Public Health data, the rate per 100,000 of adults who present to Accident and Emergency for self-harming injuries in England is 193.4, with the South East of England 199.7. The Isle of Wight has a rate of 227.5.[4]

A & E DATA

After initial requests for data were rejected, Healthwatch placed a Freedom of Information request to the Isle of Wight NHS Trust to request the following information:

- The number of admissions to Accident and Emergency, presented as attempted suicide
- The number of admissions to Accident and Emergency, presented as self harm

We requested the data for the last 5 years, up to 31st December 2019.

To supplement that data, we also wanted to know the age and sex breakdown of those admissions. Were these people sent home with a discharge summary sheet? What was the pathway for those – i.e. were they sent home, or were they referred to primary or secondary care or offered any follow up?

We received the following response.

"Patients meeting the criteria as set out by the requestor have been identified either by a diagnosis of "Deliberate Self Harm" or "Deliberate Self Poisoning" from Jan 15 – Mar 18 or via an injury intent type of "Self-Inflicted Injury" from April 2018 onwards. They have then been categorised as either having self-harmed or attempted suicide based on the presenting complaint captured by the Emergency Department (ED) service.

The difference in methodology from April 18 relates to a significant change in the collection and reporting of ED data driven by the implementation of the Emergency Care Dataset.

Please note. We have responded to this request based on patients who have attended A&E (ED) and not necessarily patients who are subsequently admitted to hospital. We do not provide discharge summaries for patients that are

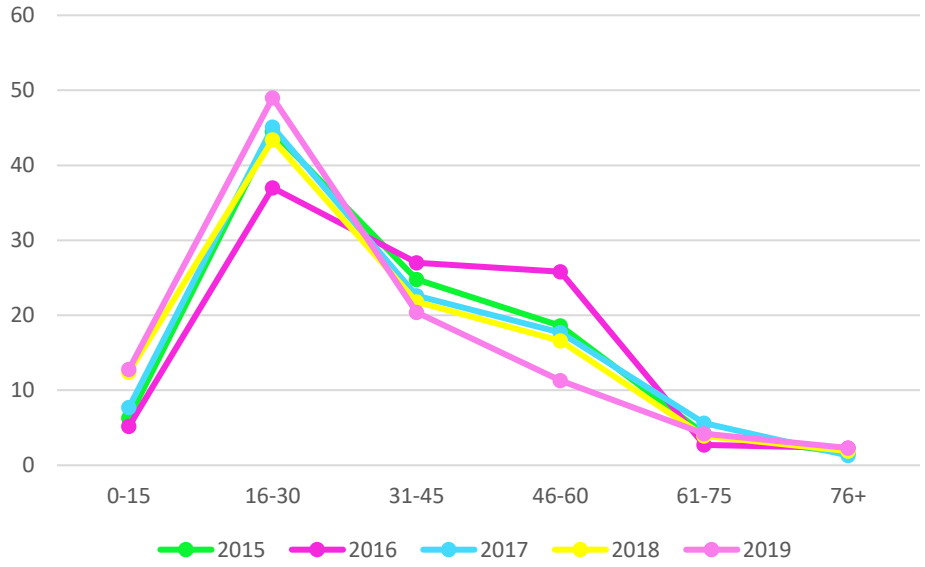
discharged from A&E (ED), this would only happen where patients are admitted to hospital as an inpatient. Therefore, we have not been able to respond to your question regarding discharge summaries. "

The data is best viewed split between self-harm and suicide.

Self-Harm

		2015	2016	2017	2018	2019
Self-Harm	Male	177	204	227	255	237
	Female	392	315	309	263	292
Grand Total		569	519	586	518	529

	Ages	2015	2016	2017	2018	2019
Self-Harm	0 - 15	36	27	41	64	68
	16 - 30	253	192	242	225	259
	31 - 45	141	140	121	113	108
	46 - 60	106	134	95	86	60
	61 - 75	24	14	30	20	22
	76+	9	12	7	10	12



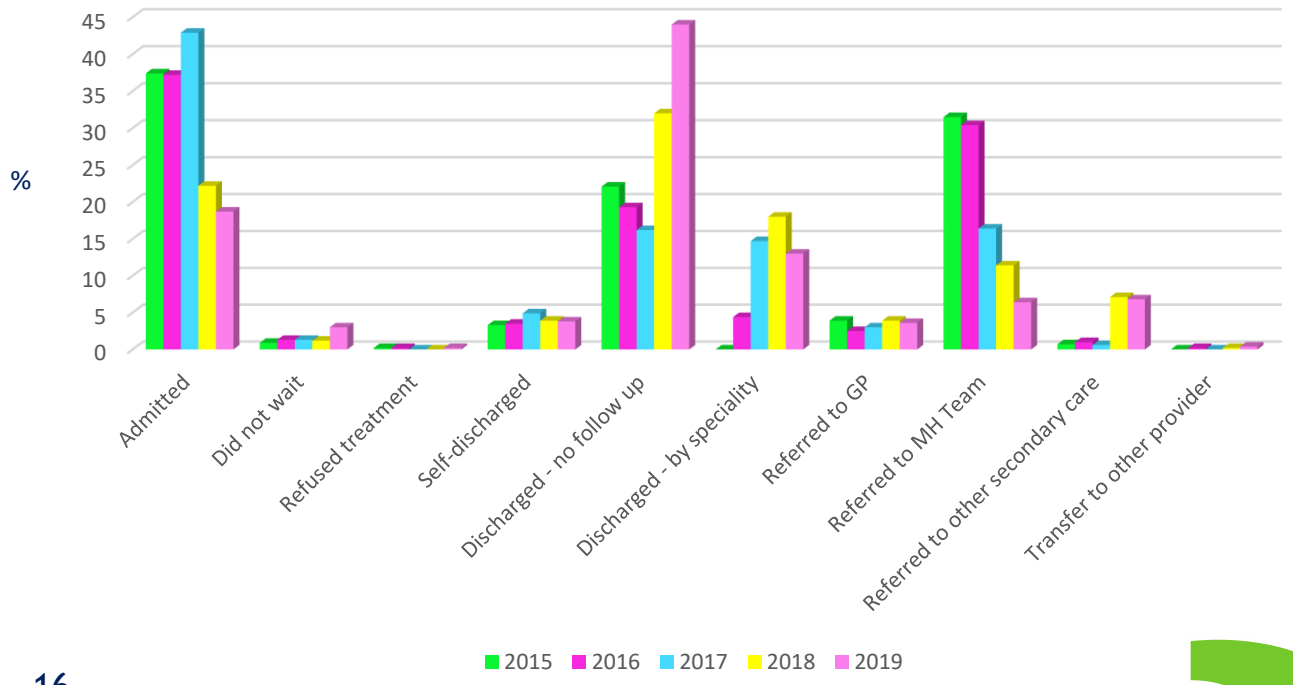
Overlaying the data for 2015 – 2019, it is clear that self-harm numbers peak between the ages of 16-30, which then dips sharply between the ages of 46-60 (although this inexplicably increased in 2016), before plateauing after 60+.

Whilst the numbers of people presenting with self-harm has stayed relatively consistent over the last 5 years, looking at the data in detail, there is a significant rise in 0-15 year olds that are arriving at Accident and Emergency for self-inflicted injuries. Over the last 5 years, this number has almost doubled.

The NICE Guidance for the treatment and management of self-harm in emergency departments states the following:

> *1.8.1.3 The decision to discharge a person without follow-up following an act of self-harm should be based upon the combined assessment of needs and risk. The assessment should be written in the case notes and passed onto their GP and to any relevant mental health services.*
>
> *1.8.1.4 In particular, the decision to discharge a person without follow-up following an act of self-harm should not be based solely upon the presence of low risk of repetition of self-harm or attempted suicide and the absence of a mental illness, because many such people may have a range of other social and personal problems that may later increase risk. These problems may be amenable to therapeutic and/or social interventions.*

Requestor Split	Outcome	Calendar Year				
		2015	2016	2017	2018	2019
Self-Harm	Admitted	213	193	230	115	99
	Did not wait	5	7	7	6	16
	Refused Treatment	1	1			1
	Self-Discharge	19	18	26	20	20
	Discharged - no follow up	126	100	87	166	233
	Discharged by Speciality		23	79	94	69
	Refer to GP	22	13	16	20	19
	Referred to MH Team	179	158	88	59	34
	Referred To Other Secondary Care Service	4	5	3	37	36
	Transfer To Other Provider		1		1	2



Looking at the data, it is possible to see that the rate of admission dropped from 42.9% in 2017 to 18.7% in 2019. This trend is mirrored with the 'discharged, no follow up', with 16.2% in 2017 and 44% in 2019.

The number of patients who were referred to the Mental Health team also dropped significantly from 31.5% in 2015 to just 6.4% in 2019. However, those who were referred to other secondary care teams grew from just 0.7% in 2015 to 6.8% in 2019 – the growth of which may account for the drop in mental health referrals. The data does not, however, tell us what the other secondary care providers were.

Whilst the rate of admission is given, we also don't know what happened to those patients who were then subsequently discharged.

Suicide

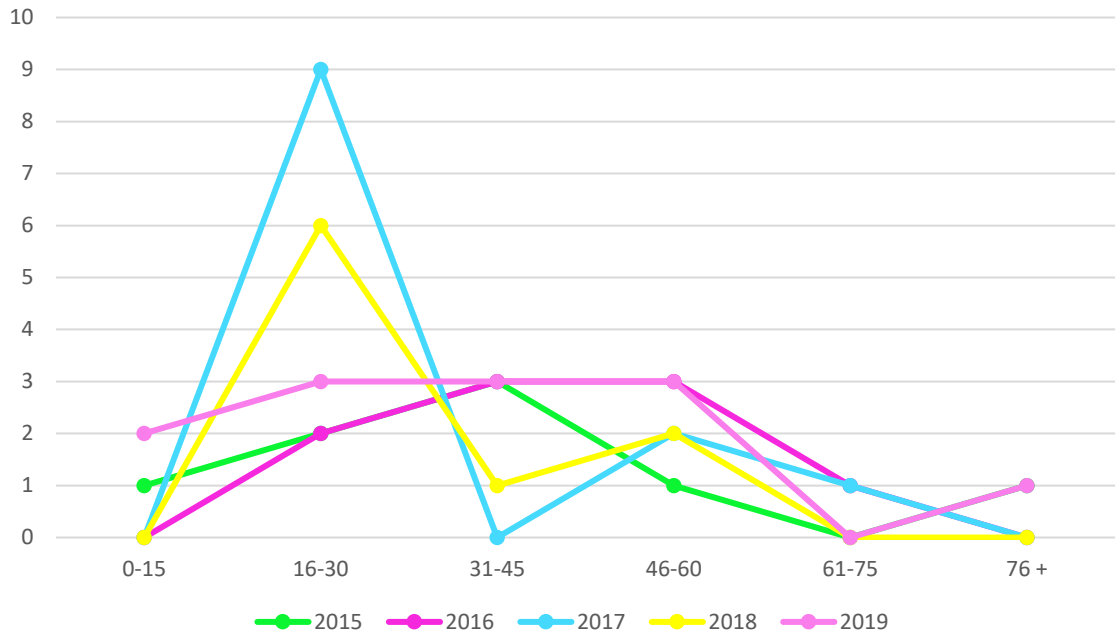
Data given for attempted suicides should be read with the background knowledge that those who survive a 'medically serious' suicide attempt have a poorer outcome in terms of life expectancy. At least one person in every 100 who is hospitalised after an attempt, will take their own life within a year, and up to 5% over the following decade.[5]

Over the last 5 years, the number of people arriving at Accident & Emergency after attempting to take their own life has increased by 67%.

The data below cannot tell us what happened to the patient once they were admitted, merely that they were.

		2015	2016	2017	2018	2019
Attempted Suicide	Male	5	4	6	7	9
	Female	3	5	6	2	3
Grand Total		8	9	12	9	12

Requestor Split	Age Band	Calendar Year				
		2015	2016	2017	2018	2019
Attempted Suicide	0 - 15	1				2
	16 - 30	2	2	9	6	3
	31 - 45	3	3		1	3
	46 - 60	1	3	2	2	3
	61 - 75		1	1		
	76+	1				1



"Crisis mental health team only providing telephone consultation is not helpful for patients who are suicidal and advising suicidal patients to attend A&E if they need to be seen."

Looking at the overlay the data presents, it is clear that men are far more likely to attempt to take their own life through suicide, with the ages of 16-30 the most 'at-risk'. This is interesting, as nationally and historically, the most 'at-risk' group are middle-aged men. If the correct support was given to those who had attempted suicide, one must question whether this demographic would change.

It is clear that suicide is an emotive subject, but is one that must be discussed. Suicide is never an inevitable part of life, but is preventable if people are given the right information and support. People have told us that conversations surrounding suicides in older people can be met with some complacency. Regardless of a person' age, health status or social demographic, both prevention and postvention work should focus on people's need for support at a particular time in their life and people should be more aware of the warning signs which may indicate that risks are increasing.

Requestor Split	Outcome	Calendar Year				
		2015	2016	2017	2018	2019
Attempt Suicide	Admitted	5	4	4	3	5
	Did not wait	1				
	Self-Discharge				1	
	Discharged - no follow up			3	1	3
	Discharged by Speciality		4	3	2	4
	Refer to GP			1		
	Referred to MH Team	2	1	1	2	

In 2019, 25% of those who presented at Accident & Emergency with a suicide attempt were discharged with no follow up.

POST-VENTION

"A suicide is like a pebble in a pond. The waves ripple outward."[8]

Postvention refers to the 'actions taken to support the community after someone dies by suicide' (SOBS UK). This is in order to 'prevent adverse outcomes, including suicide and suicidal ideation.' [6]

When a suicide is suspected, the police will attend the scene. They will then fill in a 'Sudden Death form (G28)'. Help is at Hand is a booklet which has been put together by Public Health England and the National Suicide Prevention Alliance to help those bereaved by suicide. Our local Help is at Hand booklet is currently Hampshire based, and although the Samaritans are signposted to, such some of the contacts at the back do not have representation on the Isle of Wight.

The officer at the scene of a suspected suicide will provide the immediate family with a Help is at Hand booklet and ask if they would like to receive counselling and support. If this is taken up, which most are, then postvention support is put in place, in terms of counselling and signposting. If this is not, then currently, no follow up is undertaken.

In 2016, University College London undertook a survey of nearly 3,500 students and staff from universities in the UK, in order to ascertain how suicide can affect bereavement. What they found was that, compared to those who were grieving losses through natural causes, those who were bereaved through suicide were 80% more likely to drop out of school or quit jobs and 64% more likely to attempt suicide themselves. [7]

Postvention training is provided by Samaritans and can be utilised within education and workplace settings. The Peach (Partnership for Education, Attainment and Children's Health) programme set up by Public Health Isle of Wight has been rolled out to primary schools is currently being trialled in secondary schools in a view to provide wider mental health support.

Other resources available include the education psychology service and Mountbatten provide bereavement counselling on the Isle of Wight and are trained to deal with suicide bereavements.

Samaritans provide media training on how to report on suspected suicides, detailing how to report on it in a non-sensationalised way sensitive to family and friends. They make the media channels aware that "media can play a positive role in raising awareness of suicide as a social and public health issue. It can inform the public about suicide, the signs to look out for and promote the fact that suicide is preventable. The media can help reduce the risk of suicide by highlighting sources of help, such as Samaritans."[10.] The Samaritans also provide additional training.

It is estimated that for every one person who dies by suicide, a further 115 people are affected, with 1 in 5 saying that it caused a devastating impact on their lives.[9] Taking these intangible costs into account, in addition to the economic ones, the Isle of Wight Council estimates that every suicide costs the island economy £1.4 million. This means that in 2018, suicide cost the island economy £14 million. With this in mind, **what is the budget for Suicide Prevention, including Postvention on the Isle of Wight?**

"I have moved to the Isle of Wight and have never felt so alone. No one listens to what you're saying, and I just get passed about. No one knows what the other one's doing."

GP SURVEY

Between February and March 2020, we wrote to 63 GPs on the Isle of Wight to ascertain their views of the provision currently being made available to those with mental health needs on the Isle of Wight.[11]

We wanted to hear the voice of the GPs who will often be the people who refers to primary or secondary mental health services, to understand their experiences of the process, progress, strengths and challenges of the current systems. We had 28 responses.

The areas where the survey uncovered concerns related particularly to the coordination of services, where some GP's feel patients are discharged too soon from secondary care, with no clear guidance or plan. Long waiting lists and a lack of organisational structure seems to be commonplace.

Whilst it is positive that 79% of GPs felt they have a clear pathway for people with suicidal thoughts, 21% felt that the pathway was unclear and /or inappropriate.

75% of GPs who responded felt that mental health services are 'Inadequate' or 'Extremely Inadequate' and not one classed it as 'Excellent' or even 'Good'.

"What would be good is if Mental Health services would treat each person as unique and not have a one way fits all. I think both adult and child services could do with a big shake up and a change of attitude."

GROUPS

There are several groups which deal with Suicide Prevention on the Isle of Wight which should be looked at in order to get a broader understanding of community provisions. Here is a sample of those organisations who provided us with some feedback and data.

The Samaritans

The Samaritans are a nationwide charity that enlists volunteers who listen to those in crisis, 365 days a year. It is estimated that a call for a Samaritan is answered every 6 seconds. They work in prisons, schools and hospitals to provide a listening service without judgement or prejudice. Their vision is that 'fewer people die by suicide.'

In addition to fielding telephone calls, they also provide support face to face when needed.

Isle of Wight media outlets are provided with their national guidelines on how to report on suicides. This includes not sensationalising suicides, not referring to the methods in which the person died, refraining from the use the words 'hot spots' etc if detailing where they died. Also included is the advice that suicide should not be made to be the front page headlines, no links to other suicide stories should be included and comments section should be switched off (if digital). These guidelines, if followed, are only done so by goodwill.

They have also provided Suicide awareness training for organisations and are linked with schools to provide training for staff and counselling for pupils if necessary.

All calls to the Samaritans are routed through a centralised system, meaning they can answered from anywhere in the UK or Eire. Data is not available for how many calls originate from the Isle of Wight, only the number of calls the Isle of Wight team handle.

In 2019, they answered 9,810 phone calls, spending 2,561 hours. They responded to 2,034 emails and 2,027 texts. They are very experienced in dealing with all levels of crisis and undertake stringent training and ongoing support to deal with the enquiries they get.

Samaritans Isle of Wight is a key member of the Suicide Prevention Team, and is relied upon by Public Health Isle of Wight to provide support where needed.

SPI IOW

Suicide Prevention and Intervention IOW is an independent organisation, led by a small team of staff and supported by a large group of volunteers.

As well as manning a dedicated phone line, their team provides vehicle and foot 'patrols' across areas on the island that are historically known places for suicides They also provide support through a 'Live Chat' function via the website and text messages.

SPI IOW estimate that they have contacted 215 times since 23rd December 2019 (up to 7th May 2020), which resulted in 41 'intervention visits'.

SPI IOW is currently not part of the Suicide Prevention partnership.

Butterflies Bereavement

A community based charity which covers Hampshire and the Isle of Wight, Butterflies Bereavement provide supports for those who have been affected by suicide. It does so in small peer groups, in particular for men. In addition to this it offers counselling services, which are available via the telephone or face to face (pre-COVID).

Since its inception in Hampshire, Butterflies expanded onto the Isle of Wight at the start of the year, with 24 families joining. It is run by volunteers with an experience of bereavement and encourages a sense of community.

Feedback from Butterflies have highlighted the following themes:

1. Media Intrusion - families felt that the press coverage was intrusive and repeated at the time of inquest.

2. The length of time between the death and the closing inquest was too long and didn't help with the grieving process.

3. There has historically been a lack of support, both at the time of need and an ongoing basis.

4. Some bereaved families feel aggrieved that Samaritans listen but they do not advise against taking of life.

5. Bereaved families feel there is little long term support for them.

6. Mental Health Teams do not provide as much support as is needed.

Butterfly Bereavement is currently not part of the Suicide Prevention partnership.

"I lost my brother to suicide November 2018. I reached out for counselling at the time as was struggling with my feelings of loss and confusion. Sadly, as I was not depressed myself, the NHS couldn't offer me any help and I could not afford private counselling. It has been a difficult road and it would have been so nice to have support and others that understand the pain of losing a loved one to suicide. It is a much overlooked loss as sadly - there is still so much stigma attached to suicide."

CONCLUSION

Suicide Prevention is something that is not spoken of much on the Isle of Wight, but when a suicide occurs it is felt deeply. Many comments flood social media and online news stories, all with the same theme – if only they had been listened to, if only they knew who they could talk to, or worse – if only they hadn't been failed. The World Health Organisation itself, acknowledges that suicides are preventable.

The phrase 'the numbers are so small on the island' is one that is heard a lot when discussing suicide and suicide prevention. 10 people died by suicide in 2018, but if you look at those who were affected using the 115 per suicide rule, it becomes 1150 people that were affected by suicide in 2018. When looking at it in those terms, the number is suddenly not so small. That doesn't include those that are affected by attempted suicide and self-harm. Due to the relatively small population size of the Isle of Wight, the number of people who take their own life is smaller than other local authority areas, some of whom may have been in ill health, homeless or elderly. But you can't ignore that any suicide is preventable and every suicide represents a failure of the system at some level.

From a financial point of view, providing appropriate support, education and information for people before they reach crisis point, would make sound financial sense both in the short and longer term.

There appears to be little to no specific budget for the explicit role of suicide prevention. Budgets tend to be collective and grouped within budgets of service providers and commissioners and is therefore not ringfenced. Suicide prevention is grouped together within the 'mental health' budget and is therefore not ring fenced. In doing so the complexities of suicide are oversimplified and underrated. Suicide isn't the just the remit of mental health, but altogether a more complex issue which has many factors contributing to the devastating conclusion.

Public Health have the ultimate responsibility for suicide prevention, but without a budget to work with, rely heavily on the shoulders of others to achieve something meaningful. Having said that, it is only through partnership working that something meaningful will be achieved. However, without a functioning hierarchy and governance structure, there is no one answerable to those who have been failed.

Hampshire and Isle of Wight STP have been allocated £468,000 (2020-2021) from NHS England for suicide prevention, to include a Suicide Prevention Programme Manager. This is to cover the whole of Hampshire and Isle of Wight with the 3 main areas of focus being men (aged 35 – 54), those who use mental health services and those who have self-harmed.

Postvention is something that would benefit from attention. Although the number of people who do not want support from the police liaison officers when asked is low, there is no follow up from those who refuse. The 'Help is at Hand' booklet is Hampshire based and an island specific one would be helpful, to provide local organisations that can provide practical and emotional support.

The Youth Trust published the results of their second youth mental health census in December 2019[13]. They received over 4500 responses from children and young people aged 7 – 24. In that report is it claimed that 40% of 11 – 24 year olds had thought about taking their own life, even if they didn't think they would act on those thoughts.

Self-harm has grown exponentially in those in the 0-15 in recent years, whilst the high level of those being presented to A & E aged 16-30 stays consistently high.

There is still much work to be done concerning the way in which suicides are reported in the local press and across the social media outlets. Many online stories do not have the comments sections disabled, and certainly at the time of inquest, the method of suicide is reported. Too often the photograph of the house or area in which the incident took place is present with the article – both unnecessary and upsetting for those involved. However, most articles do seem to include a link to the Samaritans at the end.

Public Health audits suicides from previous years to look for trends and identify those who may be 'high-risk', but often this is using historic data which may one, two or even three years out of date. The use of real time data should be used much more widely to ensure lessons can be learned without delay.

Ultimately suicide prevention can only be effective if lessons are learnt from those who have sadly lost their lives to suicide. Progress can never be made without looking back and having those people at the forefront of everything that is done. To hear their stories and to learn the lessons they left. To always have the person at the heart of every policy, every interaction and every goal.

RECOMMENDATIONS

1. Greater support to be given to those who attempt suicide and those who self-harm by mental health teams. Support to be offered to the person themselves, as well as their families.
2. Improved co-ordination between NHS Trust and the GPs of those who self-harm or attempt suicide and present to A & E. This should include appropriate sharing of information in a timely manner.
3. An island-specific version of the Help is at Hand booklet should be made available to Isle of Wight residents.
4. Follow up calls of support should be offered for those who refuse support from the police at the time of the incident.
5. A & E admissions data from the IOW NHS Trust, should be analysed and shared with system partners on a quarterly basis regarding self-harm and suicide attempts, in order to identify trends and gaps in services without delay.
6. All media outlets should be offered refreshed training on reporting on suicides – both in print, word and online, with emphasis on compassion and discretion.
7. System partners to identify specific budget for suicide prevention and postvention work.
8. Public Health and schools to work more closely together in conjunction with voluntary sector organisations to provide emotional support and wellbeing to pupils, extending or in addition to the Peach programme.
9. Samaritans, or other organisation, to provide training for school workers to identify those who may need additional emotional support.
10. Public Health to work closely with the voluntary sector to engage those people who are higher risk.
11. More information to the public about mental health support services – what is available and when they are open and how they can be accessed, both for the public and targeted at school age children.

12. Suicide prevention training to be offered to those engaging with targeted demographics.
13. There should be a thorough review of the Isle of Wight Suicide Prevention Strategy 2018 – 2021 to establish it's effectiveness.

In addition, the following recommendations were made in relation to the GP survey report:

1. All GP's should be fully consulted prior to any changes to mental health services, particularly given the focus of providing support in the community

2. All GP's should be sent a copy of the patient pathway for those people who are at risk of suicide.

3. The links between primary care and mental health teams should be strengthened and monitored with regular feedback sought from GP's regarding the quality of mental health services.

4. Support for people with personality disorders should be consistent with NICE guidance and involve a multi-disciplinary team where necessary [12]

5. The provision of mental health practitioners based within GP surgeries should be expanded to ensure people received the specialist help they need.

REFERENCES

1. http://www.natcen.ac.uk/media/1704170/Suicide-and-self-harm-in-Britain-Summary-report.pdf
2. Prevention of Future Deaths Notice – Annette Lewis 2020-0004-Redacted
3. NICE – https://www.nice.org.uk/guidance/qs34/chapter/introduction-and-overview
4. https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132834/pat/6/par/E12000008/ati/102/are/E06000046/cid/4/tbm/1/page-options/ovw-do-0
5. Hawton, K., Fagg, J. 1998, Suicide, and other causes of death, following attempted suicide, British Journal of Psychiatry, vol. 152, 359-366.
6. Andriessen K Can Postvention Be Prevention? Crisis. 2009:, 30;43-47
7. Pitman AL, Osborn DPJ, Rantell K*, et al* Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults *BMJ Open* 2016;**6:**e009948. doi: 10.1136/bmjopen-2015-009948
8. National Alliance on Mental Health
9. https://www.nami.org/Blogs/NAMI-Blog/September-2018/The-Ripple-Effect-of-Suicide
10. https://www.samaritans.org/about-samaritans/media-guidelines/suicide-facts-journalists/
11. Mental Health – a GP View – Healthwatch Isle of Wight Report, May 2020
12. NICE Guidance - https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/personality-disorders/products?ProductType=Guidance&Status=Published
13. Isle of Wight Youth Trust - https://www.iowyouthtrust.co.uk/our_story