PUBLIC HEALTH XXX (2014) 1–6

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Utility of local suicide data for informing local and national suicide prevention strategies

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ARTICLE INFO

Article history:
Received 5 June 2013
Received in revised form
13 February 2014
Accepted 5 March 2014
Available online xxx

Keywords:
Suicide prevention
Suicide audit
Suicide Audit Groups
Local action plans

ABSTRACT

Objectives: The practice of 'suicide audit' refers to the systematic collection of local data on suicides in order to learn lessons and inform suicide prevention plans. Little is known about the utility of this activity. The aim of this study was to ascertain from Directors of Public Health in England how they were conducting suicide audit and what resources they were investing in it; how the findings were being used, and how the process might be improved.

Study design: E-mail survey.

Methods: A questionnaire was sent to all 153 Primary Care Trusts (PCTs) in England prior to their dissolution in 2013. Simple descriptive statistics were performed in an Excel database.

Results: Responses were received from 49% of PCTs, of which 83% were conducting a regular audit of deaths by suicide. Many had worked hard to overcome procedural obstacles and were investing huge amounts of time and effort in collecting data, but it is not clear that the findings were being translated effectively into action. With few exceptions, PCTs were unable to demonstrate that the findings of local audits had influenced their suicide prevention plans.

Conclusions: In the light of fresh calls for the practice of suicide audit to be made mandatory in England, these results are worrying. The study suggests that there is a pressing need for practical guidance on how the findings of local suicide audits can be put to use, and proposes a framework within which such guidance could be developed.

Introduction

Suicide is a major public health problem, accounting for approximately 4500 deaths in England and Wales every year, mostly among physically healthy adult males. These deaths are unnecessary and may be preventable through concerted action at both national and local levels.[1]

In 2013, as part of a major reorganization of the National Health Service (NHS) in England, responsibility for public health, including suicide prevention, was transferred from Primary Care Trusts (PCTs) to local authorities. The work of the new local authority teams, led by Directors of Public

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http://dx.doi.org/10.1016/j.puhe.2014.03.004
0033-3506/

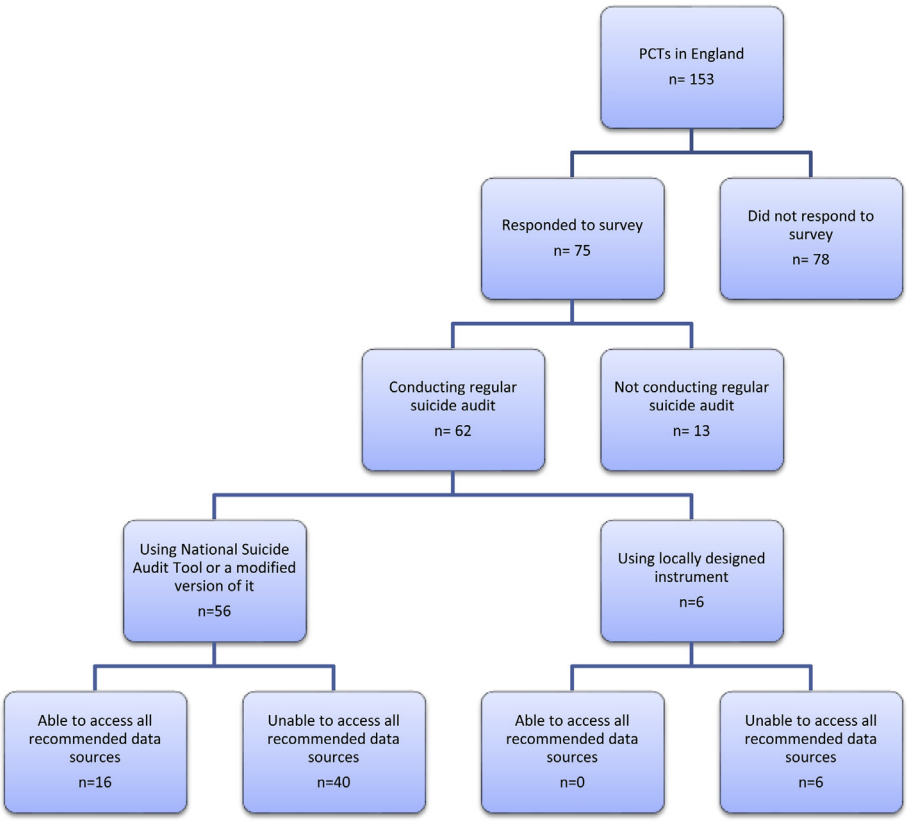

Fig. 1 – Survey of suicide audit practice in English Primary Care Trusts (PCTs) prior to their abolition in 2013.

Health, is driven by a broad Public Health Outcomes Framework, which includes suicide rate as one indicator of progress,[2] but how these outcomes are to be achieved is left to local teams to decide for themselves.

Prior to the reorganization, many PCTs carried out systematic collection of data on suicides from a range of local sources, including coroners, general practitioners (GPs) and Mental Health Trusts, a practice that was known as 'suicide audit'. As such, it was a quality improvement process, similar to clinical audit and carried out within a clinical governance framework,[3] and sought to monitor trends, identify high-risk groups and inform the development and implementation of local strategies to minimize risk. For a short period, between 2002 and 2005, PCTs were required to demonstrate that they had systems in place for conducting suicide audit, and their performance was rated accordingly.[4]

In 2006, a body known as the National Institute for Mental Health in England (NIMHE) introduced a national toolkit to standardize this process, establish a core data set and facilitate the pooling of data regionally and nationally.[4,5] The toolkit consisted of a set of action points, a standardized questionnaire for data collection and an electronic database. NIMHE was subsequently closed, but the toolkit remained in widespread use, although it was not without critics. In 2008, Caley and Fowler argued that it included too much information, took too long to complete and did not deliver any useful learning, and they questioned the value of collecting data at local levels at all.[6]

The new local public health teams in England are currently facing the challenge of deciding on priorities and allocating limited resources, and the future of suicide audit practice is in question. Amid fears that small numbers of suicides in comparison with other public health issues may cause it to be overlooked, there have been a series of calls for suicide audit to become, once again, a mandatory activity. A 2011 report by Demos (an independent British political 'think-tank') argued that:

> *Suicide is such a serious public health matter that suicide audits should not be optional. PCTs – and subsequently health and wellbeing boards – should be required to compile annual reports that explore in detail the characteristics of people who died by suicide to inform the local policy response.*[7]

The 2012 cross-government outcomes strategy, *Preventing Suicide in England*, also emphasized the need to exploit all available sources of local data in order to supplement national mortality statistics and build up a detailed understanding of local patterns.[1] Since then, an All Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention has expressed concern about the lack of a specific requirement for local authorities to carry out co-ordinated suicide prevention activity. The Group strongly recommends, among other things, the reintroduction of a statutory obligation to carry out a locally based suicide audit, the standardization of data collection, and the collating of local data at national level.[8] Chief

Please cite this article in press as: Owens C, et al., Utility of local suicide data for informing local and national suicide prevention strategies, Public Health (2014), http://dx.doi.org/10.1016/j.puhe.2014.03.004