

Interim evaluation of the Sandwell Suicide Prevention Strategy

Sandwell Suicide Prevention Strategy and Action Plan 2022 – 2025

Developed by The Sandwell Suicide Prevention Partnership

Health and Wellbeing Board

11 September 2024

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Purpose and summary

Purpose of this presentation:

- For information
- To seek the board's feedback related to the progress and ongoing work in relation to this item

Summary

- Summary of the Suicide Prevention (SP) Strategy
- Outline of aims and methods of the evaluation
- Key findings
- Recommendations

SP Strategy 2022-2025 strategic objectives

1. To work in partnership to fulfil the 'Zero Suicides' Ambition.

2. To ensure the highest quality of care and support guaranteed by professionals.

3. To encourage a better awareness of suicide within local organisations and our communities.

4. To reduce the chances of suicide in high-risk populations.

5. To create an open culture where we listen to those with lived experience.

6. To reduce access to the means of suicide.



Aims and objectives of the evaluation

- To assess the extent and success of the current strategy's implementation and its impact on measurable outcomes.
- To explore barriers and facilitators to the implementation of the suicide prevention strategy.
- To identify priorities for the period up to 2025 to maximise the impact of the suicide prevention strategy and increase the likelihood of achieving its goals.
- To make recommendations for long-term strategic goals beyond 2025.

Methods



Assessment of routinely collected data on suicides and self-harm

OHID dashboard
Hospital Episode Statistics (HES)
Coroner's Summary Report



Sandwell SP Partnership consultation

Surveys and in-depth interviews
Representatives from public health, NHS healthcare trusts, children and adult social care, and domestic abuse teams.



Analysis of action plan log against strategy objectives

Some things to consider

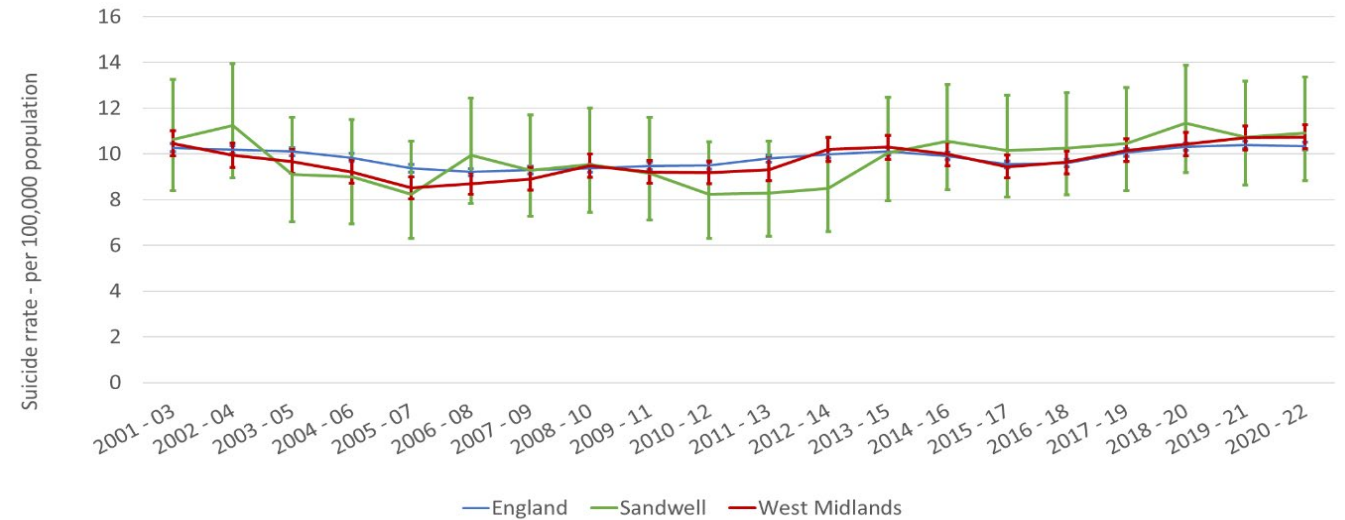
- Mostly focused on measuring processes, rather than outcomes
- It is an interim evaluation
- Long time-frames
- Embedded within a wider programme



Local and national context

- Suicide rates in Sandwell do not differ significantly from those in WM and England.
- Most of Sandwell's cases took place in people's homes, with only a minority occurring in railway stations.
- Almost half of the coronial reports indicated the person was known to mental health services, and in over a third people had had previous suicide attempts or self-harm.
- Almost half were unemployed or retired.

Suicide rate in Sandwell, the West Midlands and England (2001/03 – 2020/22)



Suicide in Sandwell

Suicide rates

From January 2019 to March 2024

On average

116 deaths registered as suicide

22 suicides per year

Sex and age

Almost 80% of cases

Most cases were

40-59 years-old

were men

Achievements of current strategy

Raising awareness

Providing suicide prevention training in workplace settings

Successful community-led projects, such as the Tipton pilot project.

Barriers to SP in Sandwell



Data Limitations

There is a lack of timely, reliable data on suicide and its risk factors, which hampers rapid intervention and understanding of local trends.



Appropriateness of support provided

Stigma surrounding mental health and suicide are particularly problematic in certain cultural and religious groups. Concerns were raised as to whether the current support offer addresses this.



Healthcare and Community support disconnect

Limited integration between healthcare services and community support systems restricts comprehensive support for individuals at risk.



Partnership Functioning

The Sandwell Suicide Prevention Partnership is functioning more as a network than a collaborative group, with insufficient ownership and accountability among partners and limited senior engagement.

Recommendations

1. Restructure of the Sandwell Suicide Prevention Partnership

Establish operational and overview groups within the partnership, assign specific tasks to individuals, and enhance senior representation to ensure effective collaboration and strategic progress.

2. Refresh the Action Plan

Streamline the action plan to focus on key objectives, ensuring alignment with strategic goals and phased implementation to maintain clarity and momentum.

3. Strengthen primary care links

Build relationships with primary care representatives to integrate healthcare and community support more effectively, leveraging senior partnership members' influence.

4. Improve data quality

Pursue a near real-time suspected suicide surveillance system to provide a deeper understanding of suicide in Sandwell and enable rapid response. Consider suicide case reviews to learn from each case and improve future prevention efforts.

Recommendations

5. Advocate for men's mental health

Prioritise middle-aged men in suicide prevention initiatives and ensure their needs are addressed within the broader mental health agenda.

6. Assess cultural appropriateness of current suicide prevention offer

Investigate and enhance culturally appropriate engagement and support mechanisms to address the diverse needs of Sandwell's population.

7. Co-production and scope of future versions of the suicide prevention strategy

Co-produce future versions of the strategy with experts by experience and partners, incorporating feedback and addressing identified gaps such as domestic abuse, safety plans, support pathways, and the needs of older adults and young people.

Thank you

