NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NCISH

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

Suicide Prevention Programme – Monthly Clinic 2

Wednesday 23rd October 2019, 10:00 – 12:00

Item	Summary	Resource
Introductions	**Suicide Prevention Programme Team Attendees** NCCMH: Emily Cannon, Kate Lorrimer, Kaycee Meads, Matt Milarski, Saiqa Akhtar, Tom Ayers NCISH: Nic Richards **Wave 2 sites** • Sussex • Hampshire and Isle of Wight (H&IoW) • Staffordshire and Stoke on Trent (S&SoT) • Cheshire and Merseyside (C&M) • North East and North Cumbria (NE&NC) **Wave 1 sites** • Lancashire and South Cumbria (L&SC) • Greater Manchester (GM) • South Yorkshire and Bassetlaw (SYB) • Kent and Medway (K&M) • Coventry and Warwickshire (C&W) **Trailblazer sites** • South West London • Devon • Somerset **NHS Regional Lead** • James Holland (East)	

	Other Organisations • Tower Hamlets (TH) • Redbridge • Mersey Care NHS FT • Hertfordshire Partnership University NHS FT (HPUT) • Central and North West London NHS FT (CNWL)	
Postvention support/bereavement support	**North East and North Cumbria (NE&NC) – setting up a bereavement service** NE&NC covers a huge geographic area and many different partners are involved in decision making. If U Care Share Foundation is a small charity organisation set up locally offering support to people bereaved by suicide. NE&NC would like to use funding to roll out this service across the region (there is no other service like it). There are concerns over the capacity of small organisations to provide their service across the region. They asked for advice on how to expand the service. Devon have a small charity, Pete's Dragon, which has a similar model. They are trying to link real-time surveillance (RTS) to the charity. They are planning to use their funding on a band 5 analyst to fit with the charity. They face a similar issue on how to support the charity to expand. GM started a suicide bereavement information service in April to ascertain the demand and need for a suicide bereavement service first. They are trying to build relationships with local coroners. Somerset have used a procured service for a number of years. They work with partners (Mind, Cruse, Samaritans) to address concerns and create a stronger delivery service (e.g. they have a telephone service, if no one is there it goes through to the Samaritans). Somerset have also enlisted help from MH services to help with the procurement process. They have set up surgeries – satellites that go out to offer the service. **Procurement**	North East and North Cumbria contact (contact list) If U Care Share Foundation (website) Devon contact (contact list) Pete's Dragon (website) Greater Manchester contact (contact list) Greater Manchester Suicide Bereavement Information Service (website) Somerset contact (contact list)

	There was a question around procurement – if there is one well-established provider known should you still go through a procurement process? • NE&NC commented that working with partners (Mind, Cruse etc.) would delay rolling out the bereavement service. • Devon mentioned that NHSE is specifically helping Pete's Dragon – they are the only organisation offering the service but acknowledged that using the Samaritans as a backstop is a good idea. • Somerset mentioned that providers set up a generic bereavement network to share expertise and skills to support people dealing with bereavement Tom (NCCMH) asked if it is within the remit of the NHS regional leads to support sites with procurement and decision making with preferred providers. James (NHS regional lead) commented that he can help a little (there are not a lot of postvention sites in East). However, the competition rules around commissioning are set out by local authorities. James mentioned that he can take it away and discuss it with the other regional leads. **Addressing issues with bereavement providers** H&IoW asked if anyone had encountered issues with providers offering bereavement support that they were not happy with. They have had issues with some providers not following the guidance. • Somerset mentioned that Cruse have internal training (People bereaved by suicide). They asked that only people who had done the training could work on suicide cases. • NE&NC mentioned that they have training geared towards clinicians **Staffordshire and Stoke on Trent (S&SoT) – bereavement support** S&SoT asked if they could make contact with areas who have good models of care around bereavement to share learning which could support the local programme in Staffordshire and Stoke-on-Trent – *refer to the Contacts table at the bottom.*	Somerset Suicide Bereavement Support Service (website) Mind (website) Cruse Bereavement Care (website) Samaritans (website)
A Just and Learning Culture / The Zero Suicide Ambition	**Kent and Medway (K&M) – embedding a Just and Learning Culture and linking it with the Zero Suicide Ambition**	

	K&M are wanting to progress to a more zero suicide ambition. They have also been looking at their workplace culture and reviewing policies. They asked for advice around how to embed the Just and Learning Culture (J&LC) within their clinical initiatives and strategies so that staff and service users can see the impact, and how to bring it together with the zero suicide ambition. **Mersey Care – implementing a Just and Learning Culture** Mersey Care have been developing a J&LC. It came about after a number of suicides on their inpatient ward. The reaction was to suspend staff which created a culture where staff were less likely to talk and share. The trust started looking at 'what the problem was' rather than 'who the problem was'. It's been a slow process to build it up, but staff are starting to understand, and suspensions have started to drop. K&M asked how Mersey Care communicated the J&LC to staff. They explained that they contact wards after a suicide to let them know that the trust can offer support. The trust focuses on identifying the system wide issues that resulted in person taking their life. They acknowledge that the fault is with the trust rather than one person and look at how to come to an agreement on how to respond. It was asked if Mersey Care have educated or worked with outside organisations on the J&LC. The Mersey Care representative doesn't lead on the work and wasn't sure. K&M mentioned that while they are moving to a J&LC some people still focus on suspensions that happened years ago and asked how to overcome this. Mersey Care explained that after 2 years they still haven't overcome this. They spread J&LC and zero suicide by having an ambassador in each area who feeds into regular meetings and weekly blogs but it's a very slow process. Hertfordshire mentioned that NHSE provided funding to produce ***videos on staff's experience of the investigation process*** which are now used in training. Staff spoke about their negative experiences in other trusts in the videos which they have found to be very useful as a conversation starter. **Post-incident huddles** Hertfordshire mentioned that they have a ***Swarm post-incident huddle*** with the team to allow staff an opportunity to talk through an incident and the pressures in the system. The	Just and Learning Culture (website) Mersey Care contact (contact list) Staff Stories videos P*assword: nhsevideo* (website) Hertfordshire Partnership Swarm Guidance (PDF)

	huddles occur within 2-3 days of an incident, facilitated external to the team and are separate to staff support. **Using QI to embed the Just and Learning Culture** Kate (NCCMH) suggested that K&M apply a QI approach to spread and embed J&LC. She suggested putting a team together to set out a clear theory of change and a driver diagram to understand what will help them to achieve this aim, and then to develop change ideas to test on a small scale. **Patient Safety Response Incident Framework** Tom (NCCMH) mentioned the new Patient Safety Incident Response Framework that moves towards less of a blame culture around incidents. There are early adopter sites – Tom has the contact for Derbyshire. Suffolk and North East Essex is also an early adopter site and is part of the Suicide Prevention Programme.	Patient Safety Incident Response Framework (website)
Development of a shared protocol for response following notification of a suspected suicide and suicide attempt	**Tower Hamlets (TH) – setting up shared protocols to respond to suicides** Suicides are rarer in London (the official suicide rates are lower than other areas) so there are less systems established and less experience in responding to suicides. Thrive LDN have set up a data sharing hub to notify London organisations of suspected suicides. TH mentioned that there are systems are set up by the police and adult safeguarding, but they aren't aware of processes happening e.g. the police have death investigation packs with information about bereavement services for next of kin, but these aren't distributed. They also aren't clear on the protocols for Public Health to respond to a suicide. GM understand that local police leave part of the official sudden death form at a home address which contains details of Samaritans, Cruse and the Greater Manchester Suicide Bereavement Information Service. Other Forces are likely to leave similar paperwork which give brief reference to support agencies. Emily (NCCMH) asked if TH had spoken to ambulance services. TH mentioned the ambulance will only take action at an STP level (rather than a local level). They also mentioned that police packs are dealt with at a regional level. **Redbridge – suicide notification flowchart**	Thrive LDN (website)

	Redbridge mentioned that coroners were concerned that they didn't know where to cite bereaved families and what the protocol was. The Redbridge representative went to a workshop by Network Rail and learned about their process and interventions. They asked to receive the daily alerts that the British Transport Police receive. They created a ***flowchart*** on how to respond to suspected and attempted suicides and engaged the Director of PH – they are now refining the flowchart. Redbridge mentioned that there's a clear response for the transport system and that they have established a relationship with their local TfL. They're unclear what level of support is provided to people bereaved by suicide outside of transport system and would like to determine how to set up a response in other settings (e.g. link with the police). **Cheshire and Merseyside (C&M) – community response plan** C&M have a robust system for dealing with suspected suicides – their ***Community Response Plan (CRP)*** outlines ways to respond to all suicide alerts (NB: it does not deal with attempted suicides). The diagram on page 3 outlines the 5 stages in the response process. The action taken is according to the 4 tiers (page 5). The CRP is a shared process that gives reassurance to the leads responding to suspected suicides. **Coventry and Warwickshire (C&W) – buy-in to develop a response** C&W asked C&M got buy-in from agencies to develop this response and how they brokered information. C&M commented that they have spent 5 years working on this. They have a suicide surveillance group that meets quarterly and commented that they are very lucky to have partners who want to work with them. However, they would like to improve their data sharing agreement. **Lancashire and South Cumbria (L&SC) – setting up an RTS system and response** L&SC used their Wave 1 funding to implement an RTS system. They formed an oversight group and got buy-in from all key agencies for their response plan. The two constabularies in L&SC have different plans but there is a central RTS system with a central analyst, governance structure and RTS panel. They have a ***multiagency sharing agreement*** and ***information sharing protocol*** that all agencies have signed up to (police, public health, drug and alcohol services etc.). There's also a consent process – police get consent from the next of kin and should leave a pack that signposts to bereavement services. L&SC are researching if police are leaving packs and estimate that it's about 50%. They mentioned	Redbridge Suicide Notification Flowchart (PDF) Cheshire and Merseyside Community Response Plan 2019 (DOC) Cheshire and Merseyside Memorandum of Understanding Oct 18 (DOC) Lancashire and South Cumbria – Information Sharing Statement (PDF) Lancashire and South Cumbria - Real time suicide and drug related death surveillance Information Sharing Agreement (ISA) (PDF)

	that certain factors contribute such as relying on the police officer to do it at the time of reporting, the family's response etc. L&SC have a robust response process and have had no real issues with consent and information sharing. They are doing research and analysis from their RTS to identify risk groups and locations, so they can support local delivery groups. They have a post incident protocol in response to ***deaths of young people*** (NB: the SUDC protocol in the resources is a draft version). Some areas will have a SUDC structure and a post incident process, some of which contains statutory responses to the death of a child regardless of the circumstances. They are working with the Children Death Oversight Panels (CDOP) in the area to merge the suspected death by suicide where contagion may be a risk. **Lower suicide rates in London** Somerset asked if people in London can say why the rates of suicide are as low as they are. TH suggested that it's related to how the coroner interprets it. K&M suggested that it may be due to other voluntary agencies, access to services and stigma. Nic (NCISH) commented that Louis Appleby has made the point that London is quite affluent – wealthier areas tend to have lower rates of MH issues and therefore suicide.	Lancashire and South Cumbria - Information sharing around incidents or online content (PDF) Lancashire and South Cumbria - DRAFT Sudden and Unexpected Deaths in Childhood (SUDC) Protocol (PDF)
Self-harm – analysis of person-specific rates and any insight into wider prevalence (beyond hospital admissions)	**Coventry and Warwickshire (C&W) – data on self-harm** C&W want to focus work on self-harm (SH) and have been looking at presentations in acute settings. They want to understand the downstream and the issues to address with young people and adults. They asked if there is any more localised data on this that isn't just acute. They are interested in the HOPE therapies (people presenting at A&E) in Liverpool and have heard about their plans for COPE therapy (looking at community pathways). C&W would like to look into GP surgeries and primary care as a pathway into offering therapy for those who SH. C&M mentioned that they have started work but it's challenging with very little data being collected. They asked if there is a systematic way to get more support into school and educational settings. Somerset have gotten hospitals to add questions to the admission and assessment forms to identify which school the young person attended to identify hotspots. They are trying to	

	widen the collection of data to GPs and schools as well. They commented that people are collecting data but not doing anything with it. Redbridge has spoken to schools and Looked After Children teams about SH data. Some schools mentioned that they keep a log of the people who have self-harmed – they aren't included in the SH data as they don't meet the threshold. The Looked After Children teams mentioned that children who don't meet the threshold don't appear anywhere. Redbridge are trying to broker a relationship to get this data and influence commissioners to set up a response. Nic (NCISH) commented that young women have the highest SH rates and that targeting education is beneficial especially around helping them cope with emotions (this is cited as the most common reason for SH in this group). SH is also high in older adults (usually in relation to declining physical health) and has risen in middle aged men (linked with unemployment, housing and financial issues). Nic suggested to take note of the different reasons why each of these groups SH and to go to areas where you can access them. She commented that SH is an iceberg issue and agreed it is hard to get data. NCISH have shared ***several papers on SH*** (see resources). **Language around self-harm** Somerset mentioned that in their work with schools, young people have said they prefer the term 'self-injury'. They asked if we should be using this term. Matt (NCCMH) previously worked as a psychiatrist in CAMHS – he mentioned that terms like 'deliberate SH' were unhelpful and commented that changing to 'self-injury' would be easier to work with. Emily (NCCMH) mentioned to use caution when pulling data and coding – everyone will need to be on the same page about what and how terms are being used. Nic (NCISH) mentioned that SH is a generally accepted term to use. She mentioned there is debate around using the terms 'non-suicidal SH' and 'suicidal SH' and that they try not to categorise people like this. **Social media and self-harm** C&W commented that research ((6) MHCYP Summary (2017)) has shown that CYP found education-based support most helpful. They mentioned the link with social media and negative connotations around young people using social media. They shared that	(1) Self-harm in a primary cohort of older people (2018) (PDF) (2) Incidence, clinical management and mortality risk following self-harm among children and adolescents (2017) (PDF) (3) Self-harm in midlife (2019) (PDF) (4) Prevalence of self-harm and service contact (2019) (PDF) (5) Suicide and self-harm in Britain, NatCen (PDF) (5a) Suicide and self-harm in Britain, Summary report, NatCen (PDF) (6) MHCYP Summary (2017) (PDF)

	Birmingham are doing research on how young people are using social media positively around SH and self-help (see the Self-harm and social media article in the resources). C&W suggested that people will need to use digital means to get messages to young people.	(6a) MHCYP Behaviours, Lifestyles, Identities (2017) (PDF) Self-harm and social media: a knee-jerk ban on content could actually harm young people (online article)
AOB	**Hampshire and Isle of Wight (H&IoW) – primary care training** H&IoW asked if anyone has had success with primary care training. Hertfordshire mentioned that they are delivering training to GPs. Tom (NCCMH) mentioned that the NCCMH developed ***competence frameworks for SH and suicide prevention*** for Health Education England (HEE) – they may be helpful as an evidence-based way of looking at training programmes. H&IoW mentioned that their primary care team attended training – they thought it was good but too long and too prescriptive. Hertfordshire mentioned it can be challenging engaging with GPs and that they have varied the time of training. Staffordshire and Stoke-on-Trent representatives asked if it would be possible to share information on models of primary care training in place elsewhere.	Hertfordshire contact (contact list) Self-Harm and Suicide Prevention Competence Frameworks (website)

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NCISH

IMPROVING MENTAL HEALTH SAFETY
National Suicide Prevention

Contacts

Organisation	Contact	Topic
North East and North Cumbria	Katherine McGleenan Katherine.McGleenan@cumbria.nhs.uk	Postvention/bereavement support
Devon	Nicki Glassbrook nicola.glassbrook@devon.gov.uk	Postvention/bereavement support
Somerset	Louise Finnis LFinnis@somerset.gov.uk	Postvention/bereavement support
Greater Manchester	Adele Owen adele.owen1@nhs.net	Postvention/bereavement support
Mersey Care NHS FT	Stephen Messenger Steven.Messenger@merseycare.nhs.uk	Just and Learning Culture
Hertfordshire Partnership University NHS FT	Nikki Willmott nikki.willmott@nhs.net	Primary care training

Resources

Resource	Link	Topic
If U Care Share Foundation	https://www.ifucareshare.co.uk/	Postvention/bereavement support
Pete's Dragons	http://www.petesdragons.org.uk/	Postvention/bereavement support
Greater Manchester Suicide Bereavement Information Service	http://www.shiningalightonsuicide.org.uk/	Postvention/bereavement support
Somerset Suicide Bereavement Support Service	https://suicidebereavement.wixsite.com/somerset	Postvention/bereavement support
Mind	https://www.mind.org.uk/	Postvention/bereavement support
Cruse Bereavement Care	https://www.cruse.org.uk/	Postvention/bereavement support
Samaritans	https://www.samaritans.org/	Postvention/bereavement support
Just and Learning Culture (Mersey Care NHS FT)	https://www.merseycare.nhs.uk/about-us/just-and-learning-culture-what-it-means-for-mersey-care/	Culture
Staff Stories videos (NHSE) *Password: nhse video*	https://vimeo.com/showcase/4787683	Culture

Hertfordshire Partnership Swarm Guidance	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/hertfordshire-partnership-swarm-guidance.pdf	Culture
Patient Safety Incident Response Framework (NHSE)	https://improvement.nhs.uk/resources/future-of-patient-safety-investigation/	Culture
Thrive LDN	https://www.thriveldn.co.uk/	RTS and data sharing
Redbridge Suicide Notification Flowchart	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/redbridge-suicide-notification-flowchart.pdf	Responding to a suicide
Cheshire and Merseyside Community Response Plan 2019	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/cheshire-and-merseyside-community-response-plan-2019.docx	Responding to a suicide
Cheshire and Merseyside Memorandum of Understanding Oct 18	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/cheshire-and-merseyside-memorandum-of-understanding-oct-18.docx	Data sharing
Lancashire and South Cumbria – Information Sharing Statement	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/lancashire-and-south-cumbria---information-sharing-statement.pdf	Data sharing
Lancashire and South Cumbria - Real time suicide and drug related death surveillance Information Sharing Agreement (ISA)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/lancashire-and-south-cumbria---real-time-suicide-and-drug-related-death-surveillance-isa.pdf	Data sharing
Lancashire and South Cumbria - Information sharing around incidents or online content	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/lancashire-and-south-cumbria---information-sharing-around-incidents-or-online-content.pdf	Data sharing
Lancashire and South Cumbria - DRAFT Sudden and Unexpected Deaths in Childhood (SUDC) Protocol	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/lancashire-and-south-cumbria---draft-sudc-protocol.pdf	Responding to a suicide
(1) Self-harm in a primary cohort of older people (2018)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/	Self-harm research

	(1)-self-harm-in-a-primary-care-cohort-of-older-people-(2018).pdf	
(2) Incidence, clinical management and mortality risk following self-harm among children and adolescents (2017)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(2)-incidence-clinical-management-and-mortality-risk-following-self-harm-among-children-and-adolescents-(2017).pdf	Self-harm research
(3) Self-harm in midlife (2019)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(3)-self-harm-in-midlife-(2019).pdf	Self-harm research
(4) Prevalence of self-harm and service contact (2019)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(4)-prevalence-of-self-harm-and-service-contact-(2019).pdf	Self-harm research
(5) Suicide and self-harm in Britain, NatCen	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(5)-suicide-and-self-harm-in-britain-natcen.pdf	Self-harm research
(5a) Suicide and self-harm in Britain, Summary report, NatCen	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(5a)-suicide-and-self-harm-in-britain-summary-report-natcen.pdf	Self-harm research
(6) MHCYP Summary (2017)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(6)-mhcyp-summary-(2017).pdf	Self-harm research
(6a) MHCYP Behaviours, Lifestyles, Identities (2017)	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/(6a)mhcyp-behaviours-lifestyles-identities-(2017).pdf	Self-harm research
Self-harm and social media: a knee-jerk ban on content could actually harm young people (The Conversation)	https://theconversation.com/self-harm-and-social-media-a-knee-jerk-ban-on-content-could-actually-harm-young-people-111381	Self-harm and social media
Self-Harm and Suicide Prevention Competence Frameworks (NCCMH)	https://www.rcpsych.ac.uk/improving-care/nccmh/other-work/self-harm-and-suicide-prevention-competence-frameworks	Self-harm and suicide prevention training