Suicide Prevention Programme Learning Set 2

4th December 2020

Welcome!

Thank you for joining this National Suicide Prevention event

The event will start at 13:00

NCCMH

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

Introduction

National Collaborating Centre for Mental Health
Tom Ayers

Housekeeping

- Please mute your speakers/audio unless you are speaking
- Please turn your camera off when others are presenting
- If you would like to ask a question or leave a comment, please use the chat function within the meeting
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk
- The presentations and Q&A will be recorded and shared on our website. If following today's event you do not wish to be identified please contact us on the email above

Agenda	
12:45 – 13:00	**All attendees to join the meeting**
13:00 – 13:10	**Welcome** Tom Ayers *National Collaborating Centre for Mental Health*
13:10 – 13:40	**Latest findings on self-harm and suicide prevention, including COVID-19** Professor Nav Kapur *National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)*
13:40 – 14:05	**Positive impact of multiagency working in the community; responding to COVID 19** **Wellbeing and Mental Health During COVID 19 Booklet – a guide to looking after yourself and others** Katherine McGleenan –NE&NC SP Network lead Chris Wood – Every Life Matters *North East and North Cumbria ICS*
14:05 – 14:30	**Domestic abuse and suicide prevention** Tim Woodhouse *Kent and Medway STP*
14:30 – 15:00	**Interactive quality improvement session on large-scale change** Dr Helen Smith *National Clinical Director for Mental Health Safety Improvement Programme*

NCISH Update

Professor Nav Kapur

NCCMH

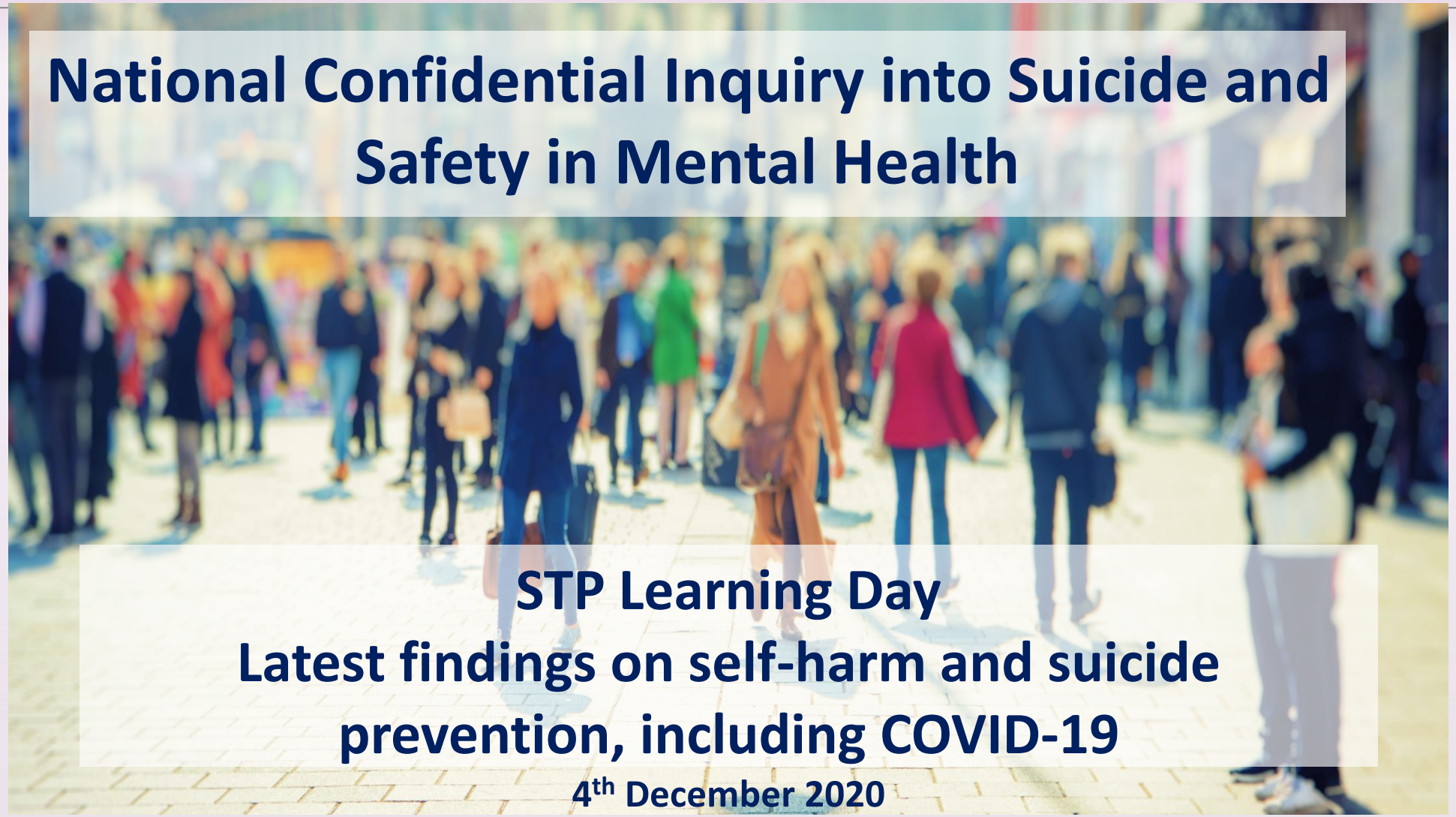
IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

MANCHESTER 1824
The University of Manchester

NCISH

HQIP
Healthcare Quality Improvement Partnership

National Confidential Inquiry into Suicide and Safety in Mental Health



STP Learning Day
Latest findings on self-harm and suicide prevention, including COVID-19

4th December 2020

Professor Nav Kapur

ONS data

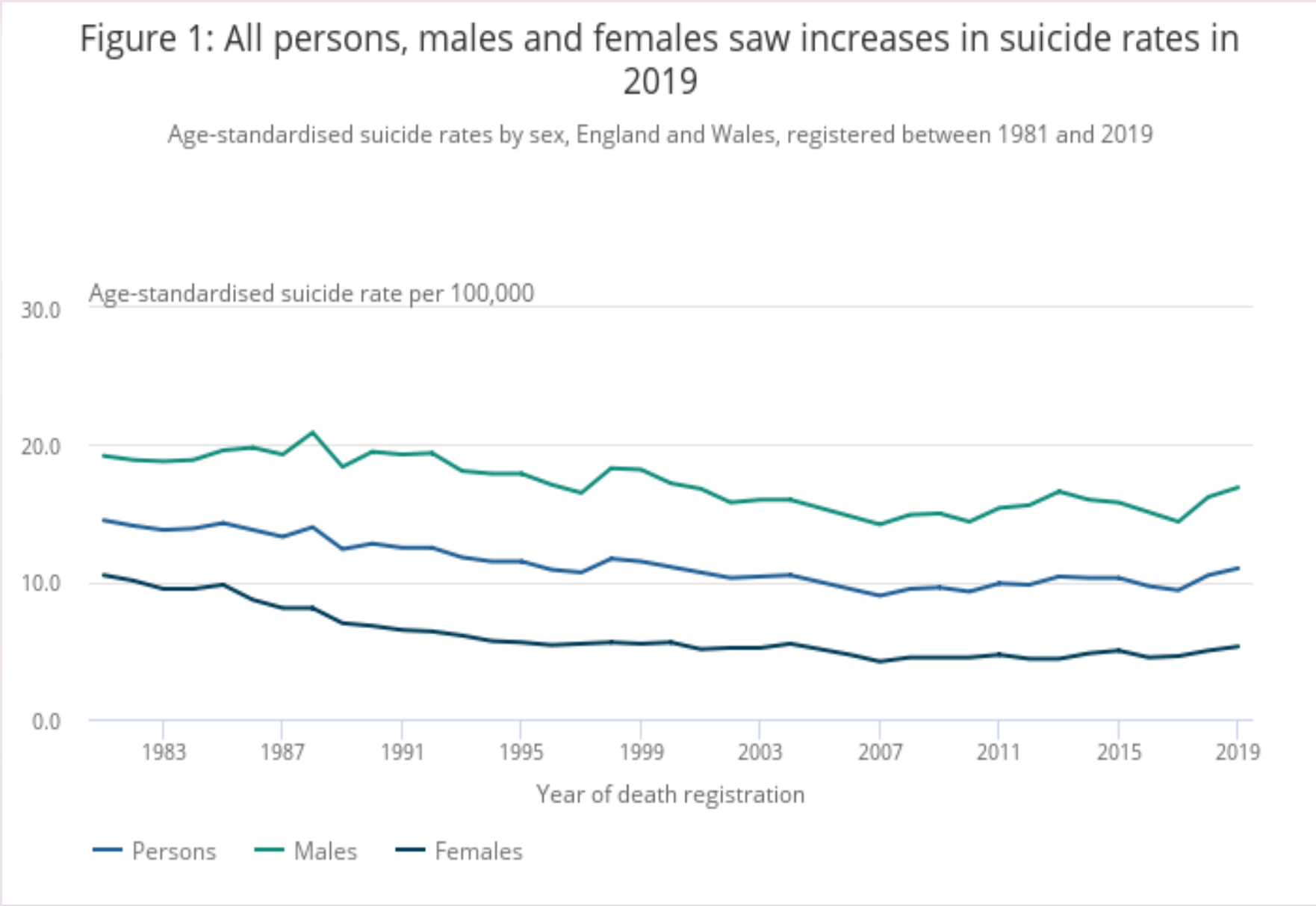
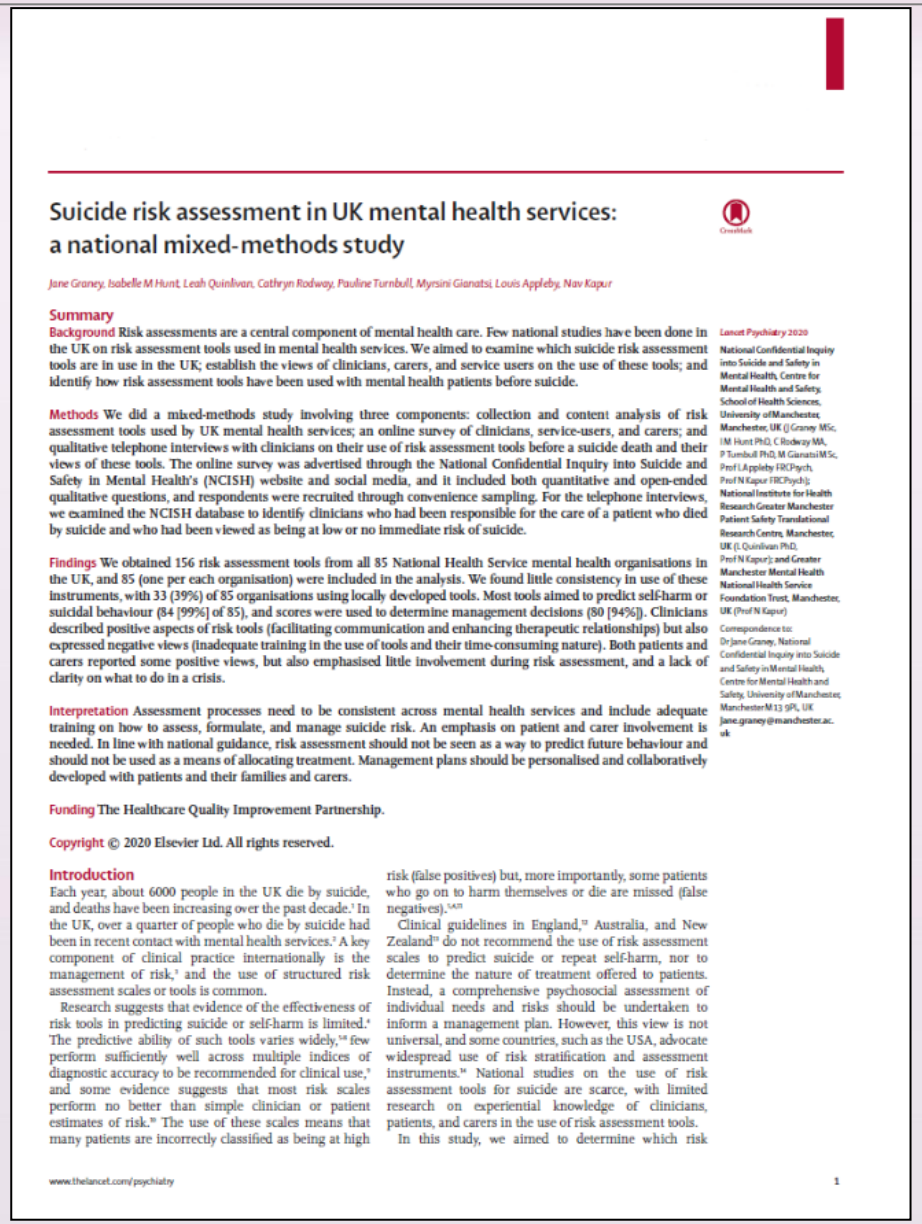


Figure 1: All persons, males and females saw increases in suicide rates in 2019
Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2019
Age-standardised suicide rate per 100,000
30.0
20.0
10.0
0.0
1983
1987
1991
1995
1999
2003
2007
2011
2015
2019
Year of death registration
Persons
Males
Females

Risk assessment



Suicide risk assessment in UK mental health services: a national mixed-methods study

Jane Graney, Isabelle M Hunt, Leah Quinlivan, Cathryn Rodway, Pauline Turnbull, Myrsini Gianatsi, Louis Appleby, Nav Kapur

Summary

Background Risk assessments are a central component of mental health care. Few national studies have been done in the UK on risk assessment tools used in mental health services. We aimed to examine which suicide risk assessment tools are in use in the UK; establish the views of clinicians, carers, and service users on the use of these tools; and identify how risk assessment tools have been used with mental health patients before suicide.

Methods We did a mixed-methods study involving three components: collection and content analysis of risk assessment tools used by UK mental health services; an online survey of clinicians, service-users, and carers; and qualitative telephone interviews with clinicians on their use of risk assessment tools before a suicide death and their views of these tools. The online survey was advertised through the National Confidential Inquiry into Suicide and Safety in Mental Health's (NCISH) website and social media, and it included both quantitative and open-ended qualitative questions, and respondents were recruited through convenience sampling. For the telephone interviews, we examined the NCISH database to identify clinicians who had been responsible for the care of a patient who died by suicide and who had been viewed as being at low or no immediate risk of suicide.

Findings We obtained 156 risk assessment tools from all 85 National Health Service mental health organisations in the UK, and 85 (one per each organisation) were included in the analysis. We found little consistency in use of these instruments, with 33 (39%) of 85 organisations using locally developed tools. Most tools aimed to predict self-harm or suicidal behaviour (84 [99%] of 85), and scores were used to determine management decisions (80 [94%]). Clinicians described positive aspects of risk tools (facilitating communication and enhancing therapeutic relationships) but also expressed negative views (inadequate training in the use of tools and their time-consuming nature). Both patients and carers reported some positive views, but also emphasised little involvement during risk assessment, and a lack of clarity on what to do in a crisis.

Interpretation Assessment processes need to be consistent across mental health services and include adequate training on how to assess, formulate, and manage suicide risk. An emphasis on patient and carer involvement is needed. In line with national guidance, risk assessment should not be seen as a way to predict future behaviour and should not be used as a means of allocating treatment. Management plans should be personalised and collaboratively developed with patients and their families and carers.

Funding The Healthcare Quality Improvement Partnership.

Lancet Psychiatry 2020

National Confidential Inquiry into Suicide and Safety in Mental Health, Centre for Mental Health and Safety, School of Health Sciences, University of Manchester, Manchester, UK (J Graney MSc, I M Hunt PhD, C Rodway MA, P Turnbull PhD, M Gianatsi MSc, Prof L Appleby FRCPsych, Prof N Kapur FRCPsych); National Institute for Health Research Greater Manchester Patient Safety Translational Research Centre, Manchester, UK (L Quinlivan PhD, Prof N Kapur); and Greater Manchester Mental Health National Health Service Foundation Trust, Manchester, UK (Prof N Kapur)

Correspondence to: Dr Jane Graney, National Confidential Inquiry into Suicide and Safety in Mental Health, Centre for Mental Health and Safety, University of Manchester, Manchester M13 9PL, UK jane.graney@manchester.ac.uk

Introduction

Each year, about 6000 people in the UK die by suicide, and deaths have been increasing over the past decade.[1] In the UK, over a quarter of people who die by suicide had been in recent contact with mental health services.[2] A key component of clinical practice internationally is the management of risk,[3] and the use of structured risk assessment scales or tools is common.

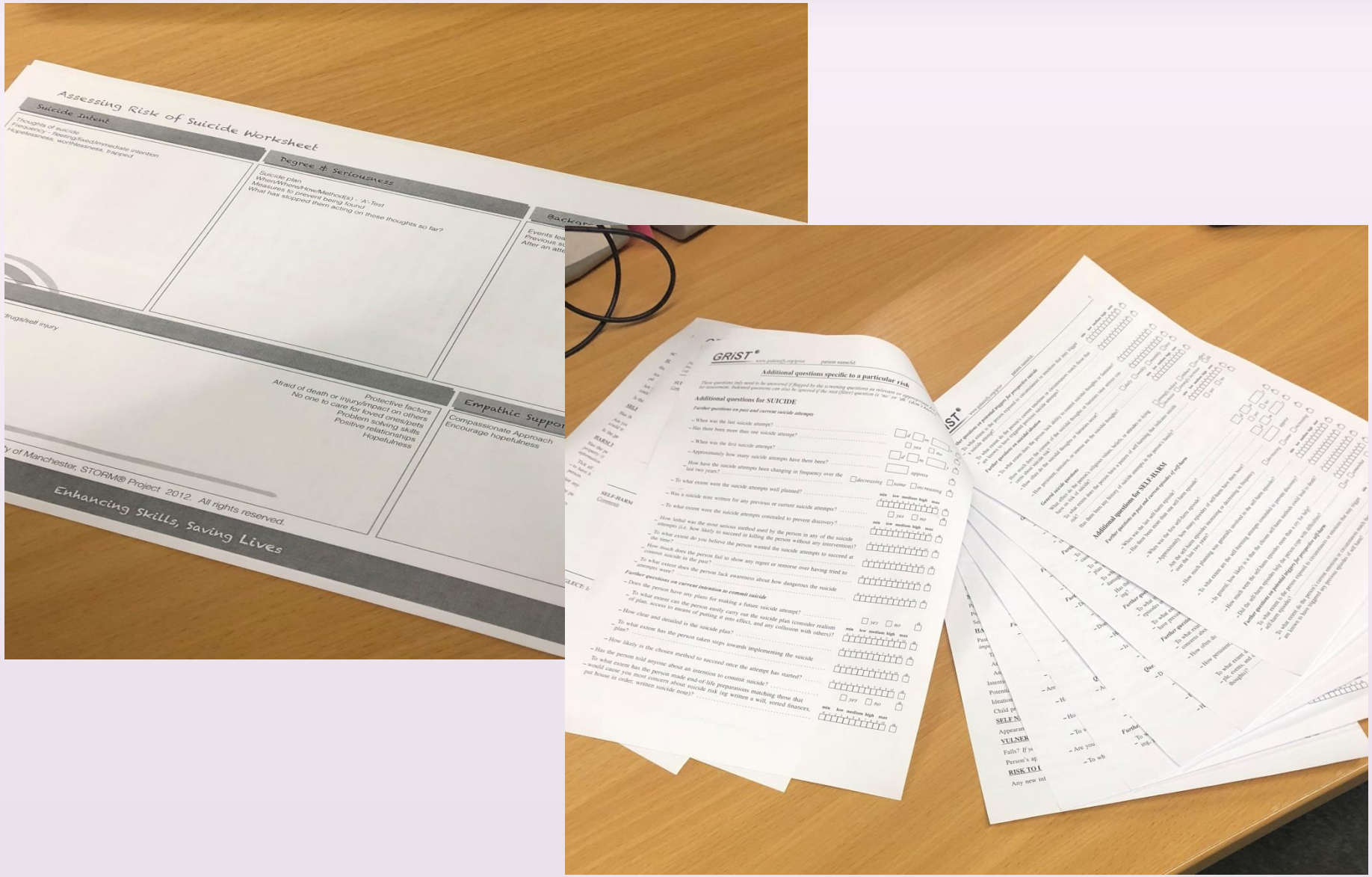
Research suggests that evidence of the effectiveness of risk tools in predicting suicide or self-harm is limited.[4] The predictive ability of such tools varies widely,[5,6] few perform sufficiently well across multiple indices of diagnostic accuracy to be recommended for clinical use,[7] and some evidence suggests that most risk scales perform no better than simple clinician or patient estimates of risk.[8] The use of these scales means that many patients are incorrectly classified as being at high risk (false positives) but, more importantly, some patients who go on to harm themselves or die are missed (false negatives).[5,6,7]

Clinical guidelines in England,[9] Australia, and New Zealand[10] do not recommend the use of risk assessment scales to predict suicide or repeat self-harm, nor to determine the nature of treatment offered to patients. Instead, a comprehensive psychosocial assessment of individual needs and risks should be undertaken to inform a management plan. However, this view is not universal, and some countries, such as the USA, advocate widespread use of risk stratification and assessment instruments.[11] National studies on the use of risk assessment tools for suicide are scarce, with limited research on experiential knowledge of clinicians, patients, and carers in the use of risk assessment tools.

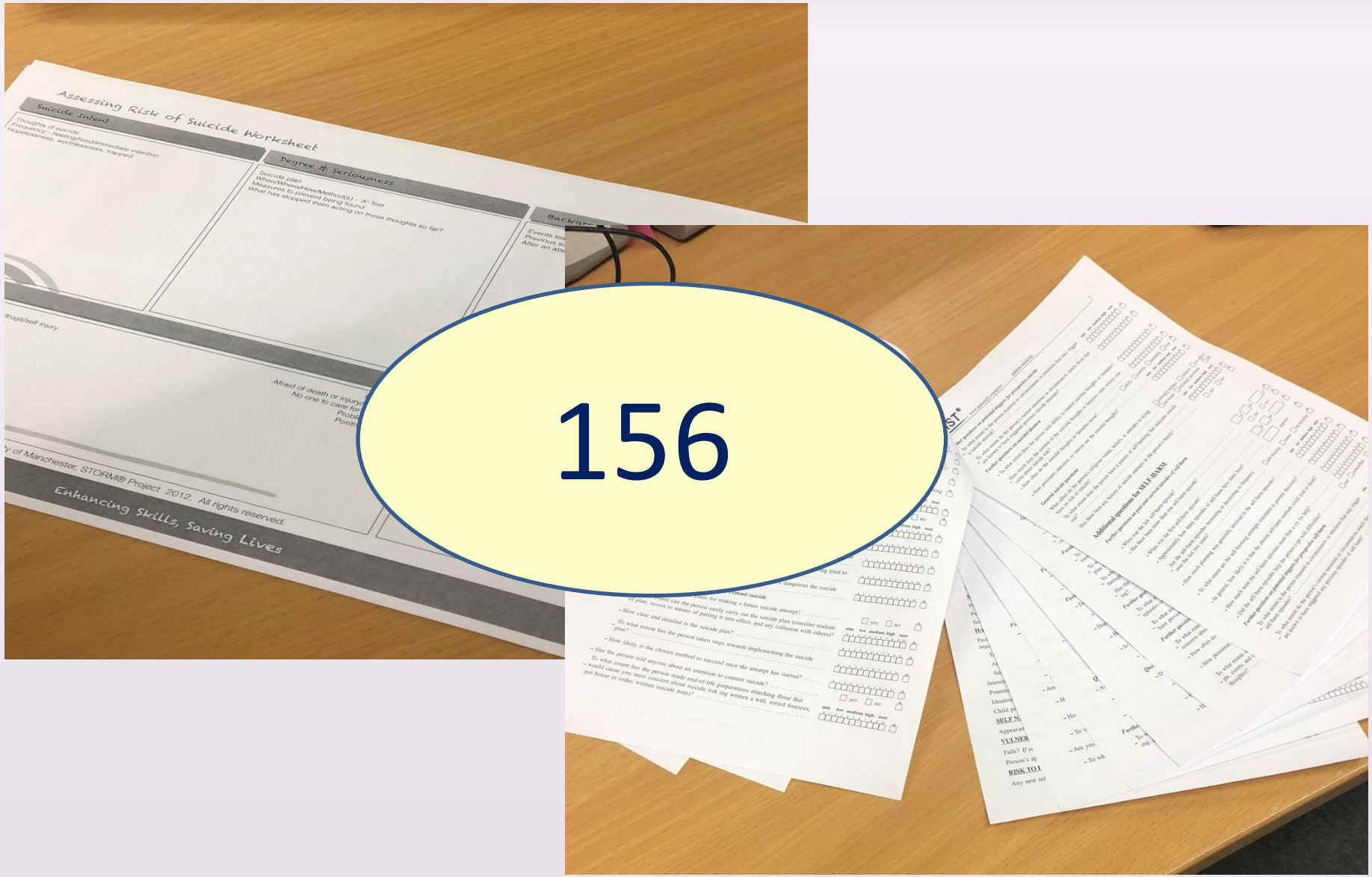
In this study, we aimed to determine which risk

https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30381-3/fulltext

Content and Format of tools



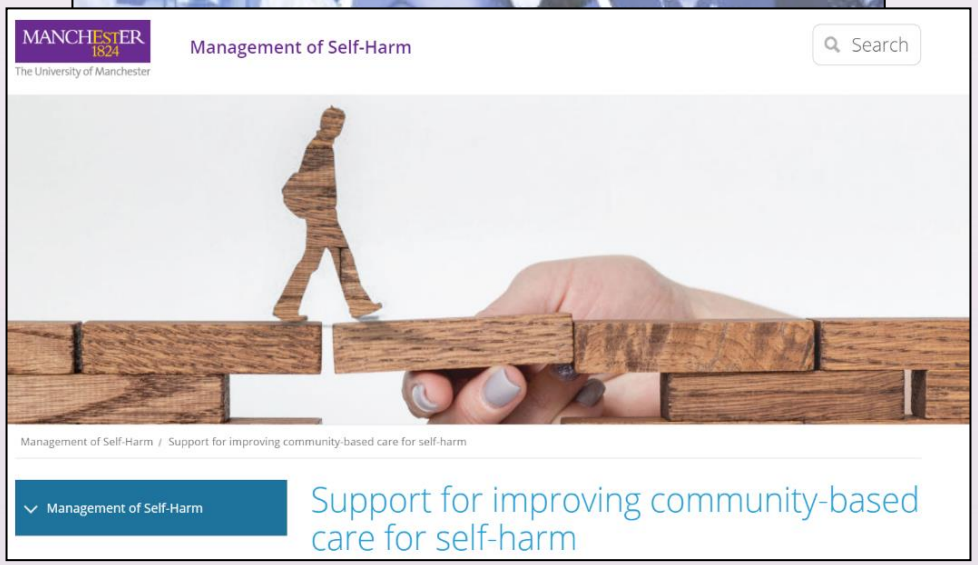
Content and Format of tools

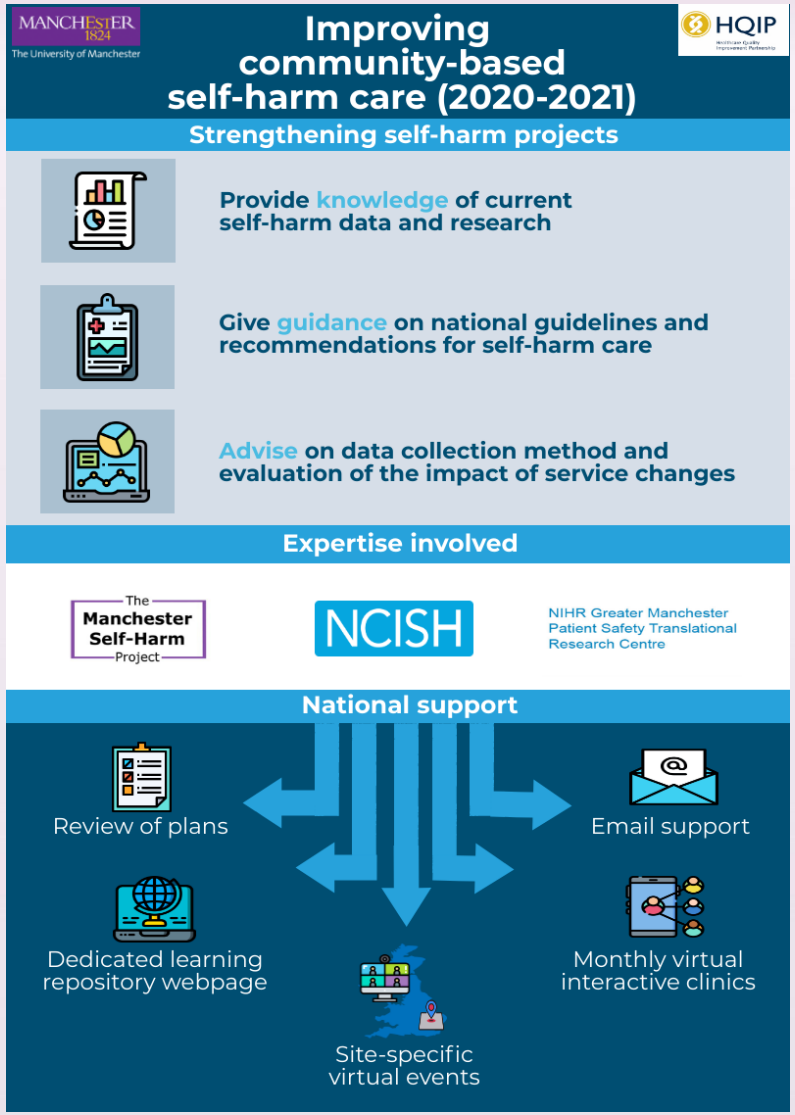


Risk assessment

https://www.youtube.com/watch?v=DUmvLnAc1Lo&feature=youtu.be

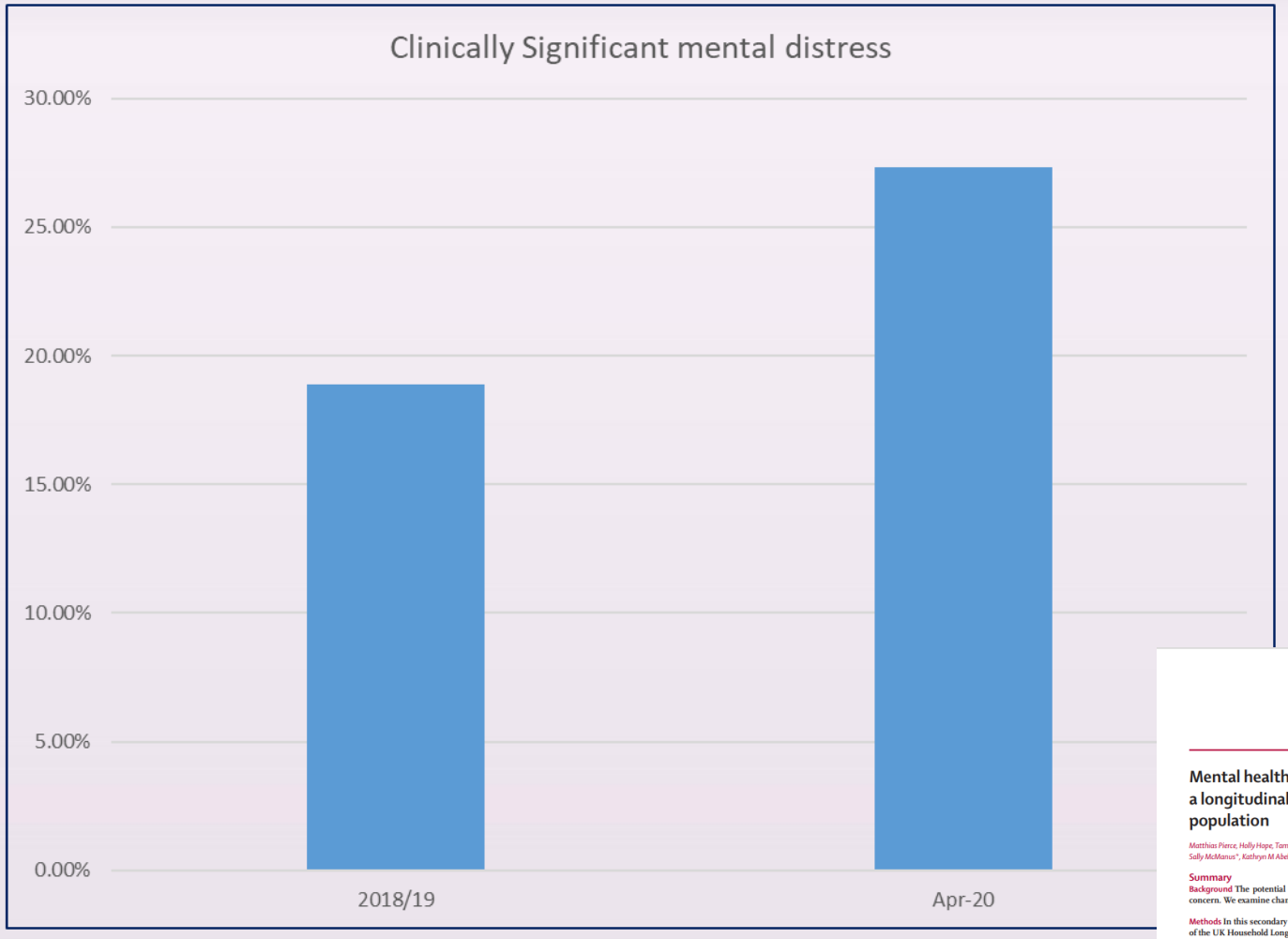
Support for self-harm

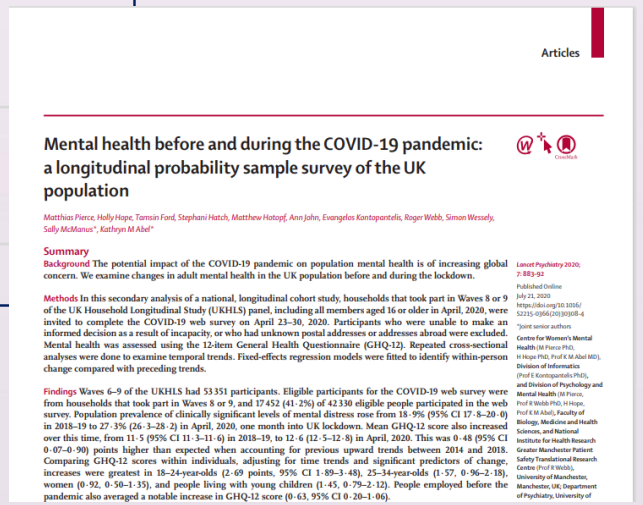




http://www.mash.bmh.manchester.ac.uk/improving-community-based-care/

COVID-19 & Mental Health





Articles

Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population

Matthias Pierce, Holly Hope, Tamsin Ford, Stephani Hatch, Matthew Hotopf, Ann John, Evangelos Kontopantelis, Roger Webb, Simon Wessely, Sally McManus*, Kathryn M Abel*

Summary

Background The potential impact of the COVID-19 pandemic on population mental health is of increasing global concern. We examine changes in adult mental health in the UK population before and during the lockdown.

Methods In this secondary analysis of a national, longitudinal cohort study, households that took part in Waves 8 or 9 of the UK Household Longitudinal Study (UKHLS) panel, including all members aged 16 or older in April, 2020, were invited to complete the COVID-19 web survey on April 23–30, 2020. Participants who were unable to make an informed decision as a result of incapacity, or who had unknown postal addresses or addresses abroad were excluded. Mental health was assessed using the 12-item General Health Questionnaire (GHQ-12). Repeated cross-sectional analyses were done to examine temporal trends. Fixed-effects regression models were fitted to identify within-person change compared with preceding trends.

Findings Waves 6–9 of the UKHLS had 53 351 participants. Eligible participants for the COVID-19 web survey were from households that took part in Waves 8 or 9, and 17 452 (41·2%) of 42 330 eligible people participated in the web survey. Population prevalence of clinically significant levels of mental distress rose from 18·9% (95% CI 17·8–20·0) in 2018–19 to 27·3% (26·3–28·2) in April, 2020, one month into UK lockdown. Mean GHQ-12 score also increased over this time, from 11·5 (95% CI 11·3–11·6) in 2018–19, to 12·6 (12·5–12·8) in April, 2020. This was 0·48 (95% CI 0·07–0·90) points higher than expected when accounting for previous upward trends between 2014 and 2018. Comparing GHQ-12 scores within individuals, adjusting for time trends and significant predictors of change, increases were greatest in 18–24-year-olds (2·69 points, 95% CI 1·89–3·48), 25–34-year-olds (1·57, 0·96–2·18), women (0·92, 0·50–1·35), and people living with young children (1·45, 0·79–2·12). People employed before the pandemic also averaged a notable increase in GHQ-12 score (0·63, 95% CI 0·20–1·06).

Lancet Psychiatry 2020; 7: 883–92
Published Online July 21, 2020
https://doi.org/10.1016/S2215-0366(20)30308-4

*Joint senior authors
Centre for Women's Mental Health (M Pierce PhD, H Hope PhD, Prof K M Abel MD), Division of Informatics (Prof E Kontopantelis PhD), and Division of Psychology and Mental Health (M Pierce, Prof R Webb PhD, H Hope, Prof K M Abel), Faculty of Biology, Medicine and Health Sciences, and National Institute for Health Research Greater Manchester Patient Safety Translational Research Centre (Prof R Webb), University of Manchester, Manchester, UK; Department of Psychiatry, University of

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The Iceberg Model of suicidal behaviour

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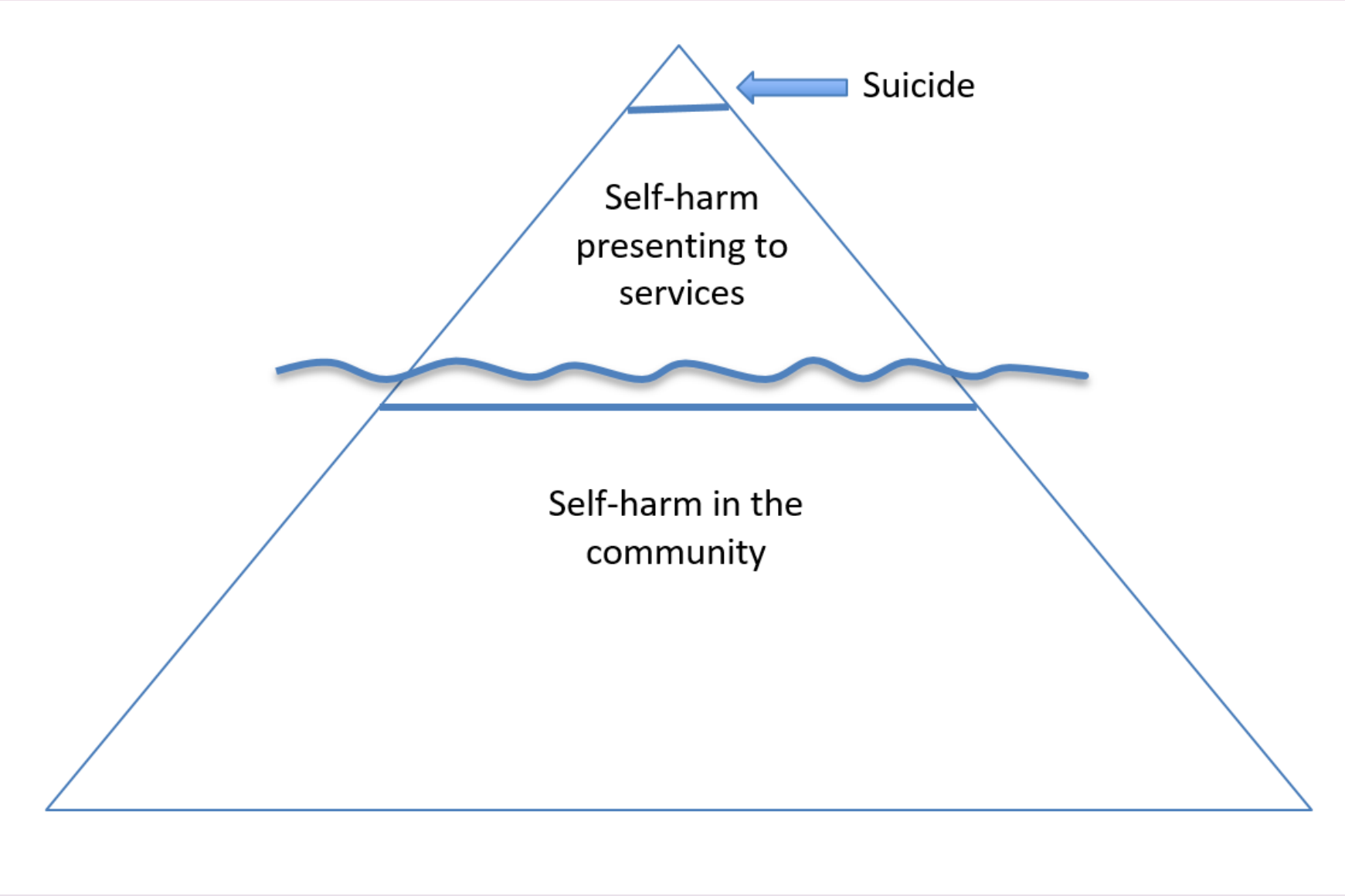
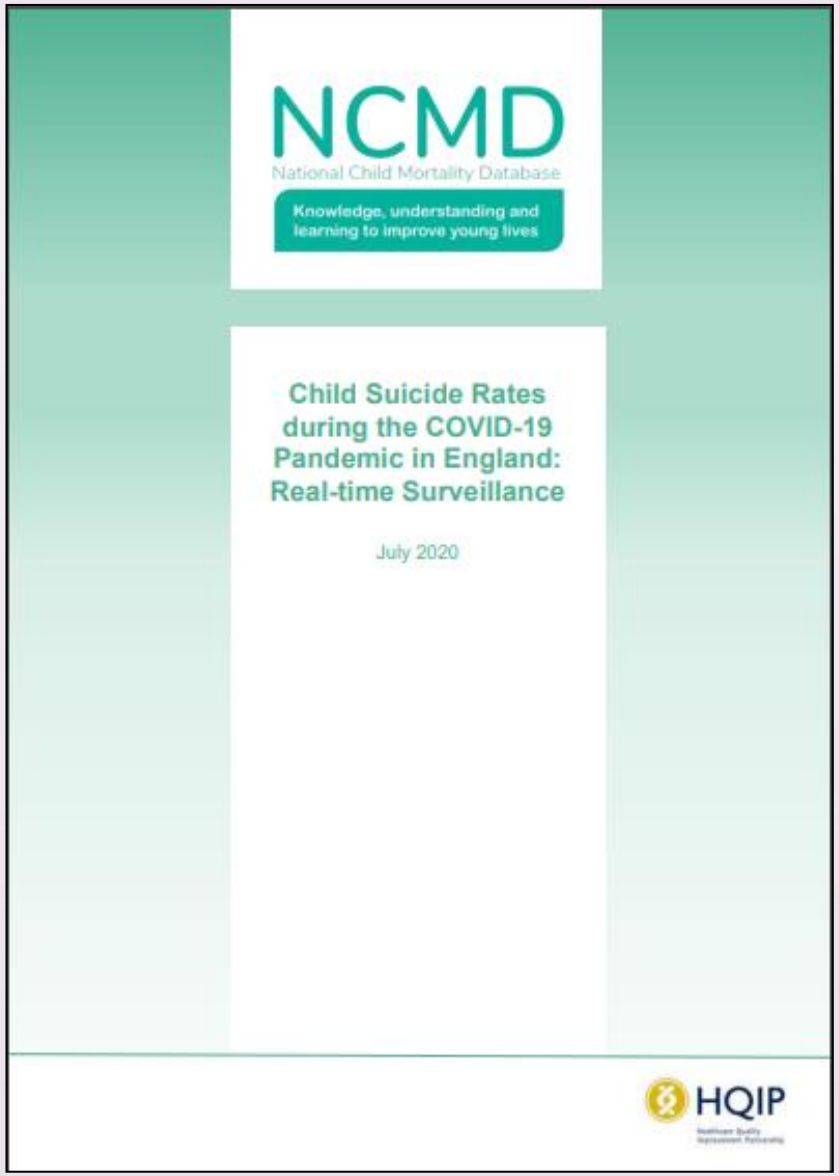


Child suicide rates during the COVID-19 pandemic



Child suicides **may have increased** in first 56 days of lockdown

Numbers too small to reach definitive conclusions

Restriction to education & other activities, disruption to care & support, tensions at home & isolation appeared to be **contributing factors**

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Fig 1: RTS findings

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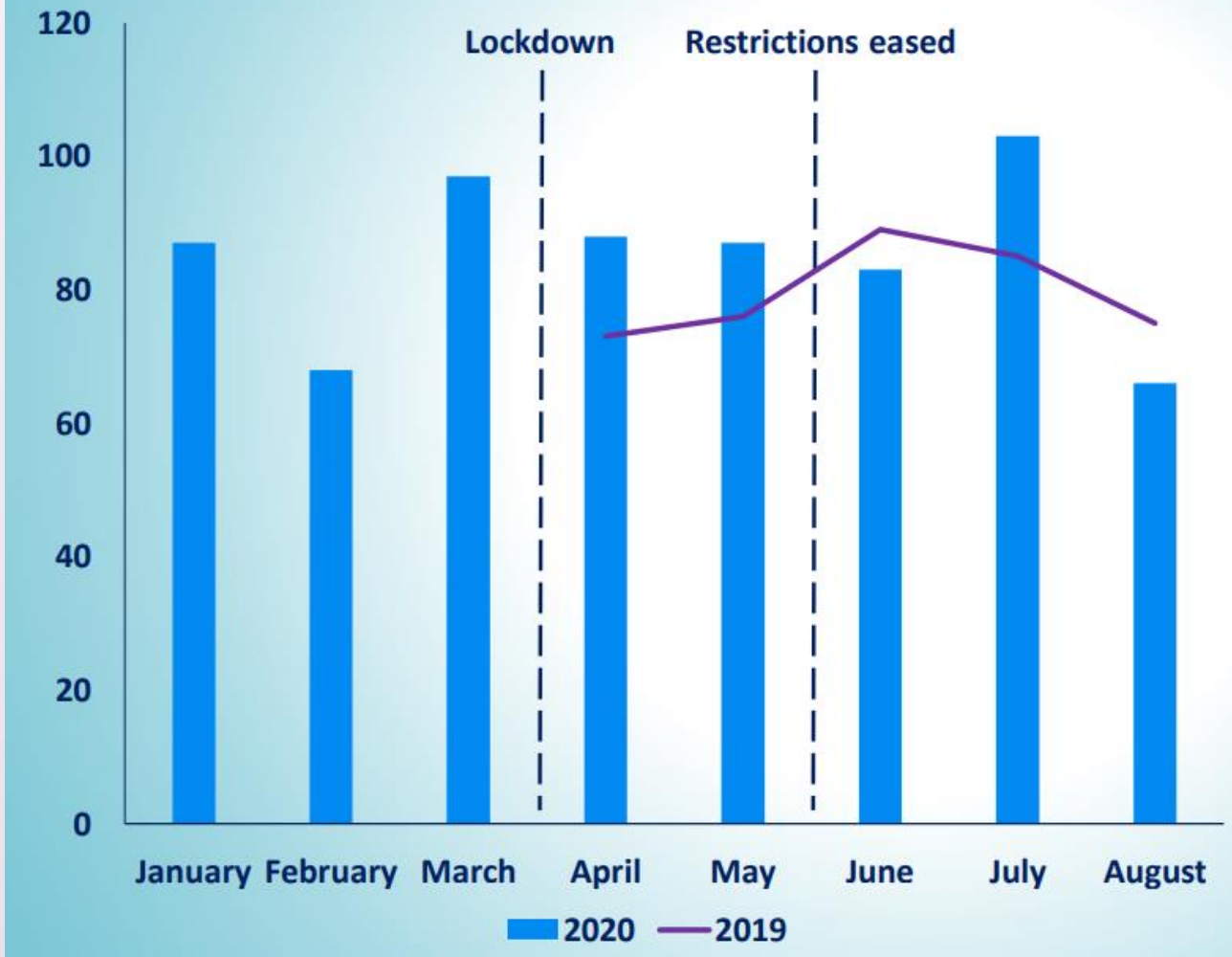


Total population: 9m

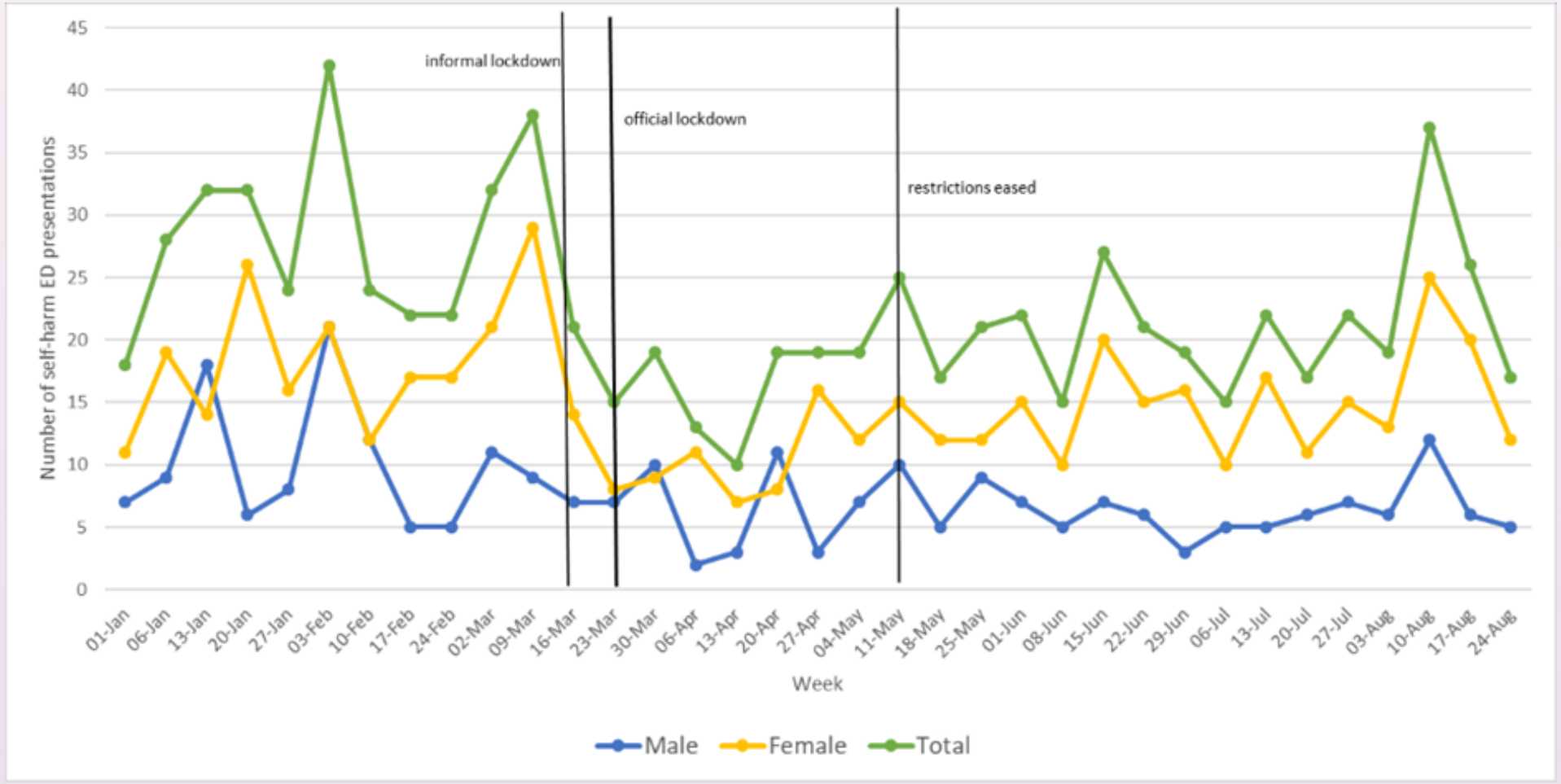
2020 monthly average
Pre-lockdown: 84.0
Post-lockdown: 85.4

April-August 2020
+ 7.3%

http://documents.manchester.ac.uk/display.aspx?DocID=51861

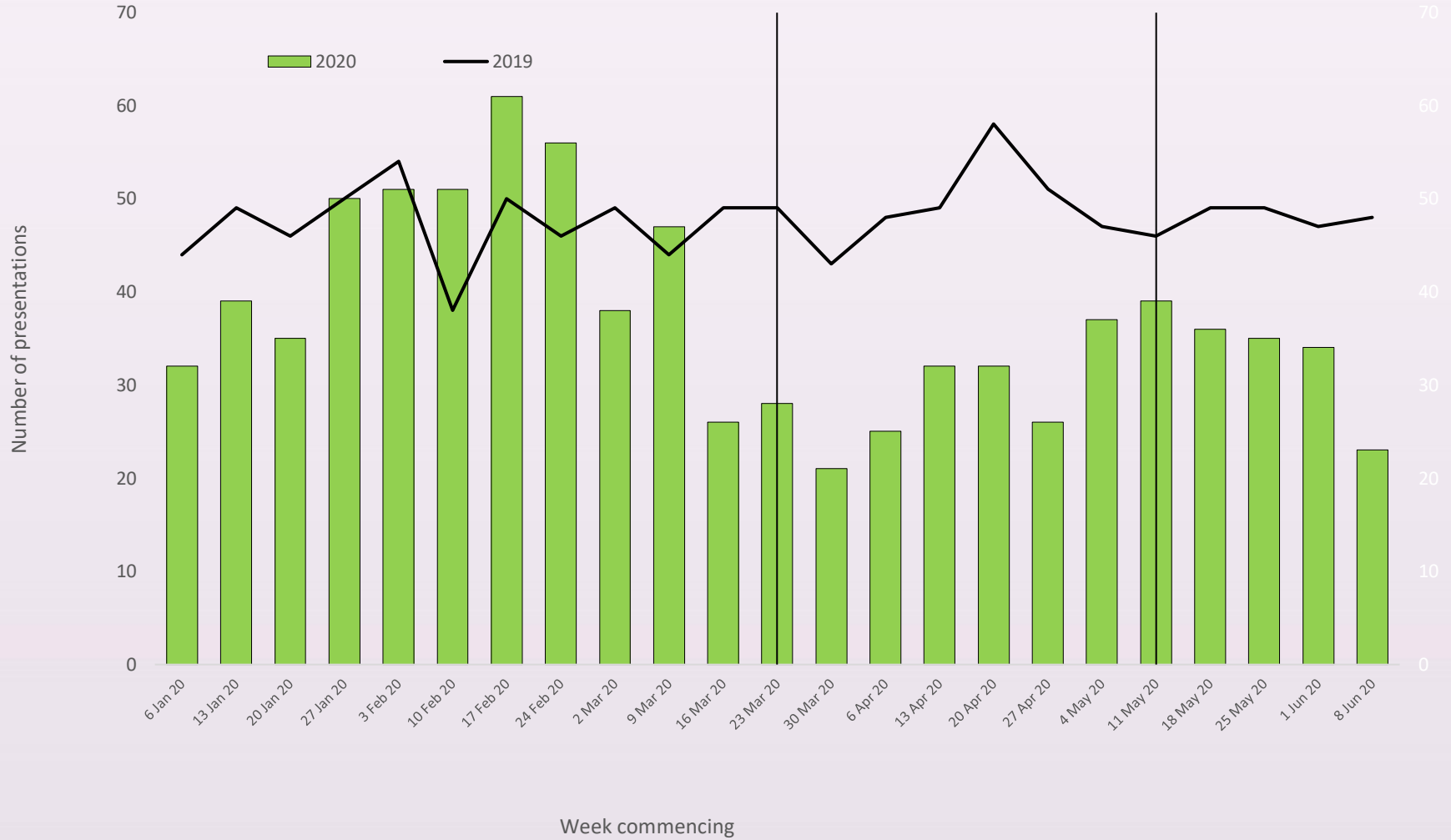
ECDS data on self–harm

Total self-harm presentations to the Emergency Department in two Manchester Hospitals



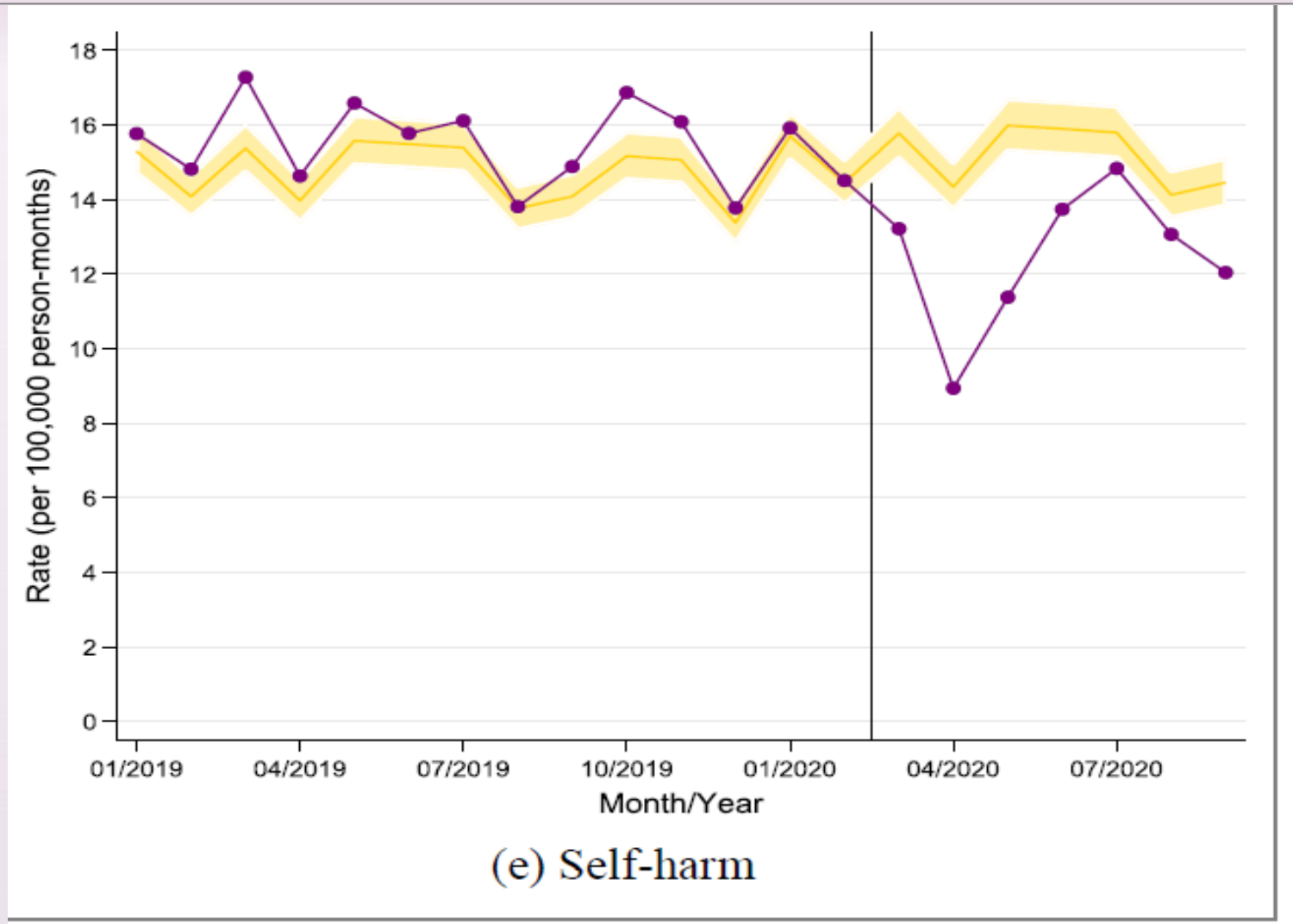
(With thanks to Caroline Clements)

Hospital data on self–harm

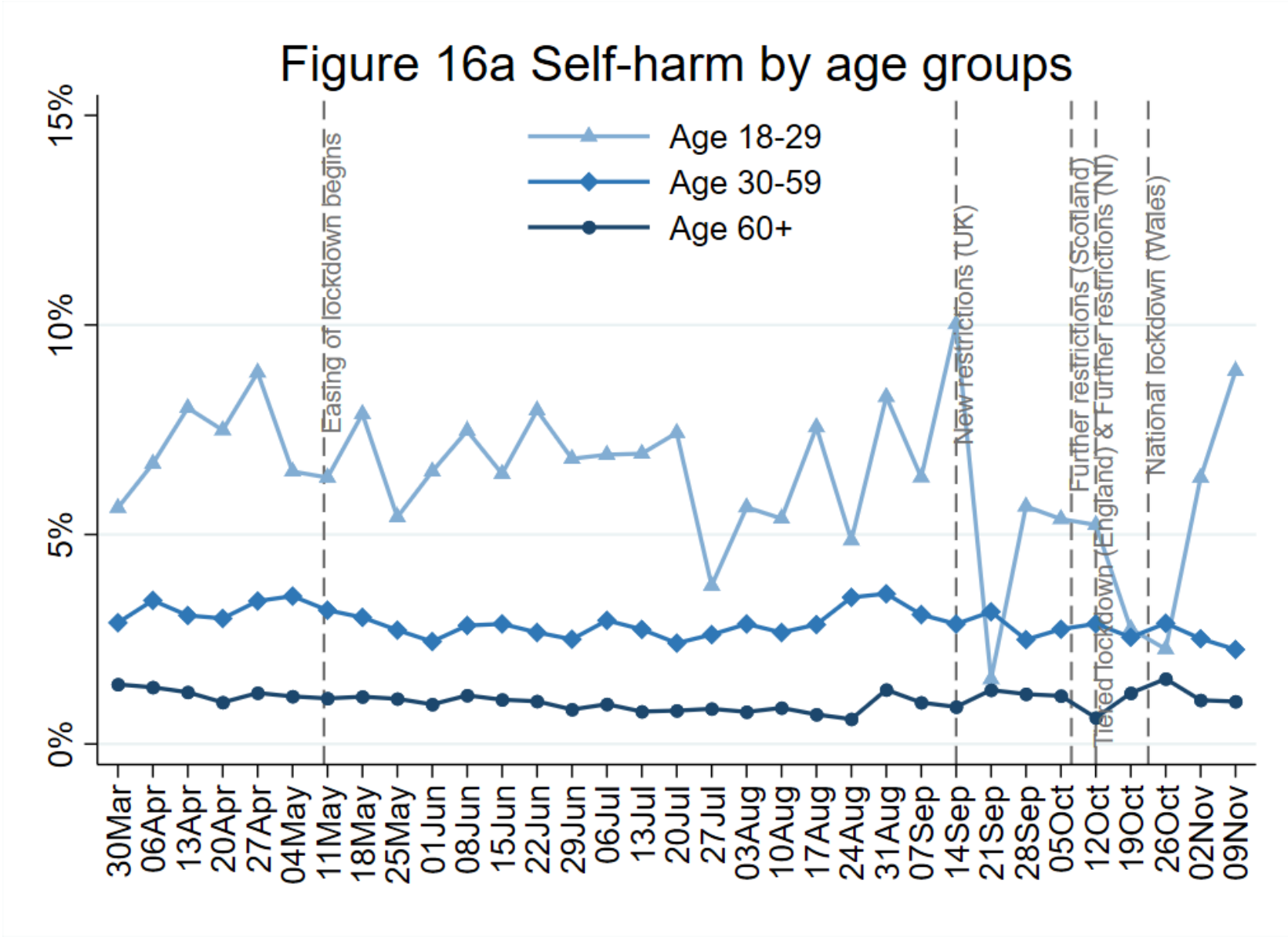


Source: Hawton et al 2020. https://www.medrxiv.org/content/10.1101/2020.11.25.20238030v1

Primary care data on self–harm

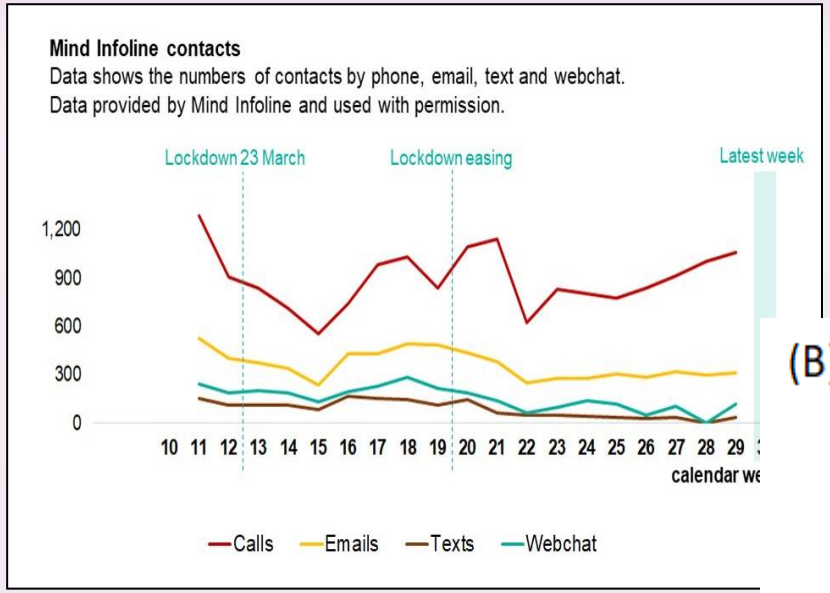


Source: Steeg, Carr et al Lancet Public Health 2020 (in press). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3706269

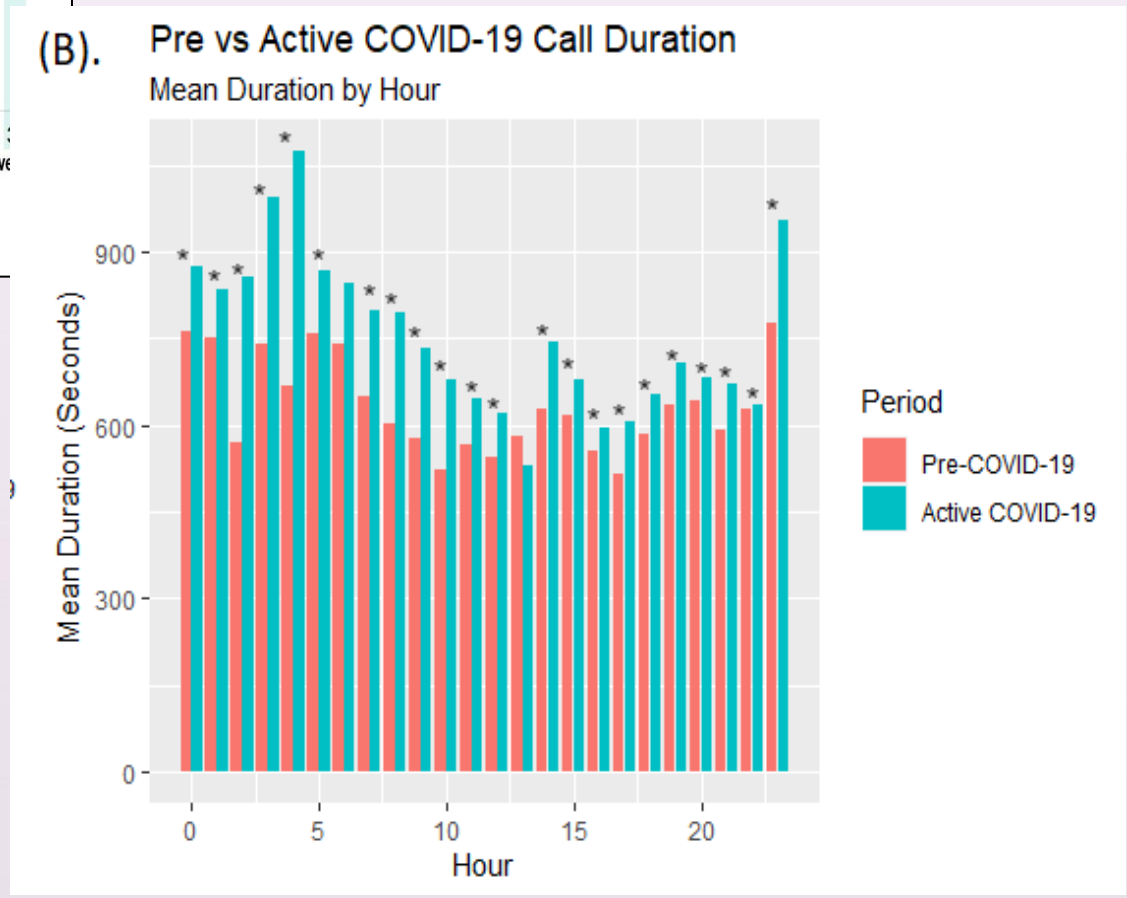


https://www.covidsocialstudy.org/results

Other sources of help



https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/6-remote-support-services



https://mental.jmir.org/2020/11/e22984/

The impact on self-harm and suicidal behaviour

F1000Research F1000Research 2020, 9:1097 Last updated: 22 SEP 2020

Check for updates

SYSTEMATIC REVIEW

The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review [version 1; peer review: 1 approved]

Ann John[1,2*], Chukwudi Okolie[1,2], Emily Eyles[3,4], Roger T. Webb[5,6], Lena Schmidt[4], Luke A. McGuiness[4], Babatunde K. Olorisade[4], Ella Arensman[7], Keith Hawton[8,9], Nav Kapur[5,6,10], Paul Moran[4,11], Rory C. O'Connor[12], Siobhan O'Neill[13], Julian P.T. Higgins[3,4,11*], David Gunnell[4,11*]

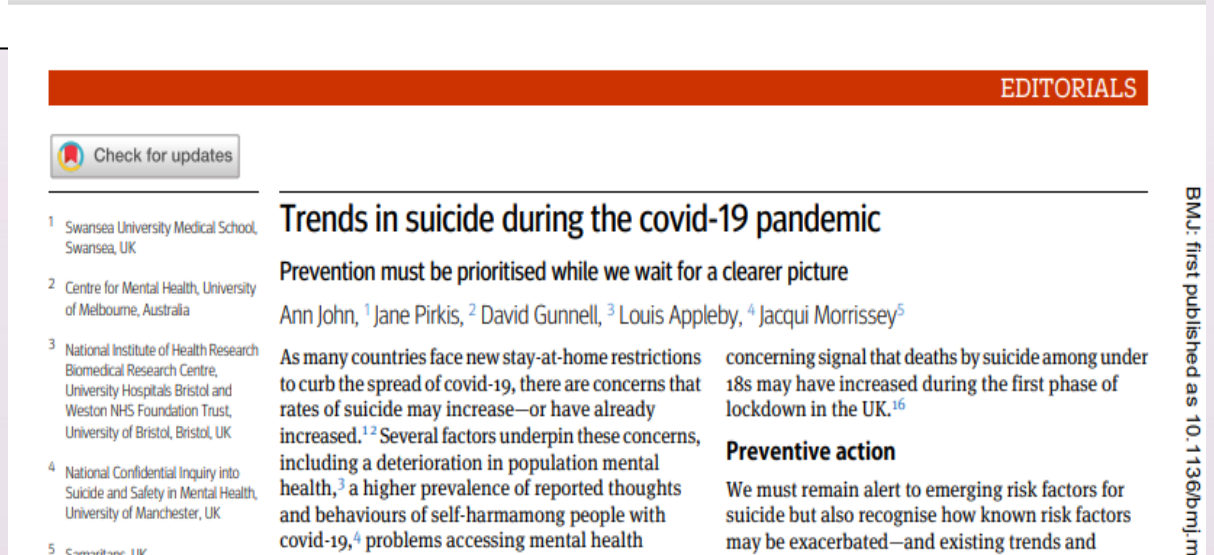
[1]Population Psychiatry, Suicide and Informatics, Swansea University, Swansea, UK
[2]Public Health Wales NHS Trust, Swansea, UK
[3]National Institute for Health Research Applied Research Collaboration West (NIHR ARC West) at University Hospitals Bristol NHS Foundation Trust, Bristol, UK
[4]Population Health Sciences, University of Bristol, Bristol, UK
[5]Division of Psychology and Mental Health, University of Manchester, Manchester, UK
[6]NIHR Greater Manchester Patient Safety Translational Research Centre, Manchester, UK
[7]School of Public Health and National Suicide Research Foundation, University College Cork, Cork, Ireland
[8]University Department of Psychiatry, Centre for Suicide Research, University of Oxford, Oxford, UK
[9]Oxford Health NHS Foundation Trust, Oxford, UK
[10]Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK
[11]National Institute for Health Research Biomedical Research Centre at the University Hospitals Bristol NHS Foundation Trust and the University of Bristol, Bristol, UK
[12]Institute of Health & Wellbeing, University of Glasgow, Glasgow, UK
[13]School of Psychology, University of Ulster, Coleraine, UK

Source: John et al.(2020)
https://doi.org/10.12688/f1000research.25522.1

Ongoing ('living') systematic review

No evidence of an **increase** in **suicide**, **self-harm**, suicidal behaviour, or suicidal thoughts

Factors associated with suicide include: fear of infection, **social isolation** and **economic concerns**



EDITORIALS

Check for updates

1 Swansea University Medical School, Swansea, UK
2 Centre for Mental Health, University of Melbourne, Australia
3 National Institute of Health Research Biomedical Research Centre, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol, Bristol, UK
4 National Confidential Inquiry into Suicide and Safety in Mental Health, University of Manchester, UK

Trends in suicide during the covid-19 pandemic

Prevention must be prioritised while we wait for a clearer picture

Ann John, [1] Jane Pirkis, [2] David Gunnell, [3] Louis Appleby, [4] Jacqui Morrissey[5]

As many countries face new stay-at-home restrictions to curb the spread of covid-19, there are concerns that rates of suicide may increase—or have already increased.[1,2] Several factors underpin these concerns, including a deterioration in population mental health,[3] a higher prevalence of reported thoughts and behaviours of self-harmamong people with covid-19,[4] problems accessing mental health

concerning signal that deaths by suicide among under 18s may have increased during the first phase of lockdown in the UK.[16]

Preventive action

We must remain alert to emerging risk factors for suicide but also recognise how known risk factors may be exacerbated—and existing trends and

BMJ: first published as 10.1136/bmj.m

https://www.bmj.com/content/bmj/371/bmj.m4352.full.pdf

COVID-19: local multi-agency suicide prevention

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Support for:
Isolated
Bereaved
Victims of domestic abuse

MH Services:
Access
Crisis/self-harm
Maximise digital
CAMHS,
esp ASD/ADHD

Partnership with:
3rd sector
Local media

Community:
Enhance social capital
Green space

Data:
Real Time Surveillance

www.manchester.ac.uk/ncish

Centre for Mental Health and Safety

@NCISH_UK

Patient Safety Centre




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The Manchester Self-Harm Project

the centre for suicide prevention

20 Years of The Manchester Self-Harm Project

5th December 2017

The MaSH Team

Dr Caroline Clements
Project Manager

Harriet Bickley
Research Associate

Bushra Farooq
Research Assistant

Jackie Ward
Administrator

Iain Donaldson
Research Secretary

The Manchester Self-Harm Project

NCISH

NIHR Greater Manchester Patient Safety Translational Research Centre

Positive impact of multiagency working in the community: responding to COVID-19

Wellbeing and mental health during COVID-19 booklet – a guide to looking after yourself and others

Katherine McGleenan – Suicide Prevention Network lead
Chris Wood – Every Life Matters

North East and North Cumbria ICS

NCCMH
IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

NORTH EAST AND NORTH CUMBRIA

Suicide Prevention NETWORK

Positive impact of multi-agency working in the community: responding to COVID-19

Wellbeing and Mental Health During COVID-19 booklet – *a guide to looking after yourself and others*

Katherine McGleenan –NE&NC SP Network Lead
Chris Wood – Every Life Matters

ICS Integrated Care System North East & North Cumbria

Outline of the presentation

- Network **response to the pandemic.**
- Developing the **booklet.**
- Widening the **impact.**
- **Multi-agency working** – making it work.
- Next steps – **building on success.**

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

ICS Integrated Care System North East & North Cumbria

Aim of the session

- To show how we went **from the idea** of the booklet to distributing to over **1.3 million** homes in approx. **8 weeks.**

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

ICS Integrated Care System North East & North Cumbria

The NE&NC Suicide Prevention Network

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

ICS Integrated Care System North East & North Cumbria

NENC Suicide Prevention Network

Structure — August 2020

Suicide Prevention — EVERY LIFE MATTERS

ICS Mental Health transformation programme steering group

SP Network Lived experience reference group—NSPA

SP Network Clinical advisory group

programme support – Northern England Clinical Networks, AHSN, regional university partners.

ICS work stream sponsors

ICS suicide prevention Lead

ICS SP core leadership team

ICS SP plan 2019-24

Zero Suicide Ambition /national suicide prevention programme leads - ZSA/NCISH/NHSE/I/Samaritans media team/NICE

North Region programme support (NHS England, PHE)

Sector led improvement

Lived experience representatives at every level

ICS multi-agency priority workstream implementation group & Locality level implementation groups

Developing Safer communities

Developing Safer services

North ICP leadership team / steering group & implementation plan

South ICP leadership team, steering group & implementation plan

North Cumbria ICP leadership group &implementation plan

Primary Care Networks

TEWV – Trust SP lead governance structure & ZSA plan

CNTW—Trust SP lead governance structure & ZSA plan

North Cumbria (i Copeland, Allerdale, Carlisle & Eden)

Northumberland

Newcastle

North Tyneside

Gateshead

South Tyneside

Sunderland

County Durham

Darlington

South Tees (incorporating Hartlepool, Stockton, Middlesbrough, Redcar & Cleveland)

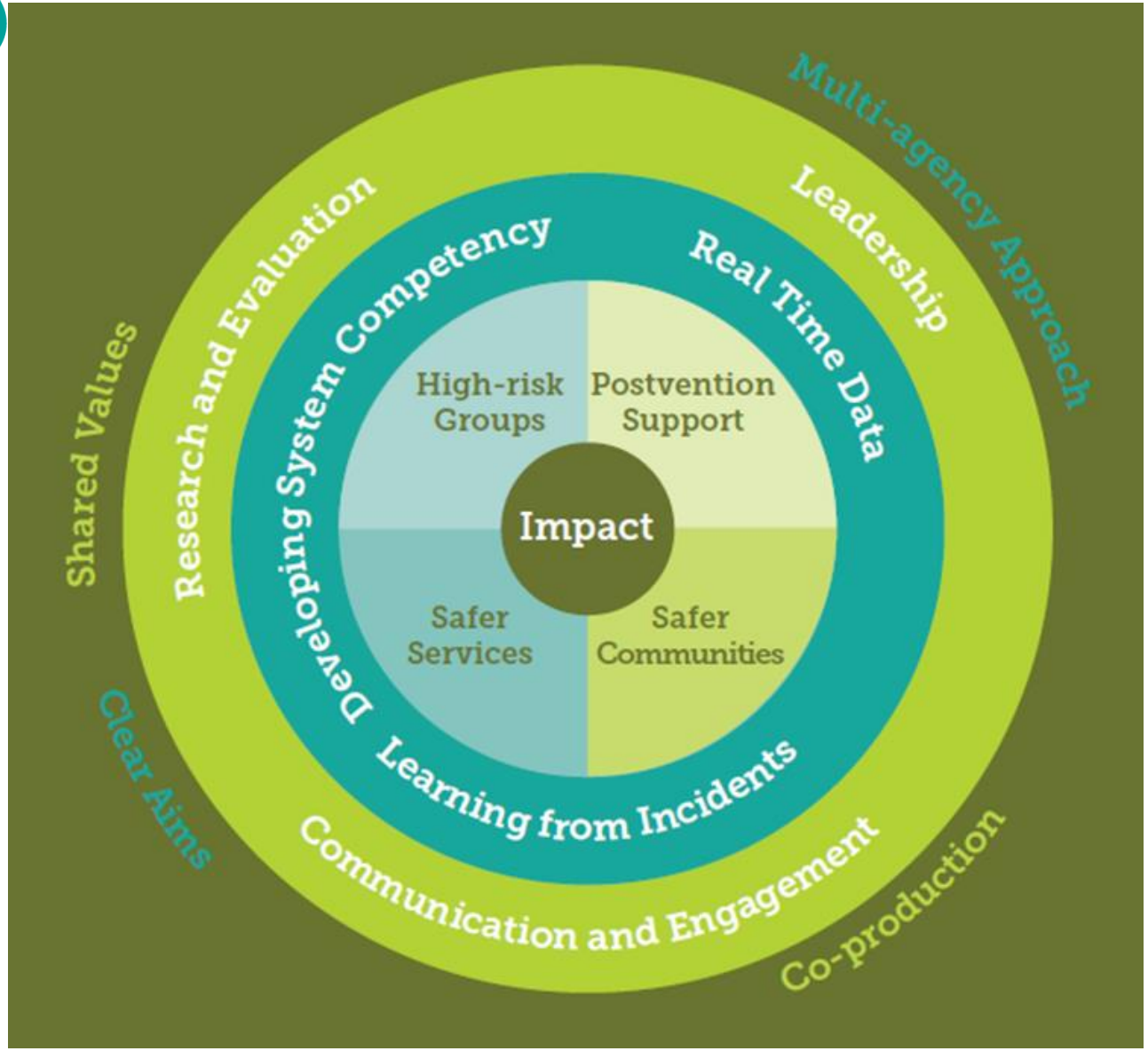
North Yorkshire (incorporating Hambleton, Richmondshire & Whitby)

NORTH EAST AND NORTH CUMBRIA

Suicide Prevention

NETWORK

Whole system approach



ICS

Integrated Care System

North East & North Cumbria

Reviewing our priorities in response to COVID-19

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

ICS Integrated Care System North East & North Cumbria

Increase in known risk factors

- Adverse childhood experiences (ACEs)
- Previous suicide attempt(s)
- Mental disorders, particularly clinical depression
- Alcohol and substance abuse
- **Isolation**
- Most people take their own life **at home**
- **Loss (bereavement , social, work, or financial)**
- **Physical illness**
- Easy access to methods
- Poor help-seeking due to stigma
- People in the **lowest socio-economic** group living in deprived areas.

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

ICS Integrated Care System North East & North Cumbria

Potential COVID impact/unknown risk

- **Reduced access -** perceived or real
- **Reduced help-seeking** – message to stay away
- People told to **stay at home**
- **Unknown emerging** high risk groups
- **Everyone** may be effected/impacted
- More vulnerable people may **not have digital access.**
  People may be **confused/overwhelmed.**

NORTH EAST AND NORTH CUMBRIA Suicide Prevention NETWORK

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Priorities from people with lived experience

- **Help** needed **sooner.**
- **Raise awareness**/train people.
- More **information** is needed.
- **Families** more involved.
- Support for **people affected.**
- **Work together** – integration.
- Help reduce **stigma.**

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Refocusing and adapting our priorities for direct impact

- PHE real time surveillance **(RTS)** pilot
- Contingency for **postvention support**
- **Adapting training** packages
- Media and social media **campaigns**
- Support more grassroots/**suicide safer communities**
- **Increase access to information and resources.**

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The idea

- Immediately clear this would be challenging to our communities' mental health, particularly vulnerable West Coast districts.
- People would be looking for guidance to navigate uncharted territory.
- Could see benefit of paper materials with NHS endorsement.
- Opportunity to engage large amounts of people with direct suicide prevention messages at a time of national emergency.
- Many people who could support the idea that had now had their ordinary work cut off i.e. printers, distribution and design.

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Developing the booklet

From first idea to first doorstep in 18 days

17th March	Began writing the booklet – day after Government recommends stopping social contact.
24th March	First draft of text produced – day after national lockdown begins – and bid submitted to NENC Suicide Prevention Network.
27th March	First graphic design draft produced + funding agreed.
31th March	Consultation on booklet content complete and final edits made.
4th April	First 50,000 (of 200,000) booklets delivered.
5th April	Distribution begins in Allerdale next morning.

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Developing the booklet

From first idea to first doorstep in 18 days

8th April	2nd phase of funding agreed and 50,000 more booklets produced.
14th April	Generic version of the booklet produced for use across North East and other areas.
19th April	Funding secured and 60,000 booklets produced for South Cumbria supported by County/District Councils and Royal Mail distribution.
14th May	Distribution of 120,000 booklets across North Cumbria complete.
19th May	23,000 booklets delivered by volunteers in Barrow.

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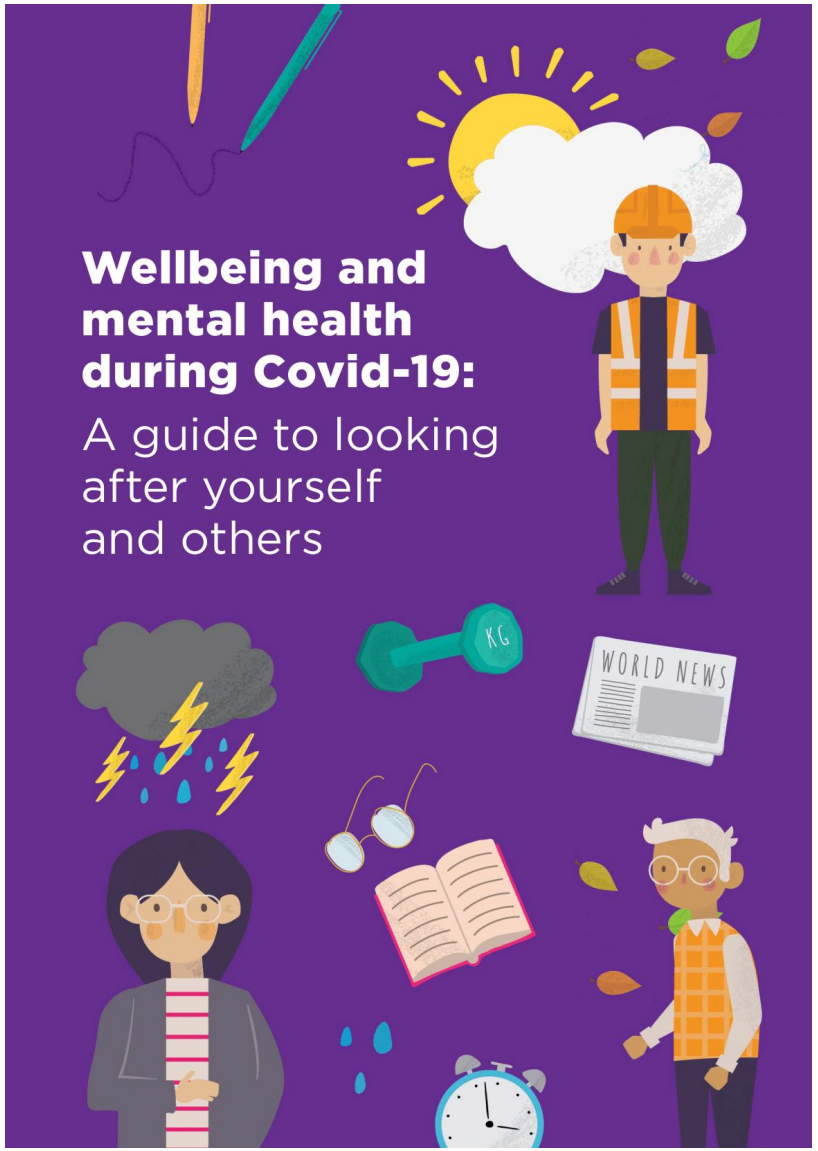

Contents

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Struggling to cope

Thoughts of suicide are not uncommon – a lot of people will have them - around one in five of us during our lifetime. Having these thoughts doesn't make it inevitable that you are going to take your own life.

If you are having thoughts of suicide focus on what you need to do to keep yourself safe for now. Visit www.every-life-matters.org.uk to complete a Safety Plan and learn more about what practical steps you can take to keep yourself safe. This can include:

- Finding ways to distract yourself that allow the feelings to pass
- Calling a helpline or someone you can trust
- Avoiding using alcohol and drugs
- Removing things from your house that you could use to harm yourself
- If you can, going somewhere you feel safe
- Knowing who you can contact if you need professional support – this might be your key worker, your GP, NHS 111 or others
- Making a Hopebox – a list, or photos, or objects that remind you of why you want to live.

If you feel you can't keep yourself safe any longer, or if you have done something to harm yourself – call 999 now. The number is free.

Thoughts of suicide do pass and there are things that you and other people can do to make your situation better.

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Thoughts of suicide

Being there to listen and to provide emotional support can be a lifesaver.

If you're worried that someone you care for may be feeling suicidal it can be really hard to know what to say to them, or how to help. But thinking about suicide does not make it inevitable that someone is going to take their own life, and all of us have the ability to support someone who is experiencing thoughts of suicide, and to save lives.

Trust your gut instincts. If you are at all concerned that someone is having thoughts of suicide - ASK them directly - LISTEN compassionately - GET HELP if needed.

In addition to the general signs of mental health problems listed earlier someone having thoughts of suicide might;

- Talk, or post social media messages, about wanting to die, feeling hopeless, trapped or having no reason to live, or that they are a burden to others.
- Show unexpected mood changes such as suddenly being calm after a long period of depression, giving away possessions or making a will, increased risky behaviour or self-harming, or researching suicide online.
- Have had by a major loss or change in their life, an accumulation or build-up of problems before Covid-19, or be facing financial, relationship or housing hardship.

Talking about suicide with someone can feel nerve-wracking but the best thing to do is ask directly. "Are you thinking about suicide?" This will not put ideas in their head and will show them they don't have to struggle alone with these overwhelming thoughts.

Visit www.every-life-matters.org.uk for more information on how to help someone with thoughts of suicide.

Distribution during a lockdown

- Distribution partner found for Allerdale, Copeland and Carlisle.
- Royal Mail appointed for Eden, super sparse rural district.
- Small army of volunteers came forward to fill in the gaps and deliver a further 11,000 booklets.
- 23,000 copies delivered entirely by volunteers in Barrow.
- Booklet distributed electronically very widely, including all workforce of Sellafield and BAE.

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Feedback on the booklet

- It is consistent with CBT principles and offers a multi-modal approach to self-help. - **Psychologist**
- A physical copy just sitting there can be dipped into & more easily accessible. - **Member of public**
- Someone might read the booklet while having a coffee & know there is help out there. - **Retired GP**
- I think the link to the MIX is really good. It is really accessible and has so many great resources and has advice on loads of different subjects and has a very friendly feel to it. **– Student, age 22**

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Widening the impact across the region

- April – **Wider funding agreed.**
- April – **regional version** of the booklet developed.
- April – May – **distribution planning.**
- May - MH Awareness Week **press launch.**
- **Mid/end May – 1.3 million booklets distributed**

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What helped us implement quickly?

- **Lived experience** at the heart of what we do.
- Shared **vison** and **values.**
- **Action** focus
- **Equal partnership -** shared leadership/trust.
- Relationships/connections **- picking up the phone.**
- **Networking** & engaged communities.
- A semi-structured approach – **being flexible**.

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Some of the people involved in making it happen

- Every Life Matters
- Bereaved families and friends
- Designers/ printers
- Members of public
- NCISH
- NHS Clinical Leads
- Chambers of Commerce
- Fulfilment houses
- Local authority leads
- Finance leads
- Universities
- AHSN
- Distribution companies
- NHSE/PHE
- Local community groups (churches, resilience hubs)
- Local press/ communication teams

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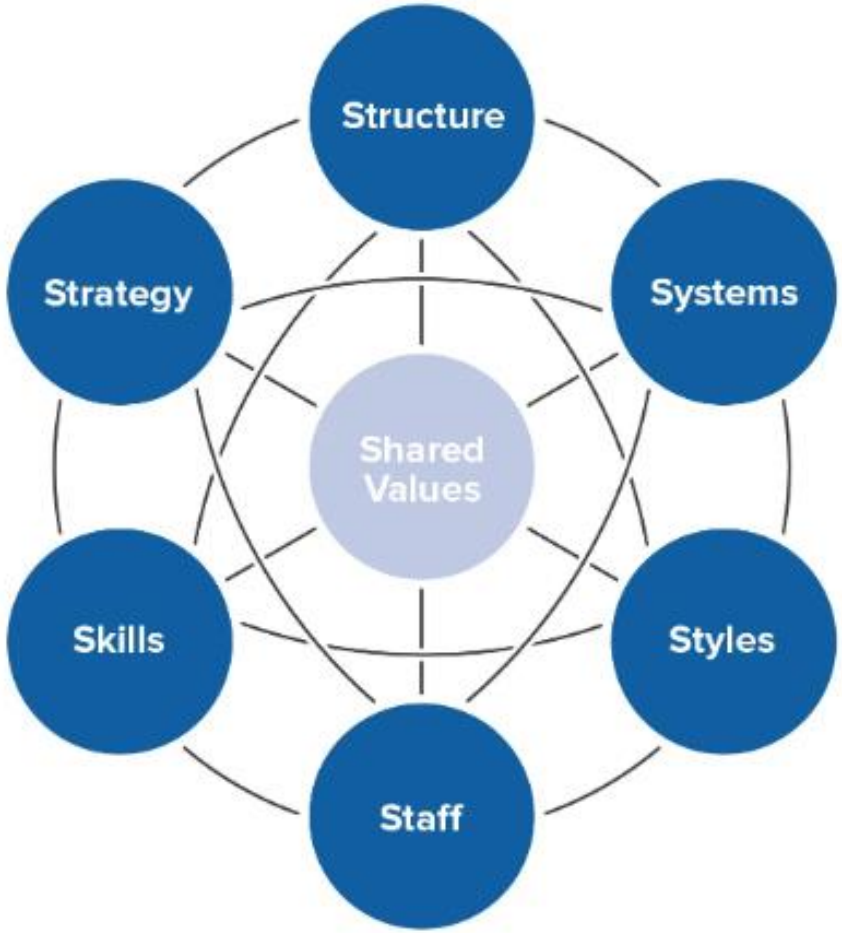
The McKinsey 7S Model – a structured approach



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What were the barriers?

- Organisations **different priorities.**
- Organisational **hierarchy.**
- Focus on **short term.**
- **Information** & guidance **overload.**
- Perception of needing to **wait for permission.**
- **Risk averse culture** - fear of getting it wrong.

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Ben

"Please just do something"

April 2018, Kate – Ben's mum

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Next Steps regionally and locally…..

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Shared Network messages

- **Suicide is preventable** – ***everyone can help***
- ***Look after yourself***
- ***Look out for others***
- ***Get help early***

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Lots of people have thoughts of suicide and they may happen for many reasons. You may feel so low that life seems unbearable. But you still have reasons for living, and the good news is that there are people and organisations that want to support you through this difficult time.
Reach out and talk.

Every life matters

- **6,507 people in the UK died by suicide in 2018.** This is 3 times the number of people who die on our roads every year.
- **On average we lose one person to suicide each week in Cumbria.** Cumbria suicide rates are around 30% higher than the national average, with the highest rates along the West Coast and Barrow.
- **1 in 17 of us will have thoughts of suicide each year, with a staggering 1 in 5 of us having thoughts of suicide in our lifetime.** The vast majority of people get through having thoughts of suicide and the situation that has caused them.
- **Suicide is the leading cause of death of men under 50.** 75% of suicides are men, with middle aged men being the highest risk age range.
- **Over 200 school children die by suicide every year.** Suicide is the leading cause of death in young people under 25 years old.
- **Only 25% of people who die by suicide have had contact with mental health services in the year before they died.** Suicide prevention needs to be a community wide concern. It is family, friends, neighbours and colleagues who are best placed to know when someone is at risk.

Having thoughts of suicide?

Contact your GP at the earliest opportunity.

If you don't feel you can keep yourself safe anymore call 111 straight away.

Nobody should have to struggle alone. Talking can really help.

Where to go for help:

Samaritans 24hr support. Call 116 123.

CALM Mental health helpline for men 5pm-midnight. 0800 585858.

Papyrus Hopeline Helpline for young people 9am-10pm Weekdays, 2pm-10pm Weekends. 0800 068 4141.

SHOUT 24hr crisis text service. Text Shout to 85258.

Young Minds 24hr Crisis Text service for young people. Text YM to 85258.

Childline 24hr phone support for under 19s. 0800 1111.

Silverline 24hr support line for older adults. 0800 4 70 80 90.

Young Minds Parent Line Support and advice for parents. 0808 802 5544.

Cumbria Mindline Cumbria Mental Health support line 5pm-11pm. 0300 5610000.

For more information about where to get support, or how to support someone experiencing thoughts of suicide, visit www.every-life-matters.org.uk

Young People and Suicide

Supporting a child or young person with thoughts of suicide is something that no doubt sends ripples of anxiety through parents. Starting that conversation can feel a daunting prospect, but it could potentially be lifesaving. It's vitally important to know how you can help if your child is having thoughts of suicide.

- **Look out for change in mood and behaviour.** Bereavement? Exam stress? Isolation from friends? All can lead to uncertainty and poor mental health.
- **If you're worried ASK them.** If you're worried it is ok to ask directly "Are you thinking about suicide?"
- **What if they say YES?** If your child does say they are experiencing thoughts of suicide, the most important thing that you can do is to stay calm. Acknowledge how difficult this must be for them to talk about it and let them know you are here to listen.

How do I help?

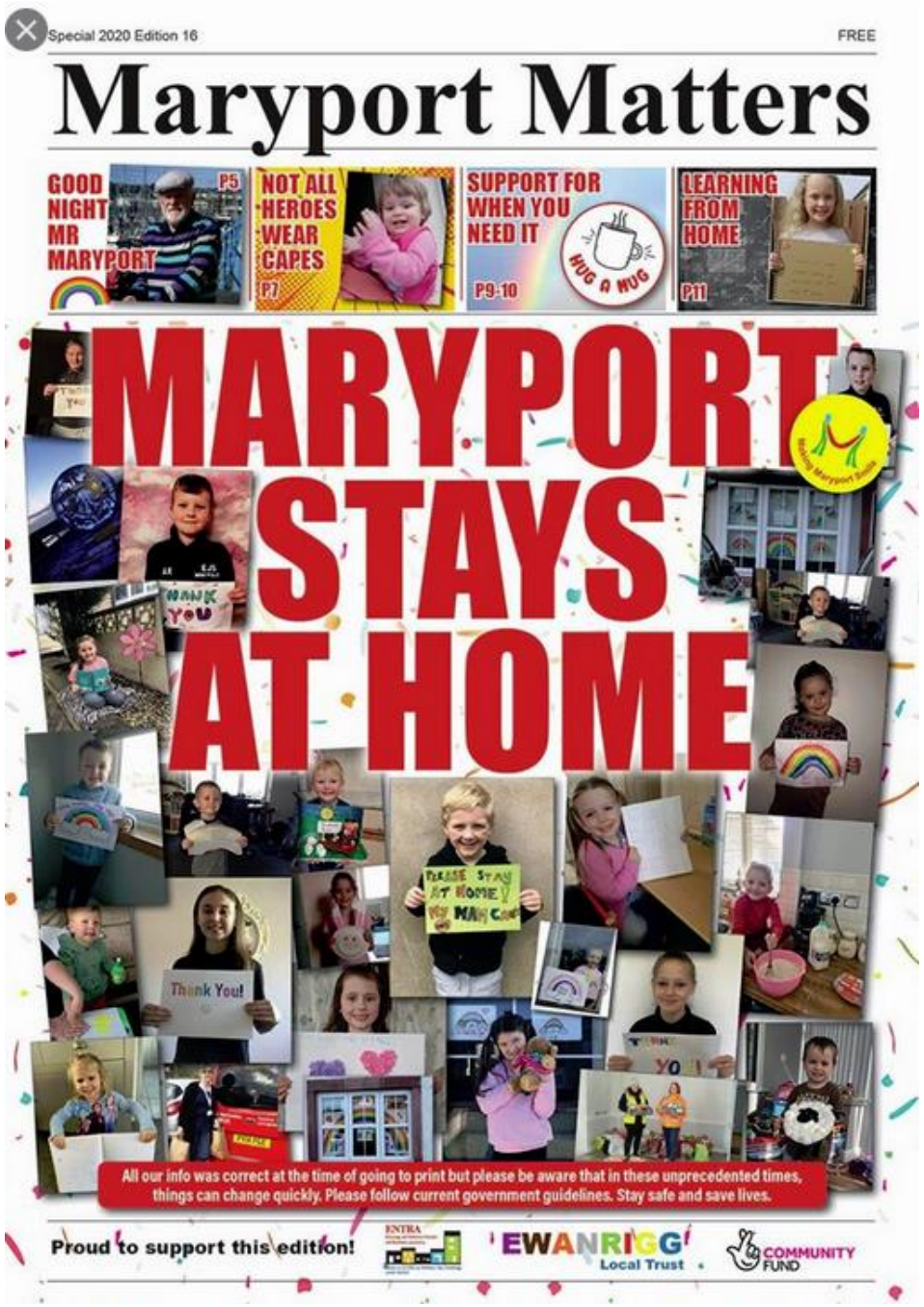
- **You won't say the wrong thing**, just being there in that moment is proof you care and you are a safe person to talk to. Don't worry about what you should/shouldn't say, just listen.
- **Connect** and let them know how brave they are and that you are here to help.
- **Try to focus** on getting through this moment and not thinking too far ahead.
- **Encourage them** to do things they enjoy, spend time with people that improve their wellbeing.
- If they need to **talk again**, make sure they know that it's ok to come and speak with you.

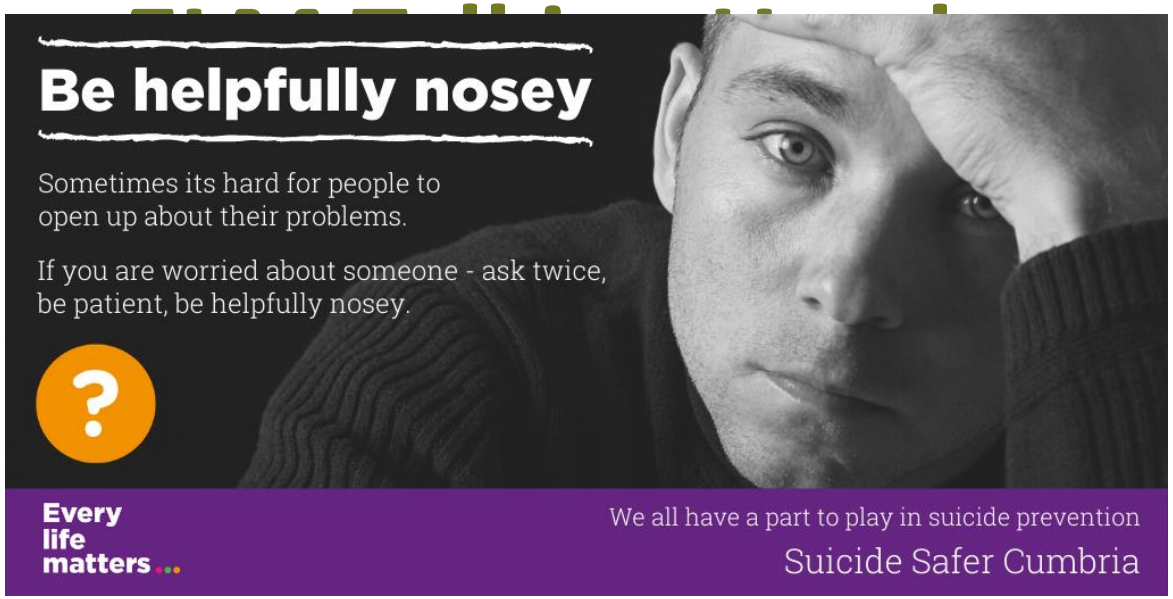
There may be times when your child is struggling, they may lash out, their behaviour might change and they may feel like a stranger to you. This is a result of what they are going through and they still need your support.

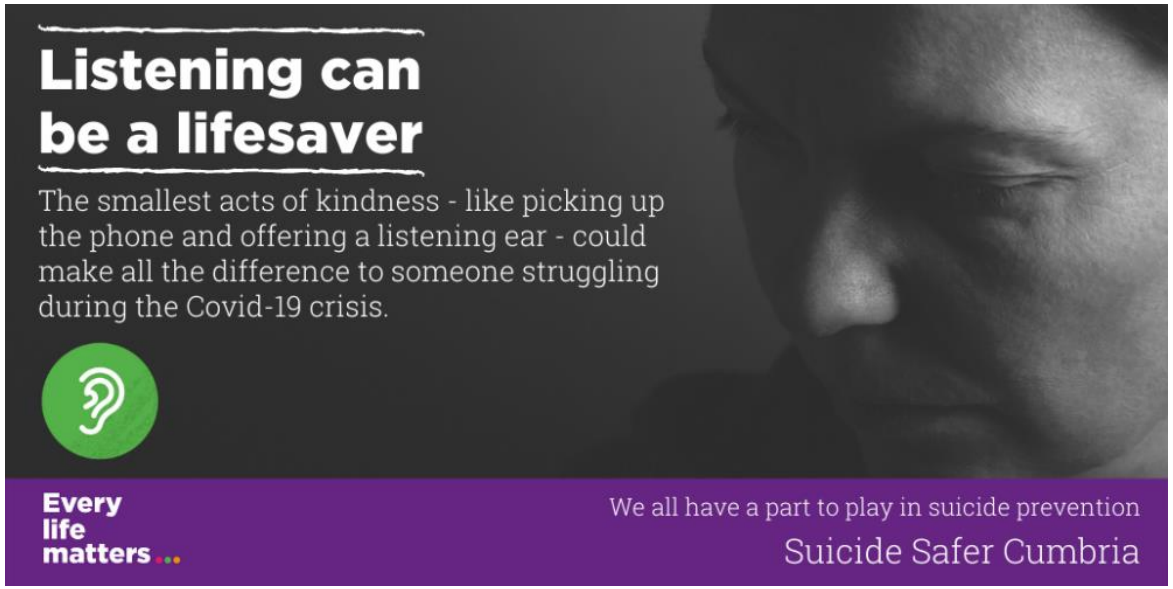
More than anything, remember that support is available.
www.every-life-matters.org.uk

Every life matters

In partnership with Ewanrigg Local Trust, Every Life Matters and #asmilehidesathousandthoughts




Be helpfully nosey
Sometimes its hard for people to open up about their problems.
If you are worried about someone - ask twice, be patient, be helpfully nosey.
?
Every life matters...
We all have a part to play in suicide prevention
Suicide Safer Cumbria


Listening can be a lifesaver
The smallest acts of kindness - like picking up the phone and offering a listening ear - could make all the difference to someone struggling during the Covid-19 crisis.
Every life matters...
We all have a part to play in suicide prevention
Suicide Safer Cumbria


Help support.....
World Suicide Prevention Day
10th September
Order a FREE paper/digital resource pack today
Don't let it brew
Reach out and talk
Suicide Awareness
It's OK to ask
Reach Out and Talk
Talking about suicide saves lives
Wellbeing and mental health during Covid-19:
A guide to looking after yourself and others

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ELM Advent Talking Heads

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Every life matters...

every-life-matters.org.uk

everylifecumbria

@Every_Life_Cumb

EveryLifeCumbria

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www.stopsuicidenenc.org

@StopSuicideNENC

@StopSuicideNENC

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Domestic abuse and suicide prevention

Tim Woodhouse

Kent and Medway STP

Transforming health and social care in Kent and Medway

Highlighting the relationship between domestic abuse and suicide

Megan Abbott, Suicide Prevention Project Support Officer,
Megan.Abbott@kent.gov.uk

Tim Woodhouse, Suicide Prevention Programme Manager,
tim.woodhouse@kent.gov.uk

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Medway Council Serving You

Kent County Council kent.gov.uk

NHS

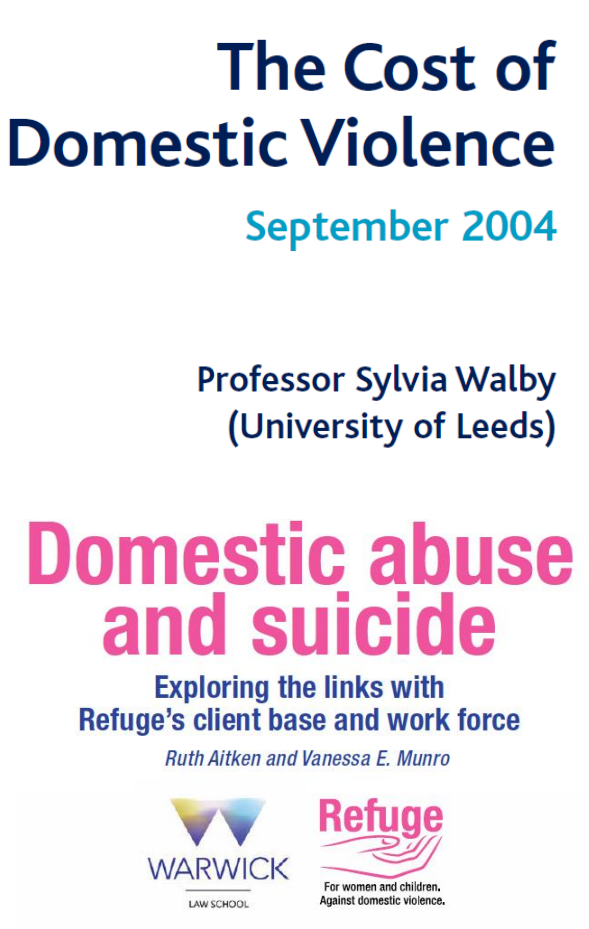
Introduction, context and content

- It is a tragic truth that domestic abuse can lead to deaths by suicide of the victim, the perpetrator, and also of children that live in abusive households
- We know this because these deaths form the basis of multi-agency and serious case reviews every year (Domestic Homicide Reviews, Child Death Review Panel reports etc)
- Professional curiosity amongst the Kent and Medway Suicide Prevention Team led us to consider whether we had a bigger problem in Kent than other parts of the country or when compared to the national average
- However, a literature review (of journals and data sources) found that no one knows how many people die by suicide after having their lives impacted by domestic abuse
- We have undertaken a series of mini research projects to try and understand the scale of the issue, with the ultimate goal of trying to find ways to reduce the risk of unnecessary deaths
- This presentation sets out the findings, and recommendations of the research projects, and highlights the many unanswered questions

Published research or statistics relating to suicide and domestic abuse

Not a lot has been published – and what there is, is quite old

- Walby S (2004). ***The Cost of Domestic Violence. London: Women and Equality Unit***.
- Cavanaugh C et al (2011). ***Prevalence and Correlates of Suicidal Behaviour among Adult Female Victims of Intimate Partner Violence.***
- Aitkin, R & Munro, V (2018) ***Domestic Abuse and Suicide: exploring the links with Refuge's client base and work force.***
- Dalton, T et al. ***Prevalence and Correlates of Domestic Violence among People Seeking Treatment for Self-Harm: data from a regional self-harm register.***



So we concluded we needed to do our own research, using the data sources that we have access too.

Research project 1: We explored levels of suicidality amongst victims and perpetrators of DA by looking at 928 DASH risk assessments

- 63% of DA victims were feeling depressed or having suicidal thoughts
- 61% of abusers had threatened or attempted suicide

Research project 2: We undertook a major analysis of all publicly available Domestic Homicide Reviews. (93 DHRs between 2016 and summer 2020)

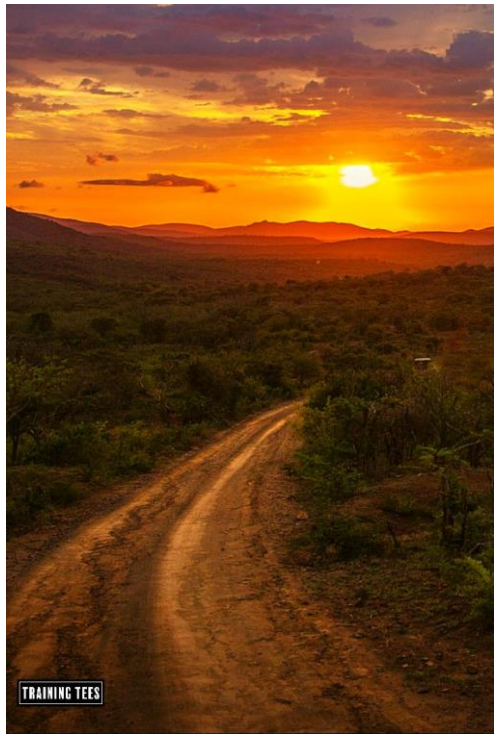
- Over a quarter (26%) contained a suicide
- 10 suicides were completed by the victims,
- 13 suicides were completed by the perpetrator, and were classed as murder/suicides

Research project 3: In partnership with University of Kent we undertook a thematic analysis of suicides amongst children in Kent

- It found that “adverse childhood experiences related to familial domestic abuse and parental conflict… are present {in some of the deaths by suicide considered by this study}”

Research project 4: Early indications from local Real Time Surveillance

- We have 11 months of detailed real time suicide surveillance data so far
- There are indications that the proportion of domestic abuse related suicides could be even greater than we expected
- It is too early to include figures here but we will be doing a full report once we have 12 months of data
- These deaths are made up of four main cohorts;
    1. Victims currently experiencing abuse (female and male)
    2. Individuals who have been victims of domestic abuse in the past
    3. Children and young eople living in households impacted by DA
    4. Perpetrators of domestic abuse (either convicted or under investigation)



Cohort 1 Why do victims of domestic abuse feel suicidal? (80 seconds)

Video clip – please use the Youtube link below

https://youtu.be/mhK5qllXS7M

Cohort 2 Does the suicide risk for victims extend after the direct abuse ends? (90 seconds)

Video clip – please use the Youtube link below

https://youtu.be/Pn7WEx57R8M

Cohort 3 How does domestic abuse impact the mental health of children? (90 seconds)

Video clip – please use the Youtube link below

https://youtu.be/E8CSXavX40M

Cohort 4 Is it a surprise that our local Real Time Suicide Surveillance is also highlighting that perpetrators are dying by suicide? (120 seconds)

Video clip – please use the Youtube link below

https://youtu.be/0bvtKF0jUuA

Discussion

We believe that our research has demonstrated the link between domestic abuse and *feeling* suicidal.

We also believe we have also demonstrated that *lives are being* lost by suicide after being impacted by domestic abuse

But so many answers still remain that we can't answer from our local position…

But so many unanswered questions remain…

1. *How many victims of domestic abuse die by suicide nationally (both during the abuse, or in the months and years that follow)?*
   - *Are any groups at higher risk (gender? LGBTQ+? Age?)*
   - *Are there any high risk points within the abuse cycle?*
     - *Eg when a victim is informed the perp is being released from custody?*
     - *Or long after the abuse has stopped?*

2. *How many perpetrators of domestic abuse die by suicide nationally?*

3. *How many children living in households impacted by domestic abuse are dying by suicide nationally?*

There are existing data sources which could be used to help answer these questions

- National RTSS
- Unpublished DHRs
- National Child Mortality Database
- NCISH

4. *What is the true scale of the issue in Kent and Medway?*

5. *What interventions could reduce the risk of deaths by suicide?*

Despite the unanswered questions, we already looking to take action

1	Mental health and suicide prevention training completed by all domestic abuse staff. (This is becoming a commissioning condition).
2	Domestic abuse training completed by all mental health staff. (Looking to make this a commissioning condition where possible).
3	Specialist domestic abuse councillors to be made available for all MARAC victims
4	Ensure provision of recovery (including trauma aware elements) programmes for female and male victims of domestic abuse in the months and years after the abuse has stopped
5	Ensure provision of perpetrator programmes for both men and women
6	Undertake further research • Qualitative research with victims • Detailed analysis of RTSS • Detailed analysis of data held by secondary MH trust

To finish - A short description of a project to support DA survivors after the abuse has stopped

- The Suicide Prevention Programme funded Oasis, to pilot their '*Understanding trauma*' programme for DA Survivors

- The psychoeducational groupwork programme helps individuals understand how brains react to trauma. The ultimate objective is to offer participants practical self-care advice and coping mechanisms

- The programme consists of six workshops (each two hours long) and works with 10 survivors of domestic abuse at a time

- A two-day training course is being developed to train other practitioners to deliver this groupwork.

- By engaging other professionals this trauma knowledge will be shared and the content can be delivered across Kent and Medway in many contexts and settings.

“Understanding Trauma”

We asked Oasis how the group is helping “*Alison*” who survived many years of abuse.

Iona explained that the group helps *“by celebrating the fact that she has survived and by helping her learn new tools to deal with the trauma she experienced for many years. It helps her to understand her reactions and feel more in control. It helps her take on hard days in a different way, making them less bad and less often.”*

Quality improvement and large scale change

Dr Helen Smith

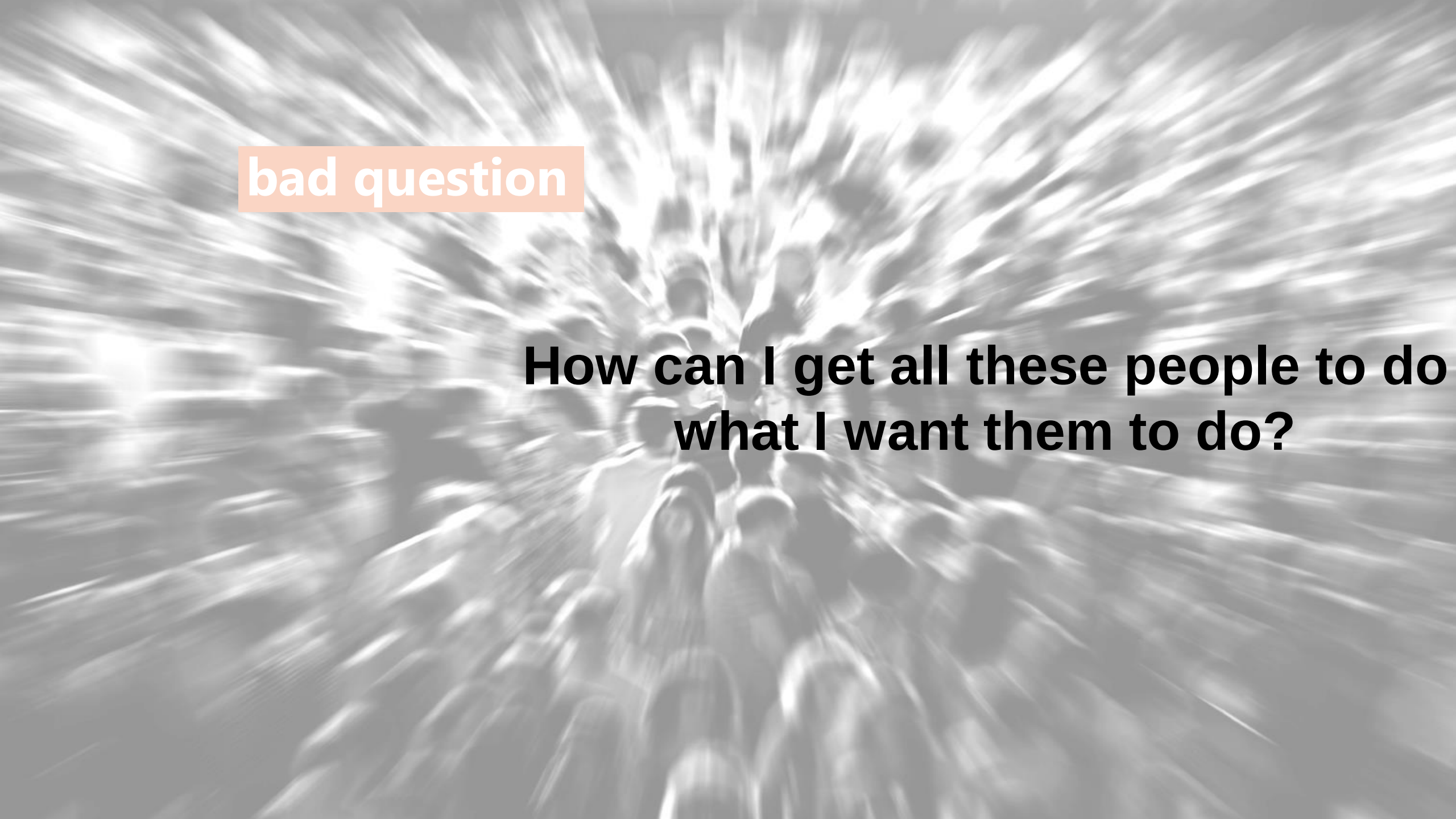
National Clinical Director for Mental Health Safety Improvement Programme

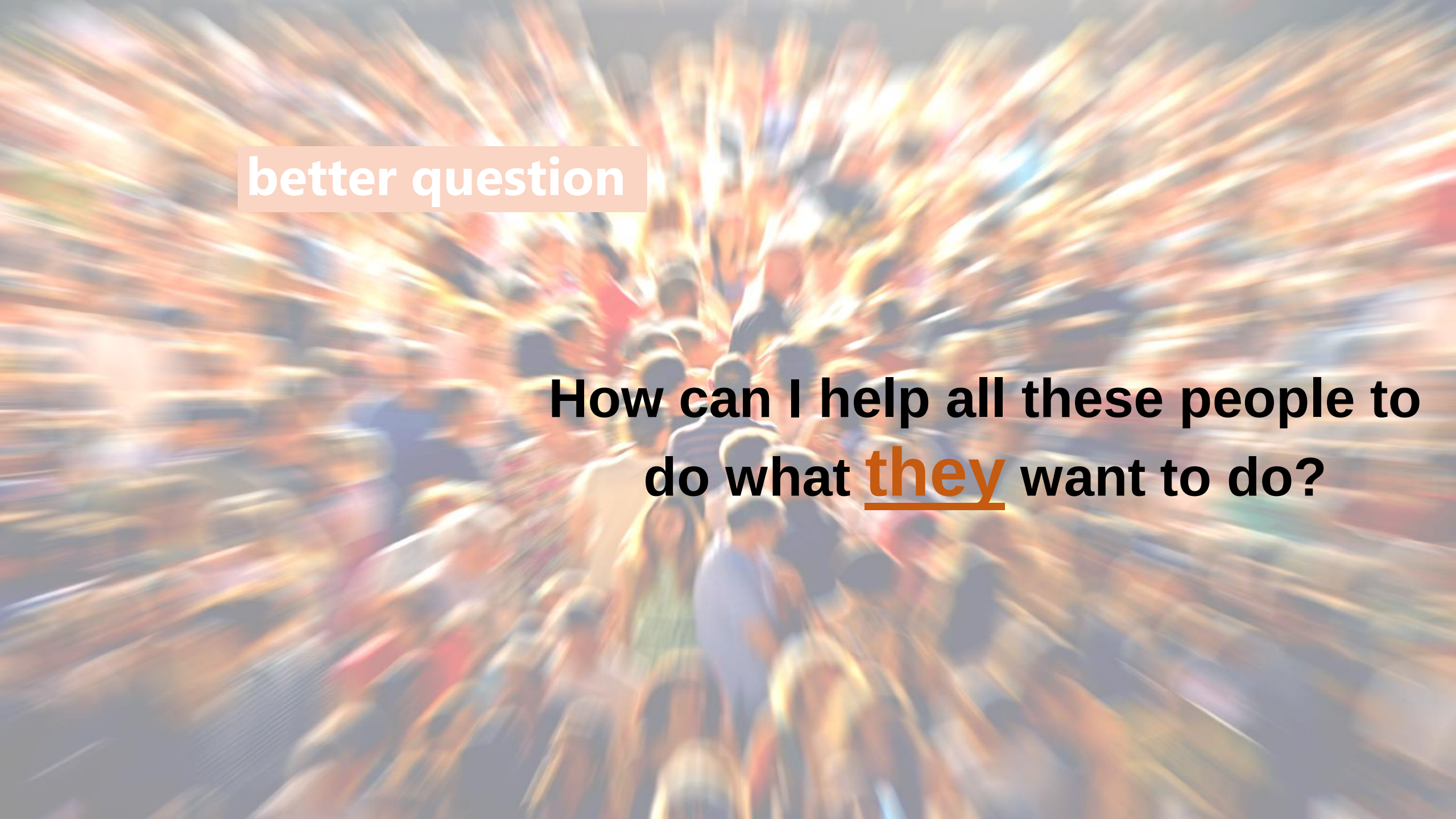
NCCMH

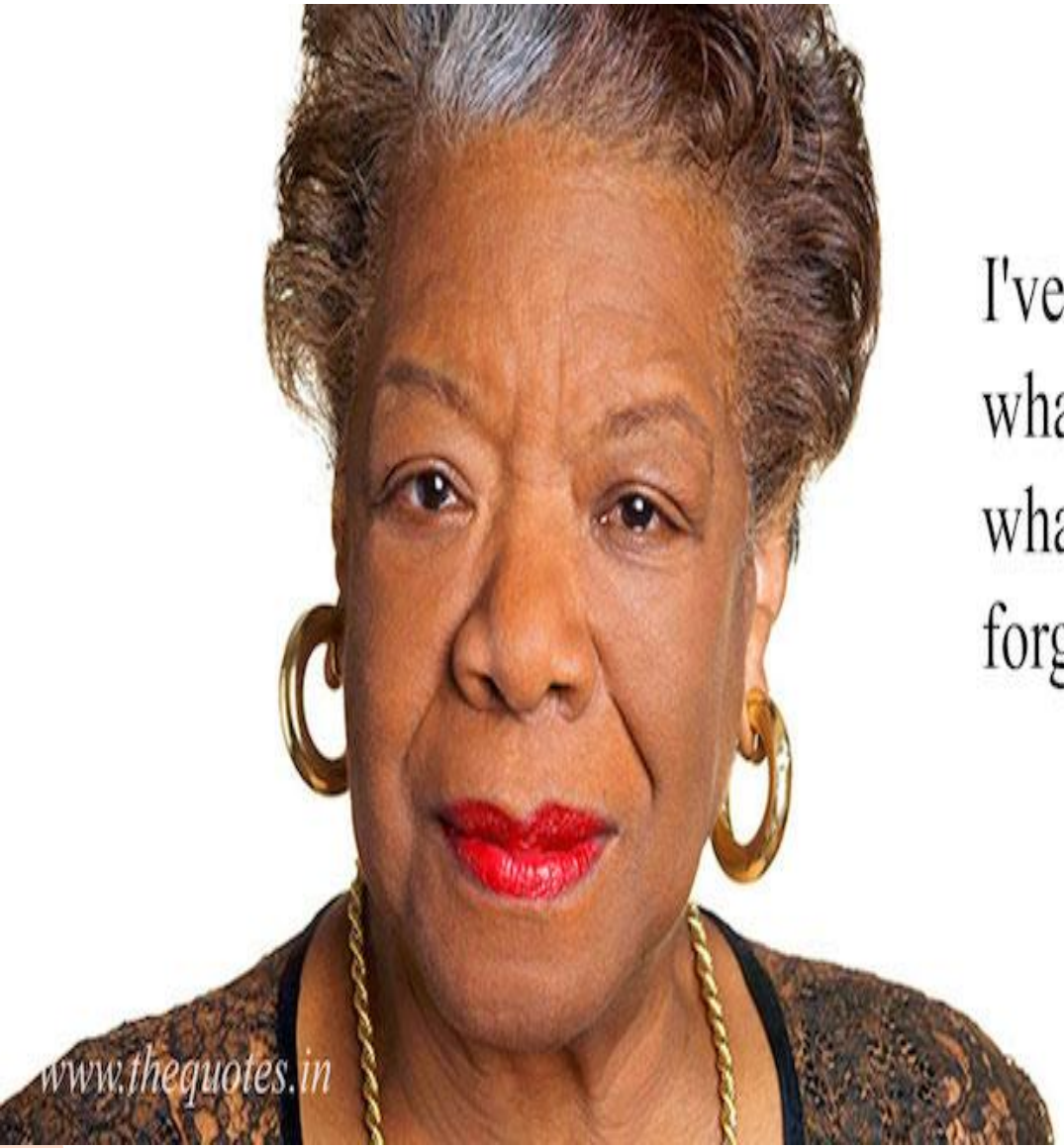
IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

Top Tips for Scale Up and Spread…… creating a little curiosity

Helen Smith
National Clinical Advisor MHSIP


bad question
How can I get all these people to do what I want them to do?


better question
How can I help all these people to do what they want to do?



I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

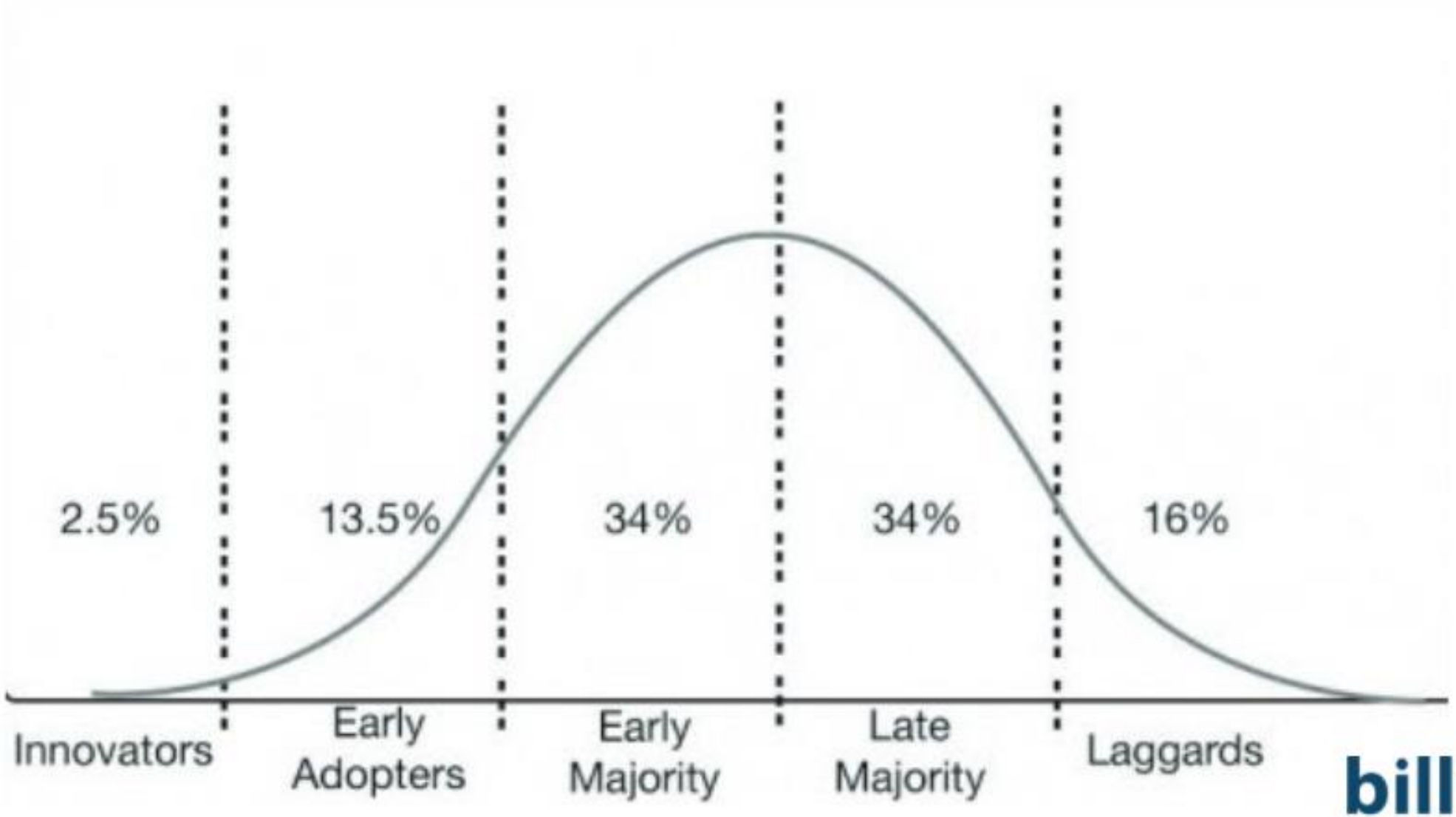
Maya Angelou

If you want to spark change, feeling is the fuel.

Find the feeling & show visible progress.

Adoption Theory

diffusion curve (rogers)



billions institute

attributes that facilitate adoption (rogers)

Expanding Impact

Levers for Expanding Impact

HERE
(TODAY)

THERE
(AIM)

AWARENESS

- PUBLICATIONS
- TRAININGS
- CONFERENCES
- WEBSITES
- APPS
- EARNED MEDIA
- SOCIAL MEDIA
- THUNDERCLAPS
- MEET-UPS
- PODCASTS
- EDITORIALS
- SPEECHES
- MOOC's
- BLOGS
- LIT DROPS
- CANVASSING

WILL

- 1-1 CONNECTION/RELATIONSHIPS
- SOCIAL REFERENCING
- EMPATHY
- RECOGNITION
- COMPELLING EVIDENCE
- STORIES/INSPIRATION
- FUN
- AUTONOMY
- INVITATION (SOMETHING HISTORIC)
- COLLABORATION
- COMPETITION
- CAREER ADVANCEMENT
- PAYMENT
- POLICY
- TRANSPARENCY
- REGULATION
- PUNISHMENT
- DISCONTENT
- CRISIS

BEHAVIOR CHANGE

- COMMERCIALIZATION
- POLITICAL ADVOCACY
- SPRINT
- NETWORK RIDING
- FISHBOWL
- BREAKTHROUGH SERIES COLLABORATIVE
- COMMUNITIES OF PRACTICE
- EXTENSION AGENCY
- GAMIFICATION
- GRASSROOTS ORGANIZING
- INCIDENT COMMAND
- INNOVATION COMPETITION
- "WEDGE AND SPREAD"
- 90 DAY PROJECT

billions institute

Awareness Raising Methods

- Publications
- Training
- Conferences
- Websites
- Apps
- Earned Media
- Social Media
- Thunderclaps
- Editorials
- Speeches
- MOOCs
- Blogs
- Literature Drops
- Canvassing
- Podcasts
- Meet ups

Will Building Methods

- 1:1 connections/relationships
- Social referencing
- Empathy
- Recognition
- Compelling evidence
- Meaning/Inspiration
- Fun
- Autonomy
- Invitation to join
- Something Big/Historic
- Collaboration
- Competition
- Career advancement
- Payment
- Policy
- Transparency
- Regulation
- Punishment
- Discontent
- Crisis

Behaviour- Change Supports

- Collaboratives
- Network improvements communities
- Campaigns
- Extension Agencies
- Franchising
- Gamification
- Innovation Challenges
- “Wedge and Spread”
- Network riding
- Exchanges
- Commercialisation
- Political Advocacy
- 90 day Projects
- Sprints
- Fishbowl

So What about Me?

The "Openness-to-Inner Discovery" Scale

Are you willing to shift from focusing on "what's wrong?" and using your interactions to continue to improve yourself? This handout is designed to accompany you on the journey to connecting deeply with yourself and focusing on discovery so that you can continue to expand into deep presence, expanded connection with the world and more genuine play.

+10 Getting open to creating playmates for support, shifting, expanding essence

+9 Turning your experience into creative expression

+8 Letting your body wisdom directly influence your choices and actions

+7 Matching-letting your words and gestures closely describe your inner experience

+6 Loving yourself for your right-now experience

+5 Appreciating the message(s) that your body is communicating even if the language isn't clear

+4 Following sensations with your awareness as they move around your body

+3 Breathing with your inner experience

+2 Turning your curious attention fully toward your body sensations and inner experience

+1 Choosing to experience your body experiences as your ally

Shift Move: Choosing Wonder and Connection

-1 Asking "why?" figuring it out and other head-centric strategies

-2 Ignoring and/or overriding a body-based impulse and/or intuition

-3 Focusing on "what if..." and "if only..."

-4 Imagining a different future instead of noticing what's true now

-5 Comparing body sensations/inner experience to some time in the past or someone else's -experience in the present

-6 Stuck in funk-recycling the issue over and over

-7 Doing the inner triangle dance of criticizing yourself, feeling helpless and fixing or improving yourself

-8 Distracting yourself (food, getting busy, noticing what needs fixing, etc.)

-9 Looking for approval, validation, esteem, decision-making from others

-10 Attacking yourself for your experience