

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

National Suicide Prevention Alliance
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Thames Valley Police – DCI Nick Glister

Public Health England South East – Nisha Sharma

Oxfordshire County Council – Sal Culmer- please email Sal if you have any questions

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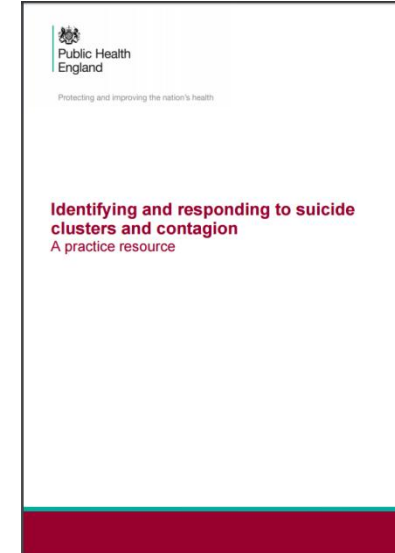
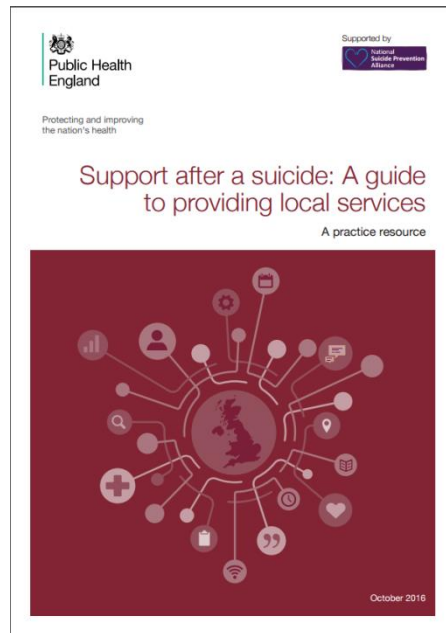


How to set up and run a real-time suicide surveillance system



**DETECTIVE CHIEF INSPECTOR
NICK GLISTER
(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

Context / History



- 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

IDENTIFICATION OF CONTAGION & CLUSTERS



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



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ANY QUESTIONS?



Public Health
England

Protecting and improving the nation's health

Thames Valley Real-Time Suicide Surveillance System – Resource Pack

Nisha Sharma, Health & Wellbeing Programme Manager
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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
- **Available here:** <http://www.nspa.org.uk/home/our-work/joint-work/supporting-local-suicide-prevention/resources-case-studies/>



Oxfordshire Real Time Data Surveillance

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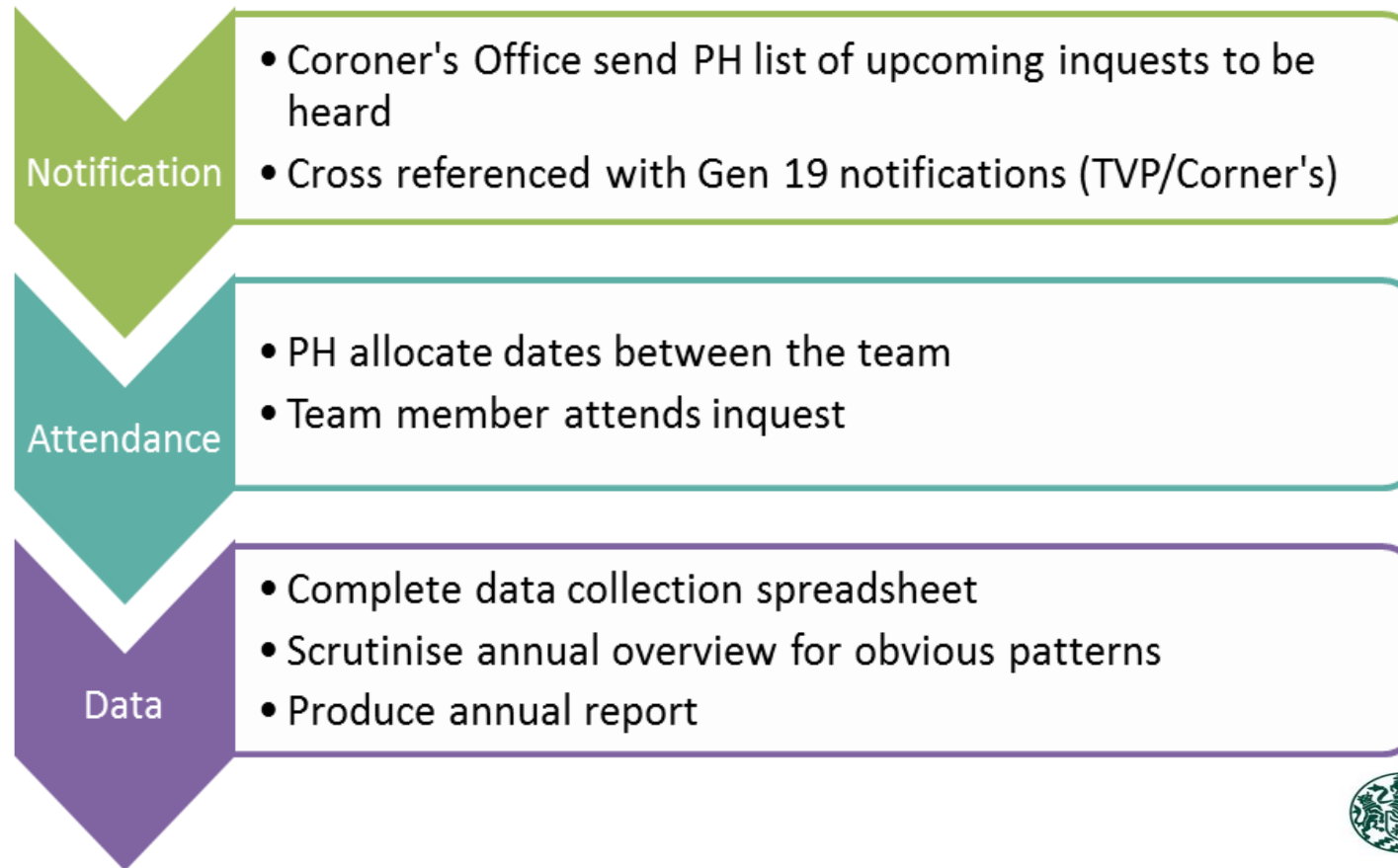
Oxfordshire County Council





Set Up & Process

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





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