

Joint Strategic Needs Assessment



Quarterly Newsletter / Issue 13

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Do you want to know more about preventing self-harm and suicides in the London Borough of Richmond upon Thames?

Read on for more information about work to prevent self-harm and suicides.

Welcome to the thirteenth issue of the JSNA Newsletter - a rolling publication produced by Public Health that describes the health, social care and wellbeing of local residents. In this issue we give an overview of self-harm and suicides among residents of Richmond borough.

Local authorities have a lead responsibility for suicide prevention locally, working closely with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors. This newsletter gives an update on the needs analysis that is informing local efforts to prevent self-harm and suicides.

Suicide often comes about following an episode of acute mental distress. Rates of suicide are an indicator of underlying level of mental illness in the population.

Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk factor for subsequent suicide.

If you would like to contribute to future editions of this JSNA newsletter please get in touch with us at jsna@richmond.gov.uk. We will gladly receive and consider your feedback, data, information and intelligence for future newsletter publications. The next newsletter will have a focus on loneliness and isolation.

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National and Local Strategies

The Department of Health published the national suicide prevention strategy in 2012 –

- *'Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives' (2012).*

<https://www.gov.uk/government/publications/suicide-prevention-strategy-launched>

The strategy identifies six key areas for action:

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.

Richmond Approach to prevention of self harm and suicide

Richmond is in the process of developing a framework for prevention of self-harm and suicide. This is being informed by a needs assessment and suicide audit conducted by Public Health in collaboration with the Coroner's office in 2014.

The framework is intended to ensure that actions to prevent suicide and self-harm are fully integrated within other local strategies and services relating to mental health, substance misuse, welfare support, young people and community safety.

Snapshots

National and local trends

- There were 216 emergency hospital admissions due to self-harm among Richmond residents in 2012-13. This was the tenth highest in London and significantly higher than the London rate. However, it was significantly lower than the rate in England.
- There were 33 suicides among Richmond residents in 2011-13 (average of around 16 per year). The suicide rate was 6.4 per 100,000. This was not significantly different to the rate for England of 8.8, and for London of 7.2.
- The suicide rate has been generally stable over the last ten years (although subject to fluctuations due to small numbers). Nationally, the overall trend has been a decrease in the suicide rate but with a small rise in the last four years. This is attributed to the impact of the recession and economic difficulties (Department of Health: Statistical update on suicide 2014).

Analysis of data on self harm

- Local analysis of hospital data on self harm will inform local priorities for prevention and management.
- The highest numbers and rates of both self-harm related A&E attendances and hospital admissions were in females aged 15-24, although males aged 20-24 also experienced relatively high rates of self-harm admissions.
- Almost all self-harm admissions were due to self-poisoning (92%) including alcohol, and 6% were self harm due to sharp object
- Relatively high numbers of self-harm A&E attendances and hospital admissions were from North Sheen/South Kew and Whitton areas.
- Analysis suggests that self-harm is being under-recorded in A&E.

What the Richmond suicide audit showed

- There were 105 suicide deaths in total from 2006 to 2013 and used for the audit. 42% of deaths were in women, and 58% were men. The majority of suicides occurred in young and middle aged men.
- Poisoning was the most common method for ending life (33% of male deaths, and 32% of female deaths). Hanging was the second most common method for men (23%), and drowning among women (18%). Nationally, hanging is the most common cause of suicide death among men (60%).

Risk factors for suicide

- 74% of cases had a history of mental illness (depression, anxiety and psychosis). Many had a combination of symptoms. Depression was the most common single condition (62% of cases). 52% of cases had some level of mental health service input prior to death.
- 42% of cases had a history of problems with alcohol and 27% had a history of alcohol and drug misuse.
- 39% of cases had a recorded history of previous self-harm. A history of criminal offending, alcoholism, substance misuse and mental illness were risk factors for self-harming.
- Financial difficulties, relationship difficulties and exposure to violence were important precipitating factors at the time of death.

What next?

JSNA Seminar

We are pleased to invite you to attend the Richmond JSNA Stakeholder Seminar on 29th January 2014 for presentations and discussion. Shortlisted topics include the Annual Public Health Report, the Care Act and the new JSNA website.

The seminar will run from 11:00-13:30 in the Hyde Room, York House, Richmond Road, Twickenham, TW1 3AA. For more details and to book a place, RSVP to jsna@richmond.gov.uk

Future needs assessments

Throughout the year short topic-based reports are published on the Local Authority's website, enabling key messages to be shared with local partners. Topics that are planned for future JSNA reports and newsletters include:

- *Health and wellbeing of school age children*
- *Loneliness and isolation*
- *Mental health and wellbeing*
- *Obesity (adults)*
- *Pharmaceutical needs assessment*
- *Substance misuse*
- *Urgent care (children age 0-5)*

Look out for our newsletters and have a look at some of the resources we have highlighted below. All health needs assessments and quarterly newsletters are available via: www.richmond.gov.uk/jsna.

Further resources

- *Public Health Outcomes Framework*

www.phoutcomes.info

Contact us

If you have any topics or issues you think the JSNA team could analyse, or if you would like to get involved in any of the work currently underway, please email us at jsna@richmond.gov.uk