SELF HARM AND SUICIDE : A GENERAL PRACTICE PERSPECTIVE

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25 01 2024

SELF HARM & SUICIDE PREVENTION & SUICIDE POSTVENTION

A GENERAL PRACTICE PERSPECTIVE

KEY POINTS

Primary Care play a central part

- **prevention of future self-harm**
- **addressing the underlying issues**
- **identifying safe alternatives to self-harm**
- **safety from suicide planning**
- **safe prescribing**
- **suicide postvention**

A Personal Perspective

‘In my general practice over 30 years I have found nothing more difficult than dealing with the aftermath of suicide; facing a grieving family, with a sense of failure to prevent it.‘

‘Conversely, the greatest reward has been to know that I have been able to help someone in emotional distress stay safe, rediscover hope and avoid suicide.’

Sohrab Panday

A COLLABORATIVE APPROACH TO SUICIDE PREVENTION & POSTVENTION

Derbyshire Self Harm & Suicide Prevention Multiagency Partnership Forum

Identified Primary Care as a priority in 2017

Suicide Prevention Training of Primary Care Staff

1000 GPs and Primary Care Staff trained to date

HSJ Innovation 2018

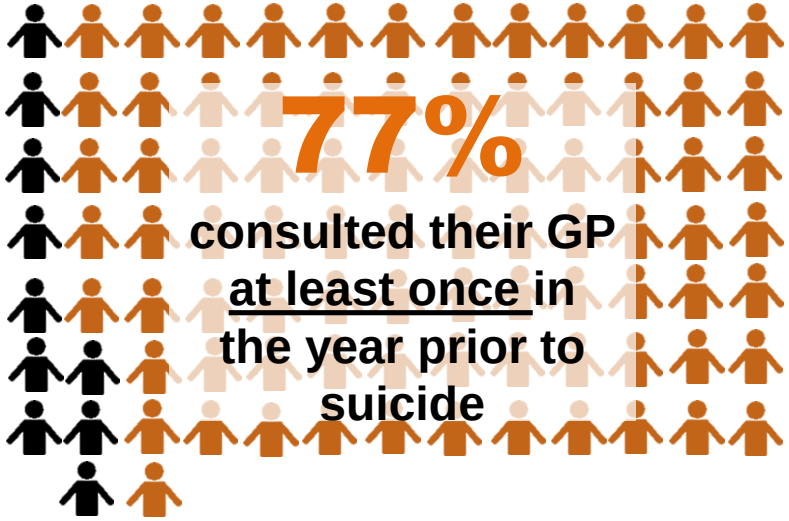
A primary care sector skilled and confident in discussing suicide with health care colleagues, patients, relatives and one-another.

Direct cost of each suicide death

£1.67 million

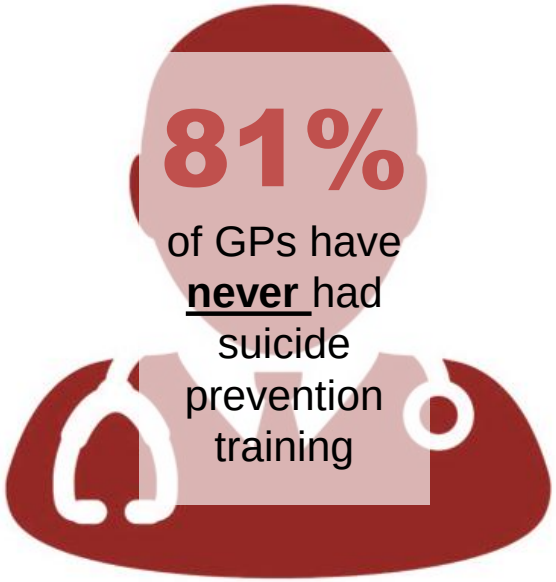
83

people died by suicide in Derbyshire in 2017



77%

consulted their GP at least once in the year prior to suicide



81%

of GPs have **never** had suicide prevention training

Primary Care Postvention needs were identified during suicide awareness training

The Bereaved – require fast and effective offer of bereavement counselling POSTVENTION SUPPORT

The General Practice – the complex processes, reports and Coroner's Inquest PROCESS SUPPORT

The GP or healthcare worker – the unpredictable sense of failure, and shame PASTORAL SUPPORT

POSTVENTION SERVICE FOR DERBYSHIRE

- **Population 1 million**
- **Commissioned by Public Health**
- **100 suicides per year**
- **Target postvention 300 referrals**

- **Support:** individual, groups, social media or email
- **Trend:** increased complexity and suicidality since the pandemic requiring longer therapy
- **In development**: an accurate tiered offer of various support proportionate to individual need & a bepoke offer of postvention support for any ICB staff

Postvention

The Postvention Support Pack for Primary Care

can be found on the JUCD website:

[Postvention Support Pack for Primary Care in Derbyshire » Joined Up Care Derbyshire]

Or via the Emotional Health and Wellbeing website EHWB

[Derby & Derbyshire - Emotional Health & Wellbeing (derbyandderbyshireemotionalhealthandwellbeing.uk)]

Coming soon!

A National version of the pack will be uploaded

to the EHWB site for free download by other ICBs

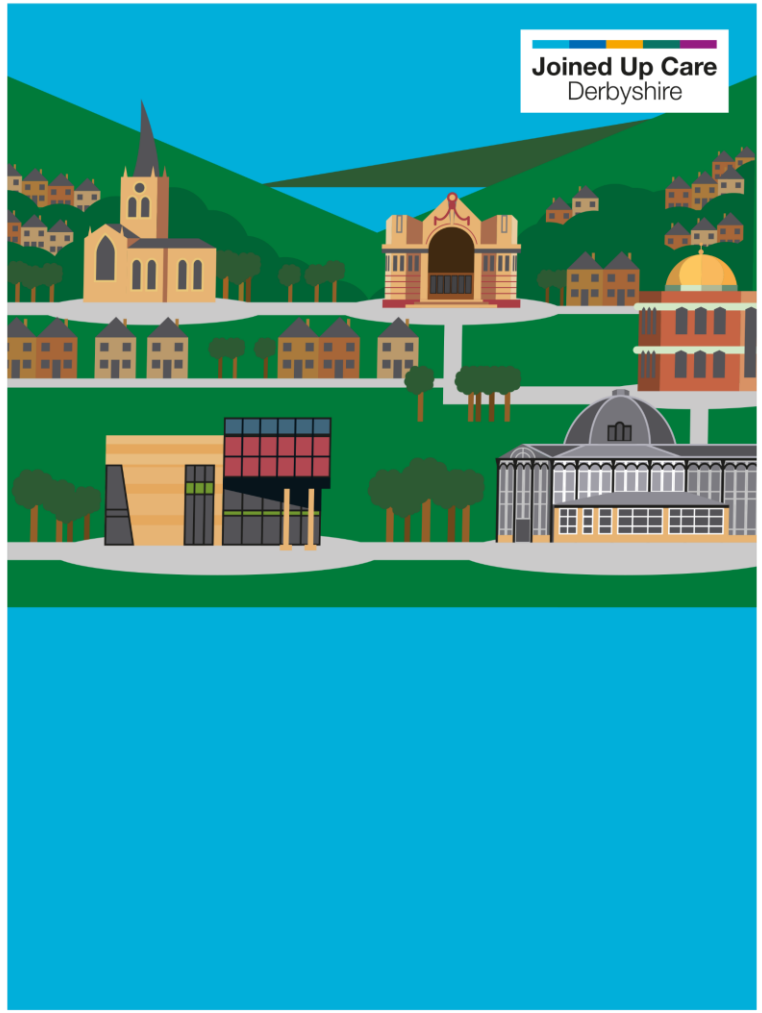
A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers).

Suicide has a ripple effect on the community and those most affected are at increased risk of suicide themselves.

A suicide survivor is anyone who experiences high levels of self-perceived psychological, physical and or social distress after the suicide regardless of the social relationship with the person.

The dual objectives of suicide postvention are to alleviate the effects of this complex grief, and to prevent suicide in the survivors.

The Suicide Postvention Support Pack for Primary Care: Derbyshire



NHS
The Derbyshire VCSE sector Alliance
Derby City Council
DERBYSHIRE County Council

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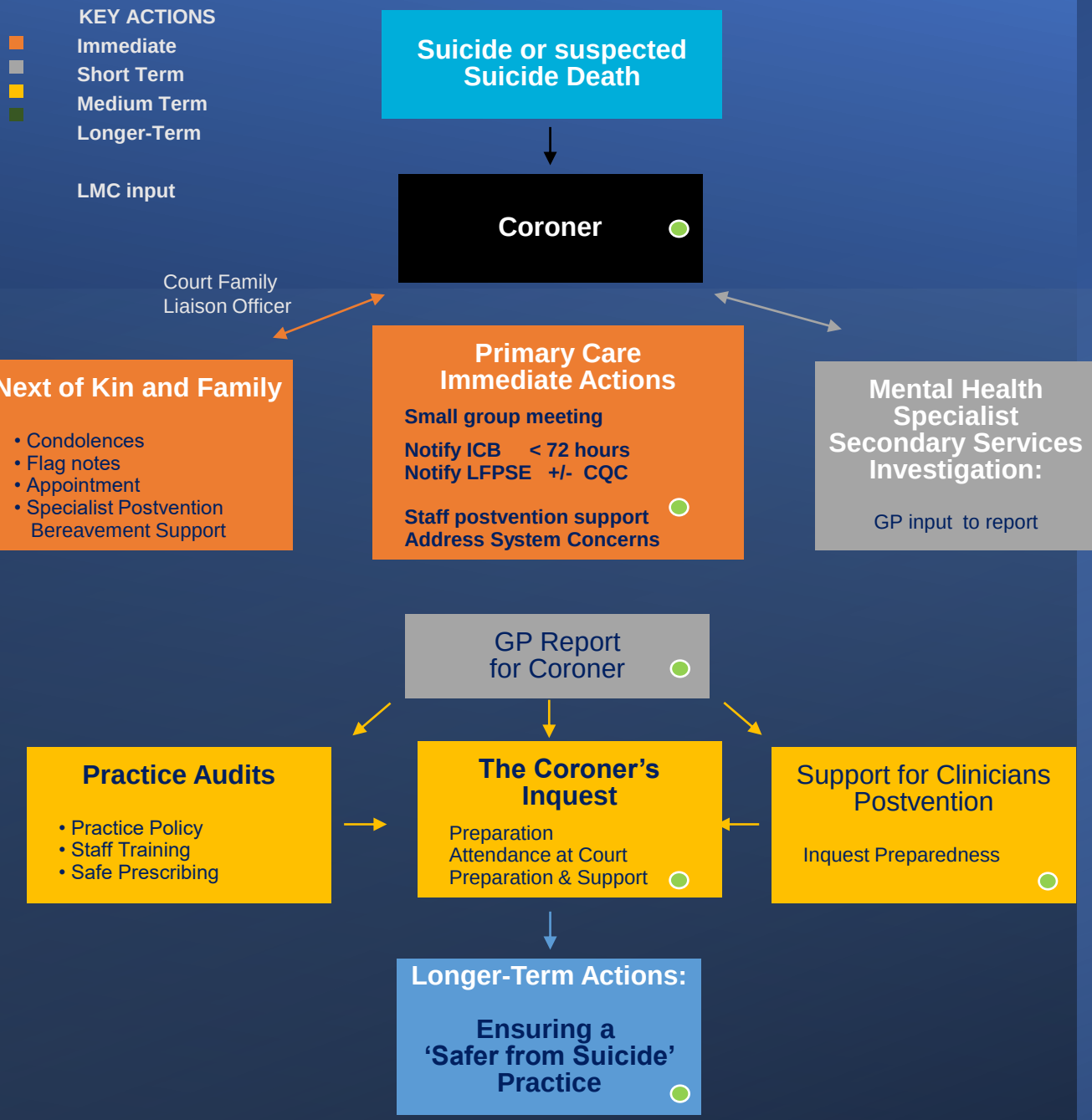

KEY ACTIONS
Immediate
Short Term
Medium Term
Longer-Term
LMC input
Suicide or suspected Suicide Death
Coroner
Court Family Liaison Officer
Next of Kin and Family
• Condolences
• Flag notes
• Appointment
• Specialist Postvention Bereavement Support
Primary Care Immediate Actions
Small group meeting
Notify ICB < 72 hours
Notify LFPSE +/- CQC
Staff postvention support
Address System Concerns
Mental Health Specialist Secondary Services Investigation:
GP input to report
GP Report for Coroner
Practice Audits
• Practice Policy
• Staff Training
• Safe Prescribing
The Coroner's Inquest
Preparation
Attendance at Court
Preparation & Support
Support for Clinicians Postvention
Inquest Preparedness
Longer-Term Actions:
Ensuring a 'Safer from Suicide' Practice

Bereavement Resources on a Page

Survivors of Bereavement by Suicide (SOBS)

SOBS specialise in provision of peer support specialist suicide support for those bereaved by suicide. It is a national organisation with online forums as well as in person local groups in many areas which can be found on their website. People refer themselves by contacting their local support group.

The Tomorrow Project (Harmless)

This Project provides a variety of support to help someone manage their loss up to one year after the death. There is no age restriction to access the service. A suicide bereavement support officer will make contact and arrange to meet for on-going emotional and practical support. The Project provides support a during and at the Inquest.

Help is at Hand Booklet

This excellent free PDF document is freely downloadable for immediate guidance to people bereaved by suspected suicide.

Cruse Bereavement Care

This is a free, confidential bereavement support service available to the public.

Hope Again – Cruse Bereavement Care for Young People and Children

Created for young people, by young people. It offers an online support, advice, and signposting, specifically to young people who have lost a loved one.

Winston's Wish

Winston's Wish provides support to children and young families bereaved by suicide, as well as to the professionals who help them.

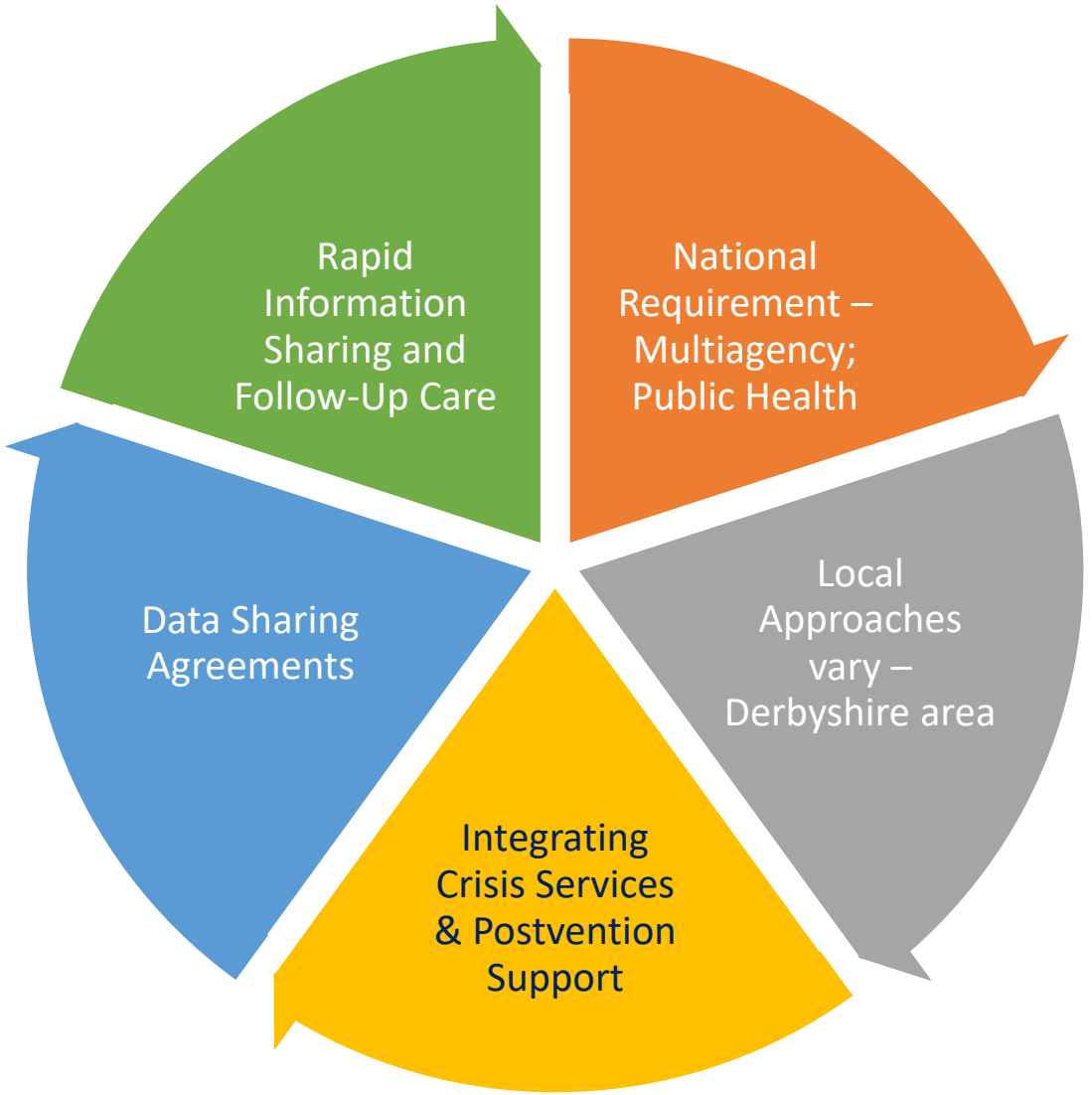
From Grief to Hope

A deeper insight into the impact of suicide on family and friends, please refer to the excellent report by The Support after Suicide Partnership called From Grief to Hope.

PAPYRUS

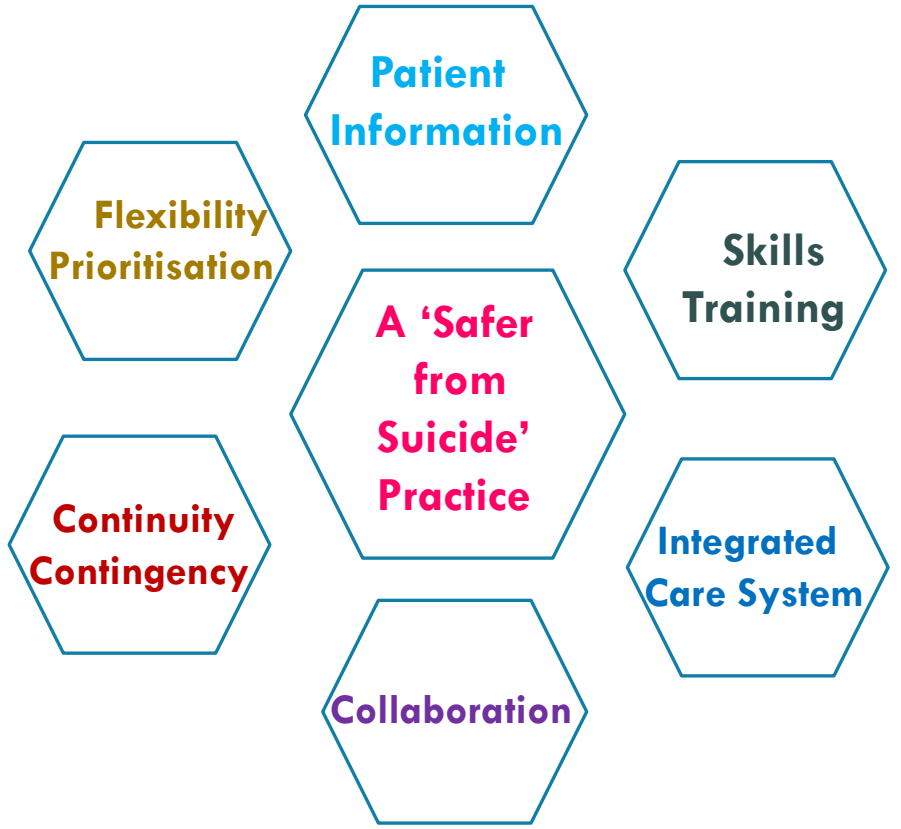
A guide to suicide prevention, intervention and postvention in schools and colleges, aimed specifically at teachers as well as school or college staff.

Real Time Suspected Suicide Surveillance (RTSSS)



CHALLENGES FOR PRIMARY CARE

POTENTIAL SOLUTIONS



Challenges in General Practice

One third workload is mental health

Demand v Supply

‘10-minute consultations’

Training disparity

Confidence of GPs wrt suicide/self-harm

Secondary Care Support

Shortage of GPs

Remote consultations

Positive Aspects of General Practice

A safe place without stigma

MH consultations Primary Care 100 million p.a.

Comprehensive personal medical records
Continuity of personal holistic Care

Expertise in common mental health disorders

New **Additional Roles Reimbursement Scheme**

Social Prescribers, Practice Pharmacists, Paramedics, Mental Health Workers

NHS Plan Mental Health Framework

SELF HARM & SUICIDE GENERAL PRACTICE:

OPPORTUNITIES

Self-Harm - CYP in ED

58% had seen **GP** in prior **6 months**

Completed Suicide

55% of > 55-year-olds had seen GP within **1 month**

Warning signs found in GP records of suicides

Increasingly frequent attendance
Comorbidity
Chronic Pain
Alcohol misuse

Polypharmacy – amitriptyline, opiates, hypnotics, beta-blockers

SELF HARM

Definition

Intentional self-poisoning or self-injury

irrespective of the apparent purpose of the act

A way to 'cope' with their emotional dysregulation

It is complex as it offers relief but also causes harm

Prevalence self-harm or attempted suicide

7.3% of girls & 3.6% of boys (aged11-16)

21.5% of girls & 9.7% of boys (aged 17-19)

Any age but recent increase among young people

Only a minority present to hospital services yet 200,000 ED presentations in England every year

50% had visited the GP in the previous month

20% of people repeat self-harm within one year

SELF HARM AND SUICIDE:

The relationship between self-harm and suicide is complex and interrelated

People who self-harm …..

Majority do not go on to attempt **suicide**

However, SH is the best predictor of later suicide

Peak suicide risk (**200x**) is at one month after non-fatal self-harm hospitalisation

High risk (**30-50x**) during the first year after any SH

Elevated risk persists for **15 years**

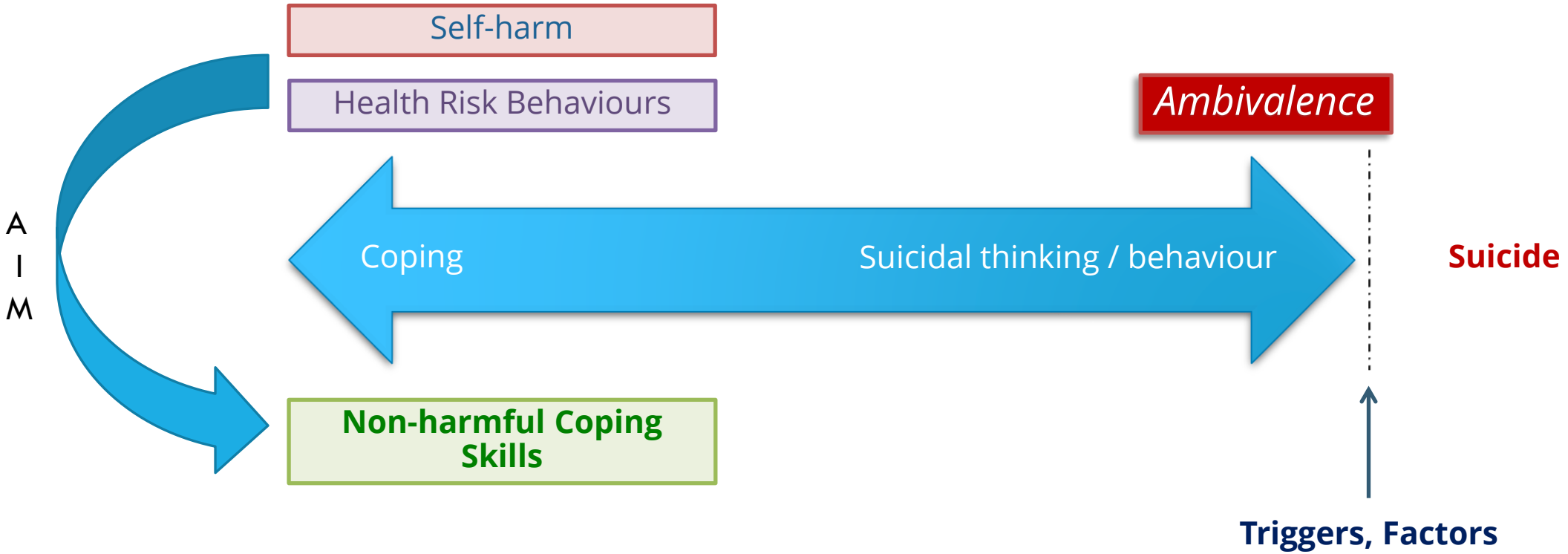
Risk is higher still in …..
Males, Older people, Repeated self-harm

UK Suicides 6000 people per year

30-40% of above suicides had a history of self-harm

Non-harmful and Harmful Coping Skills

The link with suicide



UNDERSTANDING SUICIDAL THOUGHTS

Most commonly they are a human response to distress or pain **with or without** a mental illness

What causes suicidal intent? – usually a belief that there is no other way to alleviate or escape the pain

The point of ***'psychache'*** is reached when the pain in **intolerable** (Shneidman 1993)

RED FLAGS

Psychache together with a feeling of **entrapment**, a sense of **burdensomeness**.

When psychache is **combined** with a **loss of hope** the risk of suicidal **actions** becomes much greater

SOME SUICIDAL THOUGHTS CAN BE NORMAL THEY ARE COMMON BUT ALWAYS TREAT THEM SERIOUSLY!

LISTENING TO THE PATIENT'S EXPERIENCE

What service users say they would find helpful

Choice of type of GP appointment

GP who listens with empathy

Good consistent relationship with GP

Safety Planning!

Referrals/Signposting for further support options

50:50 lived experience who felt service was satisfactory
NSPA

GP CONSULTATION

Compassionate listening for a few minutes will save lives and save time later

Assessment of mental state to avoid missing high risk or mental illness

Nuanced history of suicidal ideation, intention, preparation or plans

Do not waste time filling in risk assessment forms

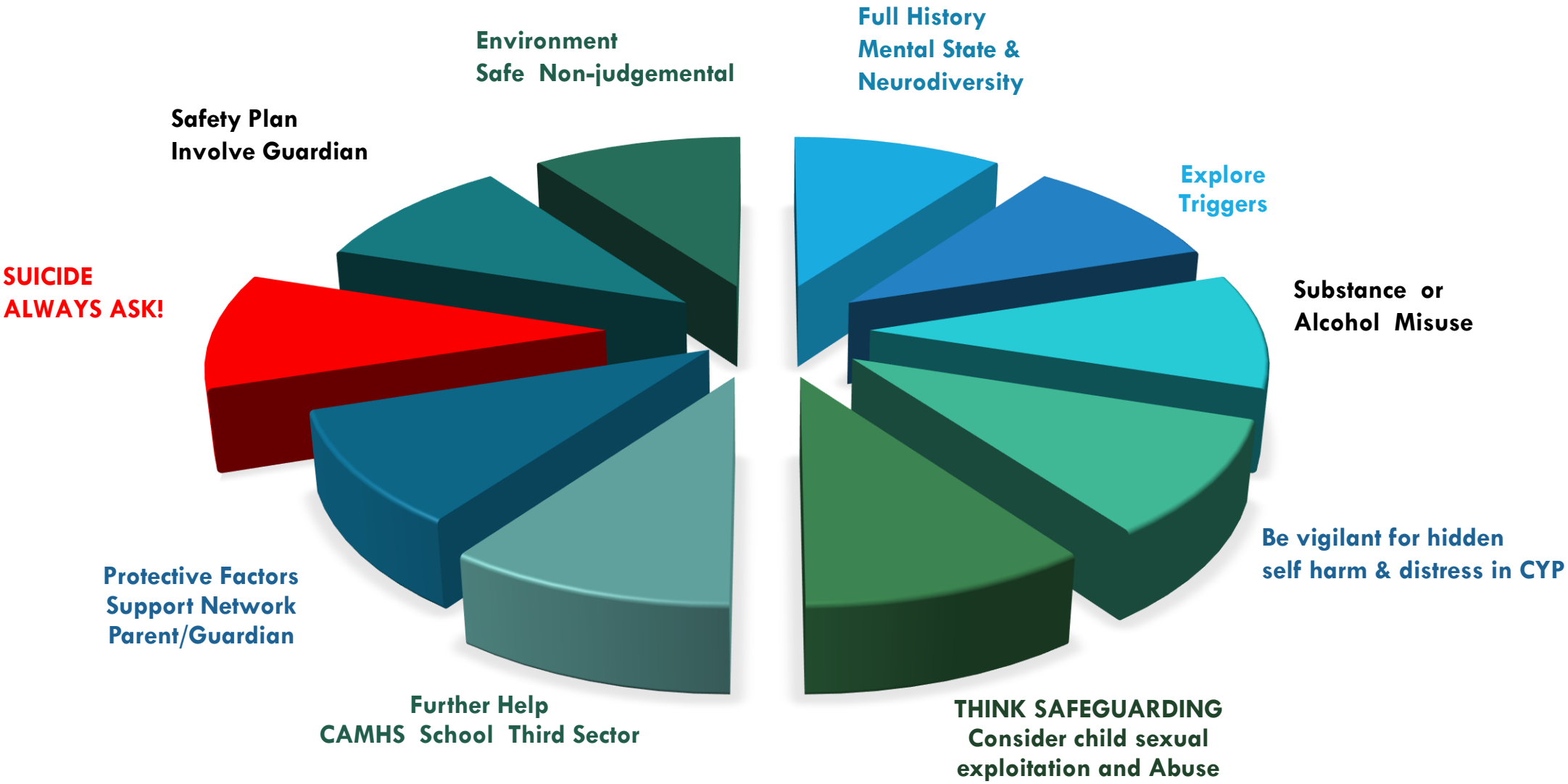
Focus time on the person's needs i.e., risks which **can** be mitigated

Means restriction

Prioritise the factors most important to the person

Involve the wider practice team

Involve family or carer in any safety plans



The **RCGP** **Top Tips** for Managing Self Harm in Children & Young People

Self-harm-in-CYP-top-tips-Clinical-News.pdf (rcgp.org.uk)

My Safety Plan

CONNECTING WITH PEOPLE

www.stayingsafe.net

Getting through right now

Making your situation safer

Things to lift or calm your mood

Things to distract you

People to support you

List who you can talk to if you are distressed or thinking about self-harm or suicide

Emergency professional support

Person Owned
Co-production
Dynamic

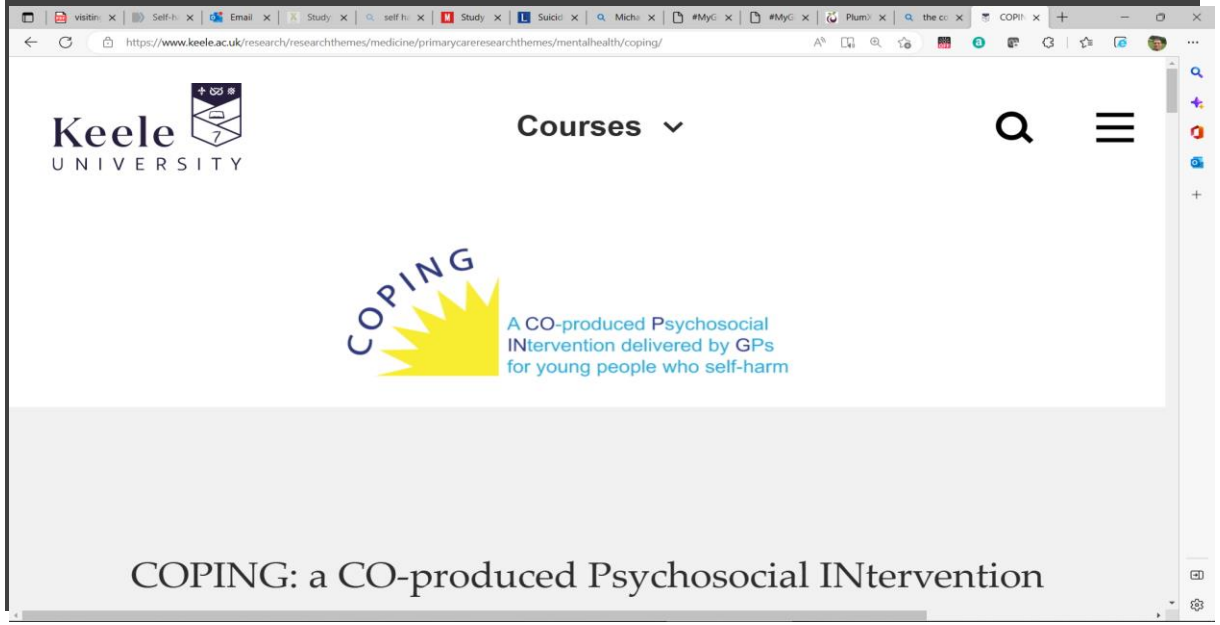
Explore safe alternative coping strategies

Note: Consider Collaboration, Carers, Consent, Confidentiality & Capacity

SOME USEFUL RESOURCES FOR PATIENTS

SAFETY PLANS		**LINKS - to SMS your patients and upload to practice website**
Stay Alive App	**(Grassroots)**	StayAlive - Essential suicide prevention for everyday life
Papyrus App	**(Young People)**	Wellbeing Apps | Papyrus UK | Suicide Prevention Charity (papyrus-uk.org)
Staying Safe	**(Video and PDF)**	Staying Safe
GUIDE CYP		
#MyGPguide	**(PDF)**	https://doi.org/10.6084/m9.figshare.17069660.v1
…….	**(Video)**	New guide aims to help young people discuss mental health with their GP - YouTube
MindEd	**(Families)**	MindEd For Families

SELF HARM IN PRIMARY CARE RESEARCH



The COPING study research programme 2021-2025

Young people commonly reach out to their GP for help with their self-harm.

There is a lack of evidence and guidelines on how GPs should help young people who self-harm.

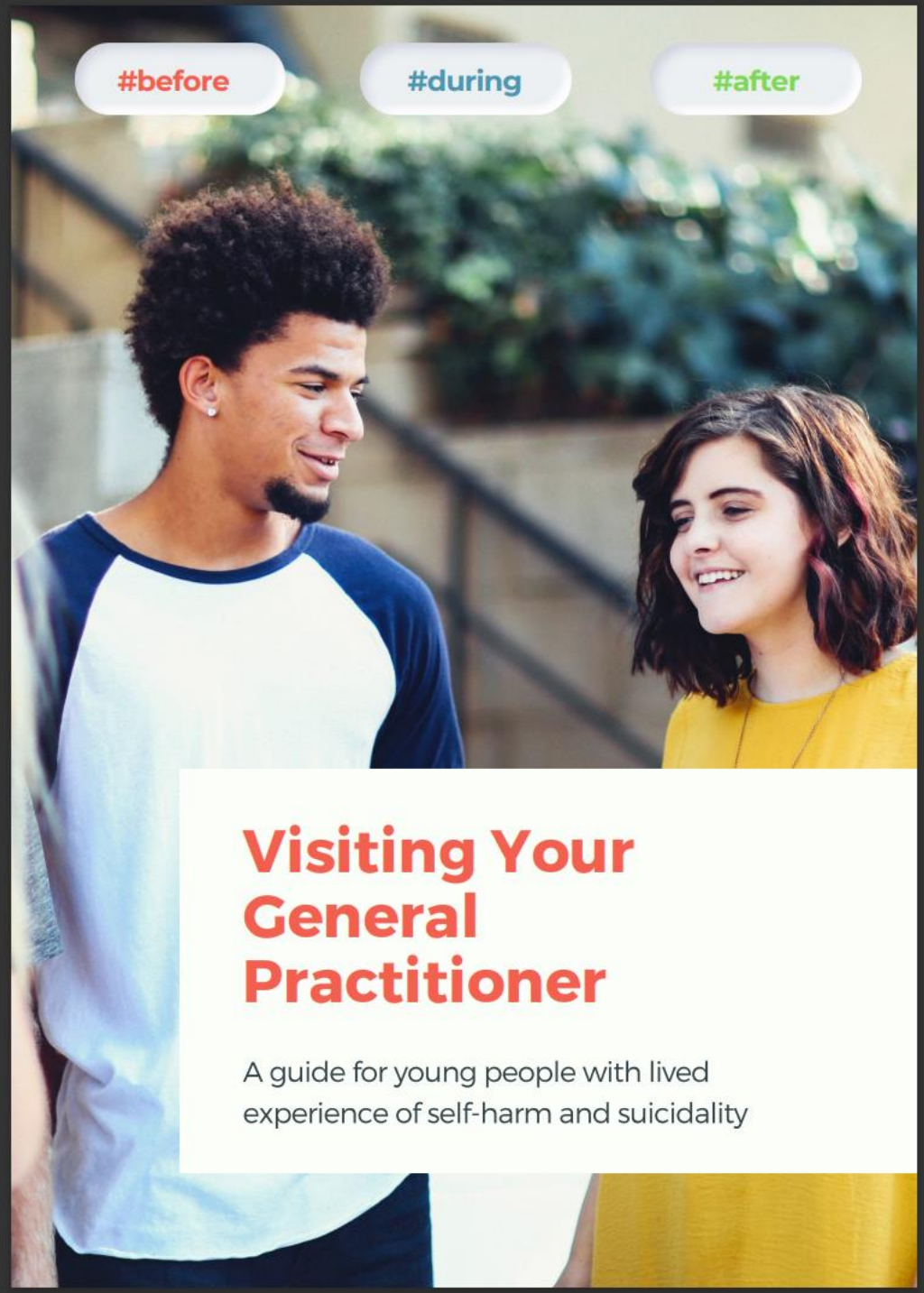
The COPING study aims to provide high-quality research evidence to inform a future full-scale clinical trial of COPING in the NHS to guide GPs

Faraz Mughal et al. Role of the GP in the management of patients with self-harm behaviour: a systematic review, *British Journal of General Practice* (2020). DOI: 10.3399/bjgp20X708257**Journal information:** British Journal of General Practice

Michail M., Hunter, R., Mitchell L., Morgan J., Rathore I., Reid K., Tresadern C., Williams B., Campbell N.

Visiting your General Practitioner: A guide for young people with lived experience of self-harm and suicidality.

Birmingham: Institute for Mental Health, School of Psychology, University of Birmingham, 2021c



BEFORE DURING & AFTER THE CONSULTATION

#MyGPguide - visiting your general practitioner: a guide for young people with lived experience of self-harm and suicidality — University of Birmingham

SELF HARM IN PRIMARY CARE

A SUMMARY

GPs play a vital role in helping those who self-harm or are suicidal

Holistic compassionate care in a safe environment

NICE guidance
Active monitoring, referrals, collaboration

Safety Planning

Safe Prescribing

Commissioning of CBT- informed therapy

Coproduction with experts by experience

Training of Primary Care Teams

Research to find effective GP interventions

SAFE PRESCRIBING

NICE Guidelines for Depression [NG222]

Do not withhold antidepressants if indicated because of suicide risk exists …but…

Consider toxicity in overdose, drug interactions, half-life of drug, safe quantities

Active Monitoring GP follow up according to need and risk

Practice Pharmacist support, unwanted stocks, irregular ordering, medication reviews

Structured Care GP to arrange follow up and consider increased frequency of support

Beware Polypharmacy **…** amitriptyline, beta blockers, Z drugs, opioids

Alcohol & Drug Misuse

Self-Harm, Mental State & Suicidal enquiry during initiation & medication reviews

IMPROVING BEREAVEMENT AND COMMUNITY SUPPORT THROUGH COLLABORATIVE WORKING

‘FULFILLING NEED FROM A PRIMARY CARE PERSPECTIVE’

Dr Sohrab Panday

General Practitioner

Clinical Commissioning Lead

Derby & Derbyshire Integrated Care System

The National Suicide Prevention On-line Conference

Government Events

25-04-2023

Summary

- **The Derbyshire Multi-Partnership Approach includes Primary Care**
- **Primary Care Training and Resources well established**
- **The Postvention Support Pack is the first such pack in England**
- **Specialist Bereavement Support is embedded in the Police & RTSSS**

- A National Version of the Postvention Pack adaptable for any ICB
- Primary Care incorporation into Real Time Surveillance
- Bereavement Pastoral Support Lead for each Organisation
- Targeted Postvention for hard-to-reach groups

Thank you

- Questions

- Contact Dr Sohrab Panday
- spanday@nhs.net

ADDITIONAL SLIDES FOR INFORMATION

The following slides on NICE are based on a recent update course I gave to RCGP
Sohrab Panday

NICE UPDATE

SELF HARM NICE GUIDELINE NG225

ASSESSMENT MANAGEMENT & PREVENTING RECURRENCE

NICE
National Institute for Health and Care Excellence

1.5 PSYCHOSOCIAL ASSESSMENT & CARE BY MENTAL HEALTH PROFESSIONALS

1.5.1 **Earliest opportunity** MH professional **psychosocial assessment** to:

- *develop a **collaborative therapeutic relationship** with the person*
- *develop a **shared understanding** of why the person self-harmed*
- *ensure that the person receives **the care they need***
- *give the person, family or carers **information***

1.5.15 Develop or review a **care plan**

1.5.16 Give the person a **copy** of their care plan, and **share** it **asap** **with the GP** & health & social care professionals

A Psychosocial Assessment by trained MH worker reduces risk of repeat SH by 40% !

Psychosocial-assessment-guide-2022-WEB.pdf (oxfordhealth.nhs.uk)

1.6

1.6 Risk Assessment Tools & Scales DO NOT PREDICT INDIVIDUAL RISK OF SUICIDE

1.6.5 Focus on the **person's needs** and how to support **safety**

1.6.6 **Risk Formulation** to be included in each psychosocial assessment by MH professionals

-identifying and building upon individuals strengths coping strategies and protective factors

-emerging literature on this pro-active approach including the entrapment model

- Solution focussed therapy SFT builds on strengths and can be applied before a crisis

Steve de Shazer and the future of solution-focused therapy - PubMed (nih.gov)

A Psychosocial Assessment by trained MH worker reduces risk of repeat SH by 40% !

Psychosocial-assessment-guide-2022-WEB.pdf (oxfordhealth.nhs.uk)

Risk formulation

A collaborative process between the person and professional

Aims to summarise the person's current risks and difficulties

And to understand why they are happening to inform a treatment plan.

Includes historical factors and experiences, recent problems, existing strengths and resources, coping strategies

NICE guideline [NG225]

Self-harm: assessment, management and preventing recurrence NICE guideline

Published: 7 September 2022

www.nice.org.uk/guidance/ng225

Assessment, management and preventing recurrence

Children, young people & adults

Includes mental illness, neurodevelopmental disorder or learning disability

All sectors that work with people who have self-harmed

Self-Harm is everyone's business'

Assessment and care in primary care

1.7.6 Consider a referral to mental health or social care services

1.7.7 Consider making referral to mental health professional a PRIORITY

1.7.8 GP responsibilities in caring for the person

Assessment and care in primary care NICE

1.7.6 When a person presents in primary care after an episode of self-harm, GP should **consider referring them to mental health or social care services** for a **psychosocial assessment** or informing their existing mental health team, with consent from the person and their family members or carers

1.7.7 GP to make referral to mental health professionals a priority when:

- the person's levels of concern or distress are rising, high or sustained
- the frequency or degree of self-harm or suicidal intent is increasing
- the person providing assessment in primary care is concerned
- the person asks for further support from mental health services
- distress in family or carers are rising, high or sustained, despite attempts to help

1.7.8 If the person who has self-harmed is being supported and given care in primary care, the **GP should ensure that the person has**:

- **Structured Approach to Care** regular appointments with their GP for review of self-harm
- **A medicines review … ensuring Safe Prescribing**
- **Information** re: social care, voluntary/non-NHS sector support & self-help resources
- **Healthcare for coexisting mental health problems** +/- referral to mental health services

NICE

Principles for assessment and care by healthcare professionals & social care practitioners

1.7.1

• respect, dignity and compassion, awareness of cultural sensitivity

• seek consent to liaise with **people involved in the person's care**

- gather information to understand the context

- support network, any safety plan or coping strategies

Interventions for Self-Harm

1.11.7

Consider developing a **safety plan** in partnership with people who have self-harmed

• recognise the triggers/warning signs of increased distress, **further self-harm** **or a** **suicidal crisis**

1.11 Interventions for self-harm

The recommendations apply to all healthcare professionals unless otherwise stated

1.11.1 Consider **coexisting conditions** that may be related to the self-harm

1.11.2 Interventions for adults who self-harm

…offer a structured, person-centred, CBT-I, problem solving

Cognitive Behavioural Therapy- informed psychological intervention

1.11.3 Interventions for CYP with emotional dysregulation & frequent SH

offer **Dialectical Behaviour Therapy - adapted for adolescents (DBT-A)**

Ensure that the intervention:

- **starts as soon as possible**
- **is typically between 4 and 10 sessions; more sessions if needed**
- **is tailored to the person's needs and preferences**

1.13 Safer prescribing & dispensing apply to all healthcare professionals

1.13.1 Prescriber to consider:

TOXICITY **RISK OF MISUSE** **DRUG INTERACTIONS** **ALCOHOL**

WIDER ACCESS TO MEDICINES **COMMUNICATION BETWEEN MULTIPLE PRESCRIBERS**

1.13.2 Use shared decision-making **LIMITING QUANTITY**

1.13.3 Consider carrying out a MEDICATION REVIEW after each episode of self-harm

1.13.5 GPs and pharmacy staff : use consultations & medicines reviews:

ask about thoughts of **self-harm or suicide, actual self-harmed**

consider access to means including **prescribed OTT, herbal & recreational drugs**

SAFE PRESCRIBING

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