Newham Suicide Prevention Strategy 2023-26: Evidence for Action

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Introduction

This slide pack sets out the local analysis carried out and national and local data reviewed to help inform the refreshed Newham Suicide and Self-harm prevention strategy. This includes:

- Findings from a three year suicide audit (2018 to 2021) including quantitative analysis (slides 4-26), a thematic analysis (slides 26 to 30) and a comparison of this recent audit with prior audit findings informing the previous Newham Suicide Prevention Plan (slides 31-34).
- A review of national data in terms of risk factors and recommended interventions (slides 35-39) .
- Review of wider system mental health data, including COVID-19 impacts and local service use (slides 40-52)

Newham London

SUICIDE AUDIT

CARRIED OUT IN FEBRUARY 2022

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METHODOLOGY

- The study focused on deaths from January 2018 – November 2021

- Data was obtained from 3 sources:
  - Coroner's records – covering January 2018 – May 2021
  - Primary Care Mortality Data (ICD10 codes X60-X84; Y10-Y34) – covering January 2018 – November 2021
  - Thrive (Real Time Suicide Surveillance Database) – covering March 2021 onwards

- The data will not include cases that have not been registered yet, for example those with an outstanding inquest, and will also exclude cases that were registered outside of Newham (even if the person resided in Newham and attempted to take their life there but was taken to hospital outside of Newham, they would be registered with a coroner in that borough, for example)

- The 3 data sets contain different fields, the final spreadsheet analysed contained data common to all 3 datasets, plus a few extra fields of interest unique to one or two of the datasets (for example, employment)

- The date of death is not recorded in the Coroner's data – only the date reported, however for the purposes of this audit the date reported has been used

MATCHING PROCESS

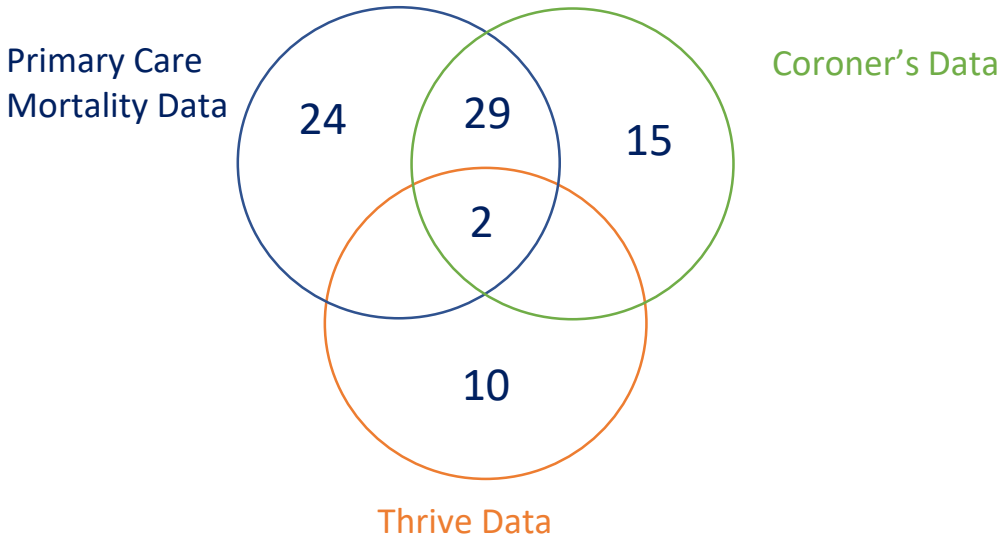
Data was combined as per the diagram on the right (total = 80)

In order to match the cases, as there was no common identifier field, data was matched using a combination of:

- Age
- Date of death/date reported (appreciating that these two fields may be different)
- Gender
- Ethnicity/Country of origin where available
- Cause of death details

There is partial overlap in the data used in this report; the 3 data sources cover different time periods (see previous slide). In addition, there was potentially a lag in recording of deaths with the coroner as a result of Covid-19. The Thrive data (a real-time database) looks at suspected suicides and the coroner data is recorded suicides.

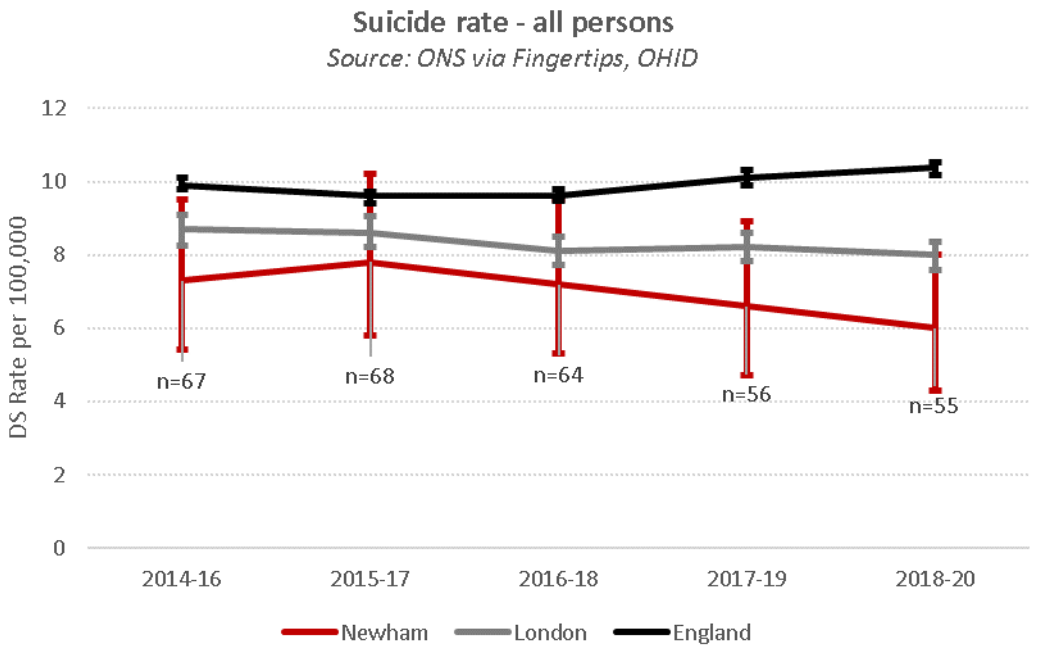
The Primary Care Mortality Data is updated every month with a 2 month lag period by the time it reaches Local Authority. There will also be a delay if the case is waiting for a Coroner's verdict.



- 2 cases appeared in all 3 data sets
- 29 cases appeared in the PCMD and Coroner's data
- 24 cases appeared solely in the PCMD
- 15 cases appeared solely in the Coroner's data
- 10 cases appeared solely in the Thrive data

TIME TREND – REGIONAL AND NATIONAL COMPARISON

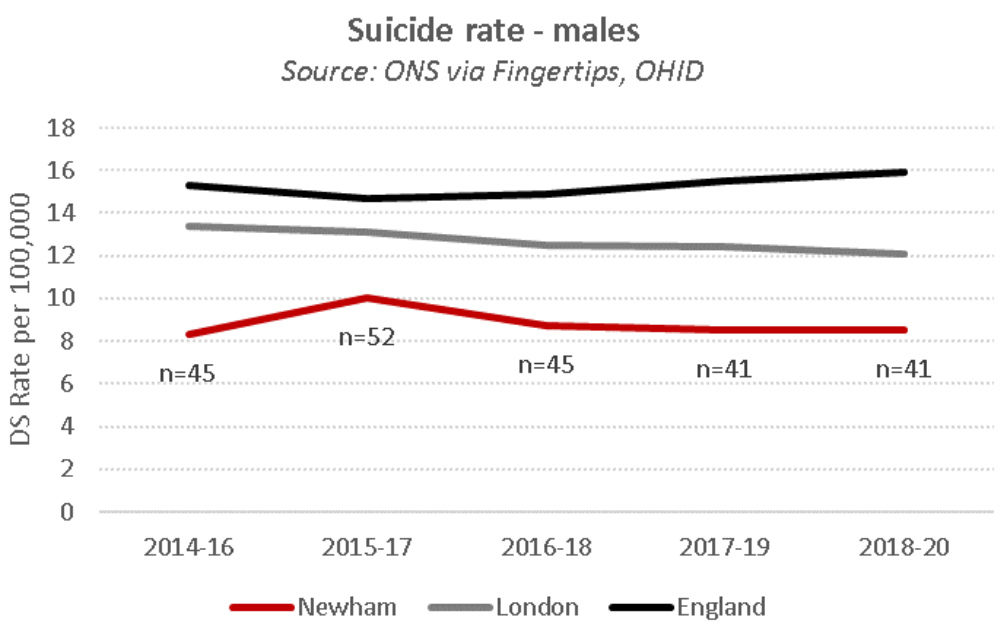
All persons

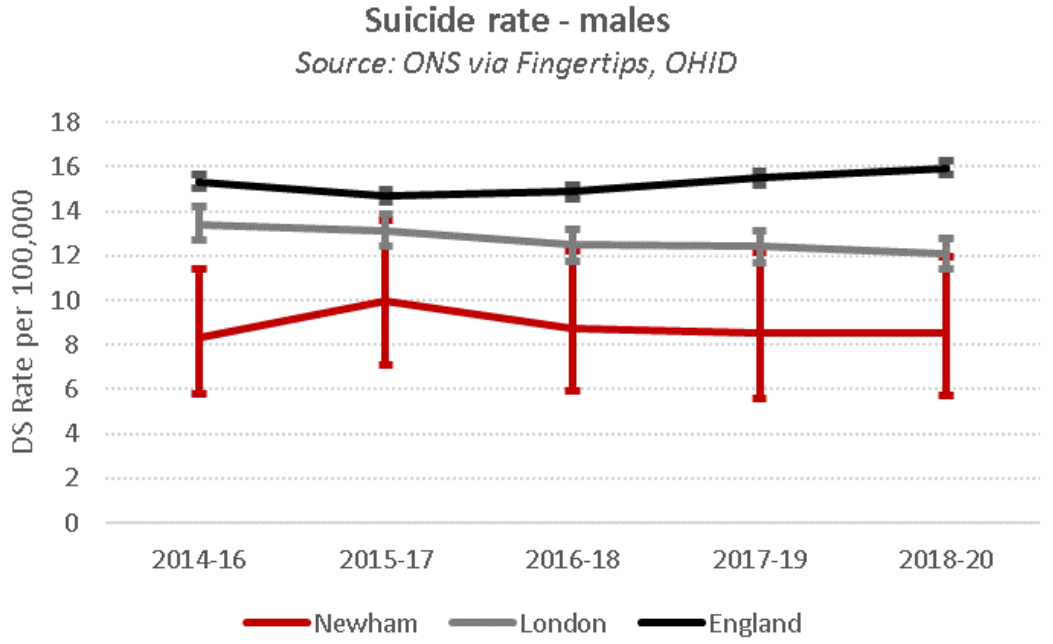


- Data is available from the Office for National Statistics (ONS) to look at trends and the graphs above show how rates in Newham compare with London and England
- The graph on the left, showing the rate for all persons, shows Newham to be significantly lower than England from 2017-19 onwards
- Newham shows no significant difference from London but has been significantly lower than England since 2017-19

TIME TREND – REGIONAL AND NATIONAL COMPARISON

MALES





- The 95% confidence intervals on the graph on the right show that Newham is significantly lower than England for male suicide rates but there has been no significant difference from London since 2015-17

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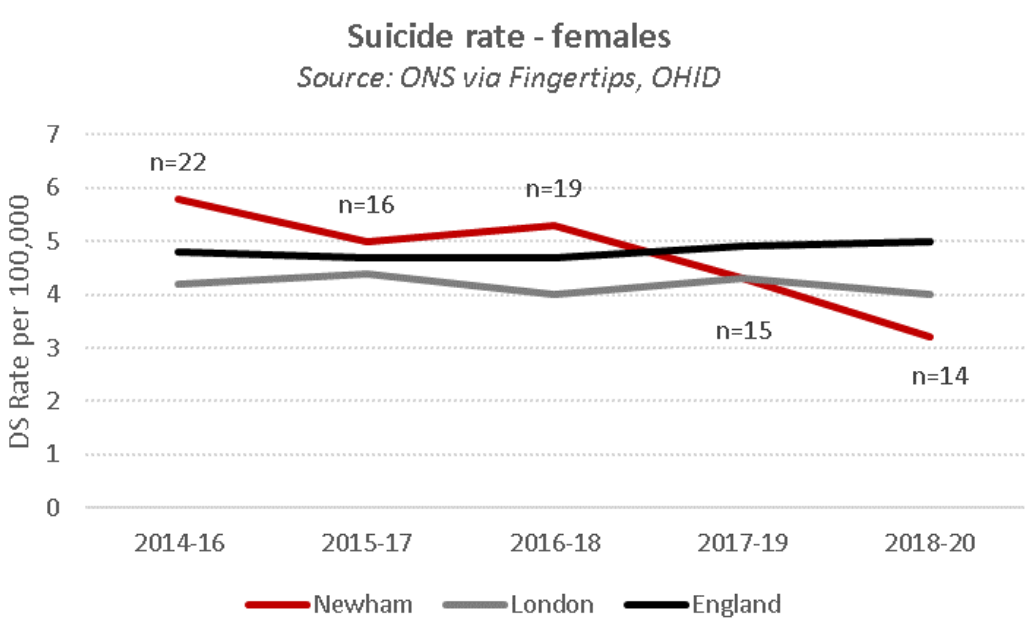
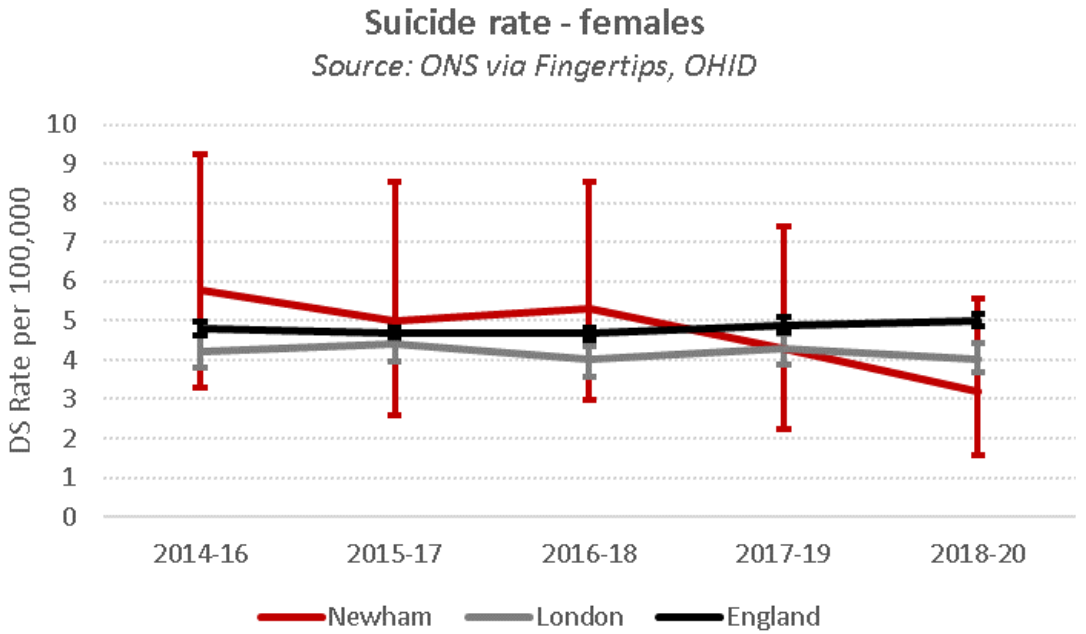
TIME TREND – REGIONAL AND NATIONAL COMPARISON

Females





- The 95% confidence intervals on the graph on the right show that Newham shows no significant difference from London or England for female suicide rates (confidence intervals are wide due to low numbers)

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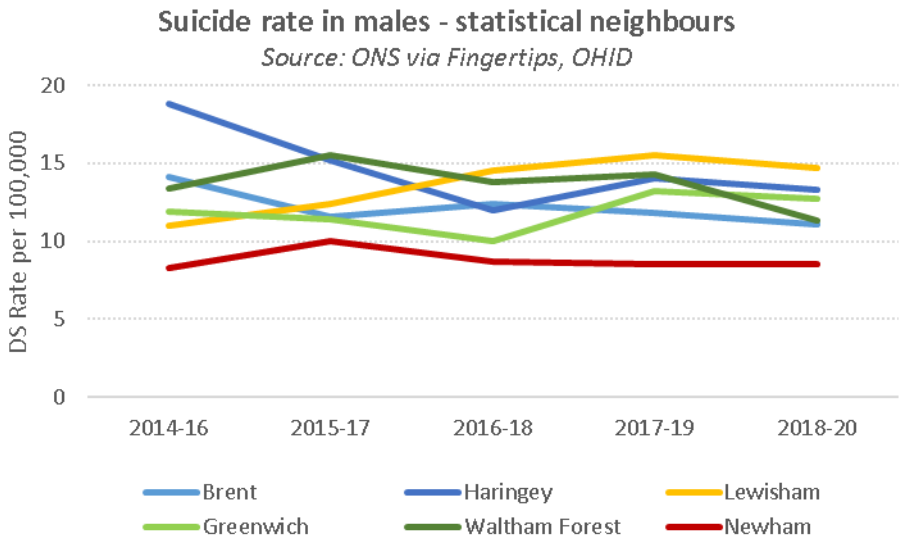
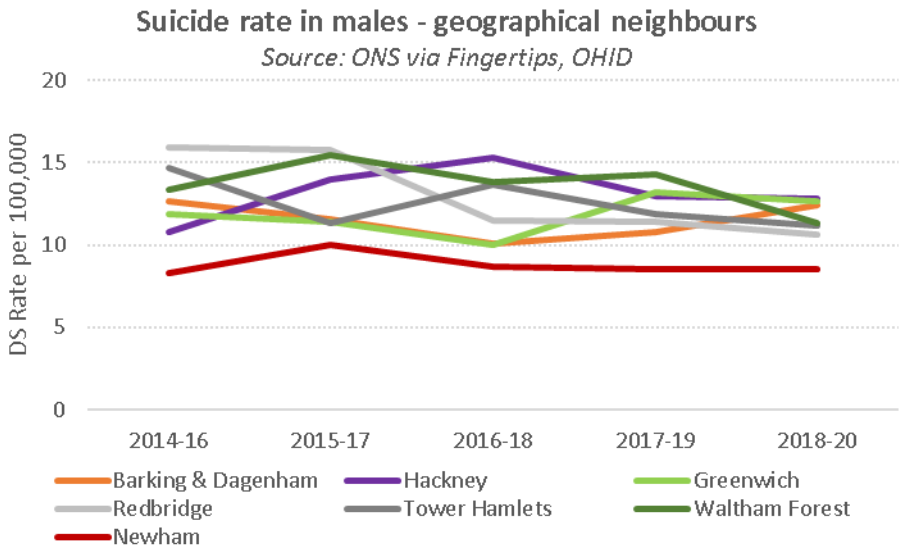
TIME TREND – LOCAL COMPARISON (MALES)

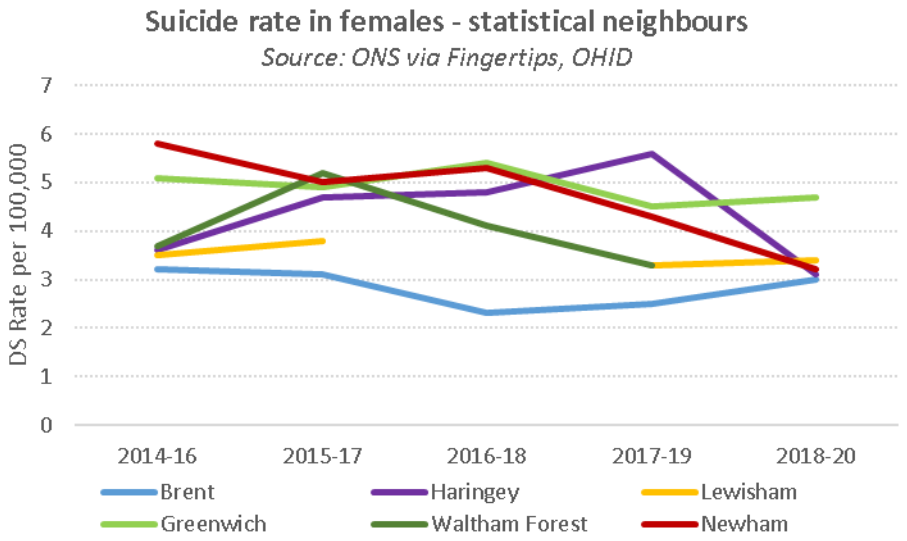


The rate for Newham has remained consistently below those of geographical and statistical neighbours



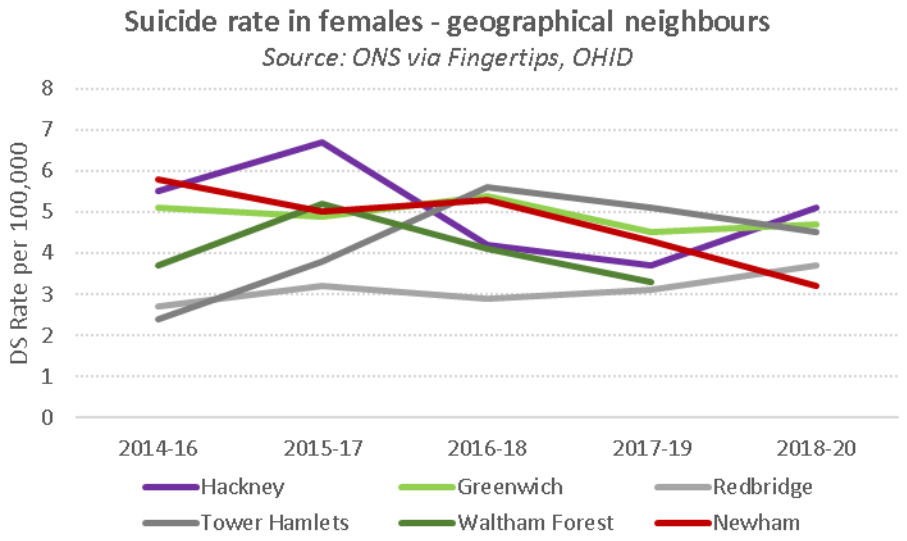
Counts	2014-16	2015-17	2016-18	2017-19	2018-20
B&D	31	30	27	26	27
Brent	60	51	54	50	46
Greenwich	38	38	35	44	43
Hackney	34	42	43	39	40
Haringey	55	46	38	46	44
Lewisham	47	48	57	53	54
Newham	**45**	**52**	**45**	**41**	**41**
Redbridge	50	51	39	40	37
Tower Hamlets	51	46	52	51	48
Waltham Forest	50	52	49	48	42

TIME TREND – LOCAL COMPARISON (FEMALES)



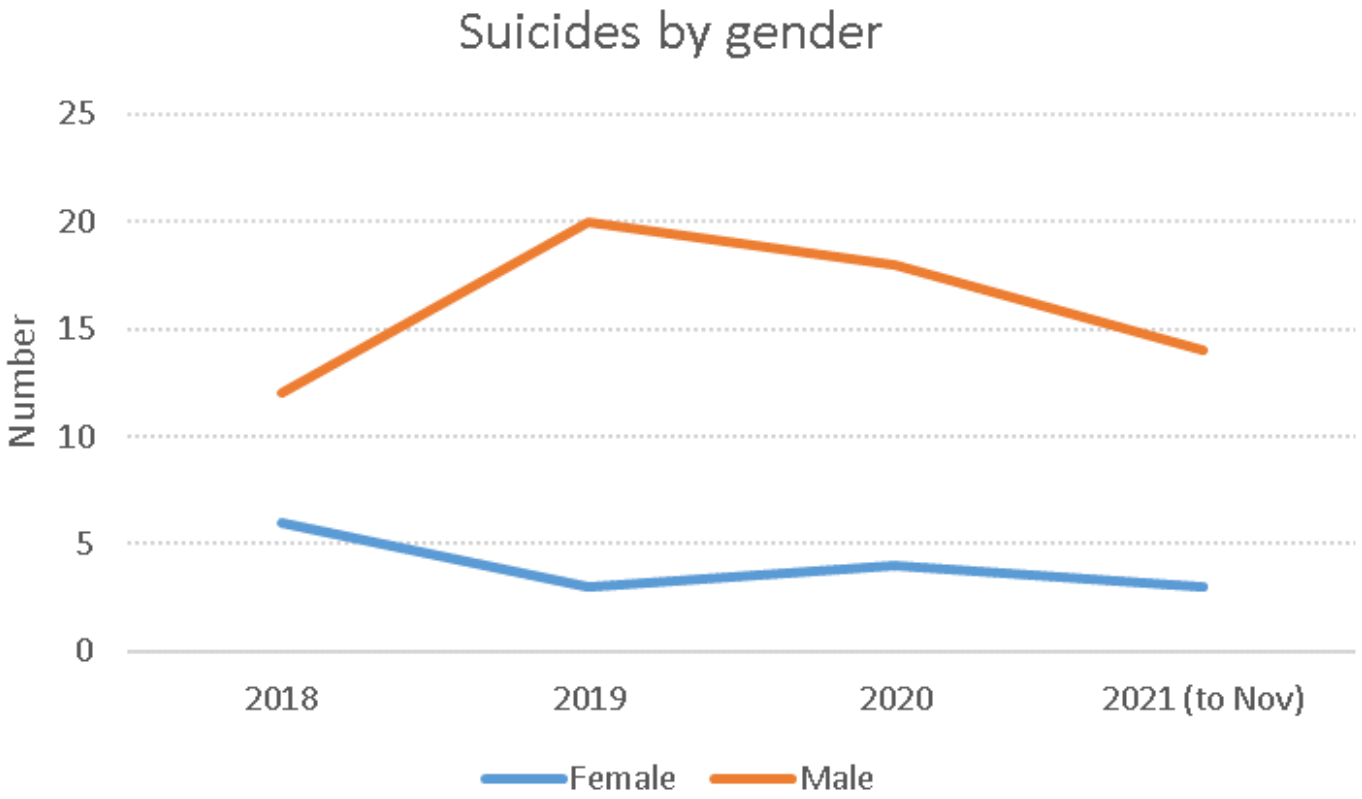
Statistical neighbours:
No rates for Lewisham for 2016-18

Geographical neighbours:
No rate for Waltham Forest for 2018-20;
No rates for Barking and Dagenham



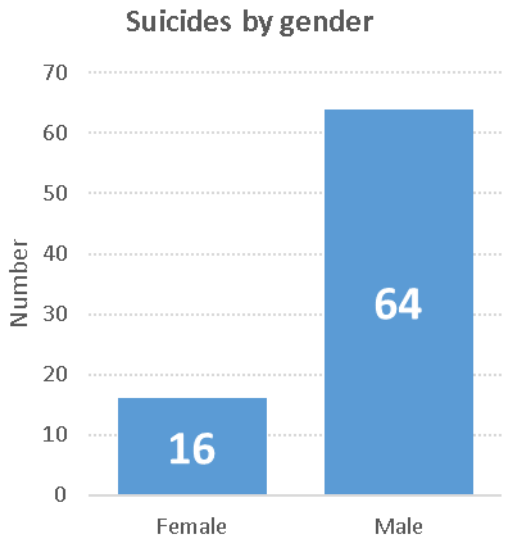
Counts	2014-16	2015-17	2016-18	2017-19	2018-20
Barking & Dagenham	3	2	2	6	8
Brent	13	13	10	11	13
Greenwich	18	17	16	15	15
Hackney	18	22	15	14	17
Haringey	15	18	17	19	11
Lewisham	13	14	9	15	15
Newham	**22**	**16**	**19**	**15**	**14**
Redbridge	10	12	11	12	14
Tower Hamlets	12	14	18	16	15
Waltham Forest	11	16	13	11	5

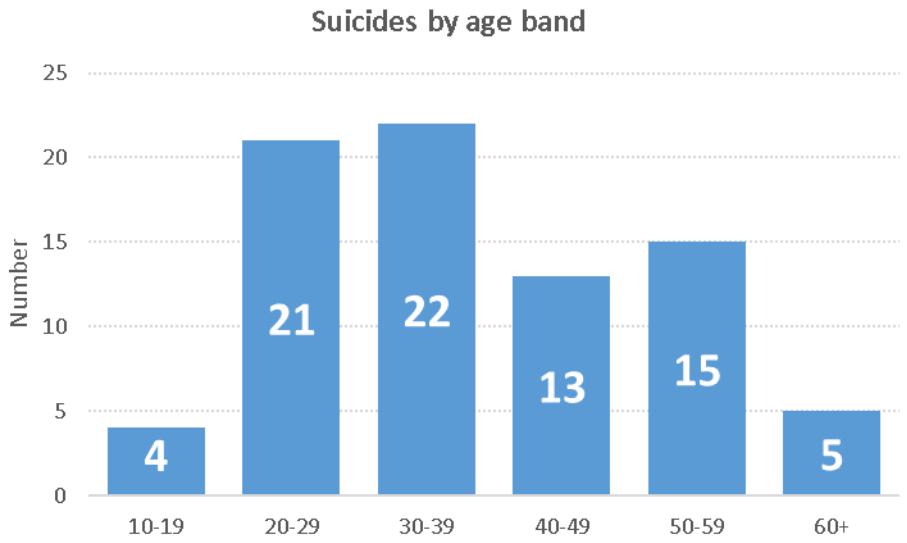
TIME TREND BY GENDER

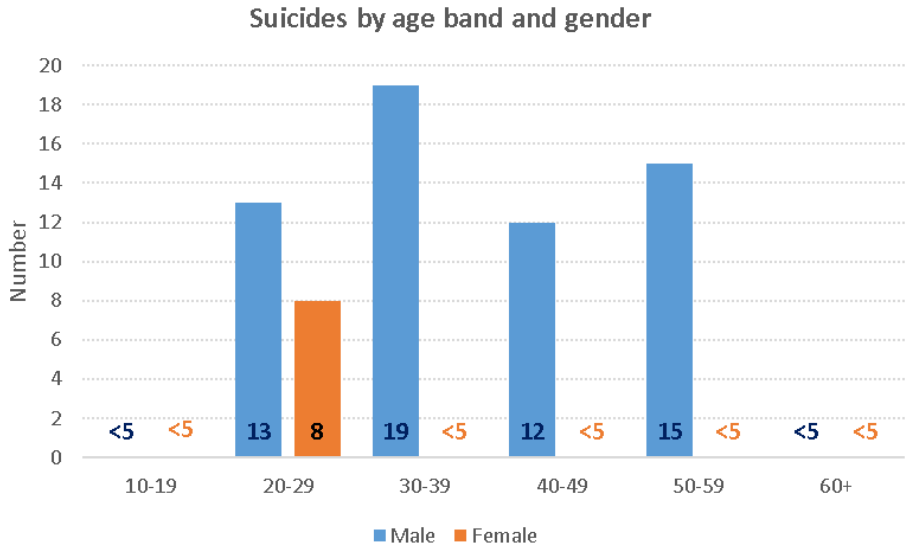


Data source: Coroner's data, PCMD, Thrive

GENDER AND AGE







In the time period audited, 80% (n=64) of suicides were in males and 20% (n=16) in females

Just over half (54%, n=43) of suicides were in the 20-39 age bracket

30% of male suicides were in the 30-39 age bracket (n=19) and half of female suicides in the 20-29 age bracket (n=8)

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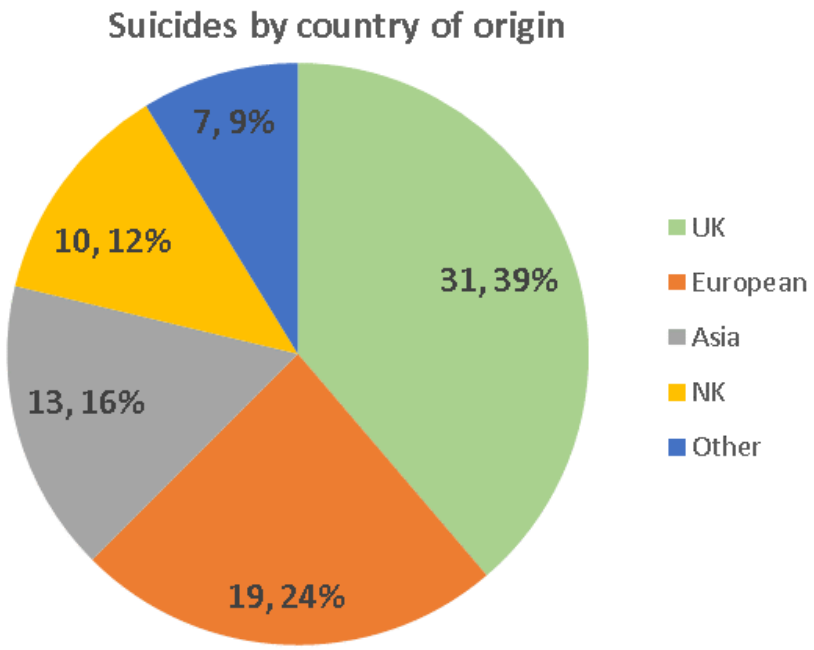
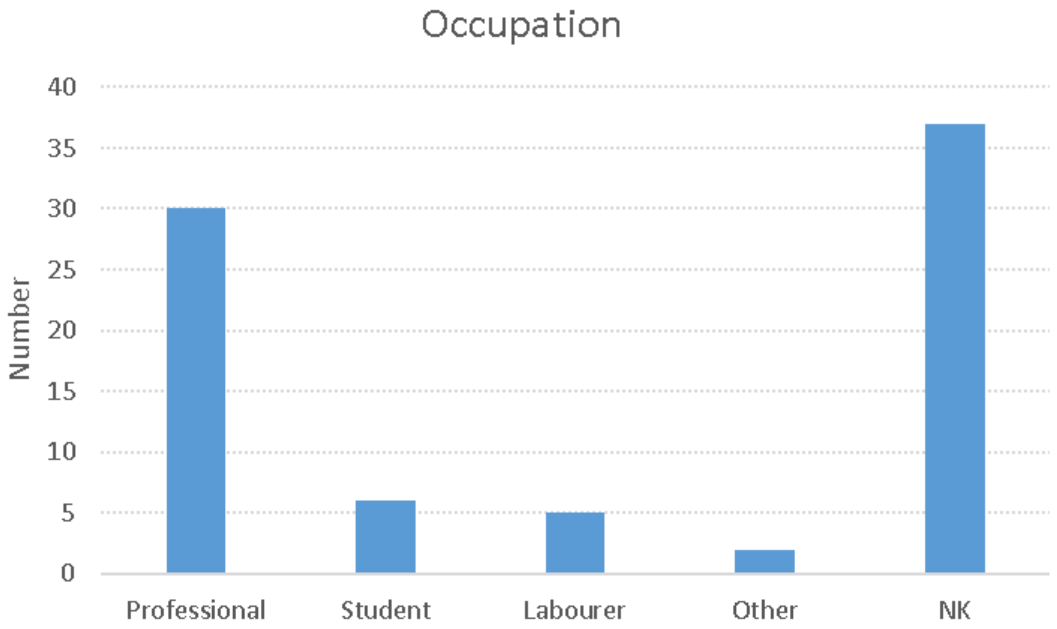
COUNTRY OF ORIGIN



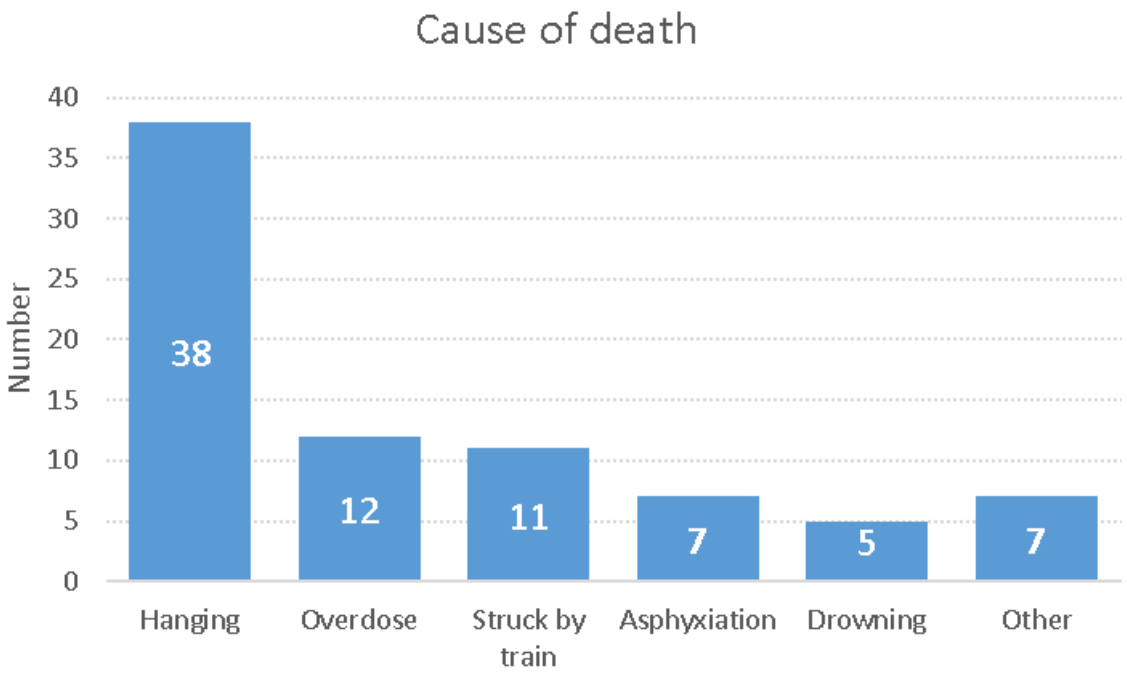
- 70/80 cases had details around either the country of origin or ethnicity, these have been grouped and are shown in the pie chart
- A majority of the deaths recorded in the audit were of people born in the UK and could include various ethnicities
- “Other” includes America, the Middle East and North Africa (recorded as “MENA”) and Africa

OCCUPATION



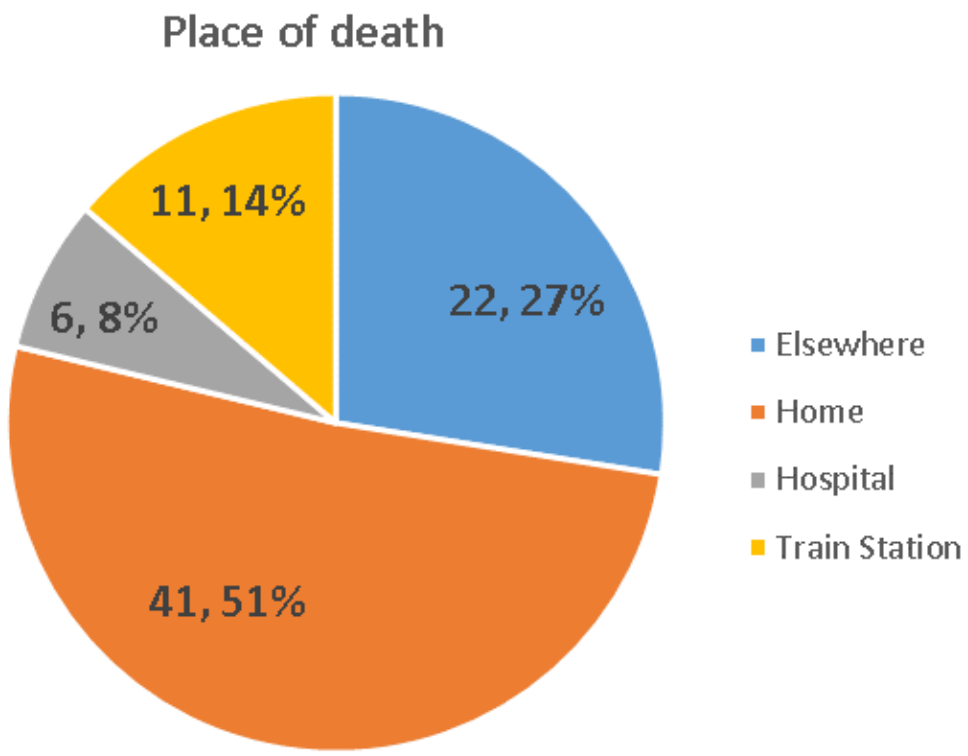
- Occupation was available for 43/80
- Professional accounted for 38% out of all 80 cases, (or 70% of those known, n=30/43), including
  - Accountants
  - Teachers
  - Medical staff
  - Sales staff
  - Chefs
  - Drivers
  - Solicitors

CAUSE OF DEATH



- Just under half (48%, n=38) of deaths were from hanging
- 15% died from an overdose (n=12)
- 14% died from injuries sustained from being struck by a train (n=11)
- 9% died from asphyxia (suffocation from means other than hanging) (n=7)
- 5% died from drowning (often whilst under the influence of drugs or alcohol, or whilst suffering with mental health problems) (n=5)
- 7% died from other means (including falling from a height, poisoning or exsanguination) (N=7)

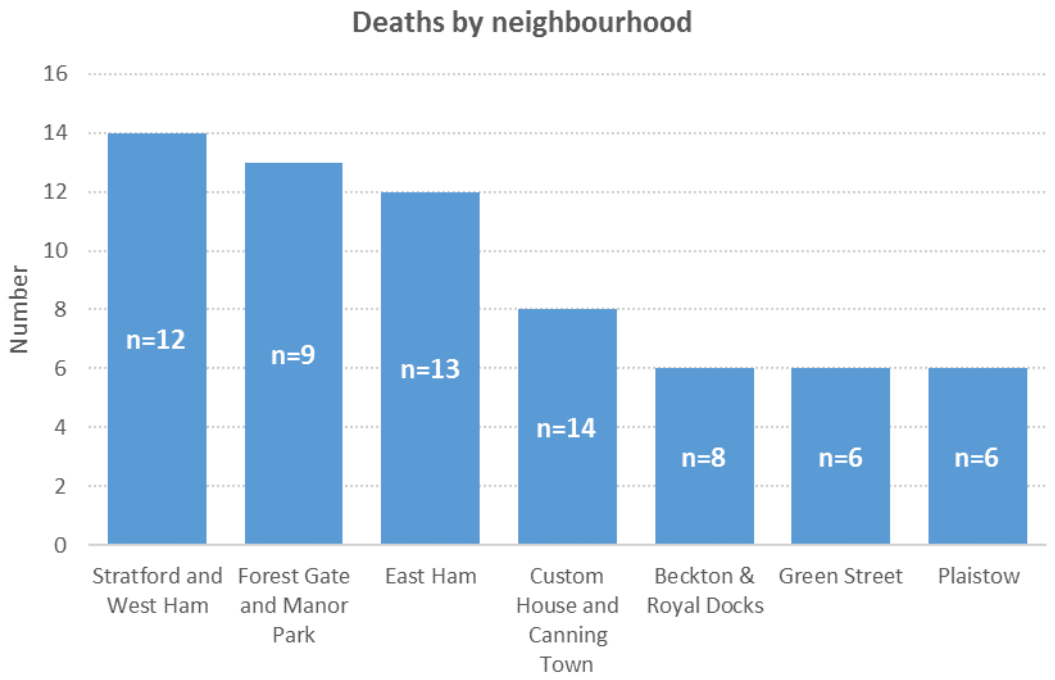
PLACE OF DEATH



- A majority of deaths took place at home (51%, n=41)
- 28% (n=22) took place “Elsewhere” which includes public places such as parks, hotels, addresses other than the deceased’s home address
- 14% (n=11) were at a train station
- 8% (n=6) were in hospital following admission

NEIGHBOURHOOD

This data shows the neighbourhood of residence.
Neighbourhood was derivable from ward in 65/80 cases:



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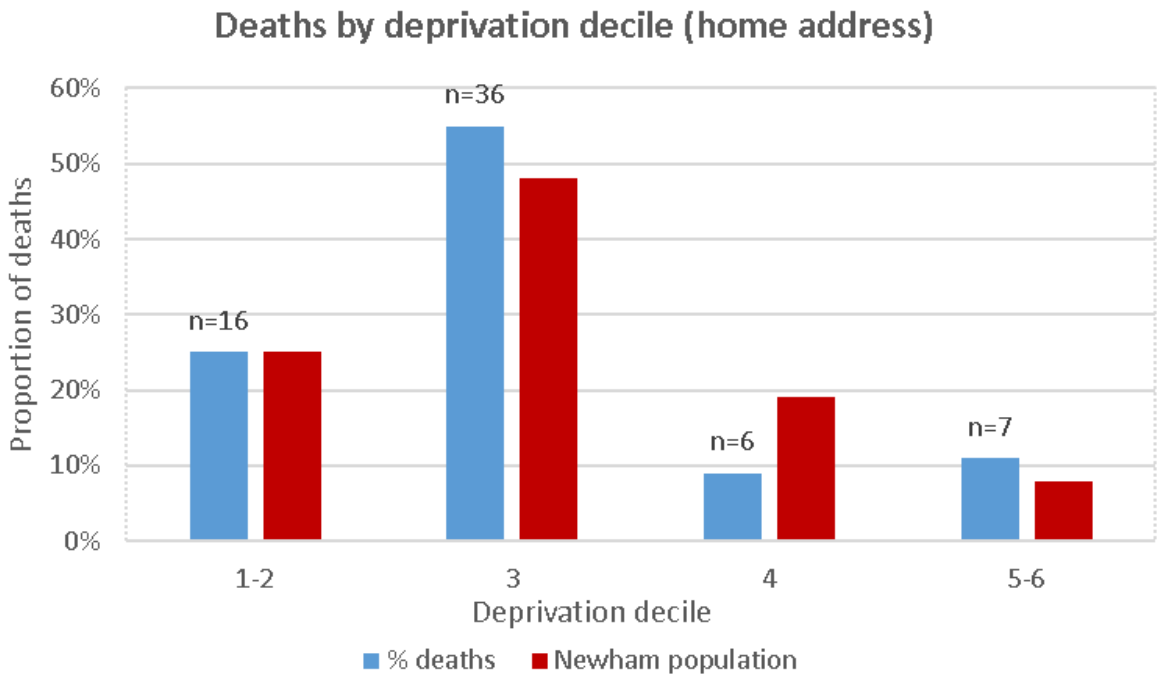
DEPRIVATION DECILE

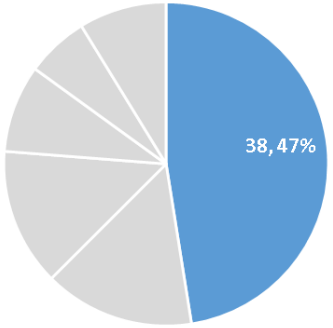


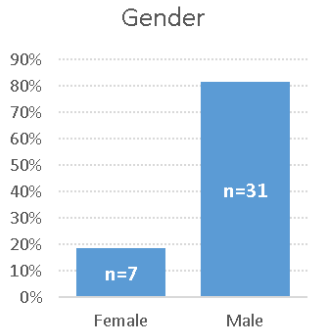
- The deprivation decile of the home address was able to be identified in 65/80 cases
- These are shown in the bar chart (as a proportion of the 65 deaths) and compared with the proportion living in that decile in Newham (all ages)

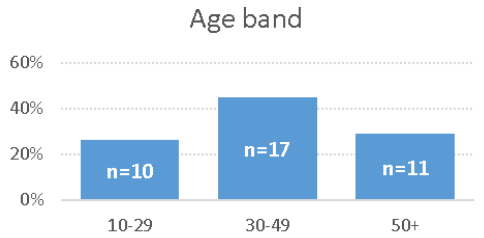
CAUSES OF DEATH - DATA DETAIL FOR TOP 3

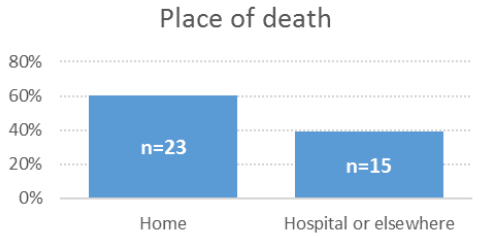
Newham London

Hanging
N=38

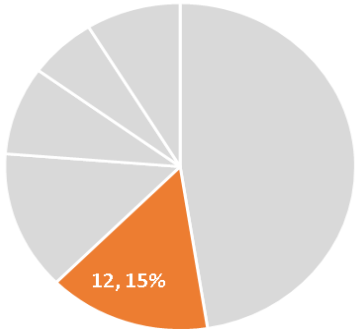


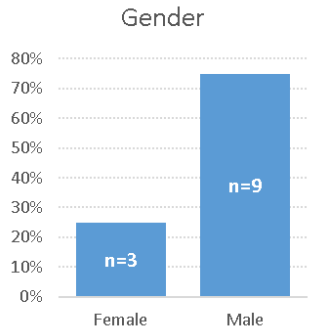


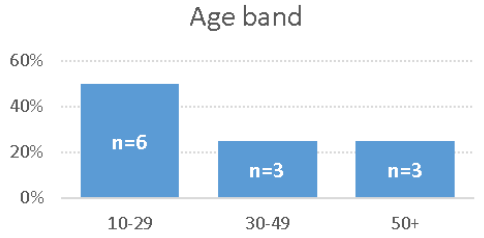


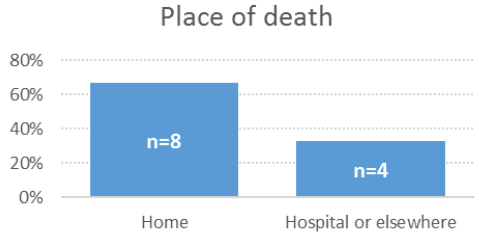


Overdose
N=12

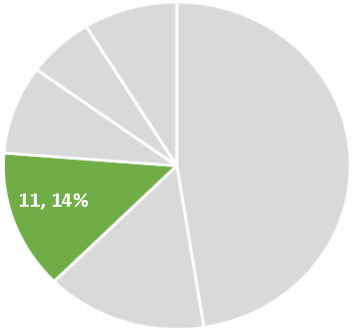


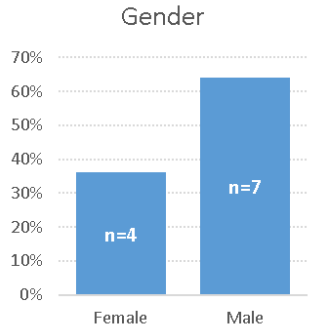


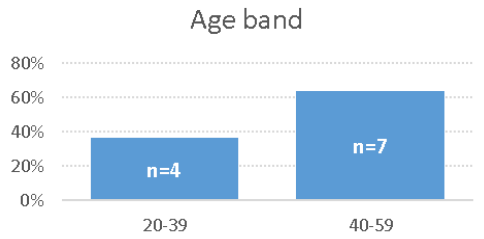




Struck by train
N=11







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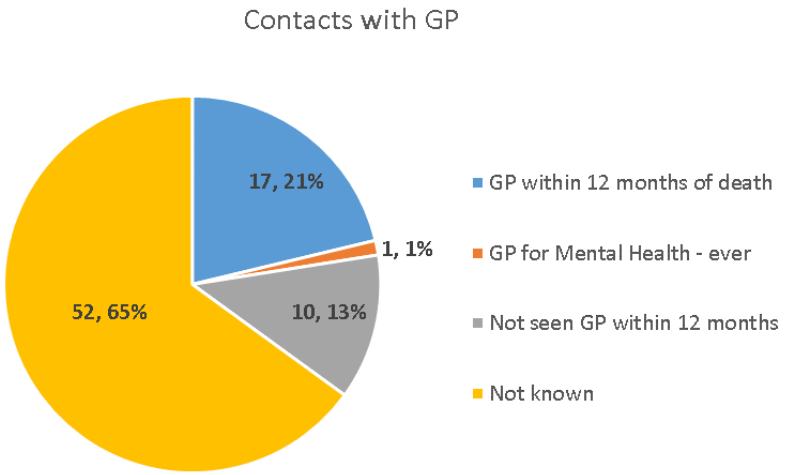
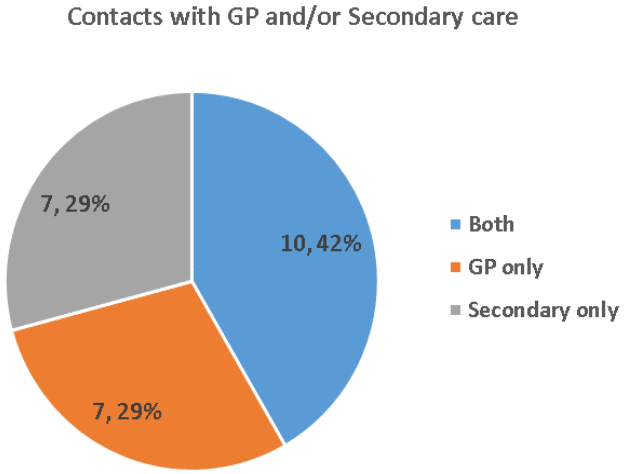
CONTACT WITH HEALTHCARE SERVICES

Newham London



- The chart shows – where recorded (n=28/80) – the number of people who had contact with their GP:-
  - Within 12 months of death (reason not stated) (n=17)
  - Specifically for mental health reasons (n=1)
- Or who had not seen their GP within 12 months (n=10)
- Or those not known (n=52)



- Of those 28 records:
  - 10 cases had been seen by both GP and Secondary care
  - 7 had seen their GP only
  - 7 had been in contact with secondary care only

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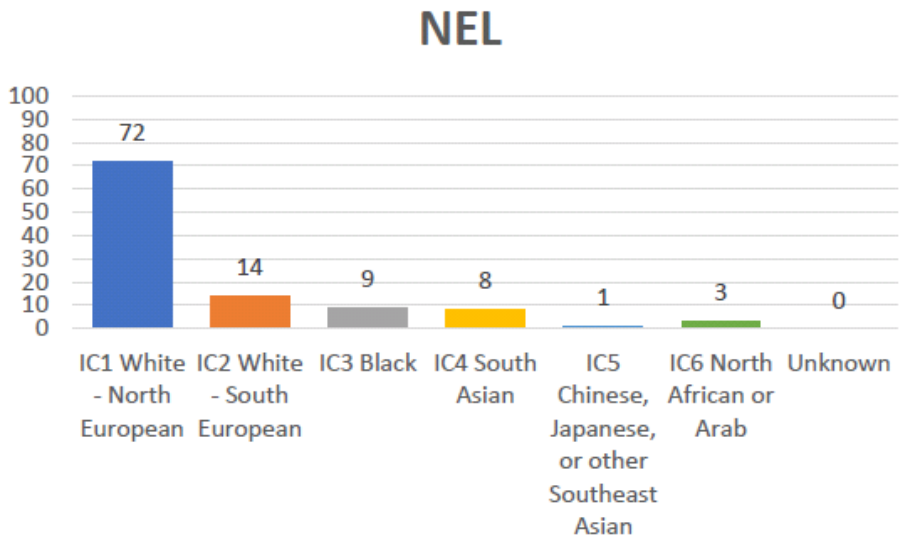
THRIVE LDN DATA

- THRIVE carried out an audit on their data covering July 2021 – July 2022
- Newham data is part of the North East London (NEL) data
- The rate for NEL is the lowest of the 5 London regions at 5.3 per 100,000 (highest = North West London at 7.6)
- The majority of deaths in NEL are by those of White North European origin; this is the same across each of the London regions
- The majority of deaths in NEL are in males, this is the same across each of the London regions
- The most common cause of suicide in NEL is by hanging, this is also the same across all the regions



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SUMMARY

- Nationally and regionally, rates of suicide for males have been lower than England, London and both geographical and statistical neighbours
- Rates for females were higher than England and London prior to 2017-19 but have now fallen below
- Rates for females compared to geographical neighbours were the lowest in 2018-20, and one of the lowest in 2018-20 compared to statistical neighbours
- Males have continually shown higher numbers of suicides in Newham than females but the numbers have been falling since 2019
- A majority of the deaths recorded in the audit were of people born in the UK and could include various ethnicities. Data at a North East London level shows the majority of deaths are White North European origin.
- A majority of suicides have occurred in the 20-39 age group
- Occupation is not well populated, just over half were known
- A majority of deaths were by hanging, just under half at 48% of the cases shown
- A majority of deaths took place at home, just over half at 51% of the cases shown

DATA NOTES (1)

- Ward of residence and deprivation decile is able to be derived for 65/80 – the coroner data does not routinely contain this data

- Date of death is not recorded in the Coroner's data, only date reported. It would be useful to have both, where known

- Only the coroner's data contains details of the following, which are useful but not always completed:
  - The deceased's last visit to their GP
  - Whether any medication for Mental Health has been prescribed
  - Whether there was a follow-up from the first prescription if so
  - Whether there had been any secondary service contact

- Occupation was recorded for 43/80 cases and this was mainly in the Primary Care Mortality Data

DATA NOTES (2)

American
Asian
British
Chinese
Ethiopian
Filipino
Indian
Italian
Lithuanian
Pakistani
Polish
Romanian
South African
Spanish
Ugandan
White Eastern European

Ethnicity and country of origin

- The table gives an example of the data from the ethnicity / country of origin data fields, showing the mixture of entries
- Those highlighted in green are ethnic groups and those in blue country of origin
- For the entry “British” for example, ethnic groups could be Asian British, Black British, White British etc
- The PCMD shows country of origin rather than ethnicity and therefore a substantial proportion of the data is not able to be analysed by ethnicity
- Country of origin is not a useful proxy for ethnicity

Suicide Audit 2018 – 2021
Thematic Analysis

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SUMMARY (1)

In suicides that occurred between 2018 – 2021 (80 cases) the number of men exceeded the number of women by 4:1 (64 men, 16 women). The age range was 17-92. For women, the highest proportion of suicides was in the 25-29 age group compared to a slightly older cohort in men, 30-34 years.

Only one-sixth (n=13/80) of the reports had possible root causes for these suicides identified. Of these 13, 8 mentioned or alluded to depression (5 in men, 3 in women). In men, other possible contributory factors such as unemployment, alcoholism, housing worries and sexual identity were recorded.

There were some patient-related factors identified that could have contributed to deaths by suicide; exacerbated mental health conditions, lack of engagement with services and non-adherence to medications.

There were some professional-related factors also; an attempted suicide by another form earlier the same day; a change in medication with a subsequent review meeting cancelled.

Looking at country of origin and occupation, there were 55/80 cases with both recorded (45 for men, 10 for women).

For men born in the UK, a majority were professional (11/45) followed by students (6/45). For men of a European background (n=16), the majority were labourers (5) and professionals (4). Labourers mostly covered construction workers and all were of a European background.

For women, 8 out of the 10 with both origin and occupation recorded were professionals. There was no one type of work that was most common.

SUMMARY (2)

Looking at the time of year, most suicides in men were in the spring or autumn (39/65). For women the figures are too small to make any comparison.

The most common place of suicide for both men and women was at home (41/80). The most common method of suicide was hanging (39/80), this was the case for men and women but notably men. Of those 39, a majority (23/39) took place at home.

Other deaths by hanging took place in public areas such as parks (all men) or are recorded as dying in hospital, however this could be following admission.

Of those who died from injuries from being hit by a train, there is not enough detail to establish whether their place of death (station) was in close proximity to their place of residence. Often the details of the train station are not recorded.

MALES

Newham London

- History of depression
- Alcohol problems and separation from partner
- Sexual identity and domestic related incidents
- Autism and housing issues
- Unemployment and depression
- Unemployment and court appearance
- Post illness depression
- Recently diagnosed medical condition
- Depression following Covid-19 isolation
- Care Home Worker, history of depression

- Notes describing possible reasons for suicides were only available for 10 out of the 65 cases in males
- For the other 55 cases, only the circumstances around the deaths were recorded with no additional information
- Possible reasons contributing towards suicides are listed on the left
- 5 out of the 10 mention depression
- 2 out of the 10 mention employment
- Alcohol, relationship, identity and housing problems are also potential contributory factors

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FEMALES

History of Mental Illness

Previous episodes of depression and occasional self harm. Attempted overdose on the same day.

Previous admission under MHA. Change in medication. Review appointment cancelled.

- Notes describing possible reasons for suicides were only available for 3 out of the 16 cases in females
- For the other 13 cases, only the circumstances around the deaths were recorded with no additional information
- Possible reasons contributing towards suicides are listed on the left
- All 3 mention history of depression/mental illness

Comparison Suicide Audit 2019-2021 with analysis from 2012-2016 for the 2019-2022 Newham Suicide Prevention Plan

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REPORT FINDINGS COMPARED TO PREVIOUS AUDIT

Newham London

Previous report (2012-2016/17)	Current report (2019-2021)
1. Suicide rate for Newham lower than England and similar to London	1. Similar findings
2. Approximately 20 suicides a year	2. Approximately 18 suicides a year
3. 73% males and 27% females	3. The proportion of males has risen slightly (75%) and females fallen (25%)
4. Trend was falling but had stabilized in recent years	4. Trend had fallen from 2015-17 to 2018-20
5. 1 in 4 deaths in residents from Northern or Eastern Europe	5. Similar figures, 1 in 4
6. 1 in 6 deaths were in residents from Asia, lower than expected	6. Just under 1 in 6 deaths where origin is recorded as Asia
7. 2 in 5 deaths were in residents from the UK or Ireland	7. Similar figures, 2 in 5
8. At least 1 in 10 deaths were in students	8. 1 in 11 deaths were students* (where occupation was recorded)
9. 1 in 5 were in professional or skilled occupations	9. Just under 1 in 3 had professional or skilled occupations*
10. 1 in 5 had manual occupations	10. In 16 had manual occupations*

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*Out of the 80 deaths, 36 did not have occupation recorded

REPORT FINDINGS COMPARED TO PREVIOUS REPORT

Newham London

Previous report	Current report
1. Information about occupation is poor, not recorded for 2 in every 5 deaths	1. Same findings
2. A higher proportion of suicide from hanging	2. Unclear if benchmarked in first report, however in the current report 48% of deaths were due to hanging
3. A lower proportion of suicide deaths from drugs or poisoning	3. 20% due to overdose or poisoning
4. Hospital admissions for self harm aged 10-24 were recorded as 278/100,000 for Newham (423 for England) – the year of admission was not specified. There is data for 2015/16 which shows rates of 276.4 for Newham and 430.5 for England however *(Source: HES via Fingertips, OHID)*	4. Hospital admissions for self harm aged 10-24 2020-21 was 190/100,000 for Newham, 422 for England – the rates were much lower for Newham during this time period when compared to the previous report

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COMPARISON FINDINGS

- Comparison of the two reports shows than men are more likely to take their own lives than women, this is a factor in both the reports
- The previous report shows an average of 20 deaths a year compared to 18 in the latest report and the overall trend data shows a fall from 2015-17 to 2018-20, a reduction of 13 deaths, 11 of whom were male and 2 *female (source: ONS via Fingertips, OHID)*
- Deaths by country of origin are hard to compare as the data quality is variable, however comparing the proportion of deaths in Eastern/Northern Europeans, Asians and those from the UK and Ireland, the values are similar in both reports. The data in the recent report does however show a slight reduction in deaths in residents of Asian origin, although as the overall numbers are small, it is unlikely there will be any statistical significance in this
- One in 10 in the previous report compared to 1 in 11 in the current report were students
- Recording of occupation is poor (36/80 unrecorded) but where this is available, the proportions appeared higher in those with a professional or skilled occupation in the latest report and lower in those with manual occupations, however it is important to note the poor data quality here and also the classifying of “Professional”, “Skilled” and “Manual” in each report
- The previous report states there was a higher proportion of suicides from hanging, it is unclear whether this was benchmarked against a figure at the time or whether it refers to hanging as being the most common cause of suicide. If the latter, this fact is the same in the latest report. The same applies to deaths from drugs/overdose and poisoning
- Hospital admissions for 10-24 year-olds have fallen, in Newham in 2015/16 the rate was 276.4 per 100,000 compared to 190/100,000 in 2020-21, however it must be noted that the latter data was during the pandemic

Newham London

NATIONAL EVIDENCE BASE: RISK FACTORS AND PROTECTIVE MEASURES

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2022 annual report

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Risk factors – adults and children and young people

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2022 annual report*:

- The majority of patients who died had a **history of self-harm** (64%) and there were high proportions of those with **alcohol** (47%) and **drug** (37%) misuse, and **comorbidity**, i.e. more than one mental health diagnosis (53%).
- Nearly half (48%) **lived alone**. In 13%, the contact with mental health services was a one-off contact. 9% of patients were known to have died on or near an anniversary or significant date.
- 29% of patients died in acute care settings. 11% deaths by suicide were in the 3 months after **discharge** from mental health in-patient care. Highest risk was in the first 1-2 weeks after discharge.
- People **diagnosed with major physical illness** represented 25% of all suicides (NCISH, 2022). Nearly half (47%) of patients aged 65 and over had a comorbid physical illness. The most common physical illnesses were cardiovascular diseases (24%) and musculoskeletal disorders (24%). Living alone and having a long term illness such as depression were more common (*Based on new data ONS, 2022)*
- Recent experience of **economic adversity** in 18% of all suicides including financial problems, workplace problems and homelessness. Patients with recent economic adversity were more likely to be male (74%), middle-aged (45%), unemployed (55%), and divorced or separated (29%) plus recent illness onset and alcohol and drug misuse.
- History of **domestic abuse** (9% of all cases where known between 2015 and 2019, NCISH 2022). Majority (73%) female with a history of self harm (81%), previous alcohol and/ or drug misuse (47%).

* Analysis of people who died by suicide between 2009 and 2019 across the UK (all age) **and** in contact with mental health services in the past 12 months.

Recommended actions to reducing the risk of suicide in key high-risk groups*

Risk factors	Recommended protective actions
Male – young to middle age	Use of peer communicators, community outreach, advice in workplace settings. Providing dedicated non-clinical spaces for safe conversations.
History of drug or alcohol abuse (around half (54%) of mental health patient suicides between 2003 and 2013 had a history of either alcohol or drug misuse (or both))	Integrate assessment, care and support for people with co-morbid substance misuse and mental health problems. Risk management to include previous self-harm, alcohol or drug misuse, multiple mental health diagnoses, living alone and note significant dates/ anniversaries. Responding to loss of contact with services is an important prevention measure. (NCISH, 2022).
Inpatients in mental health units, with recent discharge & refusal of treatment at highest risk	Lower patient suicide – specialised community teams, effective pharmacological and psychological treatment for depression, education of doctors, provision of 24 hours crisis care. After discharge prevention should focus on the first two weeks, ensuring follow up within 72 hours.
Imprisonment/ contact with the criminal justice system	Multi-agency transition focused support as part of offender management services in addition to suicide awareness training.
Certain occupation groups including construction, doctors, nurses and carers.	Promoting mental health in the workplace and reducing stigma to increase help seeking, particularly among men. Strengthen occupational health support in addition to other relevant services including include those related to domestic violence, bereavement and relationship support, financial and debt issues.
Vulnerability due to economic circumstances e.g being in a low socio economic group and living in an area of high deprivation, serious financial difficulties.	Collaborating with voluntary sector and community groups, such as Citizens Advice, housing associations and homelessness services to provide and promote financial and debt counselling support to vulnerable individuals. Providing suicide awareness training to frontline service providers across education, housing, employment and others. Increasing information and support services available in response to significant economic changes in any community. Providing supportive parenting training and advice to vulnerable families.

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*PHE local authority guidance Suicide prevention: developing a local action plan - GOV.UK (www.gov.uk) PLUS NCISH 2022 findings)

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Trends and risks for children and young people

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2022 annual report findings:

- Suicide amongst children has risen for the past decade. Non-fatal self-harm has also increased.*
- Patients under 18 were more likely to have a history of self-harm.
- In 2011-19, 25% were known to have suicide-related online experience, more than other age groups.

Children and Young People (under 18 years old) suicides over a ten year (2019-2020) analysis:

- Rates of suicide similar across all areas and regions in England, including urban and rural and deprivation
- More common in older age groups (78%, n=84 15 to 17 years old)
- More common in boys (2.2 deaths per 100,000) than girls (1.5 per 100,000)
- Ethnicity known in 80% (n=86) of deaths. Of these, 79% (n=68) described as from a White ethnic background, 21% (n=18) from a Black, Asian, Mixed or Other ethnic background.
- Where the method of suicide was known (n=106), the most common method of suicide was hanging or strangulation, accounting for 69% (n=73) of deaths. The second most common method was jumping or lying in front of a fast moving object, accounting for 12% (n=13) of deaths.
- Of the 104 deaths where the location of the incident was recorded, 61% (n=63) of the likely suicides occurred within the home, 29% (n=30) occurred in a public place and 12% (n=12) occurred in another location. Fewer than five children or young people were in a mental health inpatient unit.

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* *Suicide in Children and Young People: National Child Mortality Database Programme Thematic Report* (Oct 2021) (data from April 2019 to March 2020)

National Child/ YP death reviews with risk factors present

Risk	Number (%) of deaths with at least one factor within the category
Household functioning – divorce/ parental separation, mental or physical health condition in a family member, domestic abuse and living with a family member who was misusing drugs or alcohol.	63 (69%)
Loss of key relationships - Suffered a significant personal loss in their life prior to their death, such as bereavement, loss of friendships and routine due to moving home or school or other close relationship breakdown	56 (62%)
Contact with mental health services - A third of children and young people (n=30, 33%) were in current contact with mental health services. At least five (5%) children or young people were awaiting assessment by mental health services at the time of their death and five (5%) children or young people were previously known to mental health services but had not been in contact with them during the last twelve months of their life. 36% never been in contact with mental health services	43%
Risk taking behaviours - Prior to their death. For example, non-suicidal self-harm was reported in 33 (36%) children or young people and 20 (22%) had previously attempted suicide before they died.	45 (49%)
Problems with services - Most frequently reported issues being poor communication / problems with information sharing between services and quality of service delivery. Poor information sharing between police, schools and health services was specifically highlighted.	32 (35%)
Abuse or neglect - Most common forms were rape or sexual abuse (n=9) (including sexual assault), emotional abuse (n=9) and physical abuse (n=8).	29 (32%)
Problems at school including exclusions, regular non-attendance, coursework/exam stresses or concerns about results.	27 (30%)
Diagnosed mental health condition - Of those 22 children or young people, 11 had more than one diagnosed mental health condition at the time of their death. The most common diagnosis was depression (n=19), followed by anxiety (n=11) (representing simultaneous diagnoses).	22 (24%)
Bullying or cyber bullying - Majority of reported bullying occurred in schools.	21 (23%)
Neurodevelopmental conditions - 7 had autism spectrum disorder (ASD) and 6 had attention deficit hyperactivity disorder (ADHD)	15 (16%)
Sexual orientation, sexual identity and gender identity	8 (9%)
Problems with the law	8 (9%)

Recommendations to reduce CYP risk (NCISH 2022):

- Focus on access to services
- Ensure all frontline staff working with children and young people 10 years of age and over are supported to attend suicide prevention training
- Improve awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home. Agencies ensure that where a parent or carer is open to adult mental health services, existing processes include systematic risk assessment (including thoughts of suicide) of the needs of the child or young person by all partner agencies to ensure they receive appropriate support.
- Ensure all schools and colleges (including independent and faith-based schools) have clear anti-bullying policies with guidance on how to assess the risk of suicide for children and young people experiencing bullying and when and under what circumstances multi-agency meetings will be called to discuss individual children/young people.
- Review local policies on information sharing and escalation to ensure children and young people at risk of suicide can be identified and supported.
- Issue revised guidance to schools on the use of exclusion.
- Support the continued roll out of children and young people's mental health services across community settings such as schools, local authorities and criminal justice to improve accessibility (including availability of clear referral criteria, pathways and adult service transition) and capacity of services for children and young people.
- Improve information and advice available to parents/carers, primary care and community services about signs to be concerned and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.

WIDER SYSTEMS DATA

1. Mental Health Prevalence
2. Self-Harm Prevalence
3. Mental Health Service Utilisation
4. Socio-economic and Social Disadvantages
5. Refugees and Mental Health
6. Children and Young People Serious Case Reviews
7. The Covid-19 Impact
8. Newham Mental Wellbeing Impact Assessment

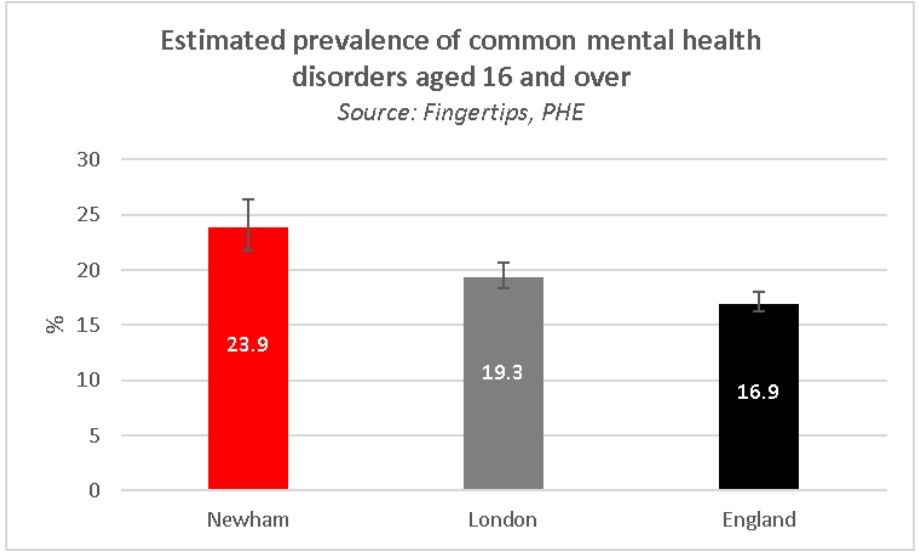
MENTAL HEALTH PREVALENCE

Newham London

Poor mental health is a common risk factor associated with increased risk of suicide. Individuals who have previously self-harmed, and those with mental illness are not only at a high risk for self-harm and attempted suicide but also make up a large proportion of completed suicides (NHS, Fifth Progress report 2021).

Mental health prevalence in Newham:

- 23.9% of Newham residents aged 16 & over live with a common mental health disorder, higher than both London and England (depression, generalised anxiety disorder, panic disorder, social anxiety disorder, obsessive-compulsive disorder, or post-traumatic stress disorder) (PHE Fingertips 2017).
- Over 4,000 residents over the age of 18, live with severe mental illness such as schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers (PHE Fingertips 2019/2020).
- Over 6,000 children and young people in Newham are reported to be living with a mental disorder (PHE Fingertips 2017/18)
- 4.1% of Newham Children aged 5-16 are living with emotional disorders (anxiety and depression), higher than both the London and England average of 3.6% (PHE Fingertips 2015)



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SELF-HARM PREVALENCE

Following an episode of self-harm, there is a significant and persistent risk of suicide. In England each year, there are an estimated 200,000 hospital attendances for self-harm, and evidence suggests that around 50% of people who die by suicide have previously self-harmed (NHS, Fifth Progress report 2021).

In Newham, the rates of emergency hospital admissions for intentional self-harm are lower in comparison to London and England. However, it is likely that the overall rates of self-harm are much higher than this as majority of incidences do not lead to hospital attendance.

The suicide and self-harm rates in 10 to 24-year olds in England have been steadily increasing over the last decade. These increases are steepest in females, amongst whom suicide rates have doubled since 2011, although their rates still remain half of those seen in males (NHS, Fifth Progress report 2021).

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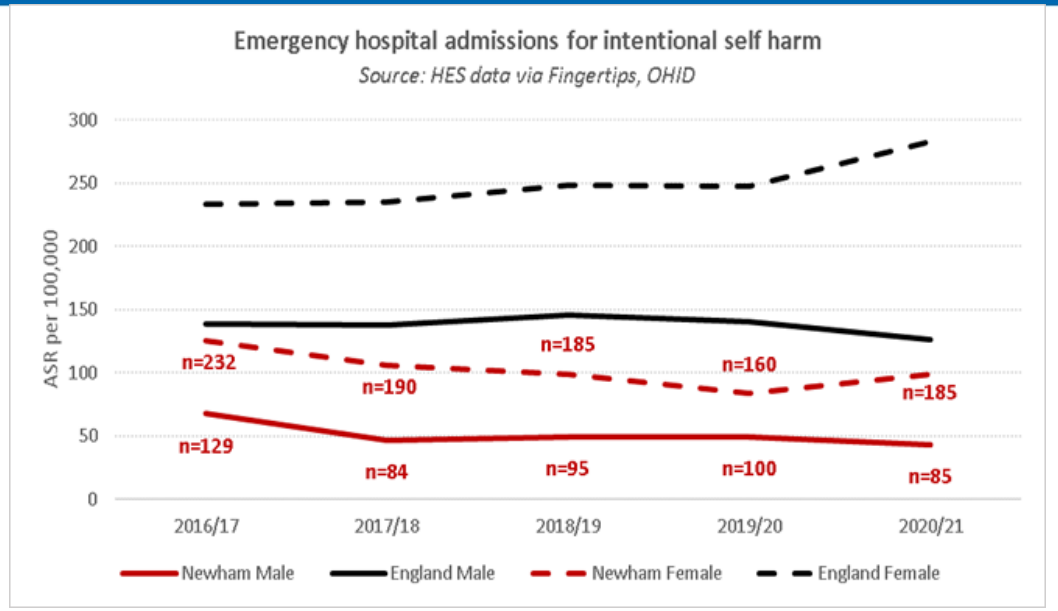
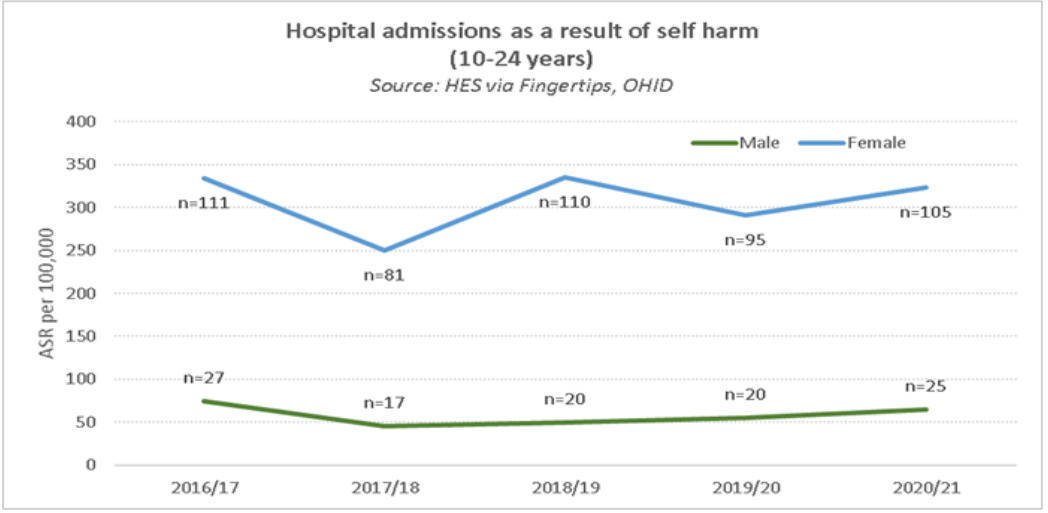


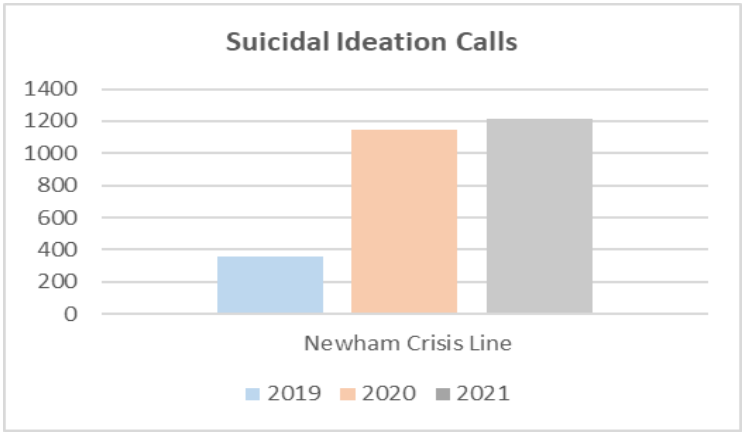


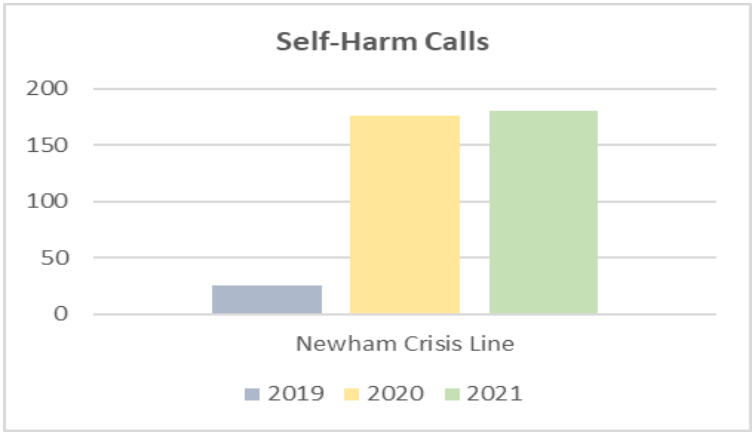
MENTAL HEALTH SERVICE UTILISATION

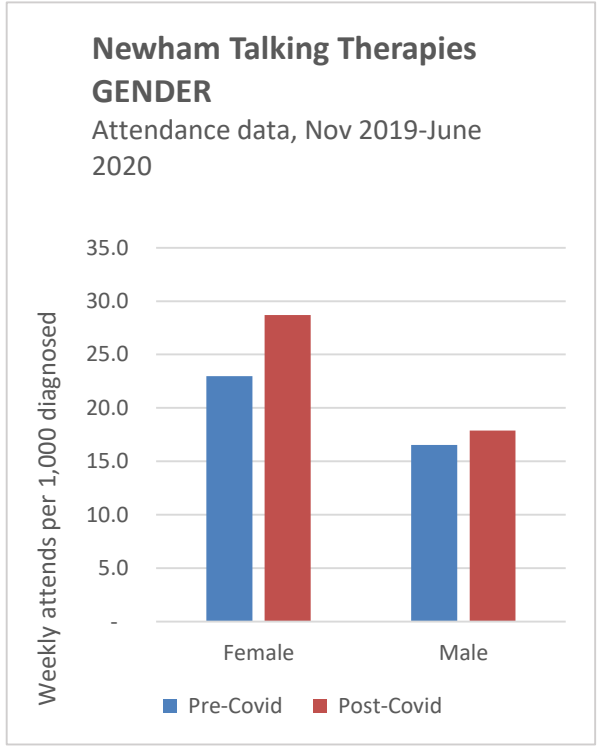
The demand for Newham's mental health crisis line services increased in the last three years, which is likely to be a combination of greater awareness of the support services available alongside population need. No demographic breakdown is available in terms of who is accessing these services.

- Crisis line calls for Suicidal ideation increased significantly in 2020 and 2021 compared to 2019
- Crisis line calls for Self-Harm calls increased significantly in 2020 in comparison to 2019

The number of service users seen face to face increased in 2020 in comparison to 2019. Newham Talking Therapies attendance also increased over this time period but this was greater for females (28.7%) as compared to males (17.9%).







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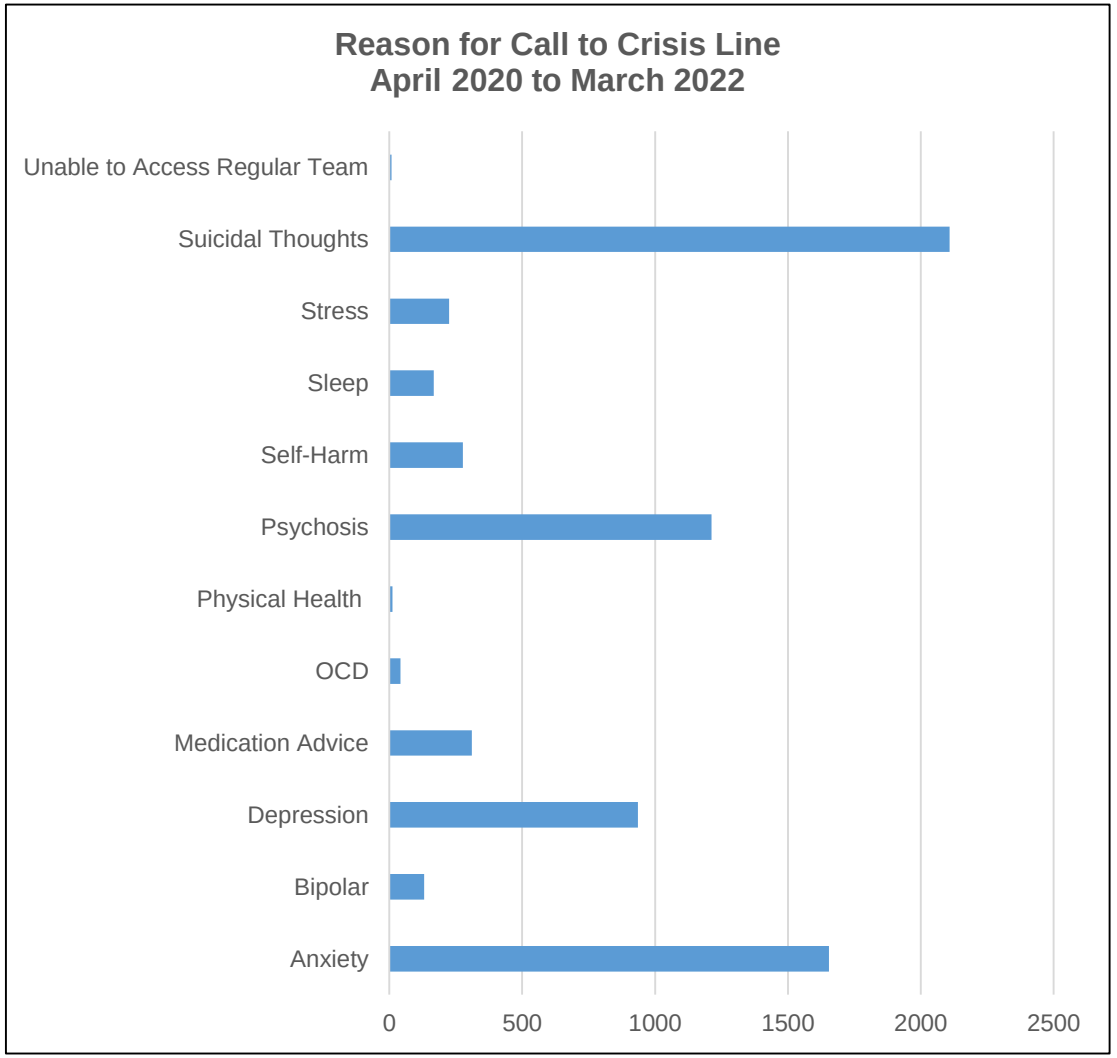
MENTAL HEALTH SERVICE UTILISATION

The Newham Crisis Line April 2020 – March 2022

- The crisis line received a total of 7,081 calls between 2020-2022.
- Majority of calls take place at 10-11am (6% - 427 calls out of 7,081 calls) and 9-10pm (5.94% - 421 out of 7,081 calls).
- Only 36% of people provided data on religious beliefs for crisis line and of those 37% identified as Christian, 22.5% as Muslim and 17.5% as no religion
- For gender the majority is unknown with the following breakdown: female 23%, 17% male and 60% unknown.
- 29% callers are between ages 25-64
- Main reason for call is 29.7% is suicidal thoughts, followed closely by anxiety at 23.3%



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MENTAL HEALTH SERVICE UTILISATION

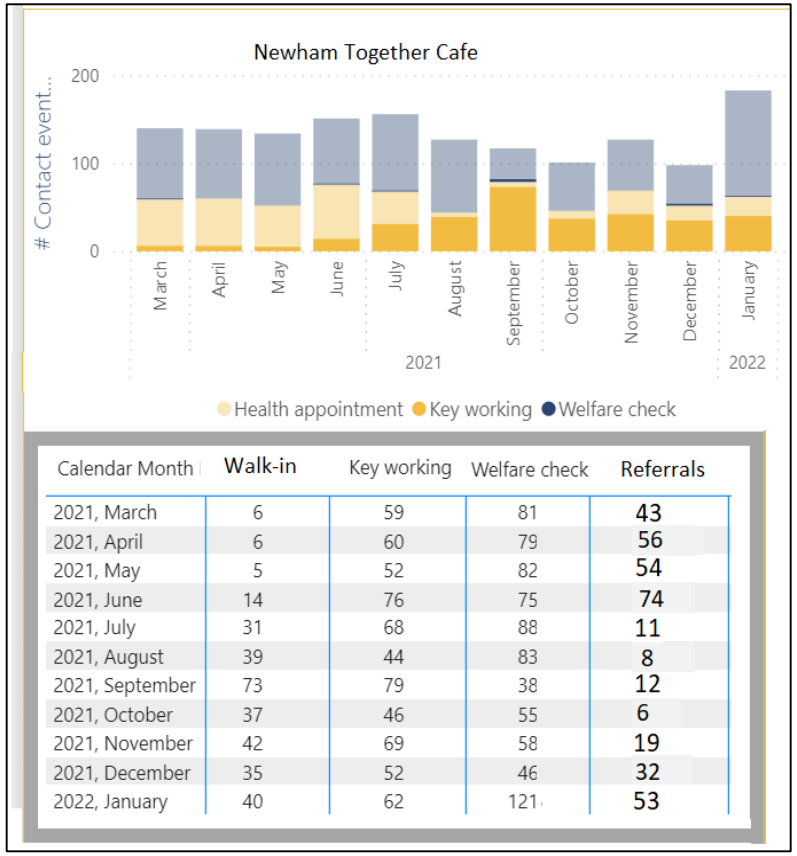
Newham London

The Newham Together Café

The Newham Crisis Café was commissioned in May 2020 to provide a community based sanctuary for residents aged 18 years and above developing a mental health crisis.

In March 2021, the number of sessions reached 100 per month for the first time with this number remaining broadly consistent throughout the year.

- Most of the sessions (59%) were completed within 30-60 minutes, (20%) sessions took over 60 minutes with (5%) taking longer than 90 minutes.
- From March 2021 to January 2022, the age of people visiting the Together Café ranged from 18 to over 80 years, with 34% of the visitors between 20 and 30 years old.



Calendar Month	Walk-in	Key working	Welfare check	Referrals
2021, March	6	59	81	43
2021, April	6	60	79	56
2021, May	5	52	82	54
2021, June	14	76	75	74
2021, July	31	68	88	11
2021, August	39	44	83	8
2021, September	73	79	38	12
2021, October	37	46	55	6
2021, November	42	69	58	19
2021, December	35	52	46	32
2022, January	40	62	121	53

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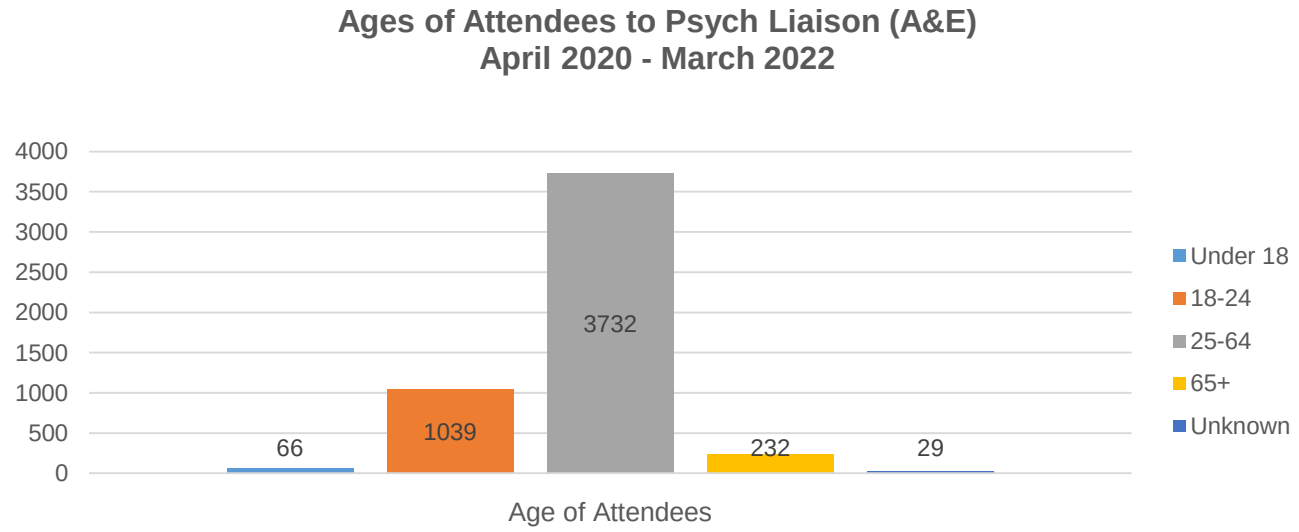
MENTAL HEALTH SERVICE UTILISATION

Newham London

Psych Liaison Data for A&E Newham: April 2020 - March 2022

- 56.3% of attendees accessed services between 1pm -12am (with 6-7pm being peak times 5.7% of total)
- 73% are between 25-64 years old
- Suicidal thoughts is the main reason for attending (18%), followed closely by deliberate self-harm (16.2%) and Depression (12.1%)



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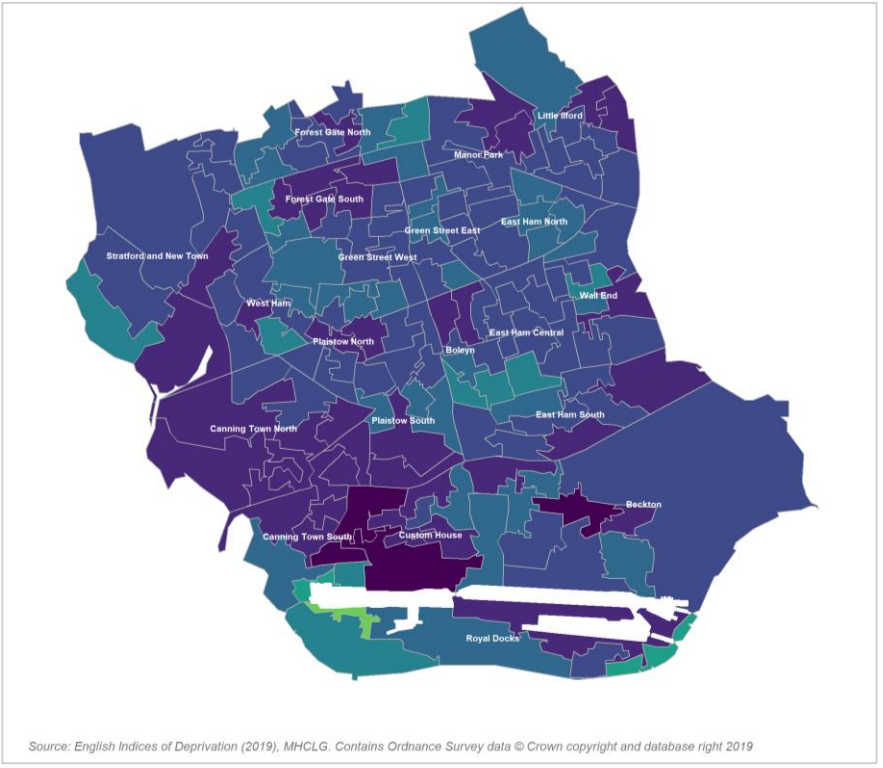
SOCIOECONOMIC AND SOCIAL DISADVANTAGES

Newham London

Socioeconomic disadvantage or living in an area of socioeconomic deprivation increases the risk of suicidal behaviour (Samaritans, Dying from inequality 2017). Socioeconomic disadvantages include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

Newham is a borough which experiences significant problems with poverty and inequality. It is the third most deprived borough in London and the majority of the population are from a diverse range of minoritised communities. Deprivation and poverty are associated with poorer health outcomes and have a significant impact on life expectancy.

- 72.5% of Newham's residents live in the 3 most deprived deciles in England. The IMD score in 2019 for Newham was 29.6, the 3rd highest (poorest) value out of all London boroughs.
- As of 2020 Newham has an unemployment rates of 6.4%, higher than the England average (4.7%). The out-of-work benefit rate is higher than average (18.1%)
- Newham has the highest level of statutory homelessness, with 40.1 per 1000 households in temporary accommodation
- Newham ranked highest borough in 2018 for fuel poverty, 16.1% of households compared to 11.4% in London and 10.3% in England*
- 49% of households are classified as living in poverty and 52% of children grow up in low income households.



Source: English Indices of Deprivation (2019), MHCLG. Contains Ordnance Survey data © Crown copyright and database right 2019

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REFUGEES AND MENTAL HEALTH

Refugees and Asylum Seekers face unique and complex challenges related to their mental health. They are often at greater risk of developing mental health problems and may be disproportionately affected by risk factors for suicide.

The increased risk to mental health problems is linked to pre-migration experiences (e.g. war trauma) and post-migration conditions (e.g. separation from family, difficulties with asylum procedures and poor housing conditions).

There is no official data available on the exact number of asylum seekers and refugees in Newham as the Home Office only records statistics on asylum seekers that are being accommodated and/or supported.

- At the end of December 2021 there were 830 asylum seekers in receipt of subsistence-only support or receiving accommodation in Newham, not only the highest figures in London but more than double the 2014 figure of 371
- ONS Mid-Year Estimates for 2019 show 47.5% of Newham's population was born outside of the UK
- In 2019, 73.3% of children in Newham were born to mothers who were born outside of the UK, compared to a London average of 57.7%

According to the Refugee Council UK and research, refugees and asylum seekers are five times more likely to receive mental health support than other people in the UK and 61% of them experience severe mental distress. However, data shows that they are less likely to receive support than the general population.

One study found that refugees and other forcibly displaced people may be disproportionately affected by suicide risk. There is evidence of a high risk of suicide and suicidal behaviour among refugees in camps and asylum seekers, which suggests that these groups require additional support. Many stressors influence the risk of suicide and suicidal ideation in these populations, including a combination of socioeconomic disadvantage, traumatic events, increased depression and anxiety or a lack of appropriate and accessible care.

LEARNING DISABILITIES, AUTISM AND SUICIDE RISK

Individuals with a Learning Disabilities have a much higher rate of risk factors associated with suicide, suicidal thoughts and suicidal behaviours. But research and general understanding of suicide and its impact on this group is lacking.

Findings:

- A review of the literature suggests that children and adolescents with a learning disability are at risk for suicidal thoughts, behaviours and death by suicide, with rates as high as 42 %.Between 25-40% of people with learning disabilities experience mental health problems (1).
- The prevalence of mental health problems amongst adults with a learning disability is estimated at approximately 40%: more than double that in the general population (2).When these issues appear alongside autism, mental health difficulties can go undiagnosed and untreated.
- Multiple studies suggest that between 30% and 50% of autistic people have considered committing suicide (4). One study found that 14% of autistic children experience suicidal thoughts compared to 0.5% of typically developing children (5)

Implications:

- Research shows that the majority of mental health and related services are not sufficiently skilled to meet the needs of autistic people with an additional mental health problem, including suicidal thoughts.
- Build the knowledge and research base to understand the barriers people with learning difficulties face accessing mental health services
- Increasing our understanding of depression and anxiety in autism, particularly focused on the factors which lead to suicide

HOMELESSNESS AND SUICIDE RISK

A study examined deaths by suicide between 2000 and 2016 in England. Analysis carried out on cases where person described as 'homeless/no fixed abode' (n=514 out of total out of 22, 403 deaths)

Findings:

- Homeless people who died by suicide were younger, more likely to be male, more likely to be unemployed, more likely to have experience of self-harm and alcohol and drug misuse compared with the non-homeless group (case both within their lifetime and within the last 3 months before their death)
- A total of 21% (n=110) of homeless patients died while on psychiatric inpatient units. This compared with 10% (n= 2074) of non-homeless cohort.
- Post discharge period: 7% (n=28) of homeless patients died in the first week post discharge, 11% (n=44) in the second week and 32% (n= 127) in the three months following discharge. The comparative figures for non-homeless people are 3% (n=546), 5% (n=999) and 19% (n= 3658).

Implications for practise:

- Homeless people more likely to be discharged from hospital into situations where they face housing, financial and employment problems – need for co-ordinated response for support
- More proactive approach from mental health services to engage with people who are homeless
- Need for crisis and outreach services

Ref: Culatto, P., Bojanić, L., Appleby, L., & Turnbull, P. (2021). Suicide by homeless patients in England and Wales: National clinical survey. BJPsych Open, 7(2), E65. https://doi.org/10.1192/bjo.2021.2

CYP SERIOUS CASE REVIEWS

Newham London

In June 2021 the Newham Safeguarding Children Partnership (NSCP) undertook a Child Safeguarding Practice Review (CSPR). This CSPR concerns the tragic suicide of a 17-year-old girl who we are calling “Pip”, and the services provided to Pip and her family. The purpose of the review was to identify improvements, and to help prevent the recurrence of similar children and young people (CYP) suicide cases.

The reviewers address the following: Pip’s Lived Experience in the months before her death, views of Pip’s family, Working Together, Supporting 16+ Young People and their Families, Housing, Assessment of Pip’s relationship with her Girlfriend and Suicide Prevention.

The review concludes that Pip was affected, and presented significantly in every risk category listed for children and young people, as well as the aggravating factors. The serious case reviews of other CYP cases, Child KA and J were also considered in this review and following the findings from the review, there are 4 recommendations for suicide prevention.

Recommendations for suicide prevention from Pip Review	
1.	It is recommended that the Newham Suicide Prevention Policy is agreed for adoption at the Safeguarding Children Partnership and Safeguarding Adults Board forums.
2.	The Safeguarding Children Partnership to raise awareness of the Newham Suicide Prevention Policy and seek assurances from agencies in relation to their learning.
3.	Agencies need to embed the outlined risk indicators within their processes for assessment of risk alongside the relevant learning from this Child Safeguarding Practice Review
4.	In light of the key stress factors identified in the SPP it is also recommended that professionals in the partnership are equipped with the cultural competency and an understanding of intersectionality to properly identify and consider these concerns when assessing and managing the risk to children and young people.

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THE COVID-19 IMPACT

The residents of Newham have been particularly affected by COVID-19 and has been identified as one of the worst impacted boroughs in London, with over **45,000 cases** recorded in Newham Between March 2020 and August 2021.

The pandemic has had many psychological impacts which may have a detrimental effect on the short, medium and long-term mental health and wellbeing of our residents. The long-term impacts of trauma, grief and distress caused by COVID-19 may exacerbate the burden of mental ill-health and widen pre-existing inequalities.

Public Health England have highlighted that the stressors of the pandemic have triggered and exacerbated a wide range of mental health problems and an increase in the wider factors relating to suicide (relationship issues, unemployment, debt, housing). Incidence of loneliness, depression, alcohol and substance use, domestic violence, self-harm and suicide may have been exacerbated following the COVID-19 pandemic.

The Impact in Newham:

- Suicide rates nationally fell significantly in 2020 compared to 2019; locally in Newham the figure rose in 2020 compared to 2019
- The impacts of mental health in adults due to Covid-19 were identified as fear and anxiety, isolation and loneliness, poor physical health and post-traumatic stress disorder
- In children, referrals to the Mental Health Services for 0-18 year-olds (CAMHS) increased in number and complexity. This resulted in a significant impact on waiting lists
- The proportion of Newham females starting treatment for substance misuse increased in 2020/21 from 2019/20, however this reflects the same pattern seen from 2018/19
- Domestic abuse increased in Newham during the pandemic, with lockdown forcing people to be at home for long periods of time, and victims having reduced opportunity to report domestic abuse or access safe spaces

MENTAL WELLBEING IMPACT ASSESSMENT

In September 2020, following the first wave of the covid-19 pandemic a mental wellbeing impact assessment was conducted using a systematic and evidence-based approach to understand the impact of the Covid-19 pandemic on the mental wellbeing of residents of Newham.

The impact assessment aimed to:

- To identify the main impacts upon Mental Health locally in a stakeholder and key persons workshop
- To build on work to date and develop an inclusive, collaborative approach to responding to such a complex subject
- To enable the evolving Mental health and Wellbeing Partnership to undertake actions and activities to move forwards

The impact assessment brought people together from the public and voluntary sector services alongside those working within or having had experience of mental health services. The workshops were delivered in a collaborative setting online through interactive workshops, a social media 'Facebook Workplace, and a 'Work Out Loud' environment to encourage wide reaching engagement.

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