

Real-time suicide surveillance: Review of current practice and recommendations for future development

Professor Jonathan Ling (University of Sunderland)

Dr Katie Houghton (Northumbria University)

Professor Dorothy Newbury-Birch (PI) (Teesside University)



The background of the slide features a low-angle shot of cherry blossom branches in full bloom, with white flowers and green leaves. In the background, a multi-story building with a grid of windows is visible under a clear blue sky. A semi-transparent blue rectangle is overlaid on the left side of the image, containing white text.

Case studies of the RTSSS across England

Funded by Public
Health England

Nov 18 to May 2019

Research Questions

- Can a **police and/or coroner led** RTSSS lead to earlier more effective monitoring and improved support for people bereaved by suicide?
- What action is required to implement a RTSSS across the UK effectively?

What did we do?

Mixed methods research

- Systematic review
- Focus groups with public health teams, police officers, health partners, bereavement services, CCGs
- Coroner interviews

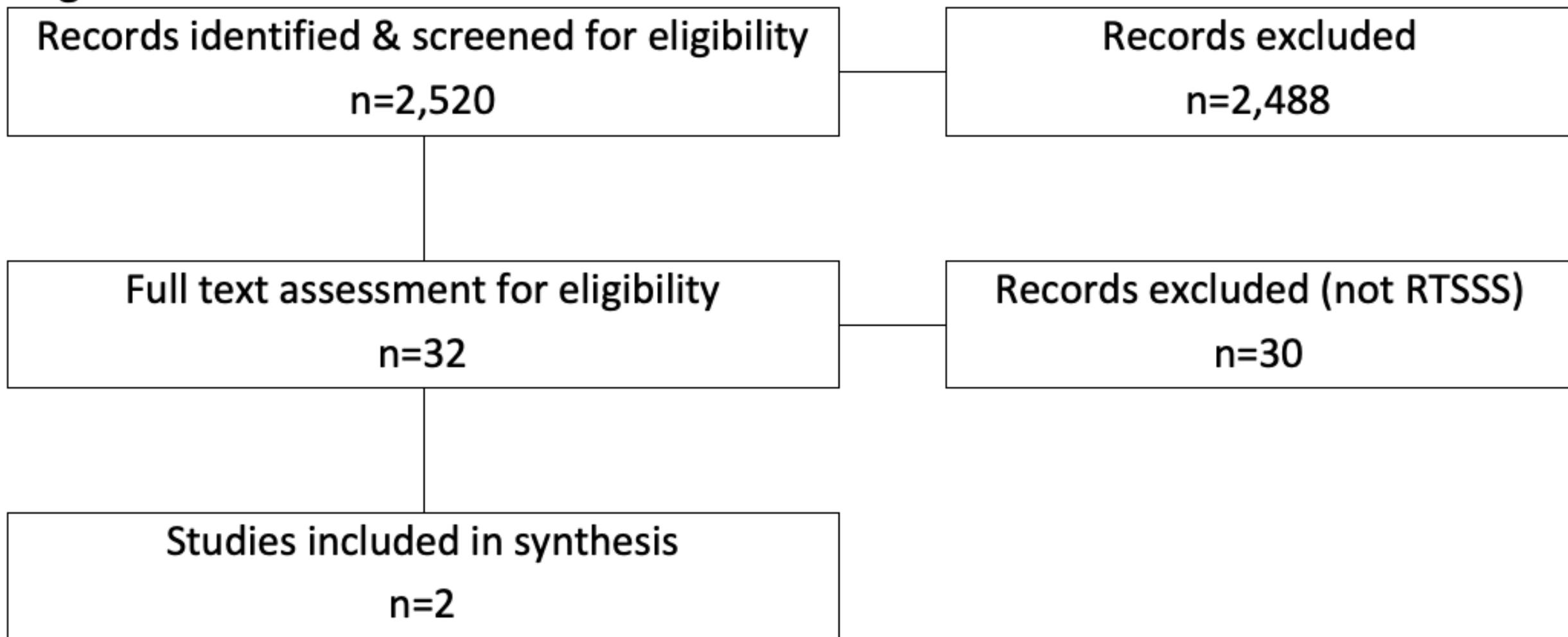
Locations

- Thames Valley
- London (Thrive)
- Cambridgeshire
- Durham
- Champs (Cheshire & Merseyside)

Systematic review

- Rapid review of worldwide literature from 1997 to December 2018
- Work followed the PICOS criteria (participants, interventions, comparators, outcomes, setting and study design)
- Any study type was included
- Databases searched were CINAHL, SCOPUS and EMBASE
- Kept the search terms wide and used the terms “suicide OR unexplained death” along with “surveillance OR monitoring OR scrutiny”
- Conducted a narrative synthesis

Figure 1: Flowchart of data



McGeechan GJ, Richardson C, Weir K, Wilson L, O'Neill G, Newbury-Birch D. Evaluation of a pilot police-led suicide early alert surveillance strategy in the UK. Injury Prevention. 2018;24(4):267-71.

A mixed method evaluation of an RTSSS in County Durham, UK comparing previous coroner reporting to current police reporting. They found:

- Coroner reporting was more consistent at identifying suspected suicides
- Reports were filed quicker by the police
- Bereaved individuals were willing to share contact details with police officers and consent for referral to services (bereavement, welfare rights, Complaints Advocacy Service and legal advice) that led to increased referrals
- Most common support was the welfare rights suicide prevention officer who supported 28% of individuals
- Concluded that strategy had potential to deliver a real benefit to those bereaved by suicide however better integration into routine practice was needed

Cwik MF, Barlow A, Goklish N, Larzelere-Hinton F, Tingey L, Craig M, et al. Community-Based Surveillance and Case Management for Suicide Prevention: An American Indian Tribally Initiated System. American Journal of Public Health. 2014;104(S3):e18-23.

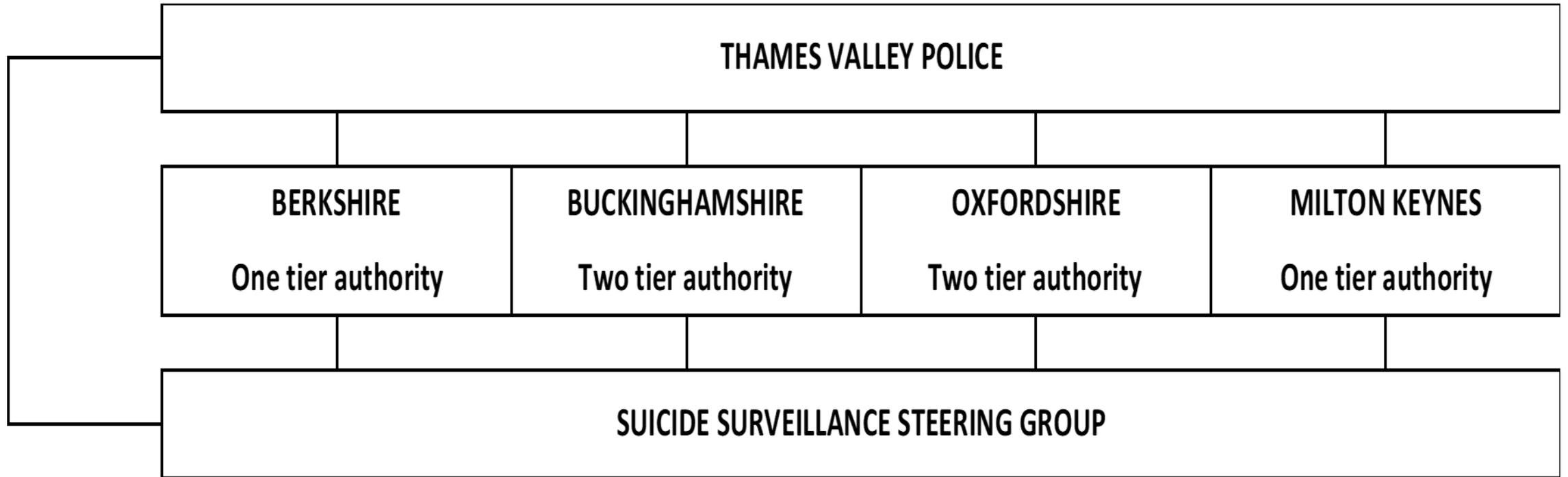
Review of community-based surveillance and case management for suicide prevention within the Fort Apache Indian Reservation in Arizona, USA

- All reservation-based first responders (eg emergency, fire and police departments and emergency medical service personnel) were mandated to report any observed or documented suicidal ideation, attempts and deaths by suicide on the reservation to a central Suicide Prevention Task Force (Celebrating Life Team)
- Contact made with suicidal or bereaved individuals within 24 hours
- All the Celebrating Life team were Apaches and trained in the data systems as well as in engagement, interview and crisis management strategies. They found that reporting and the proportion of individuals seeking support increased.

Case studies

- Focus groups
- Individual interviews (telephone)
- Documentary evidence

How does it work? (example)



Data collection

- Police data are cross checked against coroner's data
 - “so, we get the Thames Valley [data] and we get the coroner's [data] and we get the British Transport Police daily reports.... So that allows us to be really reactive.... We can act pretty quickly ... you are reliant more on local intelligence [if you don't have this system]”
- Postvention support data recorded
 - *“the innovation [of this work] is going in for a visit within three weeks of the suicide, and its offering that service not to just the immediate family members impacted so maybe a partner or a parent, but its offered to all family members, near relatives and there are follow up meetings possible for broader family and friends and colleagues who are affected by the suicide”*

Value of the system

- The RTSSS arose from the Thames Valley Suicide Prevention Intervention (SPIN):
 - *‘The RTSSS enables us to come together as a region and [police rep] sits on all individuals groups and then all regions meet quarterly’*
- Prior to the RTSSS system data were obtained from audits which mean that data was out of date by around two years. But with RTSSS:
 - *“...getting the data from [Thames Valley Police] and from the coroner’s office allows us to see what’s going on locally in real-ish time but much more up to date time.as a result of that, we are able to target and react to if there was a cluster, for example and do some work on that specifically..... hopefully support[ing] the local community and prevent further suicides. That’s the ultimate goal”*

Better data = more targeted strategies

- Identification of suicide clusters
 - *“its definitely been useful in identifying particular geographies’*
- Data shows an increase in the number of elderly people and suicide
 - *“there is an increase [in elderly people committing suicide], people are living longer, there’s kind of loneliness as a factor, how can we contribute as a group.... [and our ambition is] to use resources [police] that can knock on a door and offer a little bit of companionship now and again”*

Key ingredients for success

- Recognising that one size does not fit all
 - Strategies should be data driven
- **Relationships**
 - *“we’re reliant on the good relationship between us and Thames Valley Police”*
 - The coroner relationship *“is very important”* and the relationships are made easier because of the close proximity of the coroners’ offices.
- Good data reporting systems
 - Allows targeted strategies, but only as good as the data collected....

Main barrier

- Data sharing agreements
 - *“the number of things you see fall apart when a champion leaves And our particular situation where we need him [Thames Valley police person]. To act as our envoy into the Bedfordshire area [outside locality] so that he can liaise with his counterpart over there”*
 - *“obviously we haven’t got a written one [data sharing agreement]so if a champion goes with whom you have a relationship with it would be important to move things forward.... You have [to have] a piece of paper for this”*

- Data sharing issues go beyond police and coroners – currently no data sharing agreement for NHS data
 - *“I think the ambulance service [involvement] because of the whole self-harm thing. I think it would be absolutely fundamental if we could get, and again, that’s another weird thing where we’ve got different ambulance services either side of the M1 that we’re dealing with. I think it could be a really, really excellent pilot project around ambulance”.*

Who are the potential key players who are not always involved?

- Primary care
- A&E
- Paramedics
- Others?

Something to consider

- How do we consider suicide attempts?
- When does self harm become a suicide attempt?
- How do we find out about these cases?

Conclusions

- **Timely data:** Police data provided by the police is leading to timely interactions and support with those affected, as well as providing information on hotspots
- **Relationships:** Imperative to the success of the system and should be nurtured. BUT based on relationships built over time and data-sharing protocols are needed. A co-ordinator is recommended to bring the work together
- **Postvention services:** It is important to have postvention support services in place
- **Data sharing:** More work needed on data sharing agreements and some clear guidelines from PHE would be welcome on data sharing

Where we are

- All case studies and the systematic review will be completed by the end of June 2019
- Reporting July 2019

Thank you



For more information contact:

jonathan.ling@sunderland.ac.uk

d.newbury-birch@tees.ac.uk