

Swindon Suicide Audit, Strategy and Recommendations

2016 – 2018

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1. Introduction

Suicide is a major issue for society and a leading cause of years of life lost. In England one person dies every two hours as a result of suicide. When someone dies by suicide, the effect on their family and friends is devastating and many others involved in providing support and care will feel the impact. Suicides are not inevitable. An inclusive society that avoids the marginalisation of individuals and which support people at times of personal crisis will help to prevent suicides (DH 2012a).

Definition of Suicide

In England and Wales, suicide is defined as a death given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. (Suicides in England and Wales by Local Authority 2002-2014, ONS 2016) The underlying cause of death is coded by the Office of National Statistics using the World Health Organisations International Classification of Diseases codes (ICD codes) X60-X84 and Y10-Y34. These are based on death certificate. These are the codes used in the Primary Care Mortality Database which has been used extensively to analyse the data (see section 2).

The National Policy Context

A national suicide prevention strategy “Preventing suicide in England: a cross-government outcomes strategy to save lives” was published in September 2012. The strategy outlines two main objectives:

- to reduce the suicide rate in the general population in England
- to provide better support for those bereaved or affected by suicide.

The strategy emphasises the importance of a cross-sector approach to suicide prevention. It highlights six key areas for action to support delivery of its objectives:

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.

High Risk Groups

Some groups of people are known to be at higher risk of suicide than the general population. The national suicide strategy highlights reducing the risk of suicide in these key high-risk groups as a priority area for action.

The groups at high risk of suicide are:

- young and middle-aged men
- people in the care of mental health services, including inpatients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

Local Suicide Prevention Governance arrangements

In Swindon a suicide audit has been carried out regularly since 2009 and the findings used to review and update a local suicide prevention strategy. This work is overseen by the Suicide and Self Harm Prevention Group, chaired by Public Health which reports to the Health and Wellbeing Board. Safeguarding issues are reported to the Adult Safeguarding Board through the Chair of the Suicide Prevention Group who represents the Director of Public Health on the Adult Safeguarding Board. Suicides of those under 18 are reviewed through the Wiltshire and Swindon Child Death Overview Panel. There are also links to the AWP Suicide Prevention Group, Mental Health Crisis Care Concordat Group, Perinatal Mental Health Group and Children and Adolescent Mental Health Services (CAMHS) Strategy Steering Group.

2. Suicides in Swindon

Key points:

- Although the rate of suicide in Swindon appears to have risen between 2010-12 and 2012-14 the rise is not statistically significant.
- The suicide rate in Swindon is in line with the South West, England and Comparator Area's rates.
- The Suicide rate in Swindon has risen faster than in South West and England although year on year data indicates that it may be falling in the last two years.
- Nearly three quarters of deaths by suicide occur in men.
- Compared to England and the South West the rate of deaths for men between the age of 15 -34 years is higher in Swindon and the rate for women over the age of 74 is also higher in Swindon.
- However, the most common age of suicide was 30 -34 year olds and 45 – 49 year olds.
- Nearly half of those who died by suicide were single and only 17% were married.
- 26% of those who died by suicide had ingested alcohol at the time of their death. Many of those identified as having a substance misuse problem were not known to services
- Swindon has significantly high rates of emergency admissions for self-harm compared to England. 11% of those who died by suicide had a record of self-harm within the last 12 months.
- 30% of those who took their own lives had reported suicidal thoughts and 10% had clear intention and plans
- Data on deprivation is inconclusive. In the top 6 wards with the highest crude rate of suicide 3 were in the 4 most deprived wards. However, review of LSOA showed 28% of deaths occurred in the 3 most deprived areas compared to 38% in the 3 least deprived wards. Mosaic data indicated that those who took their own lives may have been economically challenged.
- Statistics from Men's Health Forum show clearly that on many measures men appear to have difficulties, distress and disconnection and that they do not engage as readily as women with mental health services and are less likely to be diagnosed with common mental health conditions.

Death data are usually presented by the date of registration. This is because the death will not be listed in official statistics until it is registered. Many reasons cause a delay in date of occurrence of death to date of registration, for example if the death is investigated by a coroner. It may sometimes be more meaningful when retrospectively examining deaths by suicide to look at the year the death actually occurred to identify if there any trends emerging. However, as the number of people who take their own lives is relatively quite small it can be

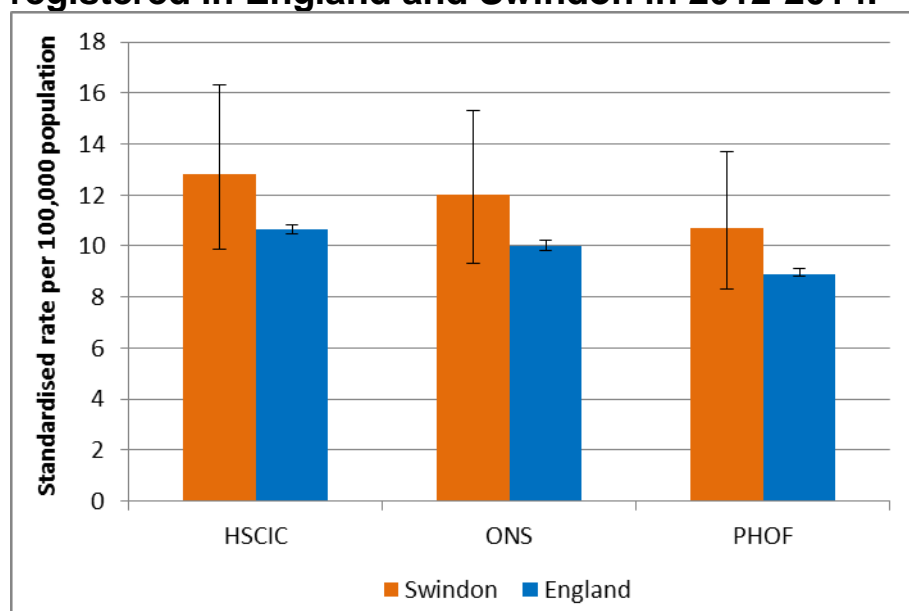
difficult to make statistical inference that the trend has any underlying cause. Throughout this audit, data will be presented by either year of death or year of registration as appropriate and will be labelled clearly.

Official statistics for rates of suicide

National official suicide statistics use directly standardised rates per 100,000 population. This takes into account the age profile of the population so that you can make direct comparisons between the local and national rates and between different areas.

Nationally, there are several organisations that collate information on how many suicides take place across the country. In order to make comparisons between areas, a rate is calculated which takes into account the population structure of an area. The chart below shows 3 different sources of Official Statistics showing the 3 year suicide rate for deaths registered in 2012-2014.

Different sources for age standardised suicide rates for deaths registered in England and Swindon in 2012-2014.



HSCIC = Health & Social Care Information Centre

ONS = Office for National Statistics

PHOF = Public Health Outcomes Framework

The vertical lines at the top of each of the bars on the chart above are confidence intervals and they show the range in which the true suicide rate is likely to lie with 95% certainty. Where the lines overlap there is no statistically significant difference between the two rates.

These different sources use slightly different age ranges to analyse the deaths data and calculate rates which explains the slight variation. Rates from different sources should not be compared to each other. All three sources show Swindon has a statistically similar rate to England.

HSCIC show the highest rates: the rates per 100,000 population are 12.8 for Swindon and 10.6 for England.

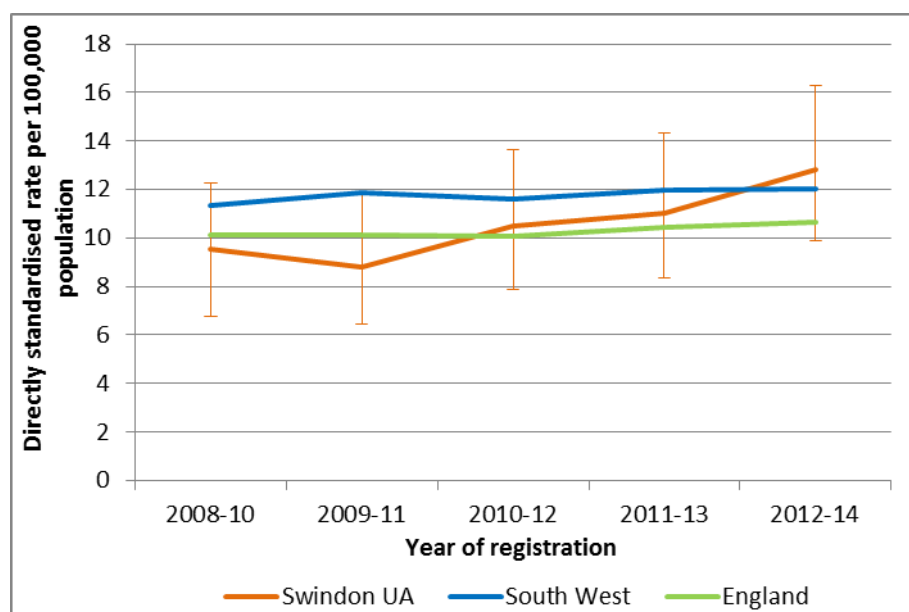
ONS: The rates per 100,000 population are 12.0 for Swindon and 10.0 for England.

PHOF: The rates per 100,000 population are 10.7 for Swindon and 8.9 for England.

This audit will use the HSCIC rates for comparison as these statistics are available for more rigorous analysis at a local level. The graph below shows how the suicide rate has changed between 2008-10 and 2012-14, by year of registration. Although the rate in Swindon has been rising over the past three periods it should be noted that the change is not statistically significant. The chart also shows that the rate has been increasing in England as well.

Because of the relatively low numbers of suicides by unitary authority suicide rates are usually presented as a three year rolling average. This makes it easier to see trends in suicide rates.

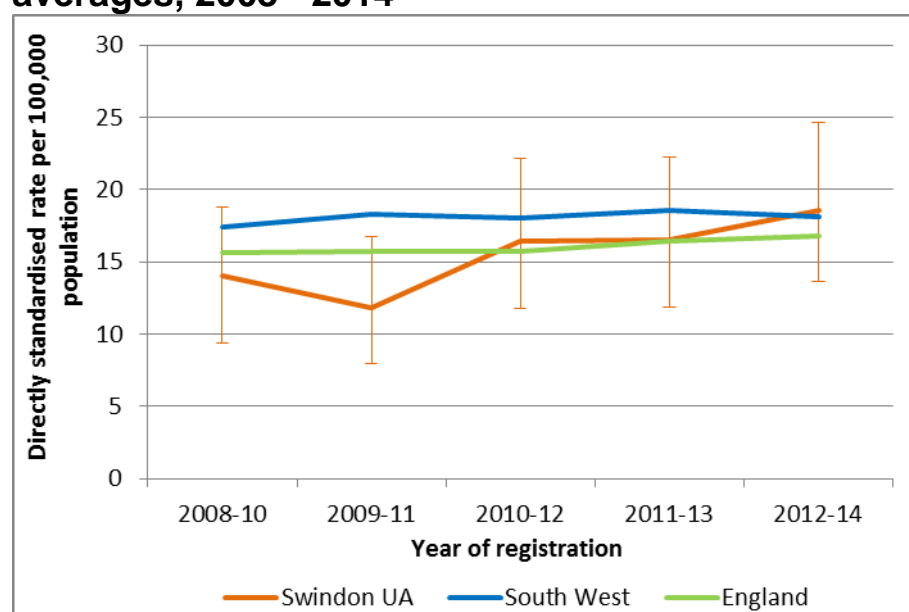
Suicide rates in England, South West and Swindon, 3 year averages, 2008-2014. (All persons)



Source: HSCIC

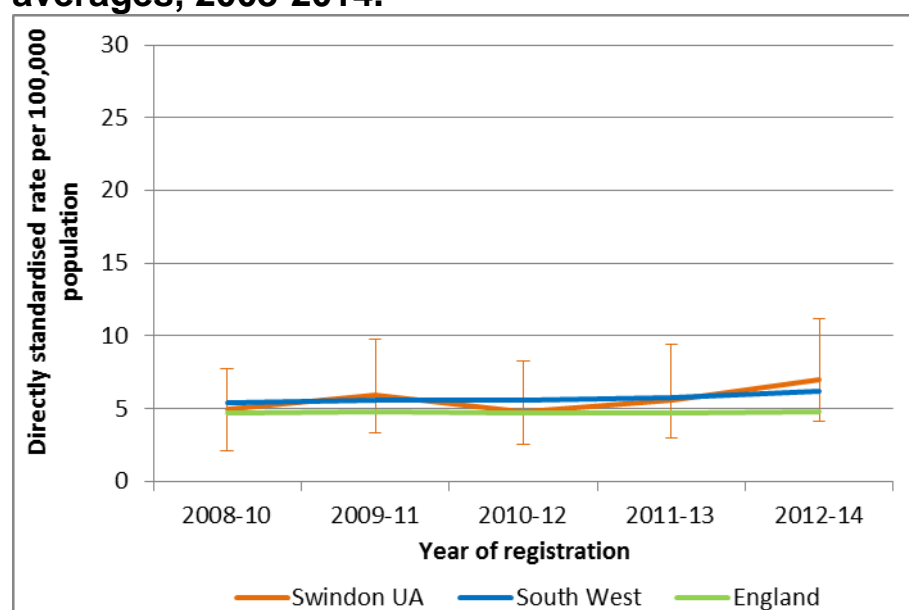
Further analysis by gender has been undertaken below. It should be noted that the Swindon rate for female is not very robust due to the small number of deaths involved. Below the charts show that the suicide rate has risen for both males and females.

Suicide rate in males in England, South West and Swindon, 3 year averages, 2008 - 2014



Source: HSCIC Time trend for directly standardised suicide rate

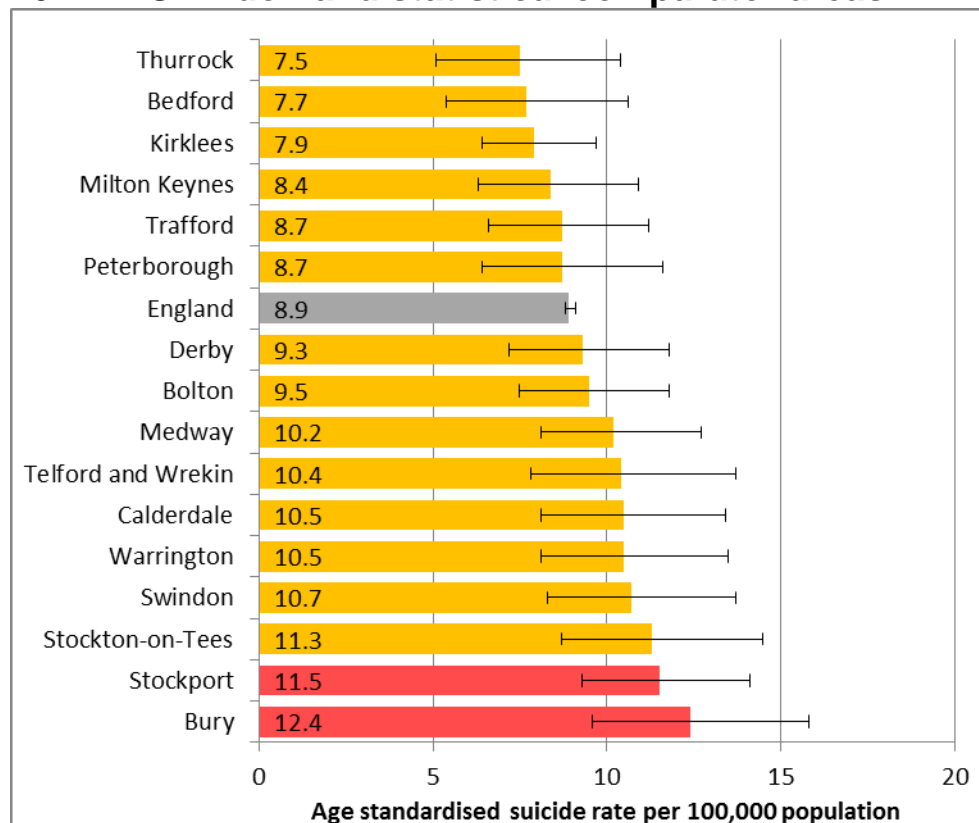
Suicide rate in females in England, South West and Swindon, 3 year averages, 2008-2014.



Source: HSCIC Time trend for directly standardised suicide rate

Below the Swindon rate is compared to areas which are most similar to Swindon population profile. This shows that the suicide rate in Swindon is not statistically different to our comparator areas.

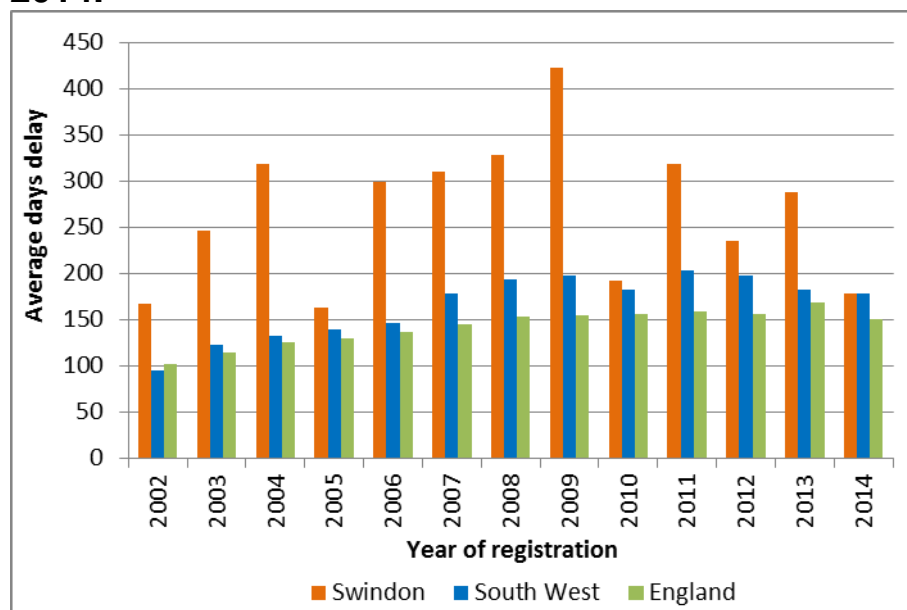
Standardised Suicide rate in persons for deaths registered 2012-2014 in Swindon and statistical comparator areas.



Source: Suicide Profiles, Public Health England. www.fingertips.phe.org.uk

The suicide rate in Swindon increased between 2008-10 and 2012-14. Interpretation of low rates in past years was complicated by a large number of days delay in registration of a death by suicide. The delay in registration is measured by ONS and reported upon by local authority and is the difference in days between the date the death occurred and the date it was registered. The chart below shows the average number of days delay for Swindon, South West and England. From 2010, the average delay for Swindon has been closer to the national and regional averages. However, in 2009 and the period 2002 to 2008, the delays to registration were commonly averaging over 300 days and far above the regional and national values.

Annual average number of days delay from date of death to registration of the death, Swindon, South West and England, 2002-2014.



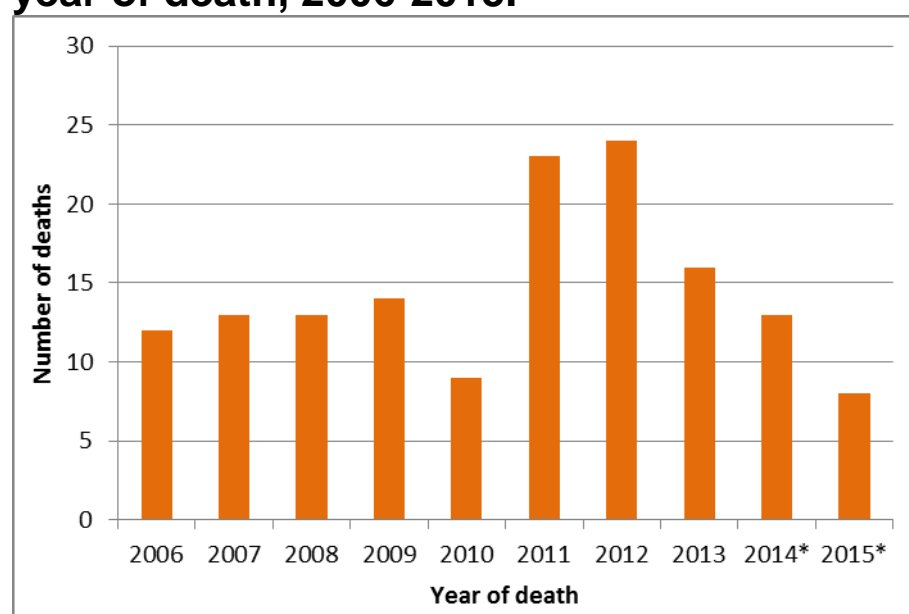
Source: ONS

Swindon suicide audit data

Further analysis of deaths by suicide in Swindon has been undertaken using a combination of the Primary Care Mortality Database (PCMD) and the Swindon Suicide Audit Database. The Swindon database uses information collected from the coroner, the GP, drug and alcohol services, mental health and acute trusts, and Lift Primary Care Psychology service.

The coroner for Swindon and Wiltshire informs the Swindon Borough Council Public Health team when a suicide occurs. The Public Health team then send out requests for information from GPs, psychiatric services, Great Western Hospital (GWH) and drugs and alcohol services. When comparing the number of deaths in the Swindon database to the number in the PCMD, for the deaths taking place in the years 2006-2015, the Public Health team were informed of 76% (n=110) out of a total of 145.

Number of deaths by suicide in Swindon, annual total by year of death, 2006-2015.



*It is likely the data for these years are not complete because not all deaths in these years will be registered at the time of writing this report.

Source: PCMD

The chart above shows that since 2012 the number of suicides per year has decreased. Although the figures for 2014 and 2015 may not be complete the signs are encouraging: this data is not yet included in the three year rolling reporting by national organisation as periods reported earlier in this document.

Gender

Data from the PCMD shows that of deaths from suicide occurring between 2006 and 2015, 73% were men, 27% women.

Number of deaths by suicide in Swindon, 2006-2015, male and female totals

	Male	Female	Total
2006-2015	106 (73%)	39 (27%)	145

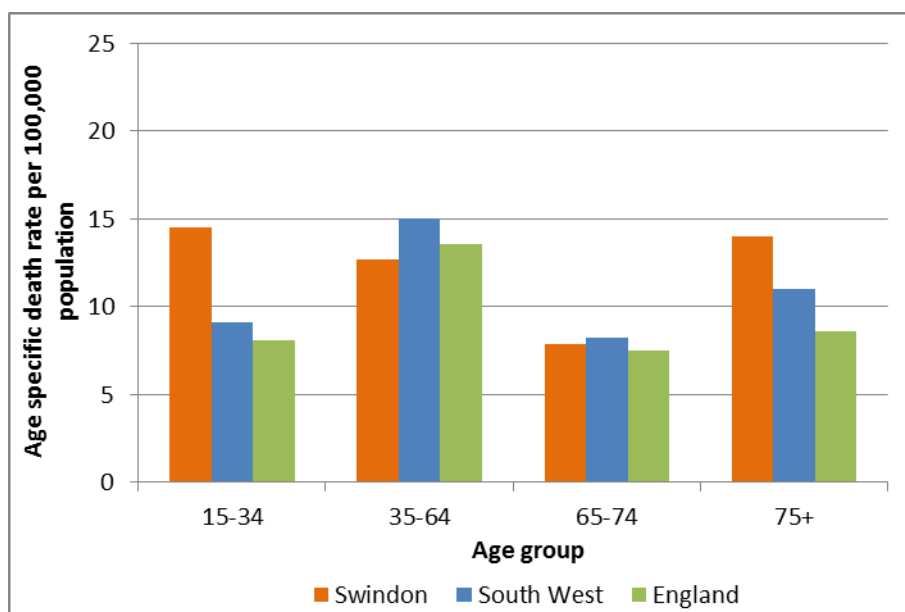
Source: PCMD aggregated by year of death

Age

The PCMD data shows that, for 2006-2015 (date of death), the age at death ranges from 15 to 85 years old. The average age at death for females is 45 years and 44 years for males.

The chart below compares age specific death rates for Swindon, the South West and England for deaths registered in 2012-2014.

All-persons age specific suicide rate in Swindon, South West and England, deaths registered in 2012-2014.

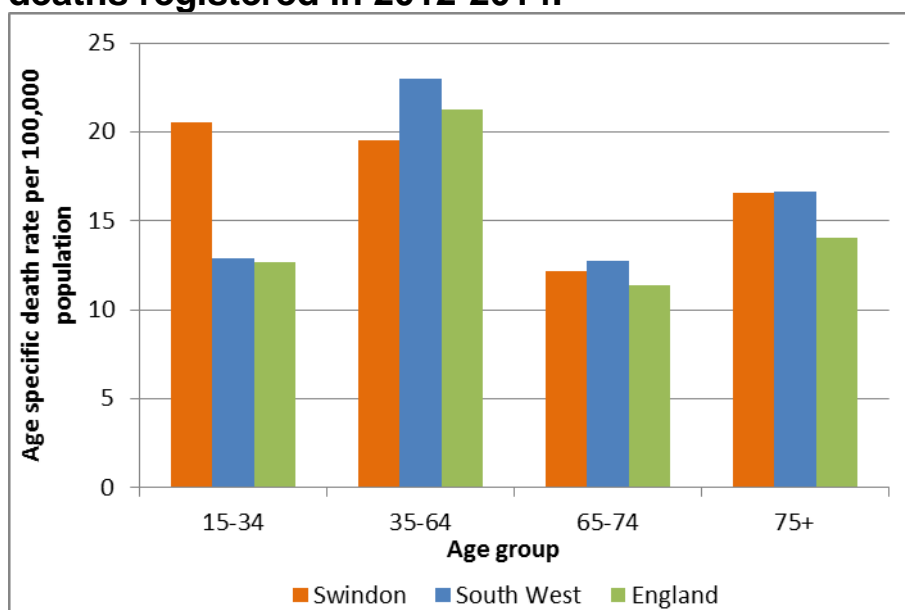


Source: HSCIC

Note: the size of the age ranges varies

For 2012-14 the chart shows that in Swindon there were slightly higher rates for the younger and older age groups but the number of deaths is small and care should be taken when interpreting these findings. The chart below shows that the picture is consistent for males and females, although there is a slightly higher rate for women over the age of 75 than for men of the same age.

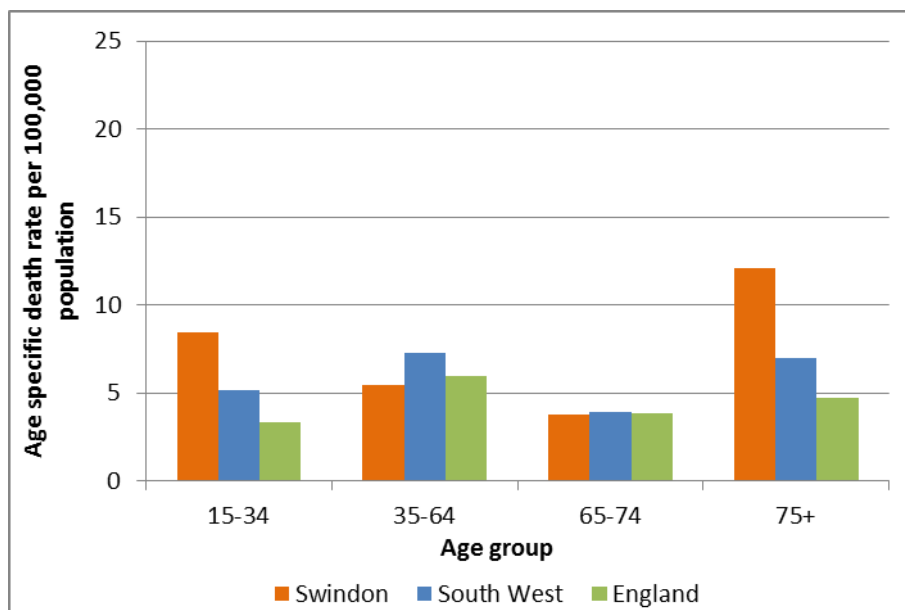
Male, age specific suicide rate in Swindon, South West and England, deaths registered in 2012-2014.



Note: the size of the age ranges varies

Source: HSCIC

Female, age specific suicide rate in Swindon, South West and England, deaths registered in 2012-2014.



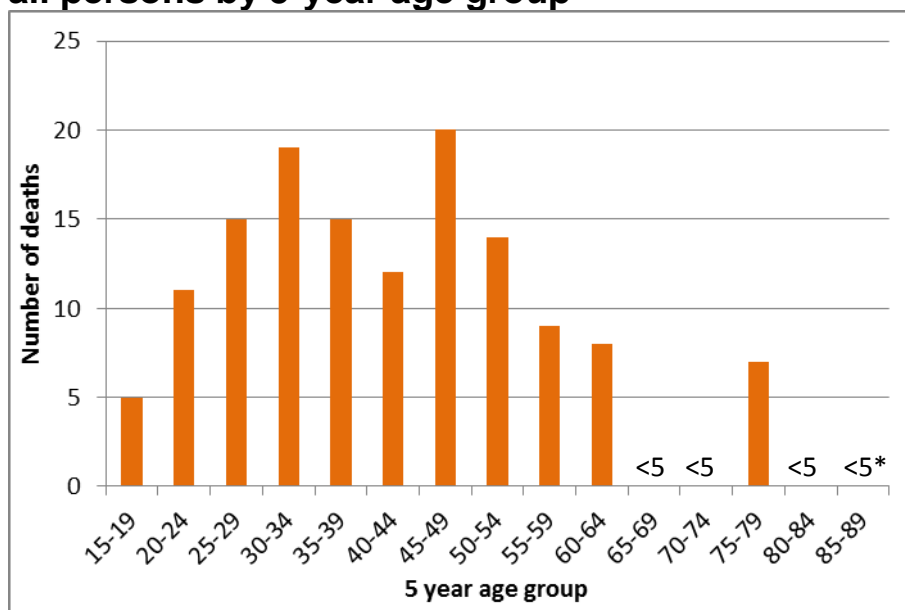
Source: HSCIC

Note: the size of the age ranges varies

*the validity of this rate is uncertain due to the small numbers of deaths involved in the rate calculations.

Further analysis of the suicides by age shows peaks between the age of 30 -34 and 45 -49 years.

Number of deaths by suicide in Swindon, 2006-2015 (year of death), all persons by 5-year age group



Source: PCMD

*suppressed due to data confidentiality these are less than five incidents per category

Method of suicide

Swindon suicides by year of death for the periods from 2006-2015 have been compared with suicides in England registered in 2014

Proportion of deaths by method of suicide

	England (2014)		Swindon (2006 - 2015)	
	Men	Women	Men	Women
Drowning	4.1%	5.6%	*	*
Fall and fracture	4.1%	4.2%	*	*
Poisoning	19.4%	36.6%	33%	36%
Hanging	55.4%	42.0%	50%	44%
Other	17.0%	11.6%	*	*

Source: ONS & PCMD

*suppressed due to data confidentiality these are less than five incidents per category

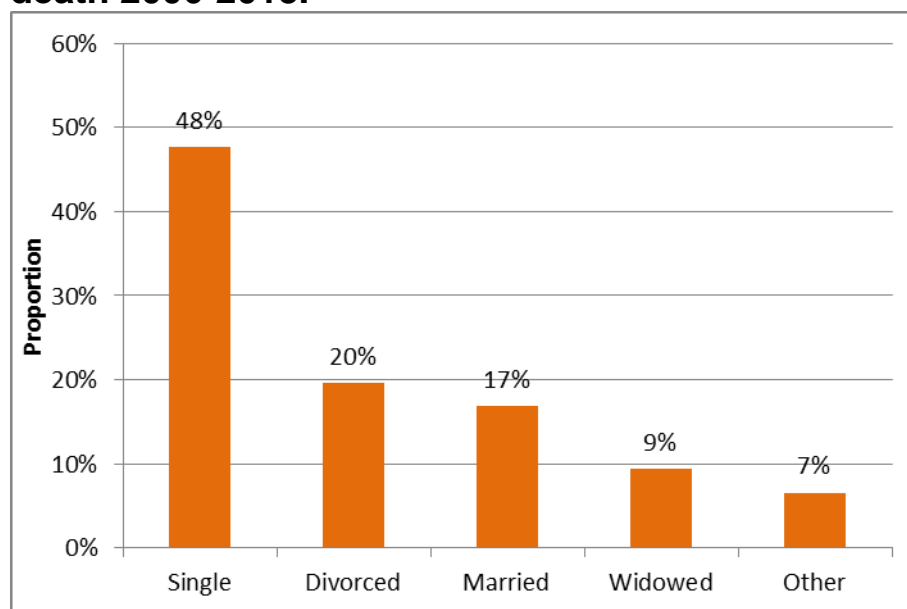
The leading causes of death in Swindon are the same as in England with hanging/strangulation the leading cause of death for both men (50%) and women (44%), followed by poisoning (men 33%, women 36%).

Marital status

74% (n=107) of deaths occurring in 2006-2015 had information recorded for the deceased's marital status. Of this sample:

- 48% (n=51) were single,
- 20% (n=21) were divorced,
- 17% (n=18) were married,
- 9% (n=10) were widowed.

Marital status, (n=107) for deaths by suicide in Swindon, by year of death 2006-2015.



Source: Swindon Suicide Audit Database

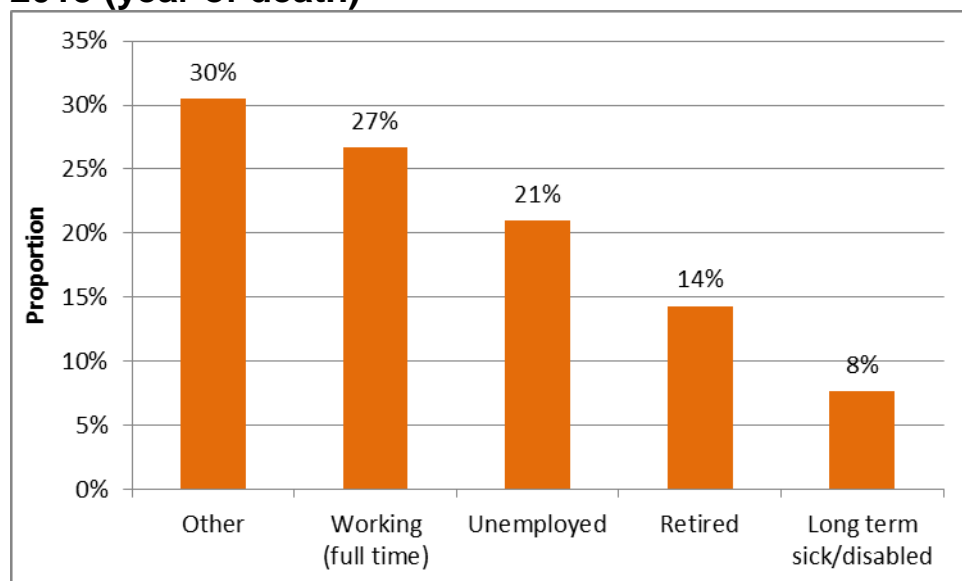
Similar to finding from national data, 17% (n=18) of people in Swindon who took their own life were married, 79% (n=85) were single, separated, divorced or widowed.

Occupational status

72% (n=105) of deaths occurring in 2006-2015 had information recorded on the deceased's occupation. Of this sample:

- 30% (n=32) were other,
- 27% (n=28) were employed full time
- 21% (n=22) were unemployed,
- 14% (n=15) retired,
- 8% (n=8) long term sick or disabled.

Occupational status, (n=105) for deaths by suicide in Swindon, 2006-2015 (year of death)



Source: Swindon Suicide Audit Database

Alcohol

74% (n=108) of the deaths occurring in 2006-2015 had information recorded for whether alcohol was a factor in the suicide. Of this sample, 26% had ingested alcohol around the time of death.

Of the 9 individuals that the GP data highlighted as having a drug or alcohol problem the majority were not known to substance misuse services. However, it should be noted that those who die who are known to substance misuse service may be classified as a drug related death rather than suicide.

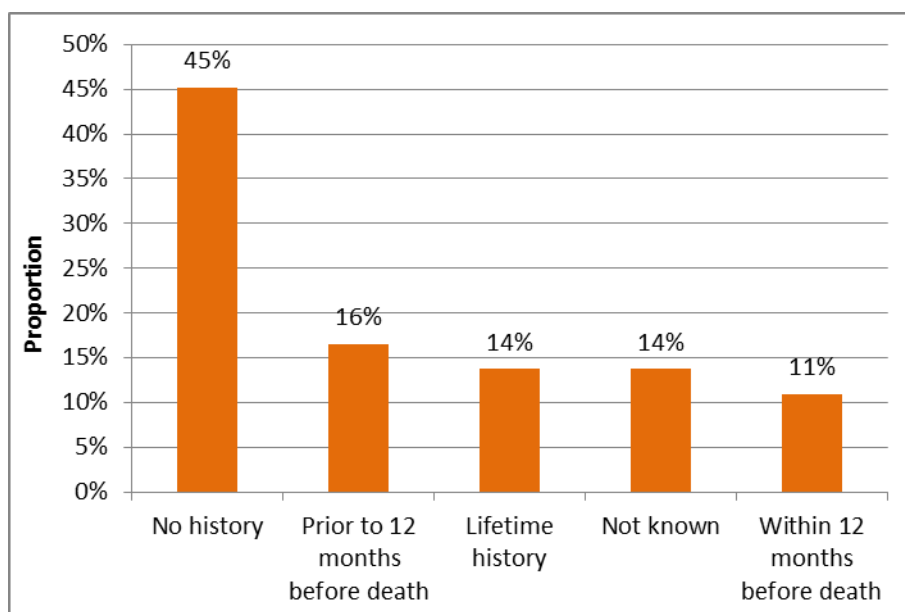
Self-harm history

Data was combined from primary care and psychiatric services to construct a person's history of self-harm. 73 individuals (or 50%) had information recorded on their history of self-harm. This represented 50% of the total on the register.

Of this sample:

- 45% (n=33) had no history of self-harm,
- 16% (n=12) had incidence of self-harm more than 12 months prior to their death,
- 14% (n=10) a lifetime history,
- 11% (n=8) had incidence of self-harm within 12 months of their death.

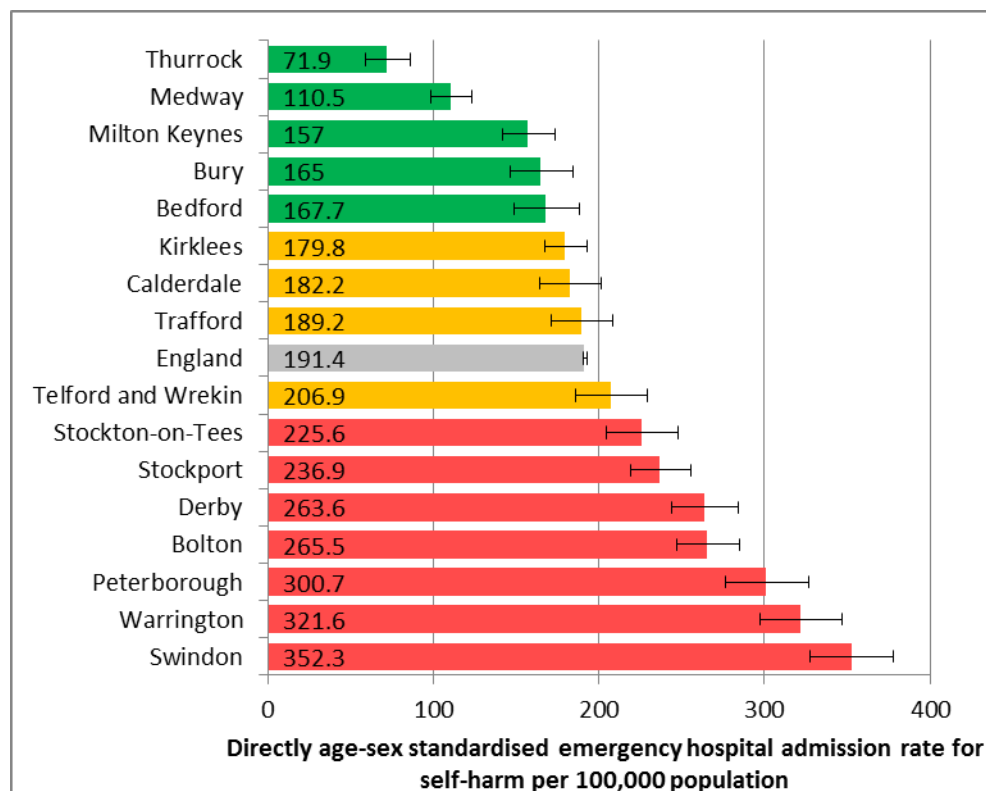
Self-harm history for deaths by suicide in Swindon, 2006-2015 (year of death)



Source: **Swindon Suicide Audit Database (n=73)**

The chart below from the Suicide Prevention Profiles from Public Health England shows the level of emergency admissions due to self-harm. The age-sex standardised rate for Swindon is significantly higher than the England rate and is the highest out of Swindon's statistical neighbours.

Emergency admissions due to self-harm, for Swindon and statistical comparator areas, 2014/15.



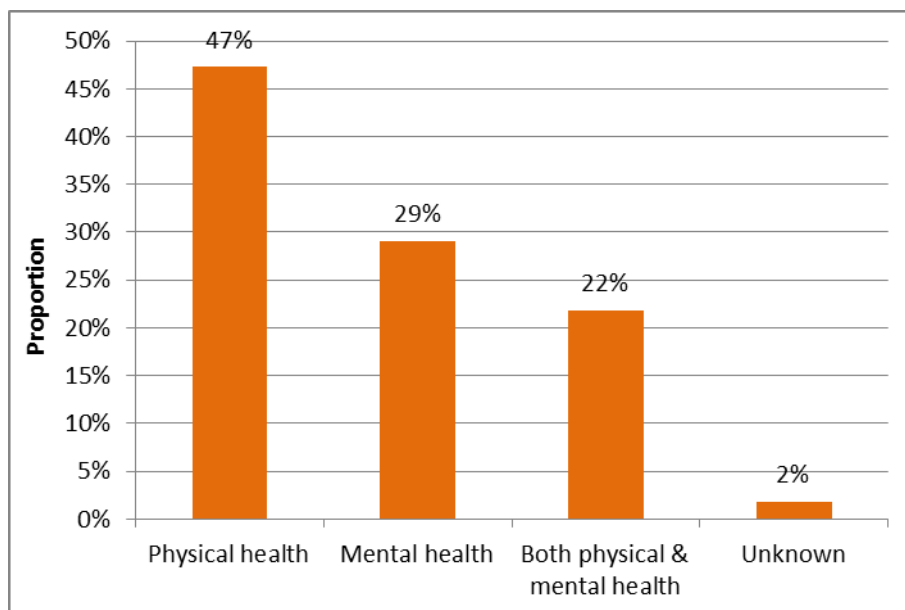
Source: Suicide Profiles, Public Health England age-sex standardised rate per 100,000 population

Contact with GP

45% (n=65) of the deaths occurring in 2006-2015 had information recorded for the date and reason of last visit to their GP. Of this sample, 85% (n=55) were seen by their GP within their last year of their life. Of the people seen in the last year of their life:

- 47% (n=25) for physical health.
- 29% (n=16) were seen for a mental health reason,
- 22% (n=12) for both mental and physical health,

Contact with GP in the last year of life, for deaths by suicide in Swindon, 2006-2015



Source: Swindon Suicide Audit Database (n=55)

Documented suicide risk

41% (n=60) of the deaths occurring in 2006-2015 had information recorded by their GP regarding their suicide risk. Of this sample:

- 68% (n=41) reported no thoughts of suicide or intent,
- 20% (n=12) reported thoughts of suicide but no intent,
- 10% (n=6) reported clear intent and plans.

GP and Psychiatric diagnosis

Data was combined from primary care and secondary psychiatric care to form a summary of diagnoses recorded. 46% (n=66) had information recorded for a diagnosis. Of this sample:

- 44% (n=29) had depressive illness recorded as a diagnosis,
- 11% (n=7) had an alcohol or drug misuse diagnosis recorded,
- 9% (n=6) had another form of mental health diagnosis recorded
- 20% (n=13) had no mental health disorder recorded.

Mental health assessment date, at GP

32% (n=47) of the deaths occurring in 2006-2015 had information recorded by their GP whether a mental health assessment had been completed or not. Of this sample, 77% (n=36) had an assessment date recorded and of these 36 people, 26 (72%) had their assessment completed within the last year of their life.

Contact with acute trust

41% (n=60) of the deaths occurring in 2006-2015 had information recorded for reason for an attendance (attendances include contact at the hospital such as outpatients appointments, inpatient admissions and A&E attendance) at GWH. Of this sample 52% (n=31) had an attendance in the last 12 months of their life and of these 31 people, 12 (39%) attended due to injuries caused from self-harm.

Psychosocial assessment at acute trust

46% (n=67) of the deaths occurring in 2006-2015 had information recorded for whether a psychosocial assessment was completed in GWH. Of this sample 24% (n=16) did have an assessment completed and 20% (n=15) had taken place within their last year of life.

Contact with psychiatric services

17% (n=24) of the deaths occurring in 2006-2015 had information recorded for whether the person was in contact with psychiatric services. Of this sample, 71% (n=17) had contact with psychiatric services within the last year of their life.

Electoral ward of residence of those who died by suicide

Geography –Crude rate based on 2013 ward populations

Ward name	Crude suicide rate	Deprivation rank within Swindon (1=most deprived)
Walcot and Park North	143	1
Lydiard and Freshbrook	124	8
Gorse Hill and Pinehurst	116	3
St Andrews	106	18
Haydon Wick	98	15
Liden, Eldene and Park South	96.8	4
Eastcott	96.8	9
Rodbourne Cheney	95	6
Covingham and Dorcan	86.3	10
Mannington and Western	82.7	7
Wroughton and Wichelstowe	74.5	11
Central	67	5
Priory Vale	65.2	19
Old Town	62.9	14
Penhill and Upper Stratton	62.2	2
Shaw	44.5	17
St Margaret and South Marston	*	13
Chiseldon and Lawn	*	16
Ridgeway	*	20
Blunsdon and Highworth	*	12

Source: PCMD, ONS 2013 ward population estimates, Index Multiple Deprivation 2015
(Department for Communities and Local Government)

Deprivation – based on the LSOA deprivation decile national ranking for residence of the deceased.

Deprivation decile	Number of deaths	Proportion of deaths
1 (most deprived)	10	7%
2	21	14%
3	10	7%
4	18	12%
5	13	9%
6	9	6%
7	8	6%
8	22	15%
9	28	19%
10 (least deprived)	6	4%

Source: PCMD and Index Multiple Deprivation 2015 (Department for Communities and Local Government)

Location of death

All of the deaths occurring in 2006-2015 had a place of death recorded on the PCMD. This data was combined with Swindon audit data to identify the location of the suicide, for example, if the person later died in hospital. This was analysed and coded to the following categories; home (including parent's home), transport route (road or railway), car park, wooded area in Swindon, other and location unknown as the person died in hospital. The table below shows that over two thirds of people who died by suicide, took their own life at home.

Location	Number of deaths (and proportion)
Home	99 (68%)
Other	17 (12%)
Wooded area	12 (8%)
Location unknown (died at GWH)	7 (5%)
Transport route	5 (3%)
Car park	5 (3%)

Source: PCMD and **Swindon Suicide Audit Database**

Stonewall Mental Health Briefing on lesbian, gay and bisexual people.

Research undertaken by Stonewall (2011) shows that gay men are more than six times as likely to attempt to take their own lives as all men. This rises to 10 times as likely for gay men from black and minority ethnic backgrounds and also bisexual men and 14 times for gay and bisexual men with a disability. The report showed that 27% of gay men had thought about taking their own lives in the previous year. This increased for those from BME backgrounds (35%), bisexual men (38%) and gay and bisexual men with a disability (47%). This compares to just 4% for all men.

Research taken out by Stonewall in 2008 found that in the previous year 5% of lesbians and bisexual women say they have attempted to take their own life. This increases to 7% of bisexual women and BME women and 10% of lesbian and bisexual women with a disability. In the previous year 33% of lesbian and bisexual women that thought about taking their own lives. This increased for bisexual women (39%), 41% of black and ethnic minority women and 52% of lesbian and bisexual women with a disability.

The Stonewall School Report 2012 found that nearly one in four (23%) lesbian, gay and bisexual young people have tried to take their own life at some point. Girls are more likely to attempt this than boys (29% compared to 17%). Gay young people who experience homophobic bullying are much more likely to attempt to take their own life than gay young people who are not bullied. The Samaritans report that 7% of all young people have ever attempted to take their own life.

The suicide ideation rate for this group is also very high. 71% of lesbian and bisexual girls, 57% of gay and bisexual boys, 76% of gay and bisexual boys who are black or minority ethnic have considered taking their own life. This compares to 20 -45% of young people in general.

In Swindon we do attempt to collect data on sexual orientation of those who have taken their own lives but the data quality is poor and often not known. With the number of suicides in Swindon being relatively small it is difficult to target interventions specifically at this group. However, individual agencies should ensure that their services are meeting the needs of all diverse groups.

Mental Health Men and Boys – Findings from the Men’s Health Forum

The Swindon and national suicide audits have shown that men are particularly at risk of suicide.

The Men’s Health Forum state that common mental health conditions¹ are diagnosed more frequently in women than in men. At any one time, one in woman in five is believed to meeting diagnostic criteria for a common mental health condition compared with one man in eight. Women are also more likely to receive treatment for a common mental health condition: 29% of women have received treatment compared with 17% of men. For depression specifically, the gap is even wider with one in four women receiving treatment for depression at some point in her life compared to just one man in ten.

However, it is often suggest that for a variety of socio-cultural reasons, men may be less likely than women to recognise emotional and psychological distress in themselves and less likely to seek treatment.

The Men’s Health Forum state that:

“Certainly, there is a case to be made that strong evidence for men’s poorer help-seeking and unacknowledged mental health problems can be found by looking at population data instead of at individual level data. Many population-level indicators suggestive of difficulty, distress and disconnection reveal men to be the majority affected. For example:

¹ Common mental health conditions include anxiety, depression, phobia and obsessive compulsive disorder.

- Over three quarters of those who take their own lives are male (better evidenced in the data not here)
- 73% of adults who 'go missing' from home are men
- 87% of rough sleepers are men
- Men are nearly three times more likely than women to become alcohol dependant (8.7% of men are alcohol dependent compared with 3.3% of women)
- Men are three times more likely than women to report frequent drug use (4.2% and 1.4% respectively)
- More than two thirds of drug related deaths occur in men
- Men make up 95% of the prison population. 72% of male prisoners suffer from two or more mental disorders
- Men are nearly 50% more likely than women to be detained and treated compulsorily as psychiatric inpatients
- Men have measurably lower access to the social support of friends, relatives and community
- Men commit 86% of violent crime and are twice as likely to be victims of violent crime.
- Over 80% of children permanently excluded from school for behavioural difficulties are boys
- Boys are performing less well than girls at all levels of education from primary school to university.”²

Source: Men's Health Forum 2015

Mosaic Analysis

An analysis has been undertaken of the deaths by suicide (2006 – 2015) using Mosaic. It should be noted that low numbers may affect this analysis but there are three main groups who have been identified as having a higher rate of suicide than the others in terms of proportion of households affected.

Mosaic is an Experian product that allows you to examine the demographics, lifestyle, preferences and behaviours of households. It is used by many companies, government departments and local authorities amongst others and is comprised of many datasets modelled together – the Census for example is one major component. Mosaic has 15 groups (the letters) and underneath these, there are 66 types (the numbers). Mosaic uses a descriptor title to describe a particular group and then identify key features of that group. The particular types in Swindon listed below account for about 1 in 5 deaths in Swindon:

O63: Streetwise Singles: Hard-pressed singles in low cost social flats searching for opportunities

Key features:

Singles and sharers
Low cost social flats
1 or 2 bedrooms
Urban and fringe locations
Routine occupations
Shortage of opportunities

² How to make mental health services work for men. Men's Health Forum 2015

L52: Mid-life stopgap: Maturing singles in employment who are renting short-term affordable homes

Key features:

In employment
Homesharers and singles
In employment
Don't have children
Average age 45
Privately renting affordable homes
Mostly terraces

J45: Bus route renters: Singles renting affordable private flats away from central amenities and often on main roads

Key features:

Aged 25 to 40
Living alone or sharing
Rent lower value flats, often 1 bed
Often live near main roads
Further from central amenities
Sourced mobile on Internet

These profiles are interesting particularly when reviewed in relation to the deprivation data above. Whereas there appeared to be no particularly link between deprivation and suicide in Swindon that may be because there maybe individual pockets of deprivation within LSOAs. The three groups described above have commonalities in that they are singles, young/middle aged and are economically challenged.

In terms of numbers of deaths, rather than the rate or deaths, there are two further Mosaic groups which have experienced a high number of deaths but this may be because there are a high proportion of these household in Swindon. Again these two groups are economically challenged.

H: Aspiring homemakers: Younger households settling down in housing priced within their means

Key features:

Younger households
Full-time employment
Private suburbs
Affordable housing costs
Starter salaries
Buy and sell on eBay

M: Family Basics: Families with limited resources who have to budget to make ends meet

Key features:

Families with children
Aged 25 to 40
Limited resources

Some own low cost homes
Some rent from social landlords
Squeezed budgets

3. Key actions and achievements

Can this very long list be broken down into categories or themes? It would help highlight where a lot of work has been done and perhaps where there are gaps?

Key suicide prevention activities and achievements in Swindon include:

Training and resources

- **Mental Health First Aid Courses** which raise awareness of mental health problems and give front line workers more confidence to discuss mental health with clients have been commissioned and are regularly delivered in Swindon by Swindon Mind
- The development of a **suicide risk assessment tool and care pathway** for primary care by Public Health and LIFT Psychology. Distribution of risk assessment tool to all GP Practices in Swindon and training offered to in its implementation. Most practices have taken up the offer of training. The risk assessment tool with training has now been distributed to agencies including substance misuse services and supported housing providers.
- **Self-harm guidelines** for professionals working with young people in Swindon have been developed by Swindon CAMHS and TaMHS and are available with on-going training provided.
- **The Mindful Employer Network** promotes mental health within the workplace and has delivered a workshop on suicide prevention and bereavement to raise awareness of impact for employers. The event was fully booked with 85 attendees from a range of employers in Swindon. The evaluation was very positive which organisations reporting they had taken positive action following the event.

Other Initiatives

- **Mental Health Crisis Care Concordat** was signed in Swindon by a range of different organisations working together to improve how organisations will work together to make sure that people get the help they need when they are having a mental health crisis. These organisations include Swindon CCG, Swindon Borough Council, AWP Mental Health Foundation, Trust, Oxford Health NHS Foundation Trust, Wiltshire Police, South West Ambulance Service, MIND, CRI Substance Misuse Service, GWH NHS Foundation Trust, Seqol and the Wiltshire Police and Crime Commissioner.

It focuses on four key areas:

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.

- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

An action plan was developed and a working group established to oversee the implementation of the plan, led by Swindon CCG.

- **The Zero suicide initiative** has been led in the South West by the South West Zero Suicide Collaborative led by Dr Adrian James. The collaborative has provide opportunities for those with lived experience and those involved in preventing suicide to come together and learn about successful suicide prevention initiatives. The concept is that one death by suicide is a death too many. Swindon has been represented at this collaborative and initiatives such as the men only lift course and SOBS Engaging Men project have, in part been influenced by the collaborative.
- **Review of Car Parks** and the closure of the top floor of Wyvern Carpark and subsequent demolition. The work of Swindon Borough Council relating to this was sighted as good practice in national guidance on tackling suicide hotspots.
- **Self-Harm register developed in GWH** – evaluation is currently being undertaken. An information pack has been developed for distribution to adults and young people who self-harm and present at the Accident and Emergency Department . All adults attending A&E for self-harm are offered to take part in the Postcard project which enables the Psychiatric Liaison Service to send a follow up postcard once a quarter for a year to those attending. Evidence from Australia found that this reduced hospital re-attendance.

The CCG has also been working with both Oxford Health NHS Foundation Trust and Avon and Wiltshire Partnership NHS Foundation Trust to ensure care plans are in place for those who regularly attend ED for self-harm to ensure alternative more appropriate support is provided.

Mental Health Services

- The Mental Health Liaison Team at Great Western Hospital (GWH) have been working towards the Commissioning for Quality and Innovation (CQUIN) to improve diagnosis and re-attendance rates of patients with mental health needs in Emergency Departments

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The work to support the scheme has included:

- Improved, co-produced (with the patient) relapse prevention care plans. It has been our intention that every patient assessed by the Mental Health Liaison Team at GWH following an episode of self-harm, has, on discharge from the hospital, a crisis and contingency plan that describes what follow up (if any) has been arranged and what they can do if they feel unsafe and/or need additional support.
- A program of training for the general hospital staff has been undertaken. The guidelines from the CQUIN were to ensure Emergency Department staff receive training in mental health awareness, assessment and signposting to liaison mental health teams, including basic biopsychosocial self-harm assessments as described in NICE guidance (NICE self-harm CG16). (Two sessions of training were to be offered to all ED departments – this has been far exceeded).
- Access to relevant information through increased AWP access to the Summary Care Record and exploration of local systems to share relevant patient information. The Mental Health Liaison Team document the summary of their assessment in the general hospital notes that includes the discharge plan.

The milestones for achieving the CQUIN targets have been the delivery of training to the Emergency Department staff, a reduction of re-attendances to GWH within 7 days and improved results in clinical audit of crisis and contingency care plans.

- **Discharge planning AWP** are developing an 'inpatient suite' as part of their existing online clinical toolkit for inpatient staff. This will include pre-discharge planning, plus the piloting of a discharge safety checklist.

- **Perinatal mental health**

Some mothers can be at risk of suicide ideation during pregnancy and after the birth of their baby. A multi-agency steering group has been established to develop a perinatal mental health pathway. This pathway has included: Public Health; Swindon CCG; AWP NHS Foundation Trust; GWH NHS Foundation Trust midwifery and obstetrics departments; Oxford Health NHS Foundation Trust; Health visiting; Lift Psychology; GPs/Primary Care; NSPCC

This pathway outlines the roles and responsibilities of different functions and will be implemented and reviewed throughout 2016 – 18 during which additional training will be rolled out.

- **LIFT Psychology service** continues to provide psychological services in Swindon including courses; one to one support; computer based Cognitive Behavioural Therapy and Books on Prescription.
- **LIFT men only course** - LIFT Psychology has set up a Men's Stress course to engage men with mental health difficulties. The course runs for 2 hours a week for four weeks. The content of the course is aimed at helping men to explore, understand and to express their emotions, with the emphasis on male specific difficulties. The course covers stress; depression; anger and anxiety and discusses helpful ways of coping with emotions. Other areas covered are men's 'rules for living' and ways to soften rules and myths of masculinity. There is space in each session to allow discussion and exploration of difficulties. Three courses were run during 2015/16 and the courses

have been well attended with good retention and the feedback has been good with attendees reporting that the sessions are relaxed, informative and engaging, with practical techniques suggested. Attendees thought it was helpful to focus on the subject from a male perspective.

- **LIFT Psychology Support for those with Long Term Conditions.** LIFT provides psychological support for people with long-term health conditions both within the community and in primary care and also within the GWH.

Over the past few years, the service has developed various community-based self-management courses targeting a range of conditions, including chronic pain, fibromyalgia, stroke, multiple sclerosis, diabetes, and most recently Parkinson's disease. These courses run on a regular basis, in various venues in the community to help improve access. They are based on Cognitive Behaviour Therapy and aim to improve people's mental and physical health. All LIFT clinical staff receive in-house training and supervision within this field to enable them to work effectively with this client group. Increasingly numbers of people in Swindon living with long-term health conditions have been accessing LIFT for psychological support over the years, in both an individual and group setting, and are signposted by various disciplines and services locally. There has been excellent feedback from service-users and this form of support is very much valued. LIFT has a good national reputation for this innovative development.

Within GWH, psychological support is funded within the following services: oncology, diabetes, pain management, and the bariatric service. As within the community provision, the support provided is a mixture of group and individual therapy, usually on an out-patient basis but sometimes also for in-patients. The clinical psychologists work closely within the different multi-disciplinary teams, drawing on a range of psychological models to inform their practice, and they also provide psychological training and consultation to their colleagues. It is hoped that the psychology provision within GWH will continue to develop over the coming years, to enable other services there to benefit from this support.

- **Prescribing** – from our audit we saw that 21 were self-poisoning using medication. 7 of these involved Paracetamol either alone or in combination with other substances. The others were a range of difference medications include many for mental health conditions. All prescribers should be aware of the suicide risk of the medications they prescribe. AWP are currently reviewing their policies and protocols around the prescribing of certain medications. This may also be reviewed using information from the self-harm register.
- **Transition** from childhood to becoming an adult is always a challenge. For those with mental health problems who are used to receiving a holistic mental health and wellbeing service it can be particularly challenging. Following the Children and Young People's mental health Joint Strategic Needs Assessment a Mental Health Transitions Group has been established to improve transitions from Children's to adult mental health services and provide support for those who do not will not benefit from adult secondary care services but need some support during transition to adulthood. This group will now link into the wider transitions work taking part in the Council.
- **Street Triage.** The Street Triage project is being piloted for one year from September 2015 – 2016. Essentially it involves mental health professionals working in partnership with police with the aim of:

- Improving access to appropriate services for people experiencing mental health problems
- Improvement in the quality of care received by people experiencing mental health problems and their carers
- Reducing the amount of police time spent dealing with these situations
- Sharing of appropriate information between agencies to ensure that safe and appropriate action is taken
- The inevitable reduction in the amount of inappropriate detentions under Section 136 of the Mental Health Act
- More efficient use of resources by both agencies

In Wiltshire the pilot was initially set up with experienced mental health nurses working alongside police officers and call handlers at their central control room. The team have access to current health records and are able to share relevant, appropriate and proportionate information regarding a person's risk to themselves and/or from others, what support they already access, advance directives, and risk management plans, for example. The Street Triage nurse advise police officers directly and speak with patients, and their carers, and liaise with other health professionals, as appropriate, to ensure that the person is directed towards the correct care pathway by the shortest possible route. From 21st March 2016 the team will be based solely at the Communications Control Room from 08:30 until midnight, 7 days a week. The pilot runs until September 2nd 2016, and subject to evaluation it is hoped that funding can be secured to commission a substantive service beyond this date.

Other Services

- **Swindon and District Samaritans** provide a number of local services on top of the core Samaritans telephone service. Swindon Samaritans is open six days a week and certain times for those who prefer to drop in. Swindon outreach service also visits the Job Centre once a week to offer support to job seekers. They also visit local schools speaking to 15 -16 year olds to raise awareness of the Samaritan's service. The Swindon Samaritans also link with AWP mental health trust psychiatric liaison service at GWH offering follow up phone calls for patients who have attended A&E in emotional distress. Samaritans outreach also work with Earlstoke Prison offering support to the peer listening service offered by prisoners. They also provide cordless phones for both prisoners and the prisoner listeners to contact the Samaritans. Swindon and District Samaritans are a member of the Suicide Prevention Group.
- **Localities** within Swindon Borough Council has three teams that as, part of their work, have a specific aim to improve the mental health of its clients, some of whom speak of suicidal thoughts. The Health Ambassadors, Community Navigators and Circles of Support Team offer a free and confidential service that works with someone on individual goals. Some of the biggest challenges that we face can be devastating on our wellbeing, these include loneliness, feeling disconnected from our community, coping with a crisis, living a chaotic life and deteriorating physical health.
 - **The Health Ambassadors** offer six 1:1 sessions to improve physical health and this includes: healthy eating, reducing alcohol, stopping smoking and learning new skills. Nearly all clients to date have been monitored and have expressed improved wellbeing by the end of the service. Befrienders are also used to support people access community events and help them gain confidence.

- **Community Navigators** are based in GP surgeries and work with people with long term health conditions. They offer 1:1 support to facilitate improved self-care and self-management of their condition(s) to improve quality of life and reduce demand on statutory services. The Community Navigators meet clients in their own home and build a picture of how long term health conditions impact on a person and their family/friends. Through supported goal setting and introduction to new voluntary support resources and community networks, clients are empowered to make positive change and improve their health and wellbeing.
- **Swindon Circles** is a volunteer befriending scheme which seeks to support isolated older people across Swindon primarily those in social housing. Volunteers offer regular social contact with an emphasis on connecting with other people, local groups and services and getting out and about, where this is possible and practical. Many of the Swindon Circles clients may be in a state of anxiety exacerbated by their social isolation and some report feeling of uselessness, depression and low mood. Clients can be recently bereaved or experiencing physical health issues that are impacting on their ability and confidence to be amongst others or getting out and about. Many relay that their volunteers make an essential difference through the social contact, brightening their day and giving them something to look forward to. Volunteers often report a positive mood change and new outlook from their clients.
- **Treehouse Wiltshire** was launched in October 2015 as an independent charity providing bereavement support to those aged 0 – 25 yrs and their families living in Swindon or Wiltshire. They offer:
 - Telephone advice and support to parents and professionals
 - Direct work with children and young people either at home or school
 - Opportunities for children and families to meet and share their experiences at group events
 - Referrals for more specialised help
- **British Transport Police** have joined our local suicide prevention group which has given us links into suicide prevention opportunities on the railway line running through the Borough of Swindon. Although there have been no fatalities within the Borough of Swindon in the last two years there have been 8 threats or attempts. 8 in 2014 and 4 in 2015. There is now British Transport Police presence at Swindon Station.
- **Swindon Street Pastors** go out into Swindon town centre on Friday and Saturday nights usually from 10pm – 4am. The aim is to be a visible presence on the street contributing to a safer Swindon. Swindon Street Pastors work in partnership with the local council, statutory agencies and the local churches. A typical night involves 4 street pastors walking the streets of the town centre engaging with people of all ages in the pub and club scene. Street pastors spend time listening to people and offering practical assistance where appropriate. Practical assistance can include giving 'space blankets' to those who are cold, 'lollipops' to young people, safety alarms to women, 'flip-flops' to those struggling with high heels at the end of a night and by assisting vulnerable people to get home. Swindon street pastors will help those who are homeless usually by signposting to other appropriate organisations such as the Swindon Night Shelter. We also signpost those with addiction or relationship problems to appropriate organisations. In the last year we have put in over 2,592 patrol hours, over a 1,000 glass bottles picked up, given out over 216 flip-flops and an estimated 3,000 people cared for, listened to and helped home safely.

- **Swindon Mind Self Harm Counselling Service (formerly PASH)** is a free confidential service, supporting individuals with self-harm issues from the age of 16 years. There is an initial offer of a 10 week 1-1 counsellor which can be extended for a further 10 weeks if required. Patients can re-refer if their self-harming behaviour returns but the emphasis is on recovery, resilience and discharge from the service. The service sees, on average 100, clients per year. The service also raises awareness and understanding about self-harm in the community and provides advocacy on behalf of some clients.
- **SOBS (Survivors of Bereavement by Suicide) group** is now well established. In the past two years they have welcomed 70 referrals to their groups. Currently there are two groups that run on a monthly basis, an evening group on the first Thursday and a morning group on the third Thursday of each month. SOBS also run regular workshops for survivors. Swindon SOBS pioneered an **Engaging Men initiative** which aimed to provide support for men. This is now run in Gloucester but men from Swindon are invited to take part. Swindon SOBS have also been instrumental in supporting other areas such as Weston-Super-Mare and Bath to set up their own groups. SOBS are also working to raise awareness and provide support for homelessness. This includes an advent project providing necessities for homeless people in Swindon, support to the Tree house Bereavement Service. A memorial tree has been planted at Swindon crematorium in memory of all those who have lost their life to Suicide in Swindon. Swindon SOBS have in a short space of time become a leader in support for those bereaved by suicide advising on the Swindon and Wiltshire Suicide Prevention Groups and speaking at regional conferences on the topic.

For the last two years 2014 and 2015 SOBS have hosted a Suicide Prevention Conference in Swindon

- **The Citizen's Advice Bureau (CAB)** provides advice and guidance to many individuals many of who have debt problems. Of the 8,000 plus people CAB work with every year between 3,000 and 3,500 people each year report debt problems. Around 40% of their clients report disability or long term health problems (16% categorise these as mental health related). The specialist benefits caseworkers primarily assist people to appeal decisions in relation to disability benefits and are seeing a continued trend towards people with mental health problems being initially turned down for Employment and Support Allowance (ESA) but being put into the support group on appeal. This is one area where without specialist help the client is unlikely to be able to overturn an initial decision. The four biggest debt issues reported currently are: Council Tax arrears 16%; Rent arrears 12% (and rising); Credit Cards 8% and unsecured personal loans 7% (and rising).

At Risk Groups

- **Homelessness** in Swindon has increased over the last few years. The Swindon Homelessness strategy has been developed 2016 -2021 has been agreed and within this strategy there are strong links to mental health and substance misuse issues. One of the recommendations of the strategy is to re-establish the Homelessness Forum – a multi-agency forum to oversee the implementation and effectiveness of the strategy. This will include the Suicide Prevention Lead.
- **Family Debt** During 2013 National Welfare Reforms were introduced which potentially had a financial impact on individuals and families. Swindon Borough Council and its

partners have been supporting claimants who have been impacted. The main changes have been the reduction in Council Tax Benefit, the under-occupancy changes in Housing Benefits for claimants in the Social Rented Sector, the Benefits Cap of £20,000 and the commencement of Universal Credit. The claimants impacted have been offered support in finding employment from Job Centre Advisors, budgeting support from the Citizens Advice Bureau, college courses on employment skills and budgeting, assistance in using online applications from the Libraries, support from Benefits Officers, Housing officers and welfare advisors employed by other Social Landlords, Local Welfare Payments from the Council and an increase in Discretionary Housing Payments granted (using Housing Revenue Account Funds). There is currently a further Welfare Reforms Bill going through Parliament and the Swindon Welfare Benefits and Strategy Group will be discussing what other support can be offered to anyone impacted by any further changes over the next few months.

- The **Alcohol Support and Advice Project (ASAP)** started in March 2015 and has been funded by One Swindon. The project is hosted by CRI. ASAP is an innovative programme modelled on the success of other ambassador and champion projects to provide a sign-posting outreach initiative providing peer support, motivation and guidance or help in recognising alcohol misuse and the impact it has on others. We have a Recovery Co-ordinator and 4 volunteer part-time Recovery Motivators who are working in North Swindon, Parks and Highworth to provide support and advice to those affected by Alcohol. This group can be particularly susceptible to suicide ideation. The volunteers are all previously unemployed or receiving benefits and have experience of alcohol misuse either directly or indirectly. They are paid for a few hours a week below the benefits threshold.
- The **Street Drinkers Project** secured funding from One Swindon in 2015 -16 to tackle the impact of street drinking on individuals, communities and businesses. Street drinkers have multiple needs and issues that are addressed by a spectrum of public services and third sector organisations. This project will employ an experienced Recovery worker who will use multi-agency intelligence to identify and target persistent street drinkers and work with partners to provide support regarding accommodation; alcohol and drugs; finance, benefits and debt; children and family issues; mental and physical health; education, training and employment; attitude, thinking and behaviour. In addition a Doctor and Nurse led drop-in (referral only) wet clinic will be provided with a designated area where individuals can consume restricted amounts of alcohol in a safe environment and can receive help and support to address their alcohol or other issues. Outcomes that will be monitored include reduction in alcohol and drug use, reduction in individual arrests, reduction in reported Anti-Social Behaviour (ASB), and reduction in hospital admissions for the cohort. This project is due to start in early 2016/17.
- A **dual diagnosis** (substance misuse and mental health) care pathway has been developed for mental health and substance misuse services and primary care. There is an established Dual Diagnosis Group that meets quarterly to discuss dual diagnosis issues which arise for services. This group has provided training for all staff working with this client group. There is also a practitioner group that meets regularly to discuss individual cases and concerns.

The Drug Related Death and Harm Reduction Group reviews all drug related deaths and links with the Suicide Prevention Group through the joint chair. Records show that at least 20% of those who died from a drug related death were either in contact with or had been in contact with mental health services.

Safeguarding and Risk Management Development in Swindon

- In 2014, taking the learning from a Safeguarding Adult Review (SAR) Swindon identified a number of findings, including 'The lack of a recognised and understood multi-agency framework for case planning and decision making in Swindon leads to inconsistent and reactive practice; resulting in inconsistent and ineffective support to vulnerable people'. In response to the findings, the partners within the Local Safeguarding Adults Board have established the development of a multi-agency risk assessment process to ensure effective case planning and decision making to promote safety and wellbeing of high risk adults in relation to adults with multiple needs.
- **Swindon Risk Enablement Panel (REP)** The agencies in Swindon recognise that there are a small number of individuals who have multiple needs and maybe at risk of significant harm but fall outside of the criteria for Adult Safeguarding investigations or who have made capacitated decision not to engage with enquire. In the first instance it remains the responsibility of each professional to engage with the individual and offer interventions in a persistent and effective manner. The multi-agency process will only be enacted when all other interventions have not produced an improvement in outcomes for the individual adult.

The Risk Enablement Panels purpose is to support the individual and staff to reach agreement around risk decisions and management of those risks which can be managed. The Risk Enablement Panel acts in an advisory capacity and can make recommendations on what would be reasonable in terms of managing risks while balancing the rights of all concerned. The REP does not seek to reverse decisions that may have been previously assessed and agreed by staff and managers, rather it offers a reflective space for consultation, reconciliation, problem solving and agreement in cases where the levels of risk raises concern.

4. Recommendations and actions for 2016 - 18

The recommendations set-out below have been informed by the findings of this Swindon suicide audit and build on the work undertaken to-date in Swindon. They have been informed by the national suicide strategy "Preventing suicide in England: a cross-government outcomes strategy to save lives" in September 2012 (DH 2012a) and the evidence this document sets out for interventions that work locally.

An overarching recommendation is to continue to improve the mental health of the population of Swindon as a whole and to ensure access to high quality mental health services for all those who require them, and particularly those with a history of self-harm and/or recorded suicide intent. This should be done through the implementation of recommendations from the two Swindon Mental Health Joint Strategic Needs Assessments - one for adults and one for children and young people, as well as the national mental health and suicide prevention strategies. The needs of those with a non-heterosexual orientation should be a particular consideration as this report highlights the higher rates of suicidal ideation and attempts for these groups.

Specific recommendations to reduce suicide rates in Swindon from 2016 - 18 are to:

1. Ensure that all those working with high risk groups continue to have access to appropriate training on suicide and self-harm, including those working in schools and

colleges, emergency departments, other emergency services, primary care, care environments and the criminal and youth justice systems. Six, two day ASIST suicide prevention training courses will be rolled out over 2016-2018.

2. Focus mental health promotion and suicide prevention interventions on boys and men. Interventions should be targeted through community locations as well as health settings. The aim is to engage more effectively with men including those who are homeless or suffering from substance misuse issues. This would include SOBS initiative to engage more with men bereaved by suicide.
3. Review the Self-Harm Register in the GWH Emergency Department and use data to inform the Swindon suicide audit and prevention strategy. This will include a register for Children and Young People. In conjunction with this a task group to reduce emergency hospital admissions for self harm will be set up to tackle the high rates in Swindon. This should include service user feedback from attenders on what could make a difference.
4. Review substances used for self-poisoning and where possible reduce access to these substances.
5. Ensure that mental health needs are given equal consideration to physical health needs in those with a long-term health condition, and provide support for self-management and self-care which supports mental wellbeing as well as physical health.
6. Support campaigns and initiatives to reduce loneliness and social isolation.
7. Work with planners and developers in Swindon to include suicide risk in health and safety considerations when designing multi-storey car parks, bridges and high-rise buildings that may offer suicide opportunities.
8. Address the suicide risk associated with homelessness through the establishment of Homelessness forum and links to the homelessness strategy 2016-21.
9. Provide better information and support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviour and support research, data collection and monitoring including:
 - Work with the local media in Swindon to encourage responsible reporting of stories around suicide and self-harm and to provide information about sources of support and helplines when reporting suicide and suicidal behaviour.
10. Ensure that interventions implemented as a result of these recommendations are evaluated and learning shared in Swindon and nationally in order to develop the evidence base on what works in suicide prevention. Capturing the views of those who have attempted suicide on what could make a difference.
11. Thematic Lessons learnt from agencies route cause analysis of deaths by suicide are shared where appropriate with relevant agencies.