

18 July 2013**Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****USE OF PUBLIC HEALTH GRANT TO COMMISSION SUICIDE PREVENTION
TRAINING****Purpose of the Report**

1. The purpose of this report is to make the case for £35,000 of the Public Health Grant to be used recurrently to commission Suicide Prevention Training.

Information and Advice**Context**

2. Suicide is an indicator in Domain 4: healthcare public health and preventing premature mortality of the Public Health Outcomes Framework.
3. Mental health and emotional wellbeing is a priority in the Health and Wellbeing strategy. The Government's policy is ensuring that mental health has equal priority with physical health, and this needs to be reflected locally. Therefore additional funds are requested to support work on suicide prevention.
4. Currently there is no suicide prevention training taking place to support health professionals in primary care to encourage early identification and intervention of 'at risk' individuals.
5. Based on the provision of Suicide Prevention Training delivered historically in Nottinghamshire, a recurrent £35,000 would commission a part time suicide prevention training programme which could be tailored to a target audience of primary care and other health professionals. The Nottingham City and County Suicide Prevention Strategy and action plan is currently being refreshed. Via this work stream, match funding will be sought in Nottingham City so as to jointly commission Suicide Prevention Training.

Rationale

6. For men under 35, suicide is the most common cause of death and men are three times more likely than women to take their own lives. Overall, people aged 40-49 have the highest suicide rate. Nottinghamshire has a lower overall rate of death by suicide than the England average, but a higher rate of suicides in people over 75.
7. The national strategy preventing suicide in England (2012) identifies Suicide Prevention Training as an effective local intervention:

“Appropriate training on suicide and self-harm should be available for staff working in schools and colleges, emergency departments, other emergency services, primary care, care environments and the criminal and youth justice systems (p17).”

8. The World Health Organisation recommends that providing training to GPs in early identification and intervention for those at risk of suicide is an effective strategy in suicide prevention.¹

Expected Outcomes

9. There is evidence that the provision of Suicide Prevention Training in health settings is effective in raising awareness and providing healthcare professionals with the necessary skills to identify patients at risk of suicide². The principle outcome is to ensure professionals are aware of effective interventions and where to refer patients when there is a concern. In the longer term, the expectation is that this intervention will contribute towards a reduction in the number of suicides.
10. The cost-effectiveness of provision of suicide awareness training to GPs has been modelled based on the assumption that improvements in identification of those at risk leads to reductions in suicide³. This has concluded that investment in GP Suicide Prevention Training is cost effective from the first year of investment and that even with conservative assumptions made about the gains in life overall and in the quality of life, the cost per QALY (Quality Adjusted Life Year) saved is £1,573 over one year, rising to £2004 over 5 years.

Suicide Prevention Training

11. Suicide Prevention Training would comprise of - recognition, assessment and management of risk, warning signs associated with suicide intention, the links between self-harm and suicide, effective interventions and roles and responsibilities of healthcare staff.
12. The provider of the Suicide Prevention Training and how it would be implemented would be determined by a tender process and commissioned jointly with Nottingham City.

Other Options Considered

13. Maintain the status quo. This option would not equip primary care staff with the necessary skills nor achieve the expected outcomes specified in section 9 above.

Statutory and Policy Implications

Financial Implications

14. The financial implication is that £35,000 of the Public Health Grant would be allocated recurrently to commission Suicide Prevention Training across the County.

¹ WHO (2010) Towards evidence-based suicide prevention programmes http://www.wpro.who.int/publications/PUB_9789290614623/en/index.html

² Wood S, Bellis MA, Mathieson J, Foster K. 2010. Self harm and suicide: A review of evidence for prevention from the UK focal point for violence and injury prevention. Centre for Public Health, Liverpool John Moores University, September 2010. <http://www.cph.org.uk/UserFiles/File/Epidemiology/safety2010/selfharm-suicide.pdf>. Isaac M, Elias B, Katz L Y, Belik S, Deane FP, Enns M W, Sareen J. 2009. Gatekeeper training as a preventative intervention for suicide: A systematic review. Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie, 54 (4), 260-268. Morriss R, Gask L, Webb R, Dixon C and Appleby I. 2005. The effects on suicide rates of an educational intervention for front-line health professionals with suicidal patients (the STORM Project). Psychological Medicine, 35

³ Knapp M, McDaid D, Parsonage M (Eds). Mental health promotion and mental illness prevention: The economic case. http://www.centreformentalhealth.org.uk/pdfs/Economic_case_for_promotion_and_prevention.pdf

Safeguarding Implications

15. A substantial proportion of people who commit suicide die without having seen a mental health professional⁴. Hence improved detection, referral and management of psychiatric disorders in primary care is an important step in suicide prevention and safeguarding a vulnerable group.

Implications related to the NHS constitution (together with any statutory guidance issued by the Secretary of State)

16. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

RECOMMENDATION/S

That the Public Health Sub-Committee are asked to:

1. Approve a recurrent £35,000 of the Public Health Grant to commission Suicide Prevention Training across the county.

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Director of Public Health

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Constitutional Comments (SG 24/06/2013)

17. The Committee has responsibility for Public Health under its Terms of Reference and is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 03/07/2013)

18. The financial implications of this report are outlined in paragraph 17.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

See footnotes

Electoral Division(s) and Member(s) Affected

All

⁴ WHO (2000) Preventing Suicide a resource for General Physician. Dept of Mental Health WHO Geneva