Evaluation of a pilot police led suicide early alert surveillance strategy in the United Kingdom.

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Abstract

Introduction: Those bereaved by suicide are at increased risk of psychological harm, which can be reduced with the provision of timely support. This paper outlines an evaluation of a pilot police-led suicide strategy, in comparison to a coroner-led suicide strategy looking at the number, and length of time it takes for deaths to be recorded for each strategy. Additionally, the police-led strategy offers timely contact from support services for bereaved individuals. We examined what impact this offer of support had on the capacity of support services. **Methods**: A mixed methods evaluation compared how long it took for suspected suicides to be recorded using both strategies. The number of referrals received by support services during the pilot strategy were compared to those from previous years. A feedback focus group, and interviews, were held with key stakeholders. **Results**: The coroner-strategy was more consistent at identifying suspected suicides, however reports were filed quicker by the police. Bereaved individuals were willing to share contact details with police officers and consent for referral to support services which lead to increased referrals. The focus group and interviews revealed that the pilot police strategy needs better integration into routine police practice. **Conclusions:** This strategy has the potential to deliver a real benefit to those bereaved by suicide, however there are still aspects which could be improved.

Introduction

Suicide is often the end point of a complex pattern of biological and psychological factors [1], the impact of which is far reaching, affecting close friends and family members who are left vulnerable to long-term psychological morbidity [2], social isolation [3, 4] and increased risk of suicide [5, 6]. Evidence suggests that a multi-agency support approach to suicide postvention is key, with voluntary sector organizations founded by individuals themselves bereaved by suicide playing a key role [7-9]. However, postvention support is not routinely offered to individuals who have been bereaved by suicide who often come across such services by chance [10].

Currently any death in England and Wales, which is a suspected suicide, must be certified by the coroner who will consider evidence before reaching a final verdict [11]. Whilst a report outlining a death is filed by police to the coroner's office within days of a death, it can take up to three months for a final verdict to be reached following an inquest. Without a referral or information detailing support, evidence suggests that it can take up to 4.5 years for those bereaved by suicide to access support [10] [12].

In April 2014 a working group was set up in England to develop a real time suspected suicide surveillance system where police provide notification to the coroner immediately following a suspected suicide and to the North of England Commissioning Support Team (NECS). A pilot trial of the police led strategy was agreed by a local authority in the North of England to run in conjunction with the existing local coroner led strategy.

Coroner led suicide surveillance strategy

Under the existing coroner led suicide surveillance strategy the police are called to the scene of a suspected suicide. The attending officer completes a notification of death form which is sent to the local coroner's office. The coroner's office then makes a judgement as to whether or not the death is a possible suicide. In cases were a death is suspected to be

a suicide a coroner's report is sent to NECS. This intelligence is shared with public health and informs local suicide prevention strategies and interventions.

Following the coroner's inquest, the coroner's records are reviewed by the local authority public health suicide audit lead who collates data as part of the local suicide audit. Under the coroner led system within this local authority area there is no direct referral to postvention support and bereaved individuals must seek out support if they feel they need it.

Police led suicide surveillance strategy

The police led pilot suicide surveillance strategy follows a similar process as the coroner led strategy in terms of completion of notification of death form. However, in cases where the officer feels the death may be a suspected suicide they will discuss postvention support with those affected by the death and request consent to record their contact details on an additional line on the notification of death form. The police officer then sends the notification of death form to the coroner's office and NECS as within the coroner led strategy. Where consent is given for referral to support services the notification of death form is also shared with the local authority Public Health suicide prevention lead who makes a referral to support services. Bereaved individuals are then contacted within two days by a postvention support service and offered bereavement support which may include therapeutic support, financial advice and legal advice.

Aims and Objectives

The primary aim of the evaluation was to compare whether the pilot police led suspected suicide surveillance system led to suspected suicides being reported quicker than with the existing coroner based suicide surveillance strategy. In order to achieve this, the following objectives were set:

- To compare the number, and speed with which notification of death forms and coroners' reports are filed following a death.

- To compare the number of referrals received by support services following a suspected suicide with those in previous years.

Methods

A mixed methods approach was used to evaluate the pilot police led strategy in comparison with the existing coroner led strategy. Data on all deaths recorded as suspected suicides within the locality, and the speed with which they were filed using various reports was compared. Furthermore, a series of feedback focus groups and interviews were held with police officers involved in the pilot strategy, and with representatives of services offering support to those bereaved by suicide.

Ethical approval for this study was granted by the Newcastle University Research Ethics Committee (822/2014) and by the research and governance group within the local authority.

Data collection

Suspected suicides

All suspected suicides between October 2014 and September 2015 were recorded using the police notification of death form, and a report from the coroner's office. The numbers of reports using both strategies were compared to see if there were any differences in time taken to file a report, or the number of suspected suicides recorded.

The number of individuals who agreed to share their contact details with postvention support services was recorded to see what proportion of bereaved individuals consented and subsequently engaged with support services. The number of referrals received by support services during the pilot strategy was compared to the same period for the previous three years to look for differences.

Focus Group and Interviews

All seven police officers involved in the pilot strategy were invited to attend a focus group to provide in-depth feedback on the pilot strategy which took place in February 2015.

Representatives from support services involved in the pilot strategy were invited to participate in a feedback interview which were held between April and May 2015.

Analysis

Descriptive statistics were used to illustrate all data relating to suspected suicides and access to postvention support services.

The focus group and all interviews were audio recorded and transcribed verbatim, before being subjected to applied thematic analysis [13]. Two researchers coded the transcripts independently before meeting to discuss emergent themes and how sub-themes connected together. In cases of disagreement the researchers conferred until consensus was achieved. All identifiable information was removed from the transcripts.

Results

Recording of suspected suicides

Of the 52 suspected suicides recorded in 2014/15, a coroner report was filed in 49 cases (94.2%), and a notification of death in 41 cases (78.8%). No report was filed for 3 of the 52 deaths (5.8%), the reasons for which could not be determined from the available data.

Table 1 highlights discrepancies in the time taken for reports to be filed with NECS following a death. On average it took 3.4 days to file a coroner's report (Range = 0-43, SD = 6.17); and 1.8 days to file a police notification of death form (Range = 0-14, SD = 2.9). This suggests that following a suspected suicide, partnership activity can be informed on average 1.6 days quicker using the police-led pilot strategy.

Table 1: Comparison of time elapsed between death and early alert logging.

Gender	Suspected suicides 2014/15	Coroner Reports Filed (N)	Notification of Death (ND) Forms Filed (N)	Delay between death and Coroner's report	Delay between death and ND form
Male	37	35	27	3.7 days	1.9 days
Female	15	14	14	2.1 days	1.6 days
Total	**52 (100%)**	**49** ***(94.2%)***	**41 (78.8%)**	**3.2 days**	**1.8 days**

Postvention Support

During the pilot strategy, of the 41 suspected suicides where a notification of death form was filed, consent was given to share contact details with support services in 32 cases (78.0%); 16 of which led to a referral (50.0%). During the referral process clients were asked if anyone else required support following the death and from the 16 referrals a total of 29 individuals were referred onto support services, an average of 1.81 clients for everyone one referral.

During the pilot it took an average of 0.2 days (Range = 1, SD = 0.4) from referral to contact being made with an individual. For those who agreed to share contact details with support services it took a further 21.6 days (Range 49 days, SD = 17.38) for the first face to face meeting.

Table 2 below shows the number of referrals received by support service who were involved in the pilot strategy for a period of three years before the pilot strategy was launched, and for the year the pilot strategy was in place. Prior to the pilot strategy the support services only engaged with clients who contacted them following a death (Self-Referrals).

Table 2 highlights that the number of referrals into support services has been steadily increasing year on year with an initial large increase of 300.0% between 2011/12 and 2012/13 followed by more modest increases of 34.4%, the following year. However, after the introduction of the pilot strategy there was an 88.3% increase in referrals, with 74.4% of those coming via the notification of death form.

Table 2: Number of referrals to postvention Support Services

Year	ND form referrals	Self-Referrals	**Total Number of referrals**
2011/12	0	8	**8**
2012/13	0	32	**32**
2013/14	0	43	**43**
2014/15	32	49	**81**

Table 3 below outlines the most common services attended by those individuals who went on to receive support following a referral via the notification of death form during the pilot strategy (N=29). A local bereavement support service contacted all individuals whose details were recorded on the notification of death form as consenting. Therefore, all 29 individuals who received support had at least one meeting with the bereavement support service. The

next most common source of support was to the welfare rights suicide prevention officer, who supported 27.6% of clients.

Table 3: Referral to support services following ND form referral 2014-2015

Service	Number of referrals (N = 16)	Total number of individual accessing support via referrals (N = 29)
Local Bereavement Support	16 *(100.0%)*	29 *(100.0%)*
Welfare Rights	4 *(25.0%)*	8 *(27.6%)*
Complaints Advocacy Service	5 *(31.3%)*	8 *(27.6%)*
Other Bereavement Support	3 *(18.8%)*	4 *(13.8%)*
Legal Advice	2 *(12.5%)*	3 *(10.3%)*

Qualitative Focus Groups and Interviews

All seven police officers who were involved with the pilot strategy were invited to attend a focus group. Three officers agreed to participate, two of whom were male. Representatives of five support serviced were invited to take part in an interview with two individuals agreeing to take part. One participant was male who worked for welfare rights as a suicide prevention officer, and one was female and worked for a postvention support charity. The focus group lasted for 45 minutes, and interviews lasted for an average of 30 minutes, all were transcribed verbatim and analysed using applied thematic analysis [13]. Two major themes emerged from the analysis of the data barriers to the effectiveness of the strategy; and facilitating a successful pilot strategy.

Barriers to the effectiveness of the real time suspected suicide surveillance pilot strategy

Lack of clarity over the pilot strategy

There was a general feeling amongst police officers that they were not provided with enough information about the strategy to allow them to fully explain it to bereaved individuals.

> "I think it's difficult to explain to them what something is if you don't know yourself, if you are not 100% sure… to be able to turn round and say well what sort of help then you are a bit stuck because I didn't know what it was. – P2 Focus Group [FG]."

Evidence suggests that in order to embed a new practice it must be seen as meaningful to those practicing it [14-16]. The example above illustrates how a lack of awareness of the strategy can have a direct influence on its success. Whilst the officer was aware that they could offer postvention support, they lacked the confidence to fully explain what would be involved, which could impact on uptake of support.

Officers resistant to the pilot strategy

There was some resistance expressed within the focus group with one officer in particular against the idea of police offering postvention support feeling that it was inappropriate.

> "Certainly the two that I have gone to where I considered to be within the remit for the documents. It was very inappropriate to ask the families there and then." – P1 FG

The repeated use of the term inappropriate highlights that this particular officer is not supportive of offering postvention support to individuals at the scene. However, despite the reservations of police officers and a seeming lack of support for the process, the results reported above would indicate that when asked, bereaved individuals are likely to consent to share their contact details with postvention support.

Facilitating a successful pilot strategy

Pilot strategy expedites contact from postvention support services

An important theme to emerge from the analysis was the need for support services to factor in an increased number of clients. Both participants discussed a marked increase in referrals since September 2014.

> "They do try and, I know that as a service they've always tried to get as many people in, but since the pilot, you know I'm never in the office, I'm constantly out and about". – P4, Welfare Rights [WR]

The quote above illustrates that the welfare rights service had access to more clients since the pilot strategy begun. The quote below further emphasizes the belief that support services are accessing clients in a more timely fashion as a result of the pilot strategy.

> "The added value of the pilot system, we are able to respond to incidents of suicide as they happen rather than waiting. Traditionally people hear about us from word of mouth and that could be maybe five, six months down the line". – P5, Postvention Support [PS]

There was a sense of frustration expressed that before this strategy support services had to wait for a client to approach them for support whereas now clients can be supported as soon after a death as possible. When developing a suicide early alert pilot strategy which includes a postvention support element it is important that services are aware that they may see an increased uptake in referrals and that they may need to offer additional support in areas where they may have had no previous experience.

Alternative to Notification of Death referral route

Whilst the theme above explored potential barriers to a real time suspected suicide surveillance pilot strategy, a common theme throughout the focus group centred on how such a pilot strategy could become effective. One suggestion to increase compliance with

the offer of postvention support involved having the notification of death form included in their packs that are used in the event of any sudden death.

> "I think what you are saying is a really good idea, but you could have you know your little booklet, or whatever it may be, with our form inside, fill in our form, tear it out and then… there's no way you're going to forget it". – P3 FG

The idea of using a generic sudden death form rather than one that was used just in the case of suspected suicides was discussed by a number of focus group participants. The above participant suggested using the current form, but having it embedded in a leaflet that is left with bereaved individuals, that way they need to open the bereavement leaflet to fill out the notification of death form which could act as a prompt to the offer of support.

Multi-agency approach helps provide a better service

Evidence suggests that a multi-agency support service is a key component of a postvention support strategy and there was evidence from the interviews with key stakeholders that agencies are working together for the benefit of their clients.

> "And to be fair [postvention support] are never off the phone. Or vice versa you know. So it works really, really well. And I've always got, erm, you know, a sort or regular supply of cases from [them]". – P4, WR

In the quote above, the representative from welfare rights indicates that they receive a number of their cases from postvention support who contact all clients who provided contact details on a notification of death form. However, it is not just a case of postvention support acting as a gatekeeper to refer clients on to other services as highlighted by the quote below.

> "It's not always them learning something new, quite often it's me, they'll point out something that's happened, maybe with a funeral grant that I've then

> said ‘oh, that shouldn’t happen’, I’ve raised it with the team… sort of a mutually beneficial thing. – P4, WR

This highlights that not only is a multi-agency service essential when providing postvention support to those bereaved by suicide, it is important for those services to be talking to each other. The sharing of knowledge and expertise between services can highlight issues that may not have become apparent if services were working in isolation.

Conclusion

Of the 52 suspected suicides recorded in the locality between October 2014 and September 2015 a notification of death form was recorded for 78.8% of cases compared to 94.2% of coroner’s alerts. Whilst we are unable to determine the causes of the missing reports this may be due to instigation of the new process. Furthermore, as discussed above, the results of the police officer focus group suggested a lack of clarity over the process which may have impacted on compliance [15].

Whilst the figures above would suggest that the coroner led system is more consistent at identifying suspected suicides, the pilot system of using police officers would appear to expedite contact and support from postvention support services. Those who are bereaved by a suicide are at an increased risk of psychological morbidity and there is increasing acceptance that suicide survivors are in need of tailored, and timely support [6]. The evaluation has shown that a majority of people would be willing to consent to share their contact details postvention support services.

Representatives for support services expressed their belief that following the introduction of the pilot strategy there was a marked increase in uptake of support services, this is supported by the results presented in Table 2 above. Therefore, if a postvention support service was considering taking part in a suicide surveillance strategy in any area of the UK they must be made aware of the potential for an increased demand on their service.

Furthermore, this evaluation has demonstrated the benefit of partnership working by support services. Support services being in regular contact with one another and sharing information has enabled them to highlight issues that may not have been apparent had they been working in isolation. Any future roll out of this pilot should ensure that support services are in regular contact with each other to share experience, best practice and allow for peer support.

The focus group with police officers suggested that the pilot strategy may not be fully embedded within the force yet, and that officers did not feel that they had enough information about postvention support services to explain it to those who were bereaved. There was also a suggestion that the lack of buy in from police could have led to some notification of death forms not being shared with NECS. There was some resistance expressed by officers who did not feel it was appropriate for them to ask for consent to refer for support at the scene of death. More training for police officers may be needed to ensure officers are fully aware of the strategy and provide officers with the skills to be confident engaging with those affected at such a challenging time [17]. This could involve a more detailed consultation with police forces about the process, and potential benefits of officers at the scene obtaining consent from bereaved individuals. However, research has shown that it can take a long time for new processes to become embedded within the police force and it may just take time for officers to get used to a different way of approaching suicide bereavement [18].

A significant limitation of this study is that whilst we have noted an increase in referrals to support services during the pilot strategy; without speaking to anyone bereaved by suicide we are unable to determine whether they found the support beneficial. As a service evaluation with limited time and resources we were restricted in our methodology and it was not possible to recruit anyone who had been bereaved by suicide. If the pilot strategy were to be rolled out it is essential that the views of potential clients are taken into consideration. Another limitation of this study relates to the small number of participants who attended the

police officer focus group. Whilst only seven officers were eligible to participate, with only three taking part this makes it difficult to make generalisations about police officers experiences of the pilot strategy. The lack of participation in the focus group may also further indicate a resistance within the force to engage with the pilot strategy.

In summary the results of this evaluation indicate that a police led real time suspected suicide surveillance strategy has the potential to provide a real benefit to those bereaved by suicide. There is still room for improvement, by providing officers with information to allow them to confidently promote the provision of support this may encourage buy in from the police officers and ensure that even more people are able to receive the support they need in the event of a suicide.

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Contributors CR, LW, and KW were involved in the design of the pilot strategy. GM and CR completed the analysis of the data and drafted the manuscript. All authors contributed to the discussions and commented on the manuscript drafts and approved the final version.

Competing Interests The following authors currently are, or previously were employed by Durham County Council who commissioned the pilot strategy; Catherine Richardson, Lynn Wilson, and Gill O'Neill. The following author is employed by Durham Constabulary who were involved in delivering the pilot strategy; Det. Kevin Weir.

What is already known about the subject?

- Suicide can have significant psychological consequences for those who are left behind.
- Access to timely, postvention support can reduce the impact of suicide bereavement.

- Those bereaved by suicide can take up to 4 years to seek out postvention support therefore offering timely support following a death can expedite access to support services.

What this study adds?

- A police led suicide early alert strategy can expedite access to postvention support.
- Bereaved individuals are willing to have contact details collected at the scene of death by police officers in order to be contacted by suicide bereavement support services.

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