

# Suicide Prevention Programme – Learning Set 2

12<sup>TH</sup> NOVEMBER 2019

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

# Introduction

HELEN SMITH

# Agenda

|               |   |                             |                         |
|---------------|---|-----------------------------|-------------------------|
| 10:30 – 11:00 | Registration  |                             |                         |
| 11:00 – 11:05 | Welcome   | Helen Smith                 |                         |
| 11:05 – 11:25 | <b>NCISH</b><br>The latest findings for self-harm and suicide prevention<br>(10 minute update and 10 minute Q&A)  | Nav Kapur                   |                         |
| 11:25 – 11:50 | <b>Kent and Medway</b><br>Programme management<br>(15 minute presentation and 10 minute Q&A)  | Tim Woodhouse               |                         |
| 11:50 – 12:20 | <b>Suicide, A Different Story</b><br>Suicide innovation project around storytelling<br>(20 minute presentation and 10 minute Q&A)   | Kane Dodgson                |                         |
| 12:20 – 13:05 | Lunch   |                             |                         |
| 13:05 – 13:10 | Introduction to the afternoon session   | Helen Smith                 |                         |
| 13:10 – 13:35 | <b>Support After Suicide Partnership</b><br>Bereavement support<br>(15 minute presentation and 10 minute Q&A)   | Sarah Bates                 |                         |
| 13:35 – 14:00 | <b>Barber Talk (City of London)</b><br>Training barbers to recognise, talk and listen out for mental ill health in clients to prevent suicide<br>(15 minute presentation and 10 minute Q&A) | Claire Giraud               |                         |
|               | <b>Breakout Sessions</b>  |                             |                         |
| 14:00 – 14:30 | Group 1<br>Self-harm  | Group 2<br>Substance Misuse | Group 3<br>Coproduction |
| 14:30 – 14:55 | <b>Introduction to LifeQI</b><br>(20 minute presentation and 5 minute Q&A)  |                             | Kate Lorrimer           |
| 14:55 – 15:00 | Final comments and close  |                             | Helen Smith             |

# Latest findings for self-harm and suicide

NAV KAPUR

NCISH



# National Confidential Inquiry into Suicide and Safety in Mental Health

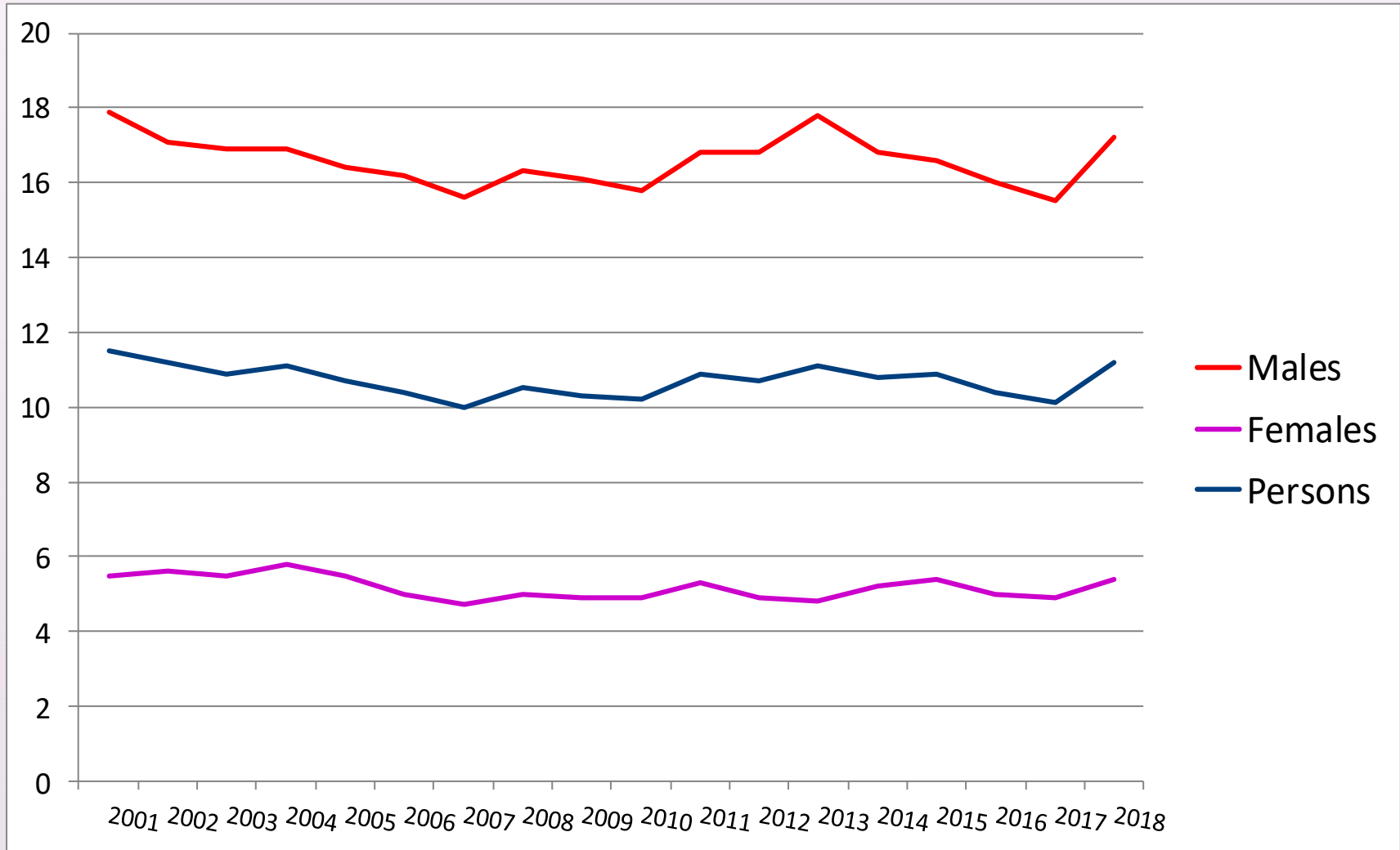
STP Learning Day  
Quality Improvement for Suicide Prevention  
12<sup>th</sup> November 2019

Professor Nav Kapur

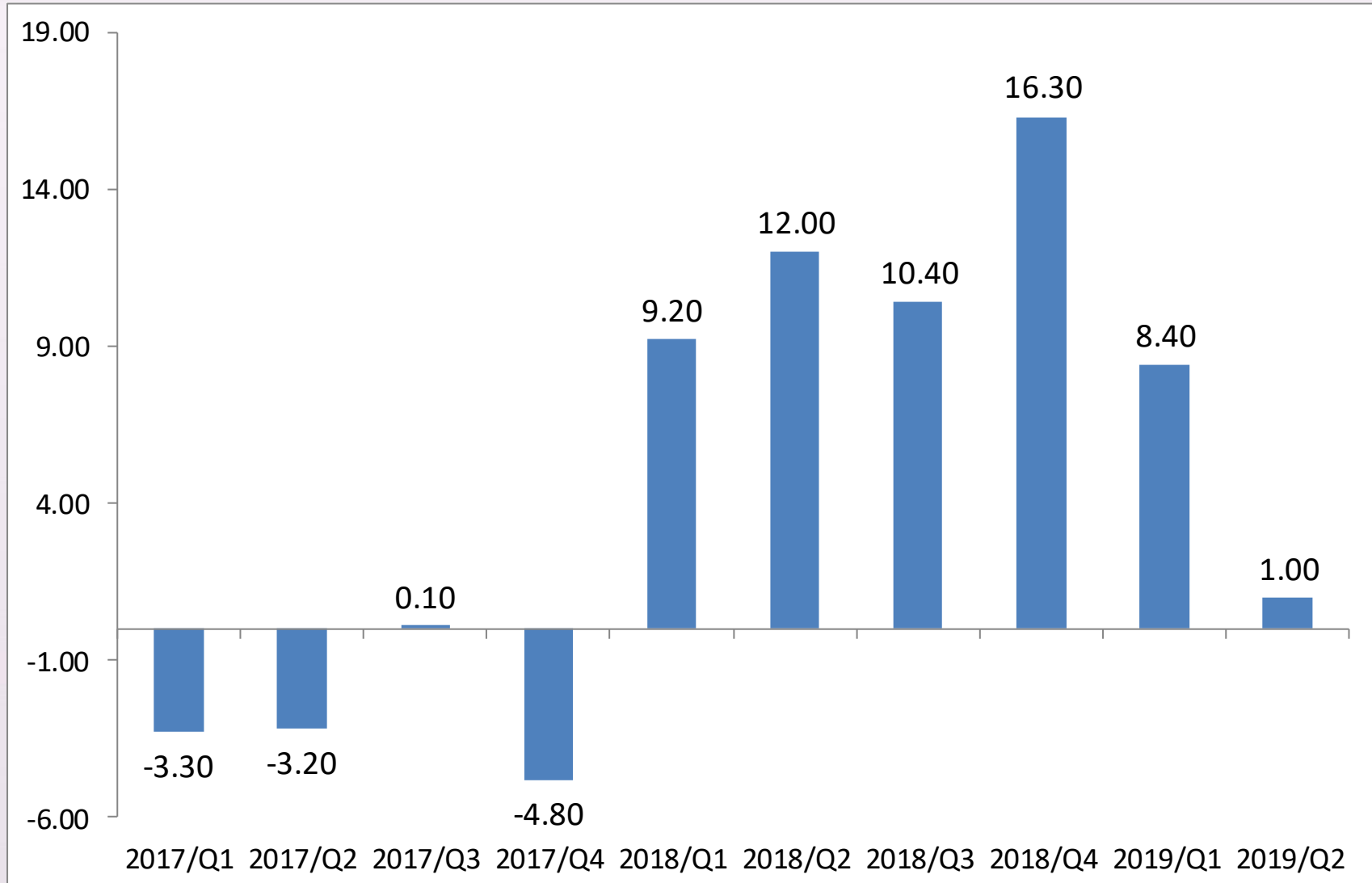
# Outline

- Recent rise in suicide
- Self-harm
- Bereavement support
- NCISH update

# Age-standardised suicide rates, UK (2001-2018)



# Percentage change in the number of suicides per quarter





**Standard of proof**



**More dangerous suicide methods**



**Economic adversity**



**Demand for mental health care**



**Alcohol and drugs**



**Loss of social cohesion**



BMJ 2019;366:j4745 doi: 10.1136/bmj.j4745 (Published 29 July 2019)

Page 1 of 2



## EDITORIALS

### New standard of proof for suicide at inquests in England and Wales

Suicide can now be concluded on "balance of probabilities"

Louis Appleby *professor of psychiatry*<sup>1</sup>, Pauline Turnbull *project director*<sup>1</sup>, Nav Kapur *professor of psychiatry and population health*<sup>1,2</sup>, David Gunnell *professor of epidemiology*<sup>3</sup>, Keith Hawton *professor of psychiatry*<sup>4</sup>

<sup>1</sup>National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), Centre for Mental Health and Safety, School of Health Sciences, University of Manchester, Manchester, UK; <sup>2</sup>Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK; <sup>3</sup>Centre for Academic Mental Health, Bristol Medical School, University of Bristol, Bristol, UK; <sup>4</sup>Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK

In May 2019 the Court of Appeal in England and Wales handed down a ruling on the determination of suicide at inquest that is likely to affect the national suicide rate and influence policy priorities.<sup>1</sup> The ruling upholds a critical decision taken in 2018 by the High Court<sup>2</sup> that the standard of proof required for a suicide conclusion (previously verdict) should be the civil standard—balance of probabilities—rather than the previous criminal standard—beyond reasonable doubt. The lowering of the threshold is expected to lead to an increase in deaths

standard had been widely applied, it had no legal justification. The appeal court has now agreed, though the Ministry of Justice will take a further appeal to the Supreme Court.

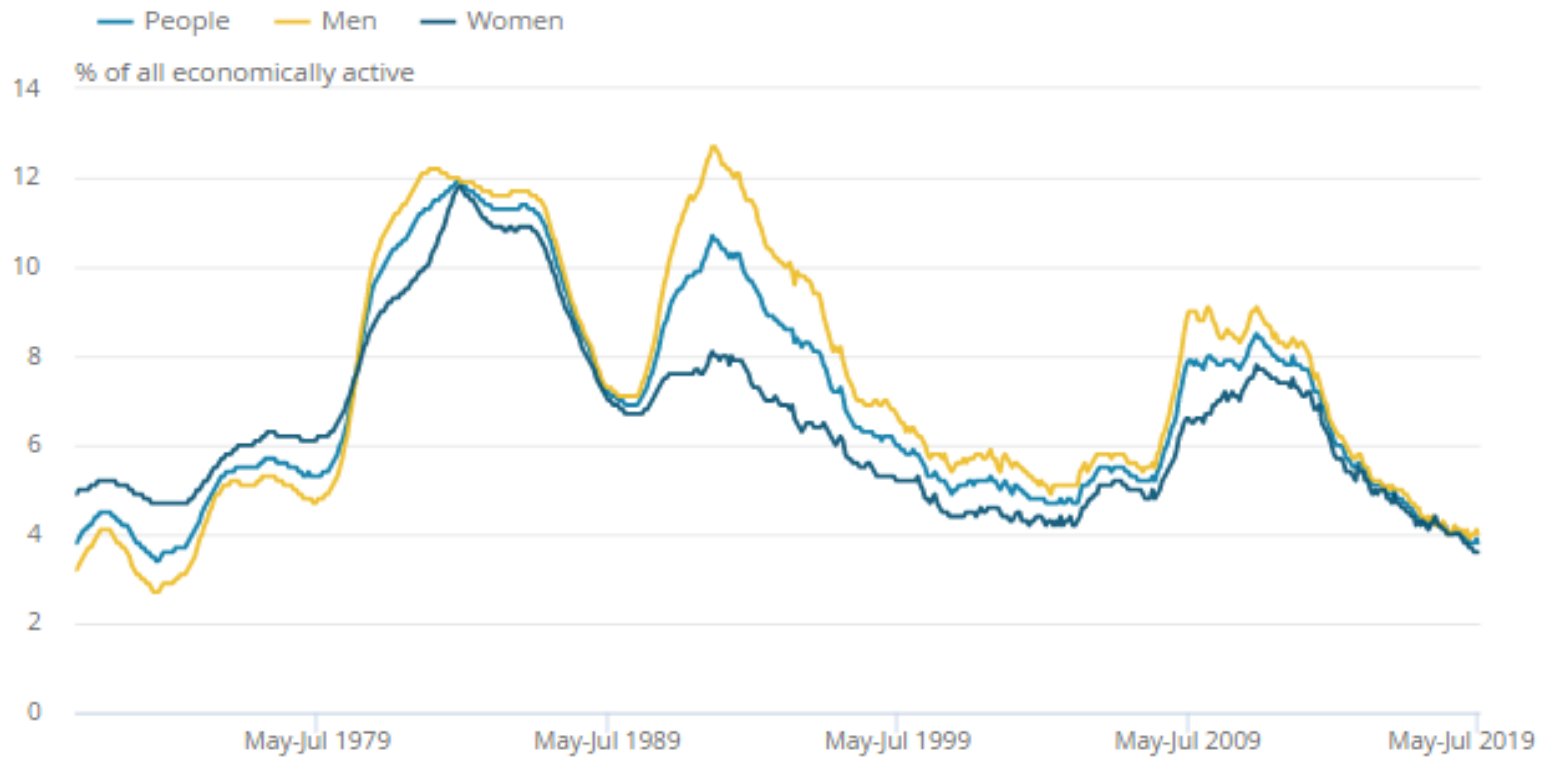
#### Effect on suicide rates

How will the change affect reported suicide rates in England and Wales? Suicide numbers will probably rise and will be hard to compare to previous years. There will be a similar rise in high risk groups such as patients with mental health problems,

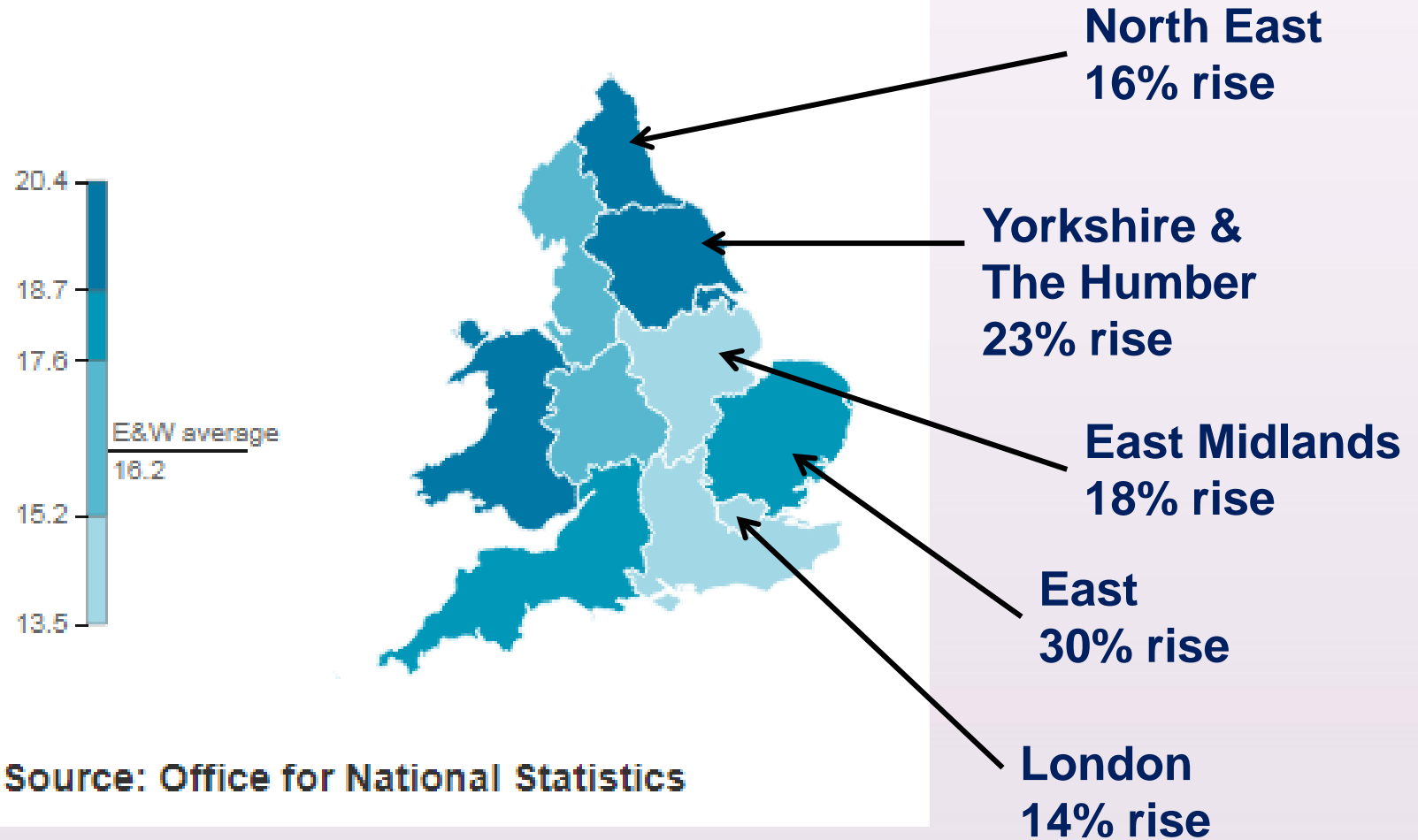
The standard of proof has been **lowered** from **criminal** to **civil** standard.

It was **beyond reasonable doubt** but now **balance of probabilities**

UK unemployment rates (aged 16 years and over), seasonally adjusted, January to March 1971 to May to July 2019



# Suicide rate 2018 by region, males





Articles

## Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study

Gail Gostajow, Deborah Casey, Liz Bale, Fiona Brand, Caroline Clements, Rachna Farooq, Nav Kapur, Jennifer Ness, Keith Waters, Apostolos Tsachris, Keith Heaton

Summary

**Background** Self-harm is the strongest risk factor for subsequent suicide, but risk may vary. We compared the risk of suicide following hospital presentation for self-harm according to patient characteristics, method of self-harm, and variations in area-level socioeconomic deprivation, and estimated the incidence of suicide by time after hospital attendance.

**Methods** In this ongoing Multicentre Study of Self-harm in England, the study population consists of individuals aged at least 15 years who had attended the emergency department of five general hospitals in Oxford, Manchester, and Derby after non-fatal self-harm between Jan 1, 2000, and Dec 31, 2013. Information on method of self-harm was obtained through systematic monitoring in hospitals. Level of socioeconomic deprivation was based on the Index of Multiple Deprivation (IMD) characterising the area where patients lived, grouping them according to IMD quintiles. Mortality follow-up was up to Dec 31, 2015, resulting in up to 16 years of follow-up. We calculated incidence of suicide since first hospital presentation by follow-up period and estimated the association between individual factors (age, gender, method of self-harm, IMD, and number of non-fatal self-harm presentations to hospital) and suicide using mixed-effect models.

**Findings** Between Jan 1, 2000, and Dec 31, 2013, there were 92177 presentations to the study hospitals by 51188 individuals. 1325 patients involved in 1563 self-harm episodes were excluded from the study because they had missing information on gender, age, or mortality. The resulting study sample consisted of 90614 hospital presentations by 49783 individuals. By the end of follow-up on Dec 31, 2015, 703 patients had died by suicide. The overall incidence of suicide was 163.1 (95% CI 151.5–175.6) per 100000 person-years, and 260.0 (237.4–284.8) per 100000 person-years in men and 94.6 (83.3–107.4) per 100000 person-years in women. The incidence of suicide was highest in the year following discharge from hospital (511.1 [451.7–578.2] per 100000 person-years), particularly in the first month (1787.1 [1423.0–2244.4] per 100000 person-years). Based on all presentations to hospital, men were three times more likely than women to die by suicide after self-harm (OR 3.36 [95% CI 2.77–4.08],  $p < 0.0001$ ). Age was positively related to suicide risk in both genders, with a 3% increase in risk for every one-year increase in age at hospital presentation (OR 1.03 [1.03–1.04],  $p < 0.0001$ ). Relative to hospital presentations after self-poisoning alone, presentations involving both self-injury and self-poisoning were associated with higher suicide risk (adjusted OR 2.06 [95% CI 1.42–2.99],  $p < 0.0001$ ), as were presentations after self-injury alone (adjusted OR 1.36 [1.09–1.70],  $p = 0.007$ ). Similarly, relative to self-harm by self-poisoning alone, attempted hanging or asphyxiation (adjusted OR 2.70 [1.53–4.78],  $p = 0.001$ ) and traffic-related acts of self-injury (adjusted OR 2.99 [1.17–7.65],  $p = 0.022$ ) were associated with greater risk of suicide. Self-cutting combined with self-poisoning was also associated with increased suicide risk (adjusted OR 1.36 [1.08–1.71],  $p = 0.01$ ). Compared with those patients living in the most deprived areas, those who lived in the least deprived areas (first national IMD quintile) had a greater risk of dying by suicide (adjusted OR 1.76 [1.32–2.34],  $p < 0.0001$ ) after adjusting for gender, age, previous self-harm, and psychiatric treatment, as did those living in the second least deprived areas (adjusted OR 1.64 [1.20–2.25],  $p = 0.002$ ).

**Interpretation** Patients attending hospital for self-harm are at high risk of suicide, especially immediately after hospital attendance. Certain patient characteristics and methods of self-harm, together with living in areas of low socioeconomic deprivation, can increase patients' subsequent suicide risk. However, while specific risk factors can be usefully integrated into the assessment process, individual factors have poor utility in predicting suicide, so the needs and risks of all patients should be assessed to develop appropriate aftercare plan, including early follow-up.

**Funding** UK Department of Health and Social Care.

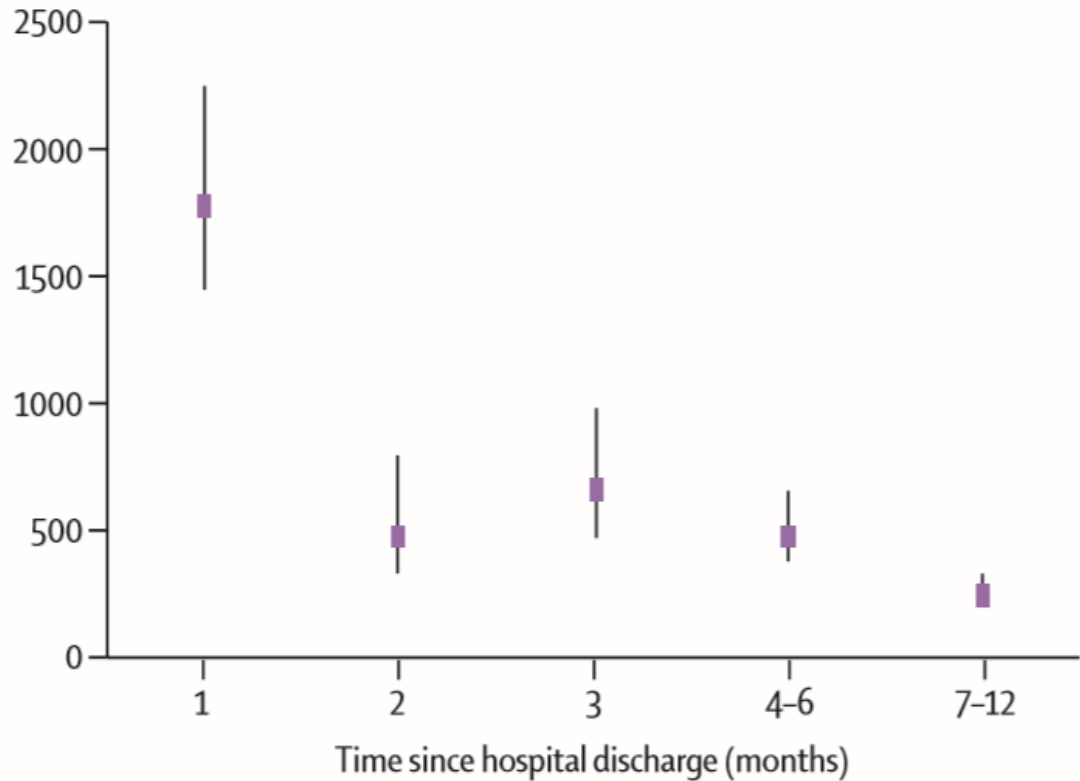
Copyright © 2019 Elsevier Ltd. All rights reserved.



*Lancet Psychiatry* 2019  
Published Online  
November 6, 2019  
[https://doi.org/10.1016/S2215-0364\(19\)30402-X](https://doi.org/10.1016/S2215-0364(19)30402-X)

See Online for more: [https://doi.org/10.1016/S2215-0364\(19\)30402-X](https://doi.org/10.1016/S2215-0364(19)30402-X)  
Centre for Suicide Research, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UK (G Gostajow PhD), D Casey BSc, L Bale LICST, F Heaton PhD, Prof K Heaton (MEdSci), Oxford Health NHS Foundation Trust, Oxford, UK (G Brand), Prof K Heaton, Centre for Suicide Prevention, Manchester Academic Health Sciences Centre, University of Manchester, Manchester, UK (C Clements PhD, F Farooq BSc, Prof N Kapur FRCPsych), Centre for Suicide Research, Manchester Academic Health Sciences Centre, University of Manchester, Manchester, UK (Prof N Kapur), Centre for Self-harm and Suicide Prevention Research, Derbyshire Healthcare NHS Foundation Trust, Derby, UK (J Ness MSc, K Waters PhD), and Health Economics Research Centre, North East Department of Population Health, University of Oxford, Oxford, UK (A Tsachris PhD)  
Correspondence to: Dr Gail Gostajow, Centre for Suicide Research, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford OX3 2JX, UK. [g.gostajow@psych.ox.ac.uk](mailto:g.gostajow@psych.ox.ac.uk)

### D Total study population in the first 12 months



**NICE** National Institute for Health and Care Excellence

Search NICE...

NICE Pathways | **NICE guidance** | Standards and indicators | Evidence search | BNF | BNFC | CKS | Journals and databases

Home > NICE Guidance > Conditions and diseases > Mental health and behavioural conditions > Self-harm

## Self-harm in over 8s: management and preventing recurrence

In development [GID-NG10148] Expected publication date: 26 January 2022 [Register as a stakeholder](#)

Project information | Project documents | **Consultation**

### Draft scope consultation

You can now comment on this draft scope. The scope defines what the guideline will (and will not) cover.

The consultation closes on 27 November 2019 at 5pm

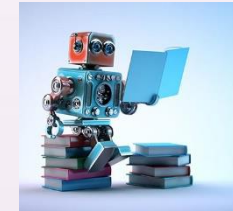
#### How to comment

- 1. Register your organisation**

Your organisation needs to be [registered as a stakeholder](#) before we can accept comments.

Not eligible? Contact the [stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

We can accept comments from individuals. These will be considered, but you won't get a formal response and they won't be posted on the NICE website. Wherever possible we encourage you to submit your comments through a registered stakeholder organisation.




## Risk assessment/machine learning




## Harm minimisation



## Assessment and interventions

 **GOV.UK**

Search  

Departments Worldwide How government works Get involved  
Consultations Statistics News and communications

[Home](#) > [Health and social care](#) > [National Health Service](#)

News story

## Suicide bereavement support to be made available across England

Personalised bereavement support will be available on the NHS in England to care for people after a relative or friend's suicide.

Published 27 October 2019

From: [Department of Health and Social Care](#)



People who have lost someone close to them due to suicide will benefit from

Littlewood et al. *BMC Psychiatry* (2019) 19:346  
<https://doi.org/10.1186/s12888-019-2336-8>


BMC Psychiatry

RESEARCH ARTICLE

Open Access



## Learning from clinicians' views of good quality practice in mental healthcare services in the context of suicide prevention: a qualitative study

Donna L. Littlewood<sup>1,2\*</sup> , Leah Quinlivan<sup>1,2</sup>, Jane Graney<sup>3</sup>, Louis Appleby<sup>3</sup>, Pauline Turnbull<sup>3</sup>, Roger T. Webb<sup>1,2</sup> and Navneet Kapur<sup>1,2,3,4</sup>

### Abstract

**Background:** Suicide and non-fatal self-harm represent key patient safety events in mental healthcare services. However, additional important learning can also be derived by highlighting examples of optimal practice that help to keep patients safe. In this study, we aimed to explore clinicians' views of what constitutes good practice in mental healthcare services in the context of suicide prevention.

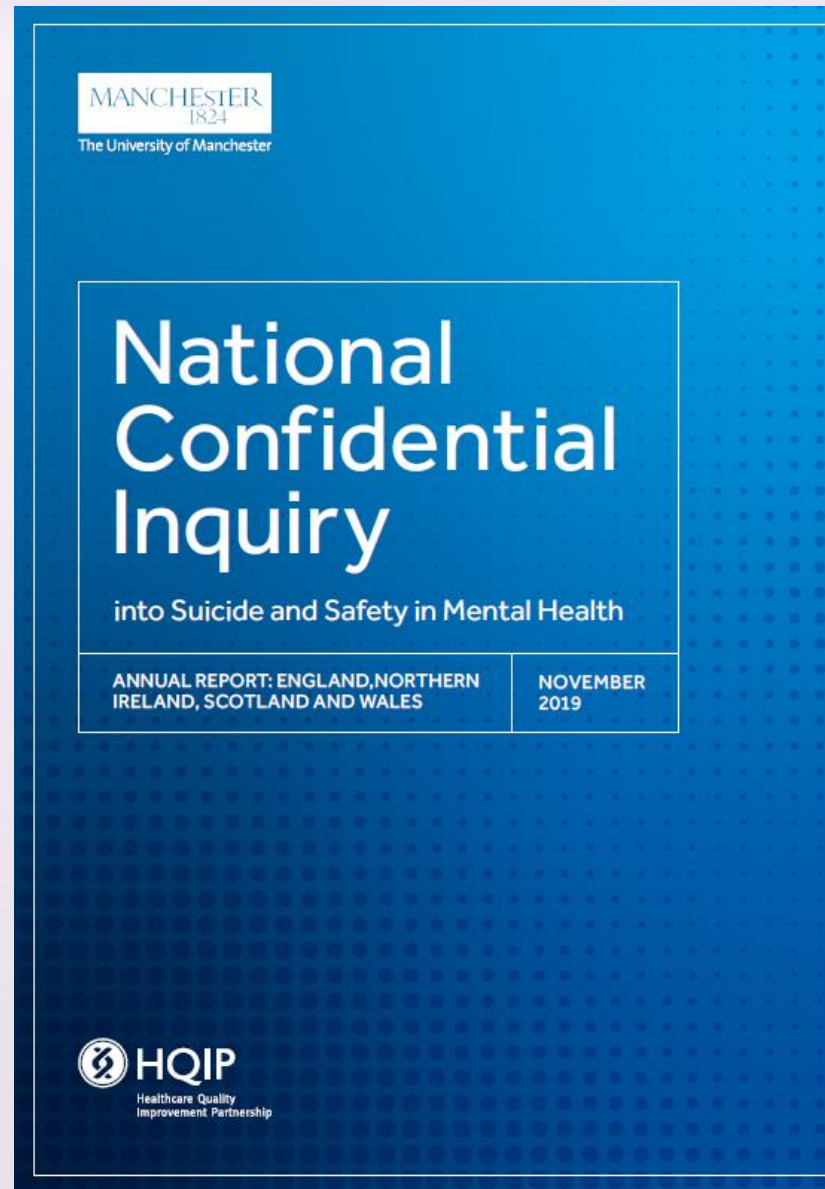
**Methods:** Data were extracted from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) database, a consecutive case series study of suicide by people in contact with mental healthcare services. A large national sample of clinicians' responses was analysed with a hybrid thematic analysis.

**Results:** Responses ( $n = 2331$ ) were submitted by clinicians across 62 mental healthcare providers. The following five themes illustrated good practice that helps to: 1) promote safer environments, 2) develop stronger relationships with patients and families, 3) provide timely access to tailored and appropriate care, 4) facilitate seamless transitions, and 5) establish a sufficiently skilled, resourced and supported staff team.

**Conclusion:** This study highlighted clinicians' views on key elements of good practice in mental health services. Respondents included practice specific to mental health services that focus on enhancing patient safety via prevention of self-harm and suicide. Clinicians possess important understanding of optimal practice but there are few opportunities to share such insight on a broader scale. A further challenge is to implement optimal practice into routine, daily care to improve patient safety and reduce suicide risk.

**Keywords:** Mental health services, Suicidal behaviour, Suicide prevention, Qualitative research, Patient safety, Quality

- Safer environments
- Stronger relationship with families
- Timely access
- Seamless transitions
- Skilled teams







[www.manchester.ac.uk/ncish](http://www.manchester.ac.uk/ncish)



@NCISH\_UK

# Programme Management

TIM WOODHOUSE

KENT AND MEDWAY



## Programme management - Kent and Medway style.

**“The good, the bad and the ‘slightly shoddy but it works’.”**

Tim Woodhouse, Suicide Prevention Programme Manager [tim.woodhouse@kent.gov.uk](mailto: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.*





# DISCLAIMER...



# CONTENTS :

- 1) How we began
- 2) How do we know we are on the right track?
- 3) The lessons we have learnt



# CONTENTS :

## 1) How we began



We were lucky to already have a well engaged Suicide Prevention Steering Group (over 120 organisations and individuals).



**Kent  
Police**



**NHS  
England**



**Kent Coroners**



**Kent and Medway**

**NHS and Social Care Partnership Trust**



**SURVIVORS OF  
BEREAVEMENT  
BY SUICIDE**





# and in partnership with the wider steering group we used data...

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

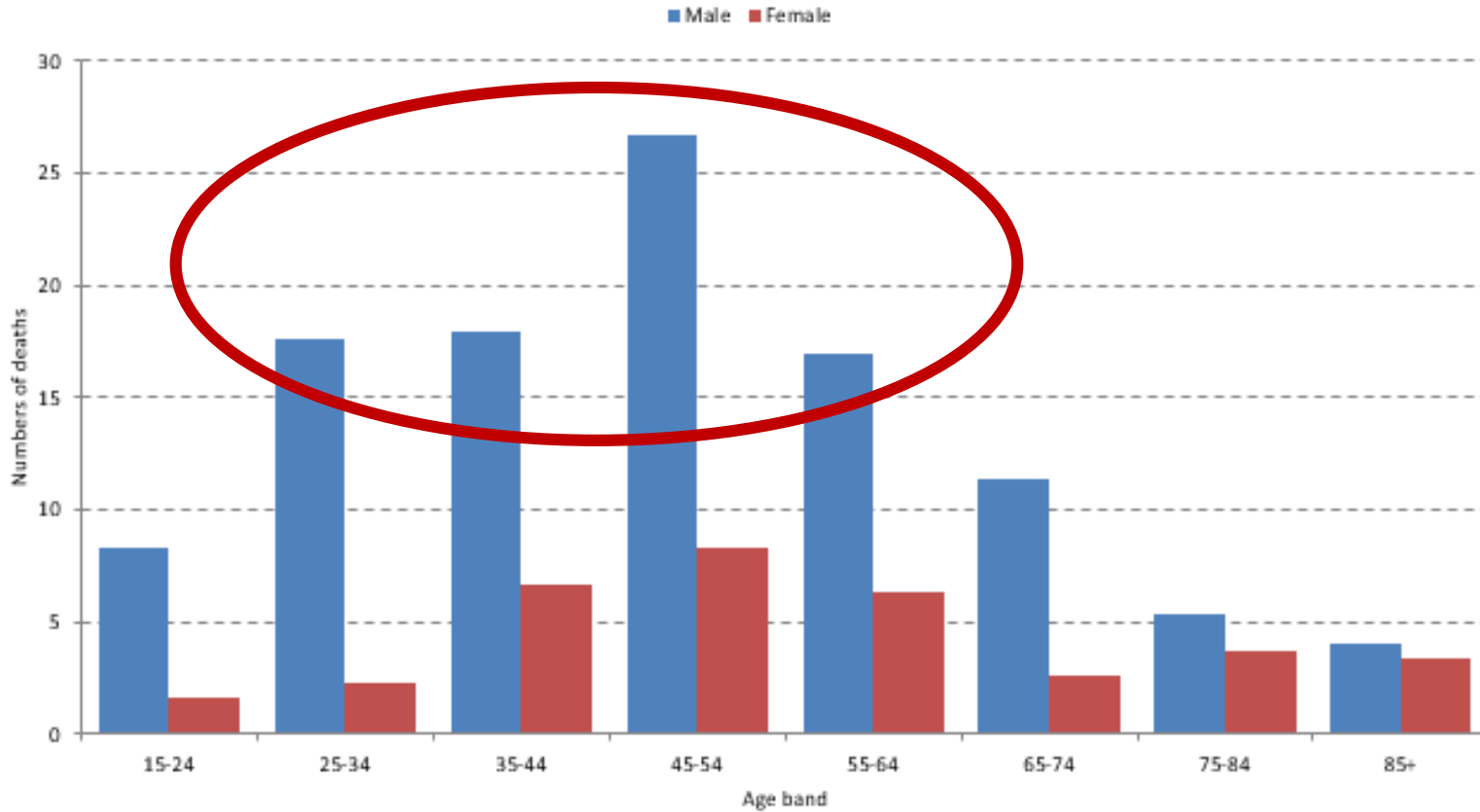
| 3 year rolling suicide rates per 100,000 |                       | 2016-2018   | 2015-2017   | 2014-2016   |
|--|-----------------------|-------------|-------------|-------------|
| <b>ENGLAND</b>                           |                       | <b>9.6</b>  | <b>9.6</b>  | <b>9.9</b>  |
|  | <b>Medway</b>         | <b>9.4</b>  | <b>9.7</b>  | <b>11.2</b> |
|  | <b>Kent</b>           | <b>10.0</b> | <b>10.5</b> | <b>11.6</b> |
|  | Ashford               | 8.3         | 8.3         | 10.6        |
|  | Canterbury            | 12.7        | 11.7        | 11.1        |
|  | Dartford              | 10.3        | 10.8        | 12.0        |
|  | Dover                 | 10.2        | 9.6         | 9.8         |
|  | Folkestone and Hythe  | 11.6        | 12.3        | 13.6        |
|  | Gravesham             | 11.1        | 10.4        | 12.1        |
|  | Maidstone             | 6.5         | 7.2         | 8.8         |
|  | Sevenoaks             | 7.4         | 6.6         | 9.5         |
|  | Swale                 | 10.6        | 12.4        | 13.0        |
|  | Thanet                | 13.8        | 14.9        | 16.0        |
|  | Tonbridge and Malling | 8.6         | 10.2        | 10.2        |
|  | Tunbridge Wells       | 11.0        | 11.8        | 13.7        |





## data...

Average annual numbers of deaths from suicide and events of undetermined cause, 2014/15 - 2016/17, Kent residents by age band and gender

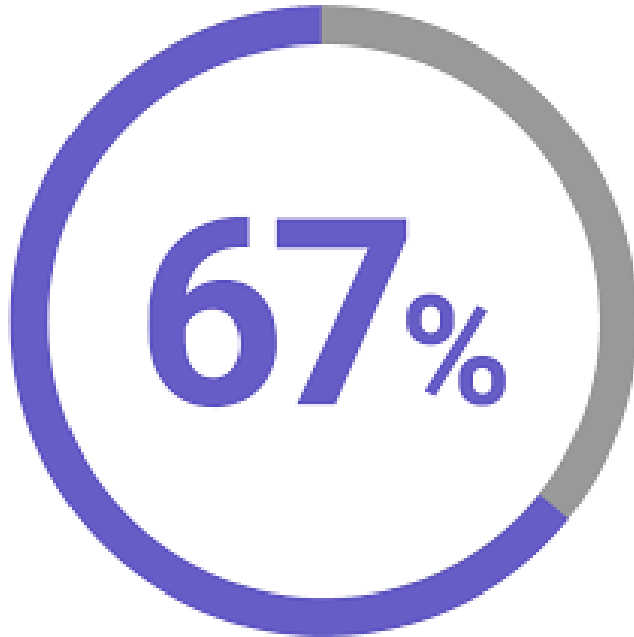


Source: PCMD, ONS, KPHO (JB)

Source - KMPHO



and more data...



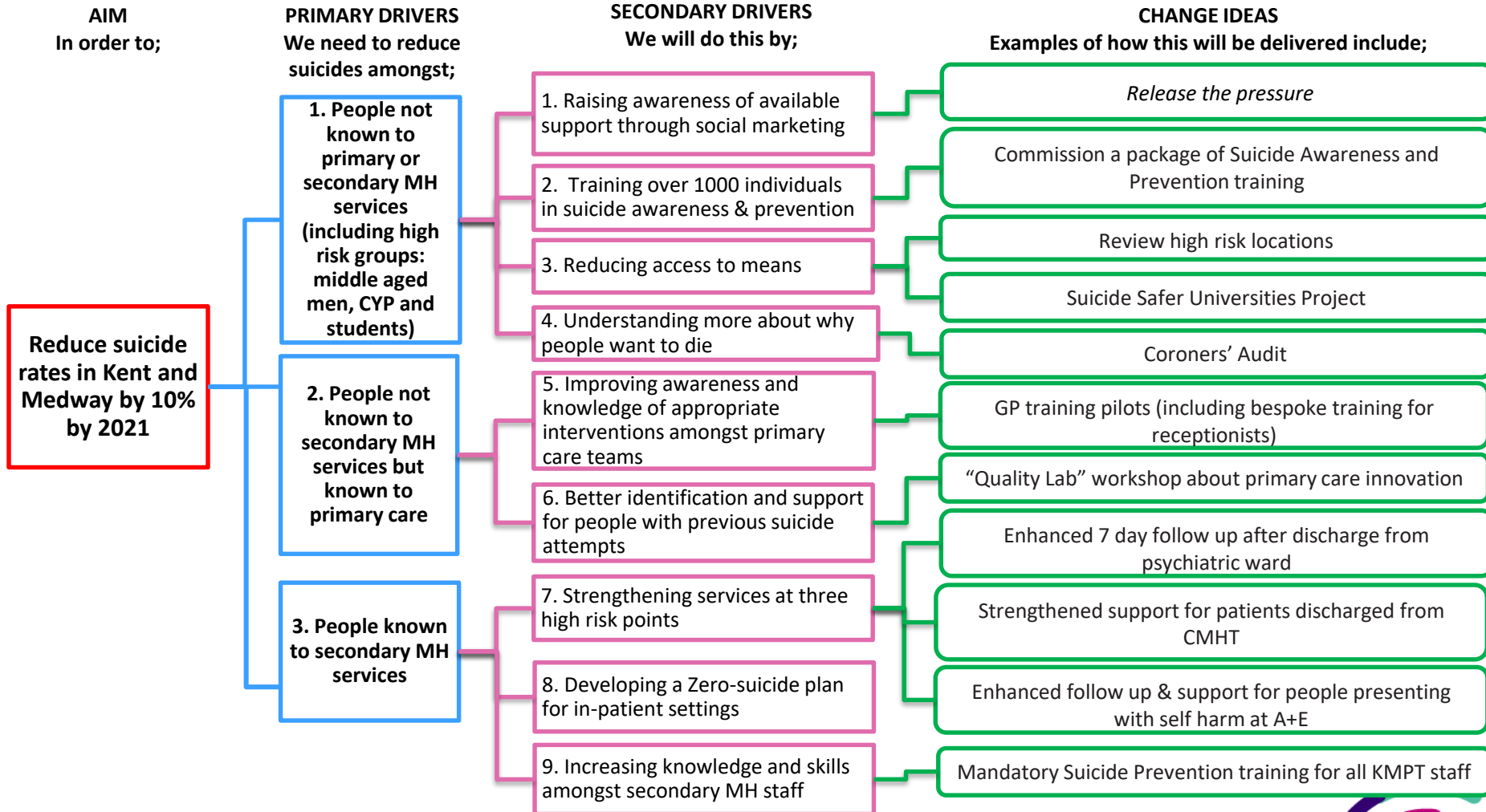
**67% of people  
who died by  
suicide in Kent  
and Medway were  
NOT known to  
secondary mental  
health services\***

**\*Based on 2017 coroner  
registrations in Kent and  
Medway. Source KPHO and  
KMPT**





# ...to develop a driver diagram



... which we turned into a huge programme of activity in the first year

1) Release the Pressure

A co-commissioned campaign & helpline taking over 20,000 calls, and 1000 webchats a year



2) Strengthening secondary MH services  
KMPT delivering 5 key projects to improve safety including high risk points

Kent and Medway   
NHS and Social Care Partnership Trust



3) Supporting those bereaved by suicide

5 key recommendations produced after workshop in 2018

5) Innovation fund



Funding awarded to 29 projects which supported 1298 individuals

6) Suicide Safer Universities

An action plan between the Universities and local partners has been agreed and implemented



4) Suicide Awareness & Prevention Training

Over 2500 free places on Suicide Prevention training delivered by 3<sup>rd</sup> sector partners. E-learning developed and available on KSCB website

7) Workplace interventions



High risk industries targeted through tradeshows, exhibitions and support to individual businesses

8) Qualitative research  
Public Health and the Coroner reviewed 119 inquests and interviewing men who have attempted suicide to ensure lessons are learnt



9) Children and Young People  
Action plan agreed including KSCB and Public Health undertaking thematic review



# CONTENTS :

**2) How do we know we are on the right track?**



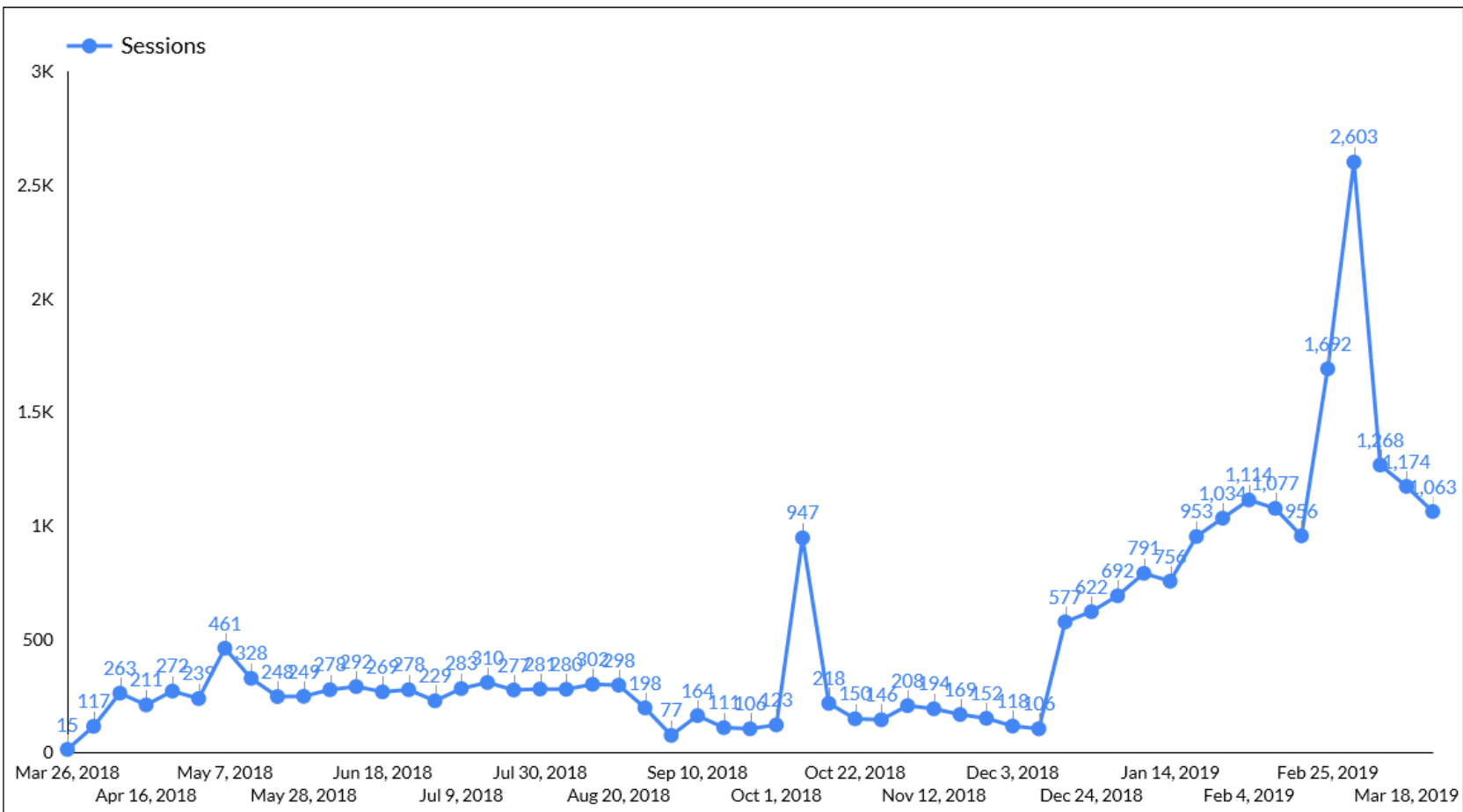
## We use as many evaluation methods as we can (but please note none of them are perfect)

- Number and rate of suicides (broken by age, gender, location, method, known to services etc)
  - Number of callers to our 24/7 helpline
    - Website visitors
    - Media coverage
- Number of people at training / events / presentations
  - Pre / post and 3 month post training evaluations
- Case studies and bespoke project evaluations from Innovation Fund
  - *Support from the national evaluation partners*

NICHE

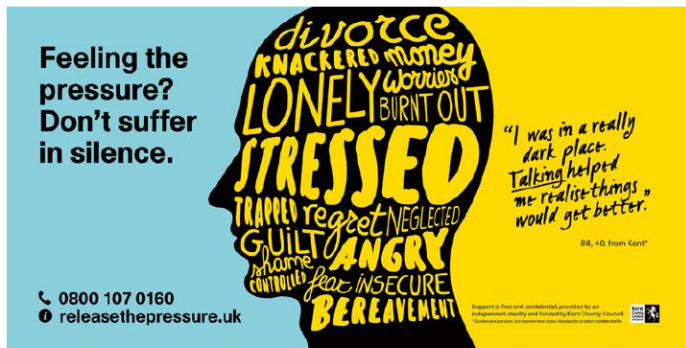


# This is a graph which shows the direct impact a few google and Facebook ads had on the number of visits to Release the Pressure website in 2018/19



# but direct feedback (particularly when it is unsolicited) is perhaps even more powerful

Your service has kept me alive, I would have killed myself otherwise if it wasn't for you people on the phone



*"Incidentally the training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {end his own life}."*

## Suicide Prevention and Awareness Training

### Unsolicited feedback on Facebook March 2019

I called this service and spoke to a guy called Mike. He listened to me and help me get the help I needed. This service helped to keep me alive and for that I am so grateful.

Like · Reply · 20h



## Quotes from participants in four of our 29 Innovation Fund projects

“Thank you for giving me my daughter back”

**Mother of a (selective mute) 15 year old girl who started talking, and stopped self harming, after our Horses for Health project**

“The project has helped me to realise what I am capable of and that giving up is not an option... I now know that I am not alone.”

**Living Words Participant**

“This project has been amazingly draining, difficult and hard. But it’s also been fantastic, inspiring and humbling. And I believe deep in my heart that it will save lives. In fact it already has.

His name is Paul, & his wife and children still have a husband and a father because of this film. He told me that.”

**Ben Akers – Director of “Steve – A film to save men from suicide”**

“I wouldn’t have made it through such a mentally and physically challenging time without the team and support”.

**Divorcing parent supported by Dads Unlimited**





# We also continue to invest time and money into research to our theories and to help shape and target our interventions

## Focus groups

We spoke to men to try and understand what is going on

Many in this audience feel hemmed in by the pressures of modern life

Men bottle these emotions up and need to have outlets provided to them

Most men feel isolated and do not have an opportunity to release



*My wife thinks I sleep soundly every night. She doesn't know, no one knows, that I'm lucky if I get 2 hours a night with all the worry.*

*We're all men; we think we're supposed to go out and earn money. You don't get a bunch of welders talking about their feelings.*

***In-depth interviews with men who have attempted suicide***

## Coroner audits

| Known to any services?   | A physical health diagnosis/disability?                               | A mental health diagnosis/disability?   | Any history of substance misuse?  |
|--|---|---|---|
| E.g. GP, Social Services, Mental Health, Housing, Benefits, Voluntary Sector | E.g. Diabetes, COPD, Cancer, Heart Failure, Asthma, Dementia, Stroke. | E.g. Anxiety, Depression, Bi-Polar Disorder, Psychosis, Schizophrenia, Eating disorder, | E.g. Alcohol, Illegal Drugs, Prescription Drugs, Solvents, Legal Highs, Addiction |

**New topics for 2019**

**\* Domestic**

**abuse**

**\* Debt**





And we also come to events like these to learn from others...



# CONTENTS :

**3) The lessons we have learnt**



# Lesson 1 – make sure your programme is realistic

19

... which we turned into a huge programme of activity in the first year

## 1) Release the Pressure

A co-commissioned campaign & helpline taking over 20,000 calls, and 1000 webchats a year



## 2) Strengthening secondary MH services

KMPT delivering 5 key projects to improve safety including high risk points



## 3) Supporting those bereaved by suicide

5 key recommendations

workshop in

Universities



Young People need including Mental Health  
automatic review



## 4) Suicide Awareness Prevention

Over 2500 free place Prevention training 3rd sector partners. developed and available website



## 7) Workplace interventions

High risk industries targeted through tradeshows, exhibitions and support to individual businesses



interviewing men who have attempted suicide to ensure lessons are learnt



**You don't need to do everything in year one**



## Lesson 2 – dedicated support (in whatever form) is vital



**But make sure they are well supported  
(clinical supervision etc)**



# Lesson 3 – find simple but effective programme management tools

## Oct 18<sup>th</sup> 2019 Suicide Prevention monthly highlight report

### Key achievements in the last month (Particularly busy!!!)

- Named as National Mental Health Award Winner – All Age Crisis Care Category. Highly commended in Suicide Prevention Category
- Hosted successful CYP Suicide Prevention Conference 1<sup>st</sup> Oct (200 delegates – Ashford International Hotel)
- Innovation Fund Showcase held 17<sup>th</sup> October and Grant Agreements developed for all projects
- Activ Mobs completing write ups from Thanet MH Summit and the Maidstone Suicide Prevention workshop
- Submitted application to Good Help Place programme
- Release the Pressure mailshot sent to every GP in Kent and Medway and 200 small businesses in Thanet
- Medway Bridge Project Group met and agreed action plan
- Presented to HSJ judges 23<sup>rd</sup> Sept
- Every Mind Matters launched nationally and locally with media release
- World Mental Health Day activity and KCC event
- KMPT moving forward on their 5 projects – particularly the training and A&E self harm follow up
- Presented programme at Kent Community Safety Partnership
- Exhibited at Kent Construction Expo
- Budget forecast review with KCC PH Finance
- *In the last 6 weeks the team has hosted 6 major events (facilitating 650 delegates, 50 exhibitors, 35 speakers and 1 wellbeing pony)*

### Look forward (what's coming up in the next month)

- HSJ Awards Nov 6<sup>th</sup>
- West Kent CCG PLT session 29/10
- Kent LMC presentation 31/10
- National suicide prevention learning set 12 Nov
- K&M Suicide Prevention Steering Group 26<sup>th</sup> Nov
- NICHE 2 day inspection visit 3<sup>rd</sup> and 4<sup>th</sup> Dec
- Full 2018 /19 data available soon. Observatory waiting to analyse
- Agree a way forward regarding research
- Agree outcomes and actions in relation to Thanet MH Summit (money available)
- Lin to set up co-occurring conditions pilot
- Need to develop 2020-25 Suicide Prevention Strategy consultation document

### Risks and issues to escalate

- Increasing uncertainty about 2020/21 budget

I produce a monthly highlight report (1 slide).

I update the budget (monthly).

And I update a basic excel steering grid which lists each of the 40 individual activities and gives a two line update for each (also monthly)

**As long as they meet your governance requirements they don't need to be ultra fancy**





# Lesson 4 – in the right hands a small amount of funding goes a long way



**Be prepared to take risks...**



## Lesson 5 – but don't forget that the best way of sustaining change is system leadership rather than funding one off projects



**Our Year 2 programme is focusing heavily on reviewing pathways, and advocating for policy changes**





## Finally - Lesson 6 – celebrate success.



**It's a really tough subject, so create a positive team culture and keep morale high**



# Saving Lives – Suicide Prevention Innovation Fund

## Evaluation of 2018/19 funding

[https://www.kent.gov.uk/\\_data/assets/pdf\\_file/0008/97370/Suicide-Prevention-Innovation-Fund-evaluation.pdf](https://www.kent.gov.uk/_data/assets/pdf_file/0008/97370/Suicide-Prevention-Innovation-Fund-evaluation.pdf)



# Suicide, A Different Story

KANE DODGSON



## Suicide, A different Story



tea@kanedodgson.com ©Kane Dodgson 2019

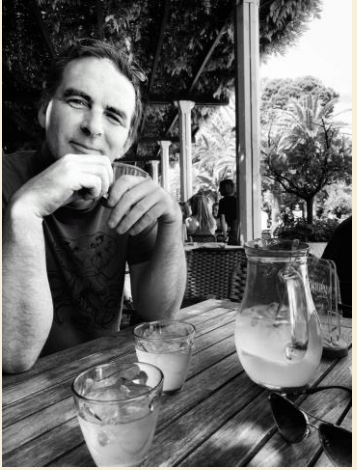


## **A tiny Story**

**(about my history to put my project into context)**













[www.kanedodgson.com](http://www.kanedodgson.com)  
[tea@kanedodgson.com](mailto:tea@kanedodgson.com)



# Lunch

12:20 – 13:05



# Introduction to the afternoon session

# Bereavement support

SARAH BATES

SUPPORT AFTER SUICIDE  
PARTNERSHIP

# National implementation of suicide bereavement support

Sarah Bates, Executive Lead

Support after Suicide Partnership

# Outline

The Support after Suicide Partnership

The NHS Long Term Plan

Developing and delivering services





# The Support after Suicide Partnership (SASP)



Matthew Elvidge was a bright, energetic and caring young man, who had everything to live for and yet, aged 23, he took his own life

*Everyone bereaved or affected by suicide is offered  
timely and appropriate support*

# Our Team

## Leadership Team



Hamish Elvidge  
Chair of the SASP



Fergus Crow  
Vice Chair of the SASP



Anne Embury



Richard Brown



Penny Fosten



Shirley Smith



David Mosse

## Hub Team



Sarah Bates  
Executive Lead of the SASP



Saira Waheed  
Project Manager at the SASP



Holly Tolson  
Project Manager at the SASP

# Our members and Supporters

## Our Members

AMPARO Suffolk, AMPARO/Listening Ear (Cheshire), AtaLoss.org, Bereavement Care UK, British Transport Police, CALM, Child Bereavement UK, Childhood Bereavement Network, Cruse Bereavement Care, DrugFam, Facing the Future, Greater Manchester Suicide Bereavement Project, Harmless, If U Care Share Foundation, James' Place, Leeds Mind, Life After Suicide (L.A.S), LifeCraft, Maytree, Mind, Mind in Haringey, National Bereavement Alliance, National Suicide Prevention Alliance, Norfolk and Suffolk NHS Foundation Trust, NW Counselling Hub CIC, Outlook SouthWest Suicide Liaison Service, Oxford Health NHS Foundation Trust/ CalmZone, PAPYRUS Prevention of Young Suicide, Pennine Care NHS Foundation Trust, Pete's Dragons, SAIF (Society of Allied and Independent Funeral Directors, Samaritans, Stigma Statistics, Suicide Bereaved Network, Suicide Bereavement UK, Suicide Prevention and Intervention Network (SPIN), Sunflowers Suicide Support, Survivors of Bereavement by Suicide (SoBS), Sussex Community Development Association, The Compassionate Friends, The James Wentworth-Stanley Memorial Fund, The Kaleidoscope plus group, The Laura Centre, The Matthew Elvidge Trust, The MindEd Trust, The Red Lipstick Foundation, Winston's Wish.

## Our Supporters

Alexandra Pitman, Angela Samata, Barry McGale, Co-op Funeral Care, Coroners Court Support Service, Devon & Somerset Fire and Rescue Service, Hanover Communications, Hector's House, Judi Meadows Memorial Trust, Liz Koole, Madeleine Moon, Network Rail, Public Health England, Royal College of Psychiatrists, The Alliance of Suicide Charities (TASC), The Listening Place, Widowed and Young, Winston Churchill Memorial Trust

# Our Members

Proud members of  
the National Suicide  
Prevention Alliance



National  
Suicide Prevention  
Alliance



CAMPAIGN  
AGAINST  
LIVING  
MISERABLY  
**CALM**




The  
Compassionate  
Friends

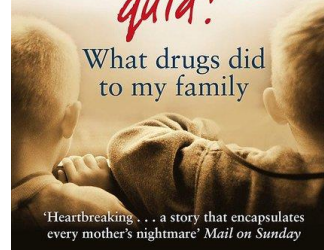
50 YEARS  
1969-2019

Supporting bereaved parents and their families

ELIZABETH BURTON-PHILLIPS, MBE

*Mum, can  
you lend  
me twenty  
quid?*

What drugs did  
to my family



'Heartbreaking . . . a story that encapsulates every mother's nightmare' *Mail on Sunday*

**PETE'S  
DRAGONS**  
Comfort after suicide loss

WHAT WE DO

|  |  |
|--|--|
| <b>BEREAVEMENT<br/>SUPPORT</b>   | <b>TRAINING</b>  |
| Everyone affected by suicide will have a unique experience through the grieving process. It is extremely important that timely and appropriate support is available. Pete's Dragons provide a bespoke service to anyone in Devon and Cornwall who has been affected in this way. | Delivering a comprehensive range of courses to individuals and organisations in all aspects of suicide prevention: mental health, wellbeing, bereavement and loss. Bespoke courses and packages available. |

Contact us on  
01395 277 780  
[www.petesdragons.org.uk](http://www.petesdragons.org.uk)  
[admin@petesdragons.org.uk](mailto:admin@petesdragons.org.uk)

@Pete's Dragons  
@ThePetesDragons

Charity Number: 1160644

# Our Work

Hubs for public and for commissioners

Partnerships; IPSO, Coroners, CCSS, SAIF, Tell Us Once, PHE

Leading change

Consulting for local areas

Supporting the implementation of the NHS Long Term Plan

Building a national multi-agency network






# Resources

## Finding the words

How to support someone who has been bereaved and affected by suicide



**UCI** Support after Suicide Bereavement

14 **Bereavement** What you may be feeling

**Talk to someone now**  
If you need help right away, the organisations listed below can give you support. There are full listings of other helpful organisations in section 6.

**Samaritans**  
www.samaritans.org  
Samaritans provide emotional support to anyone who is struggling to cope and needs someone to listen. Local branches can be visited during the day.  
Helpline: 116 123  
Every day, 24 hours  
SMS: 07755 909090  
Email: y@samaritans.org

**Survivors of Bereavement by Suicide (SOBS)**  
www.sobs.org.uk  
SOBS offers support for those bereaved or affected by suicide through a helpline answered by trained volunteers who have been bereaved by suicide and a network of local support groups.  
Helpline: 0300 331 9045  
Every day 9.00 – 21.00  
Email: sobs.support@hotmail.com

**Cruse Bereavement Care**  
www.cruse.org.uk  
Cruse supports people after the death of someone close. Their trained volunteers offer confidential face-to-face, telephone, email and website support, with both national and local services. They also have services specifically for children and young people.  
Helpline: 0844 477 9400  
Monday and Friday 9.30 – 21.00  
Tuesday, Wednesday and Thursday 09.30 – 20.00  
Email: helpline@cruse.org.uk

**Help is at Hand**  
Support after someone may have died by suicide



© Cruse

15 **Bereavement** What may be happening

**2**  
**What may be happening**

When you are faced with the sudden death of someone, and especially in the early days, there will be several practical issues that need to be handled. This section has information to help guide you through these issues.

**Coroner's officer**  
The coroner's officer is a public official who is responsible for investigating the deaths of people who die suddenly and unexpectedly, or whose deaths are reported to the coroner by a doctor (appointed by the coroner) or a police officer. The coroner may also investigate deaths which occur in custody or in prison, or deaths which occur in the workplace or at sea. The coroner's officer will contact the next of kin as soon as possible, within one working day of the death, to explain the role of the coroner and to arrange an appointment to discuss the death. The coroner's officer will also investigate the death, and will usually hold an inquest into the death. An inquest is a public hearing where the coroner's officer will hear evidence from witnesses and will usually determine the cause of death. The coroner's officer will usually provide a written report on the cause of death, and will usually provide a copy of this report to the next of kin. The coroner's officer will usually provide a copy of this report to the next of kin. The coroner's officer will usually provide a copy of this report to the next of kin.

Coroner's officer came to see us a few days and she kept asking us over the weeks what we had done and what she could do. She was very kind, explaining to us what we needed and what the steps were. We were very grateful to her, who was very helpful.

© Cruse

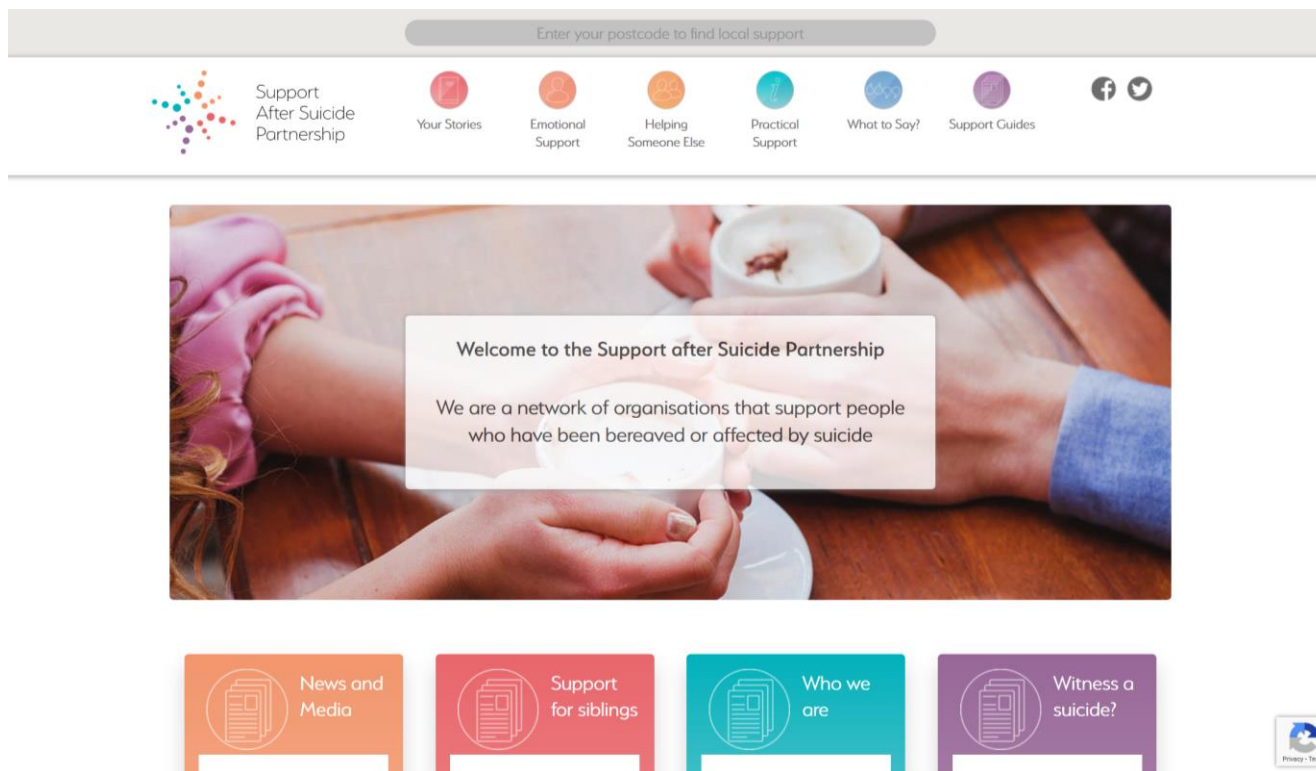
## Guidelines for delivering bereavement support groups



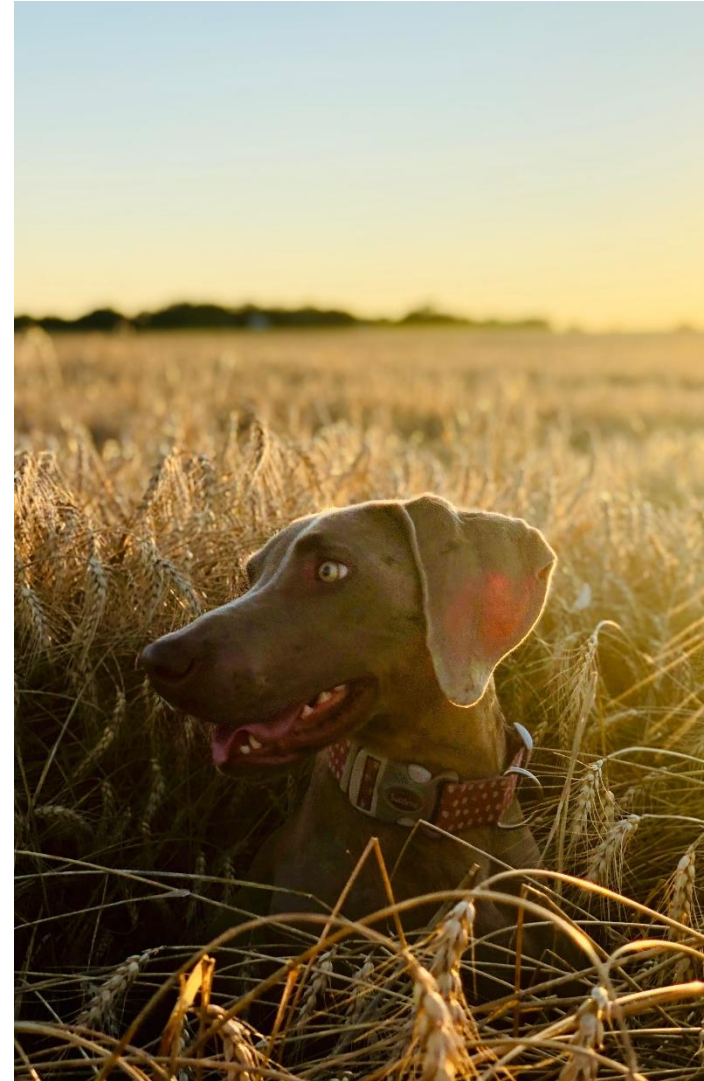
Support after Suicide Bereavement  
National Bereavement Alliance



# Our public face



# NHS Long Term Plan



# NHS Long Term Plan

Post-crisis support for families and staff who are bereaved by suicide, through the NHS 111 helpline system (page 70, paragraph 3.97)

Suicide bereavement support for [bereaved] families, and staff working in mental health crisis services in every area of the country (page 72, paragraph 3.106)

# What is happening?

## Ten pilot areas in the UK

Berkshire, Oxfordshire, Bedfordshire; Derbyshire; Devon; Durham ICS;  
Leicestershire; North West London; North Central London; Nottingham;  
South West London; West Yorkshire and Harrogate

## Central Hub of Resources, Information, Support

[hub.supportaftersuicide.org.uk](http://hub.supportaftersuicide.org.uk)

## Roll out plan





# Impact on local areas

## New proactive bereavement services

Better signposting and somewhere to signpost to

## Joined up communication for impacted people

Through local networks, better systems, real time data

## Community involved in the bereavement pathway

## More understanding and less stigma

Through education, awareness, and local campaigns



# Central Hub Website



Support After Suicide Partnership  
Central Hub

A COMPELLING CASE ABOUT CASE STUDIES RESOURCES CONTACT

A message of support from Professor Tim Kendall, NHS England's National Clinical Director for Mental Health

[READ MORE >](#)



## WELCOME TO THE CENTRAL HUB

We have put together this hub to provide quality evidence, best practice guidance and professional support for all those involved in planning and delivering suicide bereavement and liaison services.

The information you will find here is only the beginning, the Central Hub Team can also support you with more bespoke questions through our [contact page](#).

We hope you find your time here helpful and informative.



Preparing a  
funding  
proposal?

[READ MORE >](#)




Need to  
develop a  
service?

[READ MORE >](#)



Browse the  
resources


[READ MORE >](#)



Support After Suicide Partnership  
Central Hub

A message of support from  
Professor Tim Kendall, NHS  
England's National Clinical  
Director for Mental Health

[READ MORE >](#)



## WELCOME TO THE CENTRAL HUB

We have put together this hub to provide quality evidence, best practice guidance and professional support for all those involved in planning and delivering suicide bereavement and liaison services.

The information you will find here is only the beginning, the Central Hub Team can also support you with more bespoke questions through our [contact page](#).





There is no standard approach to developing and delivering a suicide bereavement service, and the detail of every service needs to match local need and context.

Based on the experience and learnings of existing services, we have put together common development stages to make your planning journey as seamless as possible.

- » Understand the local content
- » Making a start
- » Getting together
- » Defining your service
- » Your business case
- » Mapping the service user journey
- » Training
- » Consider piloting your activity
- » Monitoring the evaluation



## 1/ Understand the local context



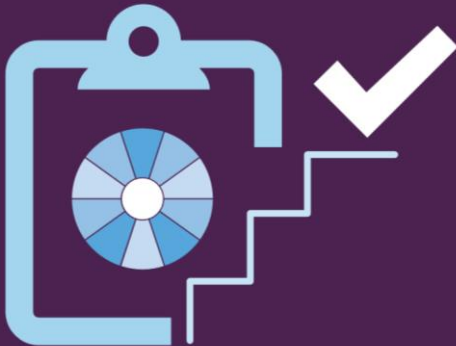
You will need to understand the scale and shape of local need for your service. In addition, placing this in the context of national priorities helps you to build your local case for support.

# Support after a suicide: resources

National Suicide Prevention Alliance

Support after suicide

Support after a suicide:  
Evaluating local bereavement support services



Supported by Public Health England

National Suicide Prevention Alliance

Support after suicide

Support after a suicide:  
Developing and delivering local bereavement support services



Supported by Public Health England


Public Health England

Supported by National Suicide Prevention Alliance

Protecting and improving the nation's health

Support after a suicide: A guide to providing local services

A practice resource



October 2016



# Preparing a proposal

Before reading '*Preparing a proposal*', we suggest you might want to look at our page on [Developing a Suicide Bereavement Service](#) to give you an idea of what a good service looks like, and what you might want to think about.

[ALIGNMENT WITH WHAT EXISTS](#)

[MEETING LOCAL NEED](#)

[SCOPE OF SERVICE](#)

[USING DATA AND DEMOGRAPHICS](#)

[SERVICE GOVERNANCE](#)

[HUMAN RESOURCES](#)

[FINANCE AND FUNDING](#)

[SUSTAINABILITY AND EVALUATION](#)

Fragmentation of services and organisations is a problem for many areas. This is especially pronounced in relation to mental health-related services where continuity of care and inter-agency working is critical to giving people the support they need. Support after suicide can only be effective with appropriate alignment between services and stakeholders, taking into account existing structures, policies and guidelines, both local and national. For example, how will you navigate between the Suicide Liaison Worker, the family, and the Coroner? Or will the police have access to local services who can contact the family within one week of the death?

Your proposal will need to be grounded in a whole locality approach, with strong evidence of the involvement and alignment of all of the relevant agencies and stakeholders.

You may wish to consider:

- Existing suicide prevention and bereavement support policies locally




# Resources

## The Inquest Handbook: A guide for bereaved families, friends and advisors



The handbook gives you detailed...

- [> View online](#)
- [↓ Download](#)


 coroner, inquest

## Support after a suicide: A guide to providing local services




This resource provides guidance on...

- [> View online](#)
- [↓ Download](#)

 bereavement, local, postvention, services

## Filter by:

Search

All Keywords 

Published by

All Publishers 

[Reset](#)

## Support After A Suicide



Our guide "Support after a Suicide"...

- [> View online](#)
- [↓ Download](#)

 bereavement, support

## Suicide Safer Universities



This guide provides a framework...

- [> View online](#)
- [↓ Download](#)

 intervention, universities



## Case studies



### Cambridgeshire and Peterborough's suicide prevention

Fiona Breaker-Rolfe was responsible for setting up the service from the start and she has shared some of her learnings and experiences with us.

[CONTINUE READING](#)



### The journey to support in Leeds

Laura Pattison leads the Leeds Suicide Bereavement Service, which launched in September 2015. Laura told us about how the service works with bereaved people, offering a range of ways to engage to meet with local need.

[CONTINUE READING](#)



### A Day in the Life of a Suicide Liaison Worker in a rural area

Anne Embury is employed by Outlook South West, a provider of mental health services in Cornwall & Isles of Scilly.

[CONTINUE READING](#)

Thank you

[sarah@supportaftersuicide.org.uk](mailto:sarah@supportaftersuicide.org.uk)





# Barber Talk

CLAIRE GIRAUD

CITY OF LONDON

## BarberTalk in the City of London

*City of London and the Lions Barbers Collective team up to tackle mental health issues and prevent suicide amongst men!*

*Barbers spend 2000 hours a year listening so for many men, getting their hair cut can be the chance for a good old chat...*



# History of the Lions Barber Collective

Set up by inspirational British barber Tom Chapman after losing a friend to suicide in 2015, the Lions Barber Collective is turning barbershops into safe spaces for men, using the opportunity of a regular haircut to start conversations about mental health.

This international group of barbers or lions as they call themselves, helps raise awareness of mental illness and aims to prevent suicide by creating and delivering a specific training for barbers enabling them to recognise, talk and listen out for symptoms of depression in clients and signpost them to relevant support services.

Tom's movement builds on the unique relationship between barbers and their clients to tackle the biggest killer of men in the UK. Indeed Barbers are in a unique position to help their clients, through the trust and bond they build with them. An incredibly strong relationship where clients become friends and can share aspect of their lives with their barbers, then walk out the shop and leave it behind knowing it goes no further because of client confidentiality and the fact that their barber is often not in their social circle.



**LEAD  
EMPOWER  
TRUST**



## Lions Barber Collective – Achievements

Tom's work started in Torbay, Devon but has now grown nationally and internationally with his Barbers Talk training being delivered in big metropolis such as Vancouver.

The Lions Barber Collective has attracted the support of the Duke of Cambridge via the 'Heads Together Legacy' and received the Prime Minister's Point of Light Award in 2017.

It is having an enormous impact with men whom traditional mental health services can struggle to reach.



# The Barber Talk Trainings

Tom developed Barber Talk with the help of psychiatrists and mental health professionals, it is an adaptation of Safe Talk for barbers.

**The barber talk training takes various forms (live, lite, etc) that aim to arm barbers with the knowledge of how to spot those struggling with their mental health and how to be the support that person needs**

The idea is not to make barbers into counsellors or psychiatrists but with the aid of the training's four pillars (**RECOGNISE, ASK, LISTEN** and **HELP**) barbers can spot the signs of mental ill health in their customers, signpost them to the appropriate resources bridging the gap between the communities they serve and the services that are available while providing a safe non-judgemental safe space to share, open up and or offload.

Through Barber talk, Barbers are given some great skills to help as barbers/hair professionals in general, but more importantly, to save lives.

Recently the development of Barber Talk Live and Lite have had a complete review and now exist in a new and improved online video format as well as half day facilitation that combines mental health training with barbering demos.



## BarberTalk Functions around 4 Pillars

Recognise - Give hair professionals the ability to recognise the signs that may indicate there is a problem or issue

Ask - Arm hair pros with those hard to ask direct questions and the confidence to ask them

Listen - Possibly the most important thing one can do. Listen with empathy and without judgement

Help to help - Help barbers create a plan, have the knowledge of what resources are available and put that all together to help look after our clients and colleague





## The Ambition behind BarberTalk



Even though barber talks does not aim for barbers to become counsellors, it would like to see the industry embrace the trust they have earned from customers to make a difference and be able to become that first step on the journey of people getting the help they need.



Tom's dream, supported by the City of London Corporation, is to roll this training out to all areas of the globe, creating safe places for people to go and talk about the issues they have with the people they trust, breaking the taboo and showing the world that it is ok to be not ok and to share their problems without fear of judgement.



## The Corporation's Collaboration with the Lions Barber Collective



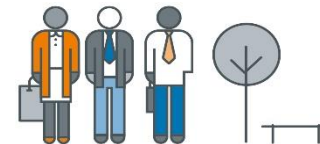
The City of London Corporation Public Health Team is well aware that men are more likely to commit suicide but also tend to engage less with mental health services.



In a bid to address both issues came the idea of barbers being trained in having difficult conversations with their customers. Indeed men visit their barbers more than they do their GP and have frank conversations with the former once in the chair.



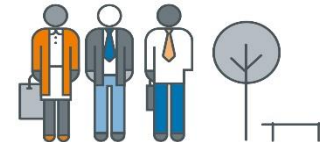
Alas engaging with barbershops in the City proved very difficult, the barbers were not very interested in the offer of free Mental Health First Aid training, this is when Tom Chapman's collective proved invaluable.



## Training Barbers in the Square Mile

The Lions Barber Collective visited barbershops around the square mile and was able to create a rapport with the hair professionals around the City, "barber to barber" which officers of the Corporation would never have been capable of doing despite their best efforts.

After engaging with the barbers in the Square Mile, Tom Chapman delivered a barber talk live session to 20% of the barbers in the City on 14 September 2019, feedback from the participants was very positive and the City of London Corporation is hoping to deliver another training session before March 2020.



## Supporting the Lions Barber Collective's ambition

To support the Lions Barber Collective and promote the great work they achieve in making barbershops safe places for men to talk about potential mental health issues, the City of London Corporation supported a promotional event on 7 October 2019 at the Worshipful Company of Barber-Surgeons' Livery Hall.

The aim of the event was to connect national and local leaders from the City of London, business, health, care, politics, charities and the military with the work of the Lions Barber Collective.

Ambassadors and volunteers shared their story and the mission of the Lions Barber Collective). leading to a celebratory 'first cut' in the hall in centuries, under Holbein's painting of Henry VIII with his Barber-Surgeons and Apothecaries.

In the middle of the City of London of Barbers trained in BarberTalk by the Lions Barbers received their certificates whilst Lions Barber Ambassadors demonstrated how the barber talk training should be applied with hair models.

Six international hair designers offered celebrity haircuts in exchange for voluntary donations to attendees interested in promoting and supporting the work of the Lions Barber Collective.

The day finished with drinks and time to interact with the Lions to find out more about their mission and ask questions.



## Promoting the work of the Lions Barber Collective

The event on the 7 October 2019 was a success with about 120 people attending throughout the day.

It got a lot of press coverage which has helped achieve the purpose of the event : creating a “buzz” around the work of the Lions Barber Collective's work so as to generate appetite for barbers everywhere to undertake the training.

The City of London Corporation is hopeful that other local authorities will want to promote and support barbers in their area being trained and helping save lives.





# City of London

Department of Community & Children's Services



**LEAD  
EMPOWER  
TRUST**





# YouTube video

<https://www.youtube.com/watch?v=68Xq2gh-hQ4&feature=youtu.be>

GROUP 1 - KATE

SELF-HARM

GROUP 2 - MATT

SUBSTANCE MISUSE

GROUP 3 - EMILY

COPRODUCTION

# Breakout sessions

# Introduction to LifeQI

KATE LORRIMER

NCCMH

# LifeQI demonstration

Kate Lorrimer





## Where people, tools, data come together to make improvement happen



### Tools

QI tools are seamlessly integrated, providing an easy to use platform, tailored to running QI projects.

### People

Bring your people together to share ideas, accelerate learning and drive change - anytime, anywhere.

### Data

Track outcomes and analyse progress across your team, organisation and beyond with secure analytics tools.

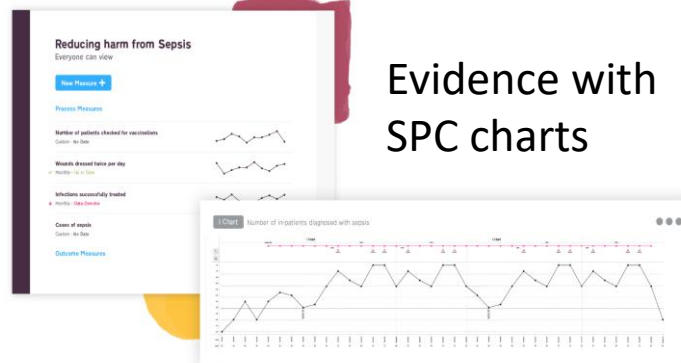
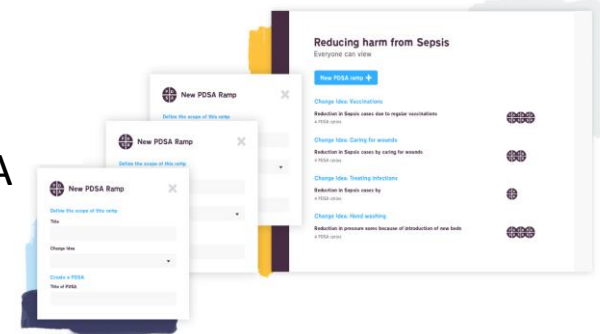


# Time-saving improvement tools



Build Driver  
Diagrams

Run and  
Ramp PDSA  
Cycles



Evidence with  
SPC charts



# Accessing your project

- Access the project that you have been invited to direct from your Start page.

The screenshot shows the LifeQI interface for the 'NCCMH - Suicide Prevention Collaborative'. The left sidebar contains navigation options: Start, Projects, Programmes, Discussions, Reports, Analytics, Groups, People, Organisations, Settings, and Admin. The main content area has a header for the collaborative, a navigation bar with tabs (General, Driver diagram, Measures & charts, Teams, **Projects**, Discuss), and a list of projects. A blue arrow labeled 'CLICK HERE' points to the 'Projects' tab. A yellow box highlights the project list area, which includes a search bar, 'Manage project templates' button, and 'Add a project' button. The project list shows 'Lancashire and South Cumbria - Suicide Prevention Collaborative' with a progress indicator of 0.5 and an 'Unlink project' option. A right sidebar shows user avatars (N, KL, EC, DG, MM, SA, KM, +2) and a chat icon.



# Accessing your project

- Once in your project, you can see an overview of the status of your project and begin to add in further information.

The screenshot shows the project overview page in LifeQI. The breadcrumb trail is 'Projects > Lancashire and South Cumbria - Suicide Prevention Collaborative > General'. The page title is 'Lancashire and South Cumbria - Suicide Prevention Collaborative' with the visibility 'Everyone can view'. A navigation bar includes 'General', 'Driver diagram', 'Measures & charts', 'Pdsas', and 'Discuss'. An 'Actions' dropdown menu is visible. The main content area features five cards: 'Change score' (0.5), 'Project team' (with members KL, N, and a third person), 'Driver diagram' (with an 'Add' button), 'Measures' (1 Measure, 1 Chart), and 'Pdsas' (with an 'Add' button). Below this is a 'Details' section with an 'Edit' button. The details include: Title: 'Lancashire and South Cumbria - Suicide Prevention Collaborative'; Status: 'Active'; Start date: '08/11/2019'; End date: '31/03/2020'; Location: (empty); Service user involvement: (empty). Under 'Featured Resources', there is a link to 'Lancashire & South Cumbria Suicide Prevention Logic Model' with the description 'Logic Model stating intended outcomes and drivers affecting the overall programme aim'. A left sidebar contains navigation options: Start, Projects, Programmes, Discussions, Reports, Analytics, Groups, People, Organisations, Settings, and Admin. A right sidebar shows user avatars (KL, N, and a third person) and icons for reports, documents, and notifications.



# Editing your project

- To edit your project, select the edit button highlighted below.

The screenshot displays the LifeQI project management interface for the project "Lancashire and South Cumbria - Suicide Prevention Collaborative". The interface includes a left-hand navigation menu with options like Start, Projects, Programmes, Discussions, Reports, Analytics, Groups, People, Organisations, Settings, and Admin. The main content area shows project details under the "General" tab, including a score of 0.5, project team members (KL, N), a driver diagram, and measures/charts. A large blue arrow points from the "Driver diagram" section to a yellow-bordered "Edit" button in the top right corner of the details panel. The details panel includes fields for Title, Status (Active), Start date (08/11/2019), End date (31/03/2020), Location, and Service user involvement. A "Featured Resources" section lists the "Lancashire & South Cumbria Suicide Prevention Logic Model".

Projects > Lancashire and South Cumbria - Suicide Prevention Collaborative > General

Get help with projects ⓘ ☰ ↗ 🏠 🌐

## Lancashire and South Cumbria - Suicide Prevention Collaborative

Everyone can view

General Driver diagram Measures & charts Pdsas Discuss

Change score 0.5 ⓘ Project team KL N Driver diagram Add → Measures 1 Measure 1 Chart Add → Pdsas

Details

**CLICK HERE**

Title Lancashire and South Cumbria - Suicide Prevention Collaborative ⓘ

Status Active ⓘ

Featured Resources

Lancashire & South Cumbria Suicide Prevention Logic Model →  
Logic Model stating intended outcomes and drivers affecting the overall programme aim

Start date ⓘ 08/11/2019 End date ⓘ 31/03/2020

Location ⓘ

Service user involvement ⓘ

Admin



# Adding Data to your project

- To add data to your project, select the button highlighted below and you will see your 5 outcome measures listed.

Projects > Lancashire and South Cumbria - Suicide Prevention Collaborative > General

Get help with projects ⓘ ☰ ✈️ 📄 🗺️

## Lancashire and South Cumbria - Suicide Prevention Collaborative

Everyone can view

General Driver diagram **Measures & charts** Pdsas Discuss

Actions ↓

|                  |              |                |                      |       |
|------------------|--------------|----------------|----------------------|-------|
|                  |              |                | 1 Measure<br>1 Chart |       |
| Change score ↗ ⓘ | Project team | Driver diagram | Measures             | Pdsas |

Details Edit ↗

|  |                            |
|--|----------------------------|
| Title ⓘ  | Status ⓘ                   |
| Lancashire and South Cumbria - Suicide Prevention Collaborative  | Active                     |
| Featured Resources   | Start date ⓘ End date ⓘ    |
| Lancashire & South Cumbria Suicide Prevention Logic Model<br>Logic Model stating intended outcomes and drivers affecting the overall programme aim | 08/11/2019 31/03/2020      |
| Problem ⓘ  | Location ⓘ                 |
|  | Service user involvement ⓘ |

## Lancashire and South Cumbria - Suicide Prevention Collaborative

Everyone can view

General Driver diagram Measures & charts Pdsas Discuss

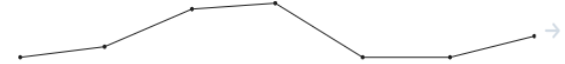
Actions ↓

Outcome Measures

New measure +

Number of possible suicides across STP

Monthly Data due within the next 19 days



CLICK HERE



Start

Projects

Programmes

Discussions

Reports

Analytics

Groups

People

Organisations

Settings

Admin

KL

N

- Select the measure you would like to add your data to

# Adding Data to your project

< Back to measures list

## Number of possible suicides across STP

Outcome measure (C chart)

Charts Plan

Actions ↓

**CLICK HERE AGAIN**

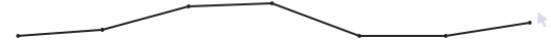


Charts

Add chart +

Number of possible suicides across STP (Number of possible suicides across STP)

Monthly Data due within the next 19 days



Aggregate chart

Edit ✎

C Chart

BASELINE

- Select the measure you would like to add your data to







# Adding Data to your project

- Select 'edit' above the chart.

C Chart – Number of possible suicides across STP (Number of possible suicides across STP)

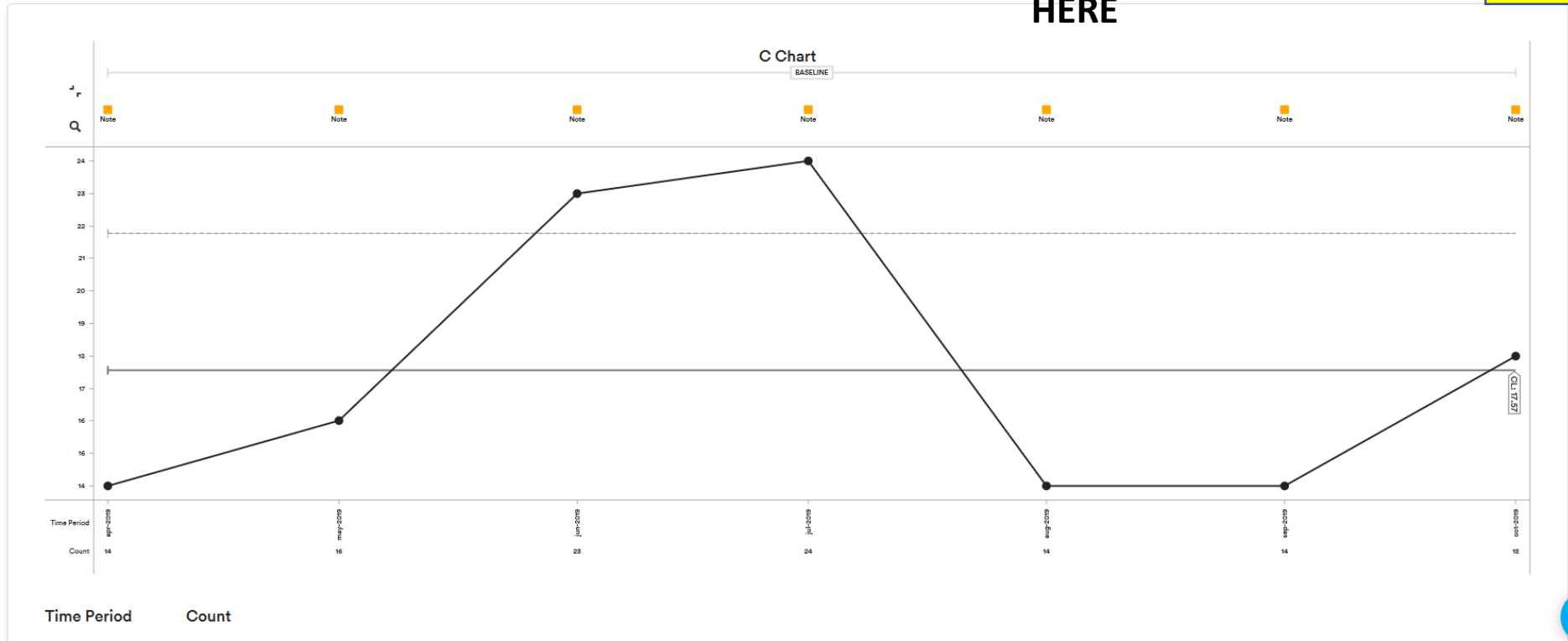
Actions ↓

CLICK  
HERE



Edit

Chart



Time Period      Count





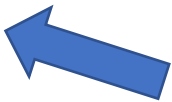
## Adding Data to your project

- Scroll down to the bottom of the page, select 'Add row' and type in your data



| Time Period | Count |
|-------------|-------|
| apr 2019    | 14    |
| may 2019    | 16    |
| jun 2019    | 23    |
| jul 2019    | 24    |
| aug 2019    | 14    |
| sep 2019    | 14    |
| oct 2019    | 18    |

Add Row +



CLICK HERE



# Adding Data to your project

- Don't forget to scroll back up to the top of the page and save your changes. Your chart will then be re-drawn to include your new data

C Chart – Number of possible suicides across STP (Number of possible suicides across STP)

Actions ↓

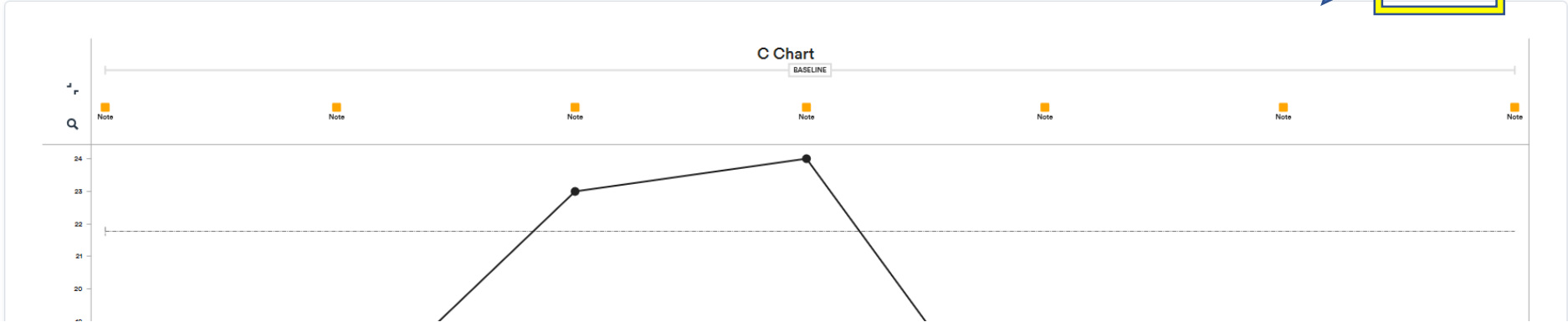
**CLICK HERE**



Save ✓

Cancel ✕

Chart



AIM

PRIMARY DRIVERS

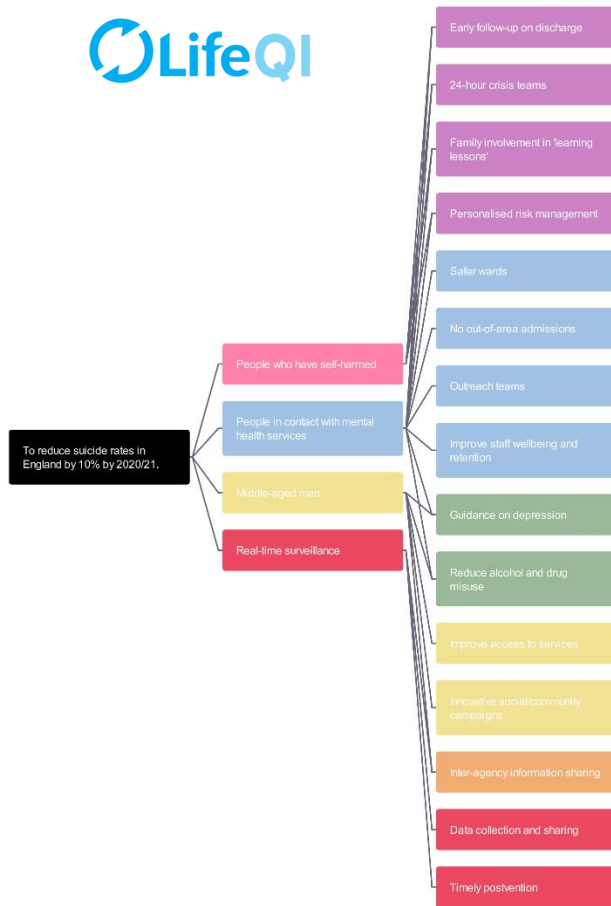
SECONDARY DRIVERS

CHANGE IDEAS



# Introducing your Driver Diagram

- Your driver diagram has been started...

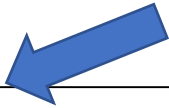


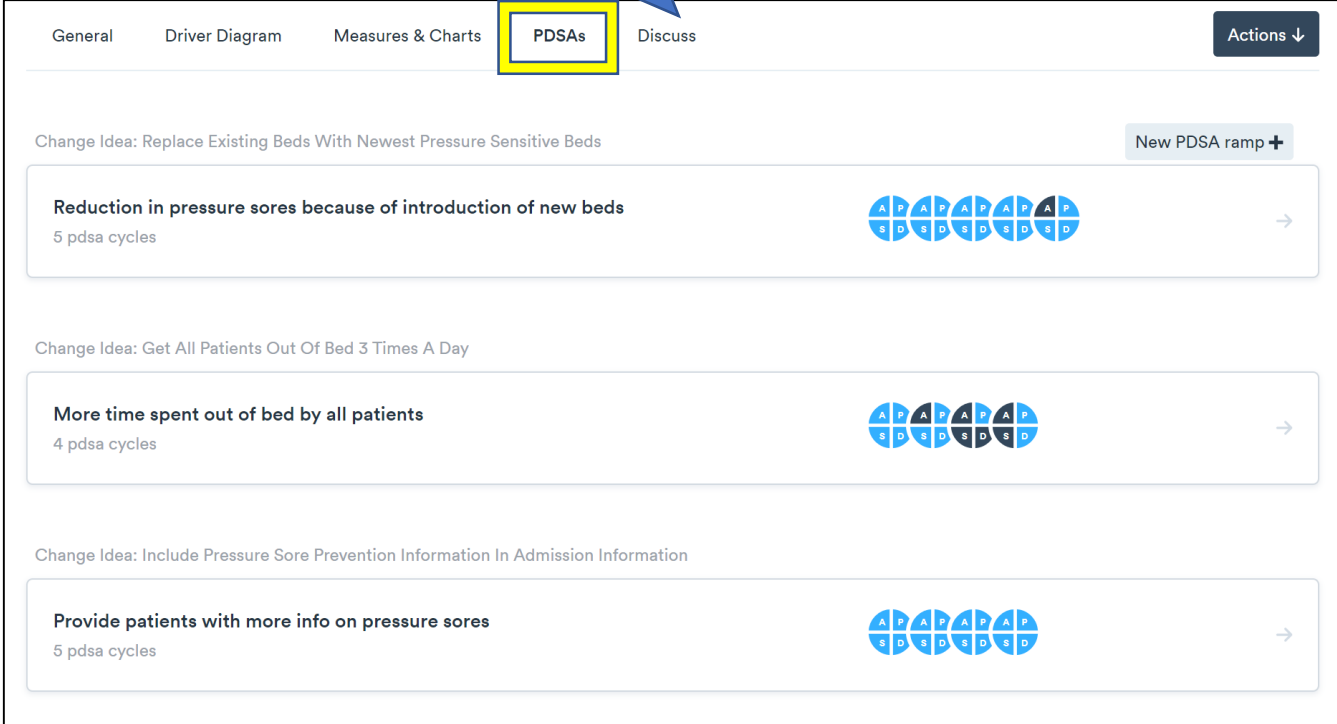
- Primary driver 1: People who have self-harmed/ Secondary driver linked to Primary driver 1
- Primary driver 2: People in contact with mental health services/ Secondary driver linked to Primary driver 2
- Secondary driver that links to Primary drivers 1 & 2
- Primary driver 3: Middle-aged men/ Secondary driver linked to Primary driver 3
- Secondary driver that links to Primary drivers 2 & 3
- Primary driver 4: Real-time surveillance/ Secondary driver linked to Primary driver 4
- Secondary driver linked to Primary drivers 3 & 4



# Defining and beginning your PDSA cycles

- The Plan-Do-Study-Act (PDSA) cycle is a 'trial-and-learning' method that allows you to temporarily test and evaluate ideas for change.
- Life QI enables you to run the full cycle on a single page under the 'PDSAs' menu option of your project (highlighted here)
- Feel free to have a look at this section and add any change ideas/PDSAs you have already started

**CLICK HERE** 



General Driver Diagram Measures & Charts **PDSAs** Discuss Actions ↓

Change Idea: Replace Existing Beds With Newest Pressure Sensitive Beds New PDSA ramp +

**Reduction in pressure sores because of introduction of new beds**  
5 pdsa cycles

Change Idea: Get All Patients Out Of Bed 3 Times A Day

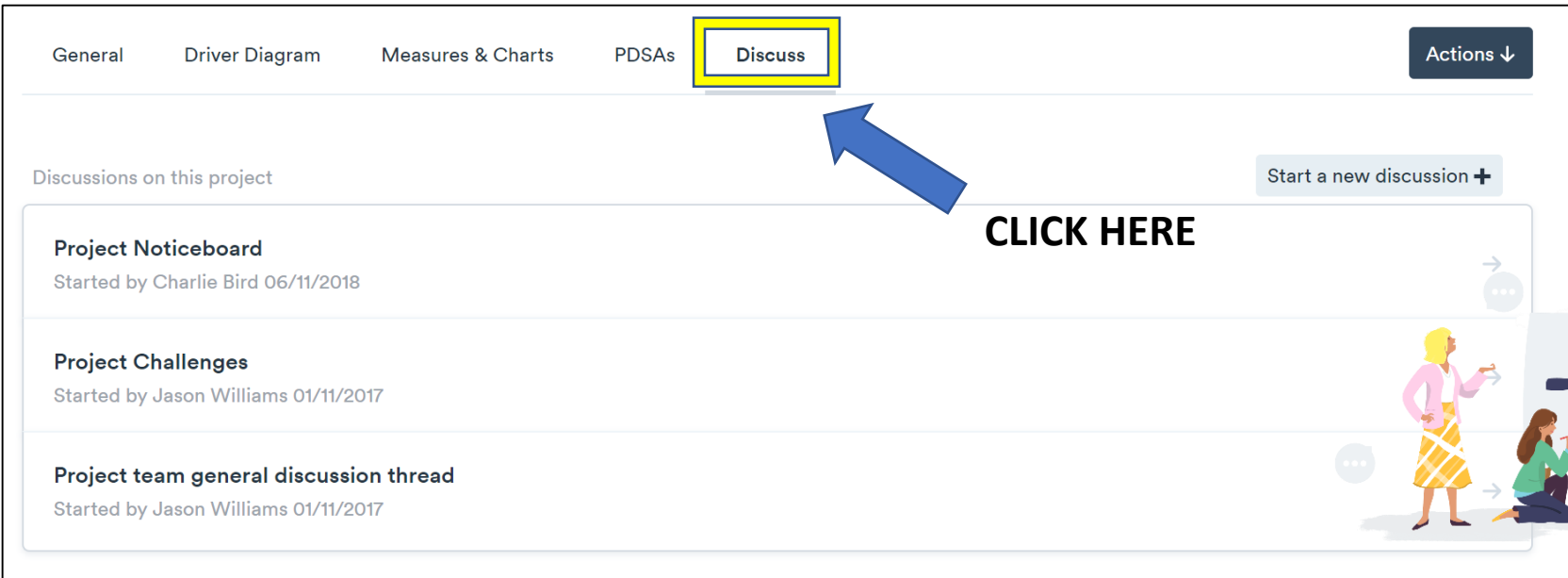
**More time spent out of bed by all patients**  
4 pdsa cycles

Change Idea: Include Pressure Sore Prevention Information In Admission Information

**Provide patients with more info on pressure sores**  
5 pdsa cycles

# Project discussions

- Discussions are a great way of collaborating with the collaborative team members, your organisation, and the wider Life QI community.
- You can create discussions on any subject you want and invite who you want.



General   Driver Diagram   Measures & Charts   PDSAs   **Discuss**   Actions ↓

Discussions on this project   Start a new discussion +

**Project Noticeboard**  
Started by Charlie Bird 06/11/2018

**Project Challenges**  
Started by Jason Williams 01/11/2017

**Project team general discussion thread**  
Started by Jason Williams 01/11/2017

**CLICK HERE**





## LifeQI Discussion forum

- There is a wealth of work being done across STPs on suicide prevention, to support continued sharing and learning a discussion forum has been created on LifeQI.
- The discussion forum on LifeQI will provide you all with an opportunity to share knowledge and ideas, ask questions of your fellow teams and to provide a social space for discussions to take place.
- Once the discussion forum has been set up, your allocated QI coach will inform you.



# LifeQI Discussion forum

- To take part in this forum, once you've logged into LifeQI, click on the 'Discussions' button on the left-hand side

**CLICK HERE**

The screenshot displays the LifeQI interface. On the left-hand side, there is a navigation menu with the following items: Start, Projects, Programmes, Discussions (highlighted with a dark background), Reports, Analytics, Groups, People, and Organisations. A blue arrow points from the text 'CLICK HERE' to the 'Discussions' button. The main content area shows a list of projects under the heading 'Projects'. The first project is 'Juniper Ward - Reducing Restrictive Practice' with a progress indicator of 0.5. The second project is 'Nostell - Reducing Restrictive Practice' with a progress indicator of 0.5. The third project is 'Crystal Ward - Reducing Restrictive Practice' with a progress indicator of 0.5. The right-hand side of the interface shows a search bar, a 'Start a new project +' button, and an 'Actions ↓' button. Below these are filter options: Active (checked), My Projects (checked), My Org's Projects (checked), and More filters ∇. A chat icon is visible in the bottom right corner.

To ensure you can view a list of all discussions please 'deselect' the subscribed button. You will then need to search for the discussion group 'Reducing Restrictive Practice Collaborative' and subscribe

**TYPE AND SEARCH THE DISCUSSION HERE**

The screenshot shows the LifeQI Discussion forum interface. On the left is a navigation sidebar with items: Start, Projects, Programmes, Discussions (highlighted), Reports, Analytics, Groups, People, and Organisations. The main content area is titled 'Discussions' and features a search bar, a 'Start a new discussion +' button, and an 'Actions ↓' button. Below this is a discussion card for 'Discussion Area for the Reducing Restrictive Practice Collaborative', which is pinned and started by Erika Kittow on 22/02/2019. To the right of the discussion card is a 'Filters' panel with the following options: 'Subscribed' (checked), 'My Discussions' (checked), 'My Org's Discussions' (checked), and 'More filters ▾'. A blue arrow points from the text 'TYPE AND SEARCH THE DISCUSSION HERE' to the search bar. Another blue arrow points from the text 'DESELECTED' TO VIEW ALL DISCUSSIONS' to the 'Subscribed' filter option. A yellow box highlights the search bar and the 'Start a new discussion +' and 'Actions ↓' buttons. At the bottom of the page, there are links for 'Terms', 'Privacy', 'Acceptable use', and 'Help', and a footer note: 'Provided for you by National Collaborating Centre for Mental Health (NCCMH)'.

**'DESELECTED' TO VIEW ALL DISCUSSIONS**





# LifeQI Discussion forum

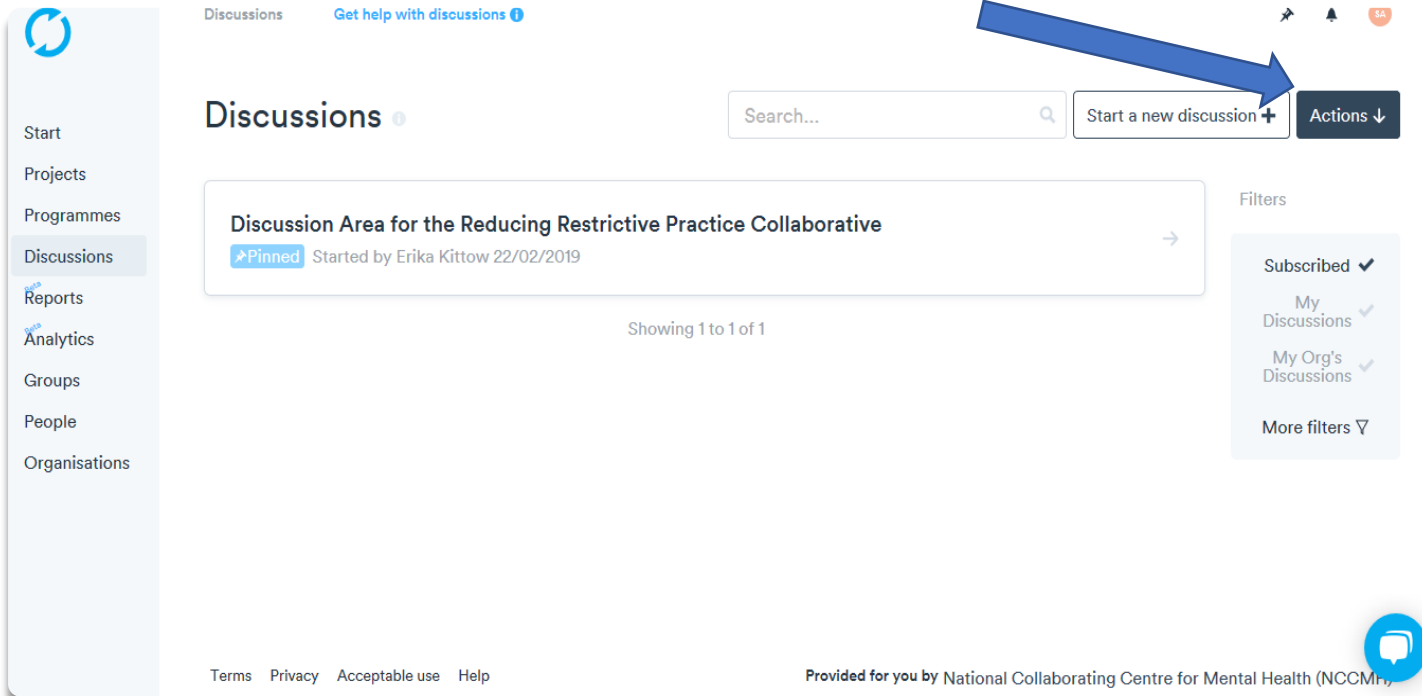
Once you have located the discussion forum, please click on the 'Actions' button on the top right-hand side to 'Pin' the group to your start page for easy access

The screenshot shows the 'RRP Improvement Collaborative Group' page. At the top right, there is an 'Actions' button with a downward arrow. A dropdown menu is open, showing options: 'Reports', 'Pinned' (highlighted in blue), 'Work with RRP Improvement Collaborative Group', '+ Start a new...', '+ Start...', 'Admin actions', 'Delete', 'Show all...', 'Super actions', and 'Visualise...'. A large blue arrow points from the text 'CLICK HERE' below to the 'Pinned' option in the dropdown menu.

**CLICK HERE**

# Subscribing to the Discussion forum


**CLICK HERE**



The screenshot shows the 'Discussions' section of the LifeQI interface. On the left is a navigation sidebar with options: Start, Projects, Programmes, Discussions (highlighted), Reports, Analytics, Groups, People, and Organisations. The main content area has a header with 'Discussions' and a link 'Get help with discussions'. Below this is a search bar, a 'Start a new discussion +' button, and an 'Actions' dropdown menu. A blue arrow points to the 'Start a new discussion +' button. The main content area displays a single discussion: 'Discussion Area for the Reducing Restrictive Practice Collaborative', which is pinned and started by Erika Kittow on 22/02/2019. Below the discussion is the text 'Showing 1 to 1 of 1'. On the right side, there is a 'Filters' panel with options: 'Subscribed' (checked), 'My Discussions' (checked), 'My Org's Discussions' (checked), and 'More filters'. At the bottom of the page, there are links for 'Terms', 'Privacy', 'Acceptable use', and 'Help', and a footer note: 'Provided for you by National Collaborating Centre for Mental Health (NCCMH)'. A small chat icon is visible in the bottom right corner.

## Posting on the discussion forum

### Discussion Area for the Reducing Restrictive Practice Col

 Only members can view

Attachment area with "Attach a file" and "Post comment" buttons.

Participant

Participant list showing profile pictures and initials (E, SA).



**TYPE YOUR POST  
HERE**

Example post content: "Test discussion"

A moment ago

Saiqa Akhtar 

**YOUR POST WILL BE  
DISPLAYED LIKE  
THE EXAMPLE HERE**





## Help and Support



### Visit the Help Centre

100s of how-to articles guiding you through the platform at your own place.

[help.lifeqisystem.com](https://help.lifeqisystem.com)

- There are demonstration videos on the help centre
- For example to create a chart:  
<https://help.lifeqisystem.com/measures-and-charts/creating-a-chart>
- Please use the help page or ask your QI coach if you require any further assistance.



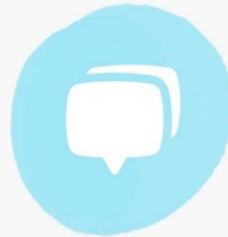
- In addition to the Help Centre, you can....



## Visit the Help Centre

100s of how-to articles guiding you through the platform at your own place.

[help.lifeqisystem.com](https://help.lifeqisystem.com)



## Live Chat

The quickest and easiest way to chat to our experts online. **Get in touch via our website or platform.**



## Drop us a line

Send us a quick email and a member of our team will be in touch to answer your query.

[help@lifeqisystem.com](mailto:help@lifeqisystem.com)

Close