

Sadiq Khan
Mayor of London

London Assembly
City Hall
The Queen's Walk
London, SE1 2AA

23 February 2017

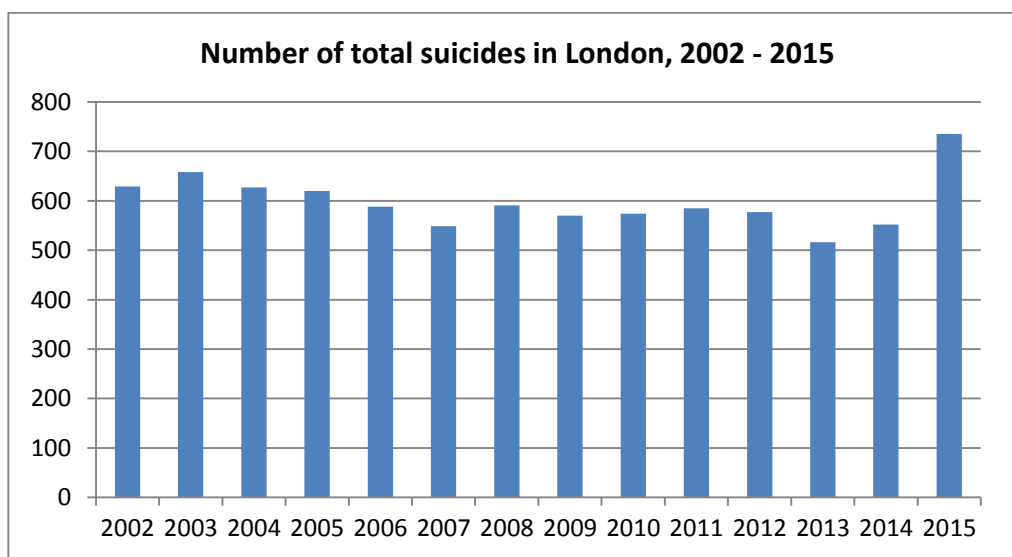
Dear Sadiq,

Suicide prevention in London

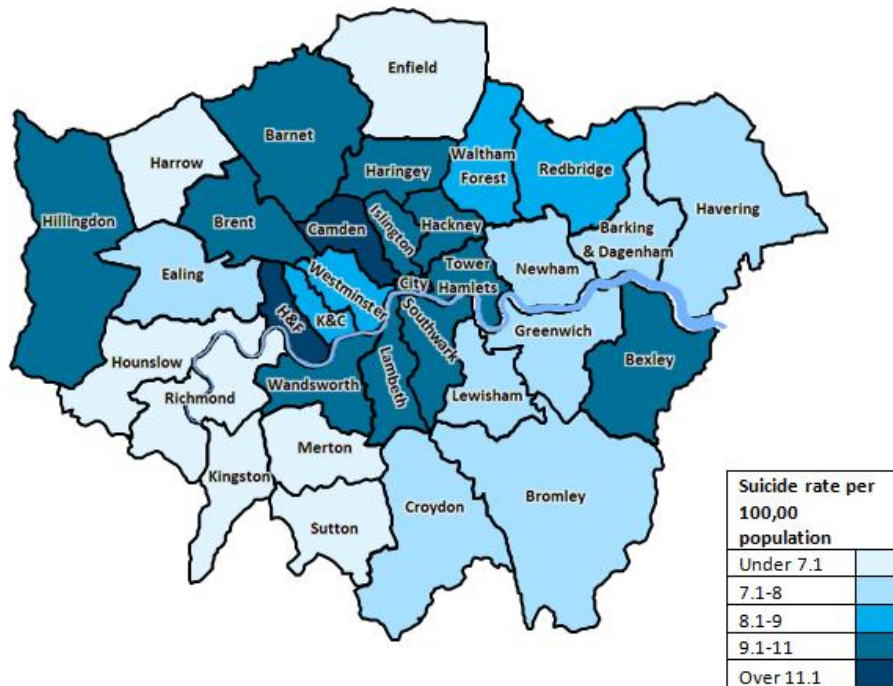
The London Assembly Health Committee recently held a public meeting on suicide prevention in London. We are writing to you to set out our key findings from the meeting and to make some recommendations on how you can take forward your work in this important area.

On 29 November, the Health Committee met with representatives from Public Health England, the Campaign Against Living Miserably (CALM), the Association of Directors of Public Health and the Haringey Suicide Prevention Group. We discussed how suicide is managed in London, and in particular, how the Mayor and Greater London Authority can best support local action to reduce suicide.

Every week, more than 14 Londoners choose to end their own lives, in circumstances that are devastating for family and friends. These deaths, and the many more attempts at suicide that do not show up in the statistics, are not just personal tragedies. They also have significant effects on the wider health service and London's economy. What is particularly concerning is the growth in the number of suicides in London since 2013. The graph below shows that the number of suicides has increased markedly over the last two years, following a decade of relative stability. Between 2014 and 2015, the number of suicides in London increased by 33 per cent from 552 to 735 incidents. A 33 per cent increase is very unusual: three times as big as any other year or year change we have seen previously. While it is not clear what is behind this rise, this is clearly a matter of concern.



Although London's suicide *rate* is below the overall rate for England, there are significant variations across London, in particular between Inner and Outer London. The map below shows how suicide is concentrated mainly in Inner London boroughs: except for Newham and Lewisham, every borough in Inner London has a higher suicide rate than the London average. Camden, Hammersmith & Fulham, Islington and Southwark all have suicide rates at least 25 per cent higher than the London average.



The complexity of factors that lead an individual to end their own life is such that it is important to keep an open mind on the principle causes of suicide in London. Nevertheless, it is worth noting that particular groups of Londoners are deemed to be at higher risk. These include people who live highly stressed lives, such as young people who may have been in care, people who have been the victims of sexual or physical violence, people coming out of the armed forces, the LGBT+ communities and people with established mental health problems. People who have come into contact with the criminal justice system are also at higher risk. And men remain particularly over-represented in suicide statistics: three quarters of people who commit suicide in London are male, and suicide remains the biggest killer of working age men.

In light of the serious consequences that suicide has for thousands of people both directly and indirectly affected each year, we welcome your manifesto commitment to work towards reducing the number of suicides in London and the prominence that you have given this work in developing a mental health roadmap for London. The diversity of experience within London highlights the need to develop multiple approaches to identifying people at risk of suicide, reducing access to means of suicide, and better mental health support for people who have been affected by suicide. However, given your limited powers over mental health services in London, we are keen to ensure that mayoral intervention is effective and targeted to where it is most useful.

Below, we outline the key interventions that we believe will help you deliver your manifesto commitment to reduce the number of suicides in London. These measures include improving the picture of suicide in London through extensive assessment of suicide audits and multi-

agency action plans, piloting real-time collection of data using your powers over the police service, establishing a 'zero suicide city' approach to take ownership of the issue, providing support to help protect and grow specialist support services and ensuring suicide prevention is properly resourced within City Hall.

Suicide data – an incomplete picture

Reliable and timely suicide statistics are of tremendous public health importance, helping experts and stakeholders to identify causal links and potential clusters, as well as providing evidence of innovative solutions and approaches to reducing suicide. However, the committee has heard that the type of detailed information needed to produce reliable statistics on the pan-London or sub-regional picture of suicide is not easy to come by. For example, CALM told the Committee that statistics of victims of suicide broken down by employment, ethnicity and religion are not routinely available, which limits the larger public health potential to better understand suicide and determine how best to address it.

The committee has heard that local 'suicide audits' are the gold standard for creating a more detailed picture of suicide in London. These audits assess data about suicides that have occurred locally from sources such as coroners and health records. Audits help to build an understanding of local factors such as high-risk demographic groups, which can then be used to drive the formation of multi-agency action plans to reduce suicide in each borough. The NHS Five Year Forward View for mental health has called for these plans to be implemented in all boroughs by 2017. Unfortunately, due to the complexity and cost of suicide audits, it appears that this goal will not be met in London.

Current implementation of suicide audits and multi-agency plans is patchy across London. We understand that for local authorities, suicide audits are resource-intensive activities, particularly for boroughs with relatively high numbers of suicides. Due to their local nature, audits may also miss crucial evidence of causal factors or clusters that only a pan-London approach can give. Additionally, variations in how coroners collect and release information can lead to a postcode lottery in terms of the quality of each audit.

In light of the ongoing issues around data capture, we believe that this is an area where City Hall can play a key role in bringing together best practice. **To achieve this, we believe that you should work with partners such as Public Health England and the Association of Directors of Public Health to produce a report** which

- collates all the current data available through borough-led suicide audits, identifying key causal factors, and sub-regions which are most affected by suicide
- evaluates the currently available multi-agency action plans on suicide prevention, looking for best practice, resource allocation and how outcomes are measured
- identifies areas of London which are in need of action, and ways to support establishing a suicide audit or multi-agency partnership
- publish the data used in the report on the London Datastore, to ensure that all stakeholders have a clearer view of the risks of suicide in London.

In collating this information, you can also seek to encourage greater standardisation among coroners for how information is collected and released for public dissemination. This will help to reduce some of the variation amongst boroughs in the quality of data on suicides, and may make future audits easier and cheaper to conduct.

Real-time data

One of the issues identified by guests at our meeting was the lack of real-time data to identify emerging trends and potential clusters. Suicide audits, while undoubtedly a great public health resource, are often looking back at events three to five years in the past. Public Health England has piloted “real-time” surveillance of suicides elsewhere in the country, in collaboration with the police, who are usually first on the scene of suicide deaths. The aim of the pilots was to provide information to frontline local authority and NHS staff to enable them to respond to local clusters of suicides and to provide timely support to people bereaved by suicide. **We therefore ask that you work with Public Health England to look into the feasibility of carrying out a similar pilot in a London borough.**

Taking ownership of the issue – a zero suicide city

In order to ensure that you deliver on your manifesto commitment, the committee believes that City Hall will need to take ownership of reducing suicide in London. This goal will require coordination of both pan-London and local activity. We believe that you should consider adopting a ‘zero suicide’ initiative. This approach, which was first adopted in Detroit, aims to prevent suicides by creating a more open environment for people to talk about suicidal thoughts and enabling others to help them. It particularly aims to reach people who have not been reached through previous initiatives and to address gaps in existing provision. The programme recognises the fact that only one in four people who commit suicide are in contact with specialist mental health providers and that a wider community response may be more effective than reliance on purely clinical service interventions. **We would encourage you in particular to look at what lessons can be learned from regions such as Merseyside and Cheshire who have adopted this approach to deal with instances of suicide.**

As part of this initiative, you can play a leading public health advocacy role by publicising the issue and encouraging greater acceptance among at-risk groups and the wider community. Many of the people, and particularly men, who are most at risk of suicide, will not come in contact with mental health services, and might be slow to recognise that issues such as anxiety and depression might require a clinical response. This is where the Mayor could establish a pan-London public health campaign, which both encourages at risk groups to seek help, and encourages greater conversation in communities where suicide is more prevalent.

At the same time, the Mayor and the wider GLA family should lead by example. As Professor David Mosse, lead of the Haringey Suicide Prevention Group told the committee, “It is thinking about a whole-system approach to suicide prevention at the London level that would then filter into the boroughs’ plans.” **We would reiterate our call for health to be much more widely embedded in the work across different departments in City Hall and across London, such as the police, Transport for London (TfL) and communities.**

Specialist services

Highlighting the issue through a public health campaign will be ineffective in the long-term without improved specialist and generalist services to support those who seek help. In the short-term, we are particularly concerned about the potential closure of CALM’s helpline. This helpline, which was contacted by over 4,000 Londoners in 2016, is currently funded by the tri-borough partnership of Westminster, Hammersmith & Fulham and Kensington & Chelsea, which is due to end later this year. This funding was essentially subsidising a valued resource for all London, and **we would encourage City Hall to engage with CALM and help to keep the helpline open, by providing transitional support until alternative sources of funding can be found.**

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The Committee also heard about innovative drop-in centres which could be rolled out more widely across London. For example, the Maytree Suicide Respite Centre is the only place of its kind in the UK and fills a gap in services, between the medical support of the NHS and the helplines and drop-in centres of the voluntary sector. It offers a free four to five night stay, linked to a series of support services which can help in critical moments. **We would encourage you to explore the Maytree model to determine whether this could be replicated across London.**

Resource allocation (City Hall)

These actions will require some resource from City Hall in order to be effective. However, it is unclear at this stage what level of resource, in terms of either staffing or finance, you intend to make available for the delivery of the your mental health roadmap or any associated suicide prevention activity, such as public awareness campaigns. In response to this letter, **we would ask you to confirm whether a specific budget will be made available for suicide prevention activity in London either as part of, or separate to, the mental health roadmap.**

The committee would be grateful to receive a response on the points raised by 1 May 2017. Please copy this to Lucy Brant, Scrutiny Manager, via lucy.brant@london.gov.uk

Yours sincerely

A handwritten signature in black ink, appearing to read 'Onkar Sahota', with a horizontal line underneath.

Dr Onkar Sahota AM
Chair of the Health Committee