

# Improved safety measures by mental health service providers help to reduce suicide rates

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Mental health service providers looking after patients at risk of suicide need to reduce absconding on in-patient wards and boost specialist community services like crisis resolution to reduce deaths, a report by The University of Manchester out today (28 November) shows.

Improved treatments are also needed for patients who have [mental health](#) illness and drug or alcohol misuse (dual diagnosis) as well as for those with depression.

Researchers from the University's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), commissioned by the Healthcare Quality Improvement Partnership on behalf of the NHS England, the Health Department of the Scottish Government, the Welsh Government, DHSSPS Northern Ireland and the Channel Island, examined patient suicide and the impact of services changes made by mental health service providers across the UK between 1997 and 2011.

They looked at 17 key recommendations and service changes in relation to suicide rates. Mental health service providers which had implemented more than 10 recommendations for service change had lower suicide rates than those that implemented 10 or fewer.

The top five changes mental health service providers could make to reduce suicide were:

- Provide specialist community services such as crisis resolution/home treatment, assertive outreach and services for patients with dual diagnosis;
- Implement National Institute for Health and clinical Excellence (NICE) guidance on depression;

- Share information with criminal justice agencies;
- Ensure physical safety and reduce absconding on in-patient wards;
- Create a learning culture based on multi-disciplinary review.

Professor Louis Appleby, Director of the National Confidential Inquiry, said: "We found that the implementation of service changes and recommendations was associated with lower patient suicide rates in mental health service providers.

"This shows that there are positive steps all [mental health service](#) providers can make. Providing specialist community services for patients is particularly important for trusts to implement."

Professor Nav Kapur, from the University's Centre for Suicide Prevention based in the Centre for Mental Health and Risk one of the leading centres for research into suicidal behaviour internationally, said: "It is vital not to lose the benefits of the last 10 years.

This study identifies service changes that seem to work in preventing suicide. Equally, it seems to suggest that [service providers](#) might wish to maintain specialist services for people who don't engage or have a dual diagnosis."

The four UK countries, England, Northern Ireland, Scotland and Wales, have a national [suicide prevention](#) initiative which includes the need to review health service strategies for suicide prevention and improve treatment of mental disorder, improved access to services and better aftercare.

The NCISH team hope their latest findings will lead

to increased implementation of national guidelines and recommendations.

The findings follow a study published by the National Confidential Inquiry earlier this year which showed suicides among mental health patients increased with the current economic difficulties a likely factor.

The findings, reported in the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI) produced by The University of Manchester, suggested more needed to be done to help mental health patients with debts, housing and employment. The research team says safety efforts need to focus on patients receiving home treatment where there has been a rise in [suicide](#) deaths in recent years as there are now twice as many suicides under home treatment as in inpatient care.

Provided by University of Manchester

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