

The benefits of a GP Mental Health Fellowship scheme to the suicide prevention agenda

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Introduction & background



GP Mental Health Fellowships

Part 1

- Aim of the Fellowships
- How did we do it
- What did we do
- Challenges
- Current situation
- Outcomes
- Cost
- Future vision for the fellowships

Part 2

- GP Fellows
- After Death Reviews
- Post-vention support pack for General Practice

Original aims and objectives

Aims

- Contribute to the reduction of the high rate of suicide and self-harm in Sussex by developing the skills of primary care staff to identify patients at high risk and to intervene meaningfully
- Reduce the negative impact of suicide on primary care teams

Objectives

- GP fellows to develop and implement a training approach for primary care staff
- To provide additional leadership for suicide prevention within primary care

Area	Recent Trend	Count	Value
England	-	15,447	10.4
South East region	-	2,558	10.6
Brighton and Hove	-	113	14.1
Isle of Wight	-	48	13.8
Milton Keynes	-	91	12.9
East Sussex	-	179	12.1
Reading	-	49	12.0
West Berkshire	-	48	11.9
Kent	-	479	11.7
West Sussex	-	265	11.5
Buckinghamshire UA	-	157	11.0
Medway	-	76	10.6
Surrey	-	316	10.1
Oxfordshire	-	181	10.0
Portsmouth	-	56	9.9
Southampton	-	63	9.5
Hampshire	-	321	8.9
Slough	-	31	8.7
Bracknell Forest	-	28	8.4
Windsor and Maidenhead	-	31	8.2
Wokingham	-	26	6.0

Source: Office for National Statistics

How?

Key organisations involved in developing the Fellowships

- GP MH lead in East Sussex
- Consultant in Psychiatry (SPFT)
- Consultant in Public Health

Funded from NHS E/I transformation funding with further funding from Health Education England (HEE)

Then...

- We advertised for 3 GPs
- Chose 4 GPs
- And were inundated with applications and interest from GP practices

What did we do?

Formal:

- An induction session and 8 masterclasses run by local experts (listed in next slide)
- Post-graduate Certificate (MSc Healthcare Practice at Canterbury Christ University)
- Supervisory time
- Working with primary care

Informal:

- Placements
- Attendance at conferences and workshops

Masterclasses

1. Induction session
2. Trauma Informed Care
3. Risk factors for suicide – Debt, domestic abuse and housing
4. Training approaches and tools and resources to support those at risk and those who witness a suicide
5. Sussex Mental Health Trust ‘Towards zero suicide programme’ and A&E self-harm pilot
6. East Sussex Public Health Principal; Suicide in public places network and the work that is happening on cliff top suicides
7. Survivors of Suicide counselling service in East Sussex and Rethink in Brighton and
8. Development of Real time surveillance (RTS) in Sussex
9. Suicide data and how to access it. East Sussex Public Health Intelligence
10. GP Debriefing sessions for patient suicides in B&H
11. Mental Health transformation work and structure of PCNs
12. Children and young people. Including suicide clusters and contagion work; covid data and effects on MH. A&E Liaison Psychiatrist - A&E with CYPs who self-harm
13. Men’s MH as well as feedback on an audit carried out by a GP with practices in B&H about suicide prevention training.

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Challenges

- Lack of understanding of HR processes to employ GPs
- Payment
- Clinical leadership due to covid / internal changes of CCGs
- Continuing with the programme despite the difficulties

Current situation:

- The 2 fellows have completed their PG Cert
- Now working with Clinical Director for Brighton & Hove on After Death Reviews (ADRs)
- ADRs offer support to a GP practice when a patient death occurs; where to go for support etc. Also an opportunity to learn
- Developing a post-vention resource for General Practice
- Evaluation being carried out by BSMS with input from Mental Health Lead - Kent Surrey Sussex Academic Health Science Network

Outcomes

- 2 very motivated GPs who are already applying their knowledge in their day to day work as GPs and support their colleagues
- Extra resource to work with Clinical Director on ADR and also contribute to suicide prevention work where GP voice is needed
- Full evaluation is pending but early observations are that this has been an effective use of funding
- Potential clinical leaders in mental health in primary care system

Cost

- Cost per GP p.a. - 1 day a week
£18k
- On costs 22% approx.
£4k
- Course costs pp £855 per module x 3
£2,565
- Total over 2 years per fellow: **£46,565**

Future vision

- ❑ Funding for current GP fellows to continue supporting Clinical Director and wider system suicide team with ADRs
- ❑ More cohorts of GP fellows along with fellows in other services such as Police, Pharmacists, Nurses etc adding more expertise into workforce
- ❑ Three fellows identified in South East Coast Ambulance working with BSMS
- ❑ Opening up the masterclasses to a wider audience

Meet the fellows



Jenna

- GP in Crawley – first five years
- Applied to fellowship as a result of lived experience of ‘professional bereavement’ by suicide
- Baby.....

Examples of placements

- CGL (drug and alcohol service)
- Crisis/home treatment team
- General adult psychiatry clinic
- Inpatient adult ward rounds
- IPAT services (psychologist, counsellor and wellbeing adviser)
- Nightshift with Sussex police & liaison mental health nurse
- Citizen’s advice bureau
- CRUSE bereavement service
- Staying well café
- Observation of coroner’s court



Jenna

**PG Cert in Healthcare Practice
(September 2021 – September 2022)
3 modules & 3 assignments**

Module 1 - Healthcare Practice

Evidence based critical gap analysis highlighting the gap between the current practices in primary care following a patient suicide with the unmet needs of both the bereaved and the clinician.
Critical analysis completed comparing potential avenues of further support for primary care (eg; comparing PABBS course, circulating a support document, introducing a service such as ADR)

Module 2 - Leadership for Organisations

Feasibility study considering the diffusion of a new postvention service
Critical discussion regarding the limitations to implementation (eg; political and local context, stakeholder analysis)

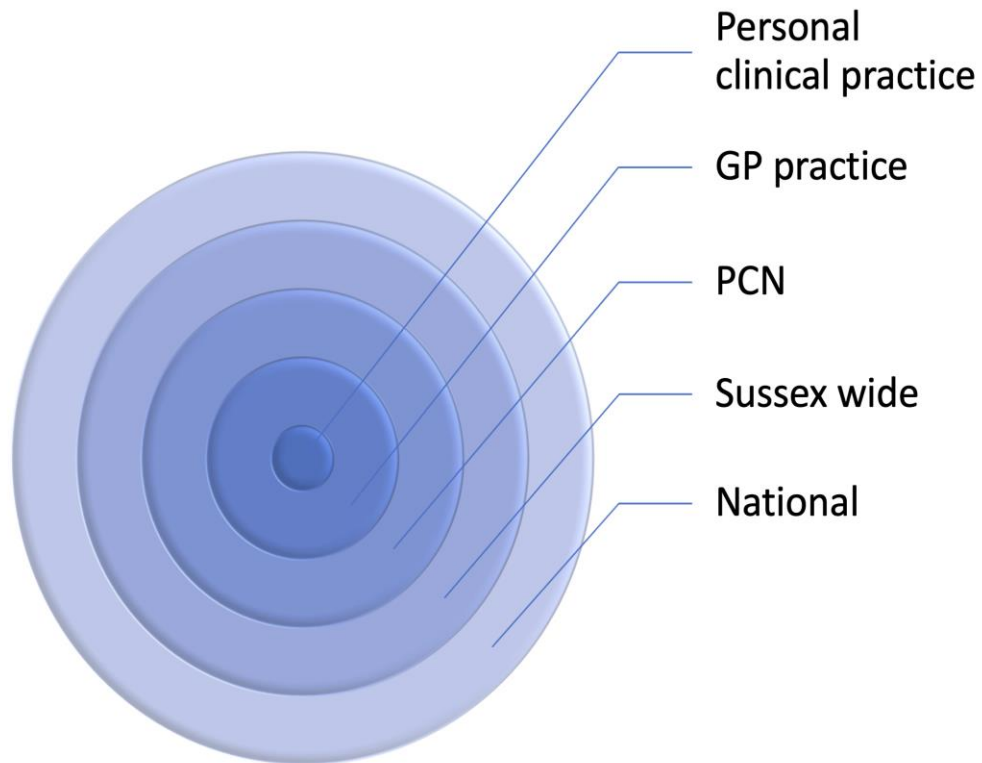
Module 3 – Negotiated Learning

A professional development portfolio which evidenced 3 learning needs required to be able to implement a successful postvention service

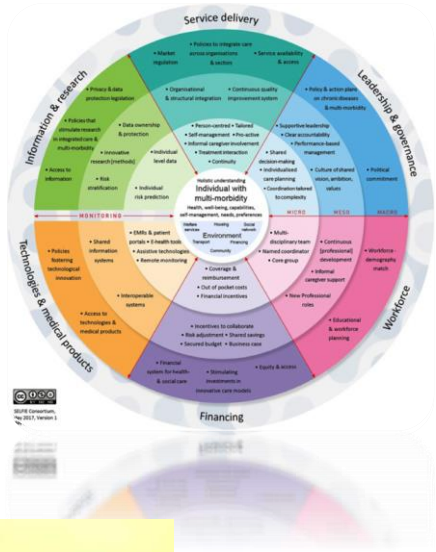
James

- Brighton-based
- First five GP
- Three colleagues died by suicide
- Joined the program August 2021
- Focused on suicide prevention training during PG Certificate

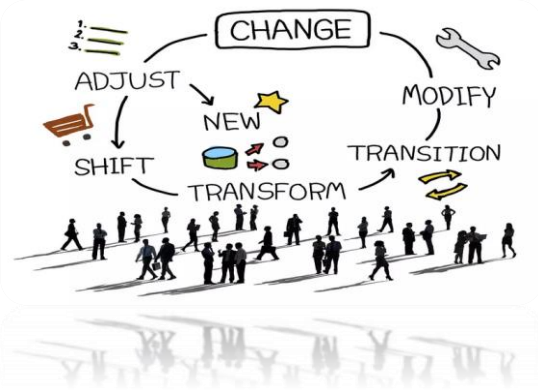




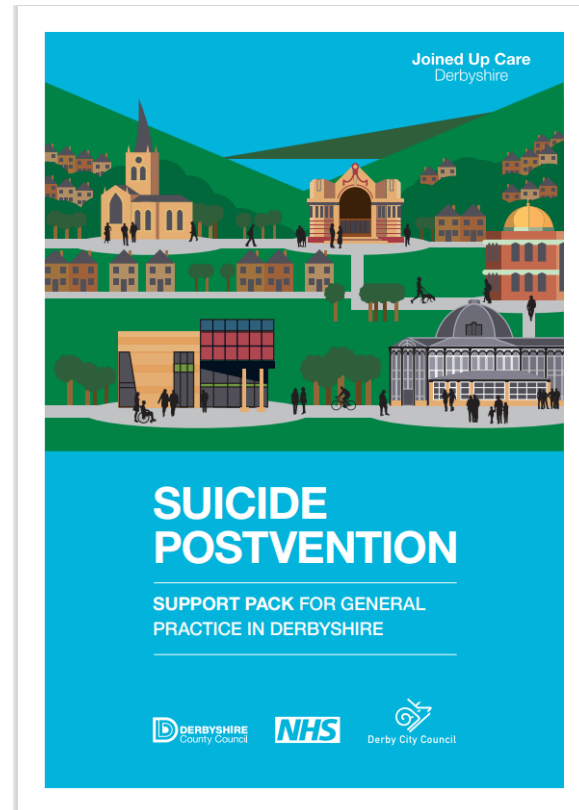
- Hugely changed personal practice
- Training practice staff
- Changing triage protocol
- Disseminating up to date resources
- Informal support for GPs in PCN following patient suicide
- Teaching for primary care
- Improved relationship with secondary care mental health services
- Development of ADRs
- Working with Derbyshire GP on disseminating national postvention resources



Brilliant



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SUICIDE POSTVENTION SUPPORT PACK FOR GENERAL PRACTICE | JOINED UP CARE DERBYSHIRE

[Suicide Postvention: Support Pack for General Practice in Derbyshire](#)

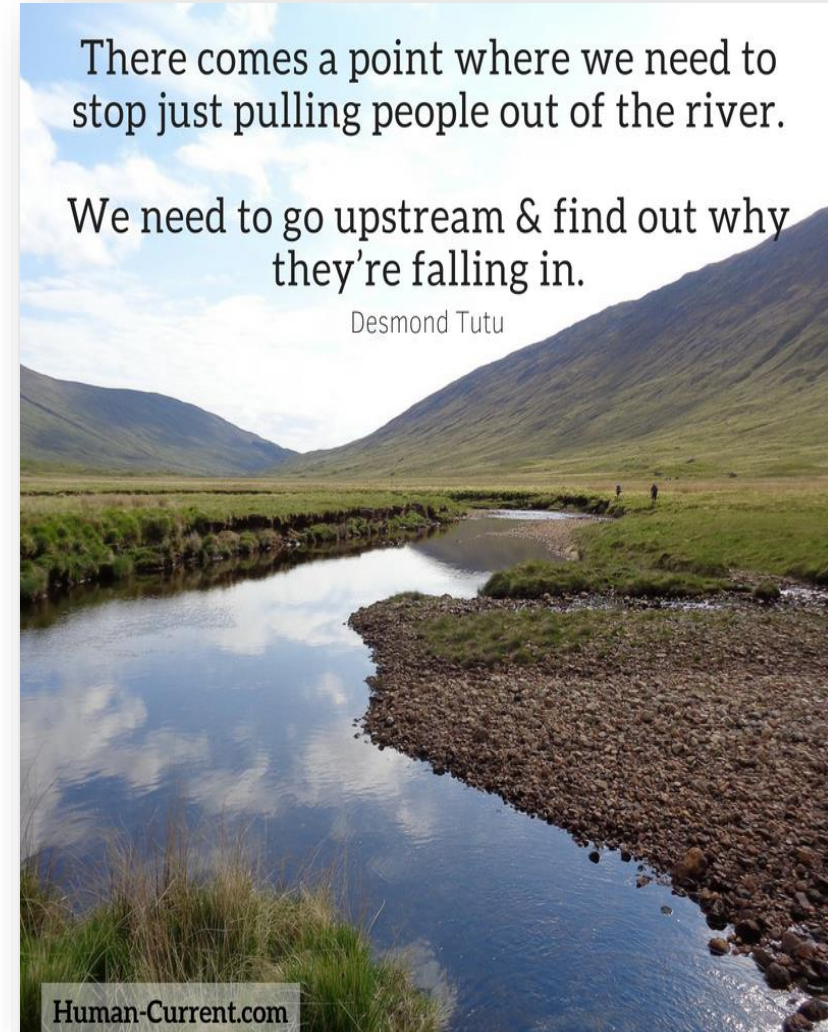
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After Death Reviews



Why focus on After Death Reviews (ADR's) ?

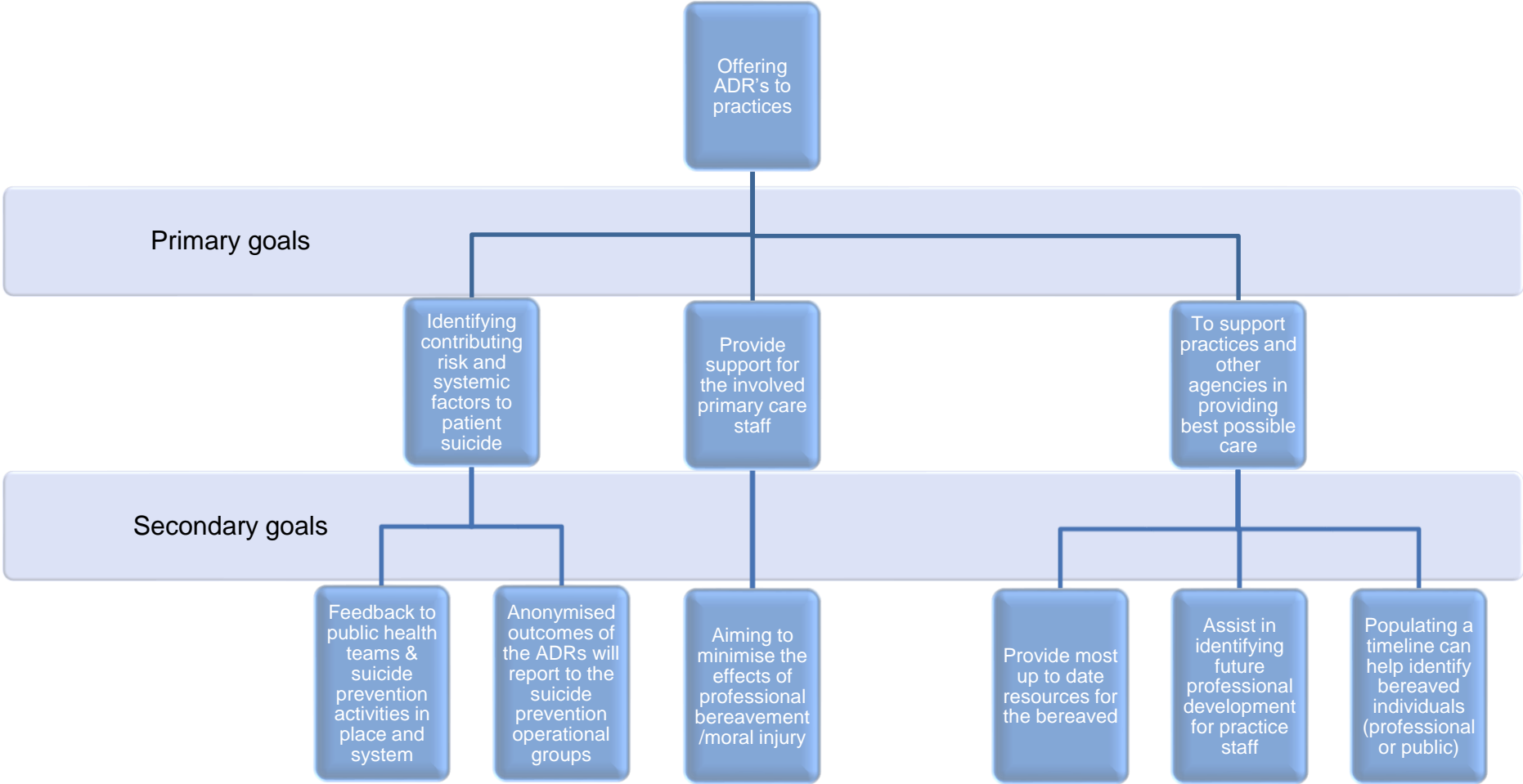
- Inspired by the response after suicide in secondary care & tertiary services
- Personal experience of lack of support following patient suicide in GP
- GAP analysis identified unmet needs
- Critical analysis identified a reactive postvention service as most effective option to develop further



After Death Reviews

- Established as no previous dedicated provision for support for primary care following a suicide
- Introduced to Brighton & Hove with support of the HM Senior Coroner
- Cases identified by Real time surveillance or Serious incident reporting
- Meetings offered to practices where a patient has died by suspected suicide or self-harm
- Involves other relevant parties

After Death Reviews



What have we found?

- Its good to be kind to colleagues
- Unique space to discuss
- Real understanding that Suicide isn't always a mental health problem – it's a problem of society, key findings around impact of:
 - Debt
 - Housing
 - ACES
 - Life
 - Suicide bereavement
- Not all suicides are recorded as suicide – difference between Coroner's definition and that for society