

CLAHRC BITE

A bite-sized summary of research on the National Suicide Prevention Strategy for England

March 2012
Joint BITE 3



Who?

People in contact with mental health services.

Findings...

1. Services that implemented seven to nine recommendations had significantly lower suicide rates.
2. Three recommendations with the greatest impact are: provision of 24 hour Crisis Teams, dual diagnosis policy, and post-suicide multidisciplinary review.

English Suicide Prevention Strategy recommendations

- 24 hour Crisis Team
- Policy on the management of dual diagnosis (mental illness and substance misuse)
- Multidisciplinary review after suicide
- Removal of potential ligature points on inpatient wards
- 7 day follow up after in-patient stay
- Assertive outreach teams
- Policy for addressing community patients who are non-compliant with treatment
- Criminal justice information sharing
- Training on the management of suicide for front line staff every three years



Achieving lower suicide rates in people using mental health services





Further observations

1. Removal of ligature points reduced overall psychiatric inpatient suicide rate, and suicide by hanging.
2. Crisis Team implementation was associated with a fall in the suicide rate of inpatients.
3. Crisis Teams reduced inpatients' suicide rate.
4. A policy on non-compliance in community patients was associated with a reduction in the suicide rate.
5. A policy of 7 day follow-up after discharge was associated with a significant reduction of suicide within 3 months of discharge.

Comments

Loss of these recommended services may be associated with a disproportionate increase in suicide rates of the mentally ill, particularly in busy services in areas of economic deprivation.

Commissioners and providers of mental health services are urged to take these findings into consideration when reviewing mental health services.

References

Department of Health. National Suicide Prevention Strategy for England. Department of Health: London, 2002.

While D, Bickley H, Roscoe A, Windfuhr K, Rahman S, Shaw J, Appleby L, Kapur N. Implementation of mental health service recommendations in England and Wales and suicide rates, 1997-2006: a cross-sectional and before-and-after observational study. *Lancet* 2012; DOI:10.1016/S0140-6736(11)61712-1.



An explanation of CLAHRC-NDL

The Collaboration for Leadership in Applied Health Research and Care for Nottinghamshire, Derbyshire and Lincolnshire (CLAHRC-NDL) is a partnership between the University of Nottingham and the NHS across the region.

Funded by the National Institute for Health Research, our mission is to undertake high quality research to improve health and social care across the East Midlands.

An explanation of CLAHRC-CP

CLAHRC-CP is a partnership between Cambridge University (Psychiatry, Public Health, Engineering Design Centre (EDC), and Judge Business School) with NHS and local government bodies in the East of England, and Cambridgeshire County Council.

The Centre for Suicide Prevention

Based at The University of Manchester, the Centre brings together projects that inform future policy and service planning. The Centre is carrying out important national studies of suicide and homicide by those in contact with mental health services, and individuals who self-harm. They are jointly leading an NIHR funded programme of clinical and public health research in support of the National Suicide Prevention Strategy for England.

CLAHRC-NDL website

www.clahrc-ndl.nihr.ac.uk

Centre for Suicide Prevention website

www.medicine.manchester.ac.uk/mentalhealth/research/suicide/prevention/

This is a summary of independent research commissioned by the National Patient Safety Agency and done as part of the NCI into suicide and homicide by People with Mental illness.

The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.