Five Year Forward View for Mental Health: What it means for suicide prevention

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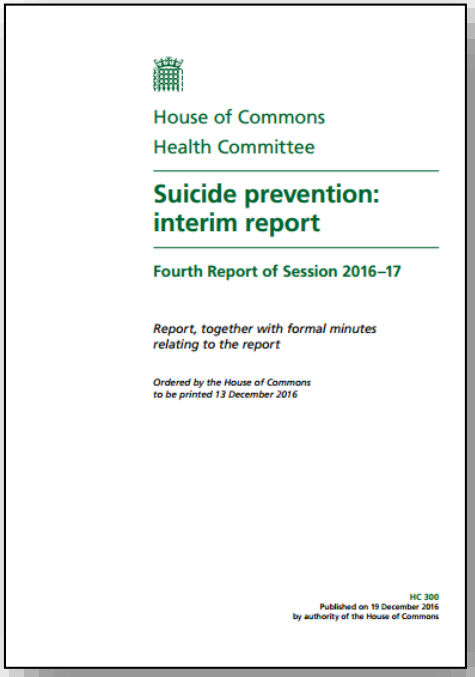
Recent Suicide Prevention Policy

Update the 2012 strategy in **5 main areas**, supporting the recommendations of the Five Year Forward View for Mental Health:

- expanding the strategy to include **self-harm prevention** in its own right
- every local area to produce **a multi-agency suicide prevention plan**
- improving **suicide bereavement support** in order to develop support services
- better targeting of **suicide prevention and help seeking in high risk groups**
- **improve data** at both the national and local levels

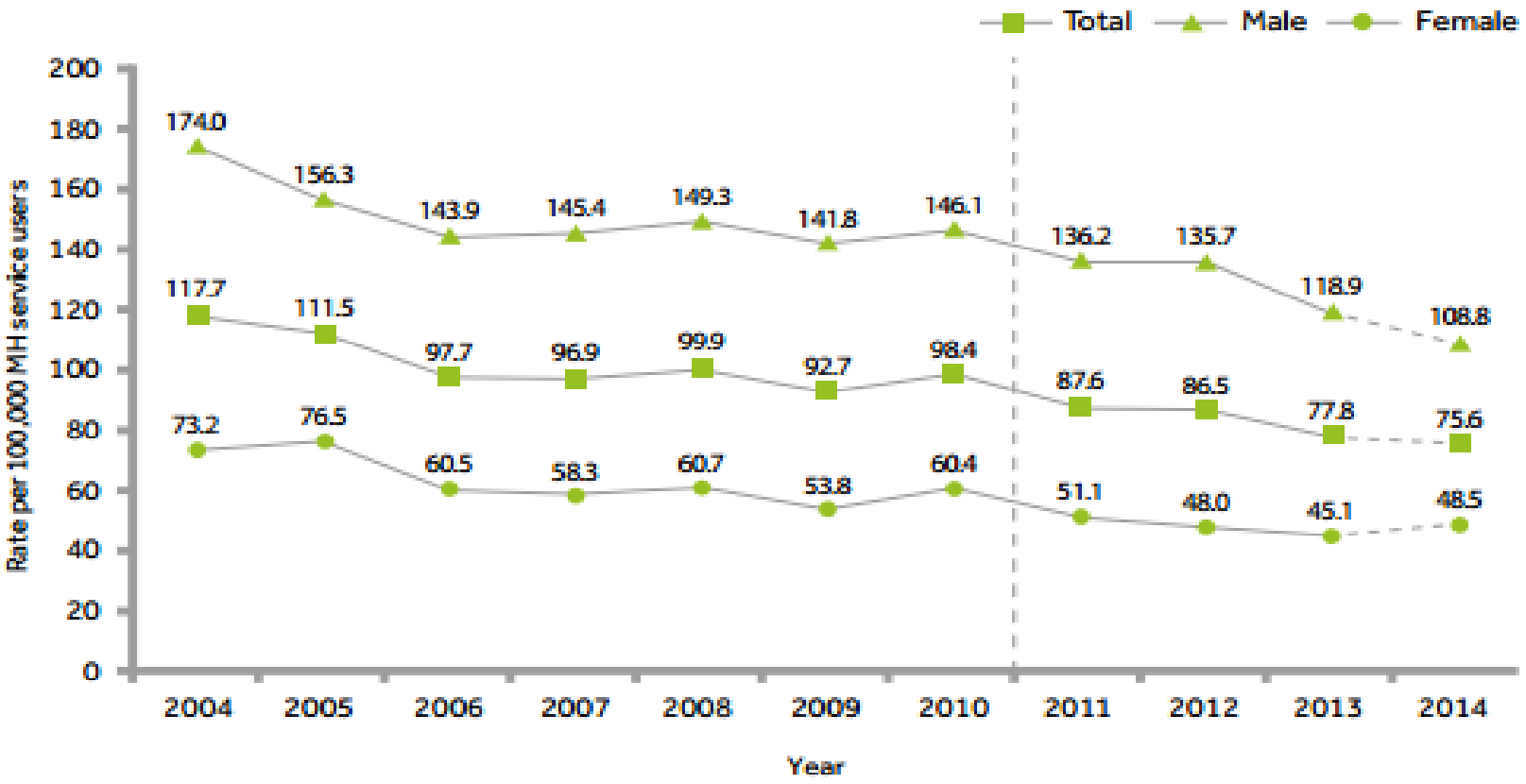
Health Select Committee interim report published before Christmas to support the strategy - their inquiry continues, NHS England engaged and await considerations.

NHS England continues to work with the **National Confidential Inquiry into Suicide and Homicide** by people with mental illness (NCISH) on its annual and bespoke reports, such as the report earlier this year on suicides by children and young people



Rates of Patient Suicide

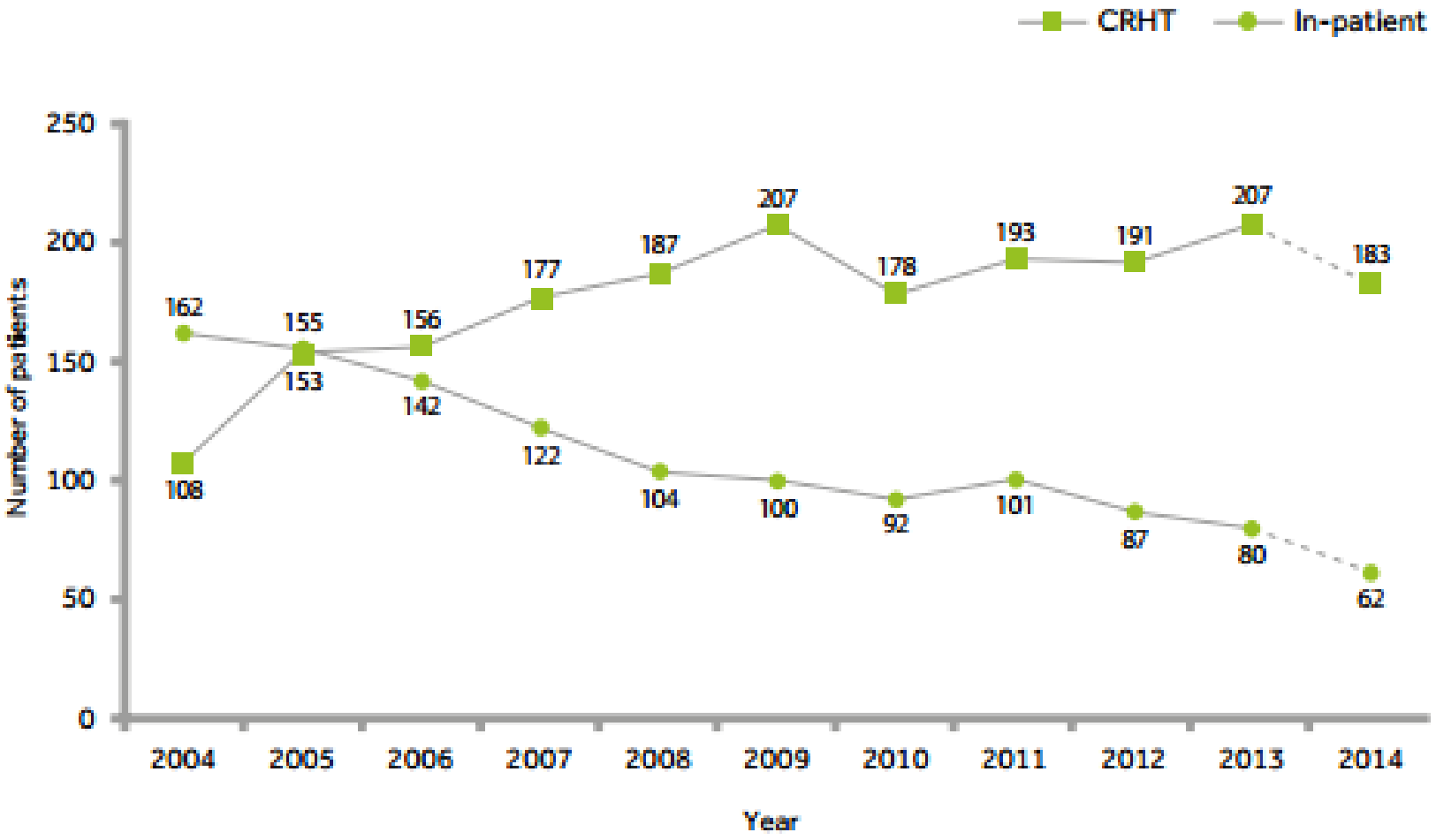
Figure 9: Rates of suicide per 100,000 mental health service users[†] in England



[†]The Mental Health Services Data Set (MHSDS)[11] was used to calculate rates for the available years (2004-2014). Changes in MHSDS methodology[12] means rates between 2004-2010 and 2011-2014 are not directly comparable. Rates in 2011-2014 are based on 1,517,613 service users in 2011, 1,578,409 in 2012, 1,703,247 in 2013, and 1,813,672 in 2014.

Comparing Inpatient vs CRHTT

Figure 18: Patient suicide in England: number under crisis resolution/home treatment services and mental health in-patients



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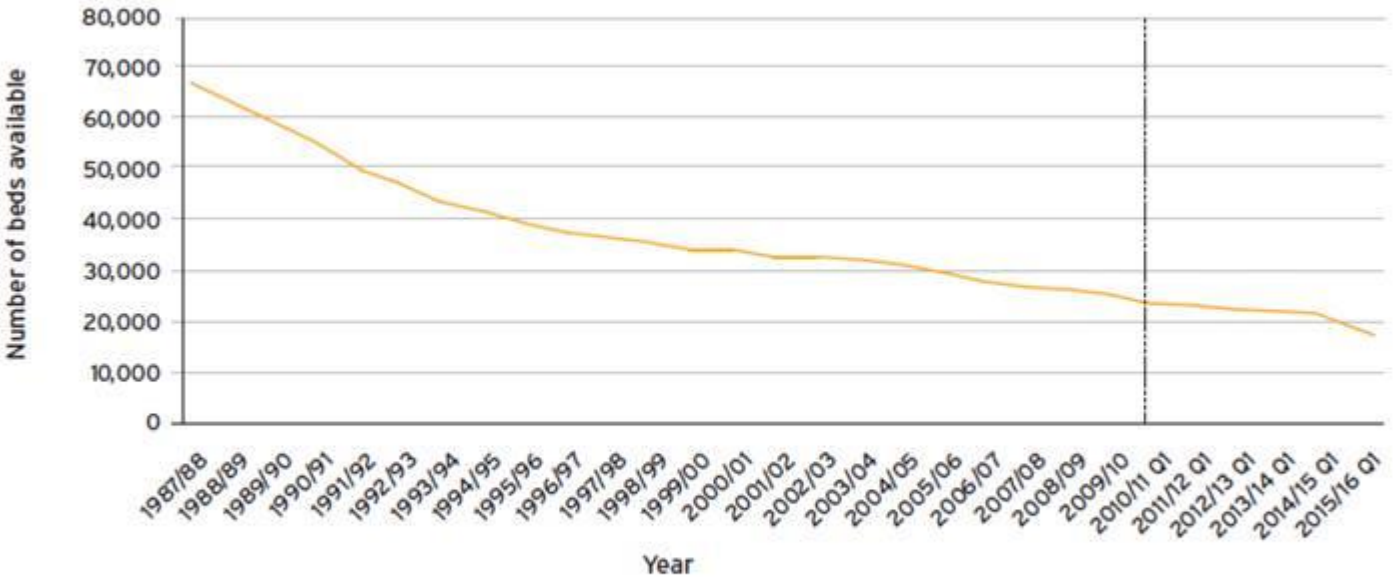
NB. Comparison of numbers, not rate

Fall in bed numbers over time in England (Crisp Report)

Figure 1: Number of beds available across the mental health sector between 1987/88 and Q1 2015/16



Data source: NHS England bed availability and occupancy data – overnight.
The dataset changed between 2009/10 and 2010/11 and moved to a quarterly collection period.
This means data may not be directly comparable with previous years.

“A Billion for a million” by 2020/21

70,000 more children will access evidence based mental health care interventions	Intensive home treatment will be available in every part of England as an alternative to hospital	No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the ‘core 24’ service standard
At least 30,000 more women each year can access evidence-based specialist perinatal mental health care	10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017	Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year
The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled	280,000 people with SMI will have access to evidence based physical health checks and interventions	60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks
Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care	New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision	There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements

Suicide prevention & reduction commitments **plus** all other MH5YFV implementation priorities will contribute to goal of suicide prevention through **early intervention** & **providing people with timely access to evidence-based care** through the life-course

What are we doing? Access to evidence-based care: Urgent and Emergency

More than £400m for crisis resolution and home treatment teams (CRHTTs) to ensure that people across the country are able to access a 24/7 community based crisis response and intensive home treatment as a safe and effective alternative to hospital admission;

- Majority of **CRHTTs not currently sufficiently resourced to operate 24/7**, caseloads above levels that allow teams to fulfil their core functions
- Results in severe pressure on the mental health system, including a sharp recent **increase in the use of A&E, acute inpatient out of area placements.**

£249m for liaison mental health services in every acute hospital, ensuring that at least 50% of acute hospitals have dedicated on-site 24/7 provision (**CORE 24**). This builds on £30m pump priming investment in 2015/16

- Will improve the **care of those with urgent mental health needs presenting in emergency departments and on acute general hospital wards**, as well as generate important savings for these hospitals - through fewer admissions and reduced lengths of stay, for example.
- **Wave 1 of this funding launched**, we expect to inform all successful hospital sites by February 2017.
- **Wave 2 will be launched in 2018**. This will help ensure that a further 30% of acute hospitals can provide Core 24 liaison services

Access to evidence-based care:
Further supports for suicide prevention

Research shows that **most people who die by suicide are not in touch with secondary mental health services**

NHS England's aim is to ensure that services intervene early providing people with timely access to evidence-based treatments, giving them the best chance for recovery.

Perinatal

Suicide is a leading cause of maternal death

By 2020/21, at least **30,000** more women each year to will have access to high quality evidence-based specialist perinatal care:

- building capacity in **Mother and Baby Units**
- **enhancing community provision**
- improving pre-conception care & advice

IAPT, depression and LTCs

Expansion of 'IAPT' evidence based psychological therapy services:

- upstream treatment to stop people becoming acutely unwell
- should see a positive impact on suicide rates
- Integrated model means co-location in primary care settings

Risk Assessment and treatment – self-harm

- In prospective studies following up people who self harm, factors predicting suicide:
  - Depression
  - Being male
  - Suicidal intent
  - Physical ill-health
- Accuracy of risk scales: poor predictive values

- Do individualised needs and risk assessment with a safety plan shared with the service user and carers. Do not rate as high, medium or low risk
- Provide brief problem solving intervention

Summary

- **Treat depression well – standard IAPT**
- **IAPT for depression in LTCs (and MUS)**
- **Provide full psychosocial assessment following self-harm**
- **Provide problem solving intervention for people who self harm**
- **Good Perinatal care**
- **CORE 24 Liaison services integrated with IAPT LTC**
- **Beware of risk assessments – you cant predict the future**
- **See more people with mental health problems – 5YFVMH a billion for a million**