Surrey Child Death Review Partnership

2014- 2023

A nine year thematic review of deaths of Children and Young People normally resident in Surrey through probable suicide 2014- 2023

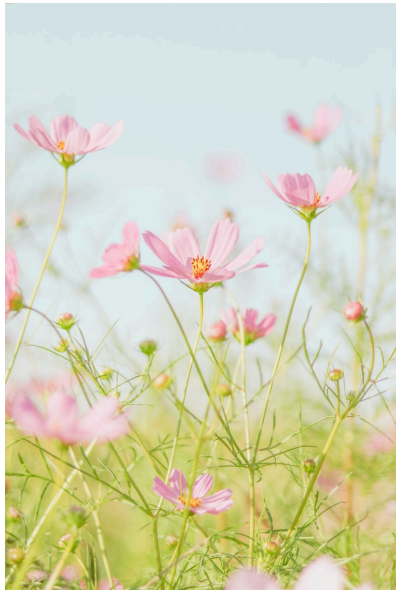
surreyscp.org.uk

"The death of a child by suicide is an unimaginable tragedy. A young life is lost, a family is devastated, the society where it happens is diminished. The risk, it should be stressed, is low but the need to improve prevention could not be higher. To inform prevention we need evidence. Suicide is complex, rarely caused by one thing, and suicide prevention is also complex. We need to understand who is at risk and when, the stresses and settings, and the response of services. We need to know the numbers – these are not dry data; they tell us the size of the prevention challenge and whether risk is changing." Louis Appleby Professor of Psychiatry, University of Manchester Chair, National Suicide Prevention Strategy Advisory Group for England (1)

[1] NCMD-Suicide-in-Children-and-Young-People-Report.pdf

INTRODUCTION

The purpose of this report is to influence multi agency planning, the learning should be taken forward by organisations across Surrey. It should support commissioners and system leaders to develop evidence based commissioning, improve practice and inform learning.



This nine year report follows the publication of a previous six-year report on deaths of Children and Young People through probable suicide Surrey 2014 – 2018. (2)

Child Death Review (CDR) is the process to be followed when responding to, investigating, and reviewing the death of any child under the age of 18, from any cause. It runs from the moment of a child's death to the completion of the review by the Child Death Overview Panel (CDOP). The process is designed to capture the expertise and thoughts of all individuals who have interacted with the case to identify changes that could save the lives of children.

(2) Thematic-Review-of-Adolescent-Suicide-Final.pdf (surreyscp.org.uk)).

Key Points

Between 1st April 2014 and 31st March 2023, 488 neonatal and child deaths of Surrey residents were notified to Surrey Child Death Review Partnership, Of these 18 were identified as due to probable suicide.

The National Child Mortality Database Thematic Report on Suicide in Children and Young People found that 16% of the children who died by probable suicide had a neurodevelopmental condition, this compares to 39% in Surrey. This is higher than found in the general population.

83% of the children and young people in Surrey who died from probable suicide had identified issues around household functioning, this compares with 69% in England.

The data showed 89% of the children and young people within the thematic review engaged in risk taking behaviour, that compares with 49% in England and 28% had problems with the law, compared with 9% in England.

88% of the children and young people in this suicide thematic review had experienced 3 or more Adverse Childhood Experiences.

663 children and young people attended an acute hospital setting in Surrey between May 2022 and May 2023 following an attempted suicide. When self-harm, aggressive behaviour and other mental health symptoms are included, the total rises to 1363 children and young people who attended an acute hospital due to a mental health concern.

72% of the children and young people included in this thematic review had reported problems at school, that compares with 30% in England

28% of the children and young people had medication started or increased in the month prior to their death.

Child Deaths in Surrey

Between 1st April 2014 and 31st March 2023, 488 neonatal and child deaths of Surrey residents were notified to Surrey Child Death Review Partnership, Of these 18 were identified as due to probable suicide.

Table 1: Comparison of data published by NCMD and Surrey CDOP data

	NCMD 2020	Surrey 2015-CDOP year 2022-23 so far (18	% where not
household functioning	69	83	6
loss of key relationships	62	44	6
mental health needs of child	55	83	0
risk taking behaviour	49	89	6
conflict with key relationships	45	67	6
problems with service provision	35	44	24
abuse and neglect	32	39	0
problems at school	30	72	0
bullying	23	22	0
medical condition in the child	23	39	0
drug or alcohol misuse by the child	20	33	0
social media and internet use	18	28	0
neurodevelopmental condition	16	39	0
sexual orientation/identity and gender identity	9	11	0
problems with the law	9	28	0

In their report 'Suicide in Children and Young People National Child Mortality Database Programme Thematic Report . Data from April 2019 to March 2020' (3) The National Child Mortality Database identified a number of key issues for the children and young people. Those whose died in Surrey due to probable suicide have been mapped against these issues as shown in Table 1 and those areas where the percentages are higher than England will be analysed in more detail in this report. It should be noted that due to low numbers there is no statistically significant difference between the Surrey figures and England, but they do highlight a trend.

[3] NCMD-Suicide-in-Children-and-Young-People-Report.pdf

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The data for the deaths of children and young people under 18 resident in Surrey from probable suicide shows that during the period 1st April 2014 – 31st March 2023 there have been 1047 years of life lost.

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Suicide Prevention Strategy Structure in Surrey

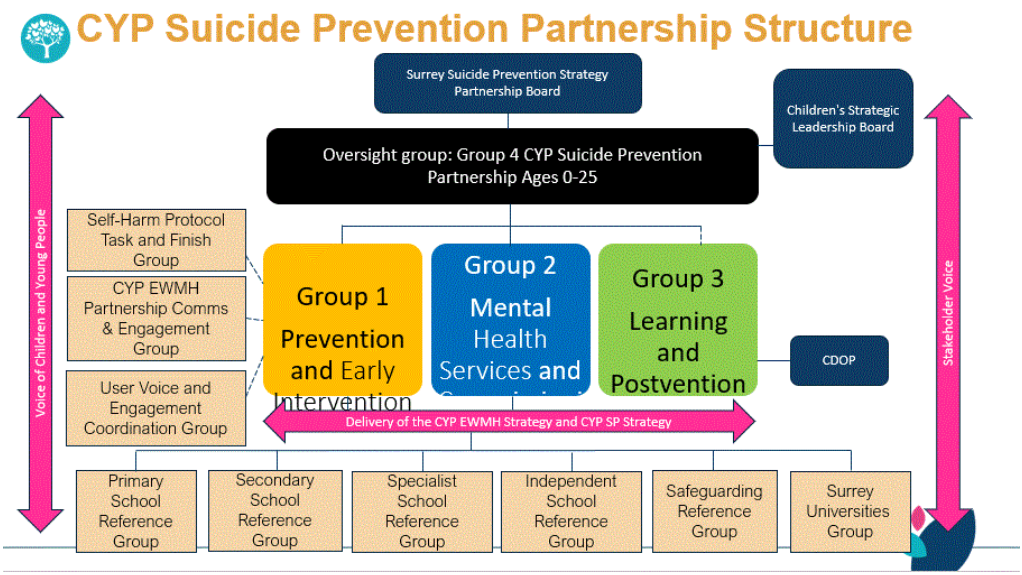


Diagram 1: To show Children and Young People Suicide Prevention Structure for Surrey

Surrey Suicide Prevention Strategy 2023 - 2026

The Surrey Suicide Prevention Partnership is a multi-agency collaboration between health, local government, people with lived experience and the voluntary and community (VCS) sector. This strategy refresh sets out Surrey's approach to reducing suicide in Surrey based on national and local intelligence/ evidence, local learning and national suicide prevention recommendations. (4)

(4) Surrey Suicide Prevention Strategy 2023 - 2026 | Healthy Surrey

Educational Settings

72% of the children and young people included in this thematic review had reported problems at school, that compares with 30% Nationally. This included issues such as worry or concern about coursework or exams, difficulty engaging with schoolwork and non-attendance. In the NCMD report they identified that the majority of reported bullying occurred in school, highlighting the need for clear anti-bullying policies in schools which are effectively implemented.

> Providing the right support and environment in schools and colleges is an integral part of suicide prevention. This includes ensuring pupils and learners benefit from a safe, calm and supportive learning environment with early targeted support for those who need it, as part of a whole-school or college approach to promoting health and wellbeing. (5)

The Surrey Health Related Behaviour Questionnaire (HRBQ) is completed in Surrey schools every two years. The latest report presents a summary of the results of the HRBQ carried out during the Spring and Summer Terms of 2022. This follows a similar exercise in 2019, which itself followed studies in 2015 and 2017. The results contained in this report therefore provide a snapshot of what life is like for young people in Surrey. In addition to this some analysis of vulnerable groups is shown, these vulnerable children and young people are statistically more likely to use 'self-harm as a coping response 'usually'' than their peers. Each of the providers of secondary education who engaged with the questionnaire have received a bespoke report that contains detailed results for their specific institution. These results can be used to inform educational provision within the schools. (6)

(5) Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)
(6) Health Related Behaviour Questionnaire | Surrey-i (surreyi.gov.uk)

Educational Settings

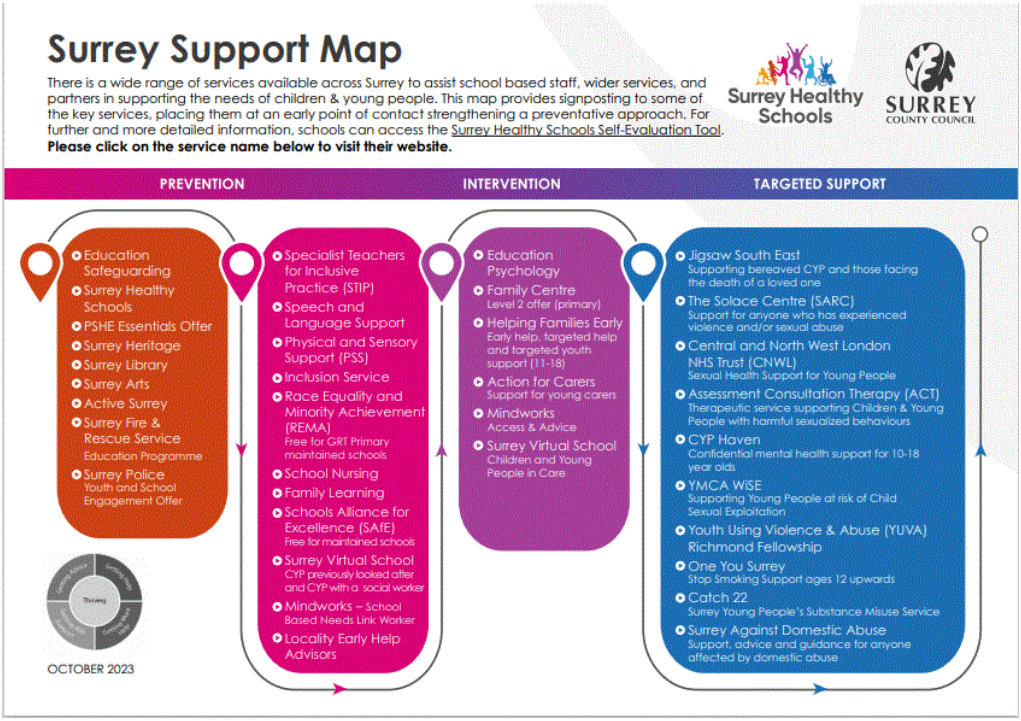


Diagram 2: To show Surrey Support Map for school-based staff, wider services and partners

The interactive Surrey Support Map has been developed to aid school-based staff, wider services, and partners. It assists the implementation of a progressive and preventative strengths-based, whole-system, restorative and trauma informed approach to the health, wellbeing, inclusion and achievement of children and young people, strengthening a Surrey Healthy Schools culture. (7)

(7) Surrey Support Map | Healthy Surrey

Risk taking behaviour and problems with the law

The data showed 89% of the children and young people within the thematic review engaged in risk taking behaviour, that compares with 49% in England and 28% had problems with the law, compared with 9% in England. This includes children and young people who were the known perpetrators of a crime, known to the criminal justice system or youth offending service.

Evidence shows that people in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. (8)

The Surrey Youth Justice Plan 2023- 2024, highlights the importance of support for children and young people with mental health concerns. The targeted Youth Support Service, employ an emotional health nurse who oversees and co-ordinates mental health support for children in the Youth Justice System to ensure that there is a joined-up approach and that children don't 'slip through the net' as they move between the different services. The nurse works directly with some children in order to prepare them for accessing a specialist service, particularly if there are waiting lists for support. (9)

Monitoring of National and local protocols, including the Joint Surrey Protocol for the Provision of Local Authority Accommodation is essential, in order to ensure consistent implementation. The Police in Surrey have adopted the Youth Justice Board's Child First approach and there are regular meetings between Police, Youth Justice Service and Children's Services to review overnight detentions of children in custody and requests for alternative accommodation.

(8) Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)

(9) Item 10 - Annex 1 - Surrey Youth Justice Plan 202324.pdf (surreycc.gov.uk)

Self-harm and suicide

The prevalence of non-suicidal self-harm (NSSH) has increased in England, but resultant service contact remains low. In 2014, about one in five female 16-24-year-olds reported NSSH. There are potential lifelong implications of NSSH, such as an increased frequency of suicide, especially if the behaviours are adopted as a long-term coping strategy. Self-harm should not be normalised. Young people should be offered help by primary care, educational, and other services to find safer ways to deal with emotional stress and develop healthy coping strategies.(10)

663 children and young people attended an acute hospital setting in Surrey between May 2022 and May 2023 following an attempted suicide. When self-harm, aggressive behaviour and other mental health symptoms are included, the total rises to 1363 children and young people who attended an acute hospital due to a mental health concern

Evidence also suggests that the suicide rate is highest in the year following hospital discharge for self-harm, particularly in the first month. (11)

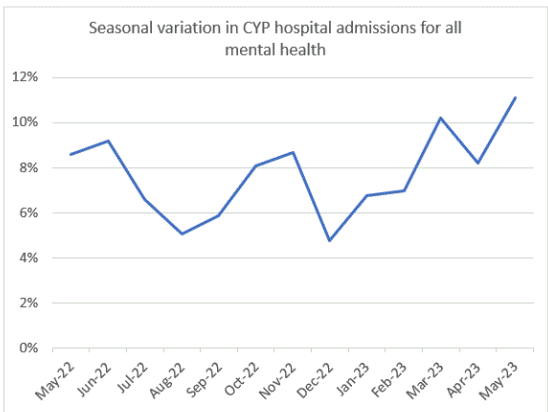


Table 2: to show seasonal variation in Children and Young People's hospital admissions for all mental health

Public Health Data for Surrey provided by the Office for Health Improvement and Disparities, shows Surrey has a statistically higher number of admissions for self-harm

Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2021/22	–	1,710	126.8	141.2	118.6	252.2	53.3
Hospital admissions for asthma (under 19 years)	2021/22	–	230	84.0	102.1	131.5	438.0	47.0
Hospital admissions for mental health conditions (<18 yrs)	2021/22	–	350	134.8	116.2	99.8	355.1	33.3
Hospital admissions as a result of self-harm (10-24 years)	2021/22	–	1,110	518.3	550.0	427.3	1,051.7	127.6

Diagram 3: To show fingertips data on hospital admission for Surrey children and young people (12)

(10)Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population - PubMed (nih.gov)

(11) Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study — Nuffield Department of Primary Care Health Sciences, University of Oxford

(12) Public health profiles - OHID (phe.org.uk)

Management of Anxiety and Autism

The National Confidential Inquiry into Suicide and Safety in Mental Health found in their 2023 annual report of UK patient and general population data 2010-2020, that data indicates patients under 18 and those aged 18-24 show different characteristics and risks relevant to prevention. They suggest, for patients under 18, the role of family and educational settings, and the management of anxiety and autism, are especially important. Self-harm services are also crucial. (13)

The National Child Mortality Database Thematic Report on Suicide in Children and Young People found that 16% of the children who died by probable suicide had a neurodevelopmental condition, this compares to 39% in Surrey. This is higher than found in the general population.

Evidence suggests that undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide and, therefore, earlier identification and timely access to autism assessment services is vital. (14)

Free online training on Autism Suicide Awareness has been delivered in partnership with Autism Oxford UK and Making Families Count. This training has been commissioned by Surrey County Council and delivered online via Microsoft Teams.

A free out-of-hours phone line provides advice to parents and carers who are struggling with behaviours or difficulties which could be related to neurodevelopmental need, such as autism or ADHD.
Advisers will talk carers and families through ways of calming down difficult situations and remind them of their coping strategies.
It runs from 5pm until 11pm, seven days a week, 365 days a year. (15)

(13) display.aspx (manchester.ac.uk)
(14) Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)
(15) Out of hours advice line :: Mindworks Surrey (mindworks-surrey.org)

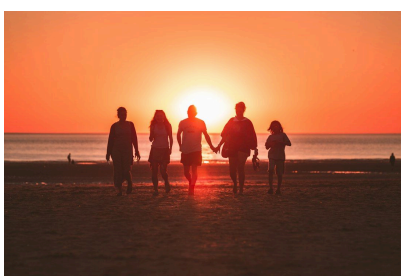
Support for families

83% of the children and young people in Surrey who died from probable suicide had identified issues around household functioning, this compares with 69% in England. Factors within household circumstances that may contribute to the child's vulnerability or mental ill health. Examples of household circumstances include family members with a medical or mental health problem. Alcohol or substance misuse by a family member, domestic abuse and divorce or parental separation.

Many of the families did not feel equipped or supported by services in order to be able to respond appropriately to their child's mental health needs. Supporting parents and carers with the emotional impact on themselves of living with a child or young person with suicidal ideation is crucial to ensure positive consistent responses.

Families were also not aware at times of the suicide risk to their child. Evidence shows that it is important that information-sharing processes are implemented and strengthened. This includes sharing information about suicide risk with families and carers,.

The THRIVE Framework for System Change underpins the service delivery model in Mindworks Surrey, its main emphasis is on giving children and young people a central voice in decisions about their care. (16)



The Surrey Family Safeguarding Model embraces a strengths based, whole family approach to finding sustainable solutions. (17)

(16) THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org)
(17) Effective-family-resilience-SSCP-Dec-2020-v7.pdf (surreyscp.org.uk)

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Young Minds, 2018). In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al, 2014). 88% of the children and young people in this suicide thematic review had experienced 3 or more ACES.

It’s crucial for children and young people to get the right help at the right time as this mitigates the negative impacts of adversity and trauma and reduces the likelihood of long-term negative consequences into adulthood.

Practitioners working with children and young people where multiple factors are identified and children are assessed as medium to high risk must assume that children are in emotional distress and need support. The NCMD report states that “it is important to note that the accumulation of background risk factors can lead to increased vulnerability, and many of the deaths of children and young people reviewed by CDOPs had multiple adverse factors in their backgrounds.” (20)

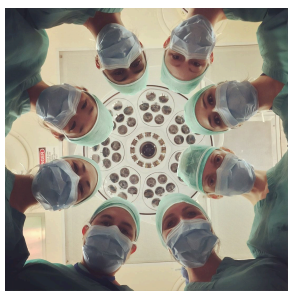
‘Improving the mental health of babies, children and young people: a framework of modifiable factors’ has been published by the DHSC, this highlights the importance of early intervention. (21)

(18) Addressing trauma and adversity | Resources | YoungMinds
(19) Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) ‘National Household Survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England’. BMC Medicine. 12.
(20) NCMD-Suicide-in-Children-and-Young-People-Report.pdf
(21) Improving the mental health of babies, children and young people: a framework of modifiable factors - GOV.UK (www.gov.uk)

Co-existing medical conditions

28% of the children and young people had medication started or increased in the month prior to their death. All depression medications and specifically selective serotonin reuptake inhibitors (SSRIs) carry a risk of increased suicide in children and young people. (22)

We also know that evidence suggests that a diagnosis of a severe physical health condition may be linked to higher suicide rates. (23) 28% of the children and young people in this review had a diagnosis of a severe health condition.
Supporting children and young people psychologically with long term conditions is a priority for work taking place in Surrey Heartlands ICB. The Epilepsy Foundation reports a 2.6 to 5 times higher risk of death from suicide for people with Epilepsy (24) and several recent studies identify heightened rates of suicidal ideation, suicide attempts, and suicide among youth and young adults with pediatric diabetes, as compared with their peers without diabetes. (25)

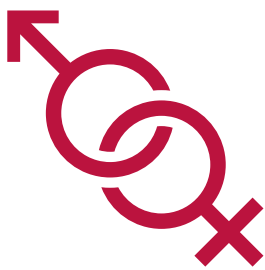


(22) Thematic-Review-of-Adolescent-Suicide-Final.pdf (surreyscp.org.uk)
(23) Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)
(24) New Findings Reveal Suicidal Behavior in Children with Epilepsy | Epilepsy Foundation
(25) Suicide Risk in Youth and Young Adults with Type 1 Diabetes: a Review of the Literature and Clinical Recommendations for Prevention - PubMed (nih.gov)

Gender Identity

In the Surrey Health Related Behaviour Questionnaire, 2% of pupils said their gender now is not the same as the sex they were assigned at birth, while 2% said they are ‘not sure’ if it is and 1% didn’t want to say. (26) This compares with 11% of the children and young people in this Surrey thematic review and 9% Nationally. This figure for probable suicide data is also higher than ONS data on gender, which states that 'people aged 16 to 24 years were the most likely age group to have said that their gender identity was different from their sex registered at birth with 1.00% (63,000) identifying as such.' (27)

Data suggests that children and young people who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) are significantly more likely to have a mental health disorder and history of self-harm and suicide. (28)

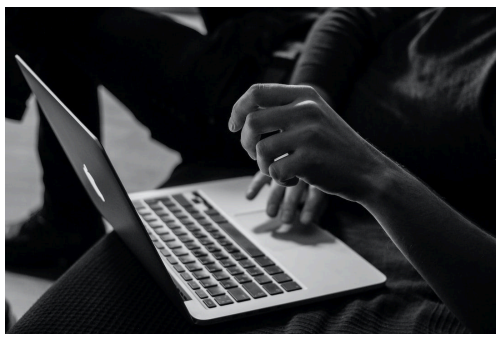


(26) Bromley2022 (surreyi.gov.uk)
(27) Gender identity: age and sex, England and Wales - Office for National Statistics (ons.gov.uk)
(28) Patalay P, Fitzsimons E. Psychological distress, self-harm and attempted suicide in UK 17-year olds: Prevalence and sociodemographic inequalities. Br J Psychiatry. 2021;219(2):437-439. doi:10.1192/ bjp.2020.258

Suicide related internet use

28% of children and young people in this probable suicide thematic review had engaged in concerning social media or internet use, that compares with 18% in England. This includes the presence of negative social media or internet use in the child's life. Examples include suicide related internet use (e.g., searching for information on suicide, communicating suicidal ideas online, visiting "pro-suicide" websites/ chatrooms) and sexting.

There is increasing evidence of the association between exposure to harmful content on the internet, and suicide and self-harm in children and young people. With one study finding that, among self-harm hospital presentations, the prevalence of suicide and self-harm related internet use was 8.4% among adults and 26% among children and adolescents.(29)



(29) Suicide and Self-Harm Related Internet Use - PMC (nih.gov)

Early Prevention

Early prevention must be evidence based, to ensure positive impacts on children and young people.

To ensure evidence based universal prevention in Surrey schools, the Surrey Child Death Review Partnership is a partner of the Surrey Healthy Schools whole system approach. This is a commitment to promoting personal, social and health development across the local authority. It champions the links between health, behaviour, inclusion and achievement and centres around the whole system, along with school environments' and all aspects of school life. The approach builds upon strengths to reduce vulnerabilities, applying prevention, intervention and targeted support to reduce inequalities; promoting positive outcomes for children and young people. All Surrey Schools, services and partners are part of a Surrey Healthy Schools whole system approach. (31)

(30) https://doi.org/10.1192/bjb.2023.9
(31) Surrey Healthy Schools | Healthy Surrey

Opportunities not to be missed

Evidence based early interventions, which use a strengths based approach are key to reducing future deaths. The Child Death Review Partnership recommends a focus on:

1. Full implementation of the Surrey Suicide Prevention Strategy.
2. All schools in Surrey implementing a Surrey Healthy Schools Approach, supported by Surrey services and partners.
3. System wide support for effective management of self-harm:, including increasing professional understanding of why children and young people might use self-harm as a coping mechanism and identify positive consistent responses to incidents of self-harm.
4. Specialist training should be available for all professionals working with Children and Young People within Surrey who have been identified as being at risk of suicide and/or self-harm.
5. All professionals and those in contact with young people across Surrey completing the Oliver McGowan mandatory training, in order to ensure they have the right knowledge and skills to provide safe and compassionate care for autistic people.
6. Strengthening information-sharing processes across Surrey. This includes sharing information about suicide risk with families and carers, in accordance with the DHSC suicide prevention consensus statement, supported by Zero Suicide Alliance's SHARE resource for health and social care staff. Along with strengthening pathways between services and sectors, especially addressing the on-going issues of information sharing between schools and health. whilst upholding a person-centred, joined-up approach to crisis prevention and response.

Opportunities not to be missed

7. Fully implementing the Joint Surrey Protocol for the Provision of Local Authority Accommodation along with monitoring this implementation.
8. Supporting staff to work within the Surrey Family Safeguarding Model, embracing a strengths based, whole family approach to finding sustainable solutions, which will mitigates the negative impacts of adversity and trauma and reduces the likelihood of long-term negative consequences into adulthood.
9. Supporting professionals with the emotional impact on themselves of working with these children and young people.
10. Supporting parents with the emotional impact on themselves, including normalising asking for help and support around parenting.
11. To support children and young people with neurodivergent needs, Surrey should adopt a needs-based approach, making sure that support is available as early as possible within the home, school and community settings. Enabling those who require a diagnosis to receive this within appropriate timescales.
12. Supporting a trauma informed approach across all services in Surrey to support children, young people and families to mitigate the impact of Adverse Childhood Experiences.
13. Implementing a strengths based approach across the system by learning from what has supported children and young people in Surrey.

Table 3 to show definition of factors

Factor	Definition
Mental health needs of the child	Children and young people with a confirmed diagnosis of one or more mental health conditions at the time of their death. Examples include: depression, anxiety, eating disorders, post-traumatic stress disorder, suicidal ideation.
Risk-taking behaviours	Children and young people who have previously attempted suicide or have engaged in non-suicidal self-harm. Those who have shown non-compliance with treatment or medication and other risk-taking behaviours such as driving while under the influence of alcohol.
Household functioning	Factors within household circumstances that may contribute to the child's vulnerability or mental ill health. Examples include family members with a medical or mental health problem. Alcohol or substance misuse by a family member, domestic abuse and divorce or parental separation.
Loss of key relationships	The loss of any significant relationship for a child or young person. Examples include break-up of a relationship with a partner, the death of a friend or relative or other bereavement, or a move of house or school resulting in loss of contact with friends and communities.
Bullying	Children or young people who have been the victim of bullying either online or face to face. Examples include physical or verbal attacks or threats, social exclusion and sexist or racist or homophobic abuse.
Social media and internet use	The presence of negative social media or internet use in the child's life. Examples include suicide related internet use (e.g., searching for information on suicide, communicating suicidal ideas online, visiting "pro-suicide" websites/ chatrooms) and sexting.
Problems at school	Any problem at school including fixed term or permanent exclusions, regular non-attendance, coursework or exam stresses or concerns about results.
Medical condition in the child	Children and young people with a confirmed diagnosis of one or more medical conditions at the time of their death. This includes chronic health conditions, chromosomal, genetic or congenital anomaly, malignancy, or any other medical condition.
Problems with the law	Children and young people who were the known perpetrators of a crime, known to the criminal justice system or youth offending service.
Neurodevelopmental conditions	Children and young people with a confirmed diagnosis of one or more neurodevelopmental condition at the time of their death. This includes autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and any other neurodevelopmental conditions.

Methods

This report used data from the CDRP database from 2014-2023. The CDRP database includes deaths of Surrey residents (wherever that death may occur). ONS data is used to illustrate long-term trends and comparisons with other countries. There may be a difference between ONS data on child deaths and those reported by the CDRP as deaths of live born babies following termination of pregnancy are excluded in the CDRP database, but included by ONS. ONS data also refers to the year that the death was registered, not when it occurred.

Strengths and Limitations

Strengths

1. The Child Death Review Programme Database is a population–based registry covering all child deaths in Surrey.
2. Multi-source reporting means that there is a rich dataset of good quality information.

Limitations

1. There are a small number of deaths which limits meaningful analysis in those groups.
2. Some of the data collection has changed over time and so data collected in 2014 is not as detailed as that collected in 2023.
3. Data on ACEs are likely to be underestimated and better reporting and collection of the data is essential to enable further analysis.

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