Suicide Prevention Programme – Monthly Clinic 7

Monday 9th March 2020, 10:00 – 12:00

Item	Summary	Resource
Introductions	**Suicide Prevention Programme Team Attendees** NCCMH: Emily Cannon, Helen Smith, Kaycee Meads, Matt Milarski, Saiqa Akhtar, Tom Ayers NCISH: Nic Richards **Wave 2 sites** • Hampshire and Isle of Wight (H&IoW) • Staffordshire and Stoke on Trent • Suffolk and North East Essex • North East and North Cumbria ICS (NE&NC) **Wave 1 sites** • Lancashire and South Cumbria • Greater Manchester • South Yorkshire and Bassetlaw • Cornwall and Isles of Scilly • Norfolk and Waveney (N&W) • Coventry and Warwickshire • Bristol, North Somerset and South Gloucestershire CCG (BNSSG) **Trailblazer sites** • Cambridge and Peterborough • South West London • Derbyshire • Buckinghamshire, Oxfordshire, Berkshire West • Devon	

	• Somerset **Other Organisations** • Essex University NHS FT • Northamptonshire Healthcare NHS FT • Public Health England (PHE) • Liverpool John Moores University • London Borough of Tower Hamlets • Central and North West London NHS FT (CNWL) • Hertfordshire • Halton County Council	
1. Operationalising a 'safe from suicide team' as per the NHSE Zero Suicide Ambitions Inpatients Checkpointers 2. Reducing Out of Area Placements	**Operationalising a Safe from Suicide Team** Essex University NHS FT are developing a Safe from Suicide Team as part of the Zero Suicide Ambition. They asked how to embed the team into the Trust and how the team would operate. Lancashire and South Cumbria (L&SC) mentioned that their mental health (MH) trust has suicide prevention meetings. This sits under the quality and safety team in the Trust and the members of the team are varied (includes people from IAPT, the MH helpline and textline etc.). They have an action plan that they are working on. Devon set up a Safe from Suicide Team in February. The Director on the board who leads suicide prevention has had extensive contact with Mersey Care. There are 3 senior practitioners in the team who are auditing clinical areas in the Trust using NCISH's *10 Ways to Safety* and *Safer services audit tool*. They are establishing a programme board that will include senior people across the organisation (e.g. HR, estates). There will be a working party that will report to the board. They have developed a Zero Suicide Ambition action plan (*NB: the link is to Devon's original action plan*). Devon are also rolling out Safe from Suicide awareness training. Suffolk County Council have 3 members on their suicide prevention team. They are rolling out training for MH.	NCISH 10 Ways to Improve Safety (JPEG) NCISH Safer services toolkit (PDF) Devon Zero Suicide Ambition Action Plan 2019 (DOC)

	Reducing Out of Area Placements Essex University NHS FT asked how out of area placements is a challenge for some areas and how to facilitate a threshold of beds. Tom (NCCMH) previously worked in Sheffield Health and Social Care NHS FT where they focused on reducing out of area placements. Sheffield had a 24/7 quality crisis care team linked with AMPS services. The ward teams used Quality Improvement (QI) to reduce the length of stay. The Trust opened a crisis house, but it didn't have an impact on admissions. They had regular acute system management meetings to discuss bed management. Tom mentioned that it needs to be an all-encompassing and holistic approach. The A&E team should be 24 hours (or close to) and linked to the crisis team. He commented that clear leadership, a multiagency approach (e.g. link with housing and community services) and ongoing operational management are required to keep occupancy below 100%. Reducing out of area placements is one of the 10 Ways to Improve Safety. NCISH were asked what Trusts demonstrate best practice. Nic (NCISH) mentioned that Mersey Care demonstrates best practice for their Zero Suicide work. Their *Suicide Prevention webpage* has an email address at the bottom that people can contact for further information. It was mentioned that Southern Health NHS FT have undertaken training and have a robust system.	[Mersey Care Suicide Prevention](#) (website)
Patients being directed to ED when expressing self-harm and suicidal thoughts	**Alternatives to A&E for people in distress** Derbyshire mentioned that A&E is the best place for screenings and psychosocial assessment following self-harm, however it is not the best place for people in distress. They asked if there are alternatives to A&E for people in distress or expressing thought of self-harm or suicide. The *HOPE service* in Liverpool offers a brief psychological intervention for self-harm in A&E and follow-up within 48 hours to a week of coming into A&E. It's shown promising outcomes and funding has been allocated to implement it in primary care. The hospital data	[HOPE – Liverpool](#) (website)

	is being written up and it was mentioned that there has been a significant reduction in people returning to A&E and repeat self-harm. An intervention is being implemented in September for university and community settings. The HOPE service also involves **James' Place**, a crisis center for men. People can use a text number and be contacted by James' Place. If you'd like to find out more about the HOPE service, you can email the **Pauline Parker**, the R&D manager for Mersey Care (pauline.parker@merseycare.nhs.uk).	James' Place (website) Pauline Parker (email address)
	North East and North Cumbria (NE&NC) asked where the funding came from for the HOPE service. It was commented that that the hospital may have funded the original work. It was mentioned that in some areas, it's the STPs that are going to be using the funding.	
	The **Hub of Hope** app allows people to find services near them.	Hub of Hope (website) The Sanctuary – Bristol (website)
	Bristol, North Somerset and South Gloucestershire CCG (BNSSG) mentioned that they have two crisis cafes – **Sanctuary** and Safe Haven. They are open until late evening/early morning and on weekends. They provide an alternative place for people to go rather than A&E and there are variations of these across the country. BNSSG also have crisis houses but they're different to the cafes.	
	It was mentioned that speaking to people via these services offered the comfort and containment required.	
	It was commented that there is a missing pathway for people in distress who haven't harmed themselves physically and don't need to be sectioned. It was mentioned that A&E records people who have attempted or done something to harm themselves, but data isn't being collected nationally for people who have expressed suicidal thoughts. Derbyshire mentioned that there is some data but it's very messy.	
	Somerset fund MIND to take on some cases that were going to A&E that weren't appropriate. They mentioned that there is a good pathway between MH and acute but not going into the A&E and with the community. It was suggested to also think of children and young people (CYP) as the highest rates of self-harm are among 15 year old girls.	Coping with self-harm: A guide for parents and carers (PDF)

	It was mentioned that Oxford, Derbyshire and Manchester are part of the Multicentre monitoring of self-harm and have helped produce leaflets of what to expect in A&E and self-harm (e.g. Oxford's Coping with self-harm guide). Derbyshire commented that it wants to explore how to manage expectations of A&E and alternatives to A&E. They mentioned that any pathway work needs to commence with initial presentation rather than working on the pathway predominantly geared post assessment and interventions. ***Update: Derbyshire also mentioned that the following RCPsych leaflets are helpful and relevant:*** • ***Feeling on the edge – to help people feeling like they might harm themselves.*** • ***Feeling overwhelmed – to help people who feel that they don't have control over their life.*** • ***U can cope? how to cope when life is difficult – for young people.*** Hampshire and Isle of Wight (H&IoW) have a ***Safe Haven for adults in Aldershot*** similar to the Bristol model. The service works in tandem with Community Mental Health Teams (CMHT) and drug and alcohol teams. It provides support at difficult times (evenings and weekends). The focus on recovery and ensuring people know where to find tips and tools for wellbeing. H&IoW also have an ***adults' safe haven*** and ***CYP's safe haven*** run by Havant and East Hants MIND in collaboration with other organisations. In Hertfordshire, the ***empathy project*** supports young people in A&E. Youth volunteers are trained to sit with young people and talk to them while they wait. It runs 3-4 days a week in two A&E hospitals. They external funding for the project. Tom (NCCMH) mentioned that an innovation in A&E is using peer support workers (PSWs) as part of the liaison team. It is being done in Barnet, Enfield and Haringey NHS FT. When people go to A&E they have access to a PSW as well as an assessment. He mentioned that it is getting good qualitative feedback. Derbyshire mentioned that they did have PSWs in the liaison team in the past, but challenges developed. Tom mentioned that clinical decisions units have been springing up (e.g. in Birmingham, Sheffield and Lincolnshire). They are located close to A&E and people can spend 24-48 hours there in a more comfortable setting and receive support.	Feeling on the edge (website) Feeling overwhelmed (website) U can cope? how to cope when life is difficult – for young people (website) Safe Haven Aldershot (website) Adults' Safe Haven – Havant and East Hants MIND (website) CYP's Safe Haven – Havant and East Hants MIND (website) The Empathy Project – Hertfordshire (website)

	Collecting self-harm data from A&E/ED Norfolk and Waveney (N&W) are trying to retrieve self-harm data from A&E/ED. They asked if others have obtained information, where it goes and how it is used? They mentioned that when a patient comes into ED, they are registered onto the ED system but when they go to the liaison team they are logged onto that system. N&W want to know how to marry this information and how to get data outside of the Trust. It was mentioned that Cheshire and Wirral, and Mersey Care record data differently. The Trusts are looking at this internally. N&W mentioned that they now have forms with a tick box about self-harm and a separate question asking if it was an attempt to take their own life.	
Best practice for risk assessment frameworks/formats	**Risk assessment frameworks and formats** Northamptonshire Healthcare NHS FT found that there is huge variation in risk assessment and safety planning frameworks. They mentioned that the NCISH assessment of clinical risk has a lot of advice on 'shouldn't be's' but is missing a clear recommendation. Northamptonshire are using a version of the Working with Risk framework, but it hasn't been updated for a long time. They asked what others are doing. NE&NC have recently agreed to prioritise personalised risk assessment and linking it with safety planning. They are developing a Safe from Suicide team and training and competency in staff. Northamptonshire have invested in STORM training. The Working with Risk format can interface with STORM. They are considering if they should move to a suicide risk assessment format rather than just general risk assessment. NE&NC commented that the focus should be on developing competency of people using the tool, rather than the tool.	

	Central and North West London NHS FT (CNWL) revised their clinical risk assessment based on NCISH and developed a new learning package. They mentioned they have moved to System One. Northamptonshire suggested setting standards around the suicide prevention pathway based on the evidence and guidance. ***Update: Northamptonshire have written a brief around suicide prevention work in clinical settings they are looking to do – if you would like to be involved, please email paul.flecknoe@nhft.nhs.uk.*** Hertfordshire are developing a simulation hub around risk formulation and developing strategy based on what SLAM has done. It is in the early stages, but they are happy to provide updates on the work.	[Brief around suicide prevention work in clinical settings](#) (PDF) [Paul Flecknoe](#) (email address)
Developing safer services	NE&NC's query was already covered in the discussions.	
Evaluation of PHE's Every Life Matters campaign	**Every Life Matters campaign and evaluation** Suzanne Farrell, Head of Mental Health Projects at Public Health England (PHE), presented on the Every Mind Matters campaign and evaluation. The ***PHE Every Mind Matters slides*** were circulated before the clinic and provide the following information: • Slide 2-3: campaign background • Slide 4-6: digital products for the campaign • Slide 7: campaign launch • Slide 8: campaign testing • Slide 9-14: campaign evaluation • Slide 15: useful links PHE developed the Every Mind Matters campaign with the aim to improve MH literacy. This focuses on giving people the knowledge and confidence to take action to improve their MH. It is targeted to people who don't have diagnosis or MH condition but are struggling and may be moving towards developing a MH condition. The 2 objectives are to empower people to take action to improve their MH and to provide content to help people to respond to specific MH issues.	[PHE Every Mind Matters](#) (PDF)

The central product of the campaign is the Your Mind Plan. PHE have delivered 1.5 million actions plans which is much higher than they expected. People are asked to take a 5-question quiz – there are 4 questions around the 4 major MH issues and 1 broader question around what is worrying people. A personalised action plan is then generated based on the answers from the quiz. PHE are working on refining this product.

The campaign was developed using an expert design group, youth insight testing and qualitative research. They tested the campaign in May 2018 with 1,500 people in the West Midlands. This data was used to develop the pilot product which was tested in October 2018. The pilot was reviewed, and the product was refined (mainly the actions people should take).

The campaign evaluation is still in progress. Data is being collected with pre and post campaign surveys.

PHE's theory of change informed the design of their campaign evaluation. MH literacy is the core aim with the objectives to empower and respond. Understanding stigma around MH and the symptoms and causes of MH issues are secondary objectives. The campaign products aim to increase people's knowledge and confidence to take action to protect and improve their MH.

There are two elements – a marketing evaluation and an academic evaluation. PHE's MH policy research units are doing the marketing evaluation. This looks at the process and the campaign in the short-term such as how people have used the materials. UCLP and KCL are conducting the academic evaluation. This looks at the NHS data, qualitative research and website analytics to determine if the campaign is making a difference to MH literacy.

PHE have used Kutcher's definition of MH literacy but there are others. They have developed new questions to measure MH literacy.

Queries
Liverpool John Moores University mentioned it was great to see the partnership with academia for the campaign. They asked what differences they've experienced evaluating

	the campaign by including an academic evaluation. Suzanne mentioned that the academic relationship is more 2-way and that there are different timelines for the academic evaluation to build in enough time for data to be collected. They are also pulling in feedback from the expert advisory group and academics to inform the evaluation. PHE will pull together lessons learned from this evaluation. Liverpool mentioned that resourcing for academics is a huge issue and suggested that people consider the academic side when allocating funding. PHE commented that they are keen to explain how academic evaluation has benefited them to continue the partnership in future.	
AOB	**Review of the monthly clinics** This is the last monthly clinic scheduled as Wave 2 of the Suicide Prevention Programme is finishing at the end of March. Please complete the *evaluation form* to share your comments and feedback on the monthly clinics. If people have any resources around preventing suicide and self-harm that they would like to share, you can continue to send it to Suicide.Prevention@rcpsych.ac.uk and we can add it to our *website*. **CYP and online resources** Liverpool have done work with CYP and have found that some online resources are failing with people going back to phone or face-to-face contact. They mentioned that young people found it condescending to be told to use an app rather than having someone to speak. It was suggested that this approach is missing compassion and that the online resource shouldn't be separated from face-to-face or phone contact. **Smoke-free policy** Northamptonshire mentioned that with the smoke-free policy there are safety issues around people taking leave. They conducted an audit of how many people stopped smoking and found it was none. They asked if this is coming up for other providers. Cambridgeshire and Peterborough mentioned that they have done work around the smoke-free policy.	Suicide Prevention Programme Monthly Clinic evaluation form (online form) Suicide Prevention Programme website (website)

Contacts

Contact person	Email address	Topic
Pauline Parker (Mersey Care NHS FT)	pauline.parker@merseycare.nhs.uk	Zero Suicide Ambition
Paul Flecknoe (Northamptonshire Healthcare NHS FT)	paul.flecknoe@nhft.nhs.uk	Suicide prevention in clinical settings

Resources

Resource	Link	Topic
NCISH 10 Ways to Improve Safety	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/wave-1-resources/ncish-10-recommendations-graphic.jpg	Reducing in-patient suicides
NCISH Safer services toolkit	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/safer-services_a-toolkit-for-specialist-mental-health-services.pdf	Reducing in-patient suicides
Devon Zero Suicide Ambition action plan	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/dpt-zero-suicide-action-plan-for-2019.docx	Zero Suicide Ambition
Mersey Care Suicide Prevention	https://www.centreforperfectcare.com/our-work/suicide-prevention/	Zero Suicide Ambition
HOPE – Liverpool	https://www.centreforperfectcare.com/our-work/hope/	Self-harm
James' Place	https://www.jamesplace.org.uk/	Suicide prevention for men
Hub of Hope	https://chasingthestigma.co.uk/hub-of-hope/	Mental health services
The Sanctuary – Bristol	https://www.wellaware.org.uk/organisation/bristol-sanctuary/	Crisis care
Coping with self-harm: A guide for parents and carers	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/coping-with-self-harm-brochure.pdf	Self-harm
Feeling on the edge	https://www.rcpsych.ac.uk/mental-health/problems-disorders/feeling-on-the-edge	Support for people in distress
Feeling overwhelmed	https://www.rcpsych.ac.uk/mental-health/problems-disorders/feeling-overwhelmed	Support for people in distress

U can cope? how to cope when life is difficult – for young people	https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/u-can-cope!-how-to-cope-when-life-is-difficult-for-young-people	Support for people in distress
Safe Haven Aldershot	https://www.sabp.nhs.uk/our-services/mental-health/safe-havens/SafeHavenAldershot	Crisis care
Adults' Safe Haven – Havant and East Hants MIND	https://www.easthantsmind.org/safe-haven/adults-safe-haven/	Crisis care
CYP's Safe Haven – Havant and East Hants MIND	https://www.easthantsmind.org/safe-haven/children-and-young-people-safe-haven/	Crisis care
The Empathy Project – Hertfordshire	https://www.ychertfordshire.org/support-for-young-people/health-and-emotional-wellbeing/the-empathy-project/	Emotional support in A&E
Brief around suicide prevention work in clinical settings	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/brief-around-suicide-prevention-work-in-clinical-settings.pdf	Suicide prevention in clinical settings
PHE Every Mind Matters	https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/phe-every-mind-matters.pdf	Mental health campaign Evaluation
Suicide Prevention Programme Monthly Clinic evaluation form	https://forms.office.com/Pages/ResponsePage.aspx?id=isSqdaspMEKtrGnT5-0-d3Cx5oQnkrVKubgOgX83L9hUOEFWNTdFR1JUVEtENktHNzRJNUU5OE9MNi4u	
Suicide Prevention Programme website	https://www.rcpsych.ac.uk/improving-care/nccmh/national-suicide-prevention-programme	