



PREVENTING SUICIDE IN YOUNG PEOPLE

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EXECUTIVE SUMMARY

- Primary care is often the first and last healthcare contact for those who die by suicide, and 50% of surveyed GPs had not undertaken any mental health training in the previous 5 years.
- Young people with first-episode psychosis have significantly higher rates of self-harm, the strongest risk factor in suicide.
- Factors increasing the likelihood of self-harm included psychiatric history, a history of childhood sexual abuse, and increased risk for young people from Black, Asian and Minority Ethnic Backgrounds. Females and younger patients were also more likely to self-harm.
- Key recommendations include: the need for early intervention to reduce later risk, and the roll out of regular mandatory training for GPs and other healthcare professionals on suicide awareness and risk management. Suicide risk management should be a mandatory part of a GP NHS revalidation cycle.

Introduction

Suicide in the UK accounts for 14% of deaths in 10-19 year olds and 21% of deaths in 20-34 year olds. Research has shown that self-harm is the strongest risk factor for suicide, and that young people are more likely to seek help from their GP than any other healthcare professional. Therefore the Institute for Mental Health aims to understand the risk factors, and to provide practical evidence based training and resources to support and guide practice.

Suicide is a global public health concern and the UK has recently seen a marked increase in rates of suicide and self-harm amongst young people. This brief outlines the work researchers at the Institute for Mental Health (IMH) at the University of Birmingham are doing to inform policy and prac-

tice amongst healthcare professionals and reduce suicide in this vulnerable group.

Key findings

- **General Practitioner Training** – 50% of GPs had not undertaken any mental health training in the previous 5 years. GPs' attitudes towards suicidal patients had a direct impact on their clinical practice. GPs experience a number of organisational and professional challenges when it comes to the assessment and management of suicide risk in young people. These include time constraints, problematic referral pathways to specialist services, long waiting lists and lack of clinical skills. Acknowledging the important role they play in identifying early and mitigating suicide risk in young people, this is an important finding and a significant skills gap.
- **Self-harm in First Episode Psychosis** – We found that young people with first episode psychosis have significantly higher rates of self-harm compared to the general population. This predates contact with psychiatric services, offering an opportunity for early intervention and in some cases prevention.
- **Referrals to Psychiatric Services** - Our research has shown that young people who receive a referral to psychiatric services when they present to A&E with self-harm engage well with these services, although most are more likely to receive self-help information. This is evidenced through high levels of attendance with psychiatric services.

New resources

- **E-Learning Suicide Awareness Training** - Dr Upthegrove developed an e-learning suicide awareness training program for Acute Hospital

and Mental Health Staff, which is now compulsory in Birmingham and Solihull Mental Health Foundation Trust, the largest mental health trust in the country. Over 4,400 frontline staff have completed the training with over 87% commenting the content was either good or very good.

- **Suicide Management Educational Resources for GPs** – Dr Michail has led the development of an educational resource titled ‘Suicide in Children and Young People: Tips for GPs’. This practical and user friendly resource provides simple evidence based recommendations and guidance, and has been sent to over 250 GP practices serving over 1.8million people in West Midlands. The evidence based recommendations we developed on the assessment and management of suicidality in primary care are endorsed by the Royal College of General Practitioners and adopted by GPs in their everyday clinical practice.
- **Electronic Clinical Decision Support System (e-CDSS)** – Dr Michail is leading the development of an electronic system to support GPs in the assessment and management of suicidality in primary care. This tool will provide GPs with a standard method to record and flag risk, generating a standardized and recognised assessment and management plan to be shared with the service user and other mental health services.

Recommendations

Based on these findings the following recommendations could help organisations and the government better support healthcare practitioners, and reduce suicide in young people.

1. Increased understanding of risk factors gives opportunities for early intervention, to prevent serious life-long conditions from developing and preventing later serious risk.
2. Increase training for GPs to support clinical decision making in the assessment and management of suicide risk.
3. Roll out of electronic clinical decision support system, supported by ongoing evaluation and assessment, to support standardized reporting methods for GPs nationally.
4. National roll out of e-learning suicide awareness training program to improve knowledge of healthcare staff in contact with people at risk of self-harm and/or suicide.
5. National roll out of ‘Suicide in Children and Young People: Tips for GPs’ with on-going evaluation.

Research methodology

1. A survey of 136 GPs across 27 practices in East Midlands looked to identify clinical competence in the assessment and management of suicide risk, and attitudes to suicidal patients.
2. A qualitative focus group study with 5 practices (total 28 GPs) in East Midlands to explore GPs’ views and experiences of assessing, communicating with and managing suicidal young people with the aim of co-producing an educational intervention on youth suicide prevention tailored to GPs’ perceived needs.
3. Two large cohort studies followed young people who presented to A&E with self-harm, and young people who experienced first episode psychosis for 12 months and evaluated referral data, on-going support, representations and quantitative and qualitative data on relationship with positive symptoms (hallucinations and delusions), together with appraisals of shame and entrapment.

Key academics

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