

South East Region Sub-Regional 0-25 Suicide Analysis

January 2021



The strategic impetus

“Please can we work together to understand our picture of CYP suicide?”

This was the crucial question raised in our Hampshire, Isle of Wight, Portsmouth and Southampton Children’s Mental Health Systems leaders meeting in January 2020 as we planned out our shared work for the next two years. All partners agreed and we got underway with planning and undertaking a detailed analysis of 0-18 deaths (suspected suicides) in the preceding 5 year period. Little did we know that we were weeks away from Wave 1 COVID-19 lockdown and that very quickly the analysis extended across other parts of the South East.

We refined a partnership methodology, thanks to proactive support from our Public Health and Police leaders, mental health and safeguarding partners. We extended our analyses to consider all 0-25 confirmed/suspected suicides in the previous 5 years in several different sub-regions in the South East and started to build a composite picture together. We asked careful questions about the lives; circumstances; experiences (adversity and trauma); demographics; experience of school, community and home; and the stories of our children. We checked and balanced our findings with partners along the way, often providing richer intelligence or a fuller picture as we went. When the analyses were nearing completion, we sat behind the scenes in the South East NHSE/I CYP Mental Health team and considered the overall picture, specifically where the analyses were similar and where they differed.

What we learnt

In summary, we learnt that 70% of our children had experienced trauma and adversity; previous bereavement or self-harm was evident for some children in all of the analyses; in some cases we had particular questions about postvention support following previous suicide attempts; there were slight variations in CDOP and JAR approaches in different areas, which helped strengthen our process overall.

The key thing we learnt challenged our Systems Leadership and led to significant change quickly in our region. We were challenged by a previously invisible equality and diversity picture – a picture in which social exclusion, marginalisation and ‘othering’ was having tangible impact on loss of hope and subsequent loss of life. Social exclusion and marginalisation – the ‘othering’ affect – meant that our children and young people in the following communities were evident in all our sub-regional suicide prevention analyses:

- Neuro-diversity
- Our community of colour (BAME)
- Our rainbow community (LGBTQ+)
- The interface with faith and belief (loss of belonging, hidden networks or both support and exclusion)

In the analyses we’d asked different questions to the routine questions our frontline police, health and social care staff initially ask to understand the impact/affect of the loss of life to suicide; our staff told us in those early conversations, that these were often hard questions to ask of significant others, they weren’t always sure what to say or how to say it.

What changed

- We co-designed questions to help identify individuals affected by a suspected suicide to target postvention support (to those 40% more likely to develop suicidal ideation having been bereaved by suicide). This support was adapted to include our community of colour (BAME), rainbow community (LGBTQ+) and neuro-diverse community, much as we would routinely provide postvention support to a school or family network. In some areas the leadership commitment was so significant that these changes were implemented within seven working days of Board agreement. These changes started to be adopted all-age not just for CYP.
- The National College of Policing and Public Health England leadership teams shared these questions far and wide nationally to help us disseminate the learning; and NHSE/I and the NHS Confederation arranged briefings regionally and nationally to help develop partnership understanding.
- We asked the South East multi-agency children's workforce to undertake the Zero Suicide Alliance training, to build confidence and emotional literacy to spot potential suicidal ideation and respond/refer. ZSA are currently considering how the learning from the South East might further inform their training materials.
- CYP Suicide prevention strategies started to emerge in our STPs/ICSs in a landscape where the previous preventative focus had tended to be adult-centric. In some of these areas community investment in VCFS (third sector) partners with the trust and confidence of our marginalised/excluded communities emerged, as innovative community transformation.
- Our Child Death Overview Panel (CDOP), Safeguarding and Mental Health dialogue changed – the potential to breakdown invisible divides between safeguarding and mental health commissioning emerged, enabling an iterative strategic service design and commissioning dialogue.

Andrea King

Assistant Director,

Programmes, NHSE/I CYP Mental Health, South East

Linda Hill

Suicide Prevention Transformation Programme Manager,

NHSE/I South East Region