How to set up and run a real-time suicide surveillance system?

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How to set up and run a real-time suicide surveillance system

DETECTIVE CHIEF INSPECTOR
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(THAMES VALLEY POLICE)
Why have a real-time suicide surveillance system?
TVP Rationale for Engagement

• Rationale
  ○ 65% more likely to attempt suicide after a friend or family member dies by suicide
  ○ 80% of those bereaved by suicide are more likely to drop out of work or education

• A Partnership Approach
  ○ NHS / PHE
  ○ POLICE
  ○ CORONERS OFFICE

• Determination to Provide Support
Regional Suicide Prevention and Intervention Network (SPIN) aims for collaboration and across the Thames Valley counties (2015)
- Early support for people bereaved by suicide is a SPIN priority
- Adoption of the SOBS supportive signposting work.
- Enables a more responsive intelligence led approach

Thames Valley Police priority to Protect Life

LA Guidance encouraged the development of Real Time Suicide Surveillance

No funding, but agency commitment
Supportive Signposting

- Supportive Leaflet (TVP/NHS/PHE) provided on the day to the bereaved relative(s) (GEN 19)

- Relatives Consent for their contact details being shared for the provision of additional support?

- Coordination of bereavement supportive signposting and real time data collection.
  (Letter from TVP and ‘Help is at Hand’)
  (Oxon = ‘CRUSE’ Face to Face Referral)
Real Time Data Surveillance

- GEN 19 (Sudden Death) Suicide Report Form collated through the central bereavement support in-box. or if support declined;

- Direct information from the Coroners Officer Teams

- Collated by a central resource.
  - Recorded on a Spreadsheet
  - Available for data analysis
  - Identification of Volumes, Patterns, Clusters & Contagion
  - Statistical Referencing, but not Audit
1. School cluster – police alerted suicide prevention links to additional incidents
2. MH establishment - proximity of residents, social networks leading to risk of contagion
3. Affected surgeries – early alert enables offer of suicide awareness training including postvention
4. 3 incidents involving firearms in one village – not linked
5. BTP – MK and Bletchley (7 cases in 4 months) – linked only by location

NB: Useful Guidance on Response Planning
WHAT WORKS

- A Partnership Approach (Agencies)
- Individuals with capacity to complete the work
- A commitment to deliver support to the bereaved relatives
- Any / All follow up contact with the bereaved relatives is really appreciated by them
- Opportunities to support GP surgeries and CDOP processes, further CRUSE referrals
- Agencies able to review and respond to real time data, including strategic planning
WHAT HASN’T WORKED

- Initially only relying on one agency to provide the data
- Not all bereaved relatives require the support, especially if they have issues with an agency i.e. MH service provider
- Thinking there would be clear locations to deliver preventative activity i.e. car parks, beauty spots
- Gaps in Bereavement Support i.e. wider network of those affected (Friends, Work Colleagues)
- Assimilating attempt suicide or self harm data
ANY QUESTIONS?

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Thames Valley Real-Time Suicide Surveillance System – Resource Pack

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Context and background

• Webinar held in June 2017 to share learning
• Overwhelming interest from other areas in SE and more widely to share learning in easy to follow format
• Collaborative work with TVP to develop the resource pack
• Work with PHE national team and NSPA to publish the resource pack (Sept 2017)
What is in it?

- Brief introduction
- Summary of TV system including context, local partners, how the system works, key outcomes, learning points and future developments
- Surveillance system flow chart
- Useful documents including Sudden Death Form (Gen 19), Sample Data Spreadsheet, Bereavement Support SLA, TV Suicide Prevention Resource Briefing and helpful leaflets

Oxfordshire Real Time Data Surveillance

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Oxfordshire County Council
Set Up & Process

- Real Time (RT) data collection is a recommendation from 2014 Audit
- Is an alternative to the full audit process

**Notification**
- Coroner's Office send PH list of upcoming inquests to be heard
- Cross referenced with Gen 19 notifications (TVP/Crner's)

**Attendance**
- PH allocate dates between the team
- Team member attends inquest

**Data**
- Complete data collection spreadsheet
- Scrutinise annual overview for obvious patterns
- Produce annual report
Data Collection Checklist

✓ Demographics
✓ Date of death
✓ Location
✓ Method
✓ GP Details
✓ MH Services Involvement & diagnoses
✓ Hx of suicidal behaviour/ideation
✓ Evidence of drug or alcohol in PM
✓ Family
✓ Press coverage
✓ Conclusion/Verdict
✓ Free text – risk factor qualitative data
## Benefits & Limitations

### Benefits
- Alternative to audit
- Triangulation of data from TVP and Coroner’s
- Allows snapshot comparison for early identification of trends (e.g. YP, locations, methods)
- Benefit of having data to be able to use for MAG and prevention plan
- 12 month annual reviews with data easy to pull off database. Can take to HWBB and use in JSNA
- Builds relationships with partner who are members of the MAG
- Gives more in-depth data than national published datasets, relevant to local population.

### Limitation
- Regular time commitment from team members
- Can’t attend inquest with jury
RT Data - Partnership Work

• Offering real time post-vention support to communities
  – GP Surgeries
  – Schools/SHN/CAMHS/Seesaw

• Working across LA boundaries
  – MH Provider
  – Communication between CDOP
  – Communication between PH teams
Next Steps for Surveillance

• Map annual suicides by geography with locations of institutional deaths
• Surveillance of serious suicide attempts – build in SCAS data (location)
• Self-harm surveillance
  – EDPS can provide data for hospital admissions
  – Oxfordshire has 3 multi-agency self-harm networks. Allows community level data on self-harm
  – SCAS could also contribute with serious suicide episodes