

Camden Suicide Prevention Panel

The report of the Suicide Prevention Scrutiny Panel July 2004

Chair's foreword:



Local councils have had the responsibility to scrutinise health matters since 2002. Camden has tackled this new responsibility in part by setting up time limited scrutiny panels, which investigate specific issues and report back to the Council's Overview and Scrutiny Commission.

One of the most startling health statistics in Camden is that the borough has the highest suicide rate of any council area in the country. It was because of this that the Commission set up a panel to look into suicide prevention in December 2003, and I was asked, subsequently, to chair it. I believe the panel's report will be the first of its kind in the country.

The membership of the panel, drawn from all three political parties on the Council, found common ground on what could otherwise have been a controversial topic. Our recommendations have been agreed unanimously.

There is no one single reason why people attempt suicide. The panel's enquiry established that there were a number of factors that contributed to our local suicide trends. The map on the facing page shows the places where people completed suicide in the borough between 1997-2001. Those who recognise the current ward boundaries will also spot that there is a general trend for suicides to occur in those areas with relatively high deprivation levels. While this is the general case, the interventions we recommend should not just be targeted at people living in those areas currently supported by NRF funding. For example, the kind of approach developed by Manchester c.a.l.m. in targeting young men to make use of available mental health services, would not need a particular geographical focus if replicated in Camden.

The panel received evidence from a number of organisations and individuals who had experience of suicide. The panel recognised that the language commonly used to describe a successful attempt still harked back to the time, nearly forty years ago, when suicide was a crime. But because suicide was decriminalised in 1968 the panel accepted the suggestion made by the Samaritans that the phrase 'completed suicide' should now be used in reporting cases. I hope that the local press protocol we are recommending takes account of this suggestion.

During the time when the panel was sitting some significant items of progress were being made. Our local Coroner, Dr Andrew Reid, has adopted an approach to information sharing with Camden Primary Care Trust, which means that up-to-date data on the suicide and open verdicts recorded by Dr Reid can now be shared with the PCT more quickly. The PCT in turn has responded by putting in place an officer to analyse the data received. This will ensure that local trends in suicide can be spotted and appropriate interventions can be planned by the PCT and its partners more promptly.

The panel researched the kind of facilities available for people in crisis. We found that although there were three 'crisis houses' available to Camden residents, which were

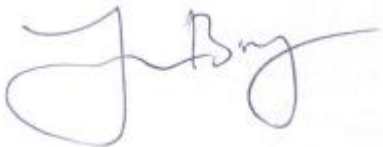
managed on different models of care and support, they were all situated in our neighbouring borough of Islington. Take up of such facilities by Camden residents continues to be low, even though the facilities are well used by people from Islington. The panel recognised that a residential facility should be available within Camden's borders, and noted that a Mental Health Grant has already been allocated to the borough to assist in setting up a locally based crisis house. As this report was being finalised it appeared that progress was finally being made to identify a building that could be used for this purpose.

While the panel was sitting, Camden PCT set up a Suicide Prevention Steering Group with the remit of producing a Suicide Prevention Strategy for the borough. This is work in progress and the strategy and the group will continue to develop after the scrutiny panel has completed its formal work. I was asked to join the steering group and received a warm welcome from both health professionals and representatives of the voluntary sector who serve on it. This report includes some recommendations on the current draft strategy, which I hope the steering group will find are helpful as it continues its work.

I would like to thank my fellow panel members, and especially Graham Magee, our scrutiny policy officer, for making my job a lot easier than I first anticipated it would be. I must also thank all those who contributed to our work, especially those individual witnesses who were courageous enough to share their personal stories with us.

Every suicide is a tragedy for someone. Even if the individual who takes their own life genuinely feels this is the best way out for them, there will be family or friends who will be touched by their passing. If by implementing our recommendations the Council, the PCT, and our mutual partners prevent one suicide from taking place, our work would be justified. But I am hopeful that even more can be achieved.

Councillor John Bryant

A handwritten signature in blue ink, appearing to read 'J Bryant', with a stylized flourish at the end.

Acknowledgements:

Panel Chair:

Councillor John Bryant (Liberal Democrat).

Panel members:

Councillor Pat Callaghan (Lab). Councillor Dave Horan (Lab). Councillor Judith Pattison (Lab). Councillor Sheila Gunn (Con).

Scrutiny policy officer:

Graham Magee.

Committee officers:

Gianni Franchi, Peter Holdforth and Donna Alexander-Morrison.

Contributions of evidence:

The panel would like to thank all those Camden residents affected by suicide who gave evidence to the panel, the voluntary sector and community organisations who contributed to the work of the panel and crisis centres who assisted with site visits.

We would also like to thank our colleagues from Camden Primary Care Trust, Camden and Islington Mental Health and Social Care Trust, Camden Council members and officers who gave evidence and a range of other organisations whose contributions are detailed in Appendix 2 of this report.

Individual thanks should go to the following: Susan Hahne (Specialist Registrar, Camden Primary Care Trust), for her work on the collection and analysis of data on suicides in Camden and the graphs in this report, without which, this scrutiny would have been impossible; to Linda Seymour (Policy and Research Development Manager, from **mentality**); to Judy Leibowitz (Primary Care Mental Health Development Coordinator, Camden Primary Care Trust) and to **Paddy Bazeley (Director of Maytree)**, for their advice, support and knowledge given to the panel.

The panel would also like to give particular thanks to the family of Naomi Vera who took her life on 6 September 2003. The panel heard Naomi's story and the painting on the cover of this report is Naomi's work. It has been reproduced here with the permission of her family.

Maytree

256. Maytree is a "sanctuary for the suicidal," a recently renovated house located in a residential road close to Finsbury Park tube. Maytree is a registered charity governed by trustees. The centre aims to save lives and relieve suffering through a supportive, non-medical environment. Accommodation is available for up to six "guests" of any age, from any location. The maximum length of stay is for four nights, with no repeat visits to discourage dependency on the centre.
257. "Guests" are referred to Maytree in a number of ways. Referrals may be by telephone or through friends, families, organisations or from General Practitioners and hospitals. Those who feel suicidal can self-refer but Maytree is not a drop-in centre. An assessment is undertaken before a place is offered to ensure that the "guest" will be suitable.
258. Maytree has 40 befrienders, unpaid, trained volunteers, who work in shifts. They are able to dedicate themselves to listening, giving "time to talk" and providing support to those staying at Maytree.
259. The centre is funded from grants and donations, with no financial support from local or health authorities. Establishment and running costs are estimated at £1 million for the first five years.
260. The funding and management arrangements have helped create a unique atmosphere which is evident in the environment created by the conversion. The

house is welcoming, pleasant and calming with a “family” kitchen and garden. This is a very different feeling from other centres visited by the panel. Maytree recently produced statistics showing that in the first 18 months of operation 57 people stayed at Maytree.

261. The Chair of the panel visited Maytree and reported to the panel that Maytree is “an example of good practice in this area.” The investment of time is the crucial difference because the state sector cannot always offer the time of medical professionals to the same extent.

Recommendation

22. That both Camden Primary Care Trust and Camden and Islington Mental Health and Social Care Trust ensure that all health professionals, community mental health workers and General Practitioners are made aware of the services provided by Maytree and are confident and able to refer people to it.

A crisis house for Camden?

262. The panel felt that a crisis house in Camden would help prevent suicide. This was especially important if the reasons for the low level of referrals from Camden’s north crisis team were due to geographical location and poor access to transport.
263. The panel received evidence that the Joint Mental Health Commissioning Group, which includes Camden Council, the PCT and the voluntary sector, had been established and for two a half years has been working to develop this project. This group has been considering models for the crisis house suitable to the needs of users. A survey of 73 potential service users had been undertaken by Camden Mental Health Consortium (CMHC). 90% of those interviewed said they would use a crisis house.
264. The panel were told that funding had been allocated two years ago from the Mental Health Grant for a crisis house. The Mental Health Grant is central government funding from the Department of Health to supplement spending by local authorities on social care for mentally ill people living in the community.
265. The panel is aware that different models for a crisis house exist and that the Joint Mental Health Commissioning Group has already undertaken substantial work on this. The group considers the voluntary sector model, for those in a severe degree of crisis, to be the most appropriate.
266. The panel recognises that differences of opinion do exist around the model for a crisis house. Having said this, members of the panel would reflect that they were impressed by the visit to Maytree. The panel recognises that this isn’t a crisis house comparable to Drayton Park and Highbury Grove. However, a crisis house based on a voluntary sector managed house: but with additional trained befrienders to dedicate time to service users, would in the panel’s opinion, make a valuable contribution to Camden.
267. Clearly a need has been identified by the PCT and CIMHSCT with partners for a crisis house. The panel agrees this need should be met and acknowledges that finding a suitable property may not be easy given competing demands for a limited stock of council and health service buildings. The danger is that this need will continue to be unmet unless the PCT, CIMHSCT and the Council jointly give it more priority.

268. The panel would suggest that should it continue to be impossible to find a building in National Health Service or Council ownership, that other providers be sought. These may, for example, be found through housing associations or voluntary organisations.
269. The panel acknowledges pressures on capital funding. There may be a need to seek alternative ways of providing access to capital funding. One potential source is "Futurebuilders;" more information on this can be found at the end of section six of this report. The panel suggests that this and other appropriate sources of funding are explored.
270. The panel is pleased to note that the Camden Suicide Prevention Steering Group has added the Camden crisis house to the Camden Suicide Prevention Action Plan and the panel encourages the Camden Suicide Prevention Steering Group to continue to monitor progress towards establishing a Camden crisis house.

Recommendations

23. That the Director of Social Services, working with the Director of Commissioning at the Primary Care Trust, identifies a suitable property to become a crisis house, and reports back to the Joint Mental Health Commissioning Group within six months on progress.

That the Joint Mental Health Commissioning Group gives further consideration to a model for a Camden crisis house which includes the use of trained volunteers; is located close to those in need; and is easily accessible by public transport.

Scrutiny in Camden

For a large print, audio or Braille version of this report contact 020 7974 3257

This document is also available in these languages:

Ce document est aussi disponible en français. Tel: 020 7974 5222

Este folleto también está disponible en Español. Tel: 020 7974 5222

Warqaddaan macluumaadku waxay ku dhigan tahay afafka kala ah Soomaaliga. Tel: 020 7974 5222

Ky dokument është në dispozicion në gjuhën shqipe. Tel: 020 7974 5222

এই প্রচারপত্রটি বাংলা ভাষায়ও পাওয়া যায়।

Tel: 020 7974 5222

這單張亦以廣東話寫成，可備索取。

Tel: 020 7974 5222

For a copy of this report please contact:

Agatha Geteloma - Administrative Officer, Scrutiny Policy Team,

Room 317, London Borough of Camden, Town Hall, Judd Street. Telephone: 020 7974

3257 Fax: 020 7974 3202; Email: agatha.geteloma@camden.gov.uk

Web: www.camden.gov.uk/scrutiny

Contacting us about scrutiny:

Scrutiny Team Manager: Tim Young

Room 317 Town Hall, Judd Street, London WC1H 9JE. Telephone 020 7974 3257.

Email: tim.young@camden.gov.uk

Committee Services Team Leader: Kayode Adewumi

Room 220 Town Hall, Judd Street, London WC1H 9JE. Telephone 020 7974 5642.

Email: kayode.adewumi@camden.gov.uk