



Suicide Prevention Programme

3RD SHARED LEARNING DAY

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Housekeeping

- ▶ **There is a planned fire alarm test today.** The alarm is due to be tested around 11am, please do not panic.
- ▶ In the case of a continuous ringing lasting longer than 15 seconds, please follow the green fire exit signs located above all doors.
- ▶ There are two ways to exit:
 - 1) To the left of the room and take the stairwell which leads to the back of the building
 - 2) Leaving through the main entrance
- ▶ The toilet are located on this floor across the walk way and additionally there toilets on ground floor (to the right of the main entrance).
- ▶ If you need to leave the room for any reason, there are some quite space located on this floor.

Twitter...

- ▶ You have all made excellent progress with the work so far so we know it is tempting to share ...
- ▶ Below is the NCCMH twitter handle
- ▶ Wifi access codes: **RCP19@w1f1**

@NCCMentalHealth

@NCISH_UK

#NationalSuicidePreventionProgramme

Agenda

This morning:

- NCISH – Self-harm presentation
- NCISH - Q&A and discussion
- ▶ Group peer review:
 - Co-production in suicide and bereavement
 - Barriers and engaging groups



Morning break:
11:30 to 11:50



Lunch:
12:50 to 13:40



Afternoon break:
14:40 to 15:00



Finish:
16.30

Agenda

This afternoon:

- ▶ PFA
- ▶ Group peer review (swap over)
- ▶ S. Yorkshire and Bassettlaw – Video Campaigns
- ▶ Bristol, N. Somerset & S.Glocs. HOPE project
- ▶ Action planning, next steps
- ▶ Closing reflection



Morning break:
11:30 to 11:50



Lunch:
12:50 to 13:40



Afternoon break:
14:40 to 15:00



Finish:
16.30

NCISH: Self-harm

PROF LOUIS APPLEBY



Suicide Prevention Learning Event

5th March 2019

Professor Louis Appleby

Nat Suicide Prev Strategy: 2019 Report



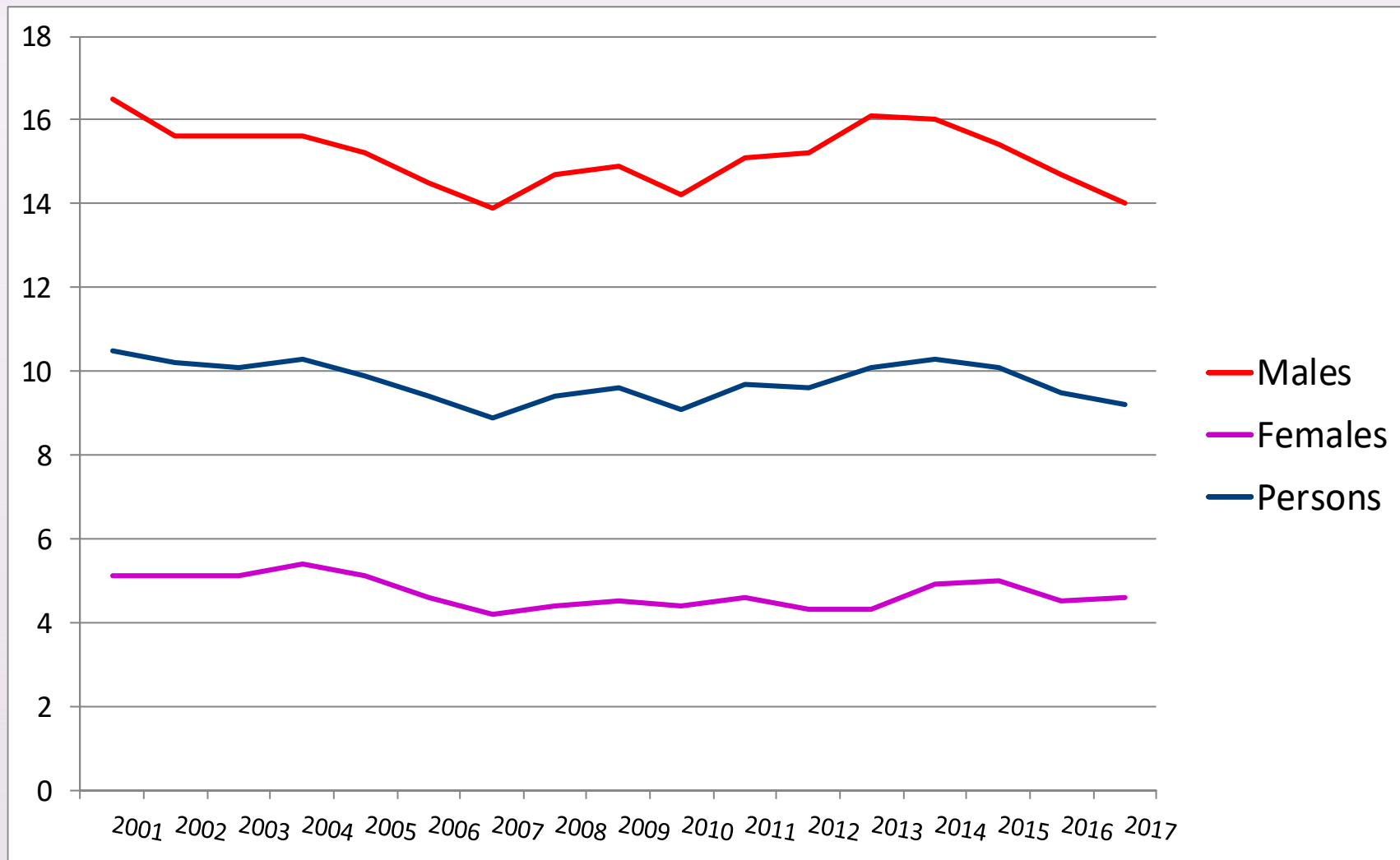
HM Government

**Preventing suicide in England:
Fourth progress report of the cross-
government outcomes strategy to
save lives**

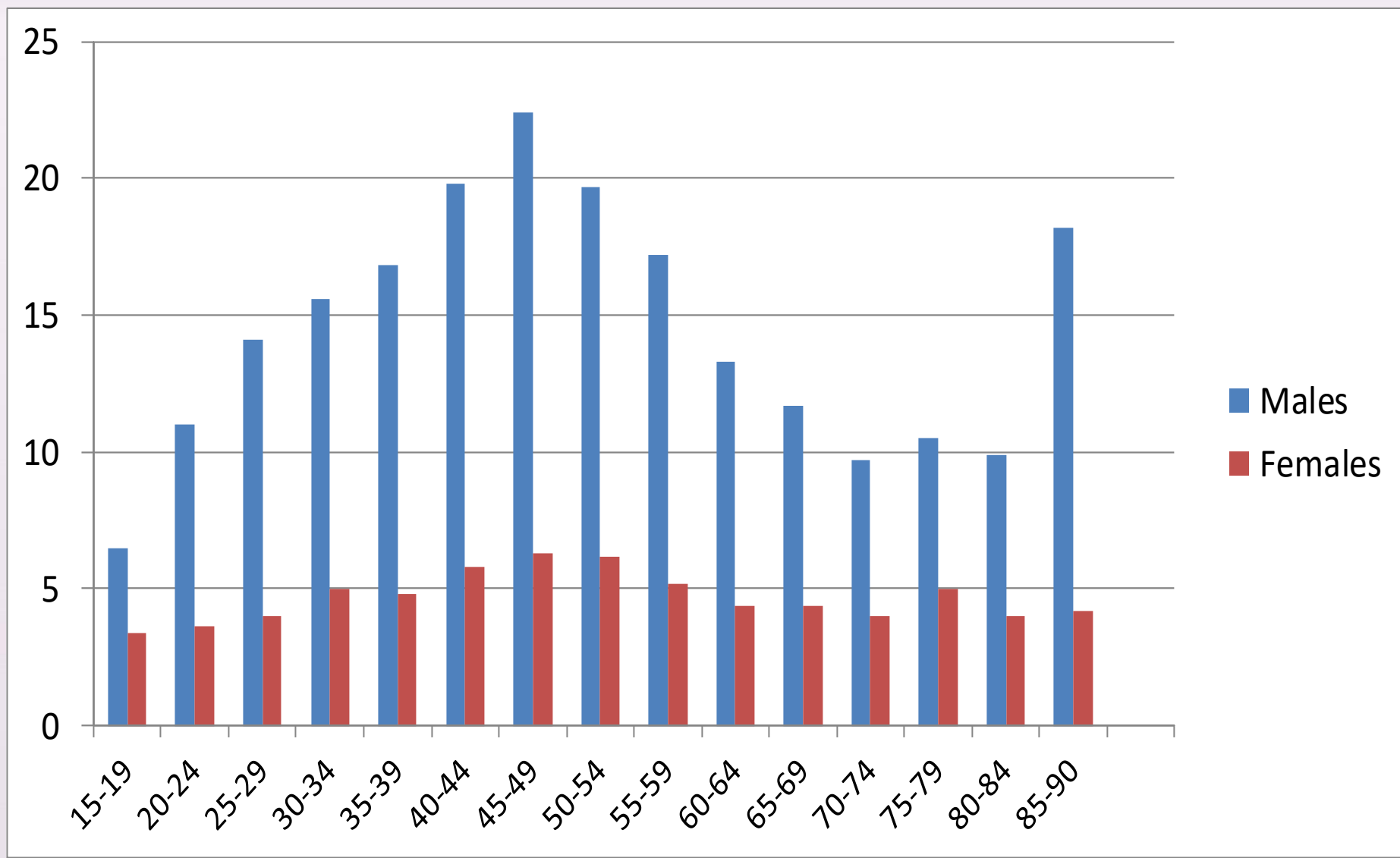
Published January 2019

- **Men**
- **Young people**
- **Self-harm**
- **Mental health care**

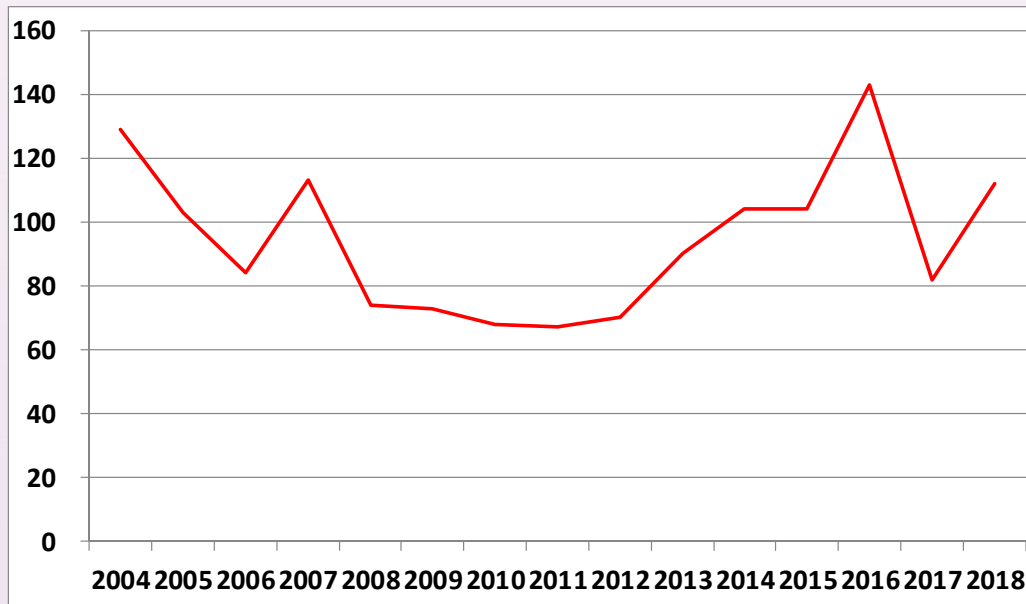
Suicide rates, England



Suicide rates 2017, England



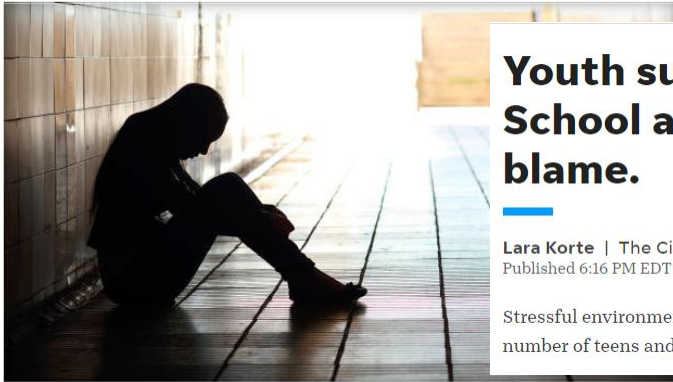
Self-inflicted deaths in prison custody



- **Figures doubled 2012-2016**
- **92 deaths 2018**
- **89 men, most in 30s/40s**

Rates per 100,000 prisoners, England and Wales

What's behind the rise in youth suicides?



Youth suicide rates are rising. School and the Internet may be to blame.

Lara Korte | The Cincinnati Enquirer
Published 6:16 PM EDT May 30, 2017

Stressful environments and unfettered access to information may have boosted the number of teens and children hospitalized for suicidal thoughts or actions.

US mum's anguish over nine-year-old son's suicide

By Jo Adnitt and Sarah Bell
ramme

[f](#) [t](#) [t](#) [e](#) [Share](#)

More teens are attempting suicide. It's not clear why.

Rates go up during the school year, plummet in summer, and media's role.

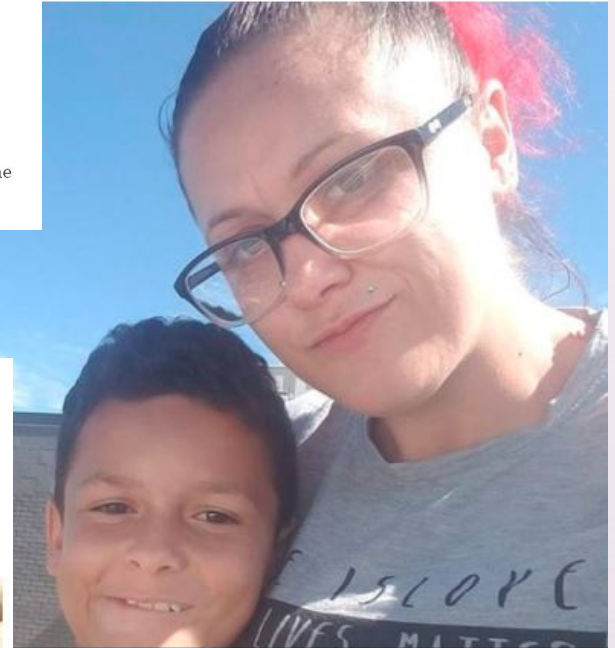
Children face mental health epidemic, say teachers

More pupils are struggling with anxiety, depression and addictions but not receiving the help they need

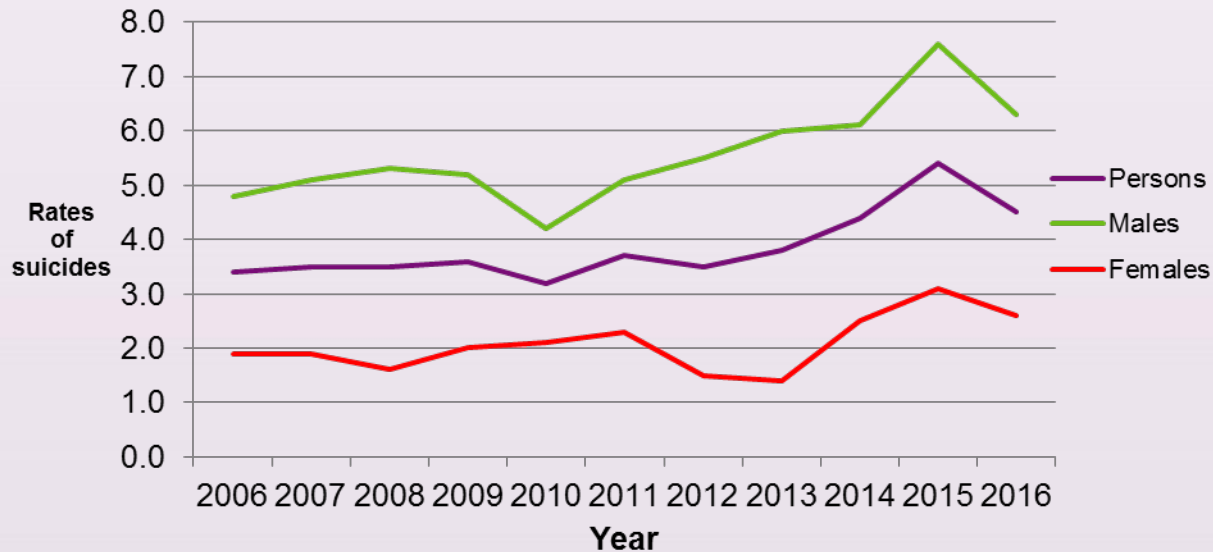
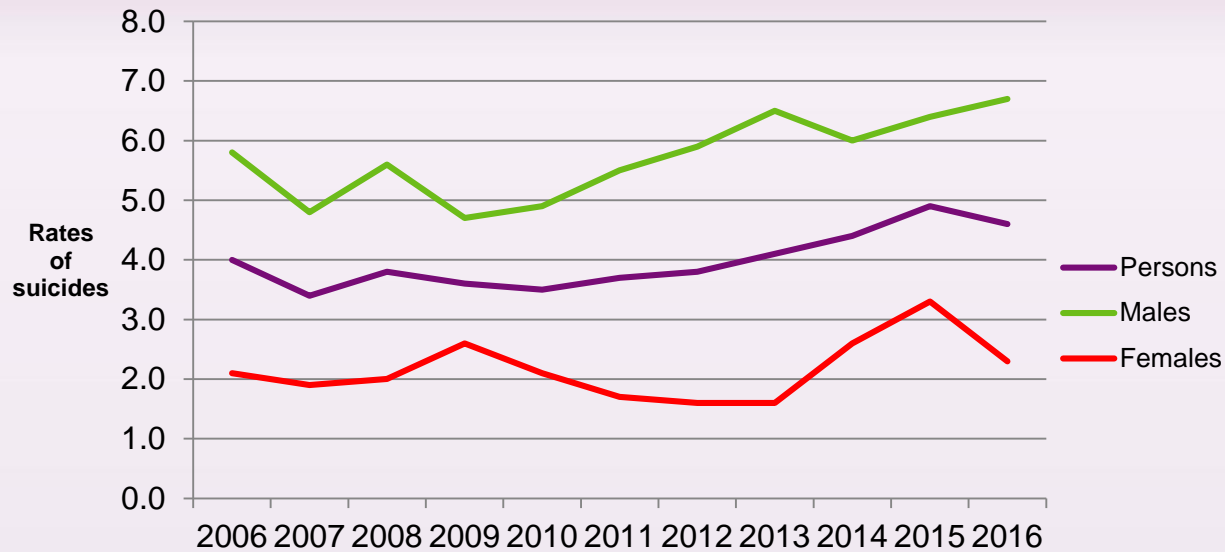


New study shows more kids are thinking about

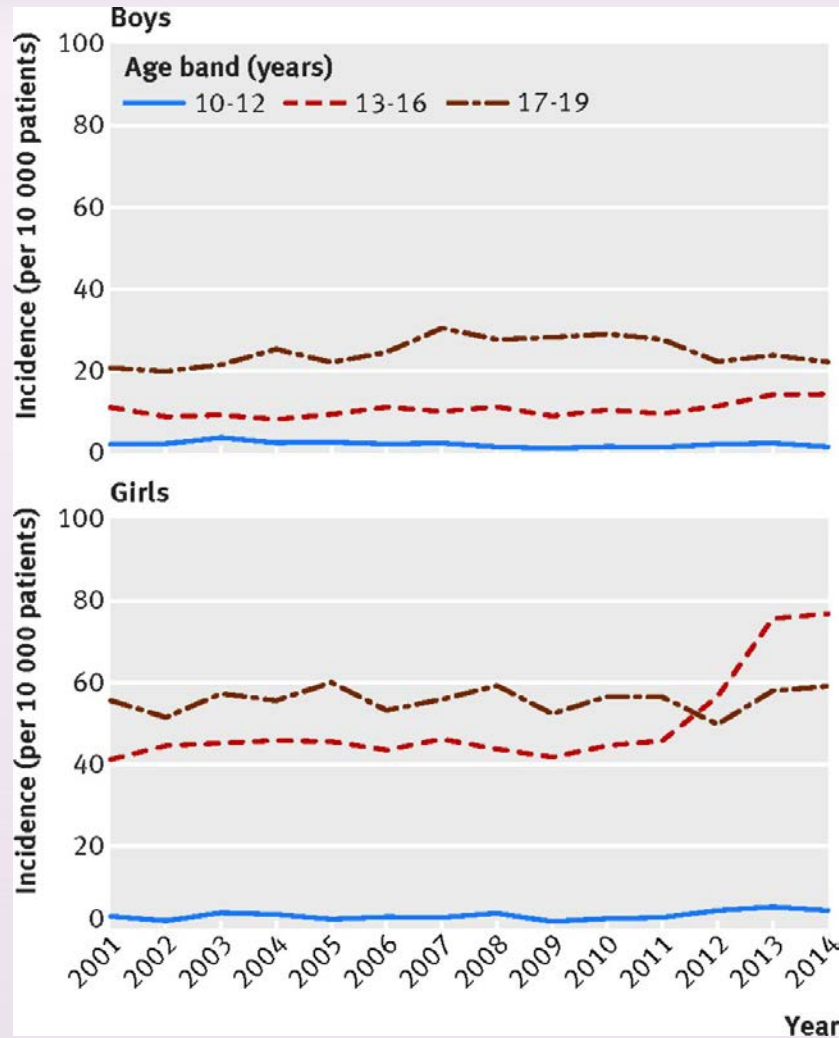
MAY 16, 2018 / 02:05



Suicide rates in 15-19 year olds, date of death v registration



Self-harm in young people in primary care



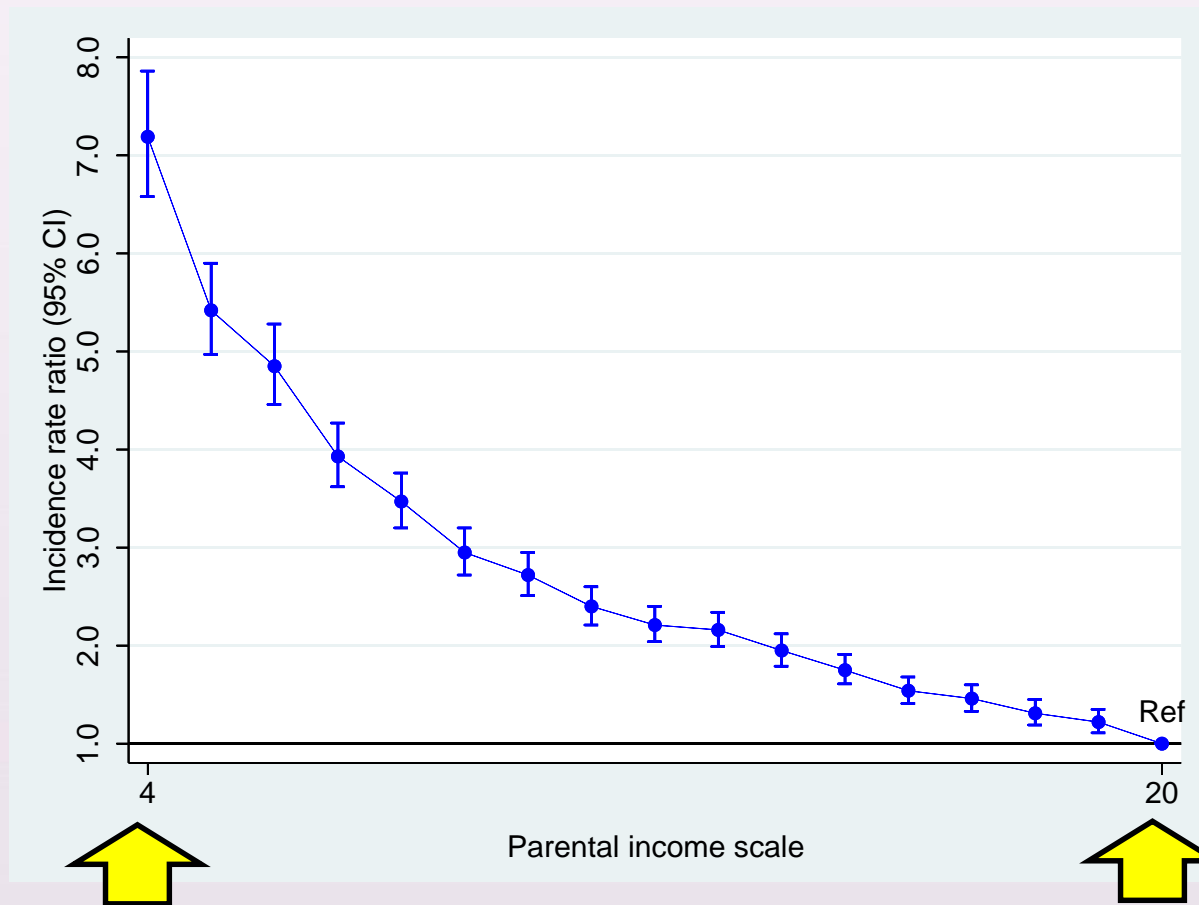
Recent rise in self-harm by girls age 13-16

Suicide-related internet use



	10-19 year olds	20-24 year olds
Suicide related internet use	26%	13%
Searched the internet for information on suicide method	13% 10 died by a method they were known to have searched on	8%
Visited websites that may have encouraged suicide	4%	Uncommon
Communicated suicidal ideas or intent online	10%	6%
Victims of online bullying	7%	Uncommon

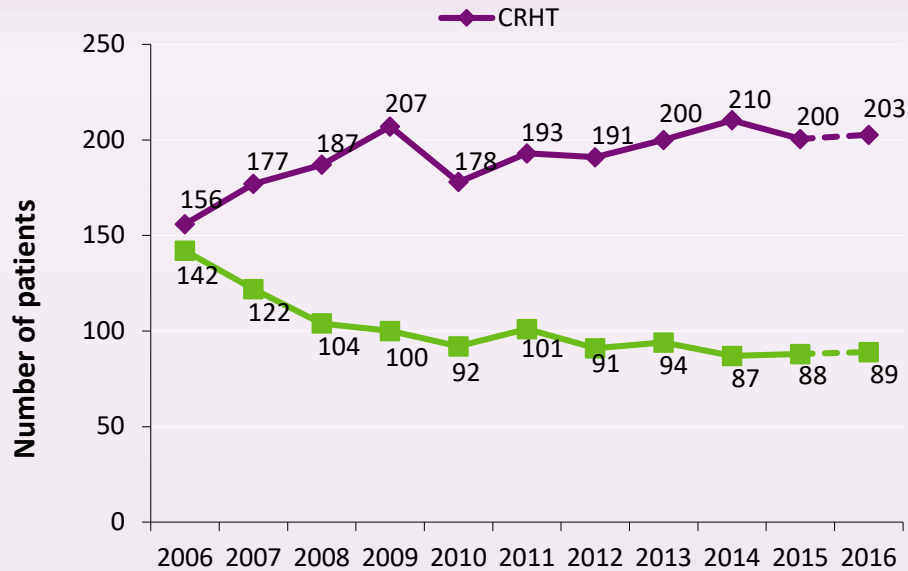
Risk of self-harm according to time spent in financially disadvantaged versus affluent conditions



Continuously the least affluent

Continuously the most affluent

Suicide in NHS long-term plan



- **Diversity of crisis services to be developed**



- **Bereavement support in every area**

Wellbeing Commission 2019

NHS Staff and Learners' Mental Wellbeing Commission

February 2019

Executive Summary



Developing people
for health and
healthcare

www.hee.nhs.uk


**THE NHS
CONSTITUTION**
the NHS belongs to us all

- Focus on suicide prevention in NHS staff
- Investigation of staff suicides
- Bereavement support for colleagues



www.manchester.ac.uk/ncish



@NCISH_UK

NCISH - Q&A

PROF LOUIS APPLEBY



Time for a.....

Group 1
co-production in
suicide and
bereavement
(G1-2, G3-4)

Group 2
middle-aged men:
engagement and
barriers
(1.1, 1.7)

South Yorkshire
and Bassetlaw
– Suicide
learning panel

DIANE LEE

Suspected Suicide Learning Panels

The factors leading to someone taking their own life are complex and no one organisation is able to directly influence them all. However, it is important that lessons are learned from each suspected suicide by reviewing the circumstances and the way in which local professionals and organisations work individually and collectively to avoid future loss of life.

Diane Lee

Head of Public Health

dianelee@barnsley.gov.uk



BARNSLEY
Metropolitan Borough Council
Judge us by our actions

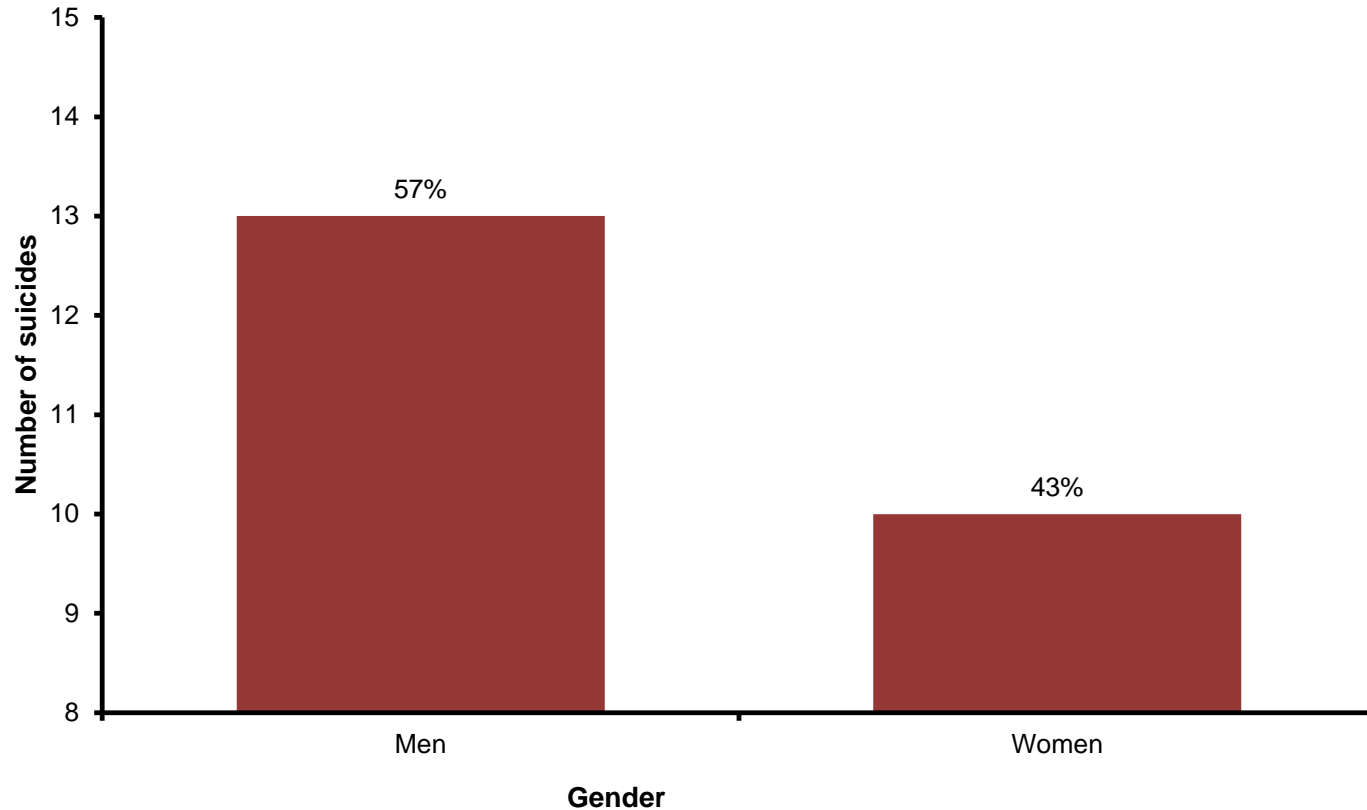
Suspected Suicide Learning Panels: presenting the case

- To monitor and learn from suspected suicides in real time and respond in a timely manner
- The impact on others
- To challenge myths and identify emerging trends in real time

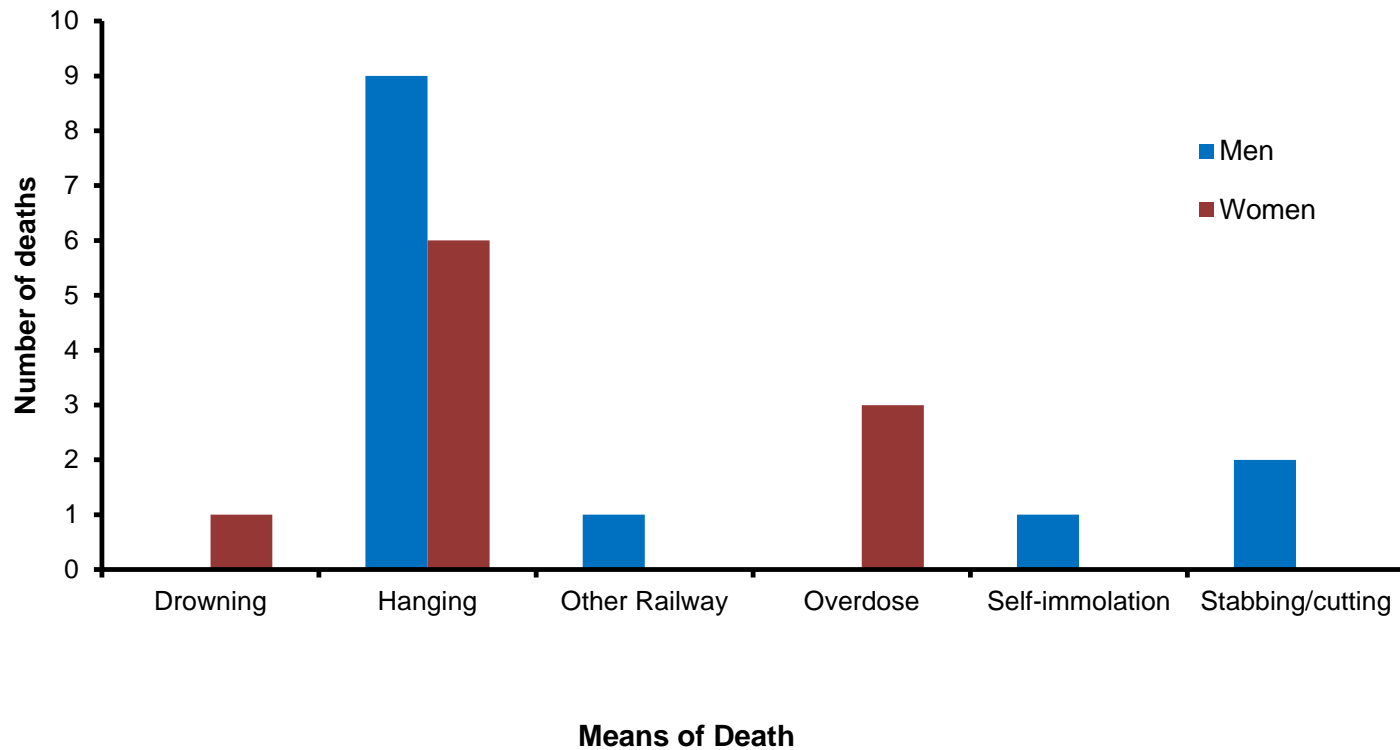


New and emerging trends for Barnsley

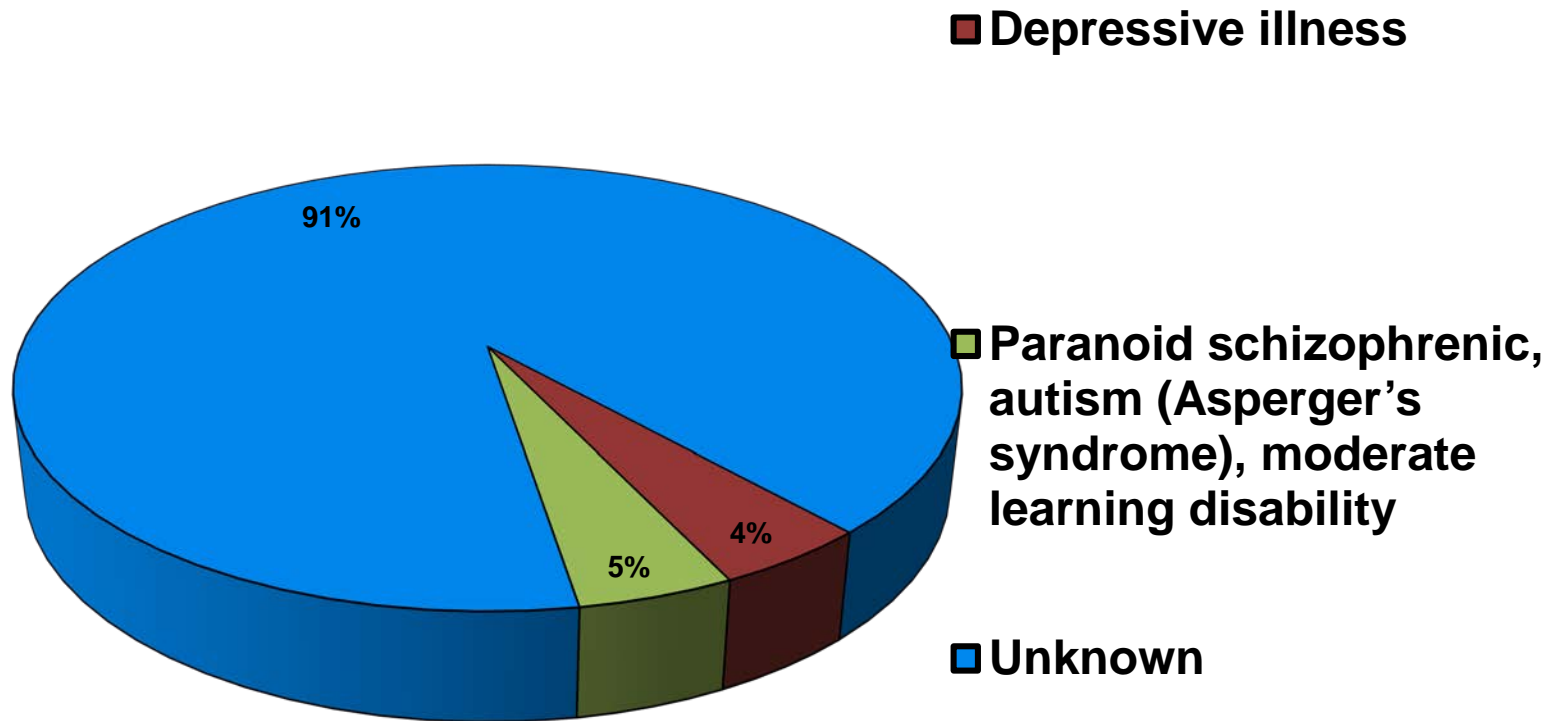
Suicide by Gender



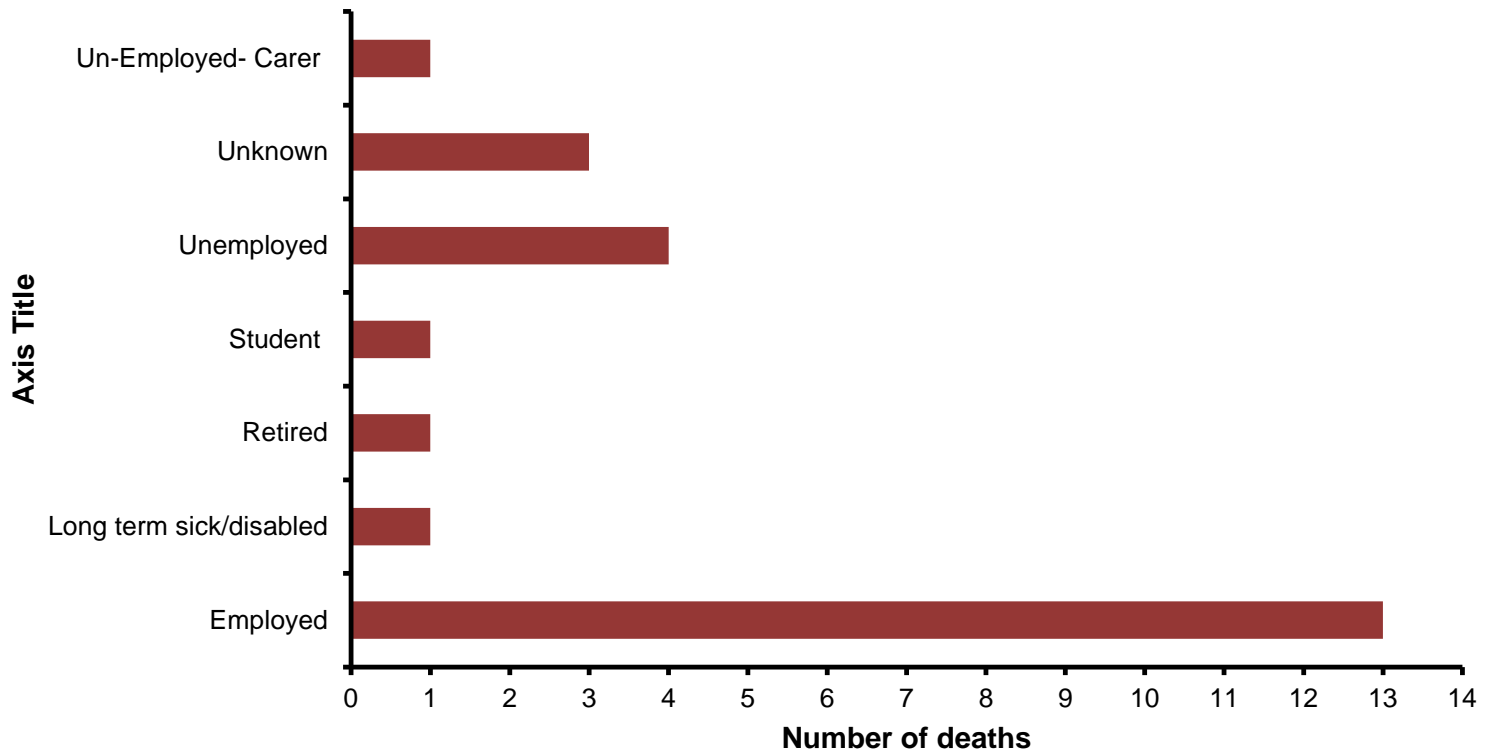
Means of Death by Gender



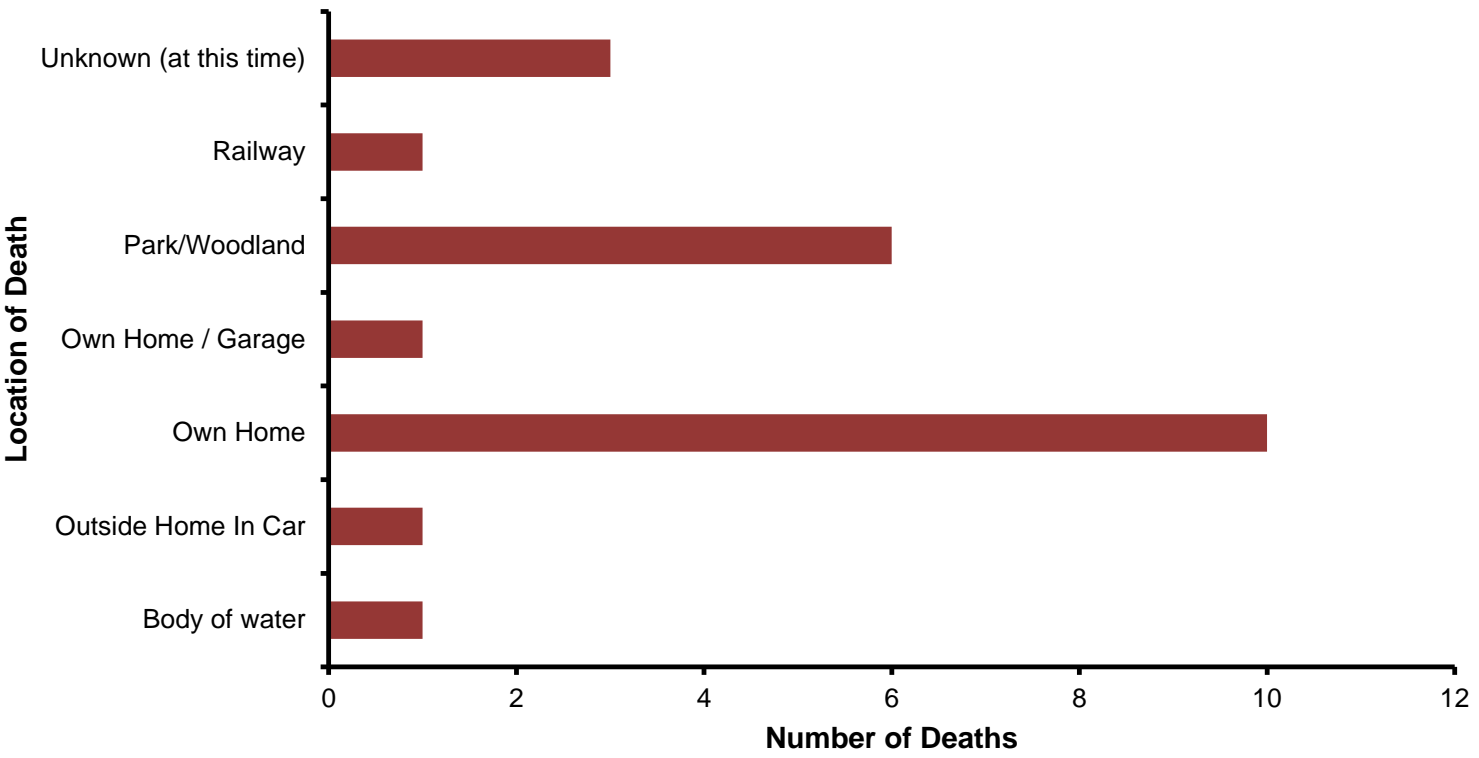
Mental Health Diagnosis



Employment Status



Location of Death



The process: stage 1 - information and intelligence

- Real time intelligence from South Yorkshire Police sent to public health secure mail box
- Provided within 48 hours of death; often earlier
- Obtains consent for postvention - AMPARO



The process: stage 2 – confidential enquiry form

- Substance/alcohol use
- Prescribing
- Mental health
- Physical health
- Chronological timeline of contact with deceased
- Personal situation
- Who might have been affected?



The process: stage 3 – Suspected Suicide Learning Panel

- Case history prepared
- Suspected Suicide Learning Panel held quarterly and considers between 4 and 6 cases per meeting
- Focus on life circumstances (rather than service input)
- Learning actions reported into Suicide Strategic Group and Safeguarding Boards



Local learning

- Alcohol
- Domestic abuse
- Children (not protective factor)
- Need to review DNA procedure for those affected by suicide



What next?

- Portal
- Expanding RTS across South Yorkshire and Bassetlaw
- Expanding to attempted suicide – *how define?*
- Learn from others



Diane Lee

Head of Public Health

dianelee@barnsely.gov.uk

Telephone number



BARNSLEY
Metropolitan Borough Council
Judge us by our actions

Lancashire & South Cumbria: Co-production and bereavement

VICKI WAGSTAFF



Healthier



Healthier Lancashire & South Cumbria

Healthier Lancashire and South Cumbria is a partnership of organisations coming together to improve outcomes and care for local people

HLSC Co-production – Bereaved by Suicide

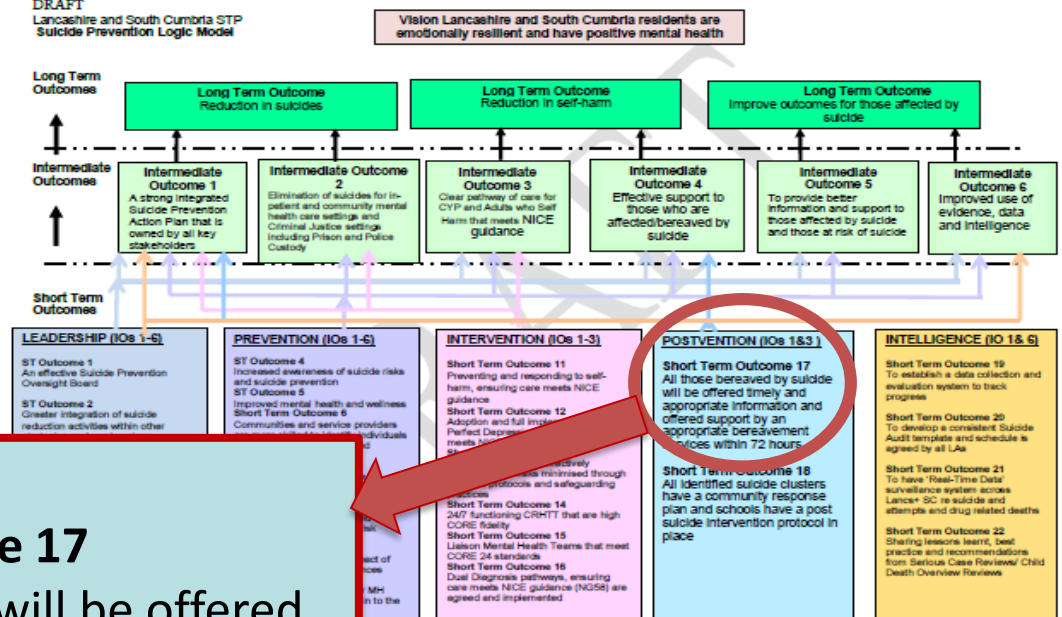
Vicki Wagstaff - NHSE

5th March 2019



Multiple organisations – Police, Local Authority and NHSE

DRAFT
Lancashire and South Cumbria STP
Suicide Prevention Logic Model

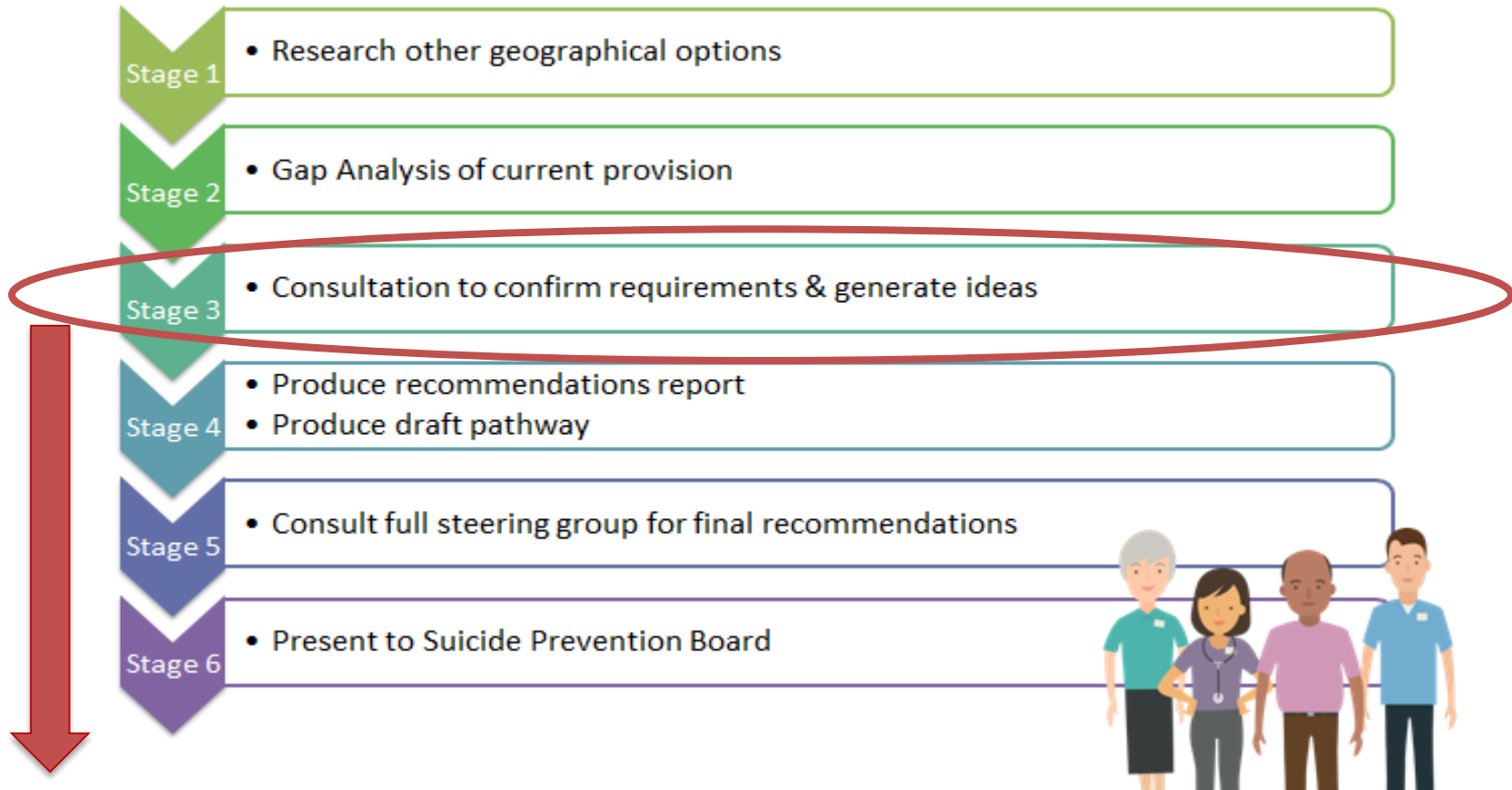


Short Term Outcome 17

All those bereaved by suicide will be offered timely and appropriate information and offered support by appropriate bereavement services within 72 hours



The plan



To co-produce with those with lived experience, the session has to;-

- Have purpose
- Have clear outcomes
- Be meaningful for all involved
- GIVE as well as TAKE
- Provide clear expectations of those involved in the session

We didn't have this until the Gap Analysis was completed

Ran 8 Focus Groups, 2 in each of 4 ICP's (West Lancs and Central Preston happened together in Leyland)

Marketing

- Used our contacts to send out an email across the system
- Tweeted
- Accessed NHS Trust Intranets
- Contacted support groups
- Contacted 3rd sector services to advertise the focus groups



**Bereavement
Support on hand –
excellent
'partnership
working'**

**Moved about in
the room**

**Non-healthcare
venues**

Safe symbol

**Provided
refreshments**

Task Focussed

**Had table ice-
breakers rather
than full groups**

**Scribers/note-takers
on each table to
harness any
discussion points**

**Spelt out the
expectations from
everyone involved at
the beginning (see
sheet)**

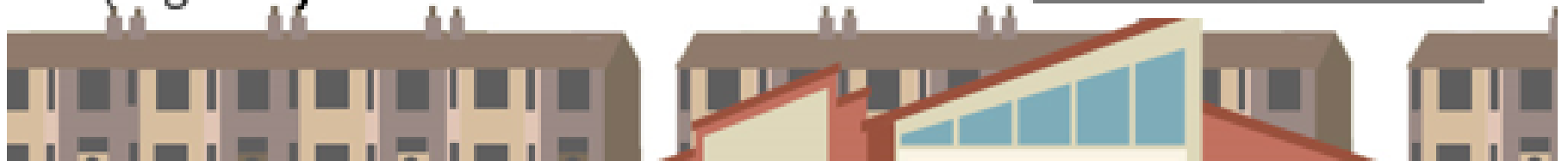
Worked in groups

**DIDN'T ask who they
had lost to suicide**

Task 2 – 25 minutes

- Sheets on table
- Put each tile (on table) in the DID or DIDN'T column
- If some did and some didn't – straddle the two columns
- Using the **BLACK** pen – write on the **number that agreed** from the **group** (e.g. **2/4**)

Did have contact	Didn't have contact



- Using the **GREEN** pen – tick any that gave information.
- Using the **RED** pen – tick any that you would consider really good

**Other Support
Online/Phone** ✓

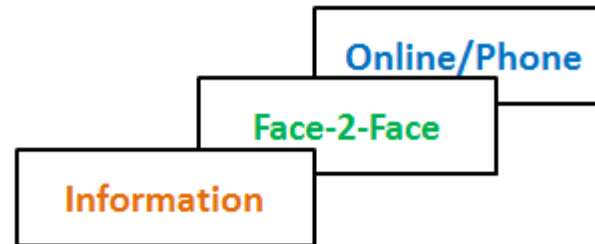
GP ✓✓



26 Task 3 – 15 minutes

- Current support is generally;-

- Online/Phone
- Face-2-Face
- Information



- Write on the tiles what support you found helpful (more than 1 of each)
- Stick the tiles to the timeline on the wall of when they were accessed
- Any rubbish – put it in the bin



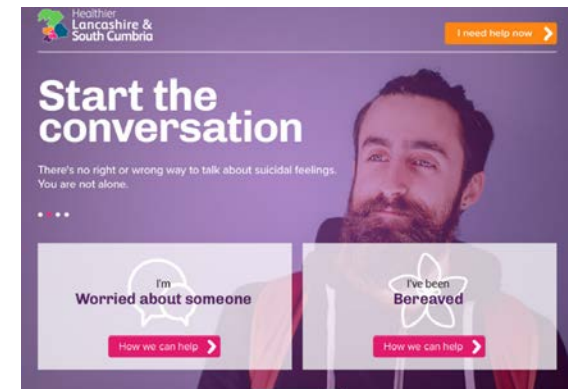
Task 3 – 15 minutes

- Is there any type of support, help or information not available that would have helped?
- Use the clouds to note each idea
- Stick them on the timeline



- Engagement with over 25 people, all bereaved by suicide
- 82 Big Ideas generated by those with lived experience to provide support for others
- A group of people who are keen to continue working with the ICS on the suicide prevention plan and to inform change across the system
- **9 PILOT PROJECTS BEGINNING 1ST APRIL 2019!!**

- Communicated with the full group on what is happening with their ideas
- Consulted with the group on the new elements of the HLSC website
- Have had members of the group on the recent Innovation Fund panel
- Members of the group working with us on our Community Feedback Sessions
- People from the group joining us for our Suicide Prevention Digital Technology Focus Group



Thank You



Kent and Medway
Co-production:
Men, suicide and
the barriers to
seeking help

DAWN HART



**Transforming
health and social care**
in Kent and Medway

Men & Suicide

Conversations with Men

Barriers to Seeking Help and Support

National Suicide Prevention Programme, 3rd Shared Learning Day

Royal College of Psychiatrists, London

Tuesday 5 March 2019

Dawn Hart – Darzi Fellow

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.



MEN & SUICIDE - PROJECT SUMMARY

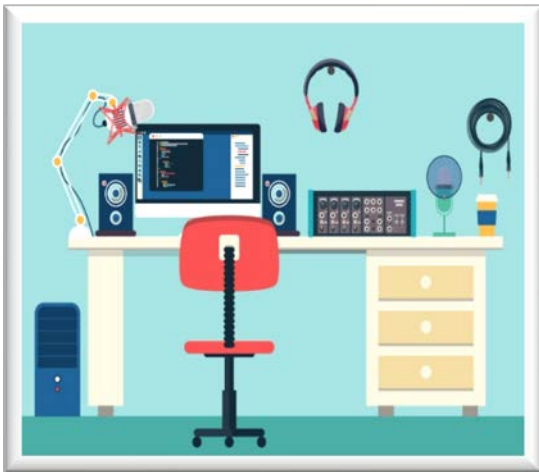
- To explore the help seeking behaviours of men who were not known to secondary mental health services in the 12 months prior to attempting or completing suicide.
- To gain better understanding of the barriers and causes of these barriers to men seeking help and support within Kent and Medway,
- To influence services and support to improve awareness and opportunity for those men in need.
- Three Phases:
 1. Listen to Coroner inquest audios
 2. Conversational interviews with men who have lived experience
 3. Co-design workshops for recommendations, support and service design



CORONER DATA FINDINGS – 119 Inquest Recordings

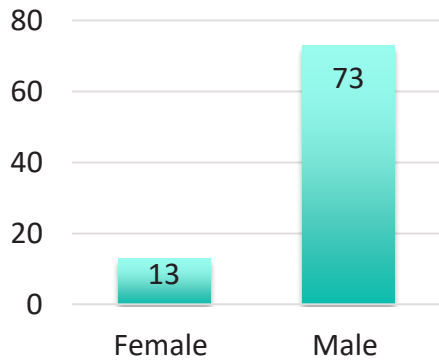
Data Sample Information

- A total of 119 inquest recordings were provided by the Coroner's office and listened to. This represents a sample of inquests during 2017-2018, not the total number of deaths within the categories
- Information gathering was limited by the amount of evidence shared verbally during the inquest hearing
- At the time of the data collection, access to further written documentation had not been achieved
- There are some gaps in the data analysis as a result of not all information relevant to the data collection scope being spoken within court.
- Note: The purpose of a Coroner Inquest is to establishing four key things: the identity of the deceased, and where, when and how they died. Therefore, only information relevant to these is submitted in court.

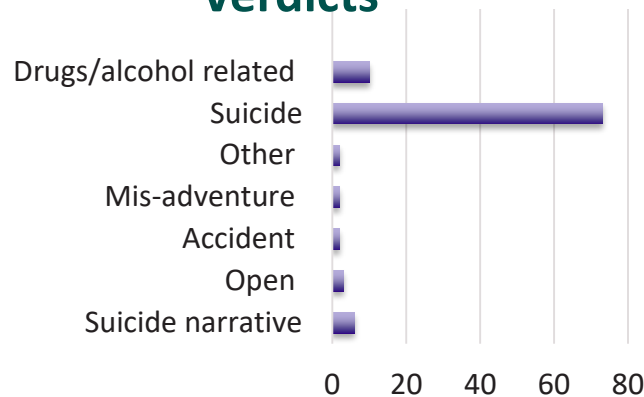


INITIAL CORONER DATA FINDINGS

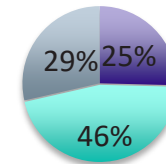
Suicide by Gender



73 Male Suicide Verdicts

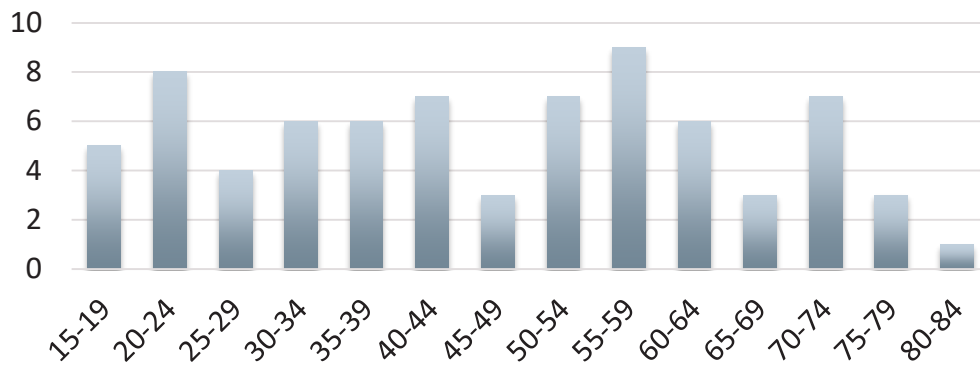


75% Males Not Known to (or not stated to be) 2ndry MH Services 12 Months Prior to...



■ Known
■ Not known
■ Not stated/unclear

Male Suicide by Age

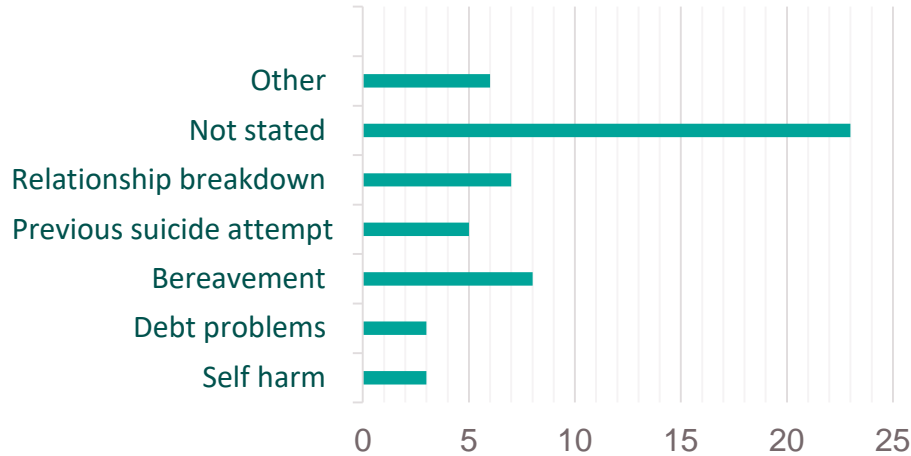


3 out of 4 Men were not known to 2ndry MH Services

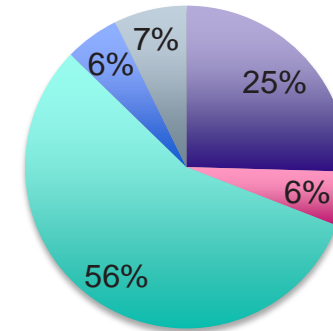


INITIAL CORONER DATA FINDINGS

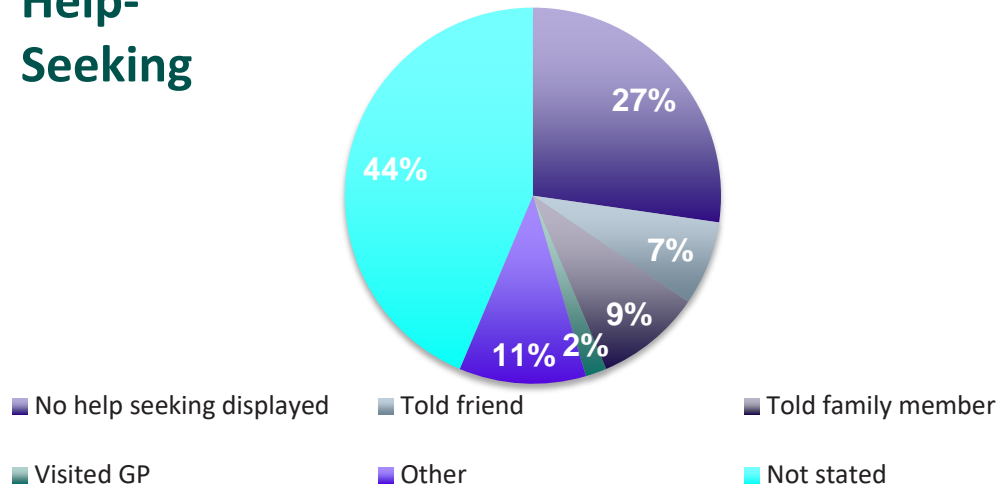
High-Risk Triggers



Mental Health Diagnosis



Help-Seeking



■ Depression
■ Anxiety
■ Not stated
■ Other



SHARED STORIES – Conversational Interviews

Data Sample Information

- Eight men from within Kent volunteered to take part in interviews and share their lived experience of a suicide attempt.
- Each interview explored the participant's suicide attempt and any help or support available at the time or earlier on, together with any barriers to help-seeking experienced at that time.
- All participants received full written information of the project prior to committing to the interviews, and were able to withdraw from the project at any time.
- Written consent to record and use audio samples was gained from the participants prior to the interviews starting.
- Over 10 hours of rich conversation has been recorded, from 30 minutes to 90 minutes per session.



SHARED STORIES – Conversations with Men: a Visual Audio

Men and Suicide

<https://vimeo.com/316125863/8ce98cb29b>



CO-DESIGN WORKSHOPS



Workshops Summary

- Using co-design methodology, three workshops were arranged.
- One workshop for the interview participants, one for the stakeholders, and a final joint workshop bring together both groups
- The workshops enabled conversations and dialogue for a better understanding of everyone's perspective
- Discussions from the first two workshops were shared at the joint workshop as was Coroner data and the visual audio clip from the interviews.
- The day produced many new focuses going forward, with an overwhelming commitment to share the conversations wider, work together and, not just do things better, but **do better things**.



ACTIONS FROM THE JOINT WORKSHOP...

- Engage one GP surgery in West Kent area in exploring the referral process to support services and pilot changes by June 2019
- Solicit Innovation projects which would pilot peer support within two GP surgeries as part of the 2019/20 Innovation Fund
- Over the next 3 months:
 - Understand the training/support needs for workers in contact with this cohort of men: such as barbers, taxi drivers, bar staff
 - Monitor the ongoing development of the effective pathway design for case management of depression in primary care, with potential to identify a pilot site to trial the pathway
 - Increase awareness for men by providing information through key areas: Release the Pressure on beer mats, shopping receipts, bus/parking tickets
 - Explore the current process/pathways to upskill teachers to identify self-harm early and equip with the skills for early intervention.



An appreciation of a system



Understanding of variation

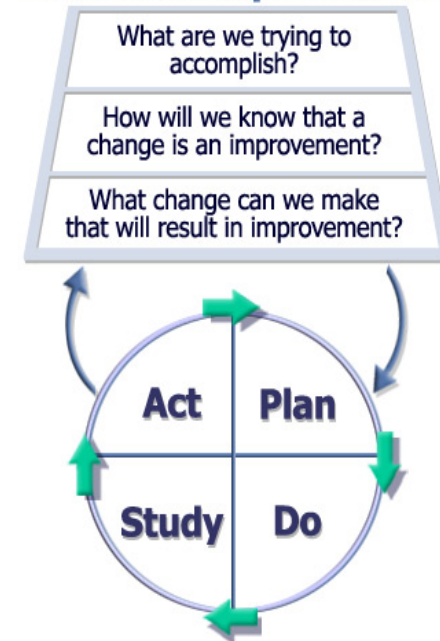


Psychology



Theory of knowledge

Model for Improvement



WHEN I LEAVE THE WORKSHOP I PLEDGE TO...

- Join a PPG & seek to ensure GPs recognise symptoms of depression/suicide
- Open up more referral pathways to organisations to access our services
- Look at areas that rolled out suicide prevention training in barbers – how we go about doing this?
- Continue to support the Transport groups
- Produce a sign-posting board for my centre
- Listen as much as I speak
- Carry on supporting this project!
- Add signage to the bridges in Kent
- Help make more connections in the innovation fund
- Discuss the themes from today with my team and supervisor
- Speak to GP leads about a Peer Project by the end of April
- Look at how to contact local supermarkets in regards to marketing RTP on the back of receipts, including home delivery
- Commit to taking the Improvement Project forward by liaising with the appropriate people in the CCG
- Continue to support to wear down the stigma and barriers of male suicide, particularly with the professions. Hear the real voice – they need to.



FEEDBACK FROM INTERVIEW PARTICIPANTS

Thank you for giving me the chance for my voice to be heard and giving me more courage to battle through this, not give up.

(The video), it's brilliant, it really highlights the problem that there is. Hopefully now with doing this for us and letting our voices be heard, I think it's a new path opened up to a better future, and no more stigma.



It was not the easiest but good to be involved to try to help. That conversations are changing already is brilliant.



Cornwall and Isles of Scilly: Get Set to Go

JAMIE TRESIDDER



Jamie Tresidder

Get Set To Go Project Officer, Cornwall Sports Partnership

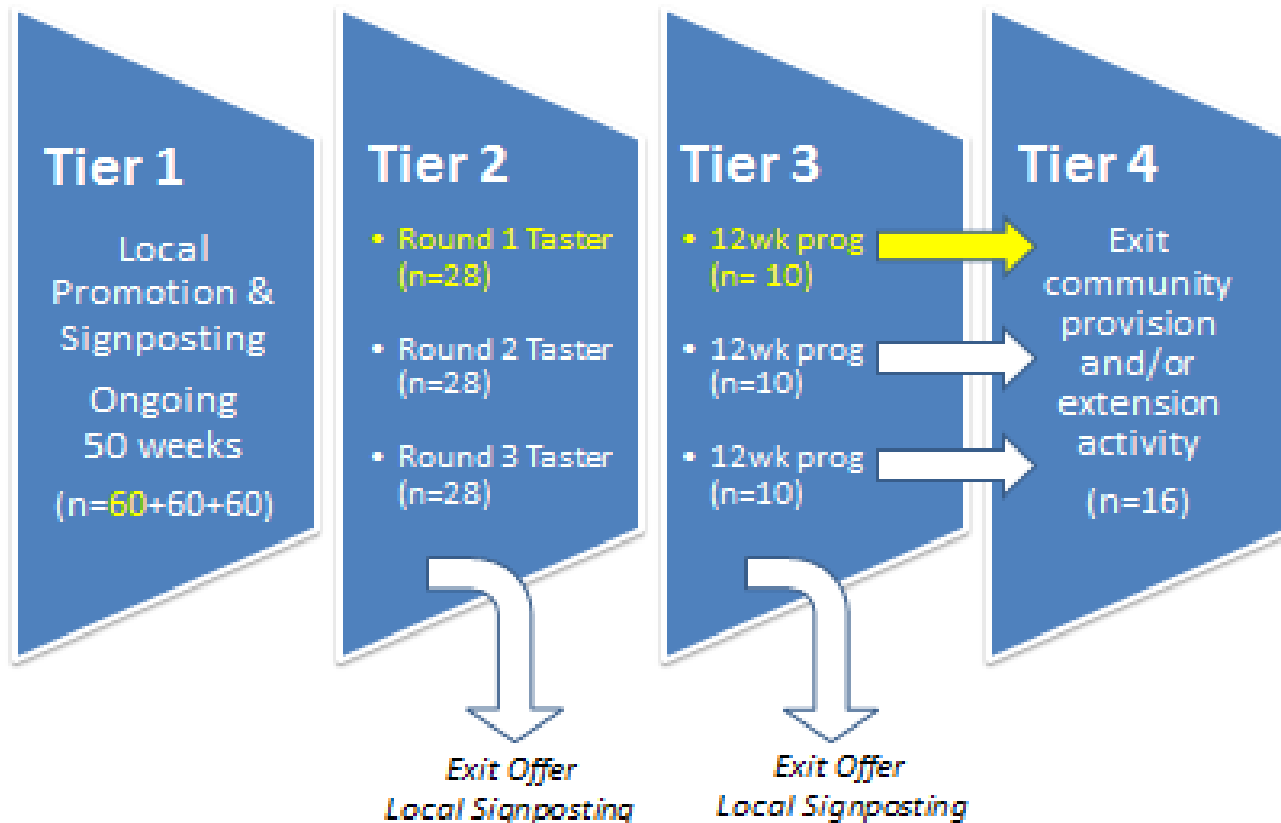




- **3 x12 weekly blocks of group based physical activity sessions across 5 locations in Cornwall delivered by local coaches and supported by volunteers**
- **1-1 sessions and support is also on offer through a team of peer volunteers with lived experience who receive bespoke training from MIND**

Locality Delivery Model

Bodmin/St Austell/West Penwith/Camborne,Pool,Redruth/Falmouth



Component parts of the GStG programme;

i) Mental Health Awareness Training

ii) Peer Support Volunteers

iii) Marketing, Promotion & Recruitment

iv) Sport & Physical Activity Delivery

- *Taster sessions*
- *12 week intervention*
- *Exit to mainstream community provision*

Target Locations



Why these locations?

- High rates of suicide amongst men in comparison to the rest of Cornwall and The UK
- Large number of lower super output areas that are ranked in the top 10% of most disadvantaged in the Country

Routes to Market



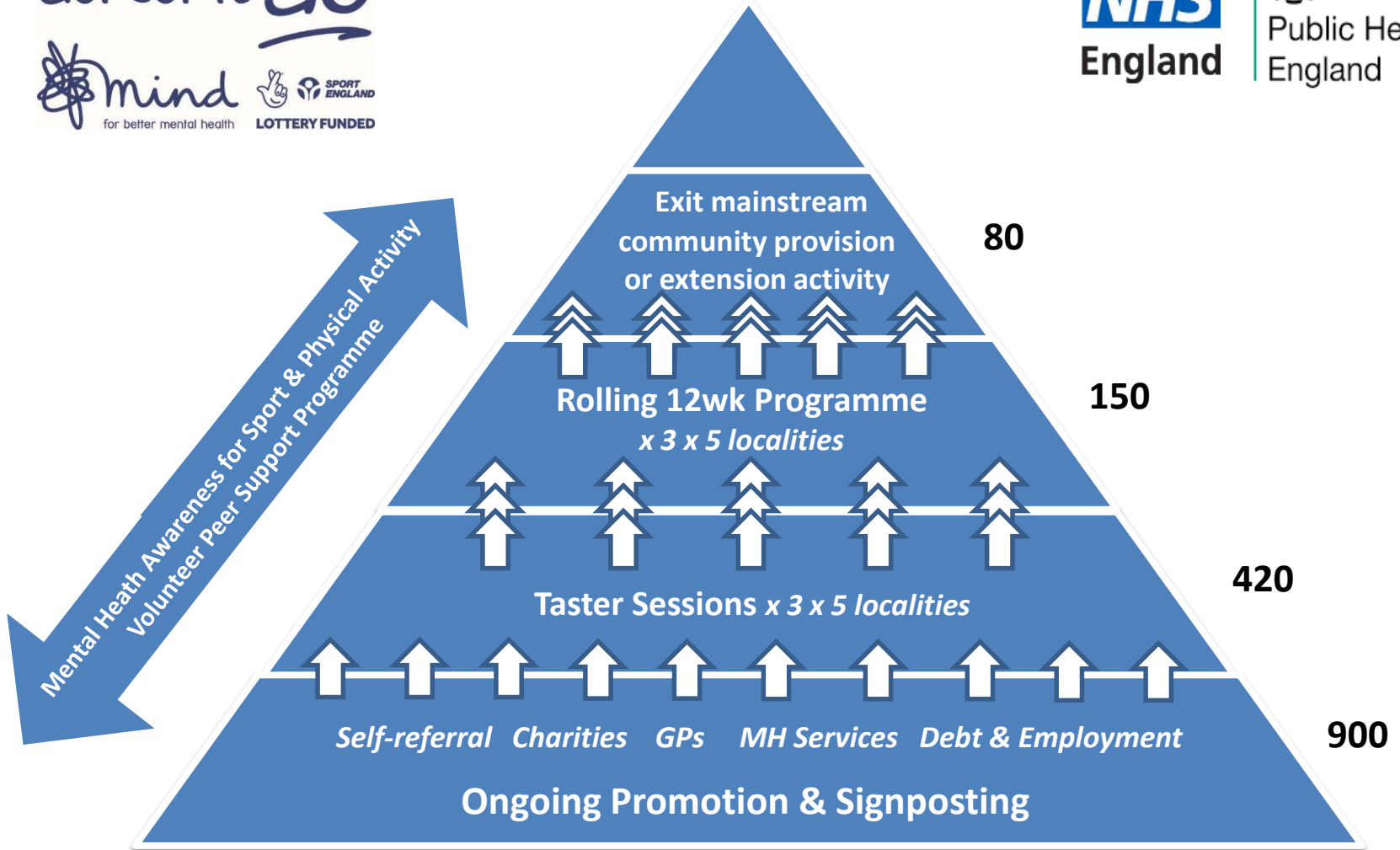


- Cornwall's premier sports team
- Recognisable and identifiable brand, especially for those living in West Cornwall
 - Community team delivering GSTG in Penzance
- Recruitment to programme through supporters club
- Significant added value to GSTG- Player visits, free tickets etc

Session Delivery & Co Design

The logo for SPARC, featuring the word "SPARC" in a bold, sans-serif font. The letter "S" is yellow with a black outline, while the letters "P", "A", "R", and "C" are solid black.

- Delivery is led by The Cornish Pirates Community Team and local community interest company SPARC rather than “traditional” sports clubs/coaches.
- Sessions are based on creating a relaxing, fun, safe and social environment where the participants can enjoy a range of activities at their own pace and in a style that suits them.
- Sessions allow participants to sample different activities and choose what they want to do each week. Participants have also led small parts of sessions in Penzance.



Linking to mainstream activities/sports clubs

- Community facilities for local delivery which can then link to existing provision i.e. table tennis groups at The Dracaena Centre, Falmouth and Redruth
- GLL Healthwise 12 week programme at GLL sites in Bodmin & St Austell.
- Bringing coaches/instructors in to GSTG sessions to make the transition for participants easier
- Identifying the correct community opportunities for people
- Supporting groups to sustain the activity. Get Set To Go Plus- St Austell Fit 4 Life Group.
- Offering sports/leadership based qualifications for participants to sustain activity.

Mental Health Awareness for sport and physical activity training

Course objectives:

- Understand common perceptions and misconceptions about mental health including the positive impact of sport and physical activity on physical and mental health.
- Appreciate the barriers that people living with mental health problems can experience when taking up a sport or physical activity.
- Be aware of how stigma and discrimination surrounding mental health impacts on people living with mental health problems.
- Identify practical actions that you can take to create a positive sporting environment that is more inclusive and accessible to people with mental health problems.
- Feel more confident to talk about mental health and know where to signpost people to if they need support.
- Develop an action plan to embed practices into your organisation.



Activity:

In your groups/tables: Identify referral routes and key local stakeholders to create a plan for how you could implement a physical activity project for people who are at risk of suicide/suffering with poor mental health in your area.

Things to consider:

- Where will you recruit the participants from? Charities, CMH teams etc.
- Who will deliver the activities? Are they understanding of the target audience? Can they add value?
- Where will you base the project?
- What existing provision is out there to compliment your programme/signpost people to.
- Sustainability



Group 1
co-production in
suicide and
bereavement
(G1-2, G3-4)

Group 2
middle-aged men:
engagement and
barriers
(1.1, 1.7)



Time for a.....

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Professional
Football
Association

MICHAEL BENNETT

Questions



Bristol,
N.Somerset &
S. Glocs.

HOPE PROJECT
JEZ SPENCER

HOPE

Bristol/S.Gloucestershire/N.Somerset

PILOT 2015

- Brief psychosocial intervention for people presenting to the Emergency Department after self harm or in acute distress because of financial/employment or welfare difficulties
- 19 people referred
- Motivational interviewing used by Hope workers for up to 6 sessions
- Control group – 1 session signposting and not using MI techniques

MAIN FINDINGS – PERCEIVED BENEFITS

- Resolution of specific financial problems
- Providing support when it is most needed – soon after presentation to A and E
- Insight into coping strategies

- Small scale study – demonstrated evidence of need but any future study should widen criteria

HOPE PROJECT OCTOBER 2018 – OCTOBER 2020

- 59 referrals (meeting criteria)
- 19 following self harm/suicide attempt
- 10% self referrals
- Depression and anxiety present (not necessarily a diagnosis) for many
- Housing problems
- Debt/no money
- Relationship difficulties
- Isolated

REFERRAL CRITERIA – HOPE 2018

- Men – aged between 30 and 64 (changed from 35 – 64 in February 19)
- Not in receipt of secondary mental health care
- SH/suicide attempt
- Acute distress - benefit/finance/housing related difficulties

PROCESS AND AIMS

1. Referral received
2. Phone call same day (M-F) to arrange appointment – can take over an hour – signposting if relevant/possible
3. Appointment offered within 72 hours if above not possible
4. Initial conversation (assessment) usually within 1 week and has been the next day
5. Questionnaire completed in 1st session (or within first 3)
6. Ongoing support (aiming for a maximum of 8 sessions)

WHAT'S IMPORTANT?

- Staff support – supervision + reflective practice+ clinical supervision +training MI and suicide prevention/awareness
- Connection
- Responsive at first contact – crisis loans/foodbank vouchers
- Flexibility – meeting at a place they feel safe
- Safety plan on first meeting or with Senior Co-ordinator when appointment made
- Offered option of contacting Hope before 1st appointment if needed
- Use of text/phone and 1-1
- Initial action plan and action asap
- Partnership work – housing/DWP/debt agencies/substance misuse

CASE STUDY

- Presentation – referred following suicide attempt and still having thoughts of suicide
- Significant debt and relationship difficulties
- Contacted straight away following receipt of referral
- Initial appointment arranged
- First meeting – over 2 hours
- Safety Plan made and removal of means by Hope worker
- Still alive today and receiving support

WHERE ARE REFERRALS FROM?

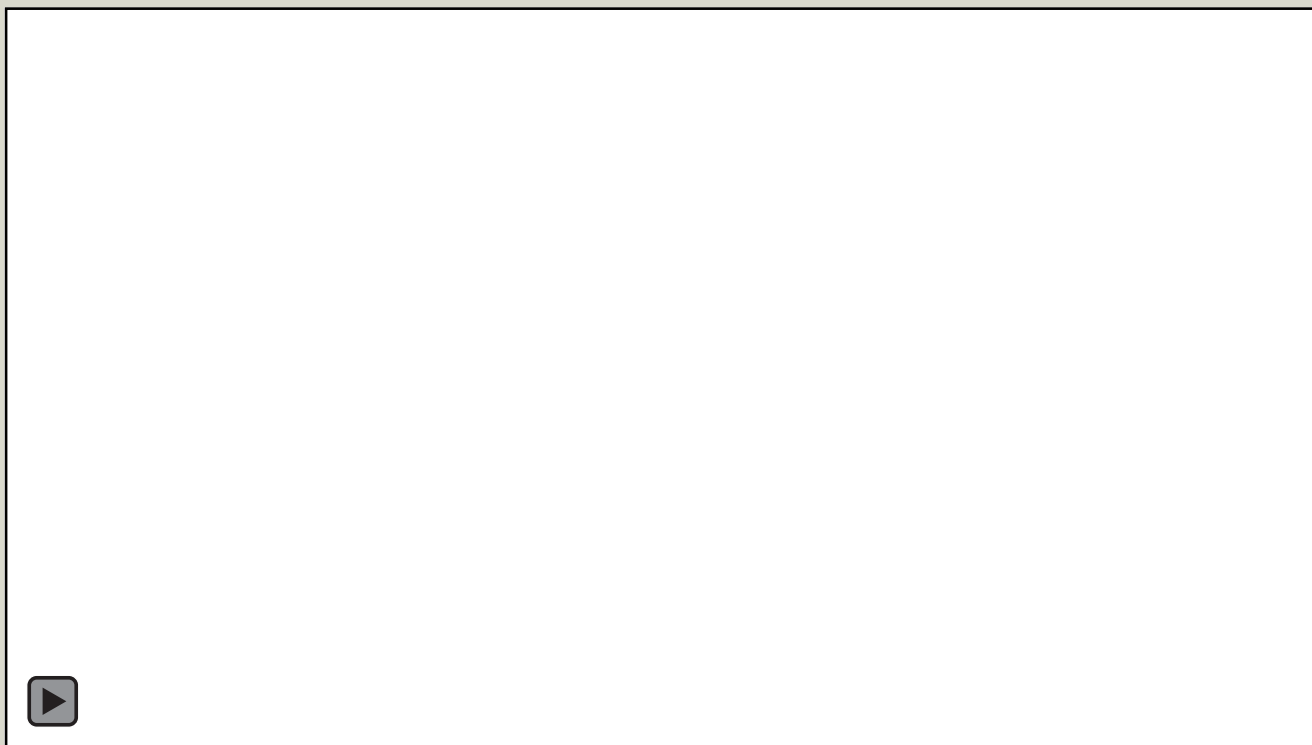
- Self (10%)
- Psychiatric Liaison Teams (60%)
- DWP
- Foodbanks
- Landlord
- Energy company

LEARNING

- Reduction of age criteria to 30
- Focus on foodbanks for next 3 months (March to May)
- Raise awareness through targeting toilets/Gp's/sports venues/barbers/betting shops
- Questionnaire challenging to complete
- Staff support

FUTURE

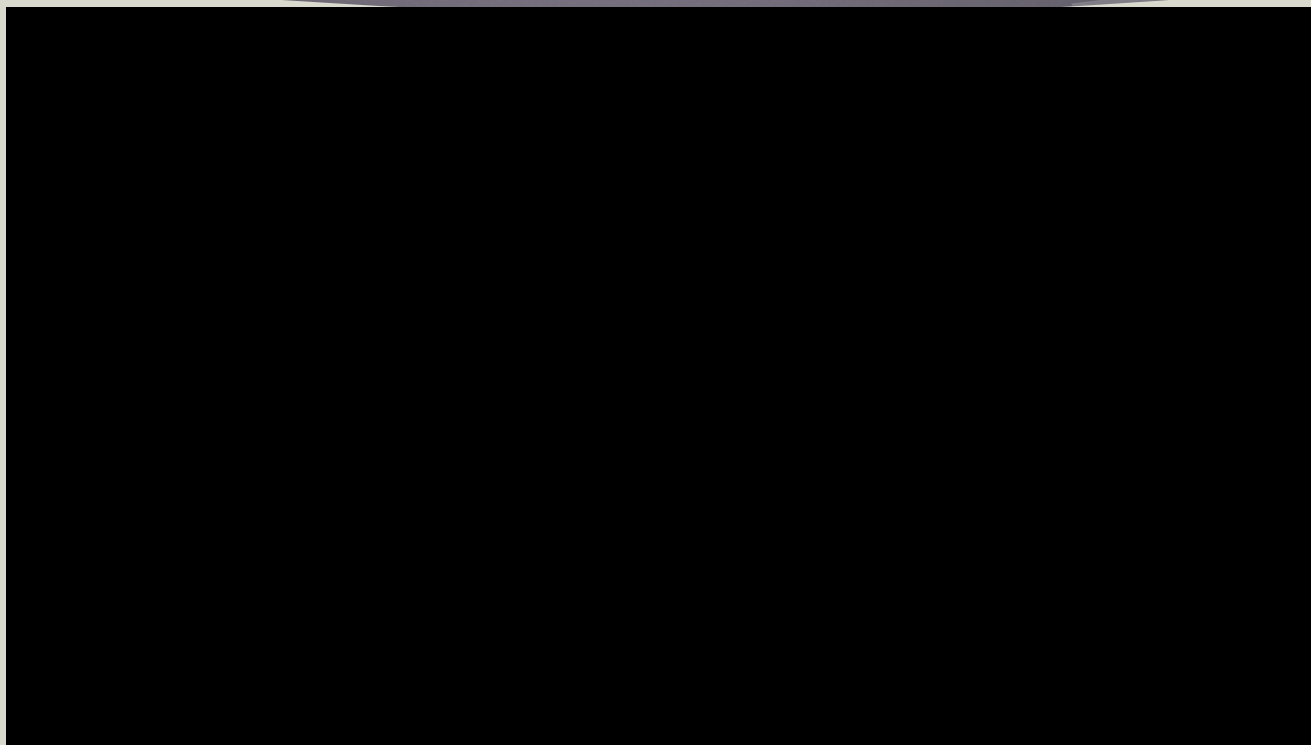
HOPE Project – Media Coverage



South Yorkshire and Bassetlaw - Media Campaigns

SARAH BOUL

South Yorkshire and Bassetlaw- Pledge Video



<https://www.youtube.com/watch?v=b3wV89-3L7w>

South Yorkshire and Bassetlaw Please Talk

- ▶ Sorry we couldn't share this with you. The national team will let you know when it goes LIVE . If you would like more information about the " Please Talk" video.

Contact:

Sarah Boul

Quality Improvement Manager (Mental Health)

Clinical Networks (Yorkshire & the Humber)

NHS England - North (Yorkshire & the Humber)

Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY

0113 8253458 / 07584 362 063

sarah.boul@nhs.net

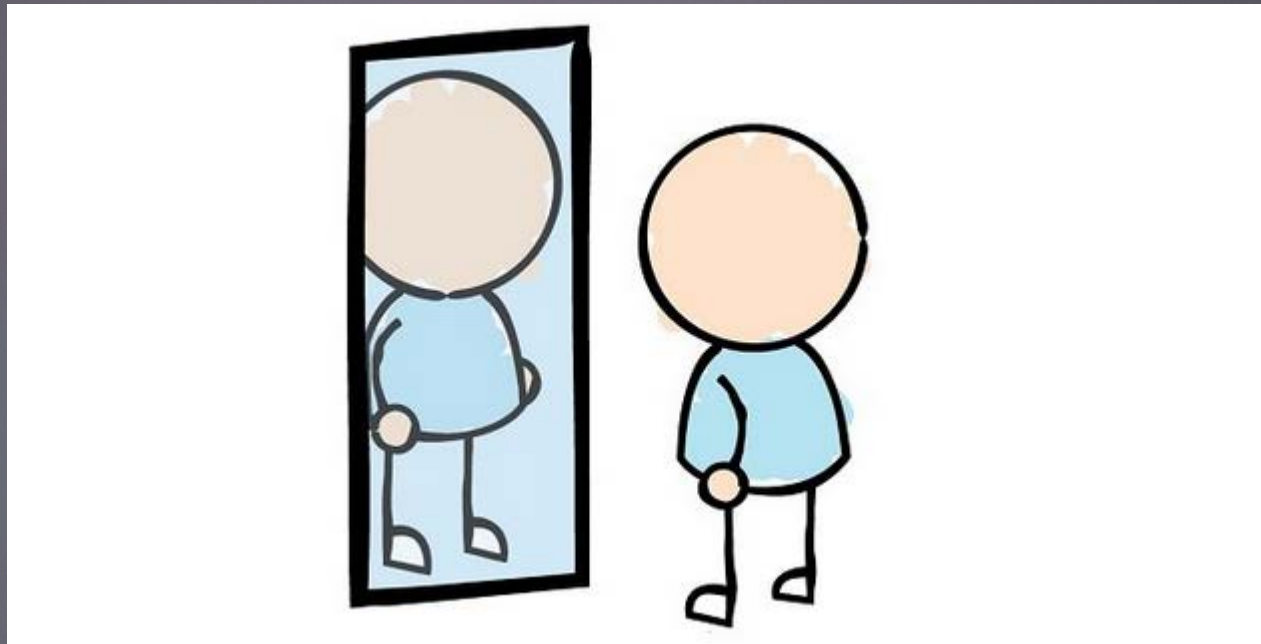
Questions



Action planning & next steps

TOM AYERS

Reflection on the day



NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

CLOSE

THANK YOU

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH